



**ATTENTION PRESENTER:** To ensure that those with TRICARE get the most up-to-date information about their health benefit, you must go to [www.health.mil/tricarebriefings](http://www.health.mil/tricarebriefings) 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 prior to 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/tricarebriefings](http://www.health.mil/tricarebriefings) to identify any additional slides to include in your presentation.
- Launch the briefing in “slide show” setting for your presentation.

- **TRICARE Resources:** Go to [www.tricare.mil/publications](http://www.tricare.mil/publications) to view, download, and print TRICARE educational materials. Suggested resources include: *Maternity Care Brochure*, *TRICARE Plans Overview*, and *TRICARE Costs and Fees Fact Sheet*.

- **Estimated Briefing Time:** 30 minutes

- **Target Audience:** TRICARE beneficiaries who are pregnant, are in the process of adopting, or have a newborn or newly adopted child.

- **Briefing Objectives:** Increase awareness and understanding of the maternity and newborn care services covered by TRICARE and inform beneficiaries about getting TRICARE coverage for newborns and newly adopted children.

- **Optional Presenter Comments:** Welcome to the *Maternity and Newborn Care* briefing. The goal of today's presentation is to give you a general understanding of the maternity care services available to you and your family and how to get these services. We'll also discuss how to get TRICARE coverage for your newborn or newly adopted child and well-child care.

## Today's AGENDA



- Maternity Care
- Getting Maternity Care
- Getting Coverage for Your Child
- Well-Child Care
- Other Important Information
- For Information and Assistance

- Today, we'll discuss TRICARE coverage of maternity care, getting maternity care, getting coverage for your child, and well-child care.
- We'll also cover pharmacy and dental coverage, as well as other resources.

## Today's AGENDA

- **Maternity Care**
- Getting Maternity Care
- Getting Coverage for Your Child
- Well-Child Care
- Other Important Information
- For Information and Assistance

- **Optional Presenter Comment:** First, we'll discuss maternity care under TRICARE, including eligibility and coverage.

## Who's Covered?

- TRICARE-covered expectant mothers:
  - Active duty service members
  - Retired service members
  - National Guard and Reserve members
  - Family members
- Must be registered in the Defense Enrollment Eligibility Reporting System (DEERS)
- Must have a Uniformed Services ID card

- Maternity care services are the medical services related to conception, pregnancy, and delivery, including prenatal and postpartum care (generally for six weeks after delivery), and the treatment of pregnancy complications.
- All TRICARE-covered expectant mothers may use the TRICARE maternity care benefit. This includes active duty service members, or ADSMs; retired service members; National Guard and Reserve members; family members covered by any TRICARE program option; the Transitional Assistance Management Program, or TAMP; or the Continued Health Care Benefit Program, or CHCBP. CHCBP offers continued health care coverage (18 to 36 months) after TRICARE coverage ends. For information on CHCBP, go to [www.tricare.mil/chcbp](http://www.tricare.mil/chcbp).
  - Maternity care for a sponsor's TRICARE-eligible dependent child is covered. However, care for the newborn grandchild isn't covered under TRICARE, unless the newborn's other parent is a sponsor, or the newborn is adopted by a sponsor.
- To get the TRICARE maternity care benefit, you must be registered and show as TRICARE-eligible in the Defense Enrollment Eligibility Reporting System, or DEERS, and have a Uniformed Services ID card.
- Your care before, during, and after childbirth and your associated costs are determined by your beneficiary status, how close you live to a military hospital or clinic that provides obstetric and gynecological services, and your choice of TRICARE program and provider.
- Go to [www.tricare.mil/maternitycare](http://www.tricare.mil/maternitycare) for more information.

## Losing TRICARE Eligibility during Pregnancy

- You may lose TRICARE eligibility, including maternity coverage, if:
  - You separate from the military
  - Your sponsor separates
  - You divorce
  - You age out or otherwise lose eligibility as a dependent child
  - You're disenrolled
  - You elect to not enroll in or purchase TRICARE coverage
- You may qualify for other coverage options.

- You may lose TRICARE eligibility, including maternity care coverage, during your pregnancy if:
  - You're an ADSM and you separate—not retire—from the military.
  - Your sponsor separates—not retires—from the military.
  - You divorce your ADSM or retired sponsor and don't qualify for former-spouse benefits.
  - You're an unmarried daughter of an ADSM or retired service member and age 21 (or age 23 if certain criteria are met) who hasn't purchased TRICARE Young Adult, or TYA, coverage or otherwise lost eligibility as a dependent child by becoming eligible for other health care coverage through employment or by getting married.
  - You're disenrolled from TRICARE Reserve Select, or TRS; TRICARE Retired Reserve, or TRR; or TYA for nonpayment or loss of eligibility.
  - You elect to not enroll in TRICARE Prime or TRICARE Select or elect to not purchase premium-based TRICARE coverage (TRS, TRR, TYA, or CHCBP).
- Depending on the reason for losing eligibility, you may qualify for continued coverage under TAMP, TYA, or CHCBP. TYA and CHCBP require premium payments. For more information, go to [www.tricare.mil](http://www.tricare.mil).
- If you're an ADSM who is pregnant at the time of release from active duty, you may also work with your service (unit personnel and military hospital or clinic administrative channels) to see if you're eligible for ongoing care at a military hospital or clinic. However, TRICARE won't pay for ongoing care with a civilian provider.

## What's Covered?

- Medically necessary maternity care:
  - Obstetric visits
  - Fetal ultrasounds
  - Management of high-risk or complicated pregnancies
  - Hospitalization for labor, delivery, and postpartum care
  - Deliveries at TRICARE-certified/authorized birthing centers (stateside only)
  - Deliveries planned at home for low-risk pregnancies (Home births may not be covered overseas.)
  - Anesthesia
  - Cesarean sections
  - Breast pumps, breast pump supplies, and breastfeeding counseling

**Note:** TRICARE only covers midwife services provided by a certified nurse midwife (CNM). Learn more about covered services and criteria for CNMs at [www.tricare.mil/coveredservices](http://www.tricare.mil/coveredservices).

