

- **ATTENTION PRESENTER:** To ensure that those using TRICARE get the most up-to-date information about their health benefit, go to www.health.mil/briefings for the latest version of this briefing before each presentation. Briefings are continuously updated as benefit changes occur.
- **Presenter Tips:**
 - Review the briefing with notes before your presentation.
 - Remove any slides that don't apply to your audience.
 - Review the Other Important Information briefing slides and the Costs Briefing Slides at www.health.mil/briefings to identify any additional slides to include in your presentation.
 - Launch the briefing in “slide show” setting for your presentation.
- **Estimated Briefing Time:** 45 minutes
- **Target Audience:** Members of the National Guard and Reserve during deactivation
- **TRICARE Resources:** Go to www.tricare.mil/publications to view, print, or download copies of TRICARE educational materials. Suggested resources include *TRICARE Choices for National Guard and Reserve Handbook*, *TRICARE Retiring from the National Guard or Reserve Brochure*, and *TRICARE Plans Overview*.
- **Briefing Objectives:**
 - Increase awareness of TRICARE benefits for National Guard and Reserve members and families coming off a sponsor's activation.
 - Inform beneficiaries how to maintain continuous coverage and how to get TRICARE benefits.
- **Optional Presenter Comments:** Welcome to the *TRICARE Benefits/Programs for the National Guard and Reserve During Deactivation* briefing. The goal of today's presentation is to explain how to use the TRICARE benefit during deactivation.

Today's AGENDA



- What is TRICARE?
- TRICARE Eligibility
- Medical Coverage
- Other Important Information
- For Information and Assistance

- Today, we will discuss what TRICARE is, how to establish eligibility, and the medical coverage available while transitioning out of active duty service.
- We will also cover other important information, including overviews of pharmacy options, dental programs, and survivor benefits.
- Finally, we will provide important resources for assistance and to find answers to any additional questions.
 - To learn more about TRICARE options, go to www.tricare.mil.
 - To get TRICARE news and publications by email, sign up at www.tricare.mil/subscriptions.
 - To sign up for emails about your eligibility and enrollment changes, go to <https://milconnect.dmdc.osd.mil>.

Today's AGENDA

- What is TRICARE?
- TRICARE Eligibility
- Medical Coverage
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- **Optional Presenter Comment:** First, we will discuss what TRICARE is.

What Is TRICARE?

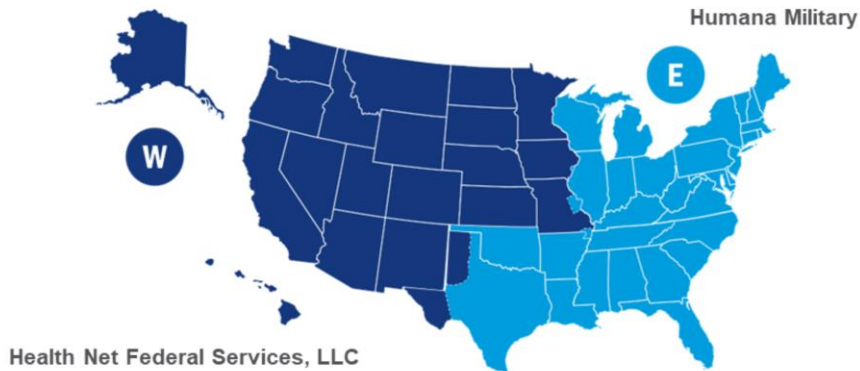


- Uniformed services health care program
- Worldwide network
 - Military hospitals and clinics
 - Civilian health care providers

- TRICARE is the uniformed services health care program, which brings together the health care resources of the Military Health System —such as military hospitals and clinics—with TRICARE-authorized civilian health care professionals, institutions, pharmacies, and suppliers (network and non-network) for beneficiaries eligible by law.

Note: Throughout this presentation, the term “family members” refers to dependents of service members who are eligible to use TRICARE.

TRICARE Stateside Regions



- TRICARE is available worldwide and managed regionally. Benefits are the same regardless of where you live.
- There are two TRICARE regions in the United States—TRICARE East and TRICARE West—and there are different customer service contacts for each stateside region.
- Health Net Federal Services, LLC administers the benefit in the West Region and Humana Military administers the benefit in the East Region. Both regional contractors partner with the Military Health System to provide health, medical, and administrative support including customer service, claims processing, and pre-authorization for certain health care services.
- Contact information for each region will be provided at the end of this presentation.

TRICARE Overseas Program



Latin America and Canada

Canada, the Caribbean Basin, Central and South America, Puerto Rico, and the U.S. Virgin Islands

Eurasia-Africa

Africa, Europe, and the Middle East

Pacific

American Samoa, Asia, Australia, Guam, India, Japan, New Zealand, Northern Mariana Islands, South Korea, and Western Pacific remote countries

- The TRICARE Overseas Program is made up of one overseas region divided into three geographic areas: Latin America and Canada, Eurasia-Africa, and the Pacific.
- International SOS Government Services, Inc., or International SOS, is the contractor for the TRICARE Overseas Program.
- Each overseas region is managed by a TRICARE Area Office. This office is located in each overseas area to ensure operational support to military hospitals and clinics and TRICARE beneficiaries in their geographic areas.
- Contact information will be provided at the end of this presentation.

Today's AGENDA

- What is TRICARE?
- **TRICARE Eligibility**
- Medical Coverage
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- **Optional Presenter Comment:** We will now discuss TRICARE eligibility.

Keep DEERS Information Up To Date



Being able to use TRICARE depends on keeping DEERS up to date. Update DEERS after you have a life event, like getting married or divorced, moving, giving birth, adopting a child, retiring, and other changes.



Visit an ID Card Office (<https://idco.dmdc.osd.mil/idco>).

Note: You must use this option to add family members in DEERS.



Log on to <https://milconnect.dmdc.osd.mil>.



Call 1-800-538-9552.

