

Getting Health Care for Foreign Force Members and Their Families

An Overview of the
U.S. Military Health System (MHS)

Updated April 2024



PP46300024NW

“Medically Ready Force...Ready Medical Force”

- **TRICARE Resources:** Visit www.tricare.mil/plans/eligibility/ffmandfamilies..
 - www.tricare.mil/publications to view, download, and print copies of TRICARE educational materials Inform beneficiaries of TRICARE program options in the U.S.
 - www.tricare.mil/costs to download the *Costs and Fees Sheet*
- **Estimated Briefing Time:** 30 minutes
- **Target Audience:** Foreign force members (North Atlantic Treaty Organization, or NATO, and Partnership for Peace) and their families in the U.S. who are new to TRICARE.
- **To Do in Advance:** Go through the slides before presenting and fill in any relevant local information where you see red text. This may include military hospital or clinic names, local phone numbers, or website URLs.
- **Briefing Objectives:**
 - Increase understanding of the TRICARE benefit in the U.S.
 - Inform beneficiaries of TRICARE program options in the U.S.
- **Optional Presenter Comments:** This is the *Getting Health Care for Foreign Force Members and Their Families* briefing. The goal of today’s presentation is to help you understand how to seek medical care at military hospitals and clinics or through the TRICARE benefit while in the U.S. We will go over eligibility and the program options you and your family may use. Contact information will be included at the end of this presentation.
- Presentation prepared by TRICARE Health Plan, Customer Support Liaison, dha.san-diego.j-10.mbx.thp-csl-team@health.mil



NOTE TO PRESENTER:

Prior to your presentation, delete this slide after filling in local military hospital or clinic contact information in the notes section for slides:

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Audience



This briefing applies to foreign force members and their family.

- The foreign force member must be in the U.S. by official invitation or on official military business

Eligibility for health care depends on the type of agreement between your country and the U.S. Department of Defense (DoD):

1. North Atlantic Treaty Organization (NATO) countries with a Status of Forces Agreement (SOFA)
2. Partnership for Peace (PfP) countries with a SOFA or without a SOFA
3. Countries with Reciprocal Health Care Agreements (RHCA)
4. No health care agreement

For more information, visit www.tricare.mil/plans/eligibility/ffmandfamilies

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- Welcome. This briefing focuses on how you, whom we refer to as foreign force members, and your family members get health care while here in the United States.
- Where and how you get care is based on the type of agreement your country has with the U.S. Department of Defense, DoD for short.
- The DoD health care community doesn't determine your coverage for eligibility, the DoD personnel community does. To be eligible for care at U.S. DoD expense, you and your family members have to be in the U.S. by official invitation or on official military business.
 - Spouses and children must be included in the member's official invitation in order to qualify for health care services.
 - They have to show that they are sponsored to be in the U.S.—their foreign military has approved their travel with the foreign military member
- Foreign military members and family members from NATO Status of Forces Agreement (SOFA) countries and Partnership for Peace countries can get services from DoD medical and dental clinics or hospitals, as well as outpatient services in the private sector under rules of the TRICARE Select health plan.
- If your country has a Reciprocal Health Care Agreement (RHCA), you might be able to get care at military medical or dental facilities, but only in certain states and with specific assignments. You may have to pay for your and your family members' care.
- If your country has no health care agreement with U.S. DoD, you are responsible for seeking and paying for your health care. You need to work closely with your military attaché' or embassy for guidance. Although services might be available to you in a nearby military hospital or clinic, you would have to pay for the full cost of those services.

[Note: Presenter can delete links in the presentation as he/she desires]

https://www.nato.int/cps/ie/natohq/topics_52044.htm

https://www.nato.int/cps/en/natolive/topics_50349.htm

Reference: TRICARE Policy Manual, Ch. 1, Sect. 1.1, Para. "3.3.6 North Atlantic Treaty Organization (NATO) And Partnership For Peace (PfP) Beneficiaries"

What Is TRICARE?



TRICARE is the health care program for the U.S. Department of Defense
It consists of

- Direct care
- Private Sector Care

TRICARE® is the brand name for the U.S. Military Health System

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- TRICARE is the uniformed services health care program for active duty service members, active duty family members, eligible National Guard and Reserve members and their families, retirees and retiree family members, survivors, and certain former spouses worldwide.
- TRICARE brings together the health care delivery resources of the U.S. Military Health System—such as military hospitals and clinics—with TRICARE authorized providers in the private sector, network and non-network. The term, “health care providers,” includes health care professionals, facilities, pharmacies, and suppliers.

ELIGIBILITY

In this next section of the presentation, we will focus on eligibility for health care of foreign force members and their family members who are officially in the U.S.

Direct Care and Private Sector Care



Direct Care:

Military hospitals & clinics operated by DoD or the U.S. Coast Guard

- May be used by NATO, Pfp, or RHCA
- Find the nearest military hospital and clinic at www.tricare.mil/mtf
- Those with no agreement are responsible for seeking and paying for their health care
 - Direct care might be available, but you would have to pay full cost for services

Private Sector Care:

Private sector outpatient providers

- For NATO and Pfp countries only with a SOFA agreement (no RHCA countries)
- Limits on accessing private sector health services; no inpatient services
- Administered by TRICARE regional contractors



Eligibility for health care depends on the type of agreement between your country and the U.S. Department of Defense

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- Your primary source of care is within the direct care system.
- Direct care refers to the hospitals and clinics operated by Military hospitals & clinics operated by DoD or the U.S. Coast Guard.
- You can look up the location of the nearest military hospital or clinic at www.tricare.mil/mtf.
- Private Sector care refers to TRICARE authorized hospitals and physician or provider offices in the private sector.
- You may be eligible to get outpatient services within the private sector care system depending on your particular country's status of forces agreement. There may be certain actions you need to take if you need care from the private sector care system.