- TRICARE covers maternity care services that are medically necessary. Covered services include:
  - Obstetric visits throughout your pregnancy
  - Medically necessary fetal ultrasounds
  - Management of high-risk or complicated pregnancies
  - Hospitalization for labor, delivery, and postpartum care
  - Deliveries at TRICARE certified/authorized birthing centers (stateside only)
  - Deliveries planned at home for low-risk pregnancies (**Note:** Home births may not be covered overseas. Contact your overseas contractor to see if it's an option.)
  - Anesthesia for pain management during labor and delivery
  - Cesarean sections
  - Breast pumps, breast pump supplies, and breastfeeding counseling
- Breast pumps, breast pump supplies, and breastfeeding counseling are also covered. Covered breastfeeding supplies are subject to certain cost and replacement limitations, as well as payment caps. Heavy-duty hospital-grade breast pumps are covered in certain situations. For more information, go to [www.tricare.mil/coveredservices](http://www.tricare.mil/coveredservices) or call your TRICARE contractor.

**Note:** Some providers offer their patients routine ultrasound screening as part of the scope of care after 16 to 20 weeks of pregnancy. TRICARE doesn't cover routine ultrasound screening. Only medically necessary fetal ultrasounds are covered by TRICARE.

**Note:** TRICARE only covers midwife services provided by a certified nurse midwife, or CNM. TRICARE doesn't cover midwife services by lay midwives, certified professional midwives, or certified midwives. If you receive services from a midwife who isn't a CNM, they must be a registered nurse who is referred to and supervised by a licensed physician. The doctor must also provide onsite supervision during the delivery. Work with your TRICARE contractor for specific guidance or to find a CNM in your area.

- Learn more about what TRICARE covers at [www.tricare.mil/coveredservices](http://www.tricare.mil/coveredservices).

## What Isn't Covered?

- Services not covered by TRICARE:
  - Fetal ultrasounds that aren't medically necessary
  - Services and supplies related to noncoital reproductive procedures
  - Management of uterine contractions with drugs that aren't approved for that use
  - Home uterine-activity monitoring and related services
  - Private hospital rooms
  - Unproven procedures
  - Umbilical cord collection and storage

- Services that aren't covered by TRICARE include:
  - Fetal ultrasounds that aren't medically necessary (for example, to find out your baby's gender), including three- and four-dimensional ultrasounds
  - Services and supplies related to noncoital reproductive procedures (for example, artificial insemination), except for certain wounded, ill, and injured service members in very limited circumstances
  - Management of uterine contractions with drugs that aren't approved for that use by the U.S. Food and Drug Administration (which is known as "off-label" use)
  - Home uterine-activity monitoring and related services
  - Private hospital rooms, unless a provider orders a private room for medical reasons, or a semiprivate room isn't available (additional exceptions may apply overseas)
  - Unproven procedures (for example, lymphocyte or paternal leukocyte immunotherapy for the treatment of recurrent miscarriages or salivary estriol test for preterm labor)
  - Umbilical cord collection and storage, except for patients who undergo a covered umbilical cord blood transplant
- Overseas, there may be exceptions to certain coverage limitations in consideration of commonly accepted practices in the overseas area. International SOS Government Services, Inc., or International SOS, the TRICARE Overseas Program contractor, won't authorize medical care determined not to meet internationally recognized and accepted standards. Contact your TRICARE Overseas Program Regional Call Center for more information.

## **Today's AGENDA**

- Maternity Care
- **Getting Maternity Care**
- Getting Coverage for Your Child
- Well-Child Care
- Other Important Information
- For Information and Assistance

- **Optional Presenter Comment:** We'll now discuss getting maternity care with TRICARE.



## Maternity Care Providers

- TRICARE covers maternity care provided by TRICARE-authorized providers. This includes but isn't limited to:
  - Obstetricians/gynecologists
  - Certified nurse midwives (CNMs)
    - **Note:** Only certain providers are covered by TRICARE.
  - Family medicine physicians
  - General practitioners
  - Primary care managers
  - Certified labor doulas (stateside only)



- TRICARE providers who work at military hospitals or clinics are usually the first option for getting care for ADSMs and active duty family members, or ADFMs, enrolled in TRICARE Prime. To locate a military hospital or clinic, go to [www.tricare.mil/mtf](http://www.tricare.mil/mtf).
- Depending on your TRICARE plan, another option for getting care is from TRICARE-authorized civilian providers. A TRICARE-authorized provider is a provider that TRICARE has approved to give health care services to its beneficiaries. If the provision of maternity care is within the scope of licensure, a provider may provide maternity services.
- A provider must be TRICARE-authorized for TRICARE to pay any part of your claim. If you see a provider who isn't TRICARE-authorized, you're responsible for the full cost of care. You can choose from two types of TRICARE-authorized providers: network and non-network.
  - Network providers have agreed to accept the contracted rate as payment in full for covered health care services and files claims for you. You can save money by using a network provider.
  - Non-network providers don't have an agreement with TRICARE, and you may have to file your own claims. There are two types of non-network providers: participating and nonparticipating.
    - **Participating:** 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:** 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.
- TRICARE covers services by TRICARE-authorized obstetricians/gynecologists and certified nurse midwives, or CNMs; family medicine physicians, general practitioners, and certified labor doulas.
  - CNMs must be certified by the American Midwifery Certification Board and, when required, licensed by the local licensing agency for the jurisdiction where the care is provided. Beneficiaries must meet these CNM requirements to be eligible for reimbursement. TRICARE doesn't cover midwife services by lay midwives, certified professional midwives, or certified midwives. If you choose a midwife who isn't covered by TRICARE, you'll pay the entire cost of the midwife services. Work with your TRICARE contractor to find a midwife that's covered by TRICARE.
  - As of 2022, TRICARE covers certified labor doulas (stateside only) for non-medical support during labor and childbirth. This is part of the Childbirth and Breastfeeding Support Demonstration to evaluate the benefit of non-medical support on maternity outcomes. As part of the demonstration, TRICARE also covers certified lactation consultants and certified lactation counselors. The demonstration is currently available stateside only. You can get more information at [www.tricare.mil/cbsd](http://www.tricare.mil/cbsd).