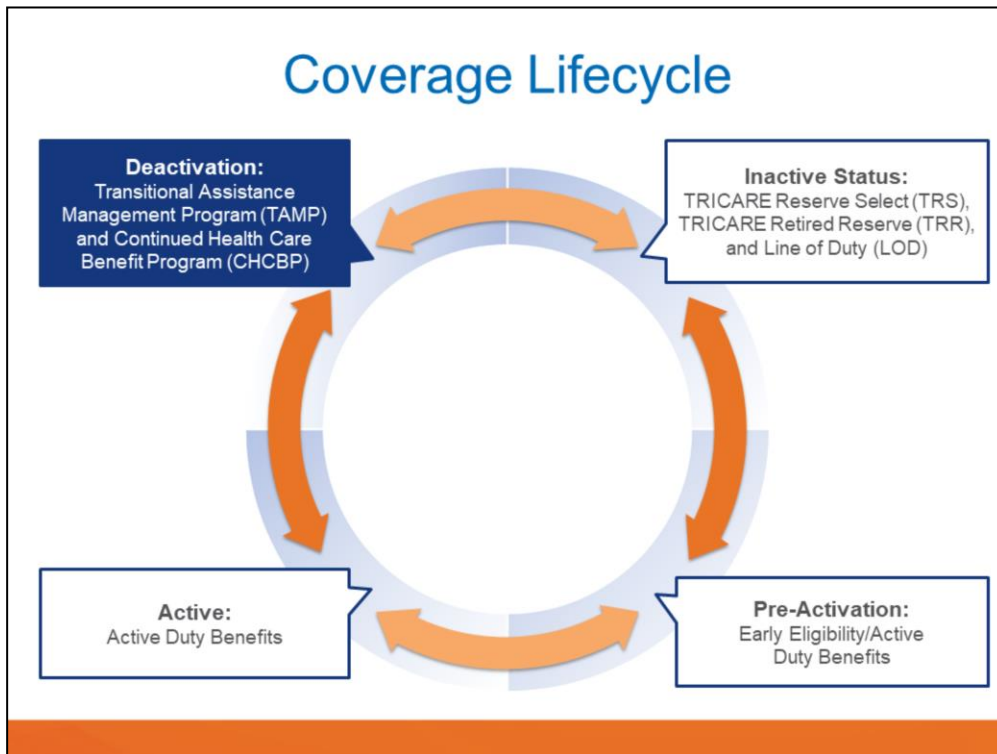


Fax 1-800-336-4416.

- The Defense Enrollment Eligibility Reporting System, or DEERS, is a database of service members and dependents worldwide who are eligible for military benefits, including TRICARE.
- Your TRICARE eligibility shows up in DEERS based on the sponsor's status. To maintain your eligibility, you must update DEERS after any life event. If you don't, you may miss important information and enrollment deadlines. This could mean you lose access to care. A life event can include getting married or divorced, moving, giving birth, adopting a child, or retiring.
- You can register in DEERS through the milConnect website at <https://milconnect.dmdc.osd.mil>. The milConnect website is the Defense Manpower Data Center's online portal that provides access to DEERS information.
 - You can also update your information by phone, by fax, or by visiting an ID Card Office.
- When making changes, proper documentation, such as a marriage certificate, divorce decree, birth certificate, and/or adoption papers, is required.

Note: Only sponsors or sponsor-appointed individuals with valid power of attorney can add a family member. Family members ages 18 and older may update their own contact information.

- Remember, providers are legally permitted to copy military and dependent ID cards to verify TRICARE eligibility.
- For more information, visit www.tricare.mil/deers.



- TRICARE has many programs that let National Guard and Reserve members and their families have continuous coverage throughout the TRICARE-eligibility lifecycle.
- When active duty orders for more than 30 days are received, sponsors and family members may become eligible for premium-free, active duty TRICARE benefits. These benefits continue throughout active duty service. We will discuss inactive status in greater detail later in this presentation.
- Once active duty ends, sponsors and family members may become eligible for transitional benefits. Transitional benefits include the premium-free Transitional Assistance Management Program, or TAMP, and the premium-based Continued Health Care Benefit Program, or CHCBP.
- Non-activated members of the Selected Reserve may qualify to purchase TRICARE Reserve Select, or TRS, for themselves and their family members.
 - TRS is a premium-based health care plan that gives beneficiaries the freedom to choose TRICARE-authorized providers and use TRICARE’s pharmacy benefit.
 - During this time, service members may also have line of duty, or LOD, care, which is limited to injuries, illnesses, or diseases incurred or aggravated when drilling or called or ordered to service for 30 days or less.

Today's AGENDA

- What is TRICARE?
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- **Optional Presenter Comment:** Next we will discuss TRICARE medical coverage for National Guard and Reserve members and their family members at deactivation.

Transitional Assistance Management Program (TAMP)



- National Guard and Reserve members called or ordered to active duty for more than 30 days for a preplanned mission or in support of a contingency operation
- 180 days of transitional health care benefits
- Begins the day after separating from active duty
- All beneficiaries covered as ADFMs—including the service member
- Reenrollment necessary for TRICARE Select or TRICARE Prime (where locally available)

Note: TAMP doesn't cover line of duty care.

- If a National Guard or Reserve member is called or ordered to active duty for more than 30 days for a preplanned mission or in support of a contingency operation, they and their family members are eligible for TAMP.

Note: TAMP eligibility is determined by the services, so eligibility questions should be directed to each unit's personnel.

- TAMP provides 180 days of transitional health care benefits beginning the day after separating from active duty to help in the transition to civilian life.
- During the TAMP period, service members and their families are all covered as ADFMs. There is no enrollment fee, but cost-shares and copayments apply.
- When released from active duty, the sponsor's status in DEERS changes. You may elect to re-enroll in TRS, TRICARE Select or TRICARE Prime, if eligible. You have 90 days from last date on active duty to re-enroll in TRS or TRICARE Select. For TRICARE Prime, you can re-enroll any time before the expiration of your TAMP period.

Note: TAMP does not cover line of duty care. When getting line of duty care, you must show eligibility documentation at the time of service to avoid incurring costs associated with other TRICARE coverage. line of duty care is discussed in more detail later in this briefing.

