

- **ATTENTION PRESENTER:** To ensure that those with TRICARE get the most up-to-date information about their health benefit, you must go to www.tricare.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 prior to your presentation.
 - Remove any slides that don't apply to your audience.
 - Review the *Other Important Information* briefing slides and the *TRICARE Costs* briefing slides at www.tricare.mil/briefings 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 to view, print, or download copies of TRICARE educational materials. Suggested resources include: *TRICARE Stateside Guide*, *TRICARE Choices in the United States Handbook*, and *TRICARE Plans Overview*.
- **Estimated Briefing Time:** 45 minutes
- **Target Audience:** Those living stateside using TRICARE Select
- **Briefing Objectives:** Inform TRICARE Select beneficiaries about their TRICARE benefit
- **Optional Presenter Comments:** Welcome to the *TRICARE Select* briefing. The goal of today's presentation is to give you a general understanding of your TRICARE benefit. We will discuss your coverage under TRICARE Select and the other TRICARE program options available to you and your family, as well as other important information about your benefit. Contact information will be provided at the end of this presentation.

Today's AGENDA



- What Is TRICARE?
- TRICARE Program Options
- TRICARE Select
 - Getting Care
 - Costs
 - Enrollment
- Other Important Information
- For Information and Assistance

- Today, we will discuss what TRICARE is, TRICARE eligibility, TRICARE options for non-active duty service members, their family members, and retirees who are not eligible for, or enrolled in, a TRICARE Prime option and how to get care.
- We will also cover other important information about your TRICARE benefit.
- Finally, we will provide resources for getting assistance and finding answers to any additional questions.
 - To learn more about your 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 benefit correspondence by email, go to **<https://milconnect.dmdc.osd.mil>**.

Changes Due to COVID-19

In response to COVID-19, certain services outlined in this briefing may be affected by temporary changes. To stay up-to-date on TRICARE and COVID-19:

- Sign up for email alerts at **www.tricare.mil/subscriptions**
- Go to **www.tricare.mil/coronavirus** for the latest information about TRICARE and COVID-19
 - Articles: **www.tricare.mil/covid19articles**
 - Frequently asked questions: **www.tricare.mil/covid19faqs**
- Learn about the Military Health System response to COVID-19: **www.health.mil/coronavirus**

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- **Optional Presenter Comment:** First, we will discuss what TRICARE is.

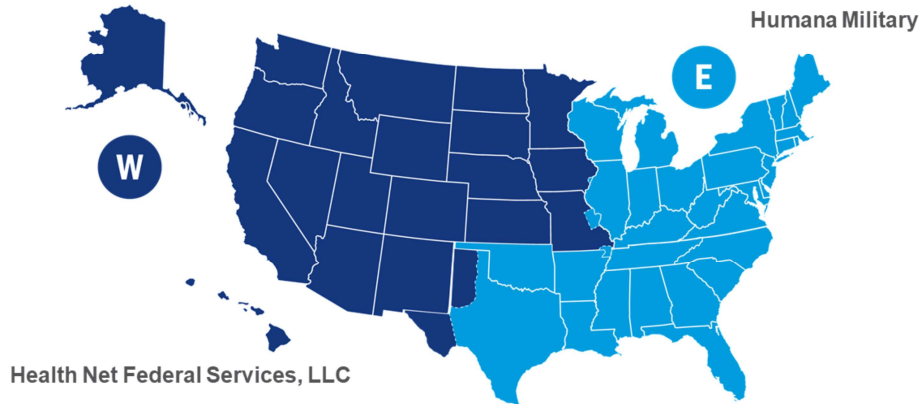
What Is TRICARE?

- 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 TRICARE beneficiaries.

TRICARE Stateside Regions



- TRICARE is available worldwide and managed regionally. There are two TRICARE regions in the United States—TRICARE East and TRICARE West—and one overseas region with three areas—TRICARE Eurasia-Africa, TRICARE Latin America and Canada, and TRICARE Pacific. Benefits are the same regardless of where you live, but there are different customer service contacts for each 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 prior authorizations for certain health care services.
- Contact information for each region will be provided at the end of this presentation.
- Each regional contractor has a website and call center to help with your questions.
- Separate contractors administer TRICARE’s dental and pharmacy benefits.