**Note:** In some cases overseas, you may be able to get midwife services from a TRICARE-authorized registered nurse who isn't a certified nurse midwife. If you receive services from a midwife who isn't a CNM, they must be a registered nurse who is referred to and supervised by a licensed physician. The doctor must also provide onsite supervision during the delivery. You must meet this requirement to be eligible for reimbursement. Additional limitations may apply overseas. Check with your overseas regional contractor to find a midwife who is covered by TRICARE.

## Maternity Care Providers (continued)

- TRICARE does **not** cover:
  - Lay midwives
  - Certified professional midwives
  - Certified midwives
  - Certain non-medical support during labor and childbirth (for example, labor coaches)

- TRICARE doesn't cover services by lay midwives, certified professional midwives, or certified midwives. TRICARE also doesn't cover certain non-medical support during labor and childbirth (for example, labor coaches).
- To find a list of TRICARE-authorized providers, go to [www.tricare.mil/finddoctor](http://www.tricare.mil/finddoctor). If you need assistance or to confirm midwife qualifications, you can contact your TRICARE contractor.

## TRICARE Prime®



- Primary care manager (PCM) access
- Priority access to care at military hospitals and clinics
- Referrals required
- Pre-authorization required
- No costs for ADSMs and ADFMs
- Minimal costs for retired service members and their families

- Your guidelines for getting care vary based on your TRICARE program option and where you live.
- If you have TRICARE Prime, you have a primary care manager, or PCM, who is dedicated to your care and you have priority access to care at military hospitals and clinics. As soon as you think you're pregnant, go to your PCM.
  - If maternity care is available at your nearest military hospital or clinic, you'll likely be referred there for maternity care. If maternity care isn't available at your military hospital or clinic, your PCM will give you a referral to a civilian network obstetrician. Continue to seek care from your PCM for all non-pregnancy related services.
  - All TRICARE Prime beneficiaries, except ADSMs, may use the point-of-service, or POS, option to self-refer to an obstetrician. However, higher out-of-pocket costs apply. For more information about the POS option, go to [www.tricare.mil/pointofservice](http://www.tricare.mil/pointofservice).
- Pre-authorization is required for your maternity care. Once your pregnancy is confirmed by your PCM, get pre-authorization for your continued maternity care. Your pre-authorization remains valid through the sixth week after your delivery.
- You may see the same provider throughout your pregnancy or request a change at any time.
  - If you move, and TRICARE Prime is available in your new location, you may transfer your TRICARE Prime enrollment online, by phone, or by mail. Your previous PCM and TRICARE contractor will work with your new provider to ensure continuity of care.
- If you have TRICARE Prime Remote, or TPR, with an assigned PCM, your PCM may direct your care. Otherwise, you may go to a network provider with pre-authorization from your TRICARE contractor.
- ADSMs and ADFMs have no costs for maternity care under TRICARE Prime or TPR. All others have copayments. For more information and costs, go to [www.tricare.mil/prime](http://www.tricare.mil/prime).

## Traveling With TRICARE Prime

- Routine care:
  - Get care before traveling.
- Urgent care:
  - Most TRICARE Prime enrollees don't need a referral when seeking urgent care from any TRICARE-authorized urgent care center. There are special considerations for TRICARE overseas plans and the US Family Health Plan.
  - If you need advice or if you aren't sure if you need care, use the Military Health System Nurse Advice Line at [www.mhsnurseadviceline.com](http://www.mhsnurseadviceline.com) to chat with a registered nurse. In the U.S., you can also call **1-800-TRICARE (874-2273)**, Option 1.
- Emergency care:
  - Call 911 or go to the nearest emergency room.
  - Pre-authorization isn't required.
  - Get a continued-stay authorization, if admitted.
- Extended trips:
  - Consider transferring enrollment.



- If you're a TRICARE Prime beneficiary and plan to travel while you're pregnant, be sure to get your routine care before you leave. This includes your regular obstetric visits and filling any prescriptions.
  - If you experience unexpected cramps, spotting, or other complications while you're traveling, contact your PCM for help. If you can't reach your PCM, contact your TRICARE contractor. Contact information will be provided at the end of this presentation.
  - Most TRICARE Prime enrollees don't need a referral when seeking urgent care from any TRICARE-authorized urgent care center. Point-of-service (POS) charges don't apply for urgent care claims when seeking care from an urgent care center in the TRICARE network. For more information about the POS option, go to [www.tricare.mil/pointofservice](http://www.tricare.mil/pointofservice).
  - ADFMs enrolled to TRICARE Prime Overseas or TRICARE Prime Remote Overseas must contact the TRICARE Overseas Program, also known as TOP, contractor to obtain 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 TDY or on leave status in the 50 United States and the District of Columbia, may access urgent care without a referral or an authorization.
  - The Military Health System Nurse Advice Line is available 24/7 by phone, online chat, or video chat. Go to [www.mhsnurseadviceline.com](http://www.mhsnurseadviceline.com) for ways you can connect to a registered nurse.
- Note:** Beneficiaries who live overseas can call the MHS Nurse Advice Line for health care advice while traveling in the U.S. but must coordinate care with their TOP Regional Call Center.
- If you're actively bleeding or experiencing severe pain, call **911** in the U.S. (or the emergency number for the country where you are) or go to the nearest emergency room. Pre-authorization isn't required, but, if admitted, contact your PCM or TRICARE contractor within 24 hours or on the next business day to coordinate ongoing care.
  - If you plan to travel for more than 30 days, such as going to stay with family, you may keep your current TRICARE Prime enrollment or transfer your enrollment if TRICARE Prime is available in your new location.
    - If you keep your TRICARE Prime enrollment in your original enrolled location, you need to coordinate with your PCM to request referrals for nonemergency health care services you get in the location you're visiting. If you're unable to get a referral from your PCM for nonemergency care, your care may be covered under the POS option with a higher out-of-pocket cost.
    - To transfer your enrollment, contact your TRICARE contractor.
      - If your new location isn't close to a military hospital or clinic or within 100 miles of an available PCM (with a drive-time waiver), you may not be able to stay enrolled in TRICARE Prime. Go to [www.tricare.mil/prime](http://www.tricare.mil/prime) to see if the place where you plan to stay is in a Prime Service Area, or PSA.