TAMP: Program Options

- TRICARE Select: Available worldwide
- TRICARE Prime: Available in Prime Service Areas (PSAs) in the U.S. and areas near military hospitals or clinics overseas
- US Family Health Plan (USFHP): Available in six designated areas in the U.S.
- Overseas information:
www.tricare.mil/overseas

Note: TRICARE Prime Remote options aren't available during TAMP.



- During the TAMP period, TRICARE program options will depend on location.
- TRICARE Select is available worldwide.
- TRICARE Prime is available to beneficiaries living in Prime Service Areas, or PSAs, in the U.S. and areas near military hospitals or clinics overseas. PSAs are areas near military hospitals or clinics and civilian provider offices where regional contractors have established TRICARE Prime networks.

Note: No enrollment action is required for purchased care coverage to apply to TAMP. TAMP beneficiaries who live in a PSA may change their enrollment from TRICARE Prime to TRICARE Select or vice versa.

- Family members living in certain areas are also eligible for the US Family Health Plan, or USFHP, which is a TRICARE Prime option available in six designated areas across the U.S.
- For information on TRICARE program options overseas, go to www.tricare.mil/overseas.

Note: TRICARE Prime Remote, TRICARE Prime Remote for Active Duty Family Members, and TRICARE Overseas Program Prime Remote aren't available during TAMP. Learn more at www.tricare.mil/tamp.

TRICARE Prime: Getting Care

- Affordable and comprehensive health care coverage.
- TRICARE network provider or primary care manager (PCM) delivers most routine care.
- PCM coordinates specialty care (referrals required).
- For emergencies, call 911 or go to the nearest emergency room.



- TRICARE Prime options provide affordable and comprehensive health care coverage while minimizing out-of-pocket costs.
- TRICARE Prime enrollees select or have a primary care manager, or PCM, assigned at military hospitals or clinics or within the TRICARE civilian provider network. PCMs deliver routine care, such as preventive services and routine visits, and file claims on the beneficiary's behalf. TRICARE Prime enrollees who need specialty care are required to work with their PCMs or regional contractors to coordinate referrals and pre-authorizations.

Note: If you're enrolled in TRICARE Prime Remote and there are no network PCMs in your area, you can visit any TRICARE-authorized provider for care.

- Urgent care services are medically necessary services required for an illness or injury that would not result in further disability or death if not treated immediately, but does require professional attention within 24 hours.
- A referral for urgent care visits for TRICARE Prime enrollees other than ADSMs isn't required, and point-of-service charges no longer apply for such claims. ADFMs enrolled to TRICARE Prime Overseas or TRICARE Prime Remote Overseas must contact the TRICARE Overseas contractor to get an authorization in order to ensure their urgent care visit will be cashless/claimless. Without this authorization, overseas providers may request payment up front, and the beneficiary will then have to submit a claim for reimbursement. Any ADSM enrolled in TRICARE Prime Overseas or TRICARE Prime Remote Overseas requiring urgent care while on temporary duty or on leave status in the 50 United States and the District of Columbia, may access urgent care without a referral or an authorization.
 - Examples of urgent care situations include minor cuts, migraine headaches, urinary tract infections, sprains, earaches and rising fevers.
 - Because these situations don't meet the standard for emergency services, pre-authorization is required to avoid out-of-pocket costs.
- For emergencies, call 911 or go to the nearest emergency room.
 - Referrals and pre-authorizations aren't required for emergency services. But if you're admitted, your regional contractor must be notified within 24 hours or on the next business day to coordinate ongoing care.
 - Service members enrolled in TRICARE Prime or TRICARE Prime Remote should contact their command unit and the Defense Health Agency—Great Lakes, or DHA-GL, as soon as possible.

TRICARE Prime: Costs for ADSMs and ADFMs

- No enrollment fees, deductibles or cost-shares
- Pharmacy copayments apply when using retail pharmacies
- Point-of-service (POS) option available for out-of-pocket costs
- Catastrophic cap per family for covered medical services

- In general, service members in TRICARE Prime have no out-of-pocket costs for health care services.
- Sponsors and family members are responsible for pharmacy copayments for prescriptions filled outside of military pharmacies. Details on pharmacy costs are provided later in this presentation.
- The point-of-service, or POS, option allows TRICARE Prime enrollees to seek nonemergency care from any TRICARE-authorized provider without a referral. However, out-of-pocket costs will be higher.
 - Specifically, the point-of-service option requires you pay all allowable costs until you meet the point-of-service deductible, and you must pay 50% of the TRICARE-allowable amount after you meet the deductible.
 - Remember, ADSMs can't use the point-of-service option.
- The catastrophic cap, which is the most you or your family will pay for covered health services each calendar year includes deductibles, cost-shares and prescription copayments, but it does **not** include point-of-service deductibles, cost-share amounts and premiums paid for premium-based health care plans.

TRICARE Select

- Freedom to choose providers
- Referrals not required for most services
- Yearly deductible and cost-shares apply
- Enrollment required
- Some services require pre-authorization
- May have to file your own claims



- With TRICARE Select, you can see any TRICARE-authorized provider, but you save money when you use network providers.
- You must be registered in DEERS and enrollment is required. There is a yearly deductible for TRICARE services and you pay cost-shares for most services.
- Referrals are not required for most health care services, but some services require pre-authorization from your regional contractor.
- Visit www.tricare.mil/select for more information and costs.

TRICARE Select: Getting Care

- For TRICARE Select, find a TRICARE-authorized network provider:
 - Go to www.tricare.mil/findaprovider.
 - Call your regional contractor.
 - Ask your provider's office if they accept TRICARE.
 - If not, invite the provider to become TRICARE-authorized.
 - Give the provider your regional contractor's phone number or send him or her to www.tricare.mil/providers.



