

TRICARE® Benefits/Programs for National Guard and Reserve Members During Retirement

Your Options for Coverage After Retirement

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Today's Agenda

- What Is TRICARE?
- TRICARE Plan Options
 - Under Age 60
 - Ages 60–64
 - Age 65 and Older
- Other Important Information
- For Information and Assistance

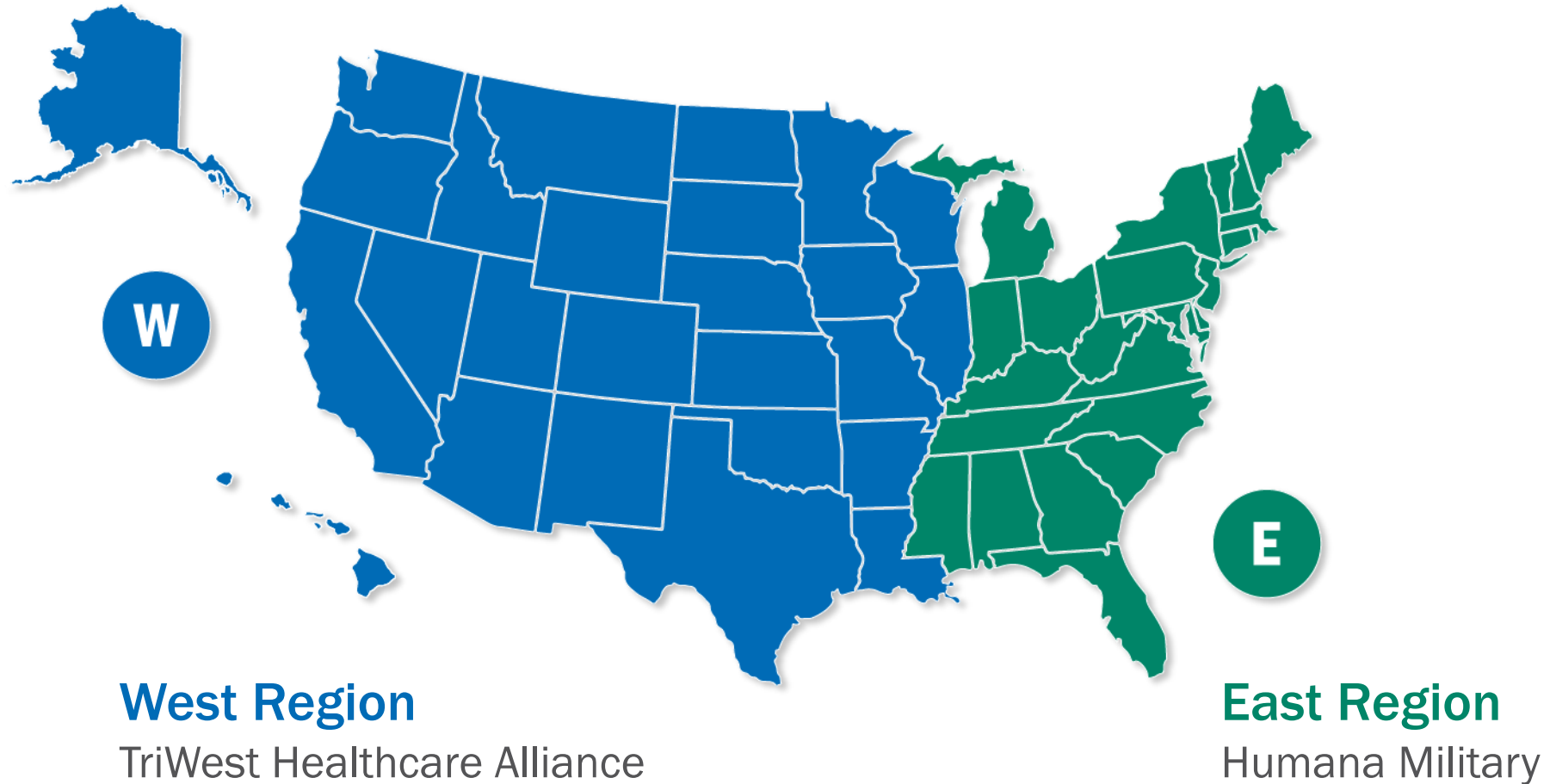
What Is TRICARE?

What Is TRICARE?



- TRICARE is the healthcare program for the U.S. Department of Defense. It consists of:
 - Direct care
 - Civilian care
- TRICARE® is the brand name for the U.S. Military Health System.

