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Enrollment Options

TRICARE Open Season

- TRICARE Open Season is the annual period when you can enroll in or change your health care coverage plan for the following year.
- TRICARE Open Season applies only to enrollment in TRICARE Prime and TRICARE Select health plans.
- TRICARE Open Season occurs each fall, from the Monday of the second full week in November to the Monday of the second full week in December.
- Enrollment changes made during the TRICARE Open Season go into effect on Jan. 1.
- Visit www.tricare.mil/openseason.

Qualifying Life Event

- A Qualifying Life Event (QLE) is a certain change in your life that means different TRICARE health plan options may be available to you and your family.
- Following a QLE, you have 90 days to make eligible health plan enrollment changes.
- A QLE for one family member means all family members are eligible to make enrollment changes.
- Examples of TRICARE QLEs include: getting married or divorced, moving, giving birth, adopting a child, and retiring.
- Visit www.tricare.mil/lifeevents.

- You may only enroll yourself or family members in an eligible TRICARE Prime or TRICARE Select plan during the TRICARE Open Season or following a Qualifying Life Event, or QLE.

Note: Because premium-based plans (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program) offer continuous open enrollment, you may enroll anytime during the year as long as you are eligible. TRICARE For Life doesn't require enrollment.

- TRICARE Open Season is the annual period when you can enroll in or change a TRICARE Prime or TRICARE Select health plan for the next year.
- TRICARE Open Season occurs each fall, from the Monday of the second full week in November to the Monday of the second full week in December.
- Enrollment changes made during the TRICARE Open Season go into effect on Jan. 1.
- Visit www.tricare.mil/openseason for more information.
- A QLE is a certain change in your life, such as marriage, birth of a child, or retirement from active duty, which may mean different TRICARE health plan options are available to you and your family.
- Following a QLE, you have 90 days to make an eligible health plan enrollment change.
- A QLE for one family member creates a QLE for all family members. This means all family members may change their health plan enrollment when one person in the family has a QLE.

Note: Although premium-based plans offer continuous open enrollment, certain QLEs may mean you or your family members are eligible for TRICARE Prime or TRICARE Select.

- Visit www.tricare.mil/lifeevents for more information.

Qualifying Life Events

- The following are TRICARE Qualifying Life Events:
 - Change in sponsor status that results in ineligibility to continue existing coverage
 - Change in family composition
 - Moving (change of address)
 - Certain government-directed changes
 - Change in command sponsorship (overseas only)
 - Losing sponsor or family member eligibility
 - Change in eligibility status of any single family member in another family
 - Losing other health insurance
- For more information, visit www.tricare.mil/lifeevents.

- The following are TRICARE QLEs:
 - Change in sponsor status that results in ineligibility to continue existing coverage. This includes retiring from active duty, separating from active duty, activating, or deactivating.
 - Change in family composition. This includes marriage, divorce or annulment, birth of a child, adoption of a child, placement of a child by a court in a member's home, children becoming adults, or a death in family.
 - Moving (change of address). This includes a child moving away to college or any relocation to a new country, city, region, or ZIP+4 code.
 - Certain government-directed changes. This includes a government-directed change to your primary care manager or a government-directed change to the availability of your health plan.
 - Change in command sponsorship (overseas only). This includes gaining or losing permission to have family members accompany the military member, with full military benefits, during an assignment overseas.
 - Losing sponsor or family member eligibility. This includes when a Retired Reserve member turns age 60 or when the sponsor or any dependent turns age 65, which means they become eligible for Medicare.
 - Change in eligibility status of any single family member in another family. This means if both parents are sponsors and one separates or retires from active duty, the entire family can change their enrollment as part of the QLE.
 - Losing other health insurance. This includes losing health insurance other than TRICARE.
- For more information about QLEs and how they may impact you or your family, visit www.tricare.mil/lifeevents.

