

New TRICARE Reserve Select Health Plan Launched April 26

Benefits Extended for Reservists and Their Families

Health care coverage options for some Reserve Component members¹ and their families expanded again on April 26, 2005.

Reserve Component members called or ordered to active duty for more than 30 days in support of a contingency operation now have 180 days of health care coverage under the Transitional Assistance Management Program (TAMP) upon separation from active duty and may also purchase further coverage under the new TRICARE Reserve Select health plan.

Who Is Eligible?

TRICARE Reserve Select 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. Reserve Component service members who meet the following criteria may be eligible for this program:

1. The member is called or ordered in support of a contingency operation under Title 10 for a period of greater than 30 days. (This is retroactive to Reserve Component members who were called to active duty in support of a contingency operation on or after Sept. 11, 2001.)
2. The member must have served continuously on active duty for 90 days or more under such call or order²—the length of time served determines the

maximum period of coverage you may purchase under TRICARE Reserve Select.

3. The member agrees 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.
 - a. If the member separated from qualifying active duty service after April 26, 2005, the member must (1) enter into a Service Agreement by the last day of active duty, (2) execute the Service Agreement with the Service/Reserve Component and (3) submit a completed enrollment form and initial premium payment to Humana Military so **they receive it 30 days before the end of TAMP.**
 - b. If the member separated from qualifying active duty service on or before April 26, 2005, the member and the Service/Reserve Component must execute a Service Agreement no later than October 28, 2005.

What Is the Coverage?

TRICARE Reserve Select provides comprehensive health care coverage similar to the coverage available under TRICARE Standard/Extra for active duty family members. Annual deductibles, cost-shares and a catastrophic cap apply, plus a monthly premium is charged (see chart on next page).

For a complete list of benefits and cost-shares, refer to the *TRICARE Reserve Select Handbook* on the

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Brush Up on Your TRICARE Dental Benefits

Smile—TRICARE understands the importance of dental health to your overall well-being.

While active duty service members (ADSMs) receive their dental care from military dental treatment facilities (DTF) worldwide at no cost to ensure military readiness, the dental health of all other TRICARE beneficiaries is similarly important. That's why TRICARE is proud to offer two dental benefit programs that are separate from TRICARE's medical programs: TRICARE Dental Program (TDP) and TRICARE Retiree Dental Program (TRDP).

These dental programs have their own eligibility criteria and fees. Enrollment is handled between the beneficiary and the dental program. As with other TRICARE programs, you must keep your information up to date in the Defense Enrollment Eligibility Reporting System (DEERS) to maintain eligibility.

If you haven't thought about dental benefits lately, take a look and see what TRICARE has to offer.

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TRICARE Web site at www.tricare.osd.mil/reserve/reserveselect.

TRICARE Reserve Select members obtain care from TRICARE certified/authorized providers—network or non-network. Care may also be accessed from an MTF on a space-available basis only. Prescription medications can be filled through MTF pharmacies, the TRICARE Mail Order Pharmacy (TMOP) program or at TRICARE network and non-network retail pharmacies.

How Are Health Care Claims Paid?

If you receive care under TRICARE Reserve Select from a TRICARE network provider, the provider will submit claims for you. If you receive care from a non-network provider, the provider may not submit a claim for you. In that case, you need to complete a DD 2642 Form, which is available on the TRICARE Web site at www.tricare.osd.mil/claims, and submit to the following claims address:

TRICARE South Region
Claims Department
P.O. Box 7031
Camden, SC 29020-7031

Need More Information or Assistance?

For more information or assistance with eligibility for TRICARE Reserve Select, contact your personnel department.

For more information about TRICARE Reserve Select coverage, costs or enrollment procedures, visit www.tricare.osd.mil/reserve/reserveselect. If you need further assistance, you can call Humana Military at 1-800-444-5445. ■

TRICARE Reserve Select	
Covered Services (Examples)	<ul style="list-style-type: none"> • Urgent and emergency care, including ambulance services • Family health care • Obstetrics, gynecology and maternity services • Clinical preventive services, including health screening and immunizations • Behavioral health care, including partial hospitalization and residential treatment • Annual eye examinations • Durable medical equipment (DME) and supplies • Ancillary services, such as laboratory and radiology • Prescription drug coverage
Prior Authorizations	<p>Prior authorization is required from Humana Military for the following services:</p> <ul style="list-style-type: none"> • Adjunctive dental services • Admission or transfer to skilled nursing facilities (SNFs), rehab hospitals, and long term acute care (LTAC) facilities • Blepharoplasty • Durable medical equipment (DME)—electronic hospital bed, continuous positive airway pressure (CPAP) machine, apnea monitor, patient lifts, pneumatic compressor, bone stimulator, continuous passive motion (CPM) machine, power vehicle or wheelchair, certain orthotics, certain prosthetics, any miscellaneous code if line item rental or purchase price is greater than \$500 • Home health services • Hospice care • Hysterectomy • Inpatient nonemergency mental health admissions • Outpatient mental health visits more frequently than one per week • Program for Persons with Disabilities (PPWD) Services • Reduction mammoplasty • Septoplasty • Speech therapy • Transplants for solid organ and stem cell • Termination of pregnancy • Uvulopalatopharyngoplasty (UPPP)
Monthly Premiums	<ul style="list-style-type: none"> • Monthly premiums apply for both TRICARE Reserve Select member-only coverage and TRICARE Reserve Select member and family coverage. • To review actual costs for each type of coverage, visit www.tricare.osd.mil/reserve/reserveselect
Annual Deductibles	<ul style="list-style-type: none"> • Reserve Component member whose rank is E-5 and above: \$150/person or \$300/family per fiscal year³ • Reserve Component member whose rank is E-4 and below: \$50/individual or \$100/family per fiscal year³
Cost-Shares	<ul style="list-style-type: none"> • 20% for care received from any TRICARE-authorized provider after the deductible is met. Non-network providers may also charge up to 15% above the allowable charge. • 15% for care received from a TRICARE network provider after the deductible is met
Catastrophic Cap (The maximum out-of-pocket amount members are responsible to pay)	<ul style="list-style-type: none"> • \$1,000 per enrollment (single or family) • Monthly premiums do not apply to the catastrophic cap