TRICARE Stateside Regions



TRICARE Overseas Program

Latin America and Canada

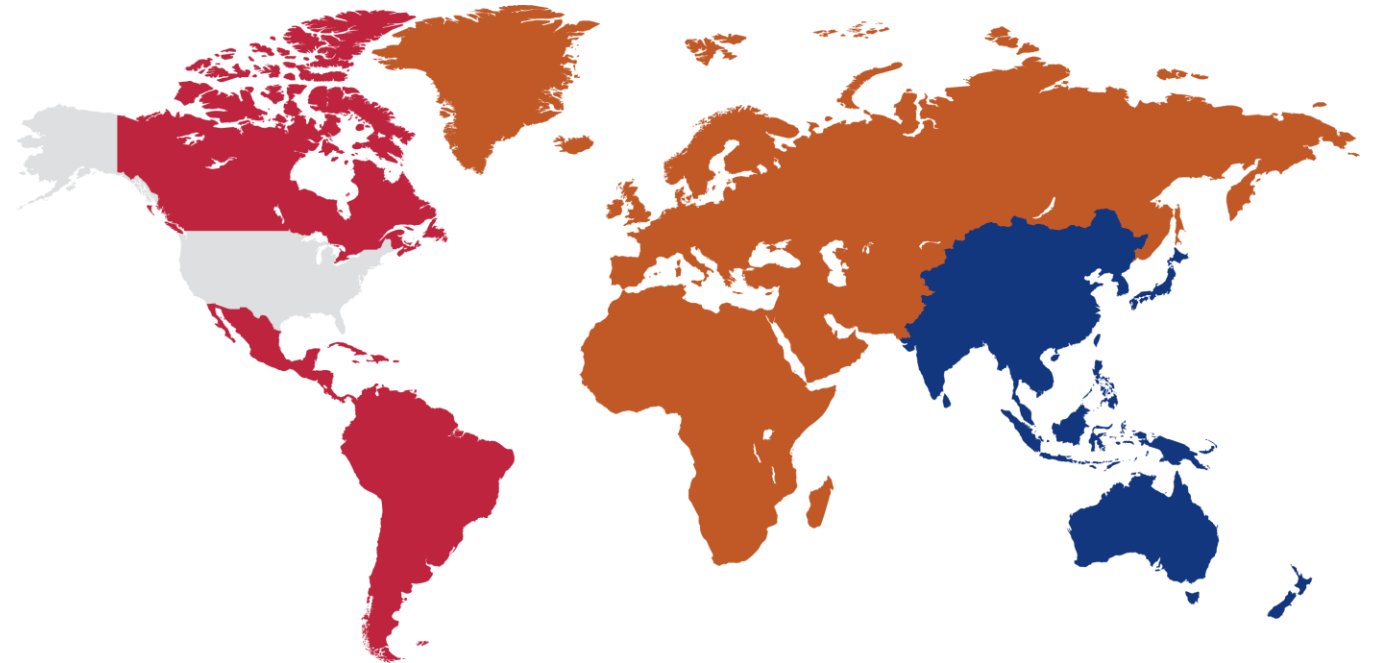
Canada, the Caribbean Basin, Central and South America, Puerto Rico, and the U.S. Virgin Islands

Eurasia-Africa

Africa, Europe, and the Middle East

Pacific

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



Keep DEERS Information Up To Date



Being able to use TRICARE depends on keeping DEERS up to date.

Update DEERS after you have a life event, like getting married or divorced, moving, giving birth, adopting a child, retiring, and other changes.



Go to an ID Card Office
(<https://idco.dmdc.osd.mil/idco>)

Note: You must use this option to add family members in DEERS.



Log in to <https://milconnect.dmdc.osd.mil>.



Call 800-538-9552.



Fax 800-336-4416.

Beneficiary Categories: Group A and Group B

- All beneficiaries fall into one of two categories based on when you or your sponsor entered the uniformed services.

