

From the Desk of the CMO

*Dr. Jack Smith
Acting Chief Medical Officer
TRICARE Management Activity*

Your Child's Dental Health: Start Early!

Dear TRICARE Beneficiary,

What keeps kids out of school more often than the flu, the common cold and chicken pox? Tooth decay.

Oral decay is the single most common chronic childhood disease. More than 51 million school hours are lost each year due to oral health-related illnesses.

So what can you do to help stem this tide? Make sure your children know how to take proper care of their pearly whites—teach them about dentist visits and the importance of good oral hygiene, and help them take care of their teeth until they can do it themselves.

A child's first teeth will start coming in between ages 6 months and 12 months. The front two bottom teeth will come in first, followed by the front four upper teeth. Clean these first few teeth by wiping them with a moist washcloth. As your child gets more teeth, you can use a soft child's toothbrush.

continued on page 2

Take Control of Your Health with TRICARE Standard

Freedom to Choose What's Best for You and Your Family

Welcome to the 2008 edition of *TRICARE Standard Health Matters*, your source for news and reviews to help you make the most of your TRICARE Standard benefit.

TRICARE is committed to providing high quality, cost-effective program options to meet your health care needs. This edition of *Health Matters* provides a wealth of information to help you become more knowledgeable and take a more active role in your own health care and that of your family.

Staying Eligible

When it comes to your TRICARE benefits, your first responsibility is making sure you and your family remain eligible for TRICARE. And that means keeping your information up to date in the Defense Enrollment Eligibility Reporting System (DEERS). "Stay Eligible for TRICARE: Keep DEERS Up to Date" on page 6 provides more information on eligibility and DEERS. And if you're going to be eligible for Medicare soon, there are some things you need to do to stay TRICARE-eligible (see "From TRICARE Standard to TRICARE For Life" on page 7).

Getting Care

Using TRICARE Standard is easy. There are no enrollment fees or forms to fill out. There are no special rules for accessing care and referrals are not required. Simply visit any TRICARE-authorized facility, hospital or doctor whenever you need urgent, routine, specialty or preventive care.

continued on page 2

In This Issue ...

- Your Child's Dental Health: Start Early!
- Are Your Child's Immunizations Up to Date?
- TRICARE Covers MRI Screening for Breast Cancer



From the Desk of the CMO

Your Child's Dental Health: Start Early!

continued from page 1

The American Academy of Pediatric Dentistry recommends that a child's first visit to the dentist should be when the first tooth comes in. In addition to identifying and preventing problems, an early dentist visit can teach you about your child's oral health and proper hygiene. Children can develop dental habits at a very early age, and starting them off with the proper habits will help them grow up with healthy smiles.

If a child loses baby teeth by decay, permanent teeth can erupt prematurely and come in crooked because of limited space. According to orthodontists, 30 percent of their cases have their origins in the premature loss of baby teeth.

Here are six important oral hygiene habits:

1. Brush at least twice a day to remove plaque. If plaque is not removed, it can lead to cavities.
2. Floss daily. Flossing helps remove food debris from in between the teeth where a toothbrush can't reach.
3. Eat healthy and nutritious foods and limit the intake of sugary carbonated drinks.
4. Visit the dentist for regular checkups and cleanings.
5. Get fluoride treatments twice a year. Fluoride treatments are extremely beneficial in preventing tooth decay.
6. Never put a baby to bed with a bottle; it can cause tooth decay.

To learn more about children's dental health, visit the Web site of the American Academy of Pediatric Dentistry at www.aapd.org.

You can "brush up" on TRICARE's dental coverage options by reading "TRICARE Dental Benefits" on page 9. ■

Take Control of Your Health with TRICARE Standard

continued from page 1

However, the type of provider you see impacts your out-of-pocket costs and whether you need to file a claim (see "TRICARE Reference Room: TRICARE Provider Types" on page 4). And even though you never need a referral, you may need to get prior authorization for certain services in order to be reimbursed by TRICARE (see "Referral and Prior Authorization Requirements" on page 5 for details).

Need to file a claim? We review that process on page 11. We also explain how TRICARE Standard works with other health insurance plans (page 10).

In addition to outstanding medical coverage, TRICARE offers world-class pharmacy and dental benefits with a number of flexible options for you and your family. Read all about them on page 8 (pharmacy) and page 9 (dental). ■

Using TRICARE Standard Overseas

When traveling overseas, you can use the TRICARE Standard option to receive care from any host nation provider. Similar to traveling stateside, you may have to pay for care up front and file claims with your regional contractor once you return to your stateside region.

