



- **ATTENTION PRESENTER:** To ensure that TRICARE beneficiaries receive the most up-to-date information about their health benefit, you must 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.
 - Delete any slides that do not apply to your audience.
- **Target Audience:** Active duty service members nearing military retirement based on years of service, and their family members.
- **Estimated Briefing Time:** 30 minutes
- **TRICARE Resources:** Visit www.tricare.mil/publications to view, print, or download copies of TRICARE educational materials. Suggested resources include: *TRICARE Retiring from Active Duty* brochure and *TRICARE Plans* overview.
- **Briefing Objectives:**
 - Increase understanding of the TRICARE benefit and educate beneficiaries on their program options as they transition to retirement.
- **Optional Presenter Comments:** Welcome to TRICARE’s *Transitioning from Active Duty to Retirement* briefing. As you approach retirement from active duty service, you and your family

members have some important decisions to make regarding health care coverage. TRICARE will still be here for you once you retire, but there are different options to consider and certain actions you must take.

Today's AGENDA



- Preparing for Retirement
- TRICARE ® Program Options
- TRICARE Benefit Information
- For Information and Assistance

- During today's briefing, we will discuss health care and transitional coverage options that are available to you as you separate from active duty. Benefit information, including pharmacy options and dental programs, will be covered.
- Finally, we will provide resources for getting assistance and finding answers to any additional questions.
 - To learn more about TRICARE options, go to **www.tricare.mil**.
 - To get TRICARE news and publications by email, sign up at **www.tricare.mil/subscriptions**.
 - To sign up for benefit emails about your eligibility and enrollment changes, go to **<http://milconnect.dmdc.osd.mil>**.

Today's AGENDA

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- **Optional Presenter Comment:** First we will discuss preparing for retirement.

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**. Find an office at www.dmdc.osd.mil/rsi.

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**.

- 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.
- Your TRICARE eligibility shows up in DEERS based on the sponsor's status. To maintain your eligibility, you must update DEERS after any life event. If you don't, you may miss important information and enrollment deadlines. This could mean you lose access to care. A life event can include getting married or divorced, moving, giving birth, adopting a child, or retiring.
- Register in DEERS through the milConnect website at <https://milconnect.dmdc.osd.mil>. The milConnect website is the Defense Manpower Data Center's online portal that provides access to DEERS information.
 - Information can also be updated by phone, fax, or by visiting a uniformed services identification, or ID, card-issuing facility.
- When making changes, proper documentation, such as a marriage certificate, divorce decree, birth certificate, and/o adoption papers, is required.
 - **Note:** Only sponsors or sponsor-appointed individuals with valid power of attorney can add a family member. Family members age 18 and older may update their own contact information.
- Remember, providers are legally permitted to copy military and dependent ID cards to verify TRICARE eligibility.
- For more information, visit www.tricare.mil/deers.

Medicare-Eligible Family Members

- To remain eligible for TRICARE, you must be entitled to Medicare Part A and have Medicare Part B:
 - Sign up for Medicare Part B before your sponsor's retirement date to avoid a break in TRICARE coverage. Medicare Part B is effective the month after you enroll.
- Beneficiaries under age 65 who are entitled to Medicare Part A and have Part B may:
 - Enroll in TRICARE Prime (enrollment fee waived)
 - Be covered by TRICARE For Life (TFL)
- For Medicare information, visit:
 - www.ssa.gov
 - www.medicare.gov

- An individual may become entitled to Medicare Part A benefits because of age, disability, or disease. If you are nearing retirement and you or a family member is currently entitled to Medicare Part A:
 - Sign up for Medicare Part B before your sponsor's retirement date to avoid a break in TRICARE coverage. Medicare Part B is effective the month after you enroll.
- **Note:** If you or a family member qualifies for Social Security disability benefits or is diagnosed with end-stage renal disease, and you decline Medicare Part B coverage, you will lose TRICARE eligibility.
- Beneficiaries under age 65 who are entitled to Medicare Part A and have Part B:
 - May continue enrollment in TRICARE Prime. In this case, the annual TRICARE Prime enrollment fee is waived.
 - May use TRICARE For Life, or TFL. We will discuss TFL later in this briefing.
- For more information about Medicare Part B coverage, visit the Social Security Administration website at www.ssa.gov.
- You can find additional Medicare information at www.medicare.gov.

