

Avoiding Drug Interactions

What You Need to Know

Do you see more than one doctor? Do you take more than one medication? Do you take over-the-counter (OTC) drugs, nutritional supplements or herbal remedies, as well as prescribed medications? Do you drink alcohol?

If the answer to any of these questions is “yes,” you may be at risk for drug interactions.

Some drug interactions can actually be beneficial, and two drugs may be purposefully prescribed together by your physician for improved health or fitness. However, unintended drug interactions not prescribed by your physician can cause serious problems.

TRICARE and Express Scripts offer the following information to help you and your family avoid harmful drug interactions.

Lots of Possibilities for Interaction

Medications can interact with a variety of substances—not only other prescription and non-prescription medications, but also vitamins and minerals, herbal remedies, illegal drugs, alcohol, tobacco, caffeine and certain types of foods.

A lot of people think of herbal supplements as being natural and

therefore, harmless. In the body, however, they act like drugs. Unfortunately, herbal supplements are not regulated by the U.S. Food and Drug Administration (FDA), so many have not been studied to determine how they may interact with various medications. In addition, the manufacturer is not required to put known interactions on the label.

Drug interactions can produce various effects. One drug, for example, may increase the effect of another drug—or decrease the effect, making it less effective or ineffective. Interactions can change the way your body absorbs, metabolizes or eliminates a drug.

continued on page 3

Are You Eligible for TRICARE Reserve Select?

Here's What You Need to Know

TRICARE Reserve Select (TRS) was implemented on April 26, 2005. TRS is available to members of the Reserve Component (and their families) who commit to continued service in the Selected Reserve after release from active duty.

If you (Reserve Component sponsor) meet the following criteria, you may be eligible for this program:

1. You were called or ordered in support of a contingency operation under Title 10 for a period of greater than 30 days.
2. You served continuously on active duty for 90 days or more under such call or order. The length of time served determines the maximum period of coverage you may purchase under TRICARE Reserve Select.

3. You agree to serve in the Selected Reserve for a length of time (in whole years) equal to or less than the period of eligibility for TRICARE Reserve Select.

You can find out if you qualify by visiting the Guard Reserve Portal at <https://www.dmdc.osd.mil/Guard-ReservePortal>.

continued on page 3

Inside This Issue . . .

- Medications Added to Uniform Formulary
- TRICARE for the Reserve Component
- Retiring from Active Duty?
- Don't Delay Treatment for Post-Traumatic Stress Disorder
- You've Got Questions ... We've Got Answers on the Humana Military Web Site



Inpatient Cost-Shares Increase Slightly for Fiscal Year 2006

New Rates Effective Oct. 1, 2005, through Sept. 30, 2006

Each fiscal year (Oct. 1–Sept. 30), some TRICARE inpatient cost-share rates increase slightly. The following tables highlight the new inpatient rates for Fiscal Year 2006.*

For additional information about cost-shares for TRICARE-covered services, visit the TRICARE Web site at www.tricare.osd.mil/tricarecost. You can also visit Humana Military online at www.humana-military.com or call 1-800-444-5445 for more information.

Inpatient Cost-Shares for Civilian Hospital Admissions

Program	Active Duty Family Members	Retirees, Their Families and Other Eligible Beneficiaries
TRICARE Prime	<i>No increase</i> \$0 per admission	<i>No increase</i> \$11 per day or \$25 per admission, whichever is greater. No charge for separately billed professional services.
TRICARE Extra	Increases from \$13.90 to \$14.35 per day or \$25 per admission, whichever is greater. No charge for separately billed professional services.	<i>No increase</i> \$250 per day or 25% of total charge, whichever is less. Plus, 20% of the allowable charge for separately billed professional services.
TRICARE Standard	Increases from \$13.90 to \$14.35 per day or \$25 per admission, whichever is greater. No charge for separately billed professional services.	Increases from \$512 to \$535 per day, or 25% of the total charge, whichever is less. Plus, 25% of the allowable charge for separately billed professional services.

Inpatient Cost-Shares for Behavioral Health

Program	Active Duty Family Members	Retirees, Their Families and Other Eligible Beneficiaries
TRICARE Prime	<i>No increase</i> \$0 per admission	<i>No increase</i> \$40 per day. No charge for separately billed professional services.
TRICARE Extra	<i>No increase</i> \$20 per day or \$25 per admission, whichever is greater	<i>No increase</i> 20% of total charge. Plus, 20% of the allowable charge for separately billed professional services.
TRICARE Standard	<i>No increase</i> \$20 per day or \$25 per admission, whichever is greater	High Volume Hospitals: <i>No increase</i> Low Volume Hospitals: Increases from \$169 to \$175 per day or 25% of the billed charges, whichever is less. Plus, 25% of the allowable charge for separately billed professional services.

*While the inpatient rate increases are technically effective Oct. 1, 2005, there may be some delay between that date and the time Humana Military receives direction from TRICARE Management Activity (TMA) and is able to implement the change. ■

Information about the New Medicare Part D Prescription Drug Plans

Starting January 1, 2006, the new Medicare prescription drug coverage becomes available to everyone eligible for Medicare, including TRICARE For Life (TFL) beneficiaries.

