

## Stay Eligible: Keep DEERS Up to Date!

The Defense Enrollment Eligibility Reporting System (DEERS) is the worldwide database for all service members, their family members and others who are eligible for military benefits—including TRICARE. TRICARE uses the information stored in your DEERS record to determine benefit and program eligibility and your TRICARE region. Keeping your DEERS information accurate helps ensure that you can access TRICARE benefits—including doctor appointments, medications and expense reimbursement—when needed.

Remember to check your DEERS information regularly, especially when undergoing a life change such as moving, getting married or having a child. You can update and verify your DEERS record in the following ways:

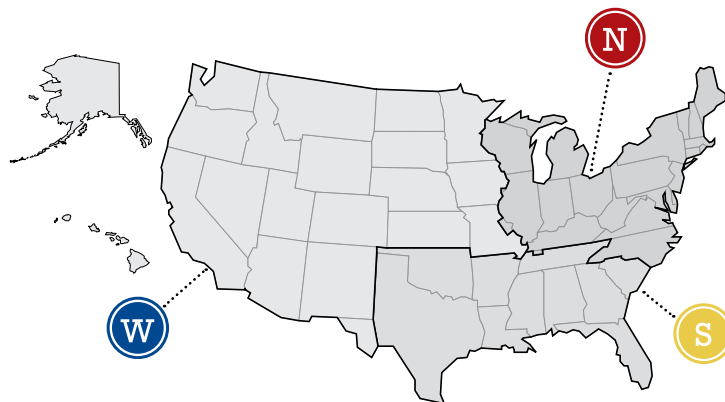
1. **Online:** To access the Beneficiary Web Enrollment Web site, visit [www.tricare.mil/bwe](http://www.tricare.mil/bwe).
2. **In Person:** Sponsors can update your contact information or add or delete a family member at the nearest identification card-issuing facility. Go to [www.dmdc.osd.mil/rsl](http://www.dmdc.osd.mil/rsl) to find a location.
3. **By Phone:** Call 1-800-538-9552 or 1-866-363-2883 (TTY/TDD) to update your contact information.
4. **By Fax:** Fax contact information updates to 1-831-655-8317.
5. **By Mail:** Mail contact information updates to:  
 Defense Manpower Data Center  
 Support Office  
 400 Gigling Road  
 Seaside, CA 93955-6771

## TRICARE Standard: We're Here to Help

**W**ith so many decisions to make every day, it's good to know that when it comes to your health care, answers are close at hand.

### Your TRICARE Regional Contractor

When questions arise, your TRICARE regional contractor is your primary point of contact. TRICARE has three regional contractors in the United States: Health Net Federal Services, LLC in the North Region; Humana Military Healthcare Services, Inc. in the South Region; and TriWest Healthcare Alliance Corp. in the West Region. (See the map for coverage areas.)



Each regional contractor maintains a Web site, toll-free customer service call center and TRICARE Service Centers to assist you with your questions and concerns.

Your TRICARE regional contractor can help you locate health care providers. Also, if you have questions about eligibility, claims, referrals, appeals or fraud information, just pick up the phone or check your regional contractor's Web site. You can find your regional contractor's contact information in the chart on the following page.

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## TRICARE Standard: We're Here to Help

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TRICARE North Region	TRICARE South Region	TRICARE West Region
<b>Health Net Federal Services, LLC</b> 1-877-TRICARE (1-877-874-2273) <a href="http://www.healthnetfederalservices.com">www.healthnetfederalservices.com</a>	<b>Humana Military Healthcare Services, Inc.</b> 1-800-444-5445 <a href="http://www.humana-military.com">www.humana-military.com</a>	<b>TriWest Healthcare Alliance Corp.</b> 1-888-TRIWEST (1-888-874-9378) <a href="http://www.triwest.com">www.triwest.com</a>
Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin and portions of Iowa (Rock Island Arsenal area), Missouri (St. Louis area) and Tennessee (Fort Campbell area)	Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee (excluding the Fort Campbell area) and Texas (excluding the El Paso area)	Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (excluding the Rock Island Arsenal area), Kansas, Minnesota, Missouri (excluding the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas (the southwestern corner only, including El Paso), Utah, Washington and Wyoming

### BCACs and DCAOs

When you need help with TRICARE and the Military Health System, Beneficiary Counseling and Assistance Coordinators (BCACs) are available to advise you on your health care options. BCACs are located at military treatment facilities (MTFs) and TRICARE Regional Offices.

Debt Collection Assistance Officers (DCAOs), also located at MTFs and TRICARE Regional Offices, are available to help you resolve health care billing and collection-related issues. If you receive a negative credit rating or are sent to a collection agency because of TRICARE-related issues, please contact a DCAO. DCAOs cannot provide legal advice or repair your credit rating, but they can help you through the debt-collection process by providing documentation for the collection or credit-reporting agency, to explain the circumstances relating to the debt.