## TRICARE Select®

- See any TRICARE-authorized provider for maternity care.
  - A network provider costs you less out of pocket.
- Referrals aren't required for most services.
- Pre-authorization is required for certain services.
- A deductible may apply if you deliver in an outpatient setting.

- If you're enrolled in TRICARE Select, you may get maternity care from any TRICARE-authorized provider without a referral.
  - Seeing a network provider costs you less out of pocket and the provider files claims for you.
  - When seeing a non-network provider, you pay more out of pocket and may have to file your own claims.
- Pre-authorization is required for certain services. Go to your TRICARE contractor's website or [www.tricare.mil](http://www.tricare.mil) for pre-authorization requirements.
- You may be responsible for a deductible if you choose to deliver in an outpatient setting. Delivery options will be discussed in more detail later in this presentation.
  - For ADFMs, the deductible applies when you choose to deliver at home or as an outpatient, except for birthing-center delivery.
  - For all others, the deductible is waived only if you deliver in an inpatient hospital setting.
- For more information and costs, go to [www.tricare.mil/select](http://www.tricare.mil/select).

## Switching TRICARE Health Plans

- ADSMs can't disenroll from TRICARE Prime.
- All others can only enroll in or change to TRICARE Prime or TRICARE Select during:
  - The 90-day period following a Qualifying Life Event (QLE) (for example: marriage, birth of a child, or adoption of a child).  
**Note:** A QLE for one family member is a QLE for all eligible family members.
  - The TRICARE Open Season. The annual period beginning on the Monday of the second full week in November to the Monday of the second full week in December. Visit [www.tricare.mil/openseason](http://www.tricare.mil/openseason) for dates and more information.

**Note:** QLEs and open season don't apply to TRICARE For Life or premium-based plans (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program). These plans offer continuous open enrollment.

**Note:** ADSMs aren't allowed to disenroll from TRICARE Prime.

- You can only enroll in or change your TRICARE Prime or TRICARE Select coverage either:
  - During the 90-day period following a Qualifying Life Event (QLE) for you or a member of your family. A QLE is a certain change in your life, such as marriage, birth of a child, or adoption of a child, that means your TRICARE health care options may change. See [www.tricare.mil/lifeevents](http://www.tricare.mil/lifeevents) for more information.
  - During TRICARE Open Season, which begins on the Monday of the second full week in November to the Monday of the second full week in December. Enrollment changes made during open season take effect that upcoming January 1.
- Disenrolling from TRICARE Prime and enrolling in TRICARE Select also affects your access to military hospitals and clinics. You'll only have access to military hospitals and clinics if space is available.
- You can enroll and disenroll from TRICARE Prime by using Beneficiary Web Enrollment, or BWE. Log in to milConnect at <https://milconnect.dmdc.osd.mil>, click on the "Benefits" tab, and then click on "Beneficiary Web Enrollment (BWE)" from the menu. You can also call your TRICARE contractor or mail the *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form*, which is *DD Form 2876*. Download the form at [www.tricare.mil/forms](http://www.tricare.mil/forms). Use the mailing address on the form.
- You can enroll and disenroll from TRICARE Select by using BWE on the milConnect website, calling your TRICARE contractor, or downloading the *TRICARE Select Enrollment, Disenrollment, Change Form*, which is *DD Form 3043*, at [www.tricare.mil/forms](http://www.tricare.mil/forms). Mail the form to your TRICARE contractor.

**Note:** QLEs and TRICARE Open Season don't apply to TRICARE For Life or premium-based plans (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program). Premium-based plans offer continuous open enrollment.



## TRICARE Overseas Program



### TRICARE Prime Overseas:

- Get care from your primary care manager at a military hospital or clinic.

### TRICARE Prime Remote Overseas:

- Coordinate care with your TOP Regional Call Center.

### TRICARE Select Overseas:

- Seek care from almost any TRICARE-authorized civilian provider without a referral.

- If you're a TRICARE Prime Overseas beneficiary, you should get maternity care from a military hospital or clinic if your PCM is located there.
  - If you aren't located near a military hospital or clinic, or care is unavailable there, your PCM will give you a referral to a TRICARE-authorized civilian provider in your overseas area. Continue to seek care from your PCM for any non-pregnancy related services.
- If you're a TRICARE Prime Remote Overseas beneficiary, your TOP Regional Call Center will help you coordinate care. TRICARE Prime Remote Overseas beneficiaries in overseas areas where the appropriate standard of care isn't available should contact their TOP Regional Call Center for help with other options.
- ADSMs and ADFMs have no costs for maternity care under TRICARE Prime Overseas and TRICARE Prime Remote Overseas. TRICARE Prime Overseas and TRICARE Prime Remote Overseas ADFMs may use the POS option to self-refer to obstetricians; however, higher out-of-pocket costs apply.
- Those with TRICARE Prime Overseas and TRICARE Prime Remote Overseas (other than ADSMs) may enroll in TRICARE Select Overseas, but if you see a non-network provider, you'll pay higher copayments and cost-shares. You'll also have an annual deductible, and you'll only have access to military hospitals and clinics if space is available.
- TRICARE Select Overseas beneficiaries may seek care from most TRICARE-authorized civilian providers without a referral.
  - You should expect to pay up front for care and submit a claim for reimbursement.
  - Outside the U.S. and U.S. territories, there may be no limit to the amount that nonparticipating non-network providers may bill. You're responsible for paying any amount that exceeds the TRICARE-allowable charge, in addition to your deductible and cost-shares. Expect to pay up front and file a claim to get money back.

