



- **ATTENTION PRESENTER:** To ensure that TRICARE beneficiaries receive the most up-to-date information about their health benefits, visit www.tricare.mil/briefings for the latest version of all briefings before each presentation. Briefings are continuously updated as benefit changes occur.
- **Presenter Tips:**
 - Review all slides before briefing.
 - Ensure “slide show” setting.
 - Remove any slides that do not apply to your audience.
- **Target Audience:** Separated or retired service members eligible for TRICARE and Veterans Affairs benefits.
- **Estimated Briefing Time:** 30 minutes
- **TRICARE Resources:** Visit www.tricare.mil/publications to view, print, or download copies of TRICARE educational materials.
- **Briefing Objectives:** To help separated and retired service members and their families understand how the TRICARE and Department of Veterans Affairs partnership works to provide a world-class health benefit.
- **Optional Presenter Comments:** Welcome to the *TRICARE and Veterans Affairs* briefing. Today’s briefing will discuss how TRICARE and the Department of Veterans Affairs, or VA, work together. First, let’s review TRICARE and VA and discuss when you are eligible for benefits under TRICARE and VA.

Today's AGENDA



- What is TRICARE?
- What is VA?
- TRICARE and VA Edibility
- VA Facilities
- Pharmacy Options
- Other Important Information
- For Information and Assistance

- Today, we will define TRICARE and the VA, explain TRICARE and VA eligibility, and outline the various benefit options available to you.
- We will learn about VA facilities as TRICARE network providers.
- We will cover other important information including an overview of your pharmacy options.
- Finally, we will provide you with important resources so you can get assistance and find answers to any additional questions you may have.
 - To learn more about your TRICARE options, visit the online publications page at **www.tricare.mil/publications**.
 - You can receive TRICARE news and publications by email. Sign up at **www.tricare.mil/subscriptions**.
 - To sign up for benefits correspondence by email, visit **<http://milconnect.dmdc.osd.mil>**.

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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 for active duty service members, or ADSMs, active duty family members, or ADFMs, National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses worldwide.
- **Note:** Throughout this presentation, the term “family members” refers to dependents of service members who are eligible TRICARE beneficiaries.
- TRICARE brings together the health care resources of military hospitals and clinics with a network of civilian health care professionals, institutions, pharmacies, and suppliers to foster, protect, sustain, and restore health for those entrusted to their care.
- TRICARE has no preexisting-condition exclusions, so you cannot be denied TRICARE coverage because of a health condition you had before becoming a TRICARE beneficiary.
- TRICARE is available worldwide and is administered by regional contractors. There are two TRICARE regions in the United States—TRICARE East and TRICARE West—and one overseas region. Additionally, the TRICARE For Life, or TFL, contractor, is responsible for TFL customer service and claims processing. The US Family Health Plan, or USFHP, is a TRICARE Prime option available through separate health care systems in six areas of the U.S. If you are in USFHP, you may not get care at military hospitals or clinics or use military pharmacies.

Keep DEERS Information Up To Date



Go to an **ID card office**. Find an office at www.dmdc.osd.mil/rsl.

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



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



Call **1-800-538-9552**.



Fax **1-831-655-8317**.

- 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.
- You can register in DEERS through the milConnect website listed on the screen. MilConnect is the Defense Manpower Data Center's online portal that gives you access to your DEERS information.
 - You can also update your information by phone, fax, or by visiting a uniformed services identification, or ID, card-issuing facility.
- To make changes to your family composition, proper documentation, such as a marriage certificate, divorce decree, birth certificate, and/or adoption papers, is required.
 - **Note:** In the sponsor's absence, a sponsor-appointed individual with valid power of attorney can add family members to DEERS.
- Remember, providers are legally permitted to copy military and dependent ID cards to verify TRICARE eligibility.
- For more information, visit www.tricare.mil/deers.

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- **Optional Presenter Comment:** We will now discuss what VA is.

What Is VA?

The U.S. Department of Veterans Affairs (VA):

- Oversees the delivery of patient care and federal benefits to veterans, their dependents, and survivors.

The Veterans Health Administration (VHA):

- Is a component of VA that is home to the nation's largest integrated health care system consisting of VA outpatient clinics, hospitals, medical centers, and long-term health care facilities across the United States and in American Samoa, Guam, the Philippines, Puerto Rico, and the U.S. Virgin Islands.
- Provides comprehensive health care to more than 8.3 million veterans each year.

- The Department of Veterans Affairs, or VA, oversees the delivery of patient care and federal benefits to veterans, their dependents, and survivors.
- The Veterans Health Administration, or VHA—a component of VA—is home to the nation's largest integrated health care system consisting of VA outpatient clinics, hospitals, medical centers, and long-term health care facilities across the United States and in American Samoa, Guam, the Philippines, Puerto Rico, and the U.S. Virgin Islands.
- The VHA provides comprehensive health care to more than 8.3 million veterans each year.

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- **Optional Presenter Comment:** We will now discuss TRICARE and VA eligibility.