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- **Optional Presenter Comment:** We will now discuss TRICARE program options.

TRICARE Program Options

Those Eligible for TRICARE	TRICARE Program Options
Active duty service members	<ul style="list-style-type: none"> • TRICARE Prime • TRICARE Prime Remote
Active duty family members and family members of National Guard and Reserve (NGR) members, NGR members on active duty orders for more than 30 days	<ul style="list-style-type: none"> • TRICARE Prime • TRICARE Prime Remote • TRICARE Select • TRICARE For Life (TFL) • US Family Health Plan (USFHP) • TRICARE Young Adult (TYA)
Selected Reserve members, retired Reservists (under age 60) and their family members	<ul style="list-style-type: none"> • TRICARE Reserve Select (TRS) • TRICARE Retired Reserve (TRR) • TYA
Retired service members and their family members, retired Reservists (at age 60) and their family members, Medal of Honor recipients and their family members, survivors and eligible former spouses	<ul style="list-style-type: none"> • TRICARE Prime • TRICARE Select • TFL • USFHP • TYA

- Your TRICARE program options depend on your sponsor’s status and where you live. This slide shows stateside TRICARE program options that may be available to you. Your options may change if you move, if your sponsor changes location or status, or if you have a life event.
 - TRICARE Select is available to:
 - Active duty family members and family members of National Guard and Reserve (NGR) members, NGR members on active duty orders for more than 30 days
 - Retired service members and their family members, retired Reservists (at age 60) and their family members, Medal of Honor recipients and their family members, survivors and eligible former spouses
- Note:** Active duty service members, or ADSMs, must enroll in TRICARE Prime or TRICARE Prime Remote.
- For more information about TRICARE program options and costs, visit www.tricare.mil/planfinder.
 - **Note:** You can only enroll in or change enrollment to TRICARE Select during the annual fall TRICARE Open Season or following a Qualifying Life Event.
 - Open season is the annual period when you can enroll in or change your health care coverage plan for the next year. To learn more, visit www.tricare.mil/openseason.
 - A Qualifying Life Event, or 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 options are available to you. A QLE opens a 90-day period for you and family members to make eligible enrollment changes. To learn more, visit www.tricare.mil/lifeevents.

TRICARE Premium-Based Plans

- All TRICARE premium-based programs offer coverage similar to TRICARE Select.
- These programs include:
 - TRICARE Reserve Select
 - TRICARE Retired Reserve
 - TRICARE Young Adult (TRICARE Select option)
- Visit www.tricare.mil/plans for more information.

- There are premium-based plan options available for purchase that follow the same coverage rules, annual deductibles, copayments, and cost-shares as TRICARE Select. With these plans, you also pay a monthly or quarterly premium. These include:
 - TRICARE Reserve Select (TRS)
 - TRICARE Retired Reserve (TRR)
 - TRICARE Young Adult (TYA) Select
- Eligibility for, and enrollment in, each premium-based program varies on your sponsor's status in the Defense Enrollment Eligibility Reporting System, or DEERS.
- Visit www.tricare.mil/plans for information about each program type including:
 - How to enroll
 - What the monthly or quarterly premiums are for each program type
 - How to access care

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- **Optional Presenter Comment:** We will now discuss what TRICARE Select is. In addition, we will also discuss how to access care, what the costs are associated with TRICARE Select, and how to enroll in TRICARE Select.