**Note:** If you're enrolled in TRICARE Prime Overseas, TRICARE Prime Remote Overseas, or TRICARE Select Overseas, and live in the Philippines, you're encouraged to visit Philippine Preferred Provider Network providers. Learn more at [www.tricare-overseas.com/beneficiaries/philippines](http://www.tricare-overseas.com/beneficiaries/philippines).

## TRICARE Young Adult

- Your maternity care is covered, but newborn care isn't covered.
- Follow the rules of the plan in which you're enrolled:
  - TRICARE Young Adult Prime
  - TRICARE Young Adult Select

- TYA is a premium-based TRICARE program option available for purchase by qualified young-adult dependents of ADSMs, retired service members, National Guard and Reserve members who have purchased TRS, retired National Guard and Reserve members who have purchased TRR, or beneficiaries in TAMP. Qualified surviving children may also purchase TYA.
- If you're an expectant mother who has purchased TYA, your maternity care is covered for the duration of your pregnancy if you remain in TYA. However, newborn care isn't covered by TRICARE unless your newborn's other parent is a sponsor, or your newborn is adopted by a sponsor.
- Follow the rules (including costs and provider choices) of the plan in which you're enrolled—either TYA Prime or TYA Select.
  - TYA Prime beneficiaries have the same provider choice and costs as other TRICARE Prime beneficiaries. TYA Prime beneficiaries may use the point-of-service option to self-refer to an obstetrician but will pay higher out-of-pocket costs.
  - TYA Select beneficiaries have the same provider choice and costs as other TRICARE Select beneficiaries.
- For more information and costs, go to [www.tricare.mil/tya](http://www.tricare.mil/tya).



## TRICARE Reserve Select® and TRICARE Retired Reserve®

- Premium-based TRICARE program options
- Qualified sponsors may purchase coverage for themselves or their family members or both
- Similar to TRICARE Select or TRICARE Select Overseas

- TRS and TRR are premium-based TRICARE program options that are available for purchase by qualified sponsors who aren't activated.
- Qualified sponsors may purchase coverage for themselves and/or their family members.
- TRS and TRR coverage and costs are like TRICARE Select for maternity care.
- Overseas, TRS and TRR coverage and costs are like TRICARE Select Overseas for maternity care.
- For more information and costs, go to [www.tricare.mil/trs](http://www.tricare.mil/trs) or [www.tricare.mil/trr](http://www.tricare.mil/trr).

## Delivery Options

- Military hospital or clinic
- Civilian hospital
- TRICARE-certified/authorized birthing center
- Hospital-based outpatient birthing room
- Professional office birthing suite
- Planned home births



- You have the opportunity to choose where you deliver. Your costs vary depending on where your delivery occurs.
- Many TRICARE beneficiaries deliver in military hospitals or clinics or civilian hospitals.
  - If you have any conditions that classify your pregnancy as higher risk, or if you desire interventions, such as an epidural or continuous fetal monitoring, you may prefer to deliver in a military hospital or clinic or civilian hospital.
- If you have a low-risk pregnancy, you may choose to deliver at a TRICARE-certified birthing center.
  - A birthing center is a freestanding or institution-affiliated outpatient maternity care program that principally provides a planned course of outpatient prenatal care and outpatient childbirth service limited to low-risk pregnancies.
- If you have a low-risk pregnancy, TRICARE also covers delivery in a hospital-based outpatient birthing room, a professional office birthing suite, or your home.
- You should let your TRICARE contractor know if you're planning a home birth. Costs associated with planned home births are based on your TRICARE plan.

**Note:** Your planned home birth delivery provider must be a certified nurse midwife, or CNM. TRICARE doesn't cover services by lay midwives, certified professional midwives, or certified midwives.

**Note:** Overseas beneficiaries don't normally have home birth options because of the certification requirements for a midwife. If you have questions about care or requirements, be sure to contact your TRICARE Overseas Program Regional Call Center for specific guidance.

- If you choose to deliver at a civilian hospital, a TRICARE-certified birthing center, a hospital-based outpatient birthing room, a professional office birthing suite, or at your home, work closely with your provider and TRICARE contractor to understand the associated costs and to ensure you're meeting the referral and pre-authorization requirements for TRICARE coverage.

## **Today's AGENDA**

- Maternity Care
- Getting Maternity Care
- **Getting Coverage for Your Child**
- Well-Child Care
- Other Important Information
- For Information and Assistance

- **Optional Presenter Comment:** We'll now discuss getting TRICARE coverage for your child.

## Who's Covered?



- Biological and adopted children of:
  - Active duty service members
  - Retired service members (including Retired Reserve members)
  - National Guard and Reserve members

- All new biological and adopted children of ADSMs, retired service members (including Retired Reserve members), and National Guard and Reserve members are eligible for TRICARE.
- Your new child must be registered in the Defense Enrollment Eligibility Reporting System, or DEERS, under an eligible military sponsor to have coverage under TRICARE.
  - If your new child isn't registered in DEERS within the allotted time period, they'll only be eligible to receive care if space is available at a military hospital or clinic.
  - The sponsor will only then be able to enroll the child after another Qualifying Life Event, or QLE, or during the next TRICARE Open Season.

