

Separating from Active Duty

Your Options For Care After Separating From Active Duty



- Health Care Coverage
- Transitional Coverage
- Benefit Information
- Other Important Information
- For Information and Assistance

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Terminal Leave

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| Sponsors | | Family Members | |
|----------|---|----------------|--|
| ٠ | Get care as an active duty service member (ADSM) May seek care at any military | • | Remain covered by their current program (for example, TRICARE Prime or TRICARE Select) |
| | hospital or clinic, but must remain enrolled in TRICARE Prime at current duty station | • | Can transfer enrollment to another TRICARE Prime or TRICARE Select location |
| • | May not transfer enrollment | | |

Coverage Options

- Transitional health care options:
 - Transitional Assistance Management Program (TAMP)
 - Continued Health Care Benefit Program (CHCBP)
- If you're transitioning to the National Guard or Reserve, you may qualify to purchase TRICARE Reserve Select (TRS). For more information, go to www.tricare.mil/trs.
- Active duty coverage ends on your last day of active duty.



TAMP Overview

- 180 days of transitional health care benefits
- Begins the day after you separate from active duty
- You have 90 days from the start of TAMP to enroll or reenroll in a TRICARE plan.
- All beneficiaries covered as active duty family members (ADFMs), including the sponsor

TAMP Eligibility

- You and your eligible family members may get TAMP health care benefits after active duty if you:
 - Involuntarily separate from active duty under honorable conditions. This
 includes service members who receive a voluntary separation incentive
 or voluntary separation pay and aren't entitled to retirement pay.
 - Are a National Guard or Reserve member separating from a period of active duty that was more than 30 consecutive days in support of a contingency operation
 - Separate following involuntary retention (stop-loss) in support of a contingency operation
 - Separate following a voluntary agreement to stay on active duty for less than one year in support of a contingency operation
 - Separate and agree to immediately become a member of the Selected Reserve with no gap in service
 - Separate due to a sole-survivorship discharge

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Program Options

Program Options

| TRICARE Prime® | TRICARE Select® |
|---|--|
| Available in Prime Service Areas (PSAs) | Available anywhere |
| Enrollment required | Enrollment required |
| Get most care from a PCM | Freedom to choose your provider • Network = lower costs • Non-network = higher costs |
| Need a PCM referral for care your PCM can't provide to avoid additional charges | Referrals not necessary; prior authorization from your regional contractor may be required |
| No deductibles or cost-shares | Deductible, copayments and cost- shares apply |

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

Continued Health Care Benefit Program



- Premium-based, continued health care coverage
- Available for 18-36 months after you lose all TRICARE eligibility
- Similar to TRICARE Select, but with premium payments
- No dental benefits
- Requires enrollment within 60 days after loss of regular TRICARE eligibility or TAMP coverage

Qualifying for CHCBP

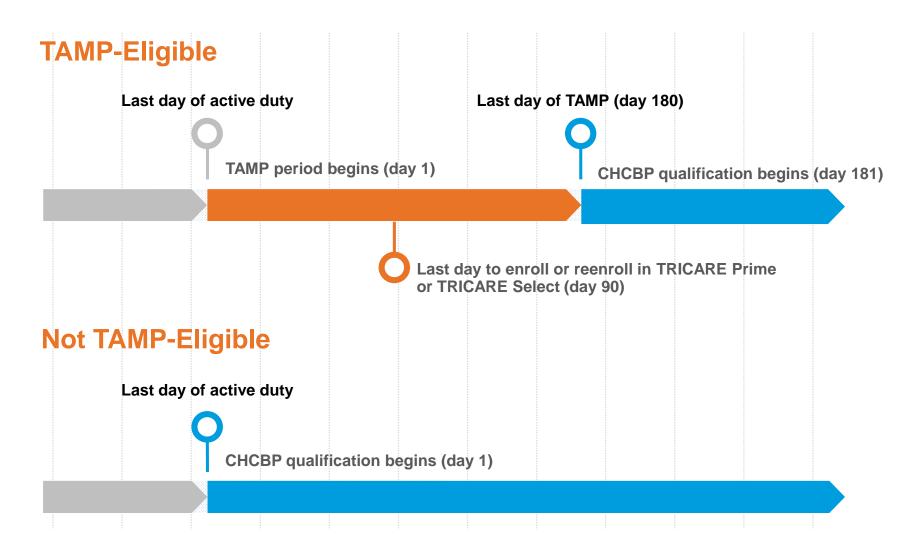
- Former ADSMs and their qualifying family members (up to 18 months)
- Former National Guard and Reserve members (up to 18 months)
- Certain former spouses who haven't remarried before age 55 (up to 36 months)
- Dependent spouses and children (up to 36 months)



Purchasing CHCBP

- Purchase CHCBP coverage within 60 days of loss of regular TRICARE eligibility or TAMP coverage.
- Fill out the Continued Health Care Benefit Program (CHCBP) Application (DD Form 2837):
 - Download the form at HumanaMilitary.com.
 - Call Humana Military at 1-800-444-5445.
- Provide a 90-day premium payment:
 - Go to www.tricare.mil/costs for information on costs.

Transitional Coverage Timeline



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TRICARE and Medicare

- TRICARE For Life is Medicare-wraparound coverage for TRICARE beneficiaries who have Medicare Part A and Part B, regardless of age or where you live.
- You are not required to have Medicare Part B
 if you are an ADSM, ADFM or enrolled in
 TYA, TRS, TRR or USFHP.
- If you don't sign up for Medicare Part B when you are first eligible, you may only be able to enroll during the Medicare general enrollment period.
- If you sign up for Medicare Part B after your initial enrollment period, you may have to pay a monthly premium surcharge.



TRICARE and Other Health Insurance

- Other health insurance (OHI) is considered your primary health insurance.
- For services covered by Medicare, OHI and TFL, 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: www.tricare.mil/forms.
 - Follow the referral and authorization rules for your OHI.
 - Tell your provider about your OHI and TRICARE.

Pharmacy Options

Military Pharmacy



- Usually inside military hospitals and clinics
- Get up to a 90-day supply

TRICARE Pharmacy Home Delivery



- Must use this option for some drugs
- Get up to a 90-day supply

TRICARE Retail Network Pharmacy



- Fill prescriptions without submitting a claim
- Get up to a 30-day supply

Non-Network Pharmacy



- Pay full price up front and file a claim to get a portion of your money back
- Get up to a 30-day supply



Dental Coverage

| | Terminal Leave | ТАМР | СНСВР |
|-------|--|---|--------------------|
| ADSMs | Seek care at military dental clinics May be eligible for the Active Duty Dental Program | Space-available care at military dental clinics | No dental benefits |
| ADFMs | Remain enrolled in the TRICARE Dental Program (TDP) | Space-available care at military dental clinics | No dental benefits |

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The Affordable Care Act

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



Each tax year, you will 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.

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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
- milConnecthttps:///miltconnect.tricare.mil