

TRICARE, Your Military Health System

With TRICARE, the Defense Department provides worldwide health care for active duty and retired Service Members, their families, surviving family members and certain former spouses. The TRICARE system includes military hospitals, medical centers and military clinics supported by an extensive network of civilian providers, hospitals and pharmacies.

TRICARE Benefits for Families of Active Reservists and National Guard Members

TRICARE Eligibility

Families of activated Reservists and National Guard members become eligible for TRICARE healthcare benefits when the military sponsor is activated for a period of more than 30 days. If the sponsor receives active duty orders (for more than 30 days in support of a contingency operation) and those orders are effective on a future date, the sponsor and their family members are eligible for "early" TRICARE medical benefits. These "early" benefits begin on the later date: either the date the sponsor's orders were issued or 90 days before reporting to active duty.

The key to TRICARE eligibility is the Defense Enrollment Eligibility Reporting System (DEERS) record. The military sponsor should make sure that their record and their family members' records in the DEERS database are current. The information in this database will determine the family's eligibility for TRICARE.

The sponsor can update DEERS information and add family members at any location that can issue a military ID. Find more information updating DEERS, visit www.tricare.mil/deers.

TRICARE coverage includes not only medical coverage but also behavioral health, dental and pharmacy benefits. Read more about TRICARE—from benefits and eligibility to program options—at www.tricare.mil.

TRICARE Options

TriWest Healthcare Alliance manages the TRICARE medical benefits in the West Region. Contact TriWest for more information using TRICARE benefits at www.triwest.com or 1-888-TRIWEST.

TRICARE Prime - Active duty Service Members are required to enroll into TRICARE Prime. TRICARE Prime is only offered in certain areas, usually near military installations. For active duty families, TRICARE Prime is a voluntary enrollment (using DD Form 2876, see below) program where available; each family member must be entered into DEERS and must be actively enrolled into TRICARE Prime.

TRICARE Prime participants are assigned a primary care manager (PCM), either at a military treatment facility or in the TRICARE civilian network. Most preventive and routine care through TRICARE Prime is available to the family member at no charge. The PCM will make all referrals for specialty care. Active duty families pay no annual enrollment fees or co-payments. Care at a military treatment facility is generally available at no cost, when available.

Read more about TRICARE Prime at www.tricare.mil/prime. Enrollment information can be found following "TRICARE Prime Remote."

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TRICARE Prime Remote (TPR) – If the active duty sponsor lives and works more than 50 miles (or one hour’s drive) away from a military treatment facility, they will enroll into TRICARE Prime Remote. Families who live with the sponsor in this remote location may qualify for TRICARE Prime Remote status but must enroll by submitting a TRICARE Prime enrollment form (DD Form 2876) by fax, by mail, or in person at a TRICARE Service Center.

Enrollment forms are available online at www.triwest.com or at a TRICARE Service Center (find locations at www.triwest.com). If forms are received by TriWest Healthcare Alliance prior to the 20th of the month, enrollment will be effective on the 1st of the following month. For example: the form is received on November 20 and the Prime enrollment will be effective on December 1. If the form is received on November 21, the enrollment will be effective on January 1.

More information about TRICARE Prime Remote for Active Duty Family Members can be found at www.tricare.mil/primeremote.

TRICARE Standard - When a family member is eligible for TRICARE, they are entitled to use TRICARE Standard. No enrollment is required. Participants in TRICARE Standard have the most freedom to choose their providers, but their costs are normally higher than with TRICARE Prime or TRICARE Extra. Beneficiaries must meet annual outpatient deductible requirements. If the chosen provider is an authorized TRICARE provider (or participates in TRICARE), the beneficiary pays a 20 percent cost-share of the TRICARE-allowed charge.

TRICARE Extra - No enrollment or annual fee is required for TRICARE Extra, either. It operates the same as TRICARE Standard, with this difference: when beneficiaries use a provider in the TRICARE network (a provider who has signed a contract with TRICARE), they pay a 15 percent cost-share.

TRICARE Standard and Extra coverage would usually be subject to an annual deductible, the amount the families pay before TRICARE cost-shares begin. A recent TRICARE rule change waives the annual Standard/Extra deductible for family members of a Guard or Reservist who has been activated (in support of a contingency operation) for more than 30 days.