Eligibility for Care in the U.S. MHS



- To get care, the U.S. Department of Defense has to show the foreign force member and their family member(s) as eligible in Defense Enrollment Eligibility Reporting System (DEERS)
 - DEERS is the official system of record for eligibility and enrollment for the U.S. Military Health System (MHS)

- Eligibility ends when a Foreign Force Service Member's assignment ends and he/she leaves the U.S.
 - Not eligible for continuing/follow-up care in the MHS

There are a couple of steps you need to take to show as eligible for health services in the MHS ...

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- Again, eligibility for the health care is determined by the Department of Defense office sponsoring you and your family.
- The government reflects your eligibility in the information named the Defense Enrollment Eligibility Report System, usually referred to as DEERS.
- DEERS, is the official system of record for TRICARE eligibility and enrollment for US Military Health System, or MHS.
- You have to be registered DEERS and show as eligible to get care in the US Military Health System.
- Note that eligibility ends when a Foreign Force Service Member's assignment ends and he/she leaves the U.S. They are not eligible for continuing/follow-up care in the MHS
- So, let's talk about what you need to do to show as eligible....

Step 1: Register in DEERS and Get a DoD ID Card



- 1 ■ Visit DoD ID card office with a completed DD Form 1172
 - a. To Register in DEERS – DoD shows MHS eligibility in DEERS
 - b. To get ID cards
- You may go to the local office or call them to set up an appointment
 - Bring a copy of your official orders/document to confirm official business
 - Spouses and children should be listed to show as eligible in DEERS
 - Let the DoD card office know if you were previously assigned in the U.S.
- Common Access Card (CAC) – Foreign force members
- Uniformed Services ID (USID) card – spouses, and eligible children age 10 or older, up to age 21, or age 23 if full-time student

www.tricare.mil/deers
www.tricare.mil/Plans/Eligibility/IDCards

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- You and your family members (age 10 or older) must first get a DoD ID card in order to receive health services:
 - Foreign force members use a Common Access Card, or CAC
 - Eligible dependents (age 10 and older) use a Uniformed Services ID card, USID card
- Your children are covered up to age 21. They may be covered up to age 23 if they are “enrolled full-time in an accredited college in pursuit of an Associate's Degree or higher. (www.tricare.mil/LifeEvents/College)
- You can go to a DoD card office in person or call to set up an appointment.
- The nearest local office is at **[BRIEFER TO PROVIDE LOCATION]**
- Take a copy of your official travel order. The travel order must show that your family was approved to accompany you for this assignment.
- You are assigned an official Foreign Force Identification Number. This number doesn't show on the card.
 - Let staff in the DoD card office know if you were ever here before on official orders or assignment.
- Make sure you carry your CAC/USID card whenever you're getting care or filling prescriptions.

Presenter note = use as you see fit.

There is a “T” code used in DEERS to show eligibility for private sector care for foreign force members and their families. **This may not show in GIQD.**

Your ID Card (Next Generation)



The member's Common Access Card (CAC) or the family member's Uniformed Services ID card shows:

- A DoD Identification Number – for care in military hospitals or clinics
 - This 10-digit number is unique to each individual
 - The hospital/clinics uses it to confirm eligibility for care
- A DoD Benefit Number (DBN) – for authorized private sector health care. This 11-digit number is found on the back of the ID card. It is used by private sector providers to file claims

Common Access Card (CAC)



Uniformed Services ID



www.cac.mil

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- **Next Generation Cards are now being issued. However, legacy cards will not be replaced until they expire**
- The USID card office will issue a Common Access Card, CAC, to the foreign force member and will issue a USID card to their eligible family members.
- The key number for health benefits is the DoD Benefits Number, or DBN
- The DBN is an 11-digit number found on the back of the ID card. It is used to verify eligibility and file claims. This is the number your doctor's office will need to use (or you if you're filing your own claims).
- You are also assigned a DoD ID number, a 10-digit number on the front of the ID card. This number is unique to each person. It should NOT be used to submit claims. If the DoD ID number is used, the claim will be denied.
- You show as “direct care only” in the DEERS system. When you get private sector care, you may have to tell the provider to call the TRICARE regional contractor to confirm you are eligible for care.

Your ID Card (Legacy)



The member's Common Access Card (CAC) or the family member's Uniformed Services ID card shows:

- A DoD Identification Number – for care in military hospitals or clinics
 - This 10-digit number is unique to each individual
 - The hospital/clinics uses it to confirm eligibility for care
- A DoD Benefit Number (DBN) – for authorized private sector health care. This 11-digit number is found on the back of the ID card. It is used by private sector providers to file claims

Common Access Card (CAC)



Uniformed Services ID



www.cac.mil

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This slide shows the older ID cards some might be carrying.

