

TRICARE® Benefits/ Programs for National Guard and Reserve Members New to TRICARE/Active 30 Days or Less

Your Options for Care for Members New to TRICARE

Today's AGENDA



- What Is TRICARE?
- TRICARE Eligibility
- Medical Eligibility
- Other Important Information
- 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

TRICARE Stateside Regions



TRICARE Overseas Program



Latin America and Canada

Canada, the Caribbean Basin, Central and South America, Puerto Rico, and the U.S. Virgin Islands

Eurasia-Africa

Africa, Europe, and the Middle East

Pacific

American Samoa, Asia, Australia, Guam, India, Japan, New Zealand, Northern Mariana Islands, South Korea, and Western Pacific remote countries

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.



Visit an ID Card Office (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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Coverage Lifecycle

Deactivation:

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

Inactive Status:

TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), and Line of Duty (LOD)

Active:

Active Duty Benefits

Pre-Activation:
Early Eligibility/Active
Duty Benefits

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Step 1—Qualify

TRICARE Reserve Select

- Selected Reserve members may qualify for TRS if they are:
 - Not eligible for or enrolled in the Federal Employees Health Benefits (FEHB) Program under sponsor's own employment
 - For more information, visit <u>www.tricare.mil</u>.

Step 2—Purchase

TRICARE Reserve Select

Purchase TRS:

- Online by using the Beneficiary Web Enrollment (BWE) website at https://milconnect.dmdc.osd.mil.
- By mailing a completed and signed Reserve Component Health Coverage Request Form (DD Form 2896-1) to your regional contractor
 - Include initial premium payment
- By calling your regional contractor
- In person overseas at a TRICARE Service Center

For continuous coverage, purchase TRS up to 90 days before TAMP ends, but no later than 90 days after TAMP ends.

TRICARE Reserve Select: Getting Care

- TRS coverage follows the rules of TRICARE Select.
- No referrals necessary:
 - Certain services require pre-authorization.
 - In an emergency, call 911 or go to the nearest emergency room.
- Like TRICARE Select, locate a network or TRICARE-authorized provider.
- For space-available care, locate a military hospital or clinic at www.tricare.mil/mtf.



TRICARE Reserve Select: Getting Care (continued)

- For TRS, locate a network or non-network TRICARE-authorized provider:
 - Go to <u>www.tricare.mil/findaprovider</u> or call your regional contractor.
 - Ask your provider's office if they accept TRICARE.
 - If not, invite the provider to become TRICARE-authorized.
 - Give your regional contractor's phone number to the provider or send him or her to www.tricare.mil/providers.

Beneficiary Categories: Group A and Group B

- All beneficiaries fall into one of two categories (Group A or Group B) based on when you or your sponsor entered the uniformed services.
- However, when enrolled in TRS <u>everyone</u> follows Group B costshares, deductibles, and catastrophic caps.

TRICARE Reserve Select: Costs

- Monthly premiums (per calendar year):
 - Go to www.tricare.mil/costs.
- Annual deductible is based on sponsor's pay grade.
- Cost-shares apply for covered services and vary depending on the type of provider (network or non-network).
- The catastrophic cap is per family for covered medical services.
- For the most up-to-date cost information, visit <u>www.tricare.mil/costs</u>.

Line of Duty Care



- Limited to illnesses, injuries, and diseases incurred or aggravated in the line of duty (LOD)
- Includes injuries sustained while traveling to and from a duty station
- Must have an LOD determination
- Care provided at military hospitals or clinics or coordinated by the Defense Health Agency— Great Lakes (DHA-GL)
- LODs are only good for one year. After one year, you would be put under a medical evaluation board where you either get placed in the Integrated Disability Evaluation System, returned to duty, or medically retired.

Note: TAMP does not cover LOD care.

Line of Duty Care (continued)

- 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 DHA-GL.
 - Find instructions and forms at <u>www.health.mil/greatlakes</u> 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, care for a right knee issue is not authorized under the same LOD.)

