

Last Reviewed October 2021

Welcome to **TRICARE**®

An Overview of Your TRICARE Benefit in the U.S.

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- What is TRICARE?
- Am I Eligible?
- What Are My Options?
- What Resources Exist?
- For Information and Assistance

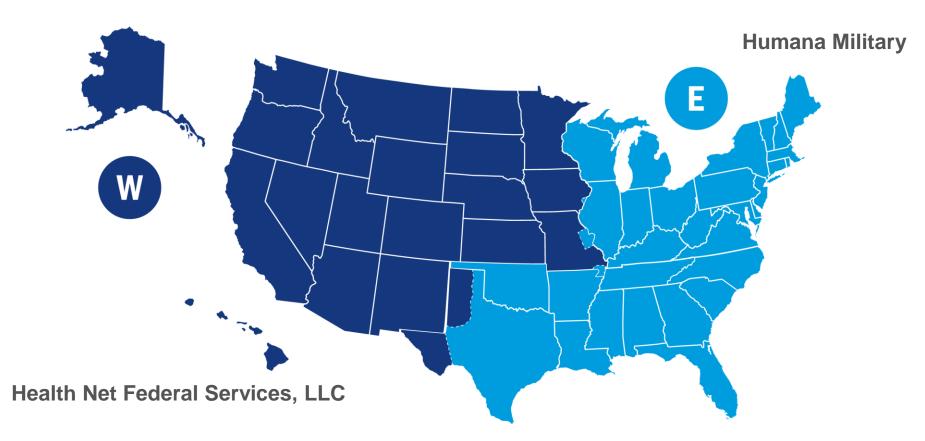
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What Is TRICARE?



- Uniformed services health care program
- Worldwide network
 - Military hospitals and clinics
 - Civilian health care providers





Health Benefit Terms

- **Sponsors:** Active duty service members, retired service members, and National Guard and Reserve members.
- **Provider:** A person, business, or institution that provides health care.
- **Pre-authorization:** A review of a requested health care service, done by your regional contractor, to see if the care will be covered by TRICARE.
- **Referral:** When your primary care manager or network specialty provider sends you to another provider for care. Certain benefits, such as the Comprehensive Autism Care Demonstration, require a referral and continued authorizations.
- **Claim:** A request for payment from TRICARE that goes to your regional contractor after you get a covered health care service.

Health Benefit Terms (continued)

- **Cost-share:** A percentage of the total cost of a covered health care service that you pay.
- **Premium:** The amount you pay for a health care plan you purchased.
- **Deductible:** A fixed amount you pay for covered services each calendar year (CY) before TRICARE pays anything.
- **Copayment:** The fixed amount those with TRICARE Prime (who aren't active duty) and TRICARE Select pay for a covered health care service; or the amount paid for a prescription.
- **Catastrophic cap:** The most you or your family will pay for covered health care services each CY.
- Qualifying Life Event (QLE): A certain change in your life, such as moving, marriage, birth of a child, or retirement from active duty. This means TRICARE health plan options for you and your family may change.

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Those Eligible for TRICARE

- Active duty service members (ADSMs)
- Active duty family members (ADFMs)
- Retired service members (including Retired Reserve members who have reached age 60) and their family members
- National Guard and Reserve members and their family members
- Medal of Honor recipients and their family members
- Survivors and eligible former spouses

Visit **www.tricare.mil/eligibility** to learn more about eligibility and enrollment.



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.



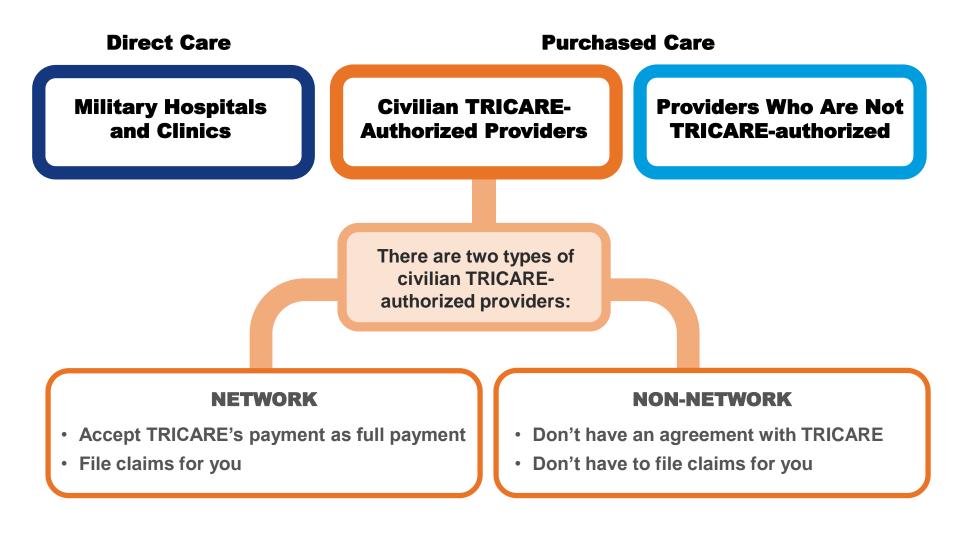
Fax 1-800-336-4416.