¹ The Reserve Component (RC) 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.

² If you are otherwise eligible, but did not serve continuously on active duty for 90 days under that call-up due to an injury, illness or disease incurred or aggravated while you were activated, you may be eligible for one year of coverage.

³ The federal fiscal year runs Oct. 1–Sept. 30.

Brush Up on Your TRICARE Dental Benefits

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TRICARE Dental Program

TDP is a voluntary dental insurance program administered by United Concordia Companies, Inc. (UCCI). TDP covers a wide range of diagnostic, preventive and restorative services. You may seek care from a network of 56,500+ providers, or you may use non-participating providers at an additional cost.

Eligibility—TDP is available to eligible active duty family members (ADFM), as well as Reserve Component (RC) members (Selected Reserve and Individual Ready Reserve members) and their eligible family members. To be eligible, your military sponsor must have 12 months of service commitment remaining, and you must agree to participate in the dental program for at least 12 months, after which enrollment may be continued on a month-to-month basis. The 12-month commitment is waived for families of reservists called to active duty for certain contingency operations if application for TDP is made within 30 days of entering active duty.

Coverage during Mobilization—Reservists called to active duty for more than 30 consecutive days are eligible for the same military dental care that ADSMs receive and are automatically disenrolled from TDP, if previously enrolled. (Note: Family members will have their enrollment continued unless they elect to disenroll after the 12 months of initial coverage.) If the alert or order to active duty is in support of a contingency operation, their eligibility begins up to 90 days before they report to active duty.

Coverage during Demobilization—Reservists leaving active duty status who were previously enrolled in TDP are automatically re-enrolled. However, their coverage is not reflected in the Defense Enrollment Eligibility Reporting System (DEERS) until the month following deactivation. Reservists need to verify that coverage is in effect by contacting UCCI at 1-800-866-8499. If the reservist does not ensure coverage is in effect and obtains dental care prior to the date of coverage as shown in DEERS, UCCI will automatically deny the claim. Reservists receiving a claims denial for services rendered between the time they are deactivated and the time coverage takes effect should contact the UCCI claims department and have their claim reprocessed.

Survivor Benefit—When a military sponsor dies while on Active Duty, or Active Guard and Reserve orders for a period of more than 30 days, surviving family members enrolled in TDP will continue to receive benefits for 3 years from the month following the sponsor's death. This TDP survivor benefit also applies to enrolled family members of Selected Reserve and Individual Ready Reserve (early mobilization only) sponsors who die while in Selected Reserve and

Individual Ready Reserve (early mobilization only) status, regardless of whether the sponsor was on active duty orders or enrolled in the TDP at the time of his/her death. The government pays 100 percent of the premium for the survivor benefit. Once the 3-year TDP survivor benefit ends, surviving family members may be eligible for the TRICARE Retiree Dental Program. TDP coverage is not available to surviving family members if they were not enrolled in TDP on the day of the sponsor's death.

For more information about TDP benefits, visit the UCCI Web site at www.ucci.com or call 1-800-866-8499. To enroll, call 1-888-622-2256.

TRICARE Retiree Dental Program

TRDP provides dental coverage for retirees and their family members. Like TDP, TRDP is a voluntary dental insurance program. It is administered by the Federal Services division of Delta Dental Plan of California.

Eligibility—TRDP is available to retirees and their family members, certain surviving family members of deceased active duty sponsors, and Medal of Honor recipients and their immediate family members and survivors. There is an initial 12-month commitment for new enrollees, after which enrollment may be continued on a month-to-month basis. There is also a 30-day grace period from the coverage effective date during which voluntary termination of enrollment is allowed without further enrollment obligation, provided that no benefits were used.