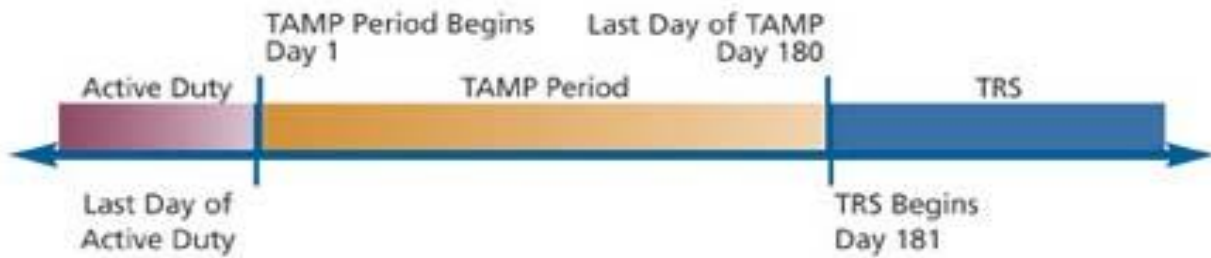
Finding a Local Provider

Family members can find local TRICARE providers by using the “Find a Provider” link at www.triwest.com or by contacting TriWest at 1-888-TRIWEST. Service Members should access all of their care through their assigned primary care manager.

Transitional Assistance Management Program

The Transitional Assistance Management Program (TAMP) is a period of time when Service Members separating from active duty (and their eligible family members) have access to TRICARE coverage.

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Service Members who meet any of the following criteria are eligible for TRICARE coverage during TAMP:

- Members involuntarily separated from active duty
- National Guard and Reserve members separated from active duty (in support of a contingency operation) for a period of more than 30 days
- Members separated from active duty after being involuntarily retained in support of a contingency operation
- Members separated from active duty following a voluntary agreement to stay on active duty for less than one year in support of a contingency mission.

When Service Members are eligible for TRICARE coverage, their family members (as long as they are recorded in DEERS) are eligible as well.

The TAMP period begins the day following the date of separation from active duty (the date reflected on the Service Member's DD Form 214). TAMP continues for 180 days. During TAMP, the Service Member and eligible family members have coverage under TRICARE Standard and Extra. If the family lives in an area where TRICARE Prime is available, they may enroll into TRICARE Prime.

To ensure continuous TRICARE coverage, the Service Member should know which TRICARE option they are eligible for and which option works best for them and their family before the TAMP period ends. Visit www.triwest.com/ngr for more information on the TRICARE options available to members of the Guard and Reserve. After TAMP, TRICARE coverage can continue by purchasing TRICARE Reserve Select (TRS) coverage (if eligible – see TRS below) or by purchasing coverage under the Continued Health Care Benefit Program (CHCBP – see below).

TRICARE Reserve Select

TRICARE Reserve Select (TRS) is a premium-based health plan that qualified National Guard and Reserve members may purchase for themselves or for their family. TRS, which requires a monthly premium, offers coverage similar to TRICARE Standard and Extra. Visit TriWest's Guard and Reserve TRICARE Resource Center at www.triwest.com/ngr to learn more.

Beneficiaries using TRS will still be able to access a wide variety of services from any TRICARE-authorized provider, network and non-network (although cost-shares will depend on the provider chosen). Under TRS, service and family members will also be able to access TRICARE's pharmacy benefit.

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Continued Health Care Benefit Program

If the Service Member is not eligible for TRS, the Continued Health Care Benefit Program (CHCBP) offers a short extension of TRICARE coverage. Eligible members must enroll in CHCBP (administered by Humana Military, www.humana-military.com or 1-800-444-5445) within 60 days of loss of TAMP benefits and pay monthly premiums to receive continuous healthcare benefits similar to TRICARE Standard. Coverage is limited to either 18 or 36 months in 90-day increments.

TRICARE Pharmacy Benefits

For prescriptions taken on a regular basis, the TRICARE Mail Order Pharmacy offers a 90-day supply for home delivery. For information, call **1-866-363-8667**.

