Updated February 2023

TRICARE® Maternity and Newborn Care

Understanding Your Maternity and Newborn Care Coverage

°P432G030223WM





- Maternity Care
- Getting Maternity Care
- Getting Coverage for Your Child
- Well-Child Care
- Other Important
 Information
- For Information and Assistance

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Who's Covered?

- TRICARE-covered expectant mothers:
 - Active duty service members
 - Retired service members
 - National Guard and Reserve members
 - Family members
- Must be registered in the Defense Enrollment Eligibility Reporting System (DEERS)
- Must have a Uniformed Services ID card

Losing TRICARE Eligibility during Pregnancy

- You may lose TRICARE eligibility, including maternity coverage, if:
 - You separate from the military
 - Your sponsor separates
 - You divorce
 - You age out or otherwise lose eligibility as a dependent child
 - You're disenrolled
 - You elect to not enroll in or purchase TRICARE coverage
- You may qualify for other coverage options.

What's Covered?

- Medically necessary maternity care:
 - Obstetric visits
 - Fetal ultrasounds
 - Management of high-risk or complicated pregnancies
 - Hospitalization for labor, delivery, and postpartum care
 - Deliveries at TRICARE-certified/authorized birthing centers (stateside only)
 - Deliveries planned at home for low-risk pregnancies (Home births may not be covered overseas.)
 - Anesthesia
 - Cesarean sections
 - Breast pumps, breast pump supplies, and breastfeeding counseling

Note: TRICARE only covers midwife services provided by a certified nurse midwife (CNM). Learn more about covered services and criteria for CNMs at **www.tricare.mil/coveredservices**.

What Isn't Covered?

- Services not covered by TRICARE:
 - Fetal ultrasounds that aren't medically necessary
 - Services and supplies related to noncoital reproductive procedures
 - Management of uterine contractions with drugs that aren't approved for that use
 - Home uterine-activity monitoring and related services
 - Private hospital rooms
 - Unproven procedures
 - Umbilical cord collection and storage

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Maternity Care Providers

- TRICARE covers maternity care provided by TRICARE-authorized providers. This includes but isn't limited to:
 - Obstetricians/gynecologists
 - Certified nurse midwives (CNMs)
 - Note: Only certain providers are covered by TRICARE.
 - Family medicine physicians
 - General practitioners
 - Primary care managers
 - Certified labor doulas (stateside only)



Maternity Care Providers (continued)

- TRICARE does not cover:
 - Lay midwives
 - Certified professional midwives
 - Certified midwives
 - Certain non-medical support during labor and childbirth (for example, labor coaches)

TRICARE Prime®



- Primary care manager (PCM) access
- Priority access to care at military hospitals and clinics
- Referrals required
- Pre-authorization required
- No costs for ADSMs and ADFMs
- Minimal costs for retired service members and their families

Traveling With TRICARE Prime

- Routine care:
 - Get care before traveling.
- Urgent care:
 - Most TRICARE Prime enrollees don't need a referral when seeking urgent care from any TRICARE-authorized urgent care center. There are special considerations for TRICARE overseas plans and the US Family Health Plan.
 - If you need advice or if you aren't sure if you need care, use the Military Health System Nurse Advice Line at <u>www.mhsnurseadviceline.com</u> to chat with a registered nurse. In the U.S., you can also call 1-800-TRICARE (874-2273), Option 1.
- Emergency care:
 - Call 911 or go to the nearest emergency room.
 - Pre-authorization isn't required.
 - Get a continued-stay authorization, if admitted.
- Extended trips:
 - Consider transferring enrollment.



TRICARE Select®

- See any TRICARE-authorized provider for maternity care.
 - A network provider costs you less out of pocket.
- Referrals aren't required for most services.
- Pre-authorization is required for certain services.
- A deductible may apply if you deliver in an outpatient setting.

Switching TRICARE Health Plans

- ADSMs can't disenroll from TRICARE Prime.
- All others can only enroll in or change to TRICARE Prime or TRICARE Select during:
 - The 90-day period following a Qualifying Life Event (QLE) (for example: marriage, birth of a child, or adoption of a child).
 Note: A QLE for one family member is a QLE for all eligible family members.
 - The TRICARE Open Season. The annual period beginning on the Monday of the second full week in November to the Monday of the second full week in December. Visit <u>www.tricare.mil/openseason</u> for dates and more information.

Note: QLEs and open season don't apply to TRICARE For Life or premium-based plans (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program). These plans offer continuous open enrollment.