To locate a BCAC or DCAO near you, visit [www.tricare.mil/bcacdcao](http://www.tricare.mil/bcacdcao) for an online directory. ■

## Finding a TRICARE Provider Close to Home

**U**nder the TRICARE Standard program, you have the freedom to seek care from any TRICARE-authorized provider—network or non-network—without a referral. Some services require prior authorizations; for more information, please see “Referrals and Authorizations: What Are They and When Are They Needed?” on page 5 of this newsletter. One way to find a local health care provider (a physician or other practitioner) is to get a recommendation from a friend or someone you trust. Then call the office to make sure that the provider is accepting new TRICARE patients. The TRICARE and regional contractor Web sites also include provider directories. This information is a helpful place to start, but please contact the physician or practitioner’s office to confirm that the provider accepts TRICARE.

Some providers may not accept TRICARE because they are not aware that they can. Most health care providers with professional licenses (issued by a state or a qualified accreditation organization) can become TRICARE-authorized. Eligible providers who would like to become TRICARE-authorized should call the appropriate regional contractor to begin the process. TRICARE is always eager to welcome new providers who offer excellent care for patients—and you, as the beneficiary, are TRICARE’s best recruiter.

For more information about finding providers in your area, visit the “Find a Provider” page at [www.tricare.mil/providerdirectory](http://www.tricare.mil/providerdirectory). On this page, you can also download a handout about TRICARE that you can give to a provider who does not currently accept TRICARE patients. For more information on what benefits are covered, visit [www.tricare.mil/mybenefit](http://www.tricare.mil/mybenefit). ■

# TRICARE Provider Types: Which One Is Right for You?

**A**s a TRICARE Standard beneficiary, you can see any TRICARE-authorized health care provider. TRICARE-authorized providers, who must meet certain licensing and certification requirements, may or may not be part of the TRICARE network. You can see network or non-network providers, but your out-of-pocket costs will vary. If you see a provider who is not TRICARE-authorized and is not eligible for authorization, you will have to pay for the full cost of care.

## Network Providers

Network providers have signed an agreement with your regional contractor to provide care. They will file claims for you and have agreed to accept the negotiated rate as payment in full. When you choose a network provider, you receive care under the TRICARE Extra benefit and pay discounted cost-shares. Visiting a TRICARE network provider is your most affordable option if military treatment facility (MTF) care or TRICARE Prime is not available to you.

## Non-Network Providers

Non-network providers have not signed an agreement with your regional contractor and are, therefore, considered to be “out of network.” When using the TRICARE Standard benefit, you choose TRICARE-authorized providers outside of the TRICARE network and pay higher cost-shares. There are two categories of non-network providers: participating and nonparticipating.

## Participating Non-Network Providers

Participating non-network providers will file claims for you and will accept the TRICARE rate as payment in full. Participating

providers can choose whether or not to participate on a claim-by-claim basis, meaning that they may agree to participate on one episode of care but not on another.

## Nonparticipating Non-Network Providers

Visiting a nonparticipating non-network provider is your most expensive option. These health care providers can legally charge you up to 15 percent above the TRICARE rate. You are responsible for paying any amount in excess of the TRICARE rate, as well as any applicable cost-shares. If you visit a nonparticipating non-network provider, you may need to pay up front for services and file a claim for reimbursement.

## Military Treatment Facilities

If you live near an MTF inpatient services, your most affordable option for specialty care is right there. Very few MTFs have primary care capacity for Standard beneficiaries, but many of the larger facilities may offer specialty services. So, if you think you may need hospitalization or surgery, contact the MTF’s Referral Management Center. ■



## TRICARE-Authorized Providers

Provider Type	Files Claims	Pays Up Front	Cost of Services	You Pay
Network	Provider	TRICARE	Negotiated rate	Applicable deductibles and cost-shares
Non-Network: Participating	Provider	TRICARE	TRICARE rate	Applicable deductibles and cost-shares
Non-Network: Nonparticipating	You	You	TRICARE rate, plus up to 15 percent extra and any applicable cost-shares above the TRICARE rate	The billed amount, less the TRICARE rate, plus applicable deductibles and cost-shares

## TRICARE Standard Pays to be Preventive

Obtaining clinical preventive services helps prevent illness before major health problems occur. Recent legislation waives your cost-shares as a Standard beneficiary for certain types of preventive care. Included are services and screenings for:

- Immunizations
- Colorectal cancer
- Breast cancer
- Cervical cancer
- Prostate cancer
- Well-child visits for children under 6 years of age

Also, for all beneficiaries age 6 and older, when a visit to a health care provider includes one or more of the benefits listed above, the cost-share for the visit is waived. However, other services provided during the same visit are subject to cost-shares and deductibles.