If you have questions about TRICARE Standard coverage overseas or need assistance locating a provider, please contact the TRICARE Area Office (TAO) for the overseas area where you are traveling. ■

TRICARE Europe

011-49-6302-67-7342
www.tricare.mil/europe

TRICARE Latin America and Canada

1-706-787-2424
 1-800-834-5514 (toll-free)
www.tricare.mil/tlac

TRICARE Pacific

011-81-6117-43-2036
www.tricare.mil/pacific

TRICARE Standard: We're Here to Help

With so many decisions to make every day, it's good to know that when it comes to your health care the answers are never more than a phone call or mouse click away.

Your Regional Contractor

When questions arise, your regional contractor is your primary point of contact. TRICARE's three regional contractors are: 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.

If you need it, you can get help locating providers for routine and specialty care. Also, if you have questions about eligibility, claims, referrals, appeals or fraud

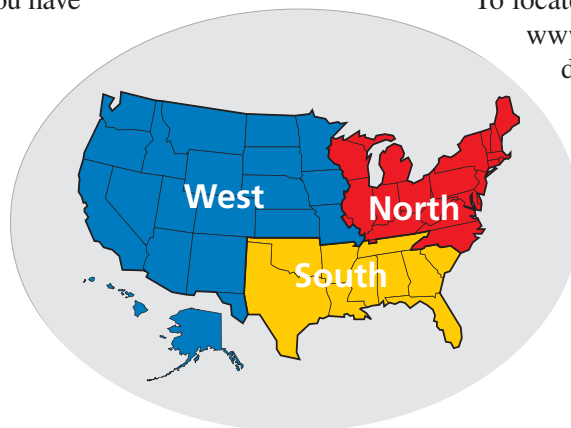
information, just pick up the phone or log on to your computer. You can find your regional contractor's contact information in the chart on this page.

BCACs and DCAOs

When you need help navigating TRICARE and the military health system, Beneficiary Counseling and Assistance Coordinators (BCACs) can advise you on your options. BCACs are located at military treatment facilities (MTFs) and TRICARE Regional Offices (TROs).

Debt Collection Assistance Officers (DCAOs), also located at MTFs and TROs, are there to help you resolve health care collection-related issues. If you receive a negative credit rating or are sent to a collection agency because of issues relating to TRICARE, please contact a DCAO.

To locate a BCAC or DCAO near you, visit www.tricare.mil/bcacdcao for an online directory. ■



TRICARE North Region	TRICARE South Region	TRICARE West Region
Contractor: Health Net Federal Services, LLC	Contractor: Humana Military Healthcare Services, Inc.	Contractor: TriWest Healthcare Alliance Corp.
Telephone: 1-877-TRICARE (1-877-874-2273)	Telephone: 1-800-444-5445	Telephone: 1-888-TRIWEST (1-888-874-9378)
Web site: www.healthnetfederalservices.com	Web site: www.humana-military.com	Web site: www.triwest.com
Areas covered: 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 (Ft. Campbell area)	Areas covered: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee (excluding the Fort Campbell area) and Texas (excluding the El Paso area)	Areas covered: 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

TRICARE Reference Room: TRICARE Provider Types

With TRICARE Standard, you have the flexibility to seek care from any TRICARE-authorized provider. To help you understand the types of providers you may choose, here are some descriptions.

Network Providers

Each of the three TRICARE regions—North, South and West—offers a civilian provider network. The TRICARE provider network includes civilian doctors, hospitals and other health care providers who meet special credentialing standards.

If you choose to obtain care from a network provider, you'll be using the TRICARE Extra option and will pay lower cost-shares. In addition, network providers are required to file claims on your behalf.

Non-network Providers

A non-network provider is one who has not established a TRICARE network contractual relationship with the regional contractor in your TRICARE region, but who is authorized to provide care to TRICARE beneficiaries.

Non-network providers may determine whether they are “participating” with TRICARE or “nonparticipating” on a claim-by-claim basis:

- **Participating** non-network providers agree to accept the TRICARE reimbursement rate as payment in full for a service (your cost-share is one portion of this payment), and they will submit claims to TRICARE for you. TRICARE pays participating providers; you are responsible for applicable cost-shares.
- **Nonparticipating** non-network providers do not agree to accept TRICARE reimbursement rates as payment in full for services. Nonparticipating providers may or may not file your claims. You'll most likely be required to pay the provider first and then file your own claim with TRICARE for reimbursement (see “Filing TRICARE Standard Claims” on page 11).