Terminal Leave Status

- Current TRICARE program options stay in effect until your retirement date. If covered under TRICARE Prime:
 - Active duty service members (ADSMs) cannot enroll with another military hospital or clinic.
 - ADSMs cannot switch their primary care manager (PCM).
- If you move to a new area:
 - Coordinate all care with your current PCM.
 - Family members may be able to change their PCMs.
- Remember to update your information in DEERS.

- If you go on terminal leave prior to retirement, you and your family remain covered by your current TRICARE program until your retirement date.
 - If covered under TRICARE Prime, you are considered part of your current unit until your retirement date. Active duty service members, or ADSMs, cannot switch their military hospital or clinic or primary care manager, or PCM.
- If you go on leave and move to a different area:
 - You must coordinate all care with your current PCM.
 - Your family members may be able to switch to a military hospital or clinic or civilian network PCM in your new area before your retirement date if your new location is in a Prime Service Area, or PSA.
 - Your family members may be able to enroll in TRICARE Select in your new location.
 - To see what plans are available in your new location, use the TRICARE Plan Finder tool available at **www.tricare.mil/planfinder**.
 - Remember to update your information in DEERS.

TRICARE Eligibility after Retirement

- Retired service members
- Spouses, surviving spouses, and qualifying former spouses
- Unmarried dependent children (certain eligibility requirements apply)
- Dependent parents are not eligible for civilian TRICARE benefits; however, they may be eligible to receive care at certain military hospitals and clinics if space is available.
- For more information, visit www.tricare.mil/retiring.

- Your eligibility as a retired service member begins the day you retire.
- Your spouse also remains eligible for TRICARE benefits. Surviving spouses and qualifying former spouses who have not remarried also remain TRICARE-eligible. Former spouses who have not remarried should check with their service personnel office to determine eligibility.
- Unmarried dependent children, including stepchildren of retired service members, are eligible for TRICARE benefits. Certain eligibility requirements apply.
- Dependent parents or parents-in-law are not eligible for civilian TRICARE benefits; however, they may be eligible to receive care at certain military hospitals and clinics if space is available.

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Today's AGENDA

- Preparing for Retirement
- **TRICARE Program Options**
- TRICARE Benefit Information
- For Information and Assistance

- **Optional Presenter Comment:** Now we will discuss TRICARE program options when you retire.

TRICARE Coverage for Retirees

- You must enroll in a TRICARE Prime or TRICARE Select plan to continue coverage.
- You may enroll:
 - **Online:** Use Beneficiary Web Enrollment by logging in to <https://milconnect.dmdc.osd.mil> (Stateside enrollment only).
 - **Phone:** Call your regional contractor (once your retired status is reflected in DEERS).
 - **Mail:** Download the appropriate enrollment form at www.tricare.mil/forms and mail it to your regional contractor.
- For enrollment fees, premium amounts, and copayments, visit www.tricare.mil/costs.

Note: TRICARE Prime Remote options and TRICARE Overseas Program Prime options are not available after retirement.