The cost-share waiver applies if you are a TRICARE Standard or TRICARE Extra beneficiary who is not Medicare eligible, even if you haven't met the annual deductible.

Medicare-eligible beneficiaries are covered by TRICARE For Life (TFL), which generally pays the remainder of any costs not paid under Medicare, including amounts for the listed preventive services. However, preventive services and all immunizations **not** covered by Medicare require TRICARE Standard cost-shares and deductibles for TFL beneficiaries.

Criteria, such as age, frequency of care and family history must be met to waive cost-shares for the six clinical preventive services listed. All other preventive services may be subject to cost-shares and deductibles. Check with your regional contractor if you have questions or visit [www.tricare.mil](http://www.tricare.mil). The new waivers apply to any services received on or after Oct. 14, 2008. You can request reimbursement for these specific services received after Oct. 14, 2008, and before the implementation date of Sept. 1, 2009.

Reimbursement requests can be made by phone or in writing to your regional contractor. For contact information, please see "TRICARE Standard: We're Here to Help" on page 2 of this newsletter. ■

## When Your Child Becomes Ineligible for TRICARE

Your unmarried children remain TRICARE-eligible until age 21, or age 23 if enrolled in college full time and if you provide at least 50 percent of their financial support. Your children's Defense Enrollment Eligibility Reporting System (DEERS) information must be kept up to date to ensure eligibility. You should update their college enrollment status **before** their 21st birthday. If you have a child who will soon lose TRICARE eligibility due to age, the Continued Health Care Benefit Program (CHCBP) or a commercial (non-military) health insurance plan may be options.

CHCBP is a premium-based health care program administered by Humana Military Healthcare Services, Inc. (Humana Military) that is available to all beneficiaries in the United States. CHCBP is similar to, but not part of, TRICARE—it is provided to help serve as a bridge between military health benefits and civilian health care coverage. With CHCBP, your child can

receive up to 36 months of health care coverage after his or her TRICARE eligibility ends.

The major difference between TRICARE Standard coverage and CHCBP is that you pay a quarterly premium for your child to participate. CHCBP benefits are comparable to TRICARE Standard and use the same providers and program rules.

Alternatively, you can consider a student health plan, which some colleges and universities offer to cover your child while he or she is enrolled in school.

**Note:** Children with disabilities may remain eligible beyond normal age limits. Check with DEERS for eligibility criteria.

For more information on CHCBP, contact Humana Military at 1-800-444-5445 or visit [www.humana-military.com](http://www.humana-military.com). You can also visit TRICARE at [www.tricare.mil/chcbp](http://www.tricare.mil/chcbp). ■

# Referrals and Prior Authorizations: What Are They and When Are They Needed?

**W**hile TRICARE Standard does not require referrals coordinated through a primary care manager, some services may require prior authorization.

## What Is a Referral?

A referral is a recommendation from a doctor to see another health care provider (a specialist) for services that the doctor cannot provide. With TRICARE Standard, you may see any TRICARE-authorized provider at any time for routine, urgent, emergency or specialty care **without** a referral from your family doctor.

## What Is Prior Authorization?

Prior authorization occurs when a service or procedure is reviewed to determine whether it is medically necessary at the level of care requested. Your provider must contact your regional contractor to obtain prior authorization for you. You can visit your regional contractor's Web site to find out if prior authorization is required.

Here are some examples of services that require prior authorization in every TRICARE region. **Note:** This list is not intended to be all-inclusive.

- Adjunctive dental services
- Home health services

- Hospice care
- Nonemergency inpatient behavioral health care, partial hospitalization and residential treatment, including nonemergency inpatient admissions for substance use disorders
- Outpatient behavioral health care after the eighth visit per fiscal year (FY) (Oct. 1–Sept. 30)
- Transplants (solid organ and stem cell)
- TRICARE Extended Care Health Option services

When granted, prior authorizations specify beginning and ending dates for covered care. All authorized care must be received within the specified time frame. If further care is needed, your provider must obtain a new authorization. Behavioral health care authorizations will also specify a certain number of visits. **Note:** All TRICARE-eligible beneficiaries, with the exception of active duty service members, can receive the first eight outpatient behavioral health care visits per FY (Oct. 1–Sept. 30) without prior authorization. Before the ninth visit, prior authorization must be obtained. If care is obtained from a licensed mental health counselor, licensed professional counselor or pastoral counselor, physician referral and oversight is required prior to services being rendered.