As mentioned, although Next Generation Cards are now being issued, Legacy cards previously issued will not be replaced until they expire

Your CAC/USID Card



- Show your CAC/USID card whenever you get care or fill a prescription
- Providers, clinics, hospitals are allowed to make a copy of your CAC/USID card
- Go to www.tricare.mil/eligibility for eligibility, DEERS, and ID card information

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- When you go to the doctor whether in military hospitals & clinics, or in the private section, staff should ask you for your DoD ID card when you check in.
- Providers are legally permitted to copy CACs and USID cards to verify TRICARE eligibility.
- You may not have to show your ID card to the office after your visit first to the office, but you should always have it just in case.
- You have to present your ID card when getting prescriptions filled at a military or private sector retail pharmacy.

Keep DEERS Information Up To Date



Go to an **ID card office**. Find an office 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>

You need a CAC or DS Logon for yourself and your family members to get into DEERS. Directions for DS Logon are on the web site
Use this to view eligibility, enrollment, and update contact information



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

Use this if you have questions about your DEERS record or getting a DS Logon



Fax **1-800-336-4416**

<https://milconnect.dmdc.osd.mil>

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- To maintain your eligibility, you must go to the ID card office and update DEERS after any life event. A life event can include getting married or divorced, moving, giving birth, adopting a child, or retiring.
 - When making changes in DEERS, take the proper documentation, such as a marriage certificate, divorce decree, birth certificate, and/or adoption papers.
 - Only sponsors or sponsor-appointed individuals with valid power of attorney can **add** a family member.
 - The sponsor can **remove** any family member and a family member may remove themselves.
 - You may need to get new ID cards or turn in invalid ones. Call the ID-card office for assistance.
- **You can update personal information and get important correspondence on your own by registering for access to DEERS through the milConnect website at <https://milconnect.dmdc.osd.mil>.**
 - Family members ages 18 and older may update their own contact information.
 - Information can also be updated by phone, fax, or by visiting a DoD ID card office.
 - If you don't update your personal contact information, you may miss out on information confirming eligibility, status changes, getting important information, etc.
- For more information, visit www.tricare.mil/deers.

Step 2: Register at a Military Hospital or Clinic



2 ■ 1–2 days after you register in DEERS, register yourself and your family members at the military hospital or clinic registration desk or administration office



■ Bring the following with you:

- DoD ID card and copy of your official orders/business document
- Documentation of any other health insurance (OHI)
- Dates and locations, if previously stationed within the U.S.
- Immunization records
- You need to give staff the name(s), address, phone number, date(s) of birth for you and each family member

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- Once you and your family members receive ID cards, you need to register at a military hospital or clinic.
- The nearest military hospital or clinic is **[BRIEFER TO PROVIDE LOCATION]**
- You must first show as eligible in DEERS.
- Make sure to bring the following items with you to the military hospital or clinic:
 - DoD ID card
 - Any card or information on other U.S. based commercial health insurance, or OHI
 - Dates and locations you were previously stationed within the U.S.
 - All immunization records for you and your family members
- You don't need to submit any enrollment forms to access health care for yourself or your family members.

Note for Military Hospital and Clinic Staff

The Health Care Delivery Plan (HCDP) codes used for FFM coverage are:

011 "Reimbursable Direct Care for DoD Affiliates (CONUS Only)"

012 "Reimbursable Civilian Coverage for DoD Affiliates (CONUS Only)"

026 "Direct Care Dental For Active Duty Foreign Military"

Source: TRICARE Systems Manual, Ch. 2, Addendum L "Data Requirements - Health Care Delivery Program (HCDP) Plan Coverage Code Values"

GETTING CARE in the DIRECT CARE SYSTEM

- Next we'll discuss how to get care in the direct care system.

Direct Care—Getting Care at a Military Hospital or Clinic



Direct Care = Care at Military Hospitals and Clinics

- You and your family get priority access to military hospitals & clinics the same as a U.S. active duty member & his/her family
- Hospitals and clinics may offer a range of outpatient services:
 - Routine, primary, urgent, and preventive care/immunizations
 - Maternity and well-baby visits
 - Laboratory tests, X-rays
 - Physical or occupational therapy
 - Vision exams
- You use the military pharmacy to get prescription drugs
- For primary/same day, emergency, urgent, or specialty care, refer to the military hospital's/clinic's policy

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- There are a number of ways to schedule an appointment. You can:
 - Call the appointment line for your assigned clinic.
 - Send an appointment request through **[BRIEFER TO CHOOSE TOL Patient Portal or MHS GENESIS based on MTF]**. You will need a DS Logon to access these services.
- Military hospitals and clinics offer a range of outpatient services. It depends on the size and staffing at each facility. Services may include:
 - Routine, primary, and urgent care
 - Vision exams
 - Physical therapy
 - OB/GYN services
 - Laboratory tests and X-rays
- You'll also have access to the military pharmacy for prescription medications.

For emergency, urgent, or same day care, refer to your military hospital or clinic policy.