TRICARE and VA

- Service members who separate from service due to a service-connected injury or illness may be eligible for VA benefits and certain TRICARE benefits depending on the outcome of the medical review board.
- VA will determine your eligibility. TRICARE- and VA-eligible beneficiaries can choose to use either their TRICARE or VA benefits for each separate episode of care.
- National Guard and Reserve members may also qualify for veteran status and eligibility for VA benefits.
- To apply for VA medical benefits, complete the *Application for Health Benefits* (VA Form 10–10EZ), available at any VA health care facility or VA regional office, or online at www.va.gov.

- Service members who separate from service due to a service-connected injury or illness may be eligible for VA benefits and certain TRICARE benefits depending on the outcome of the medical review board. You may qualify for VA medical benefits if you served on active duty, were discharged or released under honorable conditions, and meet length-of-service requirements.
- VA will determine your eligibility. TRICARE- and VA-eligible beneficiaries can choose to use either their TRICARE or VA benefits for each separate episode of care.
- National Guard and Reserve members may qualify for veteran status and eligibility for VA benefits.
- To apply for VA medical benefits, complete the *Application for Health Benefits*, or *VA Form 10–10EZ*, available at any VA health care facility or VA regional office, or online at www.va.gov. For additional information, call **1-877-222-VETS (1-877-222-8387)**.

TRICARE and VA (continued)

- Retired service members under age 65 may be eligible for both TRICARE and VA due to medical or regular retirement.
- Retired service members with service-connected conditions receive care for that condition from either TRICARE or VA.
- If service-connected care is received at a VA facility, it is a VA benefit.
- If care is received through TRICARE, it is a TRICARE benefit.

- In some cases, separated or retired service members, either due to a service-connected injury or illness, or medical or regular retirement, under age 65 may be eligible for health care benefits under TRICARE and VA. TRICARE program choices include TRICARE Prime, TRICARE Select or TFL, if they qualify.
- TRICARE beneficiaries who are also eligible for VA benefits for service-connected conditions can get care for that condition from either TRICARE or VA—they don't have to choose one or the other.
- However, there is no coordination of benefits between TRICARE and VA, so either one or the other will pay.
- Whichever benefit you decide to use—TRICARE or VA—the separate rules and financial responsibilities, such as referrals, copayments, cost-shares and deductibles, will apply.

TRICARE, Medicare and VA

- Medicare-eligible retired service members may be eligible under TRICARE, Medicare and VA.
- Medicare-eligible beneficiaries who use their TRICARE benefit for non-service connected care at a VA facility will incur out-of-pocket expenses.
- If you receive non-service connected care at a VA facility, you may be responsible for 80 percent of the bill. By law, TRICARE can only pay 20 percent of the TRICARE-allowable amount.
- When using your TFL benefit, your least expensive option is to see a Medicare or TRICARE provider that is not a VA provider.

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- Medicare-eligible beneficiaries who use their TRICARE benefit for non-service connected care at a VA facility will incur out-of-pocket expenses.
- If you receive non-service connected care at a VA facility, you may be responsible for 80 percent of the bill. By law, TRICARE can only pay 20 percent of the TRICARE-allowable amount.
- When using your TFL benefit, your least expensive option is to see a Medicare or TRICARE provider that is not a VA provider. If you want to seek care from a VA provider you should contact a VA counselor at the VA facility. For questions relating to coverage under TFL, you should contact the TFL contractor. Contact information is provided at the end of this briefing.

Getting Care

- Beneficiaries may receive care for non-service connected conditions.
- Where you access care depends on which TRICARE option you use:
 - If enrolled in TRICARE Prime, you must access care from your primary care manager (PCM). If you need care and a VA facility near you can provide that care (within TRICARE access standards), you may be asked to use that VA facility with prior authorization from your regional contractor.
 - If enrolled in TRICARE Select, you may access space-available care from any VA facility.
 - If you are entitled to Medicare Part A and have Medicare Part B, you are eligible for TFL. You are advised to seek care for non-service connected conditions outside VA from a Medicare provider to avoid out-of-pocket expenses.

- TRICARE-VA-eligible beneficiaries may also be able to access VA facilities for care for non-service connected conditions. Where you access care depends on which TRICARE option you are using.
- If you are enrolled in TRICARE Prime, you must access all health care that is not due to a service-connected condition from your primary care manager, or PCM, including routine care, same-day appointments, and urgent care. If you need care and a VA facility near you can provide that care (within TRICARE access standards), you may be asked to use that VA facility with prior authorization from your regional contractor.
- If enrolled in TRICARE Select, then you may seek space-available care from a VA facility.
- If you are entitled to Medicare Part A and have Medicare Part B, you are eligible for TFL. You are advised to seek care for non-service connected conditions outside the VA from a Medicare provider to avoid out-of-pocket expenses.

Line of Duty (LOD) Care

- Care needed after orders expire
 - If a National Guard or Reserve member resides 50 miles or less from 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, a Line of Duty, or 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 are 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:** National Guard and Reserve members' LOD care may overlap VA care.

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- **Optional Presenter Comment:** We will now discuss VA facilities.