You may also use local TRICARE network pharmacies. The cost for both Mail Order (90-day supply) and network retail pharmacies (30-day supply) is currently:

- \$3.00 – Generic Prescription Meds
- \$9.00 – Brand Name Prescription Meds
- \$22.00 – Formulary Prescription Meds

A complete list of pharmacy options can be found at www.tricare.mil/pharmacy. Visit www.tricare.mil/costs for current costs.

The TRICARE Dental Program

Dental Benefits

Members of the Reserve and National Guard and their family members may also become eligible for the TRICARE Dental Program. The activated Service Member may receive dental care at a Dental Treatment Facility. Service Members who do not live near a dental treatment facility should contact their unit prior to receiving dental care.

The minimum enrollment period is 12 months. Members of the Reserve and National Guard who are called to active duty for more than 30 days but less than 12 months in support of certain contingency operations can enroll their family members in the TRICARE Dental Program (www.tricaredentalprogram.com, 1-800-866-8499) without the 12-month commitment. Families must be enrolled within the first 30 days of the activation in order to dis-enroll before 12 months.

For More Information

More information on the TRICARE program can be found on TriWest Healthcare Alliance's Web site, www.triwest.com. Register for an account and check your eligibility, view your claims, print an explanation of benefits (EOB) or ask a question. A Guard and Reserve TRICARE Resource Center is available at www.triwest.com/ngr. Here you can read the latest TRICARE benefit news and updates for members of the Guard and Reserve and their families and view streaming video of TRICARE briefings.

TriWest QuickAlert: Your TRICARE authorization is ready for pick-up

QuickAlert, TriWest's automated notifications, provides registered TRICARE beneficiaries with fast, convenient, and secure notifications regarding activity in their www.triwest.com

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accounts. Beneficiaries will continue to receive printed copies of their authorizations, referrals and explanation of benefits (EOB) letters through the U.S. mail.

The following QuickAlerts are now available for registered beneficiaries:

- **Authorization/Referral E-mails:** You can choose to be notified via e-mail when your authorization or referral status changes. You can view the new information online.
- **Authorization/Referral Phone Calls:** You may also choose to receive a phone call alerting you to a change to your authorization or referral.
- **Claims E-mails:** You can be notified when a TRICARE claim has been processed and you have a balance due.
- **Password E-mails:** You will be notified 5 days before your www.triwest.com password expires.

Beneficiaries with registered www.triwest.com accounts will automatically receive e-mail QuickAlerts and must sign up to receive phone calls. Registered users can opt in and out of authorization/referral and claims QuickAlerts at any time through their "My QuickAlerts" page on www.triwest.com.

Toll Free Number

A customer service representative is available to speak with you at 1-888-TRIWEST (1-888-874-9378)

TRICARE Service Center

To speak with someone in person, please visit our TRICARE Service Center located at 2626 E 82nd St, Suite 145, Bloomington, MN. The office is open Mon – Fri from 7:30 a.m. to 4:30 p.m., the office is closed for Federal Holidays and for lunch between 12:30 p.m. – 1:30 p.m.

PREMIUMS MUST BE PAID ON TIME! With the high cost of health care we **CANNOT** afford to be without health insurance and with the reduction in premium costs for TRS it's a great benefit for all Service Members and their families. To safeguard yourself from being locked out please consider the following:

1. TRS is a "fee based" health insurance meaning that you must pay a monthly premium.
2. Premiums **CANNOT** be automatically deducted from your drill pay.
3. Premiums may be paid in three manners:
 - a. Monthly billing to your address where you mail the premium monthly
 - b. Have it automatically deducted from your Checking Account
 - c. Automatically have the premium deducted from your checking debit card (Best) or credit card (where you end up with an interest charge from your credit card provider)
4. If you miss payments it's just like any other business, you are penalized. In this case you are "Locked Out" of re-enrollment for a full 12 months! This means either no health coverage or a more expensive plan through your employer or independently. It pays to be prompt!

To have your premiums automatically deducted you have to fill out an EFT (automatic deduction) form which is located on the TriWest website. **Log on and sign up!**