Emergency or Urgent Care

- 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 DHA-GL:
 - Eligibility documentation
 - DHA-GL Worksheet-01
- Send eligibility documents and DHA-GL Worksheet-01 to DHA-GL the same day of the incident
 - Download form at <u>www.health.mil/greatlakes</u>
 - Fax documentation to 1-847-688-7394

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Priority for Access to Military Hospitals and Clinics

1 ADSMs, including National Guard and Reserve members on active duty status 2 ADFMs enrolled in a TRICARE Prime option Retired service members, their dependents, and all others enrolled in a 3 TRICARE Prime option ADFMs not enrolled in a TRICARE Prime option, and TRICARE Reserve 4 Select members Retired service members and their dependents not enrolled in a TRICARE Prime option, TRICARE Retired Reserve members, and all other eligible beneficiaries not enrolled in a TRICARE Prime option

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

Service Members: Active Duty Dental Program

- The ADDP provides authorized civilian dental care for ADSMs who are either:
 - Referred from their military dental clinic (also known as a military dental treatment facility) in CONUS (Continental United States) locations or
 - Remotely located in both CONUS and OCONUS (Outside the continental United States) locations
- If you're in the CONUS service area, call United Concordia at 1-866-984-2337.
- If you're in the OCONUS service area, call United Concordia at 1-844-653-4058.
- For eligibility and benefit details, go to <u>www.addp-ucci.com</u>.

TRICARE Dental Program

- The TRICARE Dental Program (TDP) is a voluntary, premium-based dental program.
- The benefit is administered by United Concordia.
- Plan premiums depend on the sponsor's status.
- Eligible enrollees include:
 - Family members of active duty service members.
 - Family members of National Guard and Reserve members.
 - National Guard and Reserve members who aren't on active duty or covered by TAMP.

For more information, visit the TDP website: www.uccitdp.com

Voluntary Vision Coverage

- Active duty family members, retirees, and their eligible family members enrolled in a TRICARE health plan may qualify to purchase vision coverage through the Federal Dental and Vision Insurance Program (FEDVIP).
- Eligible beneficiaries include those enrolled in or using:
 - TRICARE Prime, including USFHP
 - TRICARE Select
 - TRS
 - TRR
 - TRICARE For Life (TFL)
- FEVIP vision coverage is available to:
 - Active duty family members
 - Retired service members and their eligible family members
 - National Guard and Reserve members and eligible family members

Visit <u>www.benefeds.com</u> for vision plan eligibility and enrollment information.

Survivor Benefits: Activated More Than 30 Days

If a National Guard or Reserve member dies while serving on federal active duty orders for more than 30 days, family members remain eligible as follows:

Surviving Spouses Benefit Timeline

Sponsor Death	End of Year 3
Medical: ADFM Benefits and Costs	Medical: Retiree Benefits and Costs
Dental: TRICARE Dental Program	Dental: Federal Employees Dental and Vision Program

Surviving Children Benefit Timeline



Survivor Benefits: Activated 30 Days or Less

- If a National Guard or Reserve member dies while serving on federal active duty orders for a period of 30 consecutive days or less, family members remain eligible as survivors:
 - They have retiree benefits and costs.
 - They are eligible for the TDP Survivor Benefit.

Survivor Benefits: Not Activated

- Family members of non-activated National Guard or Reserve members who had TRS or TAMP coverage at the time of their death have the following options:
 - If TRS coverage was in effect, qualified survivors may purchase or continue coverage under TRS for up to six months from the date of their sponsor's death.
 - If TAMP coverage was in effect, eligible survivors remain covered until the end of the 180-day TAMP period.

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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Looking for **More Information?**

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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

Dental Contractor

- TRICARE Active Duty Dental Program
 United Concordia Companies, Inc.
 1-866-984-2337 CONUS
 1-844-653-4058 OCONUS (using country-specific access codes)
 www.addp-ucci.com
- TRICARE Dental Program
 United Concordia Companies, Inc.
 1-844-653-4061 CONUS
 1-844-653-4060 OCONUS
 www.uccitdp.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.dmdc.osd.mil