Note for Presenter:

Foreign force members and their families are eligible for a DS Logon because

they are eligible for reimbursable direct care on DEERS

Direct Care—Getting Care at a Military Hospital or Clinic (continued)



To schedule an appointment, you may:

- Call the centralized appointment line
- Call the appropriate clinic, get a referral or order as needed
- Go online using TRICARE Online (TOL) or the MHS GENESIS portal:
 - DS Logon primary account required
- To sign up for a DS Logon account
 - Visit the DS Logon Self-service site at <https://myaccess.dmdc.osd.mil/identitymanagement>
 - DMDC Support Center at (800) 372-7437

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- To get care within a military hospital or clinic, you need to schedule an appointment.
- There are various ways to do this, as outlined here. You can:
 - Call the centralized appointment line. You need to tell staff why you need an appointment and be prepared to figure out what date and time works best for you based on what you are offered.
 - Call the appropriate clinic, get a referral or order as needed. You may be able to call a clinic directly.
 - Go online using TRICARE Online (TOL) or the MHS GENESIS portal. To do so, you need to get a DS Logon primary account through the DMDC Support

Direct Care— Foreign Force Service Member



Outpatient Care	Inpatient Care
<ul style="list-style-type: none"> <input type="checkbox"/> For primary/routine care – schedule an appointment <input type="checkbox"/> Lab, X-ray, pharmacy, etc. – doctor’s order needed Specialty care (e.g. physical therapy, orthopedics, dermatology, etc.) <ul style="list-style-type: none"> <input type="checkbox"/> Get a referral from primary care <input type="checkbox"/> Contact the clinic 1-2 days later to schedule appointment <input type="checkbox"/> Costs: <ul style="list-style-type: none"> <input type="checkbox"/> NATO/PfP/RHCA – no costs <input type="checkbox"/> Others - pay military hospital/clinic costs 	<ul style="list-style-type: none"> <input type="checkbox"/> Available at military hospitals <input type="checkbox"/> Follow the specialty clinic’s direction for admission <input type="checkbox"/> Costs: <ul style="list-style-type: none"> <input type="checkbox"/> NATO/PfP pay full hospital charges <input type="checkbox"/> RHCAs pay a daily “subsistence” charge

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- This table reflects the way you, the foreign force member, go about getting care within the military hospital or clinic, Care may be outpatient or inpatient, which may include ambulatory or overnight surgery. You have the same access to care as a U.S. active duty service member.
- You need to schedule appointments with the appropriate clinic based on the type of care you need:
 - In most cases, you will start out with an appointment at either a primary care clinic, Service member clinic, or family practice clinic. You use these clinics when you are ill, like with a fever, or when you need routine care, such as lab work for a chronic condition or a prescription.
 - If your primary care provider decides you need to have some tests to check your health status, he or she enters or writes up the request. You then go to the appropriate department to get the tests done. The same applies to prescription services. Your provider enters or writes your prescription and you go to the pharmacy to pick them up.
 - Your primary care provider may decide you need to be seen by a specialist, such as an orthopedist or cardiologist. Your primary care doctor must write a referral indicating the need to be seen in the specialty clinic. You’ll then need to set up the appointment with the specialist.
 - Lastly, a provider in the military hospital may determine you need to be admitted to the local military hospital or another one nearby. You need to follow instructions from your provider or the specialty clinic on how to get admitted.
- You may have to pay for some services you get at the military hospital or clinic. If and how much you pay depends on the type of agreement and the type of service you receive. The hospital/clinic billing or business office can help explain if you have to pay and how much.

Direct Care— Foreign Force Family Member



Outpatient Care	Inpatient Care
<ul style="list-style-type: none"> <input type="checkbox"/> For primary/routine care – schedule an appointment <input type="checkbox"/> Specialty care (e.g. physical therapy, orthopedics, dermatology, etc.) – get a referral; contact the specialty clinic 1-2 days after the provider entered the referral to schedule an appointment <input type="checkbox"/> Lab, X-ray, pharmacy - you need a doctor's order; usually you don't need an appointment <input type="checkbox"/> Costs: <ul style="list-style-type: none"> ▪ NATO/PfP/RHCA – no cost ▪ Others - pay military hospital/clinic costs 	<ul style="list-style-type: none"> <input type="checkbox"/> Available at military hospitals <input type="checkbox"/> Follow the specialty clinic's direction for admission <input type="checkbox"/> Costs: <ul style="list-style-type: none"> ▪ NATO/PfP pay full hospital charges ▪ RHCAs pay a daily "subsistence" charge ▪ Others - pay military hospital cost

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- Getting care in the direct system for your family member isn't all that different than getting care for yourself. Again, what services they may be able to get depends on what's available within the clinic or hospital and the services needed.
- Family members need to follow hospital/clinic guidance for emergency, urgent, or same-day care
- Your family member will normally start with getting care in a primary care setting, which may include pediatrics depending on the age of your eligible children.
- Providers enter referrals for specialty care into the direct care system. You or your family member should follow-up with the specialty clinic to find out when they can be seen. They should allow for the time it takes for the referral request to get to the clinic.
- They should go to the appropriate department in the military hospital or clinic after a provider enters or writes them an order for a test or procedure.
- They can pick up prescription medications from the pharmacy after the order is entered or written.
- Costs vary based on the agreement your country has with the Department of Defense and the type of services they receive. Their costs may be different from yours. Ask the billing office or business office for additional information.

GETTING CARE in the PRIVATE SECTOR CARE SYSTEM

- Next, we will discuss getting care in the private sector care system.

Reference Note:

In the private sector, foreign force members of NATO and PfP nations and their family members are only eligible for outpatient care; inpatient services in the private sector are NOT covered.

When outpatient private sector care is authorized, TRICARE Select Group B cost-shares apply for Active Duty Family Members (ADFMs), more detail on cost-sharing later.