Coverage—For a listing of TRDP's service areas of coverage, visit www.trdp.org. Premiums vary depending on location. Two of Delta Dental's commercial networks, DeltaSelect USA and DeltaPreferred Option USA, participate in the TRDP network. These 67,000 participating dentists agree to charge pre-negotiated fees and submit all claims paperwork for you.

You are also free to seek dental treatment from any non-network, licensed dentists, but you may pay slightly higher out-of-pocket costs since fees for dental services are not pre-negotiated. You have two non-network dentist options:

- If your dentist participates in the DeltaPremier USA network, their dental office agrees to file your claims and follow Delta's quality assurance requirements.
- If your dentist is not in the DeltaPremier USA network, you may have to pay the dentist first and then submit a claim to Delta Dental for reimbursement.

For more information about enrolling in TRDP and for a complete list of premiums, fees and covered services, visit www.trdp.org or call 1-888-838-8737. ■

Healthy Choices for Life

New Web Site Encourages Healthy Living Habits

TRICARE is making it easier for you and your family to get the information you need to develop healthier living habits.

As part of the Military Health System's 2005 Healthy Choices for Life Campaign, TRICARE has launched the new Healthy Choices for Life section of the TRICARE Web site, viewable at www.tricare.osd.mil/healthychoices.

"Military leaders and the Military Health System are committed to enhancing programs that improve healthy behavior and reduce avoidable stress," said Dr. William Winkenwerder, assistant secretary of defense for health affairs.

This dynamic repository is a one-stop shop filled with expert guidance on health, wellness, fitness and disease prevention. Its links provide you with motivational tips, self-assessment devices, success stories, advice for avoiding failure and recommendations for further research.

In particular, the information is organized around the campaign's three main health-improvement goals: weight management, smoking cessation and the responsible consumption of alcohol.

Three links at the top of each page—Lose weight, Quit smoking and Stop binge drinking—lead you to user-friendly information about each of the

topics and a series of links to other Web sites, tools and resources.

This portal also offers a left-hand navigation bar with links to other U.S. government and civilian health-related Web sites, plus links targeting such TRICARE audiences as active duty service members and their families, children and teens, and retirees and their families.

Overall, the Healthy Choices for Life Web site is a key vehicle that can assist you and your family in achieving long-term health and improving military readiness. Go to TRICARE's Healthy Choices for Life Web site today and add it to your list of favorites. ■

**Healthy
Choices
FOR
LIFE**

Find More "Healthy Choices" at Your Local Commissary

By Bonnie Powell, DeCA Corporate Communications

As TRICARE continues its mission to address the problems of alcohol, smoking and weight management through the "Healthy Choices for Life" campaign, the Defense Commissary Agency (DeCA) has launched a number of its own initiatives to create greater awareness of healthier eating and nutrition.

"A focus on nutrition is one of the major trends in the grocery industry now, and we want to lead the way in making commissaries the place to shop for fresh, healthy foods," said Patrick B. Nixon, acting director and chief operating officer for DeCA. "In addition to great produce sections, we have organics, wellness and healthy food

Military families can use their commissary benefit to buy groceries at cost. It all adds up to an overall average savings of 30 percent or more over commercial grocery stores.

sections in many commissaries. These types of products will be increasing rapidly as more manufacturers get involved in the trend away from fad diets and more toward healthier eating."

The 2005 Dietary Guidelines for Americans from the U.S. Department of Agriculture stress eating well-balanced meals, as well as

exercising daily for good health and weight management. "Just walking every single aisle of the commissary has exercise value," said Nixon.

During Physical Fitness Month in May, Commissary customers will also see many initiatives that will originate at the store level through community involvement with installations.

You'll see shelf talkers with nutritional information; special cards in the produce department; "it's your choice, make it healthy" commissary tours; healthy food fairs; increased "healthy food" sections and displays from manufacturers; and even fun programs like "commissary calisthenics."

"Our 272 commissaries worldwide are happy to partner with installations' nutrition specialists and health and wellness professionals to sponsor commissary tours that show military families what to look for on labels and what they should be eating," said Nixon. "We're not trying to tell customers what to buy when they shop at their commissary, but we are saying 'it's your choice, make it healthy.'"

To learn more, visit DeCA's Web site at www.commissaries.com. The site also offers a link to TRICARE's "Healthy Choices for Life" Web site. ■

This Is *Not* a Bill

How to Read a TRICARE Explanation of Benefits Statement

You know that sinking feeling you get when you open the mailbox and, except for the odd catalog or two, find nothing but a stack of bills? The next time you receive a “TRICARE Explanation of Benefits” (EOB) statement, take solace in two facts:

- 1.) The EOB statement provides a wealth of important information.
- 2.) You don’t have to write a check.

For each visit you make to a health care provider, TRICARE sends an EOB statement explaining what actions have been taken on the medical claim. The statements include a description of the expenses that have been billed by the provider and paid by TRICARE, any amounts you are required to pay, and information about any problems that need to be taken care of before TRICARE can finish processing the claim.

By reading your EOBs and keeping them for your records, you can make sure you don’t pay any more than is required. You can even help TRICARE fight fraud if you notice billing inconsistencies. In either case, you should call Humana Military at 1-800-444-5445 for guidance.