- Your out-of-pocket costs will be lower when you see a TRICARE-network provider. A network provider is a provider that accepts TRICARE's payment as the full payment for any covered health care services you get. TRICARE network providers also file claims for you.
- To find a network provider, go to www.tricare.mil/findaprovider or contact your regional contractor.
- If you're seeing a non-network provider, ask if he or she accepts TRICARE and is authorized to get paid by TRICARE **before** getting care. If not, invite the provider to become TRICARE-authorized at any time. The provider simply needs to contact your TRICARE regional contractor for more information. Beneficiaries who see non-network providers may have to file their own claims.
- If you're overseas, you may get care from any purchased care sector provider or military hospital or clinic (on a space-available basis) without a referral except in the Philippines, where you're encouraged to see a Philippine Preferred Provider Network provider for care.

Beneficiary Categories: Group A and Group B

- All beneficiaries fall into one of two categories based on when you or your sponsor entered the uniformed services. The groups pay different costs and fees.
 - **Group A:** If your or your sponsor's initial enlistment or appointment occurred before Jan. 1, 2018, you're in Group A.
 - When enrolled in TRS, TRR, TYA and CHCBP, Group A beneficiaries follow Group B cost-shares, deductibles, and catastrophic caps.
 - **Group B:** If your or your sponsor's initial enlistment or appointment occurred on or after Jan. 1, 2018, you're in Group B.

- All beneficiaries fall into one of two categories based on when you or your sponsor entered the military. The groups pay different costs and fees.
 - **Group A:** If your or your sponsor's initial enlistment or appointment occurred before Jan. 1, 2018, you're in Group A.
 - **Group B:** If your or your sponsor's initial enlistment or appointment occurred on or after Jan. 1, 2018, you're in Group B.
- When enrolled in premium-based plans, including TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program, Group A beneficiaries follow Group B costs.
- Because this designation is based on your or your sponsor's uniformed services initial enlistment or appointment, this category can't be changed by any action taken by the beneficiary (for example, switching plans or failure to pay).
- Monthly premium amounts for the premium-based programs can be found at www.tricare.mil/costs.

TRICARE Select: Costs

- The TRICARE Select yearly deductible is waived for National Guard and Reserve family members of sponsors called or ordered to active duty for more than 30 days for a preplanned mission or in support of a contingency operation.
- The yearly deductible is based on the sponsor's pay grade (either E-4 and below or E-5 and above)
- Catastrophic cap per family for covered medical services
- There is no cost for preventive services for Group A and Group B.
- For the most up-to-date cost information, go to www.tricare.mil/costs.

- The TRICARE Select deductible is waived for National Guard and Reserve family members whose sponsor is called or ordered to active duty for more than 30 days for a preplanned mission or in support of a contingency operation.

Note: For TAMP, Group A or Group B cost-shares apply based on when the sponsor was first enlisted or appointed.

- Sponsors and their family members are responsible for copayments. This is the amount you pay for TRICARE covered services, which vary depending on which providers are seen.
 - For the most up-to-date cost information, go to www.tricare.mil/costs.
- The catastrophic cap is the maximum amount you pay out of pocket for TRICARE covered services per calendar year. The catastrophic cap includes deductibles, cost-shares and prescription copayments, but does **not** include TRS premiums paid prior to active duty.

TRICARE Prime and TRICARE Select: Enrollment

Three ways to enroll:

- Enroll online at:
<https://milconnect.dmdc.osd.mil>.
- Call your regional contractor.
- Fill out the TRICARE Prime or TRICARE Select enrollment form for your region:
www.tricare.mil/forms.
- Visit a TRICARE Service Center (overseas only).



- Enrollment is required for TRICARE Prime and TRICARE Select coverage of family members. There are three ways to enroll:
 - Enroll online through Beneficiary Web Enrollment. Log in to milConnect and click on the “Manage health benefits” button.
 - Call your regional contractor.
 - Download a form from the TRICARE website or your regional contractor’s website and mail the completed and signed form to your regional contractor.
 - If overseas, you may submit an enrollment request at a TRICARE Service Center.

Note: TRICARE Prime is only available to eligible beneficiaries living in PSAs in the United States.

TRICARE Young Adult (TYA)

- TYA is available to qualified unmarried dependents of TRICARE-eligible sponsors who are:
 - At least age 21, but not yet age 26
 - Not eligible to enroll in an employer-sponsored health plan
 - Not otherwise eligible for TRICARE program coverage
 - Not a uniformed service sponsor (for example, a member of the Selected Reserve)
- For TYA qualification, cost and enrollment information, go to www.tricare.mil/tya.



- The TYA program is a premium-based health care plan available for purchase by qualified unmarried dependents of TRICARE-eligible sponsors under age 60 who have purchased TRR. TYA offers TRICARE Prime and TRICARE Select coverage worldwide, and eligibility is determined by the sponsor's status.
 - TYA includes medical and pharmacy benefits, but excludes dental coverage.
 - Adult children may qualify to purchase TYA coverage if they are all of the following:
 - An unmarried dependent of a TRICARE-eligible sponsor
 - At least age 21, but not yet age 26
 - Not eligible to enroll in an employer-sponsored health plan based on their own employment status
 - Not otherwise eligible for TRICARE program coverage
 - Not a uniformed service sponsor (for example, a member of the Selected Reserve)
- Note:** TYA enrollees have Group B cost-shares regardless of when the sponsor joined the military.
- For TYA qualification, cost and enrollment information, go to www.tricare.mil/tya.

US Family Health Plan (USFHP)

USFHP Service Areas



- TRICARE Prime option
- Six service areas
- Must enroll
- May not get care at military hospitals or clinics or use military pharmacies

- The USFHP is a TRICARE Prime option available through networks of community-based not-for-profit health care systems in six areas of the U.S.
- USFHP provides comprehensive coverage, but it is important to note that beneficiaries enrolled in USFHP aren't eligible for any other TRICARE benefits, including pharmacy, dental and military hospital or clinic care.
- Go to **[tricare.mil/USFHP](https://www.tricare.mil/USFHP)** to learn more.

Step 1—Qualify

TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR)

- Selected Reserve members may qualify for TRS and Retired Reserve members may qualify for TRR if they are:
 - Not eligible for or enrolled in Federal Employees Health Benefits (FEHB) Program under sponsor's own employment
 - For more information, visit www.tricare.mil.