TRICARE Medicare-eligible beneficiaries, entitled to the TRICARE Pharmacy benefit, need to consider a number of factors when deciding whether or not to enroll in a Medicare drug plan. You should consider monthly premiums, deductibles, copayments and drug coverage under the

different prescription drug plan options offered (also known as a formulary), including the TRICARE Pharmacy Program. The Medicare Part D drug plan options will vary by location.

For more information, visit the TRICARE Web site at www.tricare.osd.mil/medicarepartd or visit the Medicare Web sites at www.cms.hhs.gov/partnerships or www.medicare.gov. ■

Avoiding Drug Interactions

continued from page 1

A Few Precautions

It is important to:

- Tell your doctor everything that you are currently taking—not only prescription medications, but also nutritional supplements, herbal preparations and over-the-counter (OTC) medicines. Also, be sure to tell your doctor if you drink alcohol or smoke.
- Avoid taking multiple drugs whenever possible.
- Regularly review your medical status with your doctor to determine whether you need to continue taking medications.
- Read labels carefully to learn common side effects and interactions.
- Limit the number of pharmacies you use for your prescriptions and OTC medications.
- Never take medications intended for someone else.

It's a good idea to make a list of all your prescriptions and anything else you're taking before visiting your doctor. Then your doctor will have a written record for reference.

Visit www.express-scripts.com/ TRICARE for more information on your prescription drug benefit or call 1-866-DoD-TRRx (1-866-363-8779). ■

Medications Added to Uniform Formulary

Dr. William Winkenwerder, Jr., assistant secretary of defense for Health Affairs and director of TRICARE Management Activity, approved the addition of 11 new medications to the TRICARE Uniform Formulary. Additionally, he approved moving seven medications to non-formulary status.

The following medications have been added to the Uniform Formulary: Levitra® (PDE-5 Inhibitor); nystatin, clotrimazole, ketoconazole, miconazole,

Mentax®, Naftin® (Topical Antifungals); and Rebif®, Avonex®, Copaxone®, Betaseron® (Multiple Sclerosis Disease Modifying Drugs).

Medications moved to non-formulary status include Viagra®, Cialis® (PDE-5 Inhibitors); and ciclopirox, econazole, Oxistat®, Ertaczo®, Exelderm® (Topical Antifungals). Formulary alternatives are available for these medications at a copayment of either \$3 or \$9.

The implementation date of the \$22 copayment for medications moved to non-formulary for the topical antifungal medications was Aug. 17, 2005, and the implementation date for PDE-5 Inhibitors was Oct. 12, 2005.

For more information about formulary medications, their availability and cost, visit the TRICARE Formulary Search Tool directly at www.tricareformularysearch.org. ■

Are You Eligible for TRICARE Reserve Select?

continued from page 1

If you qualify, purchasing TRS is a three-step process:

1. Enter into the Service Agreement

You must enter into the Service Agreement prior to leaving active duty.

2. Execute the Service Agreement

Next work with your Reserve Component to execute the Service Agreement. You must be in a Selected Reserve billet by the time TRS coverage begins.