**Exception:** Once registered in DEERS, if an ADFM, the new child will be automatically enrolled in TRICARE Prime if the stateside residential ZIP code in DEERS is in a PSA. Stateside children of ADSMs are automatically enrolled in TRICARE Select as long as they're registered in DEERS and they don't live in a PSA. Children of overseas ADSMs are automatically enrolled in TRICARE Select Overseas. You have 90 days to make eligible enrollment changes.

- Your child is eligible for TRICARE until age 21 (or age 23 if certain criteria are met). Your child remains eligible even if you divorce or remarry.
- TRICARE continues to provide benefits to eligible children following the death of their sponsor.

**Note:** Stepchildren are eligible for TRICARE once the parent of the child and sponsor are married. Following a divorce, the stepchild only retains eligibility if they were adopted by the sponsor.

## When Your New Child Is Born or Adopted Overseas

- Contact the nearest U.S. Embassy or Consulate.
- Get a Social Security number (SSN) for your child.
- Register your child in the Defense Enrollment Eligibility Reporting System (DEERS).
- Family members are automatically enrolled in TRICARE Select Overseas.
- Children of retirees must elect to enroll within 120 days of birth.

- If your new child is born or adopted overseas, you'll need to record the birth with the nearest U.S. Embassy or Consulate, get a Social Security number, or SSN, for your child and register your child in the Defense Enrollment Eligibility Reporting System, or DEERS, to ensure TRICARE eligibility.
- ADFMs are automatically enrolled in TRICARE Select Overseas. (**Note:** Make sure your address in DEERS shows as overseas for automatic TRICARE Select Overseas enrollment.)
- Because there's no automatic TRICARE enrollment for children of retirees, retirees must enroll their child in DEERS within 120 days of birth, adoption, or court appointment. Since TRICARE Prime Overseas isn't an option for retirees living overseas, they'll have to enroll their child in TRICARE Select Overseas.
- Children born, adopted, or court appointed overseas to U.S. citizens acquire U.S. citizenship at birth. As soon as possible after the birth, adoption, or court appointment of your child, contact the nearest U.S. Embassy or Consulate to record the birth, adoption, or court appointment and begin the process of affirming your child's citizenship. To locate a U.S. Embassy or Consulate near you, go to [www.usembassy.gov](http://www.usembassy.gov).
  - You'll need a completed *Application for Consular Report of Birth Abroad of a Citizen of the United States of America*, which is *Form DS-2029*, a record of your child's foreign birth, proof of your U.S. citizenship and, if applicable, evidence of your marriage to your child's sponsor.
  - Once the Consulate confirms that your child can acquire U.S. citizenship, it will prepare a *Consular Report of Birth Abroad of a Citizen of the United States of America*, which is *Form FS-240*. The Consulate can also help you get a passport and SSN for your child.
  - To get an information packet explaining the requirements for recording the birth or adoption of your child, call the nearest U.S. Embassy or Consulate.

**Note:** You're responsible for paying any administrative fees associated with requesting a birth certificate for your child.

- To apply for your child's SSN when you and your child live outside the U.S., go to the Social Security Administration, or SSA, website at [www.ssa.gov/foreign](http://www.ssa.gov/foreign).
  - If you're a U.S. military dependent or a U.S. citizen working on a U.S. military post, you may go to the Post Adjutant or personnel office. These offices can copy and certify your records, so you don't have to send original documents through the mail. If you don't have your records certified at the Post Adjutant or personnel office, you'll have to mail original documents to the SSA.
  - Your child's Social Security card will be mailed to you from the U.S.

## Register Your New Child in DEERS

- Register your child in DEERS right away.
- To register your child in DEERS, you must:
  - Get an official birth certificate or SF-240 Consular Report of Birth Abroad, record of adoption or letter of placement of your child into your home.
  - Apply for your child's Social Security Number.
  - Go to the nearest ID card office with the proper documentation.
- Choose a TRICARE program and enroll your child, if necessary.



- You must register newborns and newly adopted children in DEERS right away to ensure continued TRICARE coverage. Prompt registration can minimize delays or problems with coverage and claims processing.
  - To register your child in DEERS, you must:
    - Get an official birth certificate or SF-240 Consular Report of Birth Abroad, record of adoption, or letter of placement of your child into your home by a recognized placement or adoption agency or the court.
    - Apply for your child's SSN. For more information on applying for an SSN, go to the Social Security Administration at [www.ssa.gov](http://www.ssa.gov) or call **1-800-772-1213**. You won't need an SSN to register your child in DEERS. However, you'll need to update your child's DEERS information as soon as you get their SSN.
    - Have your child's sponsor go to the nearest ID card office with the proper documentation. Find an office at <https://idco.dmdc.osd.mil/idco>.
  - Check eligibility and update information in DEERS at <https://milconnect.dmdc.osd.mil>. This is the Defense Manpower Data Center online portal that provides access to DEERS information. You can also update records by calling **1-800-538-9552**, faxing **1-800-336-4416**, or going to an ID card office. Proper documentation is required.
  - Once registered in DEERS, choose a TRICARE health plan and enroll your child if necessary. Overseas, you have 120 days to enroll your child in DEERS after birth, adoption, or court appointment.
- Note:** Your SSN and the SSNs of each of your covered family members should be included in DEERS for TRICARE coverage to be reflected accurately.
- Note:** Registering your child in DEERS doesn't automatically enroll your child in a TRICARE health care program. You'll need to choose a TRICARE program for your child and enroll your child, if necessary. Your child's TRICARE program options depend on their sponsor's military status and place of residence.
- For more information, go to [www.tricare.mil/baby](http://www.tricare.mil/baby).

## TRICARE Prime and TRICARE Select Coverage

- You **must** register your newborn, newly adopted, or court-appointed child in DEERS within 90 days, or 120 days if overseas.
- Stateside children of ADSMs are automatically enrolled in TRICARE Prime as long as:
  - They're registered in DEERS.
  - They live in a stateside Prime Service Area (PSA).
- Overseas children of ADSMs are automatically enrolled in TRICARE Select Overseas as long as they're registered in DEERS.
  - You may only enroll your child in TRICARE Prime Overseas or TRICARE Prime Remote Overseas if they're command-sponsored.
- Children of retirees (stateside and overseas) must enroll their child in a TRICARE plan.