Additionally, nonparticipating providers may charge you up to 15 percent above the TRICARE-allowable charge, in addition to your normal cost-share. This amount cannot be reimbursed when you file your claims, nor does it count towards your TRICARE deductible or catastrophic cap.

As you can see, you'll save money and time by visiting a non-network provider who participates with TRICARE.

Non-authorized Providers

Non-authorized providers are not certified by TRICARE to render services to TRICARE beneficiaries. **Note:** If you receive care from a non-authorized provider, you will be responsible for the entire bill for the health care services you receive.

Online Provider Directory

To check a provider's TRICARE-authorized or network status, refer to the TRICARE provider directory at www.tricare.mil/providerdirectory or on your regional contractor's Web site. You can also call your regional contractor for assistance in locating a provider (see page 3 for contact information). ■

Choose Your Provider



Referral and Prior Authorization Requirements

TRICARE Standard puts the power to manage your health care in your hands by not requiring referrals. However, some services may require prior authorization.

Referrals: Not Required

A **referral** is a recommendation from your health care provider to see another provider (a specialist) because the referring provider is not qualified to provide the needed service or it is outside his or her scope of practice.

With TRICARE Standard, you may see any TRICARE-authorized provider at any time for routine or specialty care without a referral from your family doctor.

For example, if you are injured, you may simply call an orthopedic specialist directly and make an appointment. With TRICARE Standard, it's that easy.

Prior Authorization

Although referrals are not required, a provider may recommend a service or procedure that requires prior authorization. **Prior authorization** is the process of reviewing a service or procedure to determine whether it is medically necessary at the level of care requested.

"We want to give beneficiaries all the coverage they need," says Army Maj. Gen. Elder Granger, Deputy Director, TRICARE Management Activity. "However, failure to get prior authorization limits our ability to offer that coverage."

Keep in mind that prior authorization is required for any of the services listed below:

- Adjunctive dental services
- Home health services
- Hospice care
- Nonemergency inpatient behavioral health care, including nonemergency inpatient admissions for substance use disorders
- Outpatient behavioral health care after the eighth visit in a fiscal year (Oct. 1–Sept. 30)
- Transplants (solid organ and stem cell)
- TRICARE Extended Care Health Option services

If you see a network provider, he or she will coordinate the authorization with your regional contractor. Once an authorization is granted, the contractor will also issue service beginning and ending dates for medical or surgical services. For behavioral health authorizations, the contractor will specify a certain number of visits, in addition to the beginning and ending dates.

All authorized care must be received before the authorization's end date. If not, your provider must acquire a new authorization.

Additional authorization rules may apply, so it is best to visit your regional contractor's Web site or call them if you have questions. ■

TRICARE Standard at Your Fingertips

When you're looking for information about TRICARE Standard, you have a number of options for finding what you need.

Going Online

One of your first stops should be TRICARE's redesigned Web site at www.tricare.mil. Whether you're computer savvy or not, TRICARE's new Web site is designed with you, specifically, in mind. When you log on you can (but are not required to) enter some basic information to help customize the site just for you.

The information you can enter includes:

- Who you are
- Where you are
- Which TRICARE plan you use

Once logged on, you can find a provider, check if a service is covered, get cost information and learn how to file a claim.

Going by the Book

Whether you are new to TRICARE or just want to learn more about your TRICARE Standard benefits, it's helpful to have this information at your

fingertips. The *TRICARE Standard Handbook* explains the differences and details of the TRICARE Standard and TRICARE Extra program options.

You can download a copy of the *TRICARE Standard Handbook* from the TRICARE Web site at www.tricare.mil, or you can contact your regional contractor and ask them to send you a copy.

Cost Information

For detailed cost information, refer to the *TRICARE: Summary of Beneficiary Costs* brochure or visit www.tricare.mil/costs. ■

Stay Eligible for TRICARE: Keep DEERS Up to Date

Do you remember the last time you checked to make sure your Defense Enrollment Eligibility Reporting System (DEERS) information was up to date? If the answer is “No,” then maybe now is a good time to do it.

As a TRICARE Standard beneficiary, your DEERS information must be correct and current for you to remain eligible for TRICARE. Sponsors (active duty and retired service members) are responsible for making sure their family’s information is always accurately reflected in DEERS.