Private Sector Care: Only available to NATO/PfP with SOFA



The term “Private Sector Care” refers to civilian care and services

- Your eligibility for MHS-covered care depends on the type of agreement DoD has with your country and what services are available at the military hospital or clinic

Step 1: You must get a referral from a military hospital or clinic provider or remote provider for private sector care, which is usually for specialty services

- Family members don’t need a referral and may choose to seek care directly from any TRICARE-authorized provider

Step 2: The military hospital or clinic or DHA-Great Lakes (for members in remote locations only) then determines if they can approve the care

Step 3: Check on the status of the referral or authorization and find you which private sector provider you are to see:

- Contact the military hospital/clinic Referral Management Center
- Contact the military hospital/clinic beneficiary counseling and assistance coordinator or health benefits advisor
- Log into the regional contractor’s secure portal or opt out of electronic notification on the secure portal to get hard copies of approvals mailed to you
- Contact your TRICARE regional contractor

- Do not seek services until you know your private sector care is approved

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- You and your family members may be able to get outpatient services from private sector providers if you are covered under NATO Status of Forces Agreement or a Partnership for Peace (PfP) Agreement. For members of non-NATO/PfP countries with Reciprocal Health Care Agreement, you aren’t covered by TRICARE for private sector outpatient services.

- If eligible to get private sector outpatient services, follow these steps (which are also outlined on the next slide):

Step 1: Get a referral from a military hospital or clinic provider or remote provider for care you can’t get in the military setting or from your provider.

Covered family members don’t have to get a referral.

Step 2: The military hospital or clinic, or DHA-Great Lakes then reviews your referral to determine if they should approve the care or if they think you need to go to another military hospital or clinic.

Step 3: Before you or your family gets any private sector outpatient care, check on the status of the referral and find out if there is a certain provider you are to see:

- Contact the military hospital/clinic Referral Management Center
 - Contact the military hospital/clinic beneficiary counseling and assistance coordinator or health benefits advisor
 - Log into the regional contractor’s secure portal or opt out of electronic notification on the secure portal to get hard copies of approvals mailed to you.
 - Contact the regional contractor
- Do not seek services until you know your private sector care is approved/ authorized. If you don’t have a referral or authorization in place, you may be responsible for the full costs of your care.

Private Sector Outpatient Care Only available to NATO/PfP with SOFA



Foreign Force Member	Family Members
<ul style="list-style-type: none">■ You must get a referral from a military provider and authorization from the MCSC or DHA Great Lakes (locations remote from an MTF)■ Do not seek care until your care is authorized.■ Go to the provider listed. If you don't want that provider or can't get in, contact the regional contactor for assistance in changing or finding a provider.	<ul style="list-style-type: none">■ No referral required<ul style="list-style-type: none">□ Get documentation from the military provider to share with the private sector provider■ <u>Follow TRICARE Select rules when getting care</u><ul style="list-style-type: none">□ Remember, you are to use a TRICARE network (preferred) or non-network TRICARE authorized provider

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- This is an outline of the information covered in the previous slide.
- Note the big difference here: Foreign force members must get a referral and authorization before they seek private sector health care services. You need to make sure both of these are in place before getting care.
- If you seek specialty care from a private sector provider without a prior authorization, you'll be responsible for 100% of the cost.
- Visit www.tricare.mil/referrals for more information.
- But, when family members need to get private sector care, they can do so without a referral or authorization. They get care under what we call the TRICARE Select, Group B benefit.
- When getting private sector care, they have to use a TRICARE-authorized provider, preferably a network provider who understands TRICARE's rules for coverage.
- They are responsible for out of pocket costs. Costs are available at www.tricare.mil/costs.

Private Sector Care—Outpatient Costs Only available to NATO/PfP with SOFA



Foreign Force Member	Foreign Force Family Member
<ul style="list-style-type: none"> <input type="checkbox"/> No costs as long as there is a referral and authorization in place <ul style="list-style-type: none"> ▪ Ask your provider to file a claim with TRICARE ▪ Without an authorization, you are responsible for 100% of the costs for private sector care <input type="checkbox"/> For all other countries: <ul style="list-style-type: none"> ▪ File to your private or country-sponsored commercial insurance plan ▪ Submit to home country for national reimbursement ▪ Contact your commercial plan or your embassy for assistance 	<ul style="list-style-type: none"> <input type="checkbox"/> You pay TRICARE Select active duty family member Group B copays and cost-shares <input type="checkbox"/> You are usually billed at the time of visit <ul style="list-style-type: none"> ▪ Make sure the provider files a claim or file a claim yourself if the provider bills you <input type="checkbox"/> For all other countries: <ul style="list-style-type: none"> ▪ File to your private or country-sponsored commercial insurance plan ▪ Submit to home country for national reimbursement ▪ Contact your commercial plan or your embassy for assistance

TRICARE costs are subject to change. Go to www.tricare.mil/costs for current cost information

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- If your local military hospital or clinic can't offer the care you need, you'll receive a referral for specialty care services.
- Sponsors must be referred by their military hospital or clinic or the Defense Health Agency—Great Lakes.
- You should call your regional contractor two to five days after you receive the referral:
 - If the selection is "Appoint to MTF," you'll work with the specialty clinic to schedule an appointment.
 - If the selection is "Deferred To Network," you'll need prior authorization from your regional contractor to get private sector specialty care.
- If you seek specialty care from a private sector provider without a prior authorization, you'll be responsible for 100% of the cost. Present DoD military ID card and OHI, if applicable.
- Visit www.tricare.mil/referrals for more information.
- You can also make an account on TRICARE Online. There, you can obtain information about your referral.
 - Sponsors must get a referral from a military hospital or clinic or DHA-GL.
 - Family members don't need a referral and may choose to seek care directly from any TRICARE-authorized provider.