Additional authorization rules may apply. Visit your regional contractor's Web site for additional information. ■

## Understanding the TRICARE Pharmacy Benefit

**T**RICARE offers four pharmacy options to meet your prescription medication needs. These choices allow you to fill prescriptions at your convenience.

With a written prescription and a valid uniformed services identification (ID) card or Common Access Card (CAC), you may fill your prescriptions using any of the following options:

- Military treatment facility (MTF) pharmacy
- Mail Order Pharmacy
- TRICARE retail network pharmacy
- Non-network retail pharmacy

If you live near a military hospital or clinic, filling your prescriptions at an MTF pharmacy is the least expensive

option. You can get up to a 90-day supply of most medications free of charge, as long as they are on the MTF's formulary. Non-formulary medications are generally not available at MTF pharmacies. To check the availability of a particular drug, contact your local MTF pharmacy. For contact information, use the MTF directory at [www.tricare.mil/mtf](http://www.tricare.mil/mtf).

The Mail Order Pharmacy is your least expensive option when not using an MTF pharmacy. If you regularly take medications for long-term conditions such as asthma, hypertension or diabetes, the mail-order option allows you to receive up to a 90-day supply of your maintenance medications for the same price as a 30-day supply filled at your local retail pharmacy. Additionally, prescriptions are delivered to you with free

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## Understanding the TRICARE Pharmacy Benefit

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standard shipping, and refills can be easily ordered online, by phone or by mail. If you would like to transfer your retail prescriptions to the Mail Order Pharmacy, contact the Member Choice Center at 1-877-363-1433, or use the online tool at [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE) by clicking “get started with Home Delivery.”

Another option for filling your prescriptions is using a TRICARE retail network pharmacy, where you will generally pay one copayment for each 30-day supply. With this option, you can choose to fill your prescriptions at any of the approximately 60,000 civilian retail network pharmacies throughout the United States and U.S. territories. You can fill a prescription at one of these pharmacies simply by presenting your prescription along with a valid uniformed services ID card or CAC. To find the nearest TRICARE retail network pharmacy, visit [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE) or call 1-877-363-1303.

Using a non-network pharmacy, you will pay the full price of your medication up front and file a claim for partial reimbursement. Reimbursements are subject to deductible or out-of-network cost-shares and copayments.

It is also important to remember that the Department of Defense has a mandatory generic drug-use policy, which means that you will receive a generic drug instead of a brand-name drug whenever a generic equivalent exists. To obtain a brand-name drug that has a generic equivalent, the prescribing provider must complete a clinical assessment that indicates the brand-name drug should be used in place of the generic medication, and Express Scripts, Inc., the program

administrator, must grant approval. If a generic-equivalent drug does not exist, you will receive the brand-name drug at the brand-name copayment.

### Other Health Insurance

When you have other health insurance (OHI), your OHI is the first payer for pharmacy coverage, and the rules of that insurer apply. After your OHI has paid the claim, your TRICARE coverage may reimburse you for part or all of your out-of-pocket costs, including copayments. Your best option with OHI is to use a retail pharmacy that is covered by your OHI and is also a TRICARE retail network pharmacy. You are not eligible to use the Mail Order Pharmacy if you have OHI with a prescription plan, including a Medicare Part D prescription program, unless you meet one of the following requirements:

- Your OHI does not include pharmacy benefits
- The medication you need is not covered by your OHI
- You have met your OHI’s maximum coverage limit

Once you have met one of these requirements, you may submit your prescription to the Mail Order Pharmacy for reimbursement.

The table below summarizes your TRICARE pharmacy costs, which are determined by prescription type and where you fill your prescriptions.

For more information on filling prescriptions, visit the “Prescriptions” area at [www.tricare.mil/mybenefit](http://www.tricare.mil/mybenefit). ■

### Comparing TRICARE Pharmacy Costs

Type of Pharmacy	Formulary Drugs		Non-Formulary Drugs
	Generic	Brand Name	
<b>MTF Pharmacy</b> (up to a 90-day supply)	\$0	\$0	Not available
<b>Mail Order Pharmacy</b> (up to a 90-day supply)	\$3	\$9	\$22 unless medical necessity is established
<b>Retail Network Pharmacy</b> (up to a 30-day supply)	\$3	\$9	\$22 unless medical necessity is established
<b>Non-Network Pharmacy</b> (up to a 30-day supply)	\$9 or 20% of the total cost, whichever is greater, after your annual outpatient deductible is met		\$22 or 20% of the total cost, whichever is greater, after your annual outpatient deductible is met

# TRICARE Dental Benefits: Ensuring Optimal Oral Health

Visiting your dentist regularly for preventive exams is essential to keeping your teeth and gums healthy. In order to help you achieve optimal oral health, TRICARE offers two voluntary dental benefit programs: The TRICARE Dental Program (TDP), administered by United Concordia Companies, Inc. (United Concordia), and the TRICARE Retiree Dental Program (TRDP), administered by Delta Dental® of California. Active duty service members are not eligible for TDP or TRDP. They receive care through different programs.