Here are a few helpful guidelines for reading your EOB statements:

General Contents

Each statement summarizes your recent health care visits by listing providers, dates of service, services provided, the amount billed, and the amount TRICARE has paid. If it happens that TRICARE has not covered a portion of any bill, a code appears that is further explained in the “Remarks” section of the statement.

Statement Number

A unique number, which appears on the top third of your EOB statement, is assigned to each claim. This helps TRICARE’s claims processor, PGBA, LLC, (PGBA) to keep track of the claim as it is processed. It also enables PGBA to find the claim quickly when beneficiaries call or write with questions and concerns.

Beneficiary Liability Summary

If you are responsible for a portion of the fee your doctor has charged, you’ll see that amount itemized in the “Beneficiary Liability Summary.” It will include any charges that have been applied to your annual deductible and any cost-share or copayment you must pay.

Benefit Period Summary

The “Benefit Period Summary” shows how much of the annual deductible (individual or family) and maximum out-of-pocket expense you have met to date. By keeping an (EOB) file for your records, you can readily access and track this information.

To view a sample of the EOB statement and read a more in-depth explanation of its contents, refer to page 30 of your *TRICARE Beneficiary Handbook*. The *Handbook* can be accessed online at www.humana-military.com.

If you have specific questions about the information contained in an EOB statement, address them to PGBA, the claims processor for the South Region, by calling 1-800-403-3950. ■

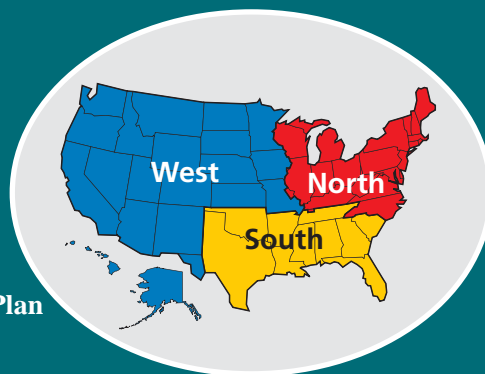
Contacts: South Region and National

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

PGBA (claims)
1-800-403-3950

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

Uniformed Services Family Health Plan
1-800-74U-SFHP
www.usfamilyhealthplan.org



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

TRICARE Prime: Peace of Mind for Travelers

Spring has sprung and vacation is on the horizon.

When preparing to travel, it's not uncommon to make a checklist of needed items: money, directions, tickets, toothbrush, etc. Reminders about your health care coverage and prescription benefits normally don't make it onto your checklist. While you hope you won't need medical treatment while traveling, you should be prepared in the event that it is necessary.

Fortunately, TRICARE Prime offers beneficiaries peace of mind by providing comprehensive health care coverage, even when traveling. To be sure you receive the maximum TRICARE benefit coverage at the lowest expense to you, follow these basic guidelines:

1. Verify your information in DEERS.

Prior to your departure, verify that your information and your family's information is up to date in the Defense Enrollment Eligibility Reporting System (DEERS). When seeking medical treatment in emergency or urgent situations or when filling a prescription while away, your eligibility for TRICARE benefits is verified through DEERS.

2. Pack your uniformed services ID card, TRICARE Prime enrollment card and Pharmacy Information card.

You may need to present one of these cards in the event you require medical care or need to get a prescription filled. Your TRICARE Prime enrollment card lists the phone number of your regional contractor, Humana Military, on the back. You should call that number to find out what to do prior to seeking care or if you are hospitalized.

3. Schedule routine care before you leave.

You should seek care that is routine in nature—office visits, management of chronic health conditions, routine physicals, etc.—from your primary care manager (PCM) before you travel. For routine care that cannot wait until you return home, you should call your PCM to coordinate a referral and authorization. Without an authorization, you may pay higher out-of-pocket costs under the TRICARE Prime point-of-service (POS) option, or payment may be denied altogether.

4. Seek emergency care immediately.

In the event of an emergency while traveling away from home, call 911 or go directly to the nearest hospital emergency room (not a free-standing urgent care center). Emergency care does not require prior authorization before treatment. However, your PCM should be notified within 24 hours of an inpatient admission. This gives your PCM the opportunity to arrange for your continuing treatment once you return home.

5. Coordinate urgent care with your PCM.

Urgent care differs from emergency care in that the condition is not life threatening but requires professional medical attention within 24 hours. Sprains, sore throats and rising fevers are examples of urgent care conditions. Urgent care must be coordinated in advance with your PCM or with Humana Military. If it isn't, the care should still be covered under the TRICARE Prime point-of-service (POS) option, but your out-of-pocket costs will be higher.