TRICARE Overseas Program



TRICARE Prime Overseas:

 Get care from your primary care manager at a military hospital or clinic.

TRICARE Prime Remote Overseas:

 Coordinate care with your TOP Regional Call Center.

TRICARE Select Overseas:

 Seek care from almost any TRICAREauthorized civilian provider without a referral.

TRICARE Young Adult

- Your maternity care is covered, but newborn care isn't covered.
- Follow the rules of the plan in which you're enrolled:
 - TRICARE Young Adult Prime
 - TRICARE Young Adult Select

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

- Premium-based TRICARE program options
- Qualified sponsors may purchase coverage for themselves or their family members or both
- Similar to TRICARE Select or TRICARE Select Overseas

Delivery Options

- Military hospital or clinic
- Civilian hospital
- TRICARE-certified/authorized birthing center
- Hospital-based outpatient
 birthing room
- Professional office birthing suite
- Planned home births





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Who's Covered?



- Biological and adopted children of:
 - Active duty service members
 - Retired service members (including Retired Reserve members)
 - National Guard and Reserve members

When Your New Child Is Born or Adopted Overseas

- Contact the nearest U.S. Embassy or Consulate.
- Get a Social Security number (SSN) for your child.
- Register your child in the Defense Enrollment Eligibility Reporting System (DEERS).
- Family members are automatically enrolled in TRICARE Select Overseas.
- Children of retirees must elect to enroll within 120 days of birth.

Register Your New Child in DEERS

- Register your child in DEERS right away.
- To register your child in DEERS, you must:
 - Get an official birth certificate or SF-240 Consular Report of Birth Abroad, record of adoption or letter of placement of your child into your home.
 - Apply for your child's Social Security Number.
 - Go to the nearest ID card office with the proper documentation.
- Choose a TRICARE program and enroll your child, if necessary.

TRICARE Prime and TRICARE Select Coverage

- You **must** register your newborn, newly adopted, or court-appointed child in DEERS within 90 days, or 120 days if overseas.
- Stateside children of ADSMs are automatically enrolled in TRICARE Prime as long as:
 - They're registered in DEERS.
 - They live in a stateside Prime Service Area (PSA).
- Overseas children of ADSMs are automatically enrolled in TRICARE Select Overseas as long as they're registered in DEERS.
 - You may only enroll your child in TRICARE Prime Overseas or TRICARE Prime Remote Overseas if they're command-sponsored.
- Children of retirees (stateside and overseas) must enroll their child in a TRICARE plan.

TRICARE Prime and TRICARE Select Coverage (continued)

- The parent may change the child's TRICARE Prime or TRICARE Select enrollment to another eligible TRICARE plan within 90 days of the birth, adoption, or court appointment.
 - After 90 days, you must wait until another QLE or for TRICARE
 Open Season to change your child's TRICARE coverage.
- If your child isn't enrolled in DEERS by day 90, or day 120 if overseas, they'll only be eligible to receive care at a military hospital or clinic, if space is available.

TRICARE Reserve Select and TRICARE Retired Reserve Coverage

- To ensure TRS or TRR coverage for your child, you must:
 - Register your child in DEERS.
 - Submit the Reserve Component Health Coverage Request form (DD Form 2896-1) to your TRICARE contractor within 90 days, or 120 days, if overseas.
- You may be required to pay for care up front.
- You must purchase TRS or TRR for your child to be covered.

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What's Covered?

- Circumcision
- Routine newborn care
- Health-promotion and diseaseprevention exams
- Vision and hearing screenings
- Height, weight, and head
 circumference measurements
- Routine vaccines
- Developmental and behavioral appraisals

Note: In certain circumstances, prescribed banked donor milk from accredited milk banks may be covered.



Dental Options



- TRICARE Dental Program (TDP)
- Federal Employees Dental and Vision Insurance Program (FEDVIP)

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Filing Claims

- In the U.S.:
 - File claims with the claims processor in the region where you live.
 - Submit claims within one year of the date of service.
- In the U.S. territories:
 - File claims with the TRICARE Overseas Program claims processor.
 - Submit claims within one year of the date of service.
- Outside the U.S. and U.S. territories:
 - File claims with the TRICARE Overseas Program claims processor.
 - Submit claims within three years of the date of service.
 - For a step-by-step guide to filing overseas claims, go to: <u>www.tricare-overseas.com/beneficiaries/claims</u>.

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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
 <u>www.tricare.mil</u>



- Publications
 <u>www.tricare.mil/publications</u>
- milConnect
 <u>https://milconnect.dmdc.osd.mil</u>