3. Purchase TRICARE Reserve Select

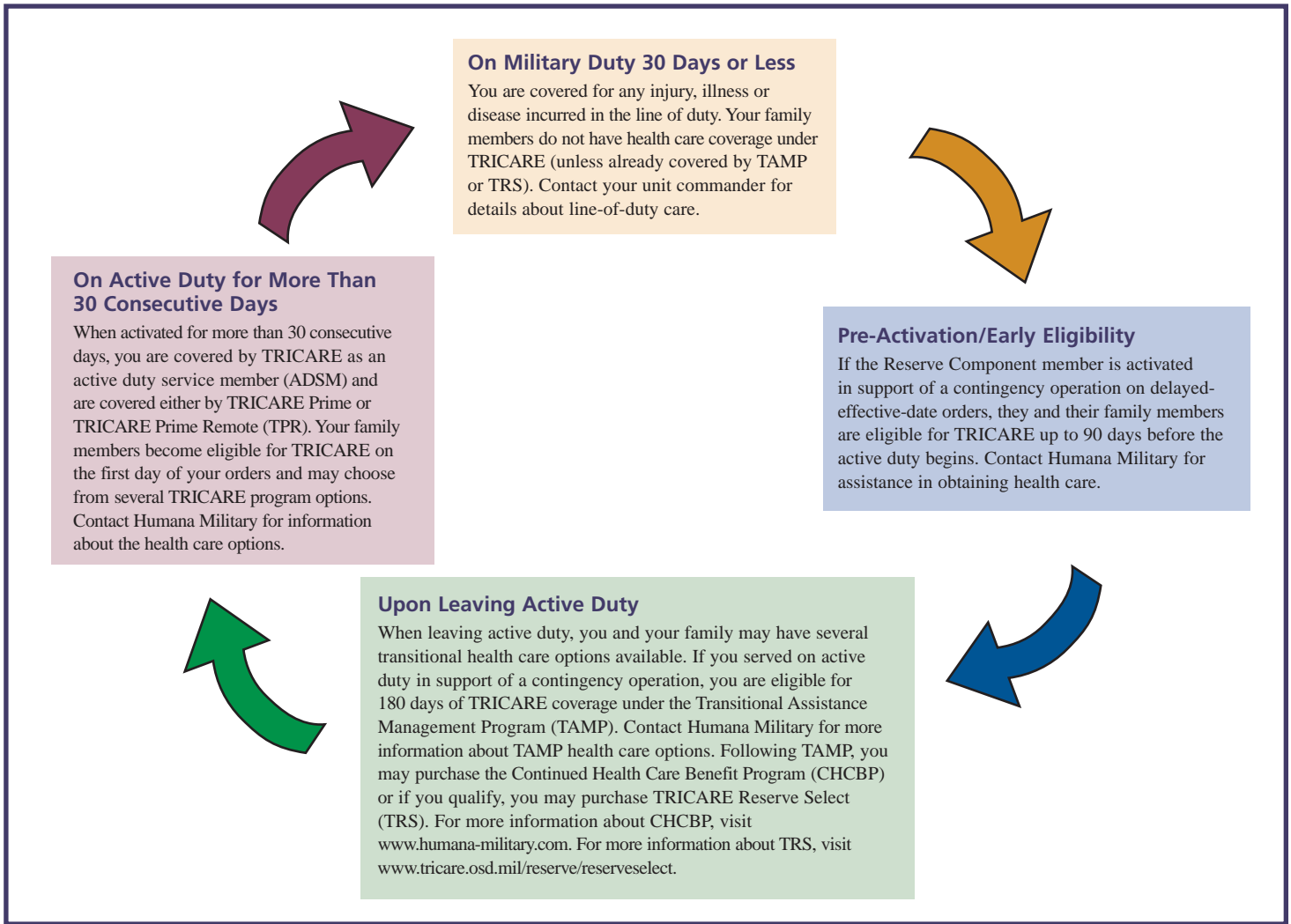
After steps 1 and 2 are completed, download the pre-printed TRS enrollment form from the Guard Reserve Portal, follow

the instructions on the screen and submit it with a one-month premium (\$75 per individual, \$233 per family) to:

Humana Military Healthcare Services, Inc.
P.O. Box 105389
Atlanta, GA 30348-5389

For additional information about eligibility and enrollment requirements, visit www.tricare.osd.mil/reserve/reserveselect.

For a complete list of TRICARE Reserve Select benefits and cost-shares, refer to the *TRICARE Reserve Select Handbook*, which is available online at www.tricare.osd.mil/reserve/reserveselect/TRS-materials.cfm or contact Humana Military at 1-800-444-5445 for more information. ■



TRICARE for the Reserve Component

Coverage Changes as Your Military Status Changes

TRICARE is committed to meeting the health care needs of Reserve Component* members and their families before, during and after activation. If you are a member of the Reserve Component, you may move on and off of active duty several times throughout your career. While it's good to know that TRICARE covers you and your family to some degree during each stage, it can also be confusing and difficult to navigate. The above graphic illustrates a simple overview to help you understand your coverage.

You can be in any one of these stages and, depending on how often you are called to active duty, some of them may overlap. The first step for determining your coverage is to identify your military status:

- Military duty for 30 days or less—This is typically a drill weekend, including travel to and from your place of duty.

- Pre-activation (early eligibility)—If you are called or ordered to active duty in support of a contingency operation and you have received delayed-effective-date orders, this applies to you.
- Activated for more than 30 consecutive days—You are covered as an active duty service member and your family is considered active duty family members while you are on active duty.
- Upon leaving active duty—This is the time period immediately following your active duty service, also known as de-activation.

**The Reserve Component includes the Army National Guard, the Army Reserve, the Navy Reserve, the Marine Corps Reserve, the Air National Guard, the Air Force Reserve and the U.S. Coast Guard Reserve.*

continued on page 5

Commissary Tours Help Customers Make “Healthy Choices”

By Guest Contributor, Cherie Huntington, Defense Commissary Agency

Ten years ago, Tina Morris and the Naval Air Station Oceana Commissary in Virginia launched a partnership that’s still thriving today. The partnership is as healthy as the healthy choices she promotes.

Morris, a registered nurse and health educator at the Portsmouth Naval Hospital Wellness Department, found the commissary the ideal place to spotlight twin benefits: healthy food choices and the best prices in town.

“People tend to think eating healthy is more expensive,” explains Morris. “I teach them they can go in the commissary, shop healthy and still stay within their budget. The commissary makes that possible. I tell them, ‘Come with me and I’ll show you how to shop smart!’”

Morris offers commissary tours to those who have special health concerns, as well as those with little knowledge of proper nutrition. Whether the person is overweight, diabetic, suffering from heart disease or cancer, or a perfectly healthy person who eats on the run, she works with individuals to show them what the commissary can offer.

