

Fit for Life: Healthy Forces, Healthy Families

Campaign Promotes Wellness Choices for 9.1 Million Beneficiaries

This year, the Military Health System (MHS) and TRICARE are taking steps to promote healthy lifestyles among its 9.1 million beneficiaries. The *Healthy Choices for Life* campaign is focused on weight management, smoking cessation and the responsible use of alcohol. Here's a quick look at why these health issues are so important.

Weight Management

In 2001, the Surgeon General declared overweight and obesity to be a U.S. public health concern. This nationwide problem has only intensified since then. Today, two-thirds of Americans are considered to be overweight, one-third of whom are considered to be obese.

Upward weight trends are also seen in the MHS beneficiary population—active duty service members and families, retired service members and their families, and survivors—with the alarming report that military children are classified as overweight at a higher rate than children in the general American population. More than 3,000 active duty service members are discharged each year for failure to comply with Service's weight and fitness standards.

Being overweight or obese can lead to other serious health concerns, such as diabetes, hypertension, stroke, coronary artery disease, gallstones, respiratory

disease, arthritis and cancer. Losing just 5 to 10 percent in body weight can reduce or even eliminate the risk of these health concerns.

Smoking Cessation

Historically, the military has had a reputation as an environment in which tobacco use is accepted and common. Two decades ago, just over half of military personnel on active duty were smokers. In recent years, the Department of Defense (DoD) has increased efforts to reduce tobacco use, and the rate has declined sharply. Despite this improvement, a 2002 survey of active duty service members found the first significant increase in smoking after many years of declining smoking rates.¹

Responsible Use of Alcohol

DoD survey findings indicate an increase in average alcohol consumption and the prevalence of heavy alcohol use. The rate of heavy alcohol use is nearly one in five active duty personnel, and binge drinking—consuming five or more drinks on the same occasion at least once during the past 30 days—rates are highest among young military personnel in some social situations.² Heavy alcohol use and binge drinking

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^{1,2} Source: *DoD Surveys of Health Related Behaviors Among Military Personnel, 1980 to 2002 (2002 Questions: Any Smoking, Q45 and Q47; Heavy Smoking, Q46 Heavy Alcohol Use, Past 30 Days, Q15-Q18 and Q20-Q23 Binge Drank, Q24, and With Whom Drank, Q25).*

New Patient Surveys Help Humana Military Serve You Better

How are we doing? We want to hear from you. This month, Humana Military has begun asking you to complete patient surveys.

At just 10 questions, the anonymous surveys are short and should take just a few minutes to complete.

You'll have the opportunity to participate in the survey when you visit the beneficiary secured services section of www.humana-military.com, when you visit a TRICARE Service Center (TSC), or when you call Humana Military at 1-800-444-5445 (you can use the interactive voice response option to take the survey). The questions are the same for all three venues with the exception of one or two experience-specific questions.

Your responses are expected to go a long way toward improving the delivery of TRICARE services.

"The purpose of the surveys is to measure beneficiaries' overall patient satisfaction with their TRICARE plan and with the quality of care and services they are receiving," says Jerri Owen, project specialist, Quality Management and Customer Satisfaction for Humana Military. "We will apply the survey results to improve our service to beneficiaries."

The survey's questions focus on:

- How well your health care needs are being met
- Your ability to receive treatment in a timely manner

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Defense Legislation Improves TRICARE Benefits for Reservists and Their Families

The National Defense Authorization Act for 2005 improves the overall health benefits available to members of the Guard and Reserve and their families, and it makes permanent several of the TRICARE benefits authorized “temporarily” under 2004 defense legislation.

Here is a look at the main improvements:

- For Reserve Component members with delayed effective date orders to serve on active duty in support of a contingency operation for more than 30 days, the new legislation permanently authorizes TRICARE eligibility for up to 90 days prior to member’s activation date for eligible members and their families.
- The legislation makes permanent the 180-day transitional period after deactivation in which certain Reserve Component members and their families receive TRICARE health benefits under the Transitional Assistance Management Program (TAMP). Members must now have a comprehensive physical examination within 12 months before the scheduled date of separation from active duty service.
- The legislation authorizes a waiver of the TRICARE Standard and TRICARE Extra deductibles for Reserve Component family members whose sponsors are ordered to active duty for more than 30 days. Plus, it authorizes TRICARE to pay nonparticipating providers up to 115

percent of the TRICARE maximum allowable charge, enhancing continuity of care for these family members with their civilian providers.

Another provision will enable members of the Reserve Component (those called after Sept. 11, 2001, to serve for more than 30 days in support of a contingency operation, who served or will continuously serve for 90 or more days) to purchase TRICARE Standard health care coverage for themselves and their family members after they demobilize and after their TAMP benefit period ends.