Foreign Force family members pay TRICARE Select active duty family member Group B copayments and cost-shares when referred for authorized outpatient care outside a

military hospital or clinic.

Private Sector Care

Only available to NATO/PfP with SOFA



If eligible for private sector care, you must use a TRICARE network or TRICARE authorized non-network provider

- The name and address for the approved provider should be listed on the notice of approval/authorization
- Contact your regional contractor if you have problems getting an appointment with the provider listed on the referral/authorization notice
- We suggest you or your family members take a copy of the referral to the private sector provider
- You may want to research providers in your local area who you may want to see if the listed provider isn't available. Though you can't enroll in a TRICARE Prime option, you may:
 - Log on to the online provider link at <https://www.tricare.mil/FindDoctor>
 - Choose "TRICARE Prime" if you get your care at a military hospital or clinic
 - Choose "TRICARE Prime Remote" if you are in a remote location
 - First, search network provider as network providers are more familiar with TRICARE benefits.
 - If there are no network providers in your area, choose a non-network as your second choice

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You have to follow certain rules when you get private sector care and want TRICARE to pay for the services, if you have coverage.

- You have to get care from a TRICARE network (preferred) or authorized provider, so don't just go out and seek care from any private sector provider in the local area.
- The name and address for the approved provider should be listed on the notice of approval or authorization. If you need help finding the notice, talk to staff in the referral management center, the Beneficiary Counseling and Assistance Coordinator (BCAC), Health Benefits Advisor, call the regional contractor or go online to the contractor's secure portal.
- If you have problems scheduling an appointment with the listed provider, contact your regional contractor and/or your MTF BCAC for assistance. You should ask for an appointment within the time frame recommended by your provider or listed on the notice.

We suggest you or your family members take a copy of the referral and/or authorization to the private sector provider if you can get a copy.

You may want to research providers in your local area that you may want to see if the listed provider isn't available. Though you can't enroll in a TRICARE Prime option, you can

- Log on to the online provider directory at <https://www.tricare.mil/FindDoctor>
- Choose "TRICARE Prime" if you get your care at a military hospital or clinic; Choose "TRICARE Prime Remote" if you are in a remote location
- First search for a network provider as network providers are more familiar with TRICARE benefits. If there are no network providers in your area, choose a non-network as your second choice.

Private Sector Care—Inpatient Care: Not covered by U.S. DoD



Inpatient Care:

- US DoD does **NOT** cover private sector inpatient care (e.g. hospitalization, labor and delivery, ambulance transfers) in private sector hospitals/centers for **any** foreign force member or eligible family members
- NATO/PfP/RHCA: You are responsible for 100% of cost of private sector care
 - File to your private or country-sponsored commercial insurance plan
 - Submit to home country for national reimbursement
 - Contact your plan or your embassy for assistance
- Make sure you follow-up to make sure the inpatient facility submits a bill and gets paid

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- It's important to note that you and your family members aren't eligible to receive private sector inpatient care under TRICARE.
 - If you receive inpatient care, you'll be responsible for 100% of the cost of care received.
- If you have other health insurance, such as a private or supplemental insurance plan, you'll need to submit any claims directly to them for reimbursement.
- For inpatient maternity or obstetrical, or OB, care:
 - If it's billed as "global OB," TRICARE won't cover the services since they're billed as inpatient charges.
 - However, if prenatal care is billed as individual visits, the claims will be processed as outpatient services and you'll be responsible for any cost-shares. Labor and delivery charges would still be processed as inpatient care.

Note: You'll have multiple claims for inpatient charges. Facility and professional charges are billed separately.

PHARMACY

- Next we'll discuss pharmacy coverage for covered prescription drugs.

Pharmacy Options



- NATO/PfP/RHCA: You and your family members can fill prescriptions at the military hospital or clinic pharmacy
 - ❑ To fill your prescription, you need a prescription and your valid uniformed services ID card
 - Your provider may enter your prescription online or give you a hard copy
 - You may be able to go online or call-in prescription refills
 - ❑ Visit www.tricare.mil/militarypharmacy to learn more
- NATO/PfP family members: You may be able to fill prescriptions at TRICARE private sector retail network pharmacies or TRICARE Pharmacy Home Delivery
- Visit www.tricare.mil/pharmacy for more information



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- The TRICARE Pharmacy Program provides the prescription drugs you need, when you need them, in a safe, easy, and affordable way.
- You and your family members can fill your prescriptions for free at the military pharmacy.
 - Military pharmacies are usually inside military hospitals and clinics. To find a military pharmacy near you, visit www.tricare.mil/mtf.
 - You may call your local military pharmacy to verify your drug is available.
 - To fill your prescription, you'll need a prescription and a valid CAC or USID card.
- Visit www.tricare.mil/militarypharmacy for more information.
- You may be able to fill some of your prescriptions at a TRICARE retail network pharmacy.
- You're also eligible for TRICARE Pharmacy Home Delivery, especially for maintenance drugs.
- Visit www.tricare.mil/pharmacy for more information.