The TDP and the TRDP offer comprehensive dental benefits with access to a nationwide network of dentists at affordable rates. Both programs are available overseas. Whether you enroll in the TDP or the TRDP, you and your family will receive maximum coverage for minimal out-of-pocket costs.

The TDP and the TRDP have different eligibility criteria. The table below provides an overview of each program. ■



	TRICARE Dental Program	TRICARE Retiree Dental Program
<b>Who is Eligible</b>	<ul style="list-style-type: none"> <li>• Active duty family members</li> <li>• National Guard and Reserve members and their families</li> </ul>	<ul style="list-style-type: none"> <li>• Military retirees, including retired National Guard and Reserve members, and their families</li> <li>• Medal of Honor recipients and their eligible family members</li> <li>• Certain survivors</li> </ul>
<b>Eligibility Requirements</b>	Military sponsor must have 12 months of service commitment remaining and must participate in the dental program for at least 12 months. After that, enrollment may be continued on a month-to-month basis.	Enrollment requires an initial, consecutive 12-month commitment. After that, enrollment may be continued on a month-to-month basis.
<b>Availability</b>	Worldwide	Worldwide
<b>Dental Contractor (Plan Administrator)</b>	United Concordia Companies, Inc.	Delta Dental® of California
<b>Customer Service Phone Numbers</b>	1-800-866-8499 (stateside) Monday–Friday, 24 hours a day 1-888-418-0466 (overseas) <sup>1</sup>	1-888-838-8737 (stateside) Monday–Friday, 6 a.m.–6 p.m. PT AT&T USADirect® Access Number <sup>2</sup> plus 866-721-8737 (overseas)
<b>Web site</b>	<a href="http://www.TRICAREdentalprogram.com">www.TRICAREdentalprogram.com</a>	<a href="http://www.trdp.org">www.trdp.org</a>
<b>Coverage</b>	The TDP covers a wide range of diagnostic and preventive services; oral surgery services; and endodontic, prosthodontic and periodontic services. For specifics, visit the TDP Web site.	The TRDP covers a wide range of diagnostic and preventive services; oral surgery services; and endodontic, prosthodontic and periodontic services. For specifics, visit the TRDP Web site.
<b>How to Enroll</b>	Three convenient methods: online, by mail or by fax. Visit the TDP Web site for details.	Three convenient methods: online, by phone or by mail. Visit the TRDP Web site for more details.

1. Check the Web site for a complete listing of available locations.

2. For access numbers, visit [www.usa.att.com/traveler/index.jsp](http://www.usa.att.com/traveler/index.jsp).

## Using TRICARE with Other Health Insurance

**F**or both medical and pharmacy claims, TRICARE is the secondary payer to all health benefits and insurance plans except for Medicaid, TRICARE supplements, the Indian Health Service and a few other health programs. Let your regional contractor and health care providers know if you have other health insurance (OHI), so they can help you coordinate benefits and ensure timely reimbursement.

File claims with your OHI first. If the OHI does not cover the full cost, you can file a claim with TRICARE. TRICARE issues reimbursements based on provider status, so it will not necessarily cover all of the remaining cost. For more information, please visit [www.tricare.mil/costs](http://www.tricare.mil/costs).

If you are enrolled in a health maintenance organization (HMO) or another similarly managed plan, your health care provider works directly with the HMO, and you may only receive a copayment receipt. In these cases, you can submit a

*TRICARE DoD/CHAMPUS Medical Claim—Patient's Request for Medical Payment (DD Form 2642)* to TRICARE with a copy of the receipt. Deductibles and cost-shares apply, and TRICARE may only partially reimburse your HMO copayment.

To reduce pharmacy costs, your best option is to use a TRICARE retail network pharmacy that is also covered by your OHI. After the OHI pays, TRICARE may reimburse you for part or all of your out-of-pocket costs, including copayments. Contact Express Scripts, Inc. at 1-877-363-1303 for more information about pharmacy claims.

**Note:** It is important to follow your OHI's requirements and rules. If your OHI denies a claim for failure to follow its rules, such as obtaining care without authorization or using a provider who is not authorized by your OHI, TRICARE may also deny your claim. ■

## Ensuring Your Right to Privacy

**A**s a TRICARE beneficiary, you can trust that your privacy will always be protected. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), all military and civilian health care plans (including TRICARE) and health care providers must comply with HIPAA's standards for providing security and protection to ensure the privacy of patient data.