The member must sign an agreement to continue serving for a period of one year or more in the selected reserve after their active duty ends. For every 90 days of consecutive active duty service, the member and family members may purchase one year of TRICARE Standard coverage for the same period they commit to serve in the selected reserves.

The option to purchase TRICARE Standard coverage will not be implemented until April 26, 2005. Policies and procedures for this new benefit have not yet been defined.

More information about these changes will be available in future TRICARE publications and on the TRICARE Web site at www.tricare.osd.mil and the reserve affairs Web site at www.defenselink.mil/ra. ■

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are higher among some active duty members than rates of similar civilian age groups.

Healthy Choices for Life Campaign

The goal of the *Healthy Choices for Life* campaign is to offer information that will help TRICARE beneficiaries make decisions based on healthy choices for themselves and for their families. In addition to other initiatives, TRICARE will feature a regular

department, called “Healthy Choices for Life,” in each edition of the *TRICARE Health Matters* newsletter. Look for future articles about weight management, smoking cessation, the responsible use of alcohol and many other related topics.

You can also go online to www.tricare.osd.mil/healthylifestyles for information about initiatives and programs that are available to you and your family. ■

New Patient Surveys

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- If claims are paid appropriately
- Your satisfaction with your doctor
- Your understanding of your doctor’s plan for treatment

The surveys also will capture basic demographic information, such as age, status (e.g., active duty, retired), TRICARE program (e.g., TRICARE Prime, Prime Remote) and location.

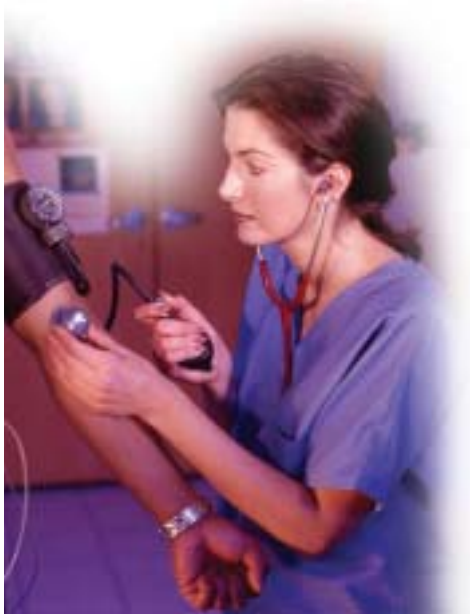
“This information is important as well because it allows us to spot trends and address specific problems,” says Owen.

So, the next time you’re presented with a patient survey, please tell us how we’re doing—we really want to know. ■

Cancer Clinical Trials Available to TRICARE Beneficiaries

Nearly 12,000 Military Health System beneficiaries are diagnosed with cancer each year. The Department of Defense (DoD), in partnership with the National Cancer Institute (NCI) through an interagency agreement, conducts the DoD Cancer Prevention and Treatment Clinical Trials Demonstration.

Family members of active duty personnel, as well as TRICARE-eligible retired service members and their families, may participate in NCI-sponsored clinical trials within military treatment facilities (MTFs) or at civilian cancer centers.



Three Phases of Trials

There are three phases of NCI clinical trials:

- **Phase I trials:** These are not covered currently by TRICARE due to their highly experimental nature.
- **Phase II trials:** TRICARE beneficiaries may participate in phase II trials, which study the safety and effectiveness of an agent or intervention, and evaluate how it affects the human body. These studies usually focus on a particular type of cancer.
- **Phase III trials:** TRICARE beneficiaries may also participate in phase III trials, which compare a promising new treatment against the standard approach.

Those appropriate for phase II trials include beneficiaries who have been diagnosed with cancer, as well as those who are at high risk for developing cancer and who want to decrease that risk.

Those appropriate for phase III trials include beneficiaries who have been diagnosed with cancer and want to participate in the most promising advances in cancer research.

Cost of Participation

Costs for screening tests to determine clinical trial eligibility, as well as

associated costs of participation in the clinical trials, are covered by the DoD and NCI interagency agreement.

If the beneficiary enrolls in a clinical trial at an MTF, all outpatient care is provided free of charge. Services received in the civilian sector are subject to copayments/cost-shares and deductibles.

How to Participate

Contact the DoD Cancer Prevention and Treatment Clinical Trials Demonstration case manager before beginning the evaluation or any treatment under the clinical trial. The toll-free number is 1-800-779-3060.

Prior authorization is also required to participate in an NCI clinical trial. Humana Military case managers facilitate referrals to the DoD/NCI demonstration when beneficiaries are identified as possible clinical trial participants. The PCM may refer beneficiaries by contacting the demonstration case manager.