- TRS and TRR are premium-based health plans available for purchase by qualified members of the Selected Reserve and Retired Reserve and their families.

Note: Former spouses and remarried surviving spouses do not qualify to purchase TRS.

- TRS and TRR are comprehensive health plans similar to TRICARE Select and TRICARE Select Overseas.
- You won't qualify for TRS or TRR if you're eligible for or enrolled in the Federal Employees Health Benefits, or FEHB, Program under the sponsor's own employment.

Note: Surviving family members who are eligible for or enrolled in FEHB may purchase TRS or TRR.

- To determine qualification, visit <https://milconnect.dmdc.osd.mil>.

Note: Contact your Reserve component personnel office with any questions regarding qualifying for TRS or TRR.

- Upon reaching age 60 and collecting retirement pay, TRR members are disenrolled from TRR. They become eligible for other TRICARE programs as retirees.
- If you don't enroll in a TRICARE plan within 90 days of your retirement, you won't be able to get TRICARE coverage until the next TRICARE Open Season or you or a family member has a Qualifying Life Event.
- If you don't enroll in a TRICARE plan, you may only get health care services at military hospitals or clinics if space is available. You can only fill prescriptions at military pharmacies. To find the closest military hospital or clinic, visit www.tricare.mil/mtf.

Step 2—Purchase

TRICARE Reserve Select (TRS) and
TRICARE Retired Reserve (TRR)

Purchase TRS or TRR:

- Online at <https://milconnect.dmdc.osd.mil>
- By mailing a completed and signed *Reserve Component Health Coverage Request Form* (DD Form 2896-1) to your regional contractor
 - Include initial premium payment
- By calling your regional contractor
- In person overseas at a TRICARE Service Center

For continuous coverage, purchase TRS up to 90 days before TAMP ends, but no later than 90 days after TAMP ends. For TRR, if enrolled in another TRICARE program, submit a TRR request within 90 days of the other TRICARE program ending to ensure continuous coverage.

- With TRS or TRR, you can purchase member-only or member-and-family coverage.
- Your options for purchasing coverage include:
 - Online at <https://milconnect.dmdc.osd.mil>
 - Calling your regional contractor
 - Mailing a signed *Reserve Component Health Coverage Request Form* (DD Form 2896-1), along with the premium payment amount indicated on the form. The initial payment required is two months of premiums.
 - In person overseas at a TRICARE Service Center
- You can access milConnect by using:
 - Common Access Card, or CAC
 - Defense Finance and Accounting Service, or DFAS, myPay PIN
 - Department of Defense, or DoD, Self-Service Logon, or DS Logon

Note: To receive a DS Logon premium account, service members and retirees with a CAC or DFAS myPay PIN may request a DS Logon for themselves and eligible family members:

- Via the DS Access Center at <https://myaccess.dmdc.osd.mil/dsaccess>
- At a Veterans Affairs Regional Office after completing an in-person proofing process
- At a DoD ID card-issuing facility when obtaining a military ID card

Note: For TRS, to ensure continuous coverage for members who become eligible for benefits under TAMP, submit a TRS application up to 60 days before or no later than 90 days after TAMP ends. For TRR, if enrolled in another TRICARE program, submit a TRR request within 90 days of the other TRICARE program ending to ensure continuous coverage.

TRS and TRR: Getting Care

- TRS and TRR coverage follows the rules of TRICARE Select.
- For TRICARE Select, you can see any TRICARE-authorized provider, but you save money when you use network providers.
- With TRS or TRR, no referrals are necessary, but some services require pre-authorization.
- In an emergency, call 911 or go to the closest emergency room.
- To find space-available care at a military hospital or clinic near you, go to www.tricare.mil/mtf.

- Once purchased, coverage under TRS and TRR follow the rules of TRICARE Select, if in the U.S., and TRICARE Select Overseas.
- TRS and TRR members have the flexibility to go to any TRICARE-authorized provider.
- When using TRICARE Select, find a network or non-network TRICARE-authorized provider for care.
- Non-network TRICARE providers accept TRICARE's payment as the full payment for any covered health care services you get and file claims for you on a case-by-case basis.
 - Nonparticipating non-network providers don't accept TRICARE's payment as the full payment for covered health care services or file claims for you. They may charge up to 15% above the TRICARE-allowable charge.
- Although referrals aren't required for most health care services, some services require pre-authorization to determine medical necessity.
 - Go to your regional contractor's website for information about pre-authorization requirements.
- In an emergency, call 911 or go to the closest emergency room.
 - Referral or pre-authorization isn't required. But if you're admitted, your regional contractor must be notified within 24 hours or on the next business day to coordinate ongoing care.
- TRS and TRR members may also get care at military hospitals and clinics on a space-available basis, but space can be very limited. Go to www.tricare.mil/mtf to find a military hospital or clinic near you.

TRS and TRR Costs

- Monthly premiums (per calendar year beginning Jan. 1):
 - Go to www.tricare.mil/costs.
- Yearly deductible for TRS is based on the sponsor's pay grade and for TRR, based on individual or family coverage.
- Cost-shares apply for covered services and vary depending on the type of provider (network or non-network).

Note: All ongoing monthly premium payments must be made by either automatic electronic funds transfer or automatic charge to a credit or debit card.

- Premiums for TRS and TRR are paid monthly. Go to www.tricare.mil/costs to see the premiums for the current calendar year.

Note: All ongoing TRS and TRR monthly premium payments must be made by either an automatic electronic funds transfer or automatic charge to a credit or debit card. Contact your regional contractor to set up automatic payments. Payments are due no later than the last day of each month and are applied to the following month's coverage. Failure to pay premiums may result in a suspension or termination of coverage, and a 12-month lockout.