You should update DEERS as soon as possible when you experience any life event that changes your TRICARE status, such as:

- Relocation to a new area
- Change in status from active duty to retired
- Change of address
- Change in marital status
- Birth, death or adoption
- Student status for children age 21 and over*
- Medicare entitlement, whether due to age, disability or end-stage renal disease

The DEERS database contains information about service members, their families and everyone else eligible for military benefits. This information includes:

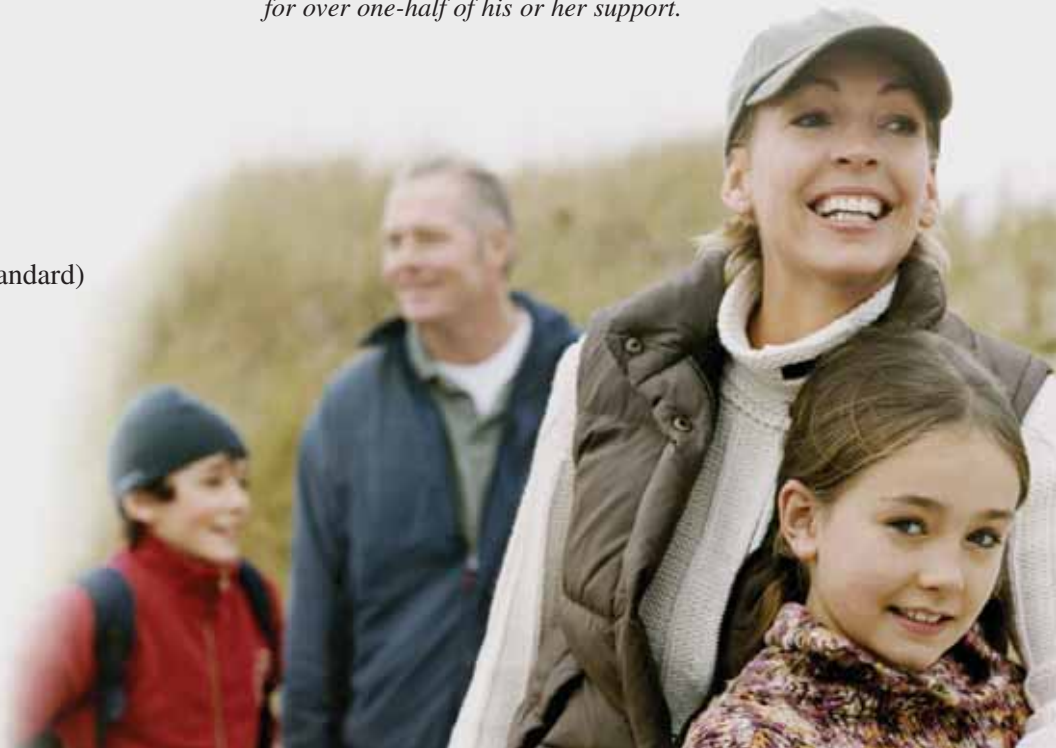
- Sponsor’s name
- Family member’s name
- Address and phone number
- Social Security number
- Date of birth
- Sex
- Eligibility
- Program information (e.g., TRICARE Standard)

Health care providers, such as your doctor or pharmacist, verify your TRICARE eligibility before rendering services or filling prescriptions. If any of your information is incorrect or outdated, you may be denied coverage.

To update DEERS:

- Visit a uniformed services personnel office. To find one near you, go to www.dmdc.osd.mil/rsl.
- Call 1-800-538-9552.
- Fax address changes to DEERS at 1-831-655-8317.
- Mail address changes to:
 - Defense Manpower Data Center Support Office
 - Attn: COA
 - 400 Gigling Road
 - Seaside, CA 93955-6771
- Update contact information online at www.tricare.mil/DEERS or through the Beneficiary Web Enrollment (BWE) Web site at <https://www.dmdc.osd.mil/appj/bwe/>. ■

** TRICARE covers eligible children until age 21 unless the child is enrolled full time at an accredited institution of higher education and the sponsor provides more than 50 percent of the student’s financial support. TRICARE benefits end when the child reaches age 23 or when full-time student status ends, whichever comes first. If a child is incapacitated prior to age 21 or while a full-time student between the ages of 21 and 23, TRICARE coverage may continue as long as the child is incapacitated, unmarried and dependent upon the sponsor for over one-half of his or her support.*



From TRICARE Standard to TRICARE For Life

Making the Transition When You Become Medicare-Eligible

If you become eligible for Medicare at age 65 or become entitled to Medicare because of a disability or end-stage renal disease, your TRICARE coverage will change.