- When you retire and are under age 65, you must enroll in an eligible TRICARE Prime or TRICARE Select plan to continue coverage. We will discuss TRICARE plan options later in this presentation.
- You should enroll in a TRICARE plan when you're first eligible or within 90 days of your retirement date. If you don't enroll in a plan, you'll only be eligible for care at a military hospital or clinic if space is available. You then can only enroll in a TRICARE plan during TRICARE Open Season or after you and/or a family member experiences a Qualifying Life Event. For more information, visit www.tricare.mil/openseason and www.tricare.mil/lifeevents.
- **Retroactive Enrollment Exception:** If you don't enroll within 90 days of your retirement date, you may also be able to request a retroactive enrollment from your regional contractor. Coverage is effective on the sponsor's retirement date. And any enrollment fees, copayments, or cost-shares must be paid back to the retirement date.
- **Note:** Sponsors may enroll in TRICARE Prime or TRICARE Select prior to their retirement date if their pending retirement date has been recorded by their service in DEERS.
- You can enroll in TRICARE Select worldwide. However, you may enroll in TRICARE Prime if you live in a PSA in the United States or, if you waive your drive-time access standards, within 100 miles of an available PCM.
- You must enroll in TRICARE Prime or TRICARE Select to continue TRICARE coverage. If you are entitled to Medicare Part A and have Part B, you are covered by TRICARE For Life, which we will discuss later in this presentation.
- If you decide to enroll in TRICARE Prime, you must enroll prior to or within 30 days after your retirement date to have continuous TRICARE Prime coverage. The effective date of coverage will be the date of your retirement.
- There are three ways to enroll in TRICARE Prime or TRICARE Select:
 - **Online:** Use the Beneficiary Web Enrollment website at <https://milconnect.dmdc.osd.mil>.
 - **Phone:** Call your regional contractor (once your retired status is reflected in DEERS).
 - **Mail:** Download the TRICARE Prime or TRICARE Select enrollment form at www.tricare.mil/forms and mail it to your regional contractor.
- With TRICARE Prime and TRICARE Select, retirees pay enrollment fees and copayments.
- If you have questions about your enrollment or costs, visit www.tricare.mil.

TRICARE Prime

- Enroll with a military hospital or clinic (space permitting), TRICARE civilian network provider within a PSA, or US Family Health Plan provider.
- Obtain a PCM referral for civilian specialty care (otherwise, higher costs apply).
- Military hospitals and clinics have the “right of first refusal” to deliver nonemergency care within the PSA.
- If you plan to travel or move:
 - **Routine care:** Receive care before you travel.
 - **Urgent care:** Call your PCM or regional contractor for assistance.
 - **Emergency care:** Call 911 or go to the nearest emergency room.
 - **Seasonal moves:** Transfer your enrollment to keep costs low.

- With TRICARE Prime, your PCM handles routine care and referrals. You may receive care from a PCM at a military hospital or clinic when space permits (ADSMs and their families have priority at military hospitals and clinics). If there is no space available at the military hospital or clinic, and if you live in a PSA, you can receive care from a TRICARE civilian network provider. Beneficiaries are also eligible to enroll with a primary care physician in the US Family Health Plan, which will be discussed later.
- For civilian specialty care, obtain a PCM referral before seeking care to avoid higher out-of-pocket costs. You may be referred to a military hospital or clinic for specialty care based on the military hospital’s or clinic’s “right of first refusal” to deliver nonemergency care within the PSA. When a TRICARE Prime beneficiary seeks specialty care or treatment, the military hospital or clinic must first be considered if the services are available there. This means if the military hospital or clinic has the capability to provide specialty care, it may choose to treat you rather than refer you to a civilian provider.
- If traveling or moving, coordinate care before leaving.
 - Receive routine care before traveling.
 - Urgent care can be received without a referral. You can call your PCM or regional contractor for assistance.
 - In an emergency, call 911 or go to the nearest emergency room. Referrals are not required, but, if admitted, your regional contractor must be notified within 24 hours or on the next business day to coordinate ongoing care.
- If you expect to be away for more than 60 days, consider transferring your enrollment to maintain routine care and keep your costs low.

TRICARE Prime Point-of-Service Option

- Point-of-service (POS) option:
 - Applies when nonemergency care is provided by a TRICARE-authorized provider without a PCM referral.
 - Results in higher out-of-pocket costs.
- TRICARE pays only if the provider is TRICARE-authorized and services are covered by TRICARE.
- Contact your PCM for a referral when seeking routine and specialty care to avoid POS charges.
- POS deductibles per calendar year (CY) (Jan. 1—Dec. 31):
\$300/individual; \$600/family.
 - TRICARE pays 50 percent of the TRICARE-allowable charge.
 - Doesn't count towards your annual catastrophic cap.