Enrollment Options following a Qualifying Life Event

- Depending on your eligibility, a Qualifying Life Event (QLE) may allow you and your family to:
 - Enroll in a new TRICARE health plan.
 - Change your health plan coverage.
- If you want to enroll in or change your health plan, you must:
 - Update the Defense Enrollment Eligibility Reporting System (DEERS) with the QLE.
 - Make the eligible enrollment changes within 90 days following the QLE.
 - Pay any enrollment fees or premiums due during the QLE period.
- For information on QLEs, visit www.tricare.mil/lifeevents.

- Depending on your eligibility, a QLE may allow you and your family to:
 - Enroll in a new TRICARE health plan.
 - Change your health plan coverage.
- If you want to enroll in or change your health plan, you must:
 - Update the Defense Enrollment Eligibility Reporting System, or DEERS, with the QLE.
 - Make the eligible enrollment changes within 90 days of the QLE.
 - Pay any enrollment fees or premiums due during the QLE period.
- Once your change shows in DEERS, you may make any eligible health plan enrollment change online, by mail, or by phone. Visit www.tricare.mil/enroll for more information.

Note: Regardless of when you initiate the health plan enrollment change following a QLE, coverage starts on the date of the QLE.

Note: With some QLEs, you have the option of doing nothing and continuing with your current coverage as long as you remain eligible. With other QLEs, you may no longer be eligible for your current health plan and must make an enrollment choice.

- For information on QLEs, visit www.tricare.mil/lifeevents.

Get TRICARE Correspondence on milConnect

- You can get email alerts on changes to your benefit from the Defense Manpower Data Center.
- These emails will send you to milConnect to view enrollment or coverage status changes.
- If you don't have an email address on file, or if you opt out of email alerts, you'll get postcards in the mail that ask you to log in to milConnect to view updates.



- You can get email alerts on changes to your benefit from the Defense Manpower Data Center.
- These emails will send you to milConnect to view enrollment or coverage status changes. To get eCorrespondence, you must have your email address on file in milConnect. Update your email address under the “My Profile” tab in milConnect.
- To view your messages in milConnect, go to **<https://milconnect.dmdc.osd.mil>** and log in using your Common Access Card, Defense Finance and Accounting Services myPay PIN, or Department of Defense Self-Service Logon.
- If you don't have an email address on file or if you opt out of email alerts, you'll get postcards in the mail that ask you to log in to milConnect to view updates. The postcards will tell you to log in to milConnect to see your updates.

TRICARE and Other Health Insurance

- Other health insurance (OHI) is considered your primary health insurance.
- For services covered by Medicare, OHI, and TRICARE For Life, Medicare pays first, your OHI pays second, and TRICARE pays last.
- After your OHI pays, TRICARE will pay the lesser of:
 - The billed amount, minus the payment from your OHI
 - The amount TRICARE would have paid without OHI
 - The OHI copayment or deductible
- If you have OHI:
 - Fill out a *TRICARE Other Health Insurance Questionnaire* at www.tricare.mil/forms.
 - Follow the referral and authorization rules for your OHI.
 - Tell your provider about your OHI and TRICARE.

- Other health insurance, or OHI, is any non-TRICARE health benefit you get through an employer or other public or private insurance program, including government programs such as Medicare.
- If you have OHI, it's your primary insurance and TRICARE becomes your last payer.
 - This means when you go to your health care provider, the health care provider files a claim with your OHI first and TRICARE pays what is left, up to the TRICARE-allowable charge.

Note: This doesn't apply to Medicaid and certain other state programs.

- If your OHI runs out, or for services covered by TRICARE that aren't covered by your OHI, TRICARE becomes your primary payer.

Note: Unlike OHI, supplemental insurance pays after TRICARE pays its portion of the bill, reimbursing you for out-of-pocket medical expenses paid to civilian providers based on the plan's policies.

- If you have OHI:
 - Fill out a *TRICARE Other Health Insurance Questionnaire* and follow the guidelines for submission. You can download your regional contractor's questionnaire from www.tricare.mil/forms.
 - Because your OHI pays first, you must follow the OHI's rules for getting care.
 - Make sure your provider knows you have OHI and TRICARE. Keeping your regional contractor and health care providers informed about your OHI will allow them to better coordinate your benefits.
- TRICARE referrals and prior authorizations are generally not required, with some exceptions.
 - Go to your regional contractor's website or contact them about prior authorization requirements.
- You must also report if you no longer have OHI.