- All newborn and adopted children **must** be registered in DEERS.
  - If stateside, register your child in DEERS within 90 days of birth, adoption, or court appointment.
  - If overseas, register your child in DEERS within 120 days of birth or adoption, or court appointment.
- If you're an active duty family living in a stateside Prime Service Area, or PSA, your child is automatically enrolled in TRICARE Prime. If you don't live in a PSA, your child is automatically enrolled in TRICARE Select. You may choose to change your child's coverage to another TRICARE plan or US Family Health Plan, if eligible, within 90 days from the date entered in DEERS. After 90 days, you must wait until another QLE or TRICARE Open Season to enroll your child in a different TRICARE plan.
- For active duty families overseas, your child will automatically be enrolled in TRICARE Select Overseas once you register them in DEERS. You have 90 days to change your child's enrollment to TRICARE Prime Overseas or TRICARE Prime Remote Overseas, if your child is command-sponsored. Otherwise, your child will remain in TRICARE Select Overseas. If you change enrollment, your child's coverage will be backdated to the date of birth or placement.
  - You can only enroll your child in TRICARE Prime Overseas or TRICARE Prime Remote Overseas if command-sponsored.
- For retired service members, you must contact your TRICARE contractor to enroll your child in a TRICARE health plan. There is no automatic enrollment process for children of retirees.
  - If stateside, you must enroll your child within 90 days of birth, adoption, or court appointment. You may enroll your child by using BWE on the milConnect website, by calling your TRICARE contractor, or submitting *DD Form 3043* for TRICARE Select or *DD Form 2876* for TRICARE Prime, if eligible.
  - If overseas, you must enroll your child in TRICARE Select Overseas within 120 days of birth, adoption, or court appointment. You may enroll your child by calling your Global TRICARE Service Center (choose option 4 from the TOP Regional Call Center menu) or submitting *DD Form 2876* to the TOP contractor.

**Note:** The POS option does not apply to children for the first 90 days (stateside) or 120 days (overseas) following birth, adoption, or court appointment.



### TRICARE Prime and TRICARE Select Coverage (continued)

- The parent may change the child's TRICARE Prime or TRICARE Select enrollment to another eligible TRICARE plan within 90 days of the birth, adoption, or court appointment.
  - After 90 days, you must wait until another QLE or for TRICARE Open Season to change your child's TRICARE coverage.
- If your child isn't enrolled in DEERS by day 90, or day 120 if overseas, they'll only be eligible to receive care at a military hospital or clinic, if space is available.

- Once a child of an ADSMs is automatically enrolled in TRICARE Prime or TRICARE Select, the parent may change the child's enrollment to another eligible TRICARE plan within 90 days of the birth, adoption, or court appointment.
  - After the allotted time period, you must wait until another QLE or open season to change your child's coverage.
- If you're stateside and your child isn't registered in DEERS by day 90, then your child will only be able to receive care at a military hospital or clinic if space is available.
- If you're living overseas and your child isn't registered in DEERS by day 120, then your child will only be able to receive care at a military hospital or clinic if space is available. After your child is registered in DEERS, you have 90 days to enroll your child in TRICARE Prime Overseas or TRICARE Prime Remote Overseas.



## TRICARE Reserve Select and TRICARE Retired Reserve Coverage

- To ensure TRS or TRR coverage for your child, you must:
  - Register your child in DEERS.
  - Submit the *Reserve Component Health Coverage Request* form (DD Form 2896-1) to your TRICARE contractor within 90 days, or 120 days, if overseas.
- You may be required to pay for care up front.
- You must purchase TRS or TRR for your child to be covered.

- If you're a TRS or TRR member, then your child will be covered by TRS or TRR if you:
  - Register your child in DEERS.
  - Enroll in TRS or TRR family coverage by using BWE on the milConnect website, calling your TRICARE contractor, or downloading the *Reserve Component Health Coverage Request* form, which is DD Form 2896-1, and mailing the form to your TRICARE contractor.
  - The application must be postmarked within 90 days, or 120 days if overseas, of birth, adoption, or court appointment.
- You may be required to pay for all care up front until your child is covered by TRS or TRR. If your child is covered within 90 days, or 120 days if overseas, your claims will be paid retroactively.
- If you had previously purchased member-only TRS or TRR coverage, adding a newborn or adopted child to your coverage will increase your monthly premiums to the member-and-family premium rate.
- If you weren't already using TRS or TRR, then your child won't be covered until you purchase TRS or TRR.
- Coverage is effective the day the DD Form 2896-1 is received.

## **Today's AGENDA**

- Maternity Care
- Getting Maternity Care
- Getting Coverage for Your Child
- **Well-Child Care**
- Other Important Information
- For Information and Assistance

- **Optional Presenter Comment:** We'll now discuss TRICARE coverage of well-child care.

## What's Covered?

- Circumcision
- Routine newborn care
- Health-promotion and disease-prevention exams
- Vision and hearing screenings
- Height, weight, and head circumference measurements
- Routine vaccines
- Developmental and behavioral appraisals

**Note:** In certain circumstances, prescribed banked donor milk from accredited milk banks may be covered.



- TRICARE covers well-child care for TRICARE beneficiaries from birth until age 6.
- Covered services include:
  - Circumcision (covered during the first 30 days of birth; after this time period, certain limitations apply)
  - Routine newborn care
  - Health-promotion and disease-prevention exams
  - Vision and hearing screenings
  - Height, weight, and head circumference measurements
  - Routine vaccines
  - Developmental and behavioral appraisals
- These services are considered preventive, so there are no referral or pre-authorization requirements or out-of-pocket costs.
- If your child is covered by TRICARE Prime, your child must see a network provider within your enrolled TRICARE region for care to avoid POS charges.
- If your child is covered by TRICARE Select, your out-of-pocket costs may be less if your child is seen by a network provider.
- TRICARE covers prescribed banked donor milk in the U.S. and Canada for infants with certain serious health conditions and when either the mother's breast milk isn't available or there isn't enough. Your baby and you must meet certain criteria for TRICARE to cover banked donor milk. Learn more at [www.tricare.mil/milkbank](http://www.tricare.mil/milkbank).