Under the HIPAA Privacy Rule, medical staff are allowed to use and disclose your protected health information (PHI) for treatment, payment and health care operations without written authorization. However, nearly all other uses and disclosures require your permission.

The HIPAA Privacy Rule allows you to:

- Receive a copy of the Military Health System Notice of Privacy Practices
- Request access to PHI
- Request amendment of PHI
- Request an accounting of PHI disclosures
- Request restrictions on PHI use and disclosure
- File a complaint regarding any privacy infractions

To learn more about your rights and responsibilities within the Military Health System, visit [www.tricare.mil/mybenefit](http://www.tricare.mil/mybenefit). ■

## Photocopying Beneficiaries' ID Cards Is Legal

**I**n order to give you the care you need, your doctor, pharmacist or other medical provider must verify your TRICARE eligibility. He or she will ask you to present a valid uniformed services identification (ID) card or Common Access Card (CAC) and may ask for your sponsor's Social Security number. To expedite your care, make sure your card has not expired. You may also want to keep a copy of your ID card or CAC in a safe place for your records.

Although it may concern you that your provider has requested to photocopy your ID card or CAC, please keep in mind that

photocopying a beneficiary's ID card or CAC for authorized purposes is legal. Authorized purposes include medical care eligibility determination and documentation. Unauthorized use occurs when someone uses an ID card or CAC to obtain benefits, privileges or access to which he or she is not entitled.

An ID card or CAC alone does not verify TRICARE eligibility. You must ensure your eligibility by registering with the Defense Enrollment Eligibility Reporting System (DEERS) and keeping your information up to date. See additional DEERS information on page 1 of this newsletter. ■

## Filing TRICARE Standard Claims

**T**RICARE Standard gives you access to TRICARE-authorized providers across the country. However, depending on the health care provider you choose, you may have to file your own claims.

When you seek care from TRICARE network providers, you have nothing to worry about, as these providers are required to file your TRICARE claims. Non-network providers can choose to submit claims for you on a claim-by-claim basis; therefore, you may have to do your own paperwork if you choose a non-network provider.

To file claims, use the *TRICARE DoD/CHAMPUS Medical Claim—Patient’s Request for Medical Payment (DD Form 2642)*, available on the TRICARE Web site at [www.tricare.mil/claims](http://www.tricare.mil/claims), your regional contractor’s Web site, at TRICARE Service Centers or military treatment facilities.

Here are some tips to ensure your TRICARE claims are filed correctly:

1. Correctly complete all 12 blocks on *DD Form 2642*.
2. Sign the form.
3. Submit all claims (regardless of where you received care) to the claims processor in your home region.
4. File claims within one year of the date of service or within one year of the date of an inpatient discharge (hospital stay).

5. Attach a legible copy of the health care provider’s bill to the claim form and make sure the bill contains:
  - Sponsor’s Social Security number (SSN) (Eligible former spouses should use their own SSN.)
  - Provider’s name and address (If more than one provider’s name is listed on the bill, circle the name of the provider who treated you.)
  - Date and place of each service
  - Description of each service or supply
  - Charge for each service or supply
  - Diagnosis (If a diagnosis does not appear on the bill, provide one in block 8a on *DD Form 2642*.)
6. If you have other health insurance (OHI), file your claim with your OHI before filing with TRICARE. Be sure to include your OHI explanation of benefits when you submit your claim to TRICARE.
7. Keep copies of all completed forms and provider bills.

If you have questions, visit [www.tricare.mil/claims](http://www.tricare.mil/claims). TRICARE North Region and South Region beneficiaries can register at [www.myTRICARE.com](http://www.myTRICARE.com) to track claims online. TRICARE West Region beneficiaries can register at [www.triwest.com](http://www.triwest.com) to view claim status and payment details online. ■

## Using TRICARE Standard Overseas

**T**RICARE Standard health care coverage follows you wherever you go. When traveling overseas, you can use the TRICARE Standard option to receive care from any host nation provider. **Note:** When seeking care from a host nation provider, be prepared to pay up front for the full cost of services and file a claim with TRICARE for reimbursement.