Mental Health and Substance Use Disorder Services

- TRICARE offers mental health and substance use disorder services for you and your family:
 - **Emergency services:** Required when the physical well-being of an individual or those around him or her is at risk. Call 911 or go to the nearest emergency room.
 - **Outpatient services:** Provider visits and other services that don't require an overnight stay.
 - **Inpatient services:** Services that require an overnight stay.

Note: Active duty service members must have a referral and prior authorization for any nonemergency inpatient or outpatient mental health care from a civilian provider.

* Certain services may be limited or unavailable overseas. For emergencies overseas, contact your TRICARE Overseas Program Regional Call Center and choose option 1.

- TRICARE offers mental health and substance use disorder services for you and your family.
- A mental health emergency occurs when the physical well-being of a person or those around him or her is at risk. If you or someone you know experiences a mental health emergency, call 911 or go to the nearest emergency room.
- Outpatient services are provider visits and other mental health or substance use disorder services that don't require an overnight stay, such as appointments with psychiatrists, psychologists, social workers, and other mental health professionals. Outpatient services also include intensive outpatient programs, partial hospitalization programs and opioid treatment programs.
- Inpatient services are mental health and substance use disorder services that require an overnight stay, such as rehabilitation for substance use disorders.

Note: Active duty service members must have a referral and prior authorization for any nonemergency inpatient or outpatient mental health care from a civilian provider. Your primary care manager will coordinate all of your mental health care referrals and prior authorizations. In a mental health emergency, call 911 or go to the nearest emergency room.

- Some services may be limited or unavailable overseas. For emergencies overseas, call your TRICARE Overseas Program Regional Call Center and choose option 1 for Medical Assistance.

Mental Health and Substance Use Disorder Resources

- **Military Health System Nurse Advice Line:** Get your nonemergency health questions answered or find an urgent care provider:
 - Call **1-800-874-2273**, option 1, in the U.S., Guam, and Puerto Rico.
 - Visit **www.mhsnurseadviceline.com** for overseas contact info.
 - Use secure web chat and video chat.
- **Military Crisis Line:** Get confidential support:
 - Call **1-800-273-8255**, option 1.
 - Send a text to **838255**.
 - Go to **www.militarycrisisline.net**.
- **Military OneSource:** Get non-medical counseling services for short-term issues:
 - Call **1-800-342-9647** or go to **www.militaryonesource.mil**.

- The Military Health System (MHS) Nurse Advice Line is available 24/7 to answer your health care questions, help you find an urgent care provider, or determine if you or your family member needs medical care. To use the MHS Nurse Advice Line in the U.S., Guam, or Puerto Rico, call **1-800-874-2273** and choose option 1. Visit **www.mhsnurseadviceline.com** for overseas contact info and to use secure web chat and video chat.

Note: The TRICARE Overseas Program (TOP) contractor provides 24/7 medical assistance line for TOP beneficiaries. Visit **www.tricare-overseas.com** for contact numbers.

- Use the Military Crisis Line for confidential suicide prevention and crisis support, available 24/7. Call **1-800-273-8255** and choose option 1 or text **838255**. You can also chat online and find phone numbers for support overseas at **www.militarycrisisline.net**.
- Military OneSource is a Department of Defense program that provides services for short-term issues, like financial counseling and health and wellness coaching. The services are offered for free to active duty service members, National Guard and Reserve members, and their families. Call **1-800-342-9647** or visit **www.militaryonesource.mil**.