When you are eligible for TRICARE and have Medicare Part A and Medicare Part B, you are covered by TRICARE For Life (TFL). TFL pays second to Medicare for all services covered by both Medicare and TRICARE.

There's no enrollment application for TFL, but you do have to follow certain steps to make sure you remain TRICARE-eligible when you become eligible for Medicare. This will ease your transition from TRICARE Standard to TFL.

1 Verify your Medicare eligibility and enroll in Medicare Part B.

The Centers for Medicare & Medicaid Services manages Medicare and there are certain rules about if and when you are required to file for Medicare Parts A and B. For more information about filing for Medicare:

- Call 1-800-772-1213 (TTY/TDD: 1-800-325-0778).
- Visit the Social Security Administration online at www.ssa.gov.

Once you have Medicare Parts A and B, verify that your record in the Defense Enrollment Eligibility Reporting System (DEERS) has been updated to reflect that. The Centers for Medicare & Medicaid Services automatically sends Medicare updates to DEERS, but you should verify that the information has been received (see "Stay Eligible for TRICARE: Keep DEERS Up to Date" on page 6).

It's important to remember that **if you have Medicare Part A, you also must have Medicare Part B in order to remain eligible for TRICARE.**

The exceptions to this rule are when:

- You have a sponsor on active duty.
- You are enrolled in the US Family Health Plan (USFHP).
- You are a National Guard or Reserve member or family member in TRICARE Reserve Select (TRS).

2 See Medicare providers.

When using TFL, there will be a slight change 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. In most cases, TRICARE-authorized providers are Medicare providers as well. There's a good chance that the providers you saw using TRICARE Standard are Medicare providers. You can ask your provider or check with your regional contractor.

When you receive care that is covered by both Medicare and TRICARE, your provider will file the claim with Medicare; Medicare will pay its portion and then forward the claim to TRICARE, which, in turn, will pay its portion.

3 Visit www.TRICARE4u.com and learn more about TFL.

Wisconsin Physicians Service (WPS) administers TFL. Visit their Web site at www.TRICARE4u.com to get more information about the program. Register and you can view the status of claims, update other health insurance information and verify your TRICARE eligibility information through DEERS.

You can also find out more about WPS's new explanation of benefit (EOB) processes. WPS now sends one monthly consolidated EOB which lists all claims activity, rather than one EOB per claim. Also, you can choose to receive your EOBs electronically in place of hard copy EOBs. ■

Medicare Part B Surcharge

Medicare charges a 10% surcharge for every year you delay the purchase of Medicare Part B from the time you were first eligible to do so. And although in certain cases TRICARE does not require you to purchase Medicare Part B, you may still incur the Medicare surcharge if you do not purchase Part B when you first become eligible to do so.

If you have an active duty sponsor, you will not be subject to the Medicare Part B surcharge as long as you enroll in Part B while your sponsor is on active duty or within the first eight months of your sponsor's retirement. **Note:** To avoid a break in your TRICARE coverage, you should enroll in Medicare Part B before your sponsor retires.

If you do not have an active duty sponsor and are enrolled in the USFHP or TRS, you are **not** protected from the Medicare Part B surcharge should you decide to participate in standard Medicare at a later date. Therefore, to avoid the surcharge, you should purchase Part B when you are first eligible to do so, even though TRICARE may not require it.

TRICARE Pharmacy Benefit: It's Your Choice

To make filling prescriptions convenient, TRICARE allows you to choose what works best for you. Your pharmacy choices are:

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

If you seek most of your care at an MTF, filling your prescriptions at an MTF pharmacy may be the best and least expensive option. You can get up to a 90-day supply of most medications free of charge.

Next to using an MTF pharmacy, the TRICARE Mail Order Pharmacy offers the lowest out-of-pocket costs. If you regularly take medications for long-term conditions like asthma, hypertension or diabetes, the mail-order option allows you to receive up to a 90-day supply of your everyday prescriptions for the same price as a one-month supply filled at your local pharmacy. And your medications are delivered directly to your door.

Another option available is the TRICARE retail pharmacy network, although it is more expensive. Choose any one of the more than 54,000 civilian retail network pharmacies throughout the United States and its territories and submit your prescription along with a valid uniformed services card to have your medication filled.

You may consider switching your retail prescriptions to the lower-cost mail-order pharmacy by taking advantage of the Member Choice Center (MCC). Convert your prescriptions today by calling