- The yearly deductible is the fixed amount you pay for covered services each calendar year before TRICARE pays anything.
- You're responsible for cost-shares. This is the percentage of the total cost of a covered health care service that is paid, which varies if seeing a network or a non-network provider.
- Non-network TRICARE providers can choose to accept TRICARE rates, or "participate" in TRICARE, on a claim-by-claim basis. Non-network nonparticipating providers can charge up to 15% above the TRICARE-allowable rate.
- The catastrophic cap is the maximum amount you pay out-of-pocket for TRICARE covered services per calendar year. The cap includes deductibles, cost-shares, and prescription copayments, but it does **not** include monthly premiums or costs incurred by seeking care without pre-authorization.
- For the most up-to-date TRS and TRR cost information, go to www.tricare.mil/costs.

Line of Duty Care

- Limited to illnesses, injuries, and diseases incurred or aggravated in the line of duty (or LOD)
- Includes injuries sustained while traveling to and from a duty station
- Must have an line of duty determination
- Care provided at military hospitals or clinics or coordinated by the Defense Health Agency—Great Lakes (DHA-GL)
- LODs are only good for one year. After one year, you would be put under a medical evaluation board where you either get placed in the Integrated Disability Evaluation System, returned to duty, or medically retired

Note: TAMP doesn't cover line of duty care.

- During inactive duty period, National Guard and Reserve members may also be eligible for line of duty, or LOD, care.
- A line of duty injury, illness or disease is determined to have been incurred or aggravated in the line of duty, including injuries sustained while traveling to and from a duty station while on inactive duty for training or active duty orders for a period of 30 days or less.
- Your command unit must issue an line of duty determination for you to get care. Because you won't otherwise appear as TRICARE-eligible in DEERS, your unit/command medical representative must provide the line of duty documentation to the Defense Health Agency—Great Lakes, or DHA-GL, before you seek care.
- Most line of duty care is delivered through military hospitals and clinics. If there is not a military hospital or clinic nearby, your unit/command medical representative will work closely with the DHA-GL to coordinate your care.
- LODs are only good for one year. After one year, you would be put under a medical evaluation board where you either get placed in the Integrated Disability Evaluation System, returned to duty, or medically retired.
- For more information, contact your command unit. All requests for line of duty care must be coordinated through and initiated by your unit.

Note: TAMP does not cover line of duty care. When getting line of duty care, provide eligibility documentation when you get service to avoid incurring costs associated with other TRICARE coverage.

Line of Duty Care (continued)

- Care needed after orders expire
 - If a National Guard or Reserve member resides 50 miles or less of a military hospital or clinic, line of duty determination requests go to the military hospital or clinic.
 - If a National Guard or Reserve member resides more than 50 miles from a military hospital or clinic, line of duty requests go to the DHA-GL.
 - Find instructions and forms at www.health.mil/greatlakes or call 1-888-647-6676, option 2

Note: Authorized line of duty care is limited to the specific injury, illness or disease that was incurred or aggravated while in a qualified duty status (for example, If your left arm was injured and an line of duty determination was approved for that condition, care for a right knee issue is not authorized under the same line of duty).

- If further medical care is needed relating to an injury, illness or disease that was incurred or aggravated while in a qualified duty status and after orders expire, an line of duty determination must be initiated by your command unit.
- If you need care during the line of duty review and investigation, it can be preauthorized by the military hospital or clinic (for National Guard and Reserve members residing 50 miles or less of a military hospital or clinic) or by DHA-GL (for National Guard and Reserve members residing more than 50 miles from a military hospital or clinic).
- A line of duty condition requiring care must be incurred or aggravated while in a qualified duty status (performing military service).
 - Medical conditions not incurred or aggravated while in a qualified duty status are not authorized for treatment and claims payment under line of duty.
 - Clinical documentation of the condition must accompany the line of duty form and preauthorization requests.
- If you're remote, DHA GL uses the *DHA GL Worksheet 02* for general medical care and *DHA GL Worksheet 06* for surgical care as the preauthorization request forms.
 - Visit www.health.mil/greatlakes for the worksheets or call 1 888 647 6676, and choose option 2.
 - Army National Guard and Reserve members should submit line of duty documentation through eMMPS (line of duty module).
 - Other National Guard and Reserve members should fax line of duty documentation to DHA GL at 1 847 688 7394.

Continued Health Care Benefit Program (CHCBP)

- Similar to COBRA continuation health coverage:
 - 18 to 36 months of temporary, premium-based coverage
 - For information on costs, go to www.tricare.mil/costs
- CHCBP qualification begins the day after losing eligibility for any TRICARE coverage or when TAMP coverage ends:
 - Must enroll within 60 days of loss of TRICARE/TAMP coverage and pay premiums
- Administered by Humana Military for all regions:
 - Call 1-800-444-5445 or visit HumanaMilitary.com for more information.

- If a National Guard or Reserve member does not qualify for TRS or TRR at the end of the TAMP period, he or she may qualify for the CHCBP.

Note: CHCBP is not their sole option for health care after loss of TAMP coverage. You may be eligible for other options such as employer sponsored coverage, marketplace coverage, college-sponsored plans or others.

- CHCBP is a premium-based health care program that provides 18 to 36 months of transitional health care coverage for service members released from active duty, eligible family members and others.
- CHCBP is similar to, but not part of, TRICARE.
 - The service member can choose to purchase an individual or family plan.
 - CHCBP allows the freedom to choose providers.
- Enroll in CHCBP within 60 days of losing TAMP or other military coverage and make premium payments for continuous coverage.
- To enroll:
 - Complete the *Continued Health Care Benefit Program (CHCBP) Application*, which is DD Form 2837, available at www.tricare.mil/forms.
 - Include documentation verifying the loss of eligibility for military health care, such as a *Certificate of Release* or *Discharge from Active Duty*.
 - Include a premium payment for the first 90 days of coverage.

Today's AGENDA

- What is TRICARE?
- TRICARE Eligibility
- Medical Coverage
- **Other Important Information**
- For Information and Assistance

- **Optional Presenter Comment:** We will now discuss other important information.