The NCI Web site (www.cancer.gov) lists some of the phase II and III NCI-sponsored clinical trials, but not all of them. To determine if there are clinical trials available, contact the demonstration case manager. ■

Contacts: South Region and National

Humana Military
1-800-444-5445
www.humana-military.com

PGBA (claims)
1-800-403-3950

ValueOptions (behavioral health)
1-800-700-8646



Pharmacy Customer Service
1-866-DoD-TRRx (retail)
1-866-DoD-TMOP (mail order)
www.express-scripts.com/TRICARE

National TRICARE Web Sites
www.tricare.osd.mil
www.tricareonline.com

Update DEERS
1-800-538-9552
www.tricare.osd.mil/DEERSAddress

Your Primer on TRICARE Prime in the South Region

Humana Military offers the following 10-point primer to TRICARE Prime beneficiaries in the South Region as a quick-reference guide to your health care coverage:

1. Eligibility. TRICARE Prime is available to:

- Active duty service members (ADSMs), family members, survivors and eligible former spouses of active duty personnel
- Retirees, their family members and survivors under age 65
- Reserve Component members and their families if the sponsor is activated for more than 30 consecutive days

All eligible beneficiaries must be registered in the Defense Enrollment Eligibility Reporting System (DEERS).

2. Enrollment. To participate in TRICARE Prime, you must enroll. TRICARE Prime Enrollment and PCM Change Forms are available on the Humana Military Web site at www.humana-military.com or by calling the Humana Military TRICARE Service Line at 1-800-444-5445.

Active duty service members are automatically covered under the TRICARE Prime benefit, but still must enroll. There is no enrollment fee for active duty family members (ADFMs). Retirees and their family members must pay an annual enrollment fee of \$230 for an individual or \$460 for a family. Payment plans are available.

3. Primary Care Managers. When you enroll in TRICARE Prime, you will choose a primary care manager (PCM) or one will be assigned to you. Your PCM provides and coordinates your primary care services, maintains your patient health records, refers you to specialists and files claims for you. You must choose a military treatment facility (MTF) PCM. When an MTF PCM is too distant or not available, you can choose a PCM from the TRICARE network of civilian providers.

4. Military Treatment Facilities. Under TRICARE Prime, MTFs are your first option for primary care. If you live near an MTF and are referred for specialty care, inpatient admissions or procedures requiring prior authorizations, your PCM and Humana Military will try first to coordinate your care at the MTF. When services are not available at the MTF, Health Care Finders (HCFs) located within the MTF will assist in coordinating your care with a TRICARE network provider.

5. Specialty Care. PCMs provide your primary health care. When you need to see a specialist, your PCM will coordinate referrals for you. Normally, specialty care referrals are approved for a specific length of time and number of visits. If you obtain specialty care without a referral, it may be covered under the TRICARE point-of-service (POS) option, which includes a deductible, higher copayments and cost-shares.

6. Emergency Care. For emergencies, dial 911 or go directly to the nearest hospital emergency department. You (or family members on your behalf) should notify your PCM or Humana Military within 24 hours so your doctor can arrange continuing treatment.

7. Urgent Care. For nonemergency yet urgent medical conditions, coordinate with your PCM before seeking care. You also may call the Humana Military TRICARE Service Line at 1-800-444-5445 any time of the day or night. Without a PCM referral authorized by Humana Military, your nonemergency care may be covered under the TRICARE POS option.

8. Preventive Services. A wide range of preventive services is covered with no copayment requirement for TRICARE Prime beneficiaries as long as you visit the MTF or a TRICARE network provider. Going to a non-network provider when a network provider is

available will result in point-of-service charges. Types of covered preventive services include:

- Clinical examinations (e.g., blood pressure, breast exams, prostate exams, etc.)
- Eye exams
- Immunizations
- Patient and parent education/counseling services
- Cancer screening
- Infectious disease screening
- Cardiovascular screening
- Well-child examinations

9. Appointment Guarantees. TRICARE Prime guarantees you an appointment within the following standards:

- Urgent care appointments within 24 hours
- Routine appointments within one week
- Specialty care appointment or wellness visits within four weeks (28 days)

10. More Information. For additional information, consult your *TRICARE Beneficiary Handbook*, visit www.humana-military.com or call the Humana Military TRICARE Service Line at 1-800-444-5445. ■



Don't Ignore Those Bills

A Simple Phone Call Can Prevent a Lot of Hassle

You're opening mail and you see a bill from your doctor. You know you're covered by TRICARE Prime, so you shrug it off as a mistake and toss it in the trash.

Stop! You could be setting yourself up for unnecessary headaches. Unless you help correct the billing mistake, you could be turned over to a collections agency and experience a negative impact on your credit rating.