“I help people eat the way they need to eat,” says Morris. “I also tell them it takes more time, but we have to take more time for the sake of our health.”

She doesn’t hesitate to take her “healthy choices at the commissary” show on the road, either.

“I go to the commands, to the squadrons, to the fitness center and remedial weight control group meetings and

set up a display with samples or a cooking demo,” Morris says. “I take a vegetable tray and pass it around, and I ask them, ‘What will it take for you to like these vegetables? Maybe some dip or some low-calorie dressing?’ I tell them they can purchase the items at the commissary and urge them to use their benefit while they improve their health.”

According to Mary Sims, a dietician who works with Morris, “When I’m shopping, I often see people with puzzled looks on their faces as they study a label for the product’s nutritional value. The label gives them important information, but they may not know how to interpret it. Plus, the information tends to be one size fits all, when there are as many different needs as there are people.

“We can teach a lot in class, but to walk through the store like this with customers actually doing their grocery shopping truly brings it home and makes it more realistic for them. Customers pick up products they use and ask questions, and we can discuss healthy alternatives one-on-one.”

To learn more about your local commissary, visit the Defense Commissary Agency’s (DeCA’s) Web site at www.commissaries.com. The site also offers a link to TRICARE’s “Healthy Choices for Life” Web site. ■

**Healthy
Choices
FOR LIFE**

TRICARE for the Reserve Component

continued from page 4

For more information about the TRICARE health care program options available to you and your family, visit www.tricare.osd.mil/reserve or contact Humana Military at 1-800-444-5445 or visit www.humana-military.com.

TRICARE Dental Program

The TRICARE Dental Program (TDP) is a voluntary dental plan you may purchase. When you are on active duty, you are covered by active duty dental benefits instead of TDP. Your family, however, may purchase and use TDP at any time. For more information about TDP, including costs, covered services and finding a dentist, contact the TDP

contractor, United Concordia Companies, Inc. at 1-800-866-8499 or visit them online at www.ucci.com.

Verify Eligibility

To verify your eligibility for TRICARE during any one of the stages of health care coverage, visit the Guard Reserve Portal at <https://www.dmdc.osd.mil/Guard-ReservePortal>. Family member eligibility is determined by the Defense Enrollment Eligibility Reporting System (DEERS). Be sure to register your family in DEERS and keep their information current to avoid lapses in their TRICARE benefits. ■

A Reminder about Newborn Enrollment

If you've adopted or had a baby in recent years, you may recall having 120 days to enroll the child in TRICARE Prime. Anyone expecting a new addition to the family this year should know that the enrollment time frame has changed.

As of Jan. 1, 2005, TRICARE Prime beneficiaries have 60 days after the birth date or date of adoption to enroll a new child in TRICARE Prime.

During that first 60 days, the child is covered automatically as a TRICARE Prime beneficiary as long as another member of the family is enrolled in TRICARE Prime.

Register in DEERS First

Before you can enroll your child in TRICARE Prime, you must register him or her in the Defense Enrollment Eligibility Reporting System (DEERS). To do so, you must submit either a legal birth certificate or a certificate of live birth from a hospital or TRICARE-approved birthing center. You must also provide a copy of a verified and approved DD Form 1172 (Application for Uniformed Services Identification Card and DEERS Enrollment form), signed by the sponsor. You can download a copy of the DD Form 1172 from www.dtic.mil/whs/directives/infomgt/forms/eforms/dd1172-2.pdf or pick one up from a uniformed services ID card facility.

You can register your child in DEERS by submitting the above paperwork in one of the following ways:

- Visit a local uniformed services ID card facility. (Find the nearest one online at www.dmdc.osd.mil/rsl.)
- Fax to DEERS at 1-831-655-8317.
- Mail to DEERS at:

Defense Manpower Data Center Support Office
Attn: COA
400 Gigling Road
Seaside, CA 93955-6771

Then Enroll in TRICARE Prime

Once your child is registered in DEERS, simply complete a TRICARE Prime Enrollment Application form, available online at www.humana-military.com or from any TRICARE Service Center (TSC), and follow the directions on the form for returning it to Humana Military. You may also submit the form to the nearest TSC.

After your application is processed, you will receive a TRICARE Prime Enrollment Card for your child. Until you receive that card, keep a copy of your enrollment application and take it with you when accessing care from your child's primary care manager (PCM).

If you complete the application within 60 days, your baby's enrollment date will be retroactive to the date of birth or adoption. If the application is not completed in 60 days, you can still enroll your newborn in TRICARE Prime at a later date, but there will be a lapse in TRICARE Prime coverage.

If your child is not enrolled in TRICARE Prime within 60 days, his or her coverage will revert to the TRICARE Standard program option, which carries additional deductibles and cost-shares. Coverage under TRICARE Standard ends 365 days after birth or adoption if the child is not properly registered in DEERS.