Priority for Access to Military Hospitals and Clinics

1	ADSMs, including National Guard and Reserve members on active duty status for more than 30 days
2	ADFMs in a TRICARE Prime option
3	Retired service members, their dependents, and all others in a TRICARE Prime option
4	ADFMs not in a TRICARE Prime option and TRS members
5	Retired service members and their dependents not in a TRICARE Prime option, TRR members, and all other eligible beneficiaries not in a TRICARE Prime option

- Military hospitals and clinics grant access to care on a space-available basis.
- ADSMs and National Guard and Reserve members who have been called or ordered to active duty for more than 30 days for a preplanned mission or in support of a contingency operation always have first priority for care.
- After that, the priority is based on beneficiary category and program option.
- ADFMs in TRICARE Prime will have second priority, and space is limited for family members covered by TRICARE Select.
- Retired service members and their family members not in a TRICARE Prime option, TRR members, and all other eligible beneficiaries not in a TRICARE Prime option are seen on a space-available basis and space can be very limited.



- TRICARE offers prescription drug coverage and many options for filling your prescriptions. Your options depend on the type of drug your provider prescribes. The TRICARE pharmacy benefit is administered by Express Scripts. To learn more, go to <https://militaryrx.express-scripts.com> or call **1-877-363-1303**.
- You have the same pharmacy coverage with any TRICARE program option. If you have USFHP, you have separate pharmacy coverage.
- To fill a prescription, you need a prescription and a valid Uniformed Services ID card or CAC.
- This slide shows the options that may be available for filling your prescriptions:
 - Military pharmacies are usually inside military hospitals and clinics. Call your local military pharmacy to check if your drug is available. Go to www.tricare.mil/militarypharmacy for more information.
 - The TRICARE Pharmacy Home Delivery option must be used for some drugs. You'll pay one copayment for each 90-day supply. For more information on switching to home delivery, go to <https://militaryrx.express-scripts.com> or call **1-877-363-1303**.
 - You may fill prescriptions at TRICARE retail network pharmacies without having to submit a claim. You'll pay one copayment for each 30-day supply. Go to <https://militaryrx.express-scripts.com/find-pharmacy> to find a TRICARE retail network pharmacy.
 - At non-network pharmacies, you pay the full price for your drug up front and file a claim to get a portion of your money back.
- Your pharmacy will most often fill your prescription with a generic drug. If you need a brand-name drug, your provider can send a request to Express Scripts.
- For more information and costs, go to www.tricare.mil/pharmacy.

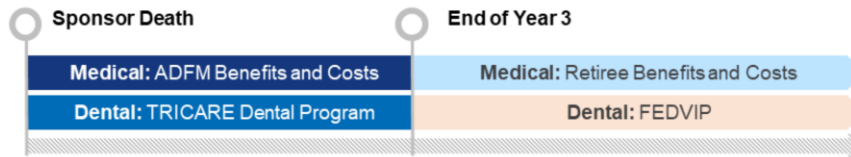
TRICARE Dental Program (TDP)

- A voluntary, premium-based DoD dental program; the benefit is administered by United Concordia Companies, Inc. (United Concordia).
- Premiums depend on the sponsor's status.
- For more information, visit www.tricare.mil/tdp.

- The TRICARE Dental Program, or TDP, is a voluntary, premium-based DoD program. The benefit is administered by United Concordia Companies, Inc., or United Concordia. The TDP offers continuous dental coverage for family members throughout the sponsor's changing status.
 - Former spouses and remarried surviving spouses don't qualify to purchase the TDP.
- Monthly premiums are based on the sponsor's military status.
- National Guard and Reserve members who are not covered under TAMP and who were enrolled in the TDP before activation will be automatically reenrolled after deactivation.
- Family members who were enrolled in the TDP during activation may continue coverage uninterrupted at the increased National Guard and Reserve family member premium rate after deactivation.
- Care is provided by participating dental care providers. To find a dental care provider, visit the TDP website, or get care from a nonparticipating dental care provider, which may result in higher costs.
- For more information, go to www.tricare.mil/tdp or call **1-844-653-4061** (CONUS) or **1-844-653-4060/1-717-888-7400** (OCONUS).

Survivor Benefits: Activated More Than 30 Days

Surviving Spouses Benefit Timeline



Surviving Children Benefit Timeline



- TRICARE continues to provide benefits to eligible family members following the death of their sponsor as long as information in DEERS is up to date. The type of coverage and costs depend on the sponsor's military status at the time of his or her death.

Note: Surviving spouses remain eligible for survivor benefits unless they remarry and surviving children remain eligible until they age out, marry or otherwise lose their TRICARE eligibility. The FEHB Program exclusion doesn't apply.

- If a National Guard or Reserve member dies while serving on active duty for more than 30 days, family members remain eligible for TRICARE as transitional survivors for three years after the sponsor's death.
 - Transitional survivors have the same benefits, programs options and costs as ADFMs.
 - They are eligible for active duty-specific programs, such as the Extended Care Health Option.
 - They are also eligible for the TDP Survivor Benefit. While transitional survivors are enrolled, the government pays 100% of the monthly premiums. Transitional survivors are still responsible for any applicable cost-shares.
- After three years, surviving spouses remain eligible for TRICARE as survivors and are responsible for cost-shares, copayments and/or a yearly deductible.
 - Survivors have the same benefits and costs as retiree family members. Since coverage changes to that of retiree family members, TRICARE program options and costs change (for example, survivors pay yearly enrollment fees, are responsible for cost-shares and copayments and are no longer eligible for TRICARE Prime Remote, as well as other active duty-specific programs).
 - They are eligible for dental coverage through the Federal Employees Dental and Vision Insurance Program (or FEDVIP).
- Coverage for surviving children doesn't change after three years.
 - Surviving children remain covered as ADFMs until they age out, marry or otherwise lose their TRICARE eligibility.
 - They're eligible for the TDP Survivor Benefit until they lose their TRICARE eligibility.
 - Upon death of an active duty sponsor, TYA enrollees have retiree (survivor) cost-shares.

Survivor Benefits: Activated 30 Days or Less

- If a National Guard or Reserve member dies while serving on federal active duty orders for a period of 30 days or less, family members remain eligible as survivors:
 - They have retiree benefits and costs.
 - They are eligible for the TDP Survivor Benefit.