Group A

If your or your sponsor's initial enlistment or appointment occurred **before** Jan. 1, 2018

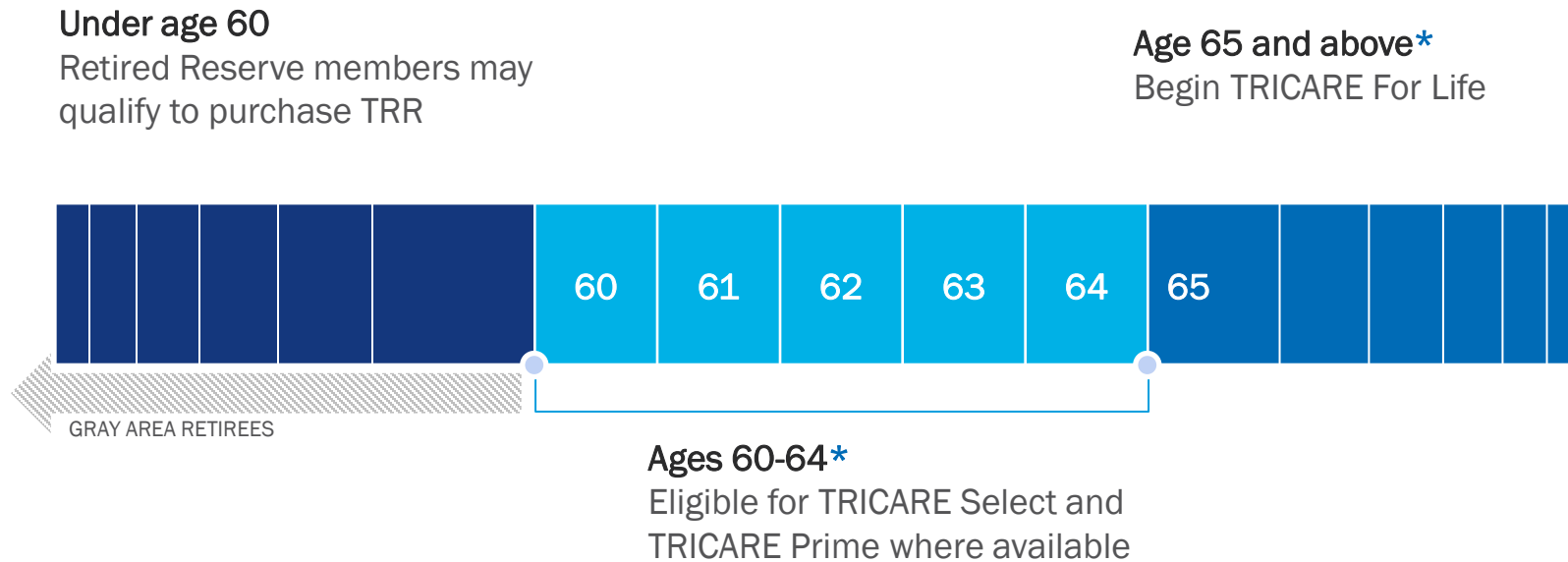
Group B

If your or your sponsor's initial enlistment or appointment occurred **on or after** Jan. 1, 2018

- The groups pay different costs and fees.
 - Group A beneficiaries enrolled in a premium-based plan (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, or the Continued Health Care Benefit Program) follow Group B deductibles, cost-shares, and catastrophic caps.

Retired Reserve Coverage Timeline

National Guard or Reserve Retirement



* If you become Medicare-eligible due to disability, you may transition to TRICARE For Life as early as age 60.

TRICARE Plan Options

- Retired Reserve members may qualify for TRR if they are:
 - In the Retired Reserve
 - Under age 60
 - Drawing early retirement pay
 - Not eligible for or enrolled in Federal Employees Health Benefits Program under sponsor's own employment
 - For more information, visit www.tricare.mil.

Purchase TRS or TRR:

- Online at <https://milconnect.dmdc.osd.mil>
 - Click on the “Benefits” tab, then choose “Beneficiary Web Enrollment” from the menu.
- By mailing a completed and signed *Reserve Component Health Coverage Request Form* (DD Form 2896-1) to your regional contractor
 - Include initial premium payment
- By calling your regional contractor
- In person overseas at a TRICARE Service Center

For continuous coverage, purchase TRS up to 90 days before TAMP ends, but no later than 90 days after TAMP ends. For TRR, if enrolled in another TRICARE plan, submit a TRR request within 90 days of the other TRICARE plan ending to ensure continuous coverage.

TRICARE Retired Reserve Coverage

- Member-only or member-and-family TRR coverage may be purchased for:
 - Qualified Retired Reserve members
 - Their eligible family members
 - Survivors
- Survivors of TRR members may purchase or continue coverage until the date the deceased sponsor would have reached age 60.
- For more information, go to www.tricare.mil/retiring.

TRICARE Retired Reserve Coverage: Getting Care

- Locate a network or non-network TRICARE-authorized provider:
 - Go to www.tricare.mil/finddoctor or call your regional contractor.
 - Ask your provider's office if they accept TRICARE.
 - If not, invite the provider to become TRICARE-authorized.
 - Give your regional contractor's phone number to the provider or send them to www.tricare.mil/providers.