Telemedicine Services

- TRICARE East Region: Humana Military
 - Call: 1-800-444-5445
- TRICARE West Region: Health Net Federal Services, LLC
 - Call: 1-844-866-WEST (9378)



- Telemedicine services are available to those with TRICARE in the U.S. As part of the telemedicine benefit, your regional contractor has established a network of providers who can evaluate, treat, and refer you as necessary via video. You can use secure audio-visual conferencing to connect remotely with off-site mental health providers.
 - To request telemedicine services:
 - In the East Region, call 1-800-444-5445.
 - In the West Region, call 1-844-866-WEST (9378).
- Note:** Telemental health services are not available to beneficiaries living overseas, enrolled in the US Family Health Plan, or using TRICARE For Life.
- Go to **www.tricare.mil/mentalhealth** for more information about the telemental health services.

Protecting Your Health Care Rights

- The Department of Defense Uniformed Services Employment and Reemployment Rights Act (USERRA) protects uniformed service members' civilian jobs. Your rights include:
 - Continuing your existing employer-based health plan
 - Reinstatement to your employer's health plan
- Employer Support of the Guard and Reserve:
 - Call **1-800-336-4590**.
 - Go to **www.esgr.mil/userra**.

- The Department of Defense Uniformed Services Employment and Reemployment Rights Act, or USERRA, protects uniformed service members' civilian jobs. This means you have the right to be reemployed in your civilian job if you leave that job to perform service and certain criteria are met.
- USERRA offers certain rights and protections, as long as you follow all USERRA legal requirements, such as giving timely notice of a recall to your employer.
 - You have the right to continue health care coverage for up to 24 months when you are absent from work to serve on active duty.
 - You also have the right to be immediately reinstated in your employer's health care plan without penalty if your active duty orders are rescinded or when you are reemployed after active duty service.

Note: You may be required to pay the full premium, including the portion previously paid by your employer.

- For more information, contact the Employer Support of the Guard and Reserve at **1-800-336-4590** or **www.esgr.mil/userra**.

Reporting Suspected Fraud and Abuse

- **Stateside:** Report suspected fraud and abuse to your regional contractor. You can also report all cases to the Defense Health Agency's Program Integrity Office. Go to www.tricare.mil/contactus/reportfraudabuse or www.health.mil/fraud.
- **Overseas:** Report suspected fraud and abuse to International SOS Government Services, Inc., or International SOS. You can also email TOPProgramIntegrity@internationalsos.com or go to www.health.mil/fraud.
- **Pharmacy:** Call Express Scripts, Inc., at **1-866-759-6139** or email TRICAREfraudtip@express-scripts.com to report fraud and abuse regarding the TRICARE Pharmacy Program.

- Health care fraud happens when a person or organization deceives others to get a benefit they aren't entitled to. Health care abuse happens when a provider bills for services that were never given, or gives services and products that aren't needed.
 - **Stateside:** Report suspected fraud and abuse to your regional contractor. You can also report all cases to the Defense Health Agency's Program Integrity Office by phone or online. For contact information, go to www.tricare.mil/contactus/reportfraudabuse or www.health.mil/fraud.
 - **Overseas:** Report suspected fraud and abuse to International SOS Government Services, Inc., or International SOS. You can also email TOPProgramIntegrity@internationalsos.com or go to www.health.mil/fraud.
 - **Pharmacy:** Report fraud or abuse regarding the TRICARE Pharmacy Program to Express Scripts, Inc., by emailing TRICAREfraudtip@express-scripts.com or calling **1-866-759-6139**.