What You Can Do

Here are several steps you can take to help prevent billing errors from ever occurring or help resolve them when they do.

- **DEERS Information**

Keep all information up to date in DEERS (Defense Enrollment Eligibility Reporting System). You can update your name, address and other DEERS information on the Web at www.tricare.osd.mil/DEERSAddress or by telephone at 1-800-538-9552. Be sure to keep your name and mailing address current.

- **Call Your Provider**

If you receive a bill, call the provider. Ask if the claim was filed with TRICARE and verify that all personal information associated with the claim is correct. Be sure that the TRICARE sponsor's Social Security number is on the claim, especially if the sponsor was not the patient. (Eligible



former spouses should utilize their own Social Security number.)

- **Review the Explanation of Benefits (EOB)**

When a claim is submitted, TRICARE will send you an explanation of benefits (EOB) statement. Watch for these statements and read them. They can offer advance warning that a claim has been rejected. Call your regional contractor, Humana Military, at 1-800-444-5445 to discuss the EOB. You may be able to correct a problem before a bill is even generated.

- **Call or Visit a BCAC**

If you still need assistance after speaking with your provider and your regional contractor, you can call or visit a beneficiary counseling and assistance coordinator (BCAC), who is located at the nearest military base. Make sure you have information related to your bill when contacting a BCAC. The BCAC can serve as an agent between you and the other parties involved to redirect the bill to the appropriate party. You can locate a BCAC in your area via the online directory at www.tricare.osd.mil/bcac.

- **Submit a Forwarding Address**

When moving, or when in between permanent locations, always be sure to submit a forwarding address—someplace where you will receive your mail. If you don't, you could miss bills that might lead to collections and credit reporting problems.

- **Coordinate Care**

If you are on active duty and enrolled to a military treatment facility (MTF), you should coordinate all nonemergency care received in the civilian provider network with your MTF primary care manager (PCM). If you are on active duty and not enrolled to an MTF, be sure to coordinate your care with the Military Medical Support Office (MMSO). You can learn more about a local MMSO by visiting <http://mms0.med.navy.mil/> or calling 1-888-MHS-MMSO.

If You Already Have a Collection Problem

If you have already received a bill that has resulted in a collection problem, call your local Debt Collection Assistance Officer (DCAO). DCAOs are available at each TRICARE Regional Office and MTF.

DCAOs assist TRICARE beneficiaries in determining the validity of collection agent claims or negative credit reports received for debts incurred as a result of health care under TRICARE. You can locate your local DCAO by visiting www.tricare.osd.mil/dcao. ■

HOME COMING: Making the Transition

By guest contributor, Derrick Gore of ValueOptions, Humana Military's behavioral health care partner

Deployment is an important part of military life. While separations are hard on families, reuniting can often be even more difficult. That's because homecomings can be a time of celebration, as well as change.

Both married and single troops' family members experience a variety of feelings before and after being reunited. Many of these emotions are perfectly normal. In fact, there are three stages that many experience during homecomings: anticipation, readjustment and stabilization.

By learning more about each stage, you will better understand and cope with your emotions as they occur.

Anticipation

The last weeks and days before a homecoming are filled with mounting excitement, tension and even nervousness. Days may be spent in busy preparation for the service member's return. Fantasies of an even better relationship may surface, taking the place of reality as the day of reunion draws closer.

Here are a few tips to keep your feet firmly planted during this time frame:

- Make preparations stress-free.
- Don't make elaborate plans (keep it simple).
- Keep expectations reasonable.
- Recognize that each person has their own, often different expectations.
- Be flexible.

- Remember that it's natural that this time is stressful.

Readjustment

As the experience of homecoming fades, a readjustment stage follows. This is a time of renewal and the possible renegotiating of roles and responsibilities. Experts have identified two phases of readjustment:

Phase One: Honeymoon

This stage usually lasts until the first serious disagreement. You may experience:

- Feelings of euphoria, relief
- Blur of excitement
- Catching up and sharing experiences
- Beginning to reestablish intimacy

Phase Two: Readjustment

This stage usually lasts about six to eight weeks. You may experience:

- Intensified pressures
- Dealing with changes
- Sensitivity to the service member's presence
- Tension as the idealized relationship confronts reality

During both phases of readjustment, you can expect that:

- Communication may be difficult at first.
- Roles in the family may have changed.
- Family rituals may have changed.
- Activities/interests may have changed.
- The returning service member may feel he or she is not needed.

Here are a few tips for successfully working through readjustment:

- Reestablish communication. Talk to each other. Be open and listen to each other.