If you have questions about TRICARE Standard coverage overseas or need assistance locating a provider, please contact the appropriate TRICARE Area Office (TAO) listed below. ■



TRICARE Area Office— Eurasia-Africa	TRICARE Area Office— Latin America and Canada	TRICARE Area Office— Pacific
<b>Stateside:</b> 1-888-777-8343, option 1 <b>Comm.:</b> 011-49-6302-67-6314 <a href="http://www.tricare.mil/eurasiaafrica">www.tricare.mil/eurasiaafrica</a>	<b>Stateside:</b> 1-888-777-8343, option 3 <b>Comm.:</b> 1-706-787-2424 <a href="http://www.tricare.mil/tlac">www.tricare.mil/tlac</a>	<b>Stateside:</b> 1-888-777-8343, option 4 <b>Comm.:</b> 011-81-6117-43-2036 <a href="http://www.tricare.mil/pacific">www.tricare.mil/pacific</a>

## TRICARE Benefit Updates

**T**RICARE is committed to providing you with high-quality, affordable health care choices. One of the ways we honor this commitment is by offering valuable new benefits and keeping you informed about changes in your coverage. Listed below are some of the benefit updates from the past year. For more information about benefit updates, visit [www.tricare.mil/mybenefit](http://www.tricare.mil/mybenefit).

### TRIAP and Telemental Health

Two new behavioral health care services are available to eligible TRICARE beneficiaries:

- The Web-based TRICARE Assistance Program (TRIAP) allows eligible beneficiaries to interact with licensed counselors via online chat or video conference 24 hours a day, seven days a week. There are no referral or authorization requirements. Active duty service members, active duty spouses of any age and other eligible family members age 18 and older (and beneficiaries eligible under the Transitional Assistance Management Program) may use TRIAP services an unlimited number of times for online behavioral health assessments, non-medical counseling and advice. For more information about the TRIAP program, visit [www.tricare.mil/triap](http://www.tricare.mil/triap).
- The Telemental Health program uses secure, interactive audio-visual features to provide medically necessary clinical consultation, individual therapy, psychiatric diagnostic interview examination, and medication management. Patients receive care at a TRICARE-authorized site from behavioral health professionals who are located at another office or site. More information about this program is available in the *Mental Health and Behavior* section at [www.tricare.mil](http://www.tricare.mil).

### TRICARE Pharmacy Program

Express Scripts, Inc. (Express Scripts) continues to administer the TRICARE Pharmacy Program, providing mail-order, retail and specialty pharmacy services to TRICARE beneficiaries. Express Scripts now offers a single phone number for retail and mail-order pharmacy assistance. Call 1-877-363-1303 or visit Express Scripts on the Web at [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE).

### Vaccines and Over-the-Counter Drugs

TRICARE beneficiaries can visit participating TRICARE retail network pharmacies to receive seasonal flu, H1N1 flu and pneumonia vaccines at no cost. This expanded coverage is available to all TRICARE beneficiaries eligible to use the TRICARE retail pharmacy benefit. Additionally, a continuing TRICARE over-the-counter (OTC) medication demonstration allows you to substitute OTC versions for selected prescription drugs, including certain allergy and heartburn medications, without copayments. To receive covered OTC medications with no out-of-pocket costs, you need a prescription from your health care provider specifically for the OTC drug.

### TRICARE ECHO Benefit Enhancements

The TRICARE Extended Care Health Option (ECHO) provides financial assistance to qualifying active duty family members with specific mental or physical disabilities. In 2009, TRICARE increased the ECHO program's allowable cap for some services. The previous limit of government reimbursement for all ECHO benefits combined, excluding the ECHO Home Health Care (EHHC) and EHHC respite care benefits, was \$2,500 per month. That limit has now increased to \$36,000 per fiscal year (Oct. 1–Sept. 30). This increased allowable cap is retroactive to Oct. 14, 2008. For more information, visit [www.tricare.mil/echo](http://www.tricare.mil/echo). ■

## Get the Latest TRICARE Information Fast and Easy

**D**on't want to wait for your next newsletter to get all the TRICARE news? Become a TRICARE fan on Facebook, follow us on Twitter, or sign up for e-mail alerts that deliver the latest TRICARE benefit information—when you need it! See our videos, download podcasts and much more. It's all at the new TRICARE media center at [www.tricare.mil/mediacenter](http://www.tricare.mil/mediacenter).

You can also visit TRICARE's Smart Site at [www.tricare.mil/tricaresmart/default.aspx](http://www.tricare.mil/tricaresmart/default.aspx) for access to electronic versions of TRICARE publications, including flyers, brochures and handbooks.

## Transitioning to TRICARE For Life

If you become eligible for Medicare at age 65 or at any age because of a disability or end-stage renal disease, there is important information you should know about your TRICARE coverage.

When you become entitled to premium-free Medicare Part A and have Medicare Part B coverage, you also become eligible for TRICARE For Life (TFL) benefits. TFL is TRICARE's Medicare-wraparound coverage, which means TFL pays second to Medicare for all services covered by both Medicare and TRICARE.

Wisconsin Physicians Service (WPS) administers TFL. There is no enrollment application, but you do have to take certain steps to make sure you remain TRICARE-eligible for a seamless transition from TRICARE Standard to TFL.