For more information, visit Humana Military online at www.humana-military.com or call 1-800-444-5445. ■

A Closer Look: Third-Party Liability

The Federal Medical Recovery Act allows the government to be reimbursed for costs associated with treating you if you are injured in an accident caused by someone else (a third party). For any claim that appears to have possible third-party involvement, you are required to complete and submit a Statement of Personal Injury—Possible Third-Party Liability Form (DD Form 2527).

For that reason, it is important that you understand how the third-party liability process works. Humana Military is responsible for identifying and investigating all potential third-party recovery claims. Claims submitted with diagnosis codes indicating an accidental injury or illness will be held for further research. The following steps occur when a claim is suspected to have third-party liability:

- The DD Form 2527 will be sent to you.
- Within 35 days, you must complete and sign this form and return it to the appropriate claims processor. Be sure to keep a copy of your completed form in case you need to refer back to it later.
- The claim will be processed when the DD Form 2527 is completed and returned.
- If your completed form is not received, the claim may be denied.

The claims processor for Humana Military will send you the DD Form 2527 if it is suspected that your claim has potential third-party liability. You can also access this form online on the TRICARE Web site at www.tricare.osd.mil. From the home page, scroll over "Your TRICARE Benefit," then click the "Claims" link. On that page is a list of forms in the right-hand column. Simply click on the "Third-Party Liability" link. ■

Retiring from Active Duty?

TRICARE Transitions with You

When you retire from active duty, one chapter in your life ends and another begins. Until now, you've been enrolled in either TRICARE Prime or TRICARE Prime Remote (TPR). While deciding where to live and what your next career may be, it's also important to understand the TRICARE options that are now available to you and your family, as well as what you need to do to maintain eligibility.

Maintain Eligibility for TRICARE

When you retire, your status will change in the Defense Enrollment Eligibility Reporting System (DEERS). If you move, personal information like your address and phone number also will change. Keeping DEERS information up to date for you and your family ensures seamless coverage during your transition. (See the article, "TRICARE Policy Update: DEERS and Medicare," on page 8.)

If a family member was entitled to Medicare Part A due to age, a disability or end-stage renal disease (ESRD) while you were on active duty, purchasing Medicare Part B was not required to remain eligible for TRICARE. However, when you retire, family members that have Medicare **must** purchase Part B to remain eligible for TRICARE. (*Note: Beneficiaries that have Medicare and are under the age of 65 have the option of staying in TRICARE Prime.*)

Beneficiaries with Medicare Part A must have Medicare Part B at the time of their sponsor's retirement, or they will have a gap in TRICARE coverage. Medicare has a special enrollment period for beneficiaries that had health coverage based on employment. These beneficiaries can sign up for Medicare Part B anytime while they are covered by the employer-sponsored health plan

based on current employment or during the eight-month period following the month the employment ends.

Once you've taken the necessary steps to maintain eligibility for TRICARE, you can choose a TRICARE program. The following sections summarize each option available to you.

TRICARE Prime

If you want to continue enrollment in TRICARE Prime, you **must** re-enroll by submitting a new TRICARE Prime Enrollment Application form to Humana Military, your regional contractor, when you retire. However, any retiree or family member who reaches age 65 will no longer be eligible to enroll in TRICARE Prime and will instead be eligible for the TRICARE For Life (TFL) program if they have Medicare Part A and Part B.

While your TRICARE Prime health care coverage does not change, you begin paying an annual enrollment fee (\$230/individual, \$460/family) and copayments when receiving care in the TRICARE network. For more details about costs for covered services, visit www.tricare.osd.mil/tricarecost. Visit www.humana-military.com for details about enrollment fee payment options.

If you stay in the TRICARE South Region, visit www.humana-military.com or call 1-800-444-5445 for more information about re-enrolling in TRICARE Prime. If moving to the North or West regions, contact that region's contractor:

TRICARE North Region:

Health Net Federal Services, Inc.
www.healthnetfederalservices.com
1-877-TRICARE

TRICARE West Region:

TriWest Healthcare Alliance
www.triwest.com
1-888-TRIWEST

TRICARE Prime Remote

TPR is an active duty benefit; therefore, it is no longer available when you retire. However, if you remain in an area where TRICARE Prime is not offered, you now have the option to use TRICARE Standard and TRICARE Extra.

TRICARE Standard and TRICARE Extra

While your family members have always had these options, they are new to you. You do not have to choose one option exclusively over the other—TRICARE Standard and TRICARE Extra can be used interchangeably—but it's important to understand the key differences.

With **TRICARE Standard**, you and your family have the freedom to seek care from any TRICARE-authorized provider. You are responsible for 25 percent cost-shares after an annual deductible has been met, and you may be required to pay for services up front and file your own claims with TRICARE for reimbursement. Non-network providers may charge up to 15 percent above the TRICARE allowable charge, so your out-of-pocket expenses will be higher with TRICARE Standard. For more details about costs for covered services under TRICARE Standard, visit www.tricare.osd.mil/tricarecost.