- With TRICARE Prime, the POS option is used to receive nonemergency care from any TRICARE-authorized provider without a PCM referral.
- Using the POS option does not require you to disenroll from TRICARE Prime, but results in higher out-of-pocket costs.
- When you use the POS option, the providers you see must be TRICARE-authorized and the services you receive must be covered by TRICARE or they will not be paid and you will be responsible for the full cost of your care.
- To avoid POS charges, contact your PCM for a referral when seeking routine or specialty care.
- POS deductibles per calendar year, or CY, are \$300 per individual and \$600 per family.
 - After your deductible is met, TRICARE pays 50 percent of the TRICARE-allowable charge.
 - Keep in mind that POS deductibles and cost-shares do not apply toward the CY catastrophic cap.
- **Note:** The POS option does not apply to ADSMs or newborns and adopted children during the first 60 days (or 120 days overseas) after birth or adoption, the first eight outpatient mental health care visits per CY to a network provider for a medically diagnosed and covered condition, clinical preventive services from network providers, emergency care, or beneficiaries with other health insurance.

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.

- The US Family Health Plan, or USFHP, is a TRICARE Prime option available through networks of community-based not-for-profit health care systems in six areas of the United States.
- USFHP provides comprehensive coverage. It is important to note that beneficiaries enrolled in USFHP are **not** eligible for any other TRICARE benefits, including pharmacy services and military hospital or clinic care.
- Visit www.usfhp.com to find out if you are in a designated USFHP area or to enroll in USFHP.

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 you have the freedom to choose providers.
- There are no referrals required.
- Yearly deductible and cost-shares apply.
- Enrollment in TRICARE Select is required.
- Some services require prior authorization.
 - Visit your regional contractor's website for services that require prior authorization.
- In overseas locations, TOP Select is available to eligible family members not enrolled in TOP Prime.

- As an ADSM, you were not eligible to enroll in TRICARE Select. But now that you are retiring, if you choose not to reenroll in TRICARE Prime, you may enroll in TRICARE Select. These options offer you flexibility and the freedom to choose your health care provider.
- With TRICARE Select, you can see any provider you choose, but you save money when you use network providers.
- You must be registered in DEERS and enrollment is required.
- There is a yearly deductible for TRICARE services and you pay cost-shares for most services.
- Referrals are not required for most health care services, but some services require prior authorization from your regional contractor.
- In overseas locations, TRICARE Overseas Program, or TOP, Select is available to eligible family members not enrolled in TOP Prime.
- Visit www.tricare.mil/select for more information and costs.

TRICARE Select: Getting Care

- Under TRICARE Select:
 - If you use a network provider:
 - You will pay a fixed fee for care.
 - Your out-of-pocket costs will be lower if you use a network provider.
 - If you use a non-network, TRICARE-authorized provider:
 - You will have a higher deductible and out-of-pocket costs.
 - You can also invite your provider to become a network provider.



- Your out-of-pocket costs will be lower when you see a TRICARE-network provider. A network provider has agreed to accept the contracted rate as payment in full for covered health care services and files claims for you. To find a network provider, go to www.tricare.mil/findaprovider or contact your regional contractor.
- If you are seeing a non-network provider, ask if he or she accepts TRICARE and is authorized to get paid by TRICARE **before** getting care. If not, invite the provider to become TRICARE-authorized at any time. The provider simply needs to contact your TRICARE regional contractor for more information. Beneficiaries who see non-network providers may have to file their own claims.

TRICARE Overseas Program (TOP) Select



- Freedom to choose providers from a purchased care sector provider in your overseas area. (Different rules apply in the Philippines).
- No referrals required.
- Yearly deductible and copayments apply.
- Enrollment required.
- Some services require prior authorization.
- Expect to file your own claims.
- You may receive medically necessary covered services from a non-network, TRICARE-authorized provider, if a network provider isn't available.
 - You will be subject to cost-sharing amounts applicable to out-of-network care.