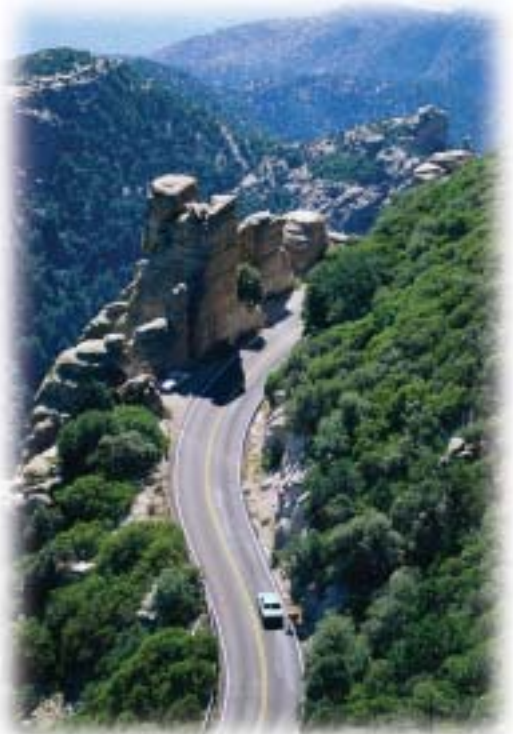
6. Use the options available to you for filling prescriptions under the TRICARE Pharmacy Program.

For short-term trips, it is recommended that you refill your prescriptions

before you travel. If you need to fill a prescription while on the road, there are several options available to you:

- **MTF Pharmacies**—You can fill a new prescription free of charge at a military treatment facility (MTF) pharmacy. To locate a nearby MTF, visit www.tricare.osd.mil/mtf.
- **TRICARE Retail Pharmacy (TRRx) Program**—The TRRx network features more than 53,000 retail pharmacies in the U.S., Puerto Rico, Guam and the U.S. Virgin Islands where you can get a 30-day supply of your prescription filled for a small copayment. To locate a TRICARE retail pharmacy, visit www.express-scripts.com/TRICARE or call toll free 1-866-DoD-TRRx.
- **TRICARE Mail Order Pharmacy (TMOP) Program**—If you take an extended vacation, you can get a 90-day supply of your prescription filled through TMOP for a small copayment. Call 1-866-DoD-TMOP for more information about using TMOP while traveling.

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Membership Has Its Privileges

Register for All the Benefits of ‘Online Beneficiary Services’

Wouldn't it be nice to sit in your pajamas at 2 a.m. and check the status of a TRICARE claim or change your primary care manager (PCM)?

You can. Simply sign up for **Secured Member Services** on the Humana Military Web site.

It's fast, it's free, it's secure and it empowers TRICARE beneficiaries to access their personal health information 24 hours a day, seven days a week.

While Humana Military has long provided 24-hour access to customer service representatives via telephone, Secured Member Services delivers an even more attractive option for today's Web-savvy beneficiaries. As a registered user, you can access the site at your convenience to:

- Request a TRICARE Prime Enrollment card
- Print temporary TRICARE Prime enrollment verification
- Check referral/authorization status
- Do a “Quick Eligibility Check”
- Review claims status
- Request a PCM change
- Request an address change

Ready access to these services can help expedite your care and prevent out-of-pocket expenses.

Sign Up to Take Full Advantage

To get started, visit www.humana-military.com and click on “Beneficiary Resources.” Once the “Online Beneficiary Services” page has loaded, click the “Sign up for Secured Member Services” link located on the right side of the page. (Fear not: a *Sign-Up Wizard* will guide you through the registration process, which usually takes around three minutes.)

Registration is essential to protect the privacy of your personal and medical information and ensure a secure experience every time you use the service.

Any TRICARE beneficiary can register for Secured Member Services; however, there are two caveats:

- Your personal information (address, etc.) must be correct in the Defense Department's Defense Enrollment Eligibility Reporting System (DEERS) database before you start the registration process.
- You need to have had at least one claim processed with Humana Military.

We've Got Answers

The Online Beneficiary Services page offers “Universal Services,” as well, that are available to all site visitors, regardless of registration. It is essentially your home page for all things TRICARE.

You can find a provider, pay TRICARE Prime quarterly or annual enrollment fees online, or learn more about a medical condition in the health and wellness section.

Can't Find It?

Humana Military also has implemented a new Web site search engine to find answers to your TRICARE questions with greater speed and accuracy than ever before. It uses cutting-edge technology to understand questions and match them with relevant answers found within the TRICARE information on the Web site.

So, what are you waiting for? Slip on your PJs and visit www.humana-military.com tonight! ■

TRICARE Prime: Peace of Mind for Travelers

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- Non-network Retail Pharmacies—Your last resort is to fill your prescription at a non-network retail pharmacy since it is the most costly option, subject to higher cost-shares and deductibles. You'll likely need to pay for the prescription and file a claim for reimbursement.

7. Call your regional contractor if you have questions.

When in doubt, it's best to call your regional contractor to address your specific questions.

The brochure, *Traveling with TRICARE Prime*, can tell you more. To obtain a

copy of this brochure, you can download it from the Humana Military Web site at www.humana-military.com or visit a TRICARE Service Center (TSC). ■

Know Thy Behavioral Health Care Provider

TRICARE Prime's BHC Options Demystified

TRICARE Prime covers many behavioral health care (BHC) services, but the types of providers who can deliver those services varies, which can sometimes be confusing. To make things even more interesting, you need a Letter of Referral to receive care from certain BHC providers.