TRICARE.mil

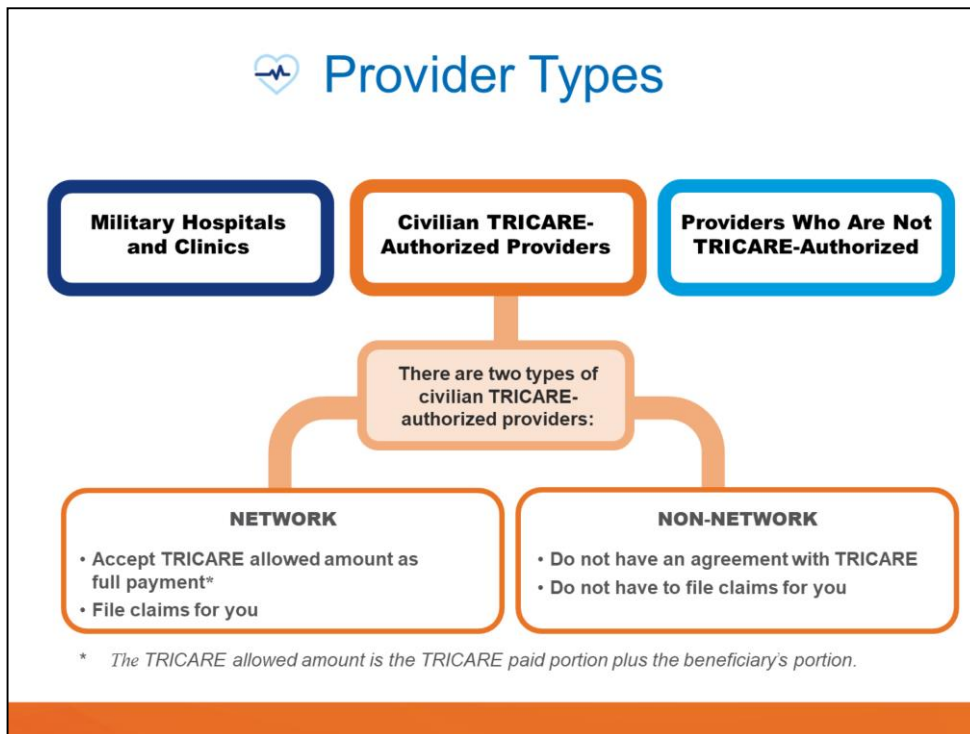
Easily manage benefits at home or on the go via secure websites. On www.tricare.mil, the “I want to ...” section helps you:

- Enroll in or purchase a plan
- File or check a claim
- View referrals and prior authorizations
- Find a doctor

... and **much more!**



- Easily manage your benefits at home or on the go via secure websites. On www.tricare.mil, the “I want to ...” section helps you:
 - Enroll in or purchase a plan
 - File or check a claim
 - View referrals and prior authorizations
 - Find a doctor
 - Change primary care managers
 - See what’s covered
 - Compare plans
 - Manage prescriptions
- Get enrollment assistance, ask about health care benefits, and get answers to other questions by contacting your regional contractor.
- Get important updates about your TRICARE benefit, including enrollment and coverage status changes, in your milConnect account. Log on to <https://milconnect.dmdc.osd.mil> using your Common Access Card, Defense Finance and Accounting Services myPay PIN, or Department of Defense Self-Service Logon and click on “Update Address” to provide your email address.



- TRICARE-authorized providers meet TRICARE licensing and certification requirements and are certified by TRICARE to provide care to TRICARE beneficiaries. There are two types of TRICARE-authorized providers: network and non-network.
 - Network providers accept TRICARE’s allowed amount (the TRICARE paid portion plus the beneficiary’s portion) as the full payment for any covered health care services you get. You can save money by seeing network providers. They also file claims for you.
 - 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:** Do not accept TRICARE’s payment as the full payment for covered health care services or file claims for you. They may charge up to 15 percent above the TRICARE-allowable charge.

Note: Outside the U.S. and U.S. territories, there may be **no limit** to the amount that nonparticipating non-network providers may charge.

- If you see a provider without prior authorization from your regional contractor, you may be responsible for the full cost of care.
- Go to www.tricare.mil/findaprovider to find a list of TRICARE-authorized network and non-network providers.

Program Comparisons

TRICARE Prime®	TRICARE Select®
A health maintenance organization (HMO)-style plan	A preferred-provider plan (PPO)-style plan
Get most care from a primary care manager (PCM)	Choose your TRICARE-authorized provider
Referrals for specialty care	Referrals not required for most services
Prior authorization for some services	Prior authorization for some services
Receive care from an established network of doctors and other health care providers	Receive care from any provider, but pay higher out-of-pocket costs when you receive care outside the established network of providers
No deductible applies, copayments apply for all beneficiaries except active duty service members	Deductible and copayments apply

- This slide provides an overview of the differences between TRICARE Prime and TRICARE Select. It can help you pick the program that is right for you.
- Certain benefits, such as the TRICARE Autism Care Demonstration, require a referral and continued authorizations regardless of your TRICARE program option.