## Dental Options

- TRICARE Dental Program (TDP)
- Federal Employees Dental and Vision Insurance Program (FEDVIP)



- It's important to address your child's dental health early. The American Academy of Pediatric Dentistry and the American Dental Association recommend that all children go to a dental care provider by their first birthday, and follow-up visits should occur every six months. Ongoing care includes two exams and two cleanings per year.
- There are two voluntary dental programs available for eligible children:
  - The TRICARE Dental Program, or TDP, is available to eligible ADFMs, National Guard and Reserve members and their family members, Individual Ready Reserve members and their family members, and qualified survivors. The TDP benefit is administered by United Concordia Companies, Inc., or United Concordia.
    - For more information, go to [www.tricare.mil/tdp](http://www.tricare.mil/tdp).
  - Dental coverage through the Federal Employees Dental and Vision Insurance Program, or FEDVIP, is available to eligible TRICARE beneficiaries. FEDVIP offers a range of plans from several dental carriers. The U.S. Office of Personnel Management administers FEDVIP.
    - FEDVIP is available to retired service members and their eligible family members, retired National Guard and Reserve members and their eligible family members, Medal of Honor recipients and their family members, and eligible survivors.
    - For more information, go to [www.benefeds.com](http://www.benefeds.com).

## **Today's AGENDA**

- Maternity Care
- Getting Maternity Care
- Getting Coverage for Your Child
- Well-Child Care
- **Other Important Information**
- For Information and Assistance

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

## Filing Claims

- In the U.S.:
  - File claims with the claims processor in the region where you live.
  - Submit claims within one year of the date of service.
- In the U.S. territories:
  - File claims with the TRICARE Overseas Program claims processor.
  - Submit claims within one year of the date of service.
- Outside the U.S. and U.S. territories:
  - File claims with the TRICARE Overseas Program claims processor.
  - Submit claims within three years of the date of service.
  - For a step-by-step guide to filing overseas claims, go to:  
[www.tricare-overseas.com/beneficiaries/claims](http://www.tricare-overseas.com/beneficiaries/claims).

- In most cases, you won't need to file claims for health care services, but there may be times when you'll need to pay up front and file a claim to get money back. You'll be reimbursed for TRICARE covered services at the TRICARE-allowable amount, less any copayments, cost-shares, and deductibles.
- To file a claim, fill out a *TRICARE DoD/CHAMPUS Medical Claim—Patient's Request for Medical Payment* form, which is *DD Form 2642*. You can download *DD Form 2642* from the TRICARE website at [www.tricare.mil/forms](http://www.tricare.mil/forms) or from your TRICARE contractor's website.
- If you live in the U.S. or U.S. territories, which includes American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands, claims must be filed within one year of the date of service or date of inpatient discharge.
  - In the U.S., submit claims to the claims processor in the region where you live, not where you got care. For care you got in the U.S. territories, file claims with the TOP claims processor.
  - If you live in the U.S. and get care overseas, be prepared to pay up front for services and file claims with the TOP claims processor to get money back.
    - To make the overseas claims-filing process easier, International SOS has a step-by-step "How to File a Claim" guide on the TRICARE Overseas Program website at [www.tricare-overseas.com/beneficiaries/claims](http://www.tricare-overseas.com/beneficiaries/claims).
- If you live outside the U.S. and U.S. territories, file claims with the TOP claims processor regardless of where you get care. All beneficiary-submitted claims for care received outside the U.S. and U.S. territories must include proof of payment.
- If you're a TRS or TRR member, you may be required to pay up front for your child's care until you have added your child to your coverage.
- For more information about the claims process and contact information, go to [www.tricare.mil/claims](http://www.tricare.mil/claims).

## Today's AGENDA

- Maternity Care
- Getting Maternity Care
- Getting Coverage for Your Child
- Well-Child Care
- Other Important Information
- **For Information and Assistance**

- **Optional Presenter Comment:** The following slides provide contact information that may be helpful when using your TRICARE benefit to get maternity and newborn care.

Looking for **More Information?**

GO TO [www.tricare.mil](http://www.tricare.mil)

**Stateside Regional Contractors**

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

**Overseas Regional Contractor**

- TRICARE Overseas Program (TOP)  
International SOS Government Services, Inc.  
[www.tricare-overseas.com/contact-us](http://www.tricare-overseas.com/contact-us)

**More Resources**

- TRICARE Website  
[www.tricare.mil](http://www.tricare.mil)



- Publications  
[www.tricare.mil/publications](http://www.tricare.mil/publications)
- milConnect  
<https://milconnect.dmdc.osd.mil>

- This slide shows contact information for stateside and overseas TRICARE contractors, as well as other important information resources.
  - For contact information for your TRICARE Overseas Program regional contractor, go to [www.tricare-overseas.com/contact-us](http://www.tricare-overseas.com/contact-us).
- Remember, your TRICARE contractor is based on where you live.
- Use these resources for getting help and finding answers to any additional questions:
  - To learn more about your TRICARE options, go to [www.tricare.mil](http://www.tricare.mil).
  - To see the entire suite of TRICARE publications, go to [www.tricare.mil/publications](http://www.tricare.mil/publications).
  - To sign up for emails about your eligibility and enrollment changes, go to <https://milconnect.dmdc.osd.mil>.