Note: Active duty family members (ADFMs) have a 20 percent cost-share for TRICARE Standard and retirees and their family members have a 25 percent cost-share.

With **TRICARE Extra**, you may seek care from any TRICARE network provider. You are responsible for 20 percent cost-shares after an annual deductible has been met. Network providers are required to file claims on your behalf, and your out-of-pocket

continued on page 8

TRICARE Policy Update

DEERS and Medicare

The Defense Enrollment Eligibility Reporting System (DEERS) must be updated when a beneficiary has Medicare based due to age, disability or end-stage renal disease (ESRD). You can update DEERS in one of the following ways:

- Visit a local uniformed services ID card facility. (Find the nearest one online at www.dmdc.osd.mil/rsl.)
- Call 1-800-538-9552. (Monday–Friday, 6 a.m. to 3:30 p.m. Pacific Standard Time, except Federal holidays)
- Fax to DEERS at 1-831-655-8317.
- Mail to DEERS at:

Defense Manpower Data Center Support Office
 Attn: COA
 400 Gigling Road
 Seaside, CA 93955-6771

Most individuals who have Medicare Part A must also purchase Medicare Part B to remain eligible for TRICARE. The following exceptions to that policy have been updated:

- Active duty family members (ADFMs) are not required to purchase Medicare Part B to retain TRICARE eligibility.
- ADFMs who are enrolled in the Uniformed Services Family Health Plan (USFHP) are not required to purchase Medicare Part B. However, USFHP enrollees are strongly encouraged to purchase Medicare Part B to avoid paying surcharge fees later if they decide to purchase Part B.

If you have the TRICARE brochure *Maintaining TRICARE Eligibility and DEERS*, this information updates the “When should I update DEERS?” section.

As a reminder, TRICARE pays second after Medicare for all services covered by both Medicare and TRICARE. Visit the TRICARE Web site at www.tricare.osd.mil/tfl for more information about TRICARE and Medicare. ■

Retiring from Active Duty?

continued from page 7

expenses are reduced. For more details about costs for covered services, visit www.tricare.osd.mil/tricarecost.

Note: Under TRICARE Extra, ADFMs have a 15 percent cost-share and retirees and their family members have a 20 cost-share.

Access to Care in Military Treatment Facilities

You may continue to receive care from a military treatment facility (MTF), but the TRICARE option you choose—TRICARE Prime, TRICARE Standard or TRICARE Extra—affects your priority for access. By enrolling in TRICARE Prime and choosing an MTF primary care manager (PCM), you are guaranteed MTF access. With TRICARE Standard or TRICARE Extra, you will have access to MTF care on a space-available basis only.

Uniformed Services Family Health Plan

The Uniformed Services Family Health Plan (USFHP) is another TRICARE Prime-like option available to retirees and their eligible family members, including those age 65 and over.

Health care services are provided through networks of community-based hospitals and physicians in six areas of the country. For more information, call 1-800-74-USFHP (1-800-748-7347) or visit www.usfamilyhealthplan.org.

Retirement can be a stressful time in your life involving many changes. Luckily, TRICARE is not something you need to worry about. Take these small steps to ensure that you and your family transition smoothly with no break in coverage.

For more information regarding your TRICARE coverage, contact Humana Military and request a copy of the *TRICARE Coverage for Retired Service*

Members brochure. You can view this brochure online at www.tricare.osd.mil/tricaresmart by choosing the South Region and clicking on “Retirees Information.”

For more information about TRICARE For Life, visit www.tricare.osd.mil/tfl. ■

TRICARE Retirement Checklist

- ✓ Update your DEERS information.
- ✓ Update your family’s DEERS information.
- ✓ Purchase Medicare Part B (if Medicare-eligible).
- ✓ Re-enroll in TRICARE Prime (if using TRICARE Prime).
- ✓ Find a network provider (if using TRICARE Prime/TRICARE Extra).
- ✓ Find an authorized provider (if using TRICARE Standard).
- ✓ Relax!

Don't Delay Treatment for Post-Traumatic Stress Disorder

TRICARE Delivers the Help You Need

As troops return from Iraq and Afghanistan, an increasing number of TRICARE beneficiaries are experiencing symptoms of Post-Traumatic Stress Disorder (PTSD). TRICARE urges beneficiaries with PTSD symptoms to visit their primary care manager (PCM) for an evaluation and possible referral to a behavioral health care provider.

“Left untreated, PTSD symptoms often worsen and can lead to other problems, such as depression or substance abuse,” explains ValueOptions Federal Division Chief Medical Officer Gary Proctor, M.D.

What Is PTSD?

PTSD is primarily classified as an anxiety disorder, but it also can involve depression, emotional numbness and flashbacks in which the patient feels like he or she is reliving the trauma, explains Proctor.

PTSD develops after exposure to extreme psychological trauma—events that produce fear, helplessness or horror, such as a threat to life or physical integrity. Indirect trauma, e.g., seeing another person in a life-threatening situation, can trigger PTSD as well. Not all trauma related to deployment is due to combat situations. Motor vehicle or other accidents can also lead to PTSD.