TRICARE Select

- Enrollment required
- Freedom to choose providers
- Referrals not required for most services
- Some services may require prior authorization
- Copayments, cost-shares, and yearly deductible apply
- May have to file your own claims

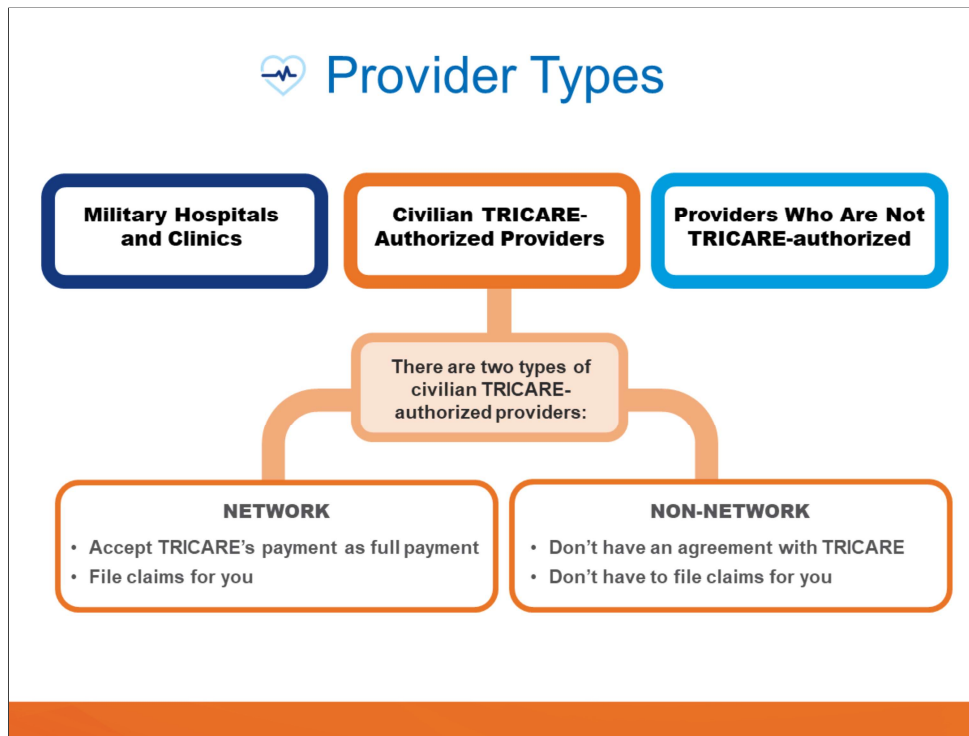


- TRICARE Select is a self-managed, preferred-provider option for eligible beneficiaries (except ADSMs and TFL beneficiaries) not enrolled in TRICARE Prime. TRICARE Select allows beneficiaries to choose their own TRICARE-authorized provider and manage their own health care.
- ADSMs can't enroll in TRICARE Select.
- With TRICARE Select, you must be registered and show as eligible for TRICARE Select in DEERS.
- Enrollment is required to be covered under TRICARE Select. Although active duty family members don't pay enrollment fees, others may need to pay enrollment fees depending on their status.
 - With premium-based plans (such as TRS, TRR, TYA), you pay the monthly or quarterly premiums to be covered under the plans.
- With TRICARE Select, you can see any TRICARE-authorized provider (network or non-network), but you save money when you use TRICARE network providers.
- Referrals are not required for most health care services, but some services may require prior authorization from your regional contractor.
- There is a yearly deductible for TRICARE services, and you pay cost-shares or copayments for most services.
- You may have to pay for services upfront and file your own claims for reimbursement.
- Visit www.tricare.mil/select for more information and costs.

TRICARE Select: Getting Care

- With TRICARE Select, find a TRICARE authorized provider (network or non-network):
 - Go to **www.health.mil/providers**.
 - 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 generally lower when you see a TRICARE network provider. A TRICARE network provider is a provider that accepts the TRICARE allowable amount 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.health.mil/providers** or contact your regional contractor.
- If you are 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 are overseas, you may get care from any TRICARE-authorized provider or military hospital or clinic (on a space-available basis) without a referral except in the Philippines, where you are encouraged to see a TRICARE-preferred provider for care.