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TRICARE Health Plans

Those Eligible for TRICARE	Stateside TRICARE Program Options
Active duty service members	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	 TRICARE Prime TRICARE Prime Remote TRICARE Select TRICARE For Life (TFL) US Family Health Plan (USFHP) TRICARE Young Adult (TYA)
NGR members, retired Reservists, and their family members	 TRICARE Reserve Select TRICARE Retired Reserve TYA
Retired service members and their family members, retired Reservist (at age 60) and their family members, Medal of Honor recipients and their family members, survivors, and eligible former spouses	 TRICARE Prime TRICARE Select TFL USFHP TYA





TRICARE Prime®

- TRICARE Prime is a managed care option, similar to a health maintenance organization (HMO) program
- Available in specific areas
- Must enroll
- No claims to file



TRICARE Prime (continued)

- Referrals needed for specialty care
- Referrals aren't required for urgent care visits for TRICARE Prime enrollees, except for ADSMs
- Military hospitals and clinics first option for specialty care
- Most care from PCM
- Lowest costs
- Portable coverage
- Annual announcement of health plan changes

TRICARE Prime Remote

- Available in remote locations
- Must meet eligibility requirements
- Must enroll
- Most care from civilian network provider



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

TRICARE Select®

- TRICARE Select is a self-managed, preferred-provider option for eligible beneficiaries (except ADSMs and TFL beneficiaries) not enrolled in TRICARE Prime.
- With TRICARE Select your have the freedom to choose providers.
- Referrals aren't needed for most services.
- Yearly deductible and cost-shares apply. Copayments apply for TRICARE-authorized providers.
- Enrollment in TRICARE Select is required. Enrollment fees may apply.
- Some services require pre-authorization.
 - Contractor referrals and preauthorization of specific services/treatments are sometimes required. Visit your regional contractor's website for services to learn more.

Program Comparisons

TRICARE Prime	TRICARE Select
A health maintenance organization (HMO)- style plan	A preferred-provider plan (PPO)-style plan
Get most of your care from a PCM	Choose your provider
Referrals required for specialty care	Referrals not needed for most services
Pre-authorization needed for some services	Pre-authorization needed 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 ADSM	Deductible/copayments/cost shares apply

TRICARE Young Adult

- Qualified young adult dependents not yet age 26
- TRICARE Prime and TRICARE
 Select options
- No dental coverage
- Monthly premiums



TRICARE Reserve Select[®] and TRICARE Retired Reserve[®]

- Must enroll
- Visit any TRICARE-authorized provider
- No referrals
- Some services need pre-authorization
- Monthly premiums, cost-shares, and a yearly deductible apply
- Coverage is similar to TRICARE Select

Priority for Access to Military Hospitals and Clinics

1	ADSMs
2	ADFMs in TRICARE Prime
3	Retired service members, their family members, and all others in TRICARE Prime and TRICARE Plus (primary care)
4	ADFMs not enrolled in TRICARE Prime and TRS members
5	Retired service members, their family members, TRR members and all others not in TRICARE Prime and TRICARE Plus (specialty care)

TRICARE For Life

- You must have Medicare Part A and Part B.
- If you have Medicare Part A and Part B, you're covered under TFL.
- You may get care from Medicare-participating and Medicare-nonparticipating providers. You may also get care at military hospitals and clinics on a space-available basis.
- What you pay depends on if your health care services are covered by only Medicare, only TFL, both Medicare and TFL, or neither Medicare nor TFL.



Pharmacy Options





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

TRICARE Pharmacy Home Delivery



TRICARE Retail Network Pharmacy

Non-Network Pharmacy



Get up to a 90-day supply

Must use this option for some drugs

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

- Military Dental Clinics (ADSMs only)
- Active Duty Dental Program (ADSMs only)
- TRICARE Dental Program (TDP)
- Federal Employees Dental and Vision Insurance Program (FEDVIP)

Note: Enrollment needed for the TDP and FEDVIP



G Vision Options

Federal Employees Dental and Vision Insurance Program (FEDVIP)

- Retirees, their eligible family members, and active duty family members enrolled in a TRICARE health plan may qualify to purchase vision coverage through FEDVIP.
- Eligible beneficiaries include those enrolled in or using:
 - TRICARE Prime, including USFHP
 - TRICARE Select
 - TRS
 - TRR
 - TFL

Visit **www.benefeds.com** for eligibility, plan, and enrollment information.

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Transitional Coverage



- Transitional Assistance Management Program (TAMP)
- Continued Health Care Benefit Program (CHCBP)

TRICARE Self-Service Options Online

- There are websites available to help you manage your TRICARE benefit, which include:
 - TRICARE Website: www.tricare.mil
 - milConnect/Beneficiary Web Enrollment (BWE) Website:
 https://milconnect.dmdc.osd.mil
- Each regional contractor offers other options to help you.

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.

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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

TRICARE For Life

- In the U.S. and U.S. territories: Wisconsin Physicians Service—Military and Veterans Health
 1-866-773-0404
 1-866-773-0405 (TDD/TTY)
 www.TRICARE4u.com
- Overseas outside of U.S. territories: contact the overseas regional contractor.

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