Not everyone exposed to such trauma develops PTSD. Those who do, however, may re-experience the traumatic event as intrusive recollections, images, thoughts, dreams, flashbacks or intense reactions to situations that resemble an aspect of the traumatic event. Other less specific symptoms may also be present, such as increased arousal and startle response, difficulty sleeping, irritability and poor

concentration. Many times there is guilt, coexisting depression and panic disorder.

“Every active duty service member is at risk for PTSD, but some factors will help, such as having a strong support network. A history of mental illness may actually increase the risk,” says Proctor.

Diagnosis and Treatment of PTSD

For PTSD to be diagnosed, the symptoms must be present for at least one month and accompanied by significant impairment in functioning.

The severity of symptoms ranges widely among patients. The onset of symptoms can be delayed sometimes for more than six months after the trauma.

“Unfortunately, the culture is such that people may shy away from seeking help for mental health disorders,” Proctor explains. “It is very important to treat PTSD, otherwise symptoms can progress to the point that more and more situations trigger reactions ranging from anxiety or anger to depression.”

Proctor urges family members to be on the lookout for PTSD symptoms in returning (ADSMs) and to encourage these individuals to seek treatment. “Many patients fail to recognize their own symptoms or may minimize them.”

According to Proctor, the most effective treatment usually

involves a combination of psychotherapy and medication. “Crisis intervention immediately after the traumatic incident can be very helpful,” Proctor explains. “Therapy any time after the diagnosis can be effective.”

Help Is a Phone Call Away

ADSMs must always get a referral from their PCM for behavioral health treatment, as it is critical for their care to be coordinated. All other beneficiaries, such as retirees and family members, can access mental health coverage for PTSD or other mental health problems through their eight unmanaged behavioral health care visits.

Patients diagnosed with PTSD are eligible for typical behavioral health outpatient services, such as individual psychotherapy, group therapy, crisis intervention, collateral visits and family therapy. Other benefits may include psychological testing, medication management, inpatient treatment, substance abuse treatment and more.

To learn more about your behavioral health care benefit, contact ValueOptions at 1-800-700-8646. ■

Online Resources for PTSD

The following sites focus primarily on national services, but many have links to local community services.

- National Center for PTSD: www.ncptsd.org
- National Institute of Mental Health: www.nimh.nih.gov/healthinformation/ptsdmenu.cfm
- PTSD Alliance: www.ptsdalliance.org/home2.html
- Veterans Administration: www.va.gov/health_benefits/
- Military OneSource: www.militaryonesource.com
- Hooah4 Health: www.hooah4health.com
- Courage to Care: www.usuhs.mil/psy/courage.html
- Lifeline Services Network: www.lifelines.navy.mil/dav/lsnmedia/LSN/CombatStress/

Unmanaged Eight Behavioral Health Visits Renew with Fiscal Year

Whether or not you regularly use your behavioral health benefit, it is helpful to know that your unmanaged eight visits renew at the beginning of every fiscal year.

As of October 1, TRICARE Prime beneficiaries (except active duty service members) and their eligible family members will each have eight visits available to seek counseling without a referral or prior authorization. This means you do not need to worry about seeing your primary care manager (PCM) for a referral, and you can see any TRICARE network provider who is accepting patients. Active duty service members must obtain a PCM referral before seeking behavioral health care services.

To find a behavioral health provider, visit the Humana Military Web site at www.humana-military.com, scroll over “Beneficiary Resources” and click on “Find A Provider.”

Most non-medical behavioral health care providers (e.g., clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists) may

render behavioral health care services without a physician referral and oversight, except for pastoral and mental health counselors.

If you seek services from a Licensed Mental Health Counselor (LMHC), a Licensed Professional Counselor (LPC), or a Pastoral Counselor, a letter of referral and oversight is required prior to the initial evaluation. This letter of referral must be submitted by a physician (M.D. or D.O.).

Please keep in mind that any psychotherapy sessions beyond the unmanaged eight visits will require prior authorization from ValueOptions. Your provider is responsible for obtaining prior authorization for all care beyond the initial eight visits. And remember, the benefit is eight unmanaged visits per beneficiary, per fiscal year and not eight visits per provider.

You may contact ValueOptions at 1-800-700-8646, and a health care finder will assist you with questions you may have about your behavioral health benefits. ■

Introducing the Heart Failure Disease Management Program

Humana Military launched a new Heart Failure Disease Management Program on July 1, 2005. This program is available to those TRICARE beneficiaries in the South Region who have heart failure and are at risk for further medical complications.

Beneficiaries who meet certain criteria and who are not entitled to Medicare are eligible for this program, which is designed to minimize the impact of having long-term compromised health.

According to Rose Mary Royalty, Humana Military’s Director of Case Management, “Beneficiaries can benefit greatly from this disease management program because they are assigned a dedicated registered nurse who is knowledgeable about complications and treatments of heart failure. The nurse offers education about the disease and provides support that helps beneficiaries enjoy optimal health.”