- Be aware of new feelings and needs within yourself that may affect your relationship.
- Renegotiate the relationship and redefine your roles. During deployment you may have realized new skills and abilities. This can frighten the returning service member, who may believe that he or she is no longer needed.
- Show respect for the job you each did (and avoid comparing hardships).
- Talk about the differences between being needed and wanted.
- Don't change systems that have been working well.
- Explain to your returning family member how finances have been handled during his or her absence. Integrate them back into the decision-making process.
- Expect that it will take time to reestablish intimacy. Sexual relationships may be awkward at first; couples need time together to become reacquainted before achieving the level of intimacy that existed before the separation.

Remember to include your children in many activities during this time frame. Just as adults have changed during the separation, so too have children. They have grown physically, emotionally and socially. They may feel confused and unsure. Make sure that you set aside special time to listen to their concerns and to address their feelings.

Here are a few additional tips for helping children during the readjustment stage:

- Have the service member share his or her experiences during the past months.
- Allow individual time for each child and the returning spouse.
- Encourage teens to share events in their lives.
- Respect each other's privacy.
- Encourage everyone to be nonjudgmental.

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Tracking Your Catastrophic Cap

If you are a retired service member who has enrolled in TRICARE Prime after Oct. 1, 2004, you may have noticed a credit adjustment to your catastrophic cap amount on your TRICARE explanation of benefits (EOB) statement.

Retirees and their family members are entitled to an annual \$3,000 catastrophic cap limit. That means if you have out-of-pocket expenses that reach \$3,000 at some point during the fiscal year, TRICARE will begin paying for all additional TRICARE-covered expenses* until the end of that fiscal year. The fiscal year runs Oct. 1 through Sept. 30.

How It Worked Before

The system previously tracked catastrophic caps according to both enrollment year and fiscal year. This was because TRICARE Prime enrollees had different enrollment anniversary dates that began the first of every month of the year.

Calculating the catastrophic cap according to two different time lines was cumbersome, and the numbers would rarely match.

How It Works Now

As of Oct. 1, 2004, TRICARE began aligning all enrollments with the fiscal year. Whether you enrolled on Nov. 1, 2004, or Jan. 1, 2005, your next enrollment renewal date will be Oct. 1, 2005.

As a result, all enrollment year catastrophic caps are now calculated according to the fiscal year. New TRICARE Prime enrollees are given a credit toward their catastrophic cap, depending on the number of months

*Out-of-pocket expenses accrued while using a non-network provider under the TRICARE Prime point-of-service option are not applied to the catastrophic cap.

Enrollment Year Effective Date	Number of Months Enrollment Year Is Abbreviated	Enrollment Year Catastrophic Cap Credit	Next Enrollment Year Effective Date	Next Enrollment Year End Date After Alignment
11/1/04	1	\$250	10/1/05	9/30/06
12/1/04	2	\$500	10/1/05	9/30/06
1/1/05	3	\$750	10/1/05	9/30/06
2/1/05	4	\$1,000	10/1/05	9/30/06
3/1/05	5	\$1,250	10/1/05	9/30/06
4/1/05	6	\$1,500	10/1/05	9/30/06
5/1/05	7	\$1,750	10/1/05	9/30/06
6/1/05	8	\$2,000	10/1/05	9/30/06
7/1/05	9	\$2,250	10/1/05	9/30/06
8/1/05	10	\$2,500	10/1/05	9/30/06
9/1/05	11	\$2,750	10/1/05	9/30/06
10/1/05	0	\$0	10/1/06	9/30/07

by which the 12-month period will be cut short.

If you enrolled on Nov. 1, 2004, for example, you are given a one-month credit of \$250 toward your catastrophic cap, which means you only have to reach out-of-pocket expenses of \$2,750 before TRICARE will begin paying for all covered expenses through Sept. 30, 2005. This is a one-time adjustment since, as of Oct. 1, 2005, your enrollment year and fiscal year catastrophic cap time frames become the same.

The chart depicts how this works throughout the year as retirees and their families enroll in TRICARE Prime.

The credit is applied to the sponsor of each retiree family. If you are enrolled as an individual, you also receive the credit, but look for it in the family catastrophic cap total on your EOB statement.

If you are a beneficiary who enrolled in TRICARE Prime prior to Oct. 1, 2004, your enrollment renewal date should already be aligned with the fiscal year, and the catastrophic cap credit no longer applies to you.

For more information about the catastrophic cap, contact your regional contractor, Humana Military, at 1-800-444-5445 or visit them online at www.humana-military.com. ■

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Stabilization

Once the readjustment stage ends, you will experience stabilization. The amount of time it takes for families to readjust varies. Many families will experience only minor difficulty in adjusting to new routines. For others, readjustment may be a longer process.