### Verify Your Medicare Eligibility and Enroll in Medicare Part B

The Centers for Medicare & Medicaid Services (CMS) manages Medicare, and there are important rules and time frames for enrolling in Medicare Part A and Medicare Part B. For more information about applying for Medicare, visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-633-4227.

Once you have Medicare Part A and Medicare Part B, verify that your record in the Defense Enrollment Eligibility Reporting System (DEERS) has been updated to reflect this change. CMS automatically sends Medicare updates to DEERS, but you should check to make sure the information was correctly received. (See "Stay Eligible: Keep DEERS Up to Date!" on page 1 for information about updating your DEERS record.)

It's important to remember that if you have premium-free Medicare Part A, you also **must** purchase Medicare Part B to remain eligible for TRICARE. The exceptions to the Medicare Part B rule are as follows:

**Active duty family members (ADFM):** If you are an ADFM and are eligible for premium-free Medicare Part A, you do not need Medicare Part B to keep your TRICARE benefits. However, the Department of Defense (DoD) strongly encourages you to enroll in Medicare Part B prior to your sponsor's retirement date to avoid a break in TRICARE coverage. ADFMs may enroll in Medicare Part B during the special enrollment period, which is any time that your sponsor is on active duty or within the first eight months

following your sponsor's retirement date. The surcharge for late enrollment does not apply. (The Medicare Part B surcharge is 10 percent for each 12-month period that you were eligible to enroll in Medicare Part B but did not.)

**US Family Health Plan (USFHP) or TRICARE Reserve Select (TRS) enrollees:** If you are enrolled in the USFHP and are eligible for premium-free Medicare Part A, you do not need Medicare Part B to keep your TRICARE benefits. However, the DoD strongly recommends that you enroll in Medicare Part B when you are first eligible to avoid late enrollment surcharges if your USFHP eligibility ends. Non-active duty reservists and family members receiving medical care through a TRS plan are also encouraged to enroll in Medicare Part B as soon as you are eligible. Medicare Part B coverage is not required to receive benefits through TRS, but if you fail to enroll when you are first eligible, you may have to pay late-enrollment surcharges if or when you subsequently enroll.

### See Medicare Providers

When using TFL, you will see some changes in your benefits and how you get care. You must see Medicare providers in order for Medicare and TRICARE to pay for services that are covered by both programs—otherwise, you may be financially responsible for the care you receive. In many cases, TRICARE-authorized health care providers are also Medicare providers. There is a good chance that the providers you saw using TRICARE Standard are also Medicare providers, so check with your provider or regional contractor to confirm that they accept both.

If you receive care in an overseas location not covered by Medicare, TRICARE will be the primary payer. For reimbursement, you must submit a paper claim to WPS, along with a copy of your provider's itemized bill and, if applicable, your other health insurance's explanation of benefits. You are responsible for the applicable TRICARE deductible and cost-share.

Visit the WPS Web site at [www.TRICARE4u.com](http://www.TRICARE4u.com) for more TFL program information. ■

### 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



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 TRICARE Standard Health Matters is published by the TRICARE Management Activity. Please provide feedback at [www.tricare.mil/evaluations/feedback](http://www.tricare.mil/evaluations/feedback).

## Urgent or Emergency? Here's the Difference

Every year, millions of dollars are spent on costs in situations where an emergency room visit was not necessary, and a patient's condition could have been treated through urgent care. TRICARE's explanation of urgent care and emergency care can help you seek the most appropriate health care services.

### Urgent Care

TRICARE defines urgent care as medically necessary treatment for an illness or injury that would not result in further disability or death if not treated immediately but that requires professional attention within 24 hours.

Examples of urgent care include:

- Minor cuts
- Migraine headache
- Urinary tract infection

- Sprain
- Rising fever

Contact your regional contractor for assistance in obtaining urgent care. To reduce your out-of-pocket costs, you should seek urgent care services from a TRICARE network provider. It is important to note that under TRICARE Standard, if you have other health insurance (OHI), you should make sure to follow your OHI rules for obtaining urgent care.

### Emergency Care

TRICARE defines an emergency as a medical, maternity or psychiatric condition that would lead a "prudent layperson" (someone with average knowledge of health and medicine) to believe that a serious medical condition exists; or that the absence of immediate

medical attention would result in a threat to life, limb or eyesight; or when the person has painful symptoms requiring immediate attention to relieve suffering. This includes situations where a person is in severe pain or is at immediate risk to self or others.

Examples of emergencies include:

- No pulse
- Severe bleeding
- Chest pain
- Broken bone
- Inability to breathe

In an emergency, immediately call 911 or go to the nearest emergency room. Afterward, you should notify your regular doctor about emergency room visits, so you can work together to coordinate follow-up care. ■