Acceptance into the program is based on Humana Military’s review of beneficiary claims data. Additionally, primary care managers (PCMs) and military treatment facility (MTF) providers may refer candidates to the program. Referrals to the program are accepted based on meeting certain criteria, such as an established diagnosis of heart failure.

Beneficiaries accepted into the program can expect to receive the following support tools and educational materials:

- Letter of introduction
- Assessment call
- Welcome letter
- Clinical guide
- Audio Library Educational Reference
- Stop Light Heart Failure Self Management Tool
- Newsletters
- Unlimited contact with primary nurse

All beneficiaries receive regular contact from their nurse; those in higher risk categories receive more frequent calls from their nurse as their condition dictates.

Overall, the nurses in the Heart Failure Disease Management Program are devoted to helping heart failure patients enjoy a better quality of life. For more information about the program, call Humana Military at 1-800-881-9227. ■

You've Got Questions ... We've Got Answers!

Find the Information You Need on the Humana Military Web Site

From changing your primary care manager (PCM) to understanding your explanation of benefits statements, TRICARE Prime beneficiaries need access to real-time information.

That's why the Humana Military Web site provides the answers you need, 24 hours a day, 7 days a week.

If you haven't visited the site yet, do it today. Go to www.humana-military.com and select the Beneficiary Resources tab. You'll want to register (click Register Now in the right-hand navigation bar and follow the directions) for the site's Secured Member Services, as well as for myTRICARE.com to take full advantage of all the available features and tools. Once you do, here's what you'll find:

Online Beneficiary Services

This section of the site is divided into two main sections: Universal Services, which can be viewed by anyone, and Secured Member Services, which can be used only by registered users.

Universal Services include:

- Finding a provider
- Enrolling in TRICARE Prime
- Paying TRICARE Prime enrollment fees
- Accessing TRICARE forms

Secured Member Services include:

- Checking referral/authorization status
- Reviewing claims status
- Requesting a PCM change
- Requesting a TRICARE Prime Enrollment Card

TRICARE Resources

If you can't find what you need on the Web site, chances are good you can find it in a TRICARE resource. You can download or print any of the following electronic files:

- *TRICARE Health Matters* bulletins and newsletters
- TRICARE handbooks, pamphlets and flyers
- TRICARE forms

Health and Wellness

In addition to your specific TRICARE questions, the Humana Military site offers some guidance for your general health inquiries. Visit the Health and Wellness section of the site for the following:

- Wellness information—informative articles on eating healthy, living with asthma, quitting smoking, preventing heart disease and more
- Audio Health Library—an online resource of the health topic codes available for reference by calling 1-877-217-7946
- Health-related links—a link library of health organizations, institutes, associations and foundations

This section also features behavioral health benefit information, including cost-shares, copayments and frequently asked questions.

The Answer Place

If you still haven't found what you're looking for, turn to The Answer Place. Humana Military created this search engine with cutting-edge technology to answer your TRICARE questions with greater speed and accuracy than ever before.

Just type in your question using plain English and the tool will use "artificial intelligence technology" to understand your question and match it with relevant answers formulated from the Web site's information. You can also browse The Answer Place's list of topics to find the answers to frequently asked questions.

Bookmark and register for www.humana-military.com today. You'll find the health and benefits information you need, whenever you need it. ■

Humana Military Healthcare Services, Inc.
500 West Main Street
P.O. Box 740062
Louisville, KY 40201-7462

TRICARE

An Excellent Value

- Generous coverage
- Superior health care
- Decisions are health driven, not insurance driven
- High satisfaction with care
- Low out-of-pocket costs
- Easy access

.....
Health Matters is published by the TRICARE Management Activity. Please provide feedback at www.tricare.osd.mil/evaluations/newsletters.



Did You Know?

Chiropractic Care Is Available for Active Duty Service Members

Active duty service members (ADSMs) are eligible for chiropractic care through the Military Health System (MHS) Chiropractic Care Program. If you are an ADSM, you can access these services at any one of 42 military treatment facilities (MTFs) across the country that offer the program.

To access these services you will need to make an appointment with your primary care manager (PCM) who will determine if specialty care is medically necessary. If chiropractic care is recommended, you will undergo a screening process to rule out any medical conditions that would prohibit chiropractic care as an option. If appropriate, your PCM may refer you to a chiropractic provider for treatment.

The MHS Chiropractic Care Program is only available to ADSMs. However, if you are an active duty family member (ADFM) or retired service member or family member, you

may be referred to other traditional health care services available with TRICARE. These services include physical therapy, family practice or orthopedics, or you may seek chiropractic care in the local community at your own expense.

Please contact a beneficiary counseling and assistance coordinator (BCAC) with any questions you may have regarding the chiropractic benefit. Find a BCAC near you by visiting the BCAC directory online at www.tricare.osd.mil/bcac.

You may also visit www.tricare.osd.mil/chiropractic for a list of MTFs that offer chiropractic care or for more information about obtaining care under the Chiropractic Care Program. ■