TRICARE Retired Reserve Costs

For the most up-to-date cost information, visit www.tricare.mil/costs.

- Monthly premiums (per calendar year):
- Annual deductible
- Copayments and cost-shares apply for covered services and vary depending on the type of provider (network or non-network).
- Catastrophic cap per family per calendar year for covered medical services

Note: All ongoing monthly premium payments must be made by either automatic electronic funds transfer or automatic charge to a credit or debit card.

TRICARE Young Adult

- TYA is available to qualified unmarried dependents of TRICARE-eligible sponsors who are:
 - At least age 21, but not yet age 26
 - Not eligible to enroll in an employer-sponsored health plan
 - Not otherwise eligible for TRICARE plan coverage
 - Not a uniformed service sponsor (for example, a member of the Selected Reserve)
- For TYA qualification, cost and enrollment information, go to www.tricare.mil/tya.

Coverage Options Upon Turning Age 60

- Upon turning age 60 and collecting retirement pay (required to show as eligible in DEERS), TRR members are disenrolled from TRR and may be eligible for other TRICARE plans as retirees, such as:
 - TRICARE Select or TRICARE Prime (if in a PSA), including the US Family Health Plan
 - TFL
- If you want to enroll in TRICARE Prime or TRICARE Select, **you must elect to enroll within 90 days of the day you turn 60.**
- If eligible for premium-free Medicare Part A at age 60 or older, Retired Reserve members must also have Medicare Part B to be TRICARE-eligible. Before age 65, beneficiaries have the option to use TRICARE Prime or TFL. At age 65, coverage transitions to TFL.

TRICARE Select

- Enrollment is required.
- Annual deductible and cost-shares apply.
 - Go to www.tricare.mil/costs.
- Save money by seeing a TRICARE-authorized network provider.
- Pre-authorization is required for some services.
 - Check your regional contractor's website.
- For more information, go to www.tricare.mil/select

TRICARE Select: Getting Care

- Select any network or non-network TRICARE-authorized provider. You'll typically pay higher out-of-pocket costs for non-network providers.
- TRICARE network providers:
 - Accept TRICARE as the full payment for covered services
 - File claims for you
 - Offer copayments instead of cost-shares for most outpatient visits
- May access care at military hospitals and clinics if space is available
- If traveling or moving:
 - **Routine care:** Get care before traveling.
 - **Urgent care:** Call your primary care manager or regional contractor for assistance.
 - **Emergency care:** Call 911 or go to the nearest emergency room.
 - **Seasonal moves:** Consider transferring enrollment.

TRICARE Prime

- TRICARE Prime is available to beneficiaries living in Prime Service Areas in the U.S. and areas near military hospitals or clinics overseas.
- Annual enrollment is required.
- Assigned a PCM
- Get PCM referral for civilian specialty care (otherwise, higher costs apply).
- If desired, you must elect to enroll within 90 days of the date the sponsor turns (or would have) turned age 60.
- For more information, go to www.tricare.mil/prime.

US Family Health Plan

USFHP Service Areas



- TRICARE Prime option
- Six service areas
- May not get care at military hospitals or clinics or use military pharmacies
- Must enroll
- Learn more at www.tricare.mil/USFHP.

TRICARE Prime: Getting Care

- Enroll with a:
 - Military hospital or clinic if space is available
 - Civilian TRICARE network provider within a PSA
 - Primary care healthcare provider in the USFHP, depending on your location and sponsor status
- If traveling or moving:
 - **Routine care:** Get care before traveling.
 - **Urgent care:** Call your PCM or regional contractor for assistance.
 - **Emergency care:** Call 911 or go to the closest emergency room.
 - **Seasonal moves:** Consider transferring enrollment.

TRICARE Prime: Point-of-Service Option

- Point-of-service 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 nonemergency care to avoid POS charges.
- POS deductibles per calendar year: **\$300**/individual; **\$600**/family
 - TRICARE pays 50% of the TRICARE-allowable charge.

Enroll in TRICARE Prime or TRICARE Select

- There are four ways to enroll:
 - **Online:** Enroll at <https://milconnect.dmdc.osd.mil>.
 - **By phone:** Call your regional contractor.
 - **By mail:** Download the TRICARE Select or TRICARE Prime form and submit it to your regional contractor. Forms are available at www.tricare.mil/forms.
 - **In person** (overseas only): Go to an overseas TRICARE Service Center.
- For enrollment fees, premium amounts and copayments, go to www.tricare.mil/costs.