TRICARE Network Providers

- All VA facilities:
 - Sign agreements with regional contractors to become TRICARE network providers. All VA facilities are TRICARE network providers.
 - Accept the negotiated rate plus any patient responsibility as payment in full
 - File claims for you
- Provide space-available health care services to any TRICARE-eligible beneficiary—not just those with service-connected conditions:
 - TRICARE Prime beneficiaries
 - TRICARE Select
 - TFL beneficiaries

- All VA facilities have signed agreements with the regional contractors to become TRICARE network providers, agree to accept the negotiated rate, plus any patient responsibility, as the full fee for services and will file claims, and handle paperwork for you.
- VA facilities provide space-available health care services to all TRICARE beneficiaries, not just those who are also eligible for VA benefits based on a service-connected condition. Because they are TRICARE network providers, you may be able to enroll in TRICARE Prime at one of these facilities.
- If you elect to use your TFL benefit for non-service connected care, TFL will only pay 20 percent and you may be responsible for up to 80 percent of your bill.

Getting Care

- Each VA facility has established a TRICARE beneficiary point of contact (POC) and check-in process.
- When requesting an appointment or registering for care, tell the VA provider that you are using your TRICARE benefit for your visit.
 - Failure to do so may result in higher out-of-pocket fees and/or denial of payment for services rendered.
- Some services may not be available (for example, obstetrics, pediatrics, adolescent psychiatry).
- To locate a VA facility, contact your regional contractor or your VA regional office:
 - Visit www.va.gov.
 - Call **1-877-222-VETS (1-877-222-8387)**.

- Each VA facility has established a TRICARE beneficiary point of contact, or POC, and check-in process.
- It is important to indicate when requesting an appointment or prior to receiving care, that you are using your TRICARE benefit. Failure to do this could result in a higher out-of-pocket expense and/or denial of payment for services rendered.
- VA facilities are not expected to include obstetrics, pediatrics or adolescent psychiatry.
- To locate a VA facility, contact your regional contractor or VA regional office at www.va.gov or by calling **1-877-222-VETS (1-877-222-8387)**.

Primary Care Services

- Some VA facilities have primary care providers who see TRICARE beneficiaries.
 - Check with your regional contractor to see if you can enroll with a VA TRICARE provider.
 - TRICARE primary care is separate from VA primary care—you cannot use both.
- VA primary care is not normally available to TRICARE beneficiaries not enrolled with a VA TRICARE provider.

- Some VA medical facilities have primary care providers who see TRICARE beneficiaries. You may choose to use that provider under your TRICARE benefit if you are not enrolled for primary care with the VA health care system. Primary care is not normally available to TRICARE beneficiaries not enrolled with a VA TRICARE provider.

Referrals for Specialty Care

- TRICARE Prime beneficiaries:
 - You must have a referral to access specialty care at a VA facility.
- TRICARE Select beneficiaries:
 - A referral is not required for most services.
 - Contact the VA facility to make an appointment.
 - Prior authorization is required for some services.
- TFL beneficiaries:
 - Seek care for non-service connected conditions outside the VA to avoid out-of-pocket expenses.

- A referral is required when your PCM is unable to provide the care needed and he or she refers you to another provider. Prior authorization, or a review of the requested health care service to determine if it is medically necessary at the requested level of care, is required for some services.
- If you are a TRICARE Prime beneficiary you must get a referral to be seen in a specialty clinic at a VA facility just as you would for specialty care from any TRICARE network provider. Even if you are eligible for both TRICARE and VA benefits and you are using TRICARE Prime at a VA facility, you must have a referral.
- If you are a TRICARE Select beneficiary you don't need a referral to be seen in a specialty clinic at a VA facility for most space-available services. However, you will need to contact the VA facility to make an appointment. Make sure you notify the VA facility appointment/registration clerk that you are being seen as a TRICARE beneficiary.
- TFL beneficiaries are advised to seek care for non-service connected conditions outside the VA from a Medicare provider to avoid out-of-pocket expenses.

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

Pharmacy Services

- VA pharmacies will only fill prescriptions written by VA providers.
- If you receive primary or specialty care at a VA facility using your VA benefit, fill prescriptions through a VA pharmacy.
- If you receive care through TRICARE for your service-connected condition, fill prescriptions through the TRICARE Pharmacy Program.

- VA pharmacies will only fill prescriptions written by VA providers.
- If you see a VA provider for primary or specialty care and your VA provider writes a prescription, have your prescription filled at the VA pharmacy.
- If you receive care through TRICARE for your service-connected condition, fill your prescriptions through the TRICARE Pharmacy Program. There are several options within the TRICARE Pharmacy Program. The following chart outlines some of the specifics of each option.

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

- 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 USFHP, 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 of covered drugs. 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 for covered drugs. You will pay one copayment for each 30-day supply of covered drugs. 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.

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

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.

- Most TRICARE plans meet the Affordable Care Act requirement for minimum essential coverage.
- Each tax year, you will 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.

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

Stateside Regional Contractors

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

Overseas Regional Contractor

- TRICARE Overseas Program (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.