- TRICARE Overseas Program, or TOP, Select works like the stateside TRICARE Select program with similar benefits, requirements, and costs.
- You must be registered in DEERS and show as eligible to be enroll in TOP Select.
- There is a yearly deductible and copayments with TOP Select.
 - Your yearly deductible is the amount you must pay each calendar year for covered outpatient benefits before TRICARE begins to cost-share.
 - Once your deductible is met, you will pay a copayment for health care based on the type of care you get and your beneficiary category.
- Under TOP Select, you may generally seek care from any purchased care sector provider, which is an authorized civilian provider in your overseas area, without a referral, unless local country restrictions apply.
 - If you live or travel in the Philippines, you are encouraged to see a preferred provider for care. More information on restrictions within the Philippines will be provided later in this presentation.
 - Individuals in other locations should check if restrictions on certified providers apply in their area by contacting the TOP Regional Call Center using the information at the end of this presentation.
- When you see a purchased care sector provider, be prepared to pay up front for care and file claims, including proof of payment, with the TOP claims processor for reimbursement. No referrals are required, but some services require prior authorization. These services will be listed later in this presentation. For more information, go to **www.tricare.mil/select**.

TRICARE Young Adult

- TRICARE Young Adult (TYA) is a premium-based health care plan available for purchase by qualified young adult dependents. You may qualify to purchase TYA coverage if you are all of the following:
 - An unmarried dependent of a TRICARE-eligible uniformed service sponsor
 - At least age 21 (or age 23 if previously enrolled in a full-time course of study at an approved institution of higher learning and if the sponsor provided over 50 percent of the financial support), but have not yet reached age 26
 - Not eligible for an employer-sponsored health plan under your own employment as defined in TYA regulations
 - Not otherwise eligible for TRICARE program coverage
- For more information, visit www.tricare.mil/tya.



- TRICARE Young Adult, or TYA, is a premium-based health care plan available for purchase by qualified young adult dependents.
- You may qualify to purchase TYA coverage if you are all of the following:
 - A dependent of a TRICARE-eligible uniformed service sponsor
 - Unmarried
 - At least age 21 (or age 23 if previously enrolled in a full-time course of study at an approved institution of higher learning and if the sponsor provided over 50 percent of the financial support), but have not yet reached age 26
- You may **not** purchase TYA coverage if you are:
 - Eligible for an employer-sponsored health plan under your own employment as defined in TYA regulations
 - Otherwise eligible for TRICARE program coverage, including Selected Reserve members who are eligible to purchase TRICARE Reserve Select
 - Married
- TYA offers TRICARE Prime and TRICARE Select coverage worldwide, and eligibility is determined by the sponsor's status.
- TYA includes medical and pharmacy benefits, but excludes dental coverage.
- For more information, visit www.tricare.mil/tya.

TRICARE For Life

TRICARE For Life (TFL) is Medicare-wraparound coverage for TRICARE beneficiaries who are entitled to Medicare Part A and have Medicare Part B, regardless of age or place of residence.

- Beneficiaries entitled to Medicare Part A and who have Medicare Part B:
 - Are automatically covered under TFL. There are no enrollment forms or enrollment fees.
 - Should obtain a new uniformed services ID card at age 65.
 - May get care from any Medicare-participating, nonparticipating, or opt-out provider, or military hospital or clinic if space is available.
- For more information on TFL, visit www.tricare.mil/tfl or call **1-866-773-0404**.