Here's a look at your behavioral health care provider options and information about when a Letter of Referral might be needed.

BHC Provider Types

If your frame of reference for therapy comes from old films (did Woody Allen ever fail to mention his “analyst”?), you might think “counseling” means spending years on a couch rehashing your childhood with a bearded psychiatrist. Today's BHC options, however, include a broad range of providers and treatments.

Psychiatrists are physicians who have earned a general medical degree (M.D. or D.O.) and then completed advanced training in psychiatry. They can perform psychotherapy and counseling, as well as prescribe medication.

Psychologists have earned a doctoral-level degree (Ph.D. or Psy.D.) in psychology. They can perform psychotherapy, psychological testing and counseling services, but usually cannot prescribe medication.

Licensed Clinical Social Workers (LCSW) have earned a master's-level degree in social work. LCSWs can perform psychotherapy and counseling services, and may focus on things like child therapy, individual therapy or family therapy.

Both **Licensed Mental Health Counselors (LMHC)** and **Licensed Professional Counselors (LPC)** have

earned a master's-level degree in counseling. LMHCs and LPCs can perform psychotherapy and counseling services, and may focus on things like child therapy, individual therapy or family therapy. These providers require a Letter of Referral from an M.D. or D.O. prior to your initial visit.

Licensed Marriage and Family Therapists (LMFT) have earned a master's-level degree in counseling. LMFTs may perform individual counseling, but are specialists in family and marriage therapy.

Pastoral Counselors have earned a master's degree in counseling with added training and/or experience in pastoral counseling/psychotherapy. These providers require a Letter of Referral from an M.D. or D.O. prior to your initial visit.

Certified Psychiatric Nurse Specialists are licensed master's-level psychiatric nurses with an added certification in mental health by the American Nurses Credentialing Center.

Letter of Referral Explained

Your primary care manager (PCM), who is responsible for coordinating all care, can help determine what type of BHC provider is right for you. If you want to seek treatment from a pastoral counselor, an LMHC or an LPC, then a physician—usually your PCM—must provide you with a Letter of Referral prior to the initial consultation with the provider. The physician who signs your Letter of Referral must make an initial diagnosis and agree to provide medical oversight for the duration of the counseling.

“Sometimes a military treatment facility doctor or other PCM may be reluctant to sign the Letter of Referral because he or she does not feel comfortable in making an initial

diagnosis,” explains Roxane Kissinger, ValueOptions Customer Service Director. “If this happens, just call **ValueOptions at 1-800-700-8648** and a health care finder (HCF) will help you find a physician in your area who can provide the Letter of Referral and necessary oversight.”

Kissinger adds that if you are seeing more than one provider, it is essential to keep all parties informed—both to track medication, if applicable, and to ensure pre-authorization requirements are met after your eight outpatient visits have been utilized. (Your BHC coverage allows eight unmanaged visits per fiscal year, per *beneficiary*, not per provider.) ■



A Closer Look: DoD Generics Policy

Pharmacy Benefit Now Possible for All TRICARE Beneficiaries

One year ago this June, Express Scripts, Inc., began administering the new, nationwide TRICARE Retail Pharmacy (TRRx) program. Thanks to this program, TRICARE beneficiaries can travel anywhere across the U.S. or its territories and have their prescriptions filled easily at any of 53,000 network retail pharmacy locations.

The TRRx program has also meant that the Department of Defense’s (DoD) 10-year-old, mandatory generic drug program is now being enforced more consistently across the nation. This program requires that prescriptions be filled with the generic product, if one is available, at the generic copayment. If a generic equivalent does not exist, the brand-name drug is dispensed at the brand-name copayment (see chart).

Saving Millions of Dollars

“DoD’s long standing mandatory generic policy has saved our beneficiaries and taxpayers millions of dollars while providing quality pharmaceutical products,” explains Col. James Young, director of DoD Pharmacy Programs for the Office of the Assistant Secretary of Defense.

“Our focus on generics in no way compromises our commitment to our beneficiaries to provide the very best pharmaceutical care,” continues Col. Young. “This policy simply allows us to continue providing this high-quality pharmacy benefit to all of our beneficiaries in an effective, consistent and fiscally responsible manner.”

Generic medications work the same as their brand-name counterparts in dosage, strength, performance and use.

They must meet the same Food and Drug Administration (FDA) quality and safety standards.

Using Brand-Name Instead

If your doctor recommends that you use a brand-name medication over its generic equivalent, he or she must establish “medical necessity” with Express Scripts before you get your prescription filled. Otherwise, you may be responsible for the entire cost of the medication.

Medical necessity waivers are approved if one or more of the following situations exist:

- The patient must experience, or would be likely to experience, significant adverse effects from the generic.
- The generic has resulted in, or is likely to result in, therapeutic failure.
- The patient has previously responded to the brand-name, and changing to the generic would incur an unacceptable clinical risk.