- If a National Guard or Reserve member dies while serving on federal active duty orders for a period of 30 days or less, family members remain eligible as survivors.
 - Survivors have the same benefits, program options and costs as retiree family members.
 - They are eligible for the TDP Survivor Benefit.
 - Surviving spouses are eligible for the TDP Survivor Benefit for three years beginning on the date of the sponsor's death.
 - Children remain eligible for the TDP Survivor Benefit until they age out, marry or otherwise lose their TRICARE eligibility.
 - Survivors are not eligible for FEDVIP once the three-year period ends.

Note: The FEHB Program exclusion doesn't apply.

Survivor Benefits: Not Activated

- Family members of non-activated National Guard or Reserve members who had TRS or TAMP coverage at the time of their death have the following options:
 - If TRS coverage was in effect, qualified survivors may purchase or continue coverage under TRS for up to six months from the date of their sponsor's death.
 - If TAMP coverage was in effect, eligible survivors remain covered until the end of the 180-day TAMP period.
- Survivors are eligible for the TDP Survivor Benefit throughout the duration of survivor coverage or until losing TRICARE eligibility, whichever comes first.

- Family members of non-activated National Guard or Reserve members who had TRS or TAMP coverage at the time of their death have the following options:
 - If TRS coverage was in effect, qualified survivors may purchase or continue coverage under TRS for up to six months from the date of their sponsor's death.
 - If TAMP coverage was in effect, eligible survivors remain covered until the end of the 180-day TAMP period.

Note: The FEHB Program exclusion doesn't apply.

- Survivors are eligible for the TDP Survivor Benefit throughout the duration of survivor coverage or until losing TRICARE eligibility, whichever comes first.

Survivor Benefits: Retired

- Family members of Retired Reserve members who had TRR at the time of the sponsor's death:
 - Surviving spouses remain qualified for TRR survivor coverage until the day the sponsor would have turned age 60, at which point they may become eligible for premium-free TRICARE Select, or may enroll in TRICARE Prime (if available).
 - Surviving children remain qualified for TRR until their sponsor would have reached age 60 or until aging out or otherwise losing TRICARE coverage, whichever comes first.
 - Survivors may be eligible to purchase dental and vision coverage through the Federal Employees Dental and Vision Insurance Program (FEDVIP).

- If you're a survivor of a Retired Reserve member who had TRR coverage at the time of his or her death, you may qualify for TRICARE survivor coverage.
- Surviving spouses remain qualified for TRR survivor coverage until the day the sponsor would have turned age 60, at which point they must elect to enroll in TRICARE Select (enrollment fees may apply) or TRICARE Prime, if available (enrollment fees apply).
 - Coverage continues as long as DEERS information is up to date or until eligibility ends (for example, at the time the sponsor would have reached age 60 or earlier if a spouse remarries).
 - If you aren't enrolled in TRR at the time of your sponsor's death and you qualify, you may purchase TRR survivor coverage after your sponsor's death. Coverage may be purchased at any time after the sponsor's death, provided the sponsor wouldn't have reached age 60 at the time of purchase.
- Surviving children are eligible for TRR until their sponsor would have reached age 60 or until they age out, marry or otherwise lose their TRICARE eligibility. Children who age out of TRICARE may qualify to purchase TYA coverage.

Note: The FEHB Program exclusion doesn't apply.

- Survivors may be eligible to purchase dental and vision coverage through the Federal Employees Dental and Vision Insurance Program, or FEDVIP. For more information, go to www.benefeds.com.

The Affordable Care Act

TRICARE meets the minimum essential coverage requirement under the Affordable Care Act (ACA).



Each tax year, you'll get an Internal Revenue Service (IRS) Form 1095 from your pay center. It will list your TRICARE coverage for each month.

Your Social Security number (SSN) and the SSNs of each of your covered family members should be included in DEERS for your TRICARE coverage to be reflected accurately.

- The Affordable Care Act, or ACA, requires most Americans to maintain basic health care coverage, called minimum essential coverage, or MEC. The TRICARE program meets the minimum essential coverage requirement under the ACA.
 - Each tax year, you'll get an Internal Revenue Service, or IRS, Form 1095 from your pay center. It will list your TRICARE coverage status for each month. If your military pay is administered by the Defense Finance and Accounting Service, or DFAS, you can opt in to get your tax forms electronically through your DFAS myPay account. For more information, visit <https://mypay.dfas.mil>.
 - For more information about the IRS tax forms, visit www.irs.gov.

Note: The IRS will use information from DEERS to verify your coverage. It is important for sponsors to keep their information and their family members' information up to date in DEERS, including Social Security numbers. It is also important to update DEERS when personal eligibility information changes, including military career status and family status (for example, marriage, divorce, birth, or adoption).

- If you're losing TRICARE or you aren't TRICARE-eligible, you can find other health care coverage options through the Health Insurance Marketplace at www.healthcare.gov.
 - Premium assistance or state Medicaid coverage may be available based on income, family size, and the state you live in.
- For more information, visit www.tricare.mil/aca.

Today's AGENDA

- What is TRICARE?
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- **Optional Presenter Comment:** The next slide provides contact information that may be helpful to you for using your TRICARE benefit.

Stateside Regional Contractors

- TRICARE East Region
Humana Military
1-800-444-5445
HumanaMilitary.com
www.tricare-east.com
- TRICARE West Region
Health Net Federal Services, LLC
1-844-866-WEST (1-844-866-9378)
www.tricare-west.com

Overseas Regional Contractor

- TRICARE Overseas Program
International SOS Government Services,
Inc.
www.tricare-overseas.com/contact-us

More Resources

- TRICARE Website
www.tricare.mil
- 
- Publications
www.tricare.mil/publications
 - milConnect
<https://milconnect.dmdc.osd.mil>

- This slide shows contact information for stateside and overseas regional contractors, as well as other important information sources.
- Remember, your contractor point of contact is based on where you live.