DENTAL

- Next we'll discuss dental coverage.

Dental Coverage— Foreign Force Member



- Foreign force members obtain dental care from a military dental treatment facility (DTF)
 - Access care closest to your duty station
 - Covered dental care focuses on medically indicated treatment, not elective treatment to improve appearance
 - Call the DTF for appointment scheduling
 - Private sector dental care may be covered if you are referred out by the military DTF
 - Coordinate private sector dental care services with the military dental treatment facility or the Active Duty Dental Program Contractor
- If you seek private sector dental services without a referral, you are responsible for the costs
 - File to your private or country-sponsored commercial insurance plan
 - Submit to home country for national reimbursement
 - Contact your plan or your embassy for assistance



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- For dental coverage, you'll receive your care from your nearest military dental treatment facility, or DTF.
- Contact the DTF directly to schedule an appointment.
- You may be able to receive dental care from a private sector provider with a referral from the DTF.
 - When you get a referral to a private sector dentist from your military DTF, the Active Duty Dental Program covers your private sector dental care.

Note: Eligibility depends on if you're a foreign force member stationed in the U.S., whose country has a reciprocal agreement with the U.S. that authorizes dental care.

- Your family member can get dental coverage from the DTF, but only if space is available. This is extremely limited.
- You and your family members aren't eligible to purchase coverage under the TRICARE Dental Program.

Dental Coverage— Foreign Force Member (continued)



- Foreign force members obtain dental care from a military dental treatment facility (DTF)
 - Access care closest to your duty station
 - If available, care focuses on medically indicated treatment, not elective treatment to improve appearance
 - Call the DTF for appointment scheduling
 - Private sector dental care may be covered if you are referred out by the military DTF
 - Coordinate private sector dental care services with the military dental treatment facility or the Active Duty Dental Program Contractor
- If you seek private sector dental services without a referral, you are responsible for the costs
 - File to your private or country-sponsored commercial insurance plan
 - Submit to home country for national reimbursement
 - Contact your plan or your embassy for assistance



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- For dental coverage, you'll receive your care from your nearest military dental treatment facility, or DTF.
- Contact the DTF directly to schedule an appointment.
- You may be able to receive dental care from a private sector provider with a referral from the DTF.
 - When you get a referral to a private sector dentist from your military DTF, the Active Duty Dental Program covers your private sector dental care.

Note: Eligibility depends on if you're a foreign force member stationed in the U.S., whose country has a reciprocal agreement with the U.S. that authorizes dental care.

- Your family member can get dental coverage from the DTF, but only if space is available. This is extremely limited.
- You and your family members aren't eligible to purchase coverage under the TRICARE Dental Program.

Dental Coverage— Foreign Force Family Member



- Family member dental care from a military dental treatment facility is not generally available
 - If available, care focuses on medically indicated treatment, not elective treatment to improve appearance
 - Appointments are offered only if there are open appointments available
- TRICARE Dental Program (private sector) – not eligible
- If you seek private sector dental services, you are responsible for the costs
 - File to your private or country-sponsored commercial insurance plan
 - Submit to home country for national reimbursement
 - Contact your plan or your embassy for assistance



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- Your family member can get dental coverage from the DTF, but only if space is available. This is extremely limited.
- Your family members aren't eligible to purchase coverage under the TRICARE Dental Program.

RESOURCES

Next we'll go over some resources available to you to help you understand and use your health care coverage.

Patient Portals



- TRICARE Online (TOL) Patient Portal and MHS GENESIS (in certain areas) offer secure patient portals for you
- You have to register to access the portal used at your military hospital/clinics. On these portals you can:
 - View your health information
 - Exchange secure messages with your care team
 - Request prescription renewals
 - View notes from your clinical visits and certain lab/test results, such as blood tests
 - Schedule, change, view, or cancel medical and active duty dental appointments
 - Complete a pre-visit active duty dental health questionnaire online
 - Access information related to your health concerns and medications



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- If you and your family members receive care at a military hospital or clinic, you can register for an account with a patient portal (depending on which military hospital or clinic you use). TRICARE Online, or TOL, Patient Portal and MHS GENESIS are secure patient portals that gives registered users access to online health care information and services at military hospitals and clinics.
- Once registered, you'll be able to:
 - Make, change, and cancel military hospital or clinic primary care manager and select self-referral appointments. View future and past appointments. Set up email and text message reminders. Set earlier appointment notifications. Act on behalf of yourself and your family members.
 - Securely view, download, print, or share your lab results, radiology results, medication profile, allergy profile, encounters, problem lists, immunizations, and vital signs.
 - Refill your prescriptions for military hospital or clinic pick up. Check your prescription status. Access the TRICARE Pharmacy Home Delivery. You can act on behalf of yourself and your family members.
 - Communicate securely with your health care team. Talk to your primary care clinic to help you register.
 - Visit www.tricareonline.com or www.health.mil/military-health-topics/technology/military-electronic-health-record/mhs-genesis.

Looking for Information?



■ TRICARE Resources

- ❑ TRICARE Website – www.tricare.mil
 - Foreign Force Members and Their Families – www.tricare.mil/plans/eligibility/ffmandfamilies
- ❑ TRICARE Covered Services – www.tricare.mil/coveredservices
- ❑ TRICARE Costs – www.tricare.mil/costs

■ Military Hospitals and Clinics

- ❑ Find a Military Hospital and Clinic – www.tricare.mil/mtf

www.tricare.mil/plans/eligibility/ffmandfamilies

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- This slide contains important internet website addresses

Looking for Information?