Ultimately, planning ahead, communicating and seeking help, if necessary, can alleviate the challenges of reuniting.

Programs that are available to help you through the stages of reunion include: your Air Force Family Support Center, Army Community Services Center or Navy Family Services Center. ■

FAQs: TRICARE Vision Coverage

Understand Your Benefits and Protect Your Vision

Regular vision examinations help you maintain excellent eye health. As you may know, TRICARE vision care varies according to beneficiary status and TRICARE program option. The following FAQs will help you understand which vision benefits you and your family may receive.

1. I am on active duty. May I visit an optometrist or ophthalmologist in the network for eye examinations?

No. You must receive all vision care from military treatment facility (MTF) providers unless specifically referred to a network provider, or to a non-network provider if a network provider is unavailable.

2. My husband is on active duty, and we are enrolled in TRICARE Prime. What is my vision coverage?

As an active duty family member (ADFM), you are covered for one routine eye examination every year at no cost. Additionally, you may receive a comprehensive eye examination every two years under TRICARE Prime's enhanced clinical preventive services benefit without a copayment. You may receive care from any MTF or network optometrist/ophthalmologist. Clinical preventive eye examinations from a network provider do not need a referral from your primary care manager (PCM) or authorization from Humana Military. If a network provider is not available, you can access the services from a non-network provider with a PCM referral or referral from Humana Military.

What about our children?

In addition to a routine eye examination every year for TRICARE Prime children of all ages, vision screening is available under the well-child benefit.

The well-child benefit is available from birth to age six and includes eye and vision screening by a PCM during a routine examination at birth and at approximately six months of age. Comprehensive eye examinations are authorized once every two years between ages three and six.



Children over age six assume the same coverage as any active duty family member enrolled in TRICARE Prime. There are no copayments for these services.

3. My husband is on active duty, but I am using TRICARE Extra (or TRICARE Standard). What is my vision coverage?

As an active duty family member, you are covered for one routine eye examination every year. However, TRICARE Extra or TRICARE Standard cost-shares will apply after the annual deductible has been met.

What about our children who are using TRICARE Extra or TRICARE Standard?

Children of active duty service members who are using TRICARE Extra or TRICARE Standard are covered for one routine eye examination every year. TRICARE Extra or TRICARE Standard cost-shares apply after the annual deductible has been met.

Vision screening is also available under the well-child benefit for children from birth to age six. The benefit includes eye and vision screening by a PCM during a routine examination at birth and at approximately six months of age. Comprehensive eye examinations are authorized once every two years between ages three and six. Children over age six assume the same coverage as any active duty family member using TRICARE Standard or TRICARE Extra.

4. I am a retired service member. What is my vision coverage if I enroll in TRICARE Prime?

You are covered for one comprehensive eye examination every two years. This benefit begins two years after your

last eye examination prior to retirement.

You may receive care from any TRICARE network optometrist/ophthalmologist and MTFs when available.

If visiting a network provider, please show your TRICARE Prime enrollment card. Because vision services are covered under TRICARE Prime's enhanced clinical preventive services benefit, you are not

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FAQs: TRICARE Vision Coverage

Understand Your Benefits and Protect Your Vision

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responsible for any copayments for vision care received from TRICARE network providers.

What if I use TRICARE Extra or TRICARE Standard?

Retired service members who use TRICARE Extra or Standard are not covered for vision services.

5. My spouse is a retired service member and I am enrolled in TRICARE Prime. What is my vision coverage?

Please see answer to Question 4.

What about our children?

Vision screening is covered under the well-child benefit. The well-child benefit is available from birth to age six and includes eye and vision screening by a PCM during a routine examination at birth and at approximately six months of age. Comprehensive eye examinations are authorized once every two years between ages three and six. Children over age six assume the same coverage as any retiree family member enrolled in TRICARE Prime. There are no copayments for these services.

6. My spouse is a retired service member and I am using TRICARE Extra or TRICARE Standard. What is my vision coverage?

You are not covered for vision under TRICARE Extra or TRICARE Standard.

What about our children?

Vision screening is available under the well-child benefit. The well-child benefit is available from birth to age six and includes eye and vision screening by a PCM during a routine examination at birth and at approximately six months of age. Comprehensive eye examinations are authorized once every two years between ages three and six. TRICARE Extra and TRICARE Standard cost-shares will apply after the annual deductible has been met. After age six, retirees' children who are using TRICARE Extra or TRICARE Standard are not covered for vision care.

7. Are eyeglasses or contact lenses covered under TRICARE?

Active duty service members are covered for eyeglasses at MTFs at no cost.