- Military hospitals and clinics provide medical and dental care.
- Civilian providers must be authorized by TRICARE and certified by the regional contractors to give you care.
- There are two types of civilian TRICARE-authorized providers: network and non-network.
- Network providers have agreed to accept the TRICARE allowable amount as the full payment for any covered health care services you get and agrees to file claims for you. You can save money by seeing network providers.
- 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 providers: Accepts the TRICARE allowable amount as the full payment for any covered health care services you get and files claims for you on a case-by-case basis.
 - Nonparticipating providers: Don't accept the TRICARE allowable amount as the full payment for any covered health care services or files claims for you. They may charge up to 15 percent above the TRICARE allowable charge.
- If you see a provider that is not TRICARE-authorized, you will pay the full cost for your care.
- Visit www.tricare.mil/findaprovider to find a military hospital or clinic, or a TRICARE-authorized provider.

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.

A **Group A:** If your or your sponsor's initial enlistment or appointment occurred before Jan. 1, 2018, you are in Group A. While enrolled in a premium-based plan (TRS, TRR, or TYA), Group A beneficiaries follow Group B cost-shares, deductibles, and catastrophic caps.

B **Group B:** If your or your sponsor's initial enlistment or appointment occurred on or after Jan. 1, 2018, you are in Group B.

- **Note:** North Atlantic Treaty Organization and Partnership for Peace family members are in 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 are in Group A. 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.
 - **Group B:** If your or your sponsor's initial enlistment or appointment occurred on or after Jan. 1, 2018, you are in Group B.
- Family members of eligible North Atlantic Treaty Organization and Partnership for Peace members have Group B cost-shares.
- Because this designation is based on your or your sponsor's uniformed services initial enlistment or appointment, this category cannot 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 Enrollment

Three ways to enroll (www.tricare.mil/enroll):



Enroll on the Beneficiary Web Enrollment (BWE) website at:
<https://milconnect.dmdc.osd.mil>



Call your regional contractor.



Fill out the TRICARE Select enrollment form for your region:
www.tricare.mil/forms.

- Enrollment is required for TRICARE Select coverage of family members. There are three ways to enroll:
 - Enroll online through the Beneficiary Web Enrollment, or BWE, website, where you can also update DEERS information.
 - Call your regional contractor. Contact information is provided at the end of this presentation.
 - Download a form from the TRICARE website or your regional contractor’s website, and mail the completed and signed form to your regional contractor.

Note: If you’re enrolling in a premium-based program, make sure to use the enrollment form for the program you want to enroll in. All of the enrollment forms can be found at www.tricare.mil/forms.

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

- **Note:** Starting Jan. 1, 2021, Group A beneficiaries must pay a monthly TRICARE Select Enrollment fee to maintain coverage. For an individual plan, you’ll pay \$12.50 per month or \$150 annually. For a family plan, you’ll pay \$25.00 per month or \$300 annually. These fees will apply towards your catastrophic cap, which will increase from \$3,000 to \$3,500.

Your enrollment fee will be waived, if you’re:

- An active duty family member

- A survivor
- A medically retired retiree or family member

Visit <https://tricare.mil/Plans/Enroll/Select/EnrollmentFees> to learn more.

TRICARE Select Deductibles

Beneficiary Category	Outpatient Deductibles	
ADFM's (pay grades E-4 and below)	Group A: \$50/Individual; \$100/Family	Group B: \$52/Individual; \$104/Family
ADFM's (pay grades E-5 and above)	Group A: \$150/Individual; \$300/Family	Group B: \$156/Individual; \$313/Family
Retired Service Members, Their Family Members and All Others	Group A: \$150/Individual; \$300/Family	Group B: \$156/Individual; \$313/Family
Retired Service Members, Their Family Members and All Others	Group A: Individual: \$150 (network); \$300 (out-of-network) Group A: Family: \$300 (network); \$600 (out-of-network)	Group B: Individual: \$156 (network); \$313 (out-of-network) Group B: Family: \$313 (network); \$626 (out-of-network)

Note: Outpatient deductibles for family members of National Guard and Reserve members called or ordered to active service for more than 30 days for a federal preplanned mission or in support of a contingency operation is \$0.