Note: TRICARE Prime Remote coverage options aren't available after retirement.

Coverage Options Upon Becoming Medicare-Eligible

- To remain eligible for TRICARE, you must be eligible for Medicare Part A and have Medicare Part B.
 - Pay for and enroll in Medicare Part B
- Beneficiaries under age 65 who are eligible for Medicare Part A and have Part B may:
 - Enroll in TRICARE Prime (enrollment fee waived)
 - Be covered by TFL
- Retirees with Medicare coverage are generally not eligible to enroll in TRICARE Select.
- For Medicare Part B information, go to:
 - www.ssa.gov
 - www.medicare.gov

TRICARE For Life

TFL is Medicare-wraparound coverage for TRICARE beneficiaries who are eligible for Medicare Part A and have Medicare Part B, regardless of age or place of residence.

- Beneficiaries eligible for Medicare Part A and who have Medicare Part B:
 - Are automatically covered under TFL. There are no enrollment actions required or enrollment fees.
 - Should get 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, go to www.tricare.mil/tfl or call 866-773-0404.

Other Important Information

TRICARE and Other Health Insurance

- Other health insurance is considered your primary health insurance.
- For services covered by Medicare, OHI and TFL, Medicare pays first, your OHI pays second and TRICARE pays last.
- After your OHI pays, TRICARE will pay the lesser of:
 - The billed, minus the payment from your OHI
 - The amount TRICARE would have paid without OHI
 - The OHI copayment or deductible
- If you have OHI:
 - Fill out a *TRICARE Other Health Insurance Questionnaire*: www.tricare.mil/forms.
 - Follow the referral and authorization rules for your OHI.
 - Tell your provider about your OHI and TRICARE.

Priority for Access to Military Hospitals and Clinics

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

Pharmacy Options

Military Pharmacy



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

TRICARE Pharmacy Home Delivery



- Must use this option for some drugs
- Get up to a 90-day supply

TRICARE Retail Network Pharmacy



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

Non-Network Pharmacy



- Pay full price up front and file a claim to get a portion of your money back
- Get up to a 30-day supply

Pharmacy Benefits with Other Health Insurance

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

Voluntary Dental Coverage

- The U.S. Office of Personnel Management offers eligible TRICARE beneficiaries the option to enroll in a Federal Employees Dental and Vision Insurance Program dental plan.
 - FEDVIP offers a range of plans from a number of dental carriers.
 - FEDVIP dental coverage 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.

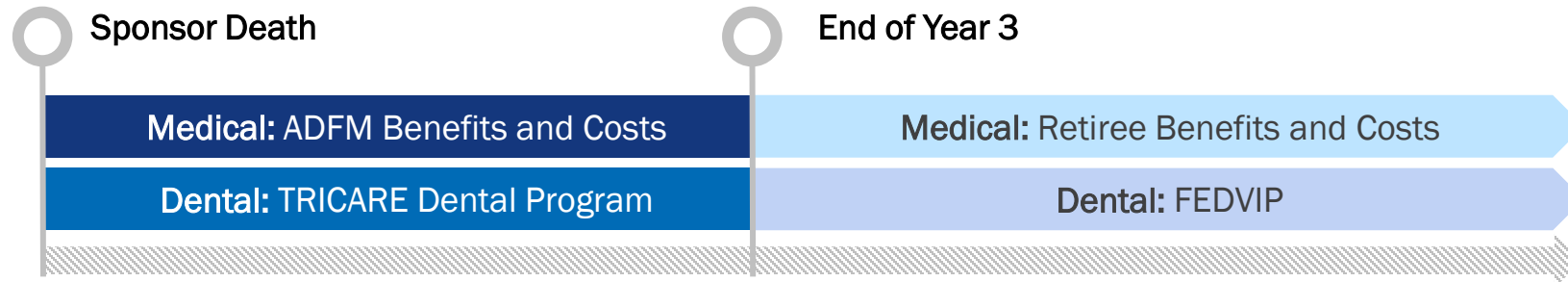
For FEDVIP dental plans and enrollment information, visit www.benefeds.gov.