Otherwise, contact lenses or eyeglasses are only cost-shared with prior authorization for treatment of infantile glaucoma, keratoconus, dry eyes when normal tearing is inadequate or absent, corneal irregularities other than astigmatism, or loss of human lens function resulting from eye surgery or congenital absence.



Benefits are limited to only one set of implantable lenses required to restore vision. A set may include a combination of both implantable lenses and eyeglasses when the combination is necessary to restore vision. If there is a prescription change related to the qualifying eye condition, a new set may be cost-shared.

Replacement lenses for those that are lost, have deteriorated or have become unusable due to physical growth are not covered. Adjustments, cleaning and repairs of eyeglasses are also not covered.

Additional Information

In addition to preventive exams, medically necessary eye exams are covered for all categories of TRICARE beneficiaries. TRICARE Prime beneficiaries need referrals for medically necessary visits if they are not performed at an MTF.

Beneficiaries who are diabetic are covered for an eye exam each year, no matter what their sponsor's military status, so long as they are enrolled in TRICARE Prime. There is no copayment for these exams.

If you need additional information about TRICARE's vision coverage, visit the TRICARE Web site at www.tricare.osd.mil or contact Humana Military at 1-800-444-5445. Special programs may exist at local military treatment facilities (MTFs). Please contact your local MTF for more specific information. ■

Choosing Hospice Care

Difficult End-of-Life Decisions Are Best Made When Patients and Loved Ones Understand Their Choices

Hospice care is a choice for TRICARE patients with a terminal illness who are expected to live less than six months. It is an all-inclusive approach that offers a broad variety of supportive care and services to meet patients' end-of-life needs.

In keeping with the principles of family-centered care, the patient's wishes and those of family members and friends figure prominently in care decisions. All care is focused on "palliating" (lessening the effects of) the terminal condition.

What's Covered

"There are four levels of care within the hospice benefit: routine home care, continuous home care, inpatient respite care and general hospice inpatient care," says Christine Gavlick, TRICARE health care reimbursement specialist. "One of these levels of care will be in use at all times, and patients often shift among all four, depending

on their needs and the needs of family members who are supporting them."

Care within these levels may include physician services, nursing care, counseling, medical equipment, supplies, medications, medical social services, physical and occupational services, speech and language pathology, and hospice short-term acute patient care related to the terminal illness.

Once patients elect hospice care, their care is managed by the medical director of the hospice and by the interdisciplinary clinical team managing the case, always in consultation with patients and their families. Primary care managers (PCMs) may stay involved and participate in the clinical team, as well as manage any acute needs outside hospice coverage.

Because hospice care emphasizes supportive services, such as pain control and home care, rather than cure-oriented treatment, the benefit allows for custodial care and personal comfort items, which are limited under TRICARE's main coverage programs. However, services for an unrelated condition or injury, like a broken bone or unrelated diabetes, are still covered as a regular TRICARE benefit.

What's Not Covered

Room and board are not covered under hospice care unless the patient is receiving inpatient level of care.

Patients also cannot receive other TRICARE services/benefits (curative treatments related to the terminal illness) unless the hospice care is formally revoked. In other words, no care for the illness is covered by TRICARE unless the hospice provides it or arranges for it.

To formally revoke the hospice election, the beneficiary must submit a signed, dated statement through the hospice provider. This does not alter the beneficiary's ability to reenter hospice care at a later time.

Where Hospice Care Is Provided

Hospice care can be provided in a number of settings: at home, in a hospice facility or in a military treatment facility (MTF). Care can shift among these facilities without affecting the hospice benefit.

"For example," Gavlick explains, "suppose a hospice patient is receiving care at home, but their support system breaks down or the family member caring for them is overwhelmed with caretaking responsibilities. Inpatient hospice care, or respite care, may be available at an MTF or hospice facility in consultation with the patient's hospice interdisciplinary team and is considered part of the hospice benefit."

How to Initiate Hospice Care

Patients considering hospice care should discuss the option with their PCM and family members. As part of their decision-making process, patients may also request a consultation with a hospice facility to ask questions and learn more about how they will be cared for.

The patient, his or her PCM, or a family member acting on the patient's behalf can initiate hospice care, but the hospice will not take action without a doctor's order.

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Choosing Hospice Care

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Patients must complete an “election statement,” which the hospice provides, that indicates their understanding of what hospice care involves. This statement is then filed with the appropriate TRICARE regional contractor. Patients must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) to be eligible for and initiate hospice care.

Hospice care is provided in three benefit periods, each of which requires prior authorization. The patient’s PCM should initiate and obtain the prior authorization from Humana Military, on the patient’s behalf.

The first two benefit periods are each 90 days long and begin on the day that a hospice election statement is signed by the beneficiary and a physician’s certificate of terminal illness is signed by both the attending physician and the hospice medical director. The final benefit period comprises an unlimited number of 60-day periods, each of which requires recertification of the terminal illness.