- This slide highlights TRICARE Select outpatient deductibles.
- The yearly deductible varies based on your beneficiary category and type of coverage (individual or family).
- ADFMs with sponsors in pay grades E-4 and below in Group A have a \$50 individual deductible or a \$100 family deductible. ADFMs with sponsors in pay grades E-4 and below in Group B have a \$52 individual deductible or a \$104 family deductible.
- ADFMs with sponsors in pay grades E-5 and above in Group A have a \$150 individual deductible or a \$300 family deductible. ADFMs with sponsors in pay grades E-5 and above in Group B have a \$154 individual deductible or a \$313 family deductible.
- Retirees and all others in Group A have a \$150 individual deductible or a \$300 family deductible. Retirees and all other in Group B have a \$156 individual deductible for network providers and a \$313 individual deductible for out-of-network providers.
 - For Group A family deductible, you have a \$300 deductible for network providers and a \$600 deductible for out-of-network providers. For Group B family deductible, you have a \$313 deductible for network providers and a \$626 deductible for out-of-network providers.
- The deductible is waived for family members of National Guard and Reserve members called or ordered to active service for more than 30 days for a federal preplanned mission or in support of a contingency operation.

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

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.



Go to an **ID card office**. Search at <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.
- 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.
 - Information can also be updated by phone, fax, or by visiting a Uniformed Services ID, card-issuing facility
- 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 age 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.

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

- 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, visit www.express-scripts.com/TRICARE or call **1-877-363-1303**.
- You have the same pharmacy coverage with any TRICARE program option. If you have US Family Health Plan, you have separate pharmacy coverage.
- To fill a prescription, you need a prescription and a valid uniformed services ID card or Common Access Card.
- 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. Visit www.tricare.mil/militarypharmacy for more information.
 - The TRICARE Pharmacy Home Delivery option must be used for some drugs. You will pay one copayment for each 90-day supply. For more information on switching to home delivery, visit www.express-scripts.com/TRICARE or call **1-877-363-1303**.
 - You may fill prescriptions at TRICARE retail network pharmacies without having to submit a claim. You will pay one copayment for each 30-day supply. Visit www.tricare.mil/networkpharmacy 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, visit www.tricare.mil/pharmacy.

TRICARE Dental Program Options

- You have different dental options based on your beneficiary group:
 - Military dental clinics for ADSMs
 - TRICARE Active Duty Dental Program (ADDP)
 - TRICARE Dental Program (TDP)
 - Federal Employees Dental and Vision Insurance Program (FEDVIP)
- Enrollment needed for the TDP
- For each program, if you cannot find a network provider within 35 miles, contact the applicable contractor for assistance in locating a network provider.

- You have different dental options based on your beneficiary group.
- ADSMs get dental care at military dental clinics.
- The TRICARE Active Duty Dental Program, or ADDP, provides civilian dental care to ADSMs who cannot get needed care from military dental clinics or who live in remote areas.
 - This program is administered by United Concordia Companies, Inc. (United Concordia). For information and costs, visit www.tricare.mil/addp.
- The TRICARE Dental Program, or TDP, is a voluntary, premium-based dental program. The TDP is available to eligible ADFMs, National Guard and Reserve members and Individual Ready Reserve members, eligible family members and qualified survivors.
 - The TDP benefit is administered by United Concordia. Enrollment through United Concordia is needed to get TDP coverage. For more information and costs, visit www.uccitdp.com.
- The Federal Employees Dental and Vision Insurance Program, or FEDVIP is voluntary, premium-based dental and vision program offered by the U.S. Office of Personnel Management. Learn more about eligibility and coverage options at www.benefeds.com.

Note: Former spouses and remarried surviving spouses don't qualify to purchase the TDP or TRDP. Most dental emergencies are not covered under your TRICARE program option, but may be covered under your TRICARE dental benefit.

The Affordable Care Act

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



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.

- Most TRICARE plans meet the Affordable Care Act requirement for minimum essential coverage.
- 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.
- For more information about the Affordable Care Act, visit www.tricare.mil/aca.

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

Looking for **More Information?**

GO TO www.tricare.mil

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://miltconnect.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.