- TRICARE For Life, or TFL, is Medicare-wraparound coverage for TRICARE beneficiaries who have Medicare Part A and Medicare Part B, regardless of age or place of residence. Wisconsin Physicians Service administers TFL.
- There are no enrollment fees for TFL, but you do need to have Medicare Part B even if you live overseas where Medicare is not offered. Medicare does not cover care received overseas, so TRICARE becomes the primary payer and you are responsible for the annual deductible and cost-shares.
- TFL beneficiaries in the United States and U.S. territories may get care from any Medicare-participating, nonparticipating, or opt-out provider, or military hospital or clinic on a is space is available. Medicare-participating providers agree to accept the Medicare-approved amount as payment in full. Medicare-nonparticipating providers do not accept the Medicare-approved amount as payment in full. They may charge up to 15 percent above the Medicare-approved amount, a cost that will be covered by TFL.
- Providers who opt out of Medicare and enter into private contracts with patients are not allowed to bill Medicare. Therefore, Medicare does not pay for health care services you receive from opt-out providers. When you see an opt-out provider, TFL pays the amount it would have paid (normally 20 percent of the allowable charge) if Medicare had processed the claim; you are then responsible for paying the remainder of the billed charges.
 - Department of Veterans Affairs, or VA, providers cannot bill Medicare and Medicare cannot pay for services received from the VA. If you are eligible for both TFL and VA benefits and elect to use your TFL benefit for non-service connected care, you will incur significant out-of-pocket expenses when seeing a VA provider. By law, TRICARE can only pay up to 20 percent of the TRICARE-allowable amount. If you receive care at a VA facility, you may be responsible for the remaining amount. When using your TFL benefit, your least expensive options are to see a Medicare-participating or Medicare-nonparticipating provider.

Using TFL Overseas

- For overseas locations outside the United States and U.S. territories, TFL works like TRICARE Select and you may visit any host nation provider for care.*
- Claims are filed with the TOP claims processor.
 - For more information, visit www.tricare-overseas.com.

* *If you live or travel in the Philippines, you are encouraged to see a preferred provider for care. For more information, visit www.tricare.mil/philippines.*

- Overseas, beneficiaries may receive care from any host nation provider. A referral is not needed, but prior authorization is required for certain services. Contact your TOP Regional Call Center for prior authorization.
 - When obtaining health care from host nation providers, expect to pay for your care at the time of service. You are responsible for filing claims with the TOP claims processor for reimbursement. For more information, visit www.tricare.mil/costs.
- **Note:** If you live or travel in the Philippines, you are encouraged to see a preferred provider for care. For more information, visit www.tricare.mil/philippines.
- Beneficiaries may also receive care at military hospitals and clinics if space is available.
 - For more information, visit www.tricare-overseas.com.

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- **Optional Presenter Comment:** Now we will discuss other TRICARE benefit information.

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 of covered drugs

TRICARE Retail Network Pharmacy



- Fill prescriptions without submitting a claim for covered drugs
- Get up to a 30-day supply

Non-Network Pharmacy



- Pay full price upfront and, for covered drugs, 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 covered 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. 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, for covered drugs, 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.

TRICARE and Other Health Insurance

- Other health insurance (OHI) (includes national health insurance overseas) is considered your primary health insurance.
- TRICARE is the last payer to all other health benefits and insurance plans except for Medicaid, TRICARE supplements, the Indian Health Service, and other programs and plans as identified by the Defense Health Agency.
- If you have OHI:
 - Fill out and submit your regional contractor's *TRICARE Other Health Insurance Questionnaire* at www.tricare.mil/forms.
 - Follow your OHI's rules for prior authorizations and filing claims.
 - Tell your provider about your OHI and TRICARE.
 - Show your provider your OHI card.