■ Military Hospitals and Clinics

- ❑ Find a Military Hospital and Clinic
www.tricare.mil/mtf

■ TRICARE Regional Contractors

- ❑ East Region
Humana Military
800-444-5445
www.humanamilitary.com
www.tricare-east.com
- ❑ West Region
Health Net Federal Services, LLC
844-866-WEST, 844-866-9378
www.tricare-west.com

■ TRICARE Pharmacy Program

- www.tricare.mil/pharmacy
- ❑ Express Scripts, Inc.
U.S. and U.S. territories
877-363-1303
www.express-scripts.com/TRICARE

■ Active Duty Dental Program

- www.tricare.mil/CoveredServices/Dental/ADental/ADDP
- ❑ United Concordia
866-984-2337

www.tricare.mil/plans/eligibility/ffmandfamilies

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- This slide shows contact information for stateside and overseas regional contractors, as well as other important sources for more information.
- Remember, your regional contractor is based on which region you live in.
- On your Military Medical Treatment Facility (MTF)'s website, you'll find contact information. I want to highlight the following for you **[BRIEFER TO FILL IN INFORMATION BELOW]**
- ID Card Facility (address/phone numbers?):
 - Appointments:
 - Medical Records (location):
 - Patient Advocate:
 - Beneficiary Counseling and Assistance Coordinator/ Health Benefits Advisor:
 - Liaison Officer:
 - Pharmacy:
 - Dental Clinic:

- Contractor's secure portal (view referrals/authorizations/claims). Register at:

BACK-UP SLIDES

The following back-up slides contain commonly used TRICARE health care terms and their definitions.

Health Benefit Terms (Part 1)



Ancillary Services – services that usually don't require an appointment: pharmacy, laboratory, X-ray

Billed Amount – The total charge(s) submitted to TRICARE by the private sector provider or charge(s) by the military hospital or clinic

Claim – A request for payment from TRICARE that goes to your regional contractor after you get a covered health care service

Copayment – The fixed amount you pay for a covered health care service or drug. A copayment for an appointment also covers your costs for tests and other ancillary services you get as part of that appointment

Cost-share – A percentage of the total allowed cost of a covered health care service that you pay

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- Here are a few key terms that will help you understand your TRICARE benefit throughout this presentation.
- Billed amount is the total charge submitted to TRICARE by the private sector provider or charge(s) by the military hospital or clinic.
- A claim is a request for payment from TRICARE that goes to your regional contractor after you get a covered health care service.
- A copayment is the fixed amount you pay for a covered health care service or drug. A copayment for an appointment also covers your costs for tests and other ancillary services you get as part of that appointment.
- A cost-share is the percentage of the total allowed cost of a covered health care service that you pay.
- A deductible is a fixed amount you pay for covered services each calendar year before TRICARE pays anything. The amount you must pay before cost-sharing begins. When you meet your individual deductible, TRICARE cost-sharing will begin.

Health Benefit Terms (Part 2)



Explanation of benefits (EOB) – A statement explaining the treatments and services paid by TRICARE or other health insurance

Inpatient care – Care received in a hospital setting/facility setting for a period normally exceeding 23 hours

- Billing is based on the cause of the admission and the providers delivering care

Outpatient Care – Care for a medical condition within one day

- Includes routine and urgent care, and preventive care services

Prior authorization – A review of a requested health care service by your regional contractor to see if TRICARE will cover the care

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- An explanation of benefits, commonly referred to as an EOB form, is a letter explaining the treatments and services that were paid by TRICARE or other health insurance, if you have it.
- Prior authorization is a review of a requested health care service by your regional contractor to see if the care will be covered by TRICARE.
- A provider is a person, business, or institution that provides health care. Provider types include health care providers, hospitals, ambulance companies, laboratories, and pharmacies.
- A referral is when your primary care manager or network specialty provider sends you to another provider for care.
- As a member of a foreign force assigned to the U.S., you are considered a sponsor.
- A TRICARE-allowable charge is the highest amount TRICARE will allow for a covered service or supply. This is determined by the procedure code. A participating provider may not bill you for charges above the allowable charge.

Health Benefit Terms (Part 3)



Procedure code – a number used to identify specific surgical, medical, or diagnostic exam\test

- TRICARE uses this number to determine what to pay on a claim

Provider – a person, business, or institution that provides health care

Referral – When your primary care or network specialty provider sends you to another provider for care in accordance with TRICARE program rules

Sponsors – Foreign force military members on assignment to the U.S.

TRICARE-allowable charge – The most TRICARE pays for a covered service

- Includes what the government pays and what the individual may pay

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- An explanation of benefits, commonly referred to as an EOB form, is a letter explaining the treatments and services that were paid by TRICARE or other health insurance, if you have it.
- Prior authorization is a review of a requested health care service by your regional contractor to see if the care will be covered by TRICARE.
- A provider is a person, business, or institution that provides health care. Provider types include health care providers, hospitals, ambulance companies, laboratories, and pharmacies.
- A referral is when your primary care manager or network specialty provider sends you to another provider for care.
- As a member of a foreign force assigned to the U.S., you are considered a sponsor.
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