Explanation of Benefits

- An explanation of benefits (or EOB) documents how a claim was settled.
- You can receive an EOB statement online on your regional contractor's website.
 - You must register on their secure portal first.
 - If overseas, you can still receive a paper EOB.
- Statements should be received within six weeks of claims submission.

- An explanation of benefits, or EOB, documents how a claim was settled.
- After submitting a claim, you can get an EOB online from your regional contractor's website. You will need to register on their secure portal in order to receive your EOB. If you live overseas, you can still receive a paper copy of your EOB.
- If you haven't gotten an EOB or can't find the claim online within six weeks of your health care visit, contact your provider to verify that the claim was submitted.
- Compare the EOB carefully against the provider's bill. Contact the claims processor if there are any charges for services you didn't get.
- For more information, go to **www.tricare.mil/claims**.

Emergency or Urgent Care for National Guard and Reserve Members

- If a National Guard or Reserve member incurs an injury, illness, or disease that results in emergency or urgent care while on orders 30 days or less, their command unit must provide Defense Health Agency—Great Lakes (DHA-GL):
 - Line of Duty determination
 - *DHA-GL Worksheet-01: Medical Eligibility Verification*
- Send eligibility documents and *DHA-GL Worksheet-01: Medical Eligibility Verification* to DHA-GL the same day of the incident
 - Download form at www.health.mil/Greatlakes.
 - Fax documentation to **1-847-688-7394**.

- If you're a National Guard and Reserve member who is injured or experience a sudden onset of a serious illness while on orders 30 days or less, you may need to seek emergency or urgent care. Most common occurrences are becoming injured during drill weekends or annual training.
- When this occurs, it's very important for your command unit to provide Line of Duty determination (for example, orders, attendance rosters, and muster sheets) to verify you're on orders to Defense Health Agency—Great Lakes, or DHA-GL. This should occur immediately after the emergency or urgent care was provided to reduce the likelihood that medical claims will be denied.

Note: DHA-GL will deny claims for emergency or urgent care if unable to verify eligibility.

- In addition to the Line of Duty determination, your command unit must complete, sign, and submit the *DHA-GL Worksheet-01: Medical Eligibility Verification*.
- To obtain the worksheet, go to www.health.mil/greatlakes.
- Fax all documentation to **1-847-688-7394**.
- For more information, view the process guides online at www.health.mil/greatlakes or call **1-888-647-6676**, and choose option 2.

Line of Duty (LOD) Care

- Care needed after orders expire
 - If a National Guard or Reserve member resides 50 miles or less of a military hospital or clinic, LOD 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, LOD requests go to the Defense Health Agency—Great Lakes (DHA-GL).
 - Find instructions and forms at www.health.mil/greatlakes or call **1-888-647-6676**, option 2.

Note: Authorized LOD 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 LOD determination was approved for that condition, then care for a right knee issue is not authorized under the same LOD).

- 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 LOD determination must be initiated by your command unit.
- If you need care during the LOD 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 Defense Health Agency—Great Lakes, or DHA-GL (for National Guard and Reserve members residing more than 50 miles from a military hospital or clinic).
- An LOD 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 LOD.
 - Clinical documentation of the condition must accompany the LOD 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 LOD documentation through eMMPS (LOD module).
 - Other National Guard and Reserve members should fax LOD documentation to DHA-GL at **1-847-688-7394**.

Note: This would be relevant if the National Guard or Reserve member was injured during a drill weekend or annual training.

Note: National Guard and Reserve members who don't have ongoing TRICARE eligibility may qualify for LOD care.

Note: National Guard and Reserve members' LOD care may overlap VA care.

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 (TOP)
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.tricare.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.