How to Find a Hospice

“The best way to find a TRICARE-authorized hospice is to use your regional contractor’s provider directory,” says Gavlick. “Then contact the hospice and ask about their services, staff and any other questions that will help you make a decision.”

Beneficiaries can access the Humana Military provider directory or get more information about hospice care online at www.humana-military.com or by calling 1-800-444-5445. ■

Alternatives to Hospice Care

TRICARE patients who do not elect hospice care have other options. These options, outlined below, refer to services sought outside of a military treatment facility (MTF) and require prior authorization from Humana Military.

Home Health Care (Covered)

The services covered under TRICARE home health care are the same as those covered under Medicare home health care benefits. Covered services include a maximum of 28 hours per week part time, or 35 hours per week intermittent, skilled nursing care, home health aide services, and physical, speech and occupational therapy. All care must be provided by a participating home health care agency.

Costs per visit:

- TRICARE Prime active duty family member (ADFM): No copayment
- TRICARE Prime retirees and others: No copayment if the covered services are rendered through the home health agency under a plan of care. Copayments may apply for services received outside the home health agency prospective payments.

Skilled Nursing Care (Covered)

Skilled nursing care typically is not provided in a nursing home or a patient’s home, but rather in a skilled nursing facility (SNF). Under the SNF benefit, TRICARE covers skilled nursing care and rehabilitative (physical, occupational and speech) therapies, room and board, prescribed drugs, laboratory work, supplies, appliances and medical equipment.

For TRICARE to cover your admission, you must have had a medical condition that was treated in a hospital for at least three consecutive days. Admission to the SNF is covered as

long as you are admitted within 30 days of your discharge from the hospital (with some exceptions for medical reasons). Your doctor’s plan of care will need to demonstrate your need for skilled nursing services for Medicare or TRICARE to pay for the SNF care.

Costs per admission:

- TRICARE Prime active duty family member (ADFM): No copayment
- TRICARE Prime retirees and others: \$11 per day (\$25 minimum) copayment

Long-Term Care (Not Covered)

Long-term care (LTC) includes a wide range of support services for patients with a degenerative condition (e.g., Parkinson’s, stroke, etc.), a prolonged illness (cancer) or cognitive disorder (Alzheimer’s). Also known as “custodial care,” LTC primarily involves providing assistance with activities of daily living (walking, personal hygiene, dressing, cooking/feeding, etc.) or supervision of someone who is cognitively impaired.

Long-term care can be provided in many settings, including nursing homes, assisted living facilities, adult day care or a patient’s home. Long-term care is **not** a Medicare or TRICARE covered benefit.

Room, board and the services mentioned as a covered benefit for SNF care (listed above) are not covered under Medicare or TRICARE if determined to be part of long-term care. You need to ask the facility providing care whether or not you are receiving skilled nursing facility care or long-term care. Long-term care costs are your responsibility.

You can purchase LTC insurance through commercial insurance programs or the Federal Long Term Care Insurance Program (FLTCIP). ■

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TRICARE's Value Remains Strong

Health Costs Rising Faster Than Incomes, Study Says
USA Today, Sept. 28, 2004

Higher Costs, Less Care
The Washington Post, Sept. 28, 2004

A quick look at recent headlines tells the story of American health care today. Civilian health insurance premiums are rising, and in some cases, individuals are losing their coverage altogether.

In the wake of these challenges now facing the civilian sector, TRICARE has strengthened its resolve to make sure this does not happen to our beneficiaries. TRICARE continues to provide you and your family with comprehensive, dependable health care coverage that fits your unique needs—at a cost you can afford.

You can see the value of TRICARE simply by comparing the cost of TRICARE's managed care program (TRICARE Prime) to the average cost of civilian health maintenance organizations (HMOs):

Cost Comparison for Active Duty Service Members and Their Families		
	TRICARE Prime	Civilian HMO
Annual (Enrollment/ Premium) Fees	\$0	Individual—\$1,332 Families—\$3,864
Copayments	\$0	\$10 (in network)

Cost Comparison for Retired Service Members and Their Families		
	TRICARE Prime	Civilian HMO
Annual (Enrollment/ Premium) Fees	Individual—\$230 Families—\$460	Individual—\$1,332 Families—\$3,864
Copayments	\$0 (MTF)*	\$10 (in network)

Source: Major Medical Plan, as quoted by Kaiser Permanente's Web site, www.kaiserpermanente.org
 * A \$12 copayment applies for non-MTF care.

To compare the value of TRICARE against civilian plans, visit www.tricare.osd.mil/TRICAREcomparisons/admin/index.cfm. ■