Once your doctor has submitted the appropriate paperwork and Express Scripts has approved the request, you will receive a “letter of medical necessity,” which you must present with your prescription. At that time, the pharmacist will provide you with the brand-name medication, and you will be asked to pay the brand-name copayment.

Getting More Information

For more information about the safety and reliability of generic medications, visit the FDA Web site at www.fda.gov. To learn more about the TRRx program or if you have additional questions, visit Express Scripts at www.express-scripts.com/TRICARE or call 1-866-DoD-TRRx. ■

TRICARE Pharmacy Copayments			
Place of Service	Generic	Brand Name	Non-formulary*
Military Treatment Facility (MTF) Pharmacy	\$0	\$0	\$0
TRICARE Mail Order Pharmacy (TMOP) (up to a 90-day supply)	\$3	\$9	\$22
TRICARE Retail Network Pharmacy (up to a 30-day supply)	\$3	\$9	\$22
Non-network Retail Pharmacy (up to a 30-day supply)	For TRICARE Prime beneficiaries: 50% cost-share after point-of-service (POS) deductible ¹ has been met. For all other TRICARE beneficiaries, 20% of total cost or \$9, whichever is greater, after deductible ² has been met.		For TRICARE Prime beneficiaries, 50% cost-share after POS deductible ¹ has been met. For all other TRICARE beneficiaries, 20% of the total cost or \$22, whichever is greater, after deductible ² has been met.

* Last year, Congress directed the DoD to establish a Uniform Formulary process that creates a new third-tier cost-share for medications that are designated “non-formulary.” There will be no drugs in the non-formulary tier until the appropriate committees have evaluated drugs in accordance with the Uniform Formulary Rule and a final approval has been made. Visit www.tricare.osd.mil/pharmacy for updates.

¹\$300 per person/\$600 per family

²E1-E4: \$50 per person/\$100 per family; others: \$150 per person/\$300 per family

Give Your Child a Smart Start

Speedy Registration and Enrollment Ensure Your Newborn or Adopted Child Has the Best Care at the Lowest Cost

When you have a new baby or adopt a child, you want to do everything possible to give your son or daughter a great start in life—good nutrition, lots of love and attention, and, of course, excellent health care. That’s why it’s so important to enroll your child in TRICARE Prime as soon as possible, **no later than** 60 days after birth or adoption.

As of Jan. 1, 2005, the TRICARE Prime enrollment time frame for enrolling a new child in TRICARE Prime is 60 days after birth or date of adoption.

“We know that new parents have a lot of things to think about with so many exciting changes to adjust to in their life,” says Ms. Leeisa Shade-Ford, policy analyst, TRICARE Management Activity. “We want to make sure they’re aware of what to do after the baby is born or adopted. It is important for parents to understand that they must first register their child in the Defense Enrollment Eligibility Reporting System (DEERS) in order to be eligible for TRICARE Prime enrollment.”

Ensure Continuity of Care; Avoid Extra Costs

Speedy enrollment in TRICARE Prime ensures that your child’s care is continuously managed by his or her primary care manager (PCM). It also helps you avoid extra costs.

During the first 60 days after birth or adoption, children are “deemed enrolled” in TRICARE Prime so long as another member of the family is

enrolled in TRICARE Prime, TRICARE Prime Remote (TPR) or TRICARE Prime Remote for Active Duty Family Members (TPRADFM). Claims for any civilian health care are paid under TRICARE Prime rules.

If children are not registered in DEERS and enrolled in TRICARE Prime within 60 days, claims are processed as TRICARE Standard as of day 61. This means increased out-of-pocket expenses for the child’s care. Claims continue to process as TRICARE Standard until the child is enrolled in TRICARE Prime, or until TRICARE Standard eligibility ends, which is 365 days after birth or adoption for any child not registered in DEERS.

120 Days in Special Cases

Due to the unique issues associated with deployments and with overseas assignments, the TRICARE Regional Director of each stateside TRICARE Regional Office (TRO) and overseas TRICARE Area Office (TAO) can waive the 60-day requirement and allow up to 120 days on a case-by-case or regional basis. For more information, contact your TRO or TAO.

In most cases, however, 60 days gives parents plenty of time to register and enroll their new family members. Parents are encouraged to complete their child’s enrollment even sooner, whenever possible.

“Unfortunately, we have seen situations where, because their children had serious health problems, parents were faced with considerable costs because they didn’t enroll the child in TRICARE Prime within the deadline,” explains Ms. Shade-Ford.



“The bottom line is that TRICARE Prime is a great program, and it’s important to enroll your new son or daughter as soon as possible.”

Two Easy Steps

Enrolling your child in TRICARE Prime is an easy two-step process.

1. Register your child in DEERS.

Before enrolling in TRICARE Prime, you must first register your baby in DEERS. To do so, you, as a parent or legal guardian, 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 1172 Form (Application for Uniformed Services Identification Card and DEERS Enrollment) signed by the sponsor. Note that you **do not** have to wait until you get a Social Security number (SSN) for your child; just update his or her DEERS information after you receive the SSN.