- Other health insurance, or OHI, (includes national health insurance overseas) is any non-TRICARE health benefit you receive through an employer or other public or private insurance program, including government programs such as Medicare.
- If you have OHI, it is your primary health insurance and TRICARE pays last.
 - Your provider files a claim with your OHI first and TRICARE pays what is left, up to the TRICARE-allowable amount.
 - If your OHI runs out, or for services covered by TRICARE that are not covered by your OHI, TRICARE becomes the primary payer.
- **Note:** TRICARE is the last payer to all other health benefits and insurance plans except for Medicaid, TRICARE supplements, the Indian Health Service, and other programs and plans as identified by the Defense Health Agency.
- If you have OHI:
 - Fill out and submit your regional contractor's *TRICARE Other Health Insurance Questionnaire*. Download the questionnaire from www.tricare.mil/forms.
 - You must follow your OHI's prior authorization requirements and rules for filing claims. If your OHI denies a claim for failure to follow its rules, TRICARE may also deny your claim.
 - Be sure your provider knows you have OHI and TRICARE. Keeping your regional contractor and health care providers informed about your OHI will allow them to better coordinate your benefits.
 - Show your provider your insurance card.
- TRICARE referrals and prior authorizations are generally not required, with some exceptions.
 - Visit your regional contractor's website or contact them about prior authorization requirements.

Pharmacy Benefits with OHI

- OHI is always the primary payer:
 - Use OHI first, then submit claims to TRICARE.
- You may still use military pharmacies.
- You may use TRICARE Pharmacy Home Delivery or TRICARE retail network pharmacies only if:
 - OHI does not cover your prescription
 - You have reached your OHI's benefit cap

- You must always file claims with your OHI first. Your OHI is the primary payer and TRICARE is the last payer.
 - If prescription drugs are covered by your OHI, use that benefit first, then submit a claim to TRICARE for reimbursement.
- Even if your OHI provides prescription coverage, you may fill prescriptions at military pharmacies. Be sure your military pharmacy knows you have OHI.
- You may use TRICARE Pharmacy Home Delivery or TRICARE retail network pharmacies only if:
 - Your prescription is not covered by your OHI, or
 - You have reached your OHI's benefit cap
- Some retail network pharmacies may coordinate claims with your OHI. Check with your pharmacy to see if it offers this additional service.



Federal Employees Dental and Vision Insurance Program

- The U.S. Office of Personnel Management offers eligible TRICARE beneficiaries the option to enroll in a FEDVIP dental plan.
- FEDVIP offers a range of plans from a number of dental plans.
- FEDVIP is available to:
 - Retired service members and their eligible family members
 - Certain retired National Guard and Reserve members and their family members
 - Certain survivors
 - Medal of Honor recipients and their immediate family members or survivors
- Former spouses and remarried surviving spouses don't qualify to purchase dental coverage.

For FEDVIP plans and enrollment information, visit www.benefeds.com.

- The Federal Employees Dental and Vision Insurance Program, or FEDVIP, is a premium-based program.
- The U.S. Office of Personnel Management offers eligible TRICARE beneficiaries the option to enroll in a FEDVIP dental plan.
- FEDVIP offers a range of plans from a number of dental carriers.
- FEDVIP is available to:
 - Retired service members and their eligible family members
 - Certain retired National Guard and Reserve members and their family members
 - Certain survivors
 - Medal of Honor recipients and their immediate family members or survivors
 - Former spouses and remarried surviving spouses don't qualify to purchase dental coverage.
- For FEDVIP eligibility, carrier, and enrollment information, visit www.benefeds.com.



FEDVIP Vision Options

- FEDVIP offers vision coverage for eligible TRICARE beneficiaries who are enrolled in or are using a TRICARE health plan including:
 - TRICARE Prime, including USFHP
 - TRICARE Select
 - TRS
 - TRR
 - TFL
- FEDVIP 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 www.benefeds.com for eligibility, carrier, and enrollment information.

- 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 the US Family Health Plan (USFHP)
 - TRICARE Select
 - TRS
 - TRR
 - TFL
- Visit www.benefeds.com for eligibility, carrier, and enrollment 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.

- The Affordable Care Act, or ACA, requires most Americans to maintain basic health care coverage, called minimum essential coverage. TRICARE coverages meets the minimum essential coverage requirement under the ACA.
- 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.

Today's AGENDA

- Preparing for Retirement
- TRICARE Program Options
- TRICARE Benefit Information
- **For Information and Assistance**

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

Looking for **More Information?**

GO TO www.tricare.mil

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 regional contractor is based on where you live.