Voluntary Vision Coverage

- Retirees, their eligible family members, and active duty family members enrolled in a TRICARE health plan may qualify to purchase vision coverage through FEDVIP.
- Eligible beneficiaries include those enrolled in or using:
 - TRICARE Prime, including USFHP
 - TRICARE Select
 - TRS
 - TRR
 - TFL
- FEVIP vision coverage is available to:
 - Active duty family members
 - Retired service members and their eligible family members
 - National Guard and Reserve members and their eligible family members
- Visit www.benefeds.gov for vision plan eligibility, carrier, and enrollment information.

Survivor Benefits: Activated More Than 30 Days

Surviving Spouses Benefit Timeline



Surviving Children Benefit Timeline



Survivor Benefits: Activated 30 Days or Less

- If a National Guard or Reserve member dies while serving on federal active duty orders for a period of 30 days or less, family members remain eligible as survivors:
 - They have retiree benefits and costs.
 - They're eligible for the TDP Survivor Benefit.
- If a National Guard or Reserve member dies while on early TRICARE eligibility, eligible family members are:
 - Authorized transitional survivor benefits like that of active duty

Survivor Benefits: Not Activated

- Family members of non-activated National Guard or Reserve members who had TRS or TAMP coverage at the time of their death have the following options:
 - If TRS coverage was in effect, qualified survivors may purchase or continue coverage under TRS for up to six months from the date of their sponsor's death.
 - Starting Oct. 1, 2025, TRS coverage may continue for up to three years from the date of the sponsor's death, per the National Defense Authorization Act for Fiscal Year 2024.
 - If TAMP coverage was in effect, eligible survivors remain covered until the end of the 180-day TAMP period.
- Survivors are eligible for the TDP Survivor Benefit throughout the duration of survivor coverage or until losing TRICARE eligibility, whichever comes first.

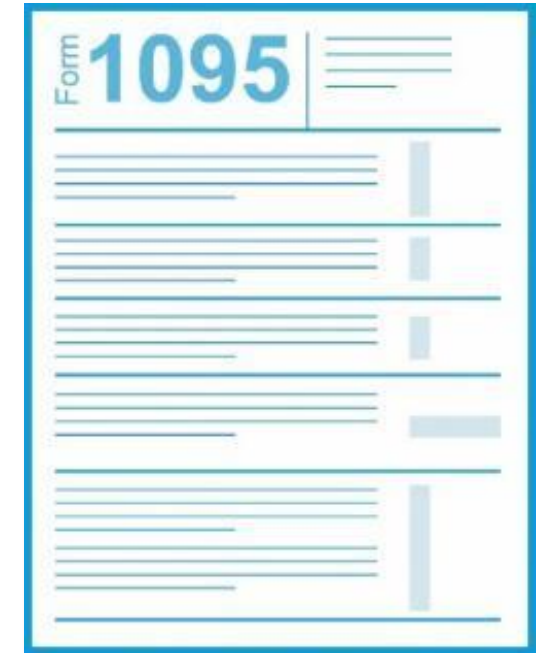
Survivor Benefits: Retired

Family members of Retired Reserve members who had TRR at the time of the sponsor's death:

- Surviving spouses remain qualified for TRR survivor coverage until the day the sponsor would have turned age 60, at which point they may become to enroll in TRICARE Select or TRICARE Prime (if available).
- Surviving children remain qualified for TRR until their sponsor would have reached age 60 or until aging out or otherwise losing TRICARE coverage, whichever comes first.
 - Adult children remain eligible to enroll in TRICARE Young Adult coverage until no longer eligible or qualified.
- Survivors may be eligible to purchase dental and vision coverage through FEDVIP.

The Affordable Care Act

- TRICARE meets the minimum essential coverage requirement under the Affordable Care Act.
- Each tax year, you'll get an IRS Form 1095 from your pay center. It will list your TRICARE coverage for each month.
- Your Social Security number and the Social Security number of each of your covered family members should be included in DEERS for your TRICARE coverage to be reflected accurately.

A stylized representation of an IRS Form 1095. The form is shown in a light blue and white color scheme. At the top left, it says "Form 1095". Below this, there are several horizontal lines representing the form's structure, with some lines having small vertical bars extending to the right, suggesting a table or list format. The form is enclosed in a thin blue border.

For Information and Assistance

Contact Information

Regional Contractors

- TRICARE East Region
Humana Military
800-444-5445
www.tricare.mil/east
- TRICARE West Region
TriWest Healthcare Alliance
888-TRIWEST (888-874-9378)
www.tricare.mil/west
- TRICARE Overseas Region
International SOS Government
Services, Inc.
www.tricare-overseas.com/contact-us

Dental Contractor

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

Resources

- TRICARE Website: www.tricare.mil



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