Register your child in 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.
- Fax your DD 1172 Form and certificate of live birth to DEERS at 1-831-655-8317.

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Need Specialty Care? Follow the Rules for the Best Results. What You Should Know about Referrals and Authorizations

As a TRICARE Prime beneficiary, you enjoy ready access to your primary care manager (PCM), affordable copayments and fast, efficient service when you have a routine health concern or are due for a physical.

But what happens when you need to see a specialist for a diagnosis or treatment? What if you develop a condition that requires durable medical equipment (DME), such as an electric hospital bed, an apnea monitor or even a prosthetic?

Fortunately, TRICARE Prime beneficiaries are entitled to visit a wide range of health care specialists and are permitted to obtain medical treatment and equipment that transcends the scope of what a PCM can provide. The proper referrals and authorizations in advance of such specialty care are all that is needed.

Important Facts about Specialty Referrals

It is relatively simple to arrange to see a specialist. In fact, your PCM will submit and coordinate the referral request through Humana Military for you.

Here are a few facts you need to know about specialty referrals:

- TRICARE Prime beneficiaries will be referred to specialists at the local military treatment facility (MTF) first. If the

services are not available at the MTF, or the MTF is located more than an hour away, you'll be referred to a specialist within the TRICARE network of civilian providers.

- Specialty care referrals will be approved for a specific length of time and number of visits.
- You should follow the appropriate procedures for obtaining specialty referrals to avoid higher out-of-pocket costs.
- If you have other health insurance, you must follow the network referral rules for that carrier.

You don't need a PCM referral or authorization for clinical preventive services or emergency care.

Prior Authorization

TRICARE requires prior authorization approval for nonemergency inpatient services and some outpatient services. This enables Humana Military to review the requested services and ensure the medical or psychological necessity of care **before** services are rendered.

Examples of services requiring prior authorization include hospice care, home health services, inpatient behavioral health services and more. For a complete list of procedures and/or services requiring prior authorization, contact Humana Military at 1-800-444-5445. ■

Give Your Child a Smart Start

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- Mail your DD 1172 Form and a copy of the certificate of live birth to:
Defense Manpower Data Center
Support Office, Attn: COA, 400
Gigling Road, Seaside, CA 93955-6771

2. Enroll your child in TRICARE Prime.

Once your child is registered in DEERS, simply complete a TRICARE Prime Enrollment Application and PCM Change form and follow the directions for returning the form to the nearest TRICARE Service Center or to Humana Military. The enrollment application provides instructions to help you complete the form. Contact Humana Military 1-800-444-5445 for assistance.

After your application is processed, you will receive a TRICARE Prime Identification Card for your child. Until you have received the card, keep a copy of your enrollment application to show when accessing care with your child's PCM. Be sure to fill in your baby's PCM name and telephone number on your baby's card.

Tips for Completing the Enrollment Application

When choosing your child's PCM:

- You must select a PCM at a military treatment facility (MTF) if one is available within a 30-minute drive of the child's home address.

- Next, you should contact the PCM's office to verify that the provider is accepting new patients.

If you do not already have a provider in mind, you can contact your MTF or Humana Military. You can read about many PCMs at MTFs by visiting www.tricareonline.com, and you can research civilian PCMs at www.humana-military.com.

If you cannot decide on a PCM, one can be assigned to you. You have the ability to change PCMs, subject to MTF PCM availability criteria.

Remember to sign and date your application and to include both your home and daytime telephone numbers where you can be reached. ■

Humana Military Healthcare Services, Inc.
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TRICARE

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- High satisfaction with care
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- Easy access

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



TRRx FAQs

What is a compounded medication?

Compounded drugs are usually ointments, creams, suppositories or liquid medications that are not commercially available in the desired strength, concentration or dosage form, and that are prepared for you by a pharmacist following your doctor's directions. Compounded drugs must be filled at a pharmacy that offers this service and has an assigned NABP (National Association of Boards of Pharmacy) number. To find a pharmacy near you that compounds medications, call Express Scripts at 1-866-DoD-TRRx.

Are compounded medications covered by TRICARE? What is the copayment?

In most cases, as long as one ingredient of the compound is covered by TRICARE, then the compound is available for up to a 30-day supply when filled at a TRICARE retail network pharmacy. The copayment is \$9 for all compounded medications, even if all of the ingredients are generic. You may fill a prescription for a compounded medication at a

non-network pharmacy; however, you will need to file a paper claim with Express Scripts for reimbursement, and a deductible and higher cost-share will apply.

How long does it take to receive reimbursement for my prescription drug claim?

If you have no other insurance policies that are primary to TRICARE, you should receive reimbursement for all eligible expenses for your prescription claims within 15 to 20 business days of the date you mailed the completed claim form (DD 2642) to Express Scripts. You can obtain the claim form on the Express Scripts Web site at www.express-scripts.com/TRICARE.

Can I get reimbursed for TRICARE or VA copayments I have made?

TRICARE does not reimburse for TRICARE or VA copayments that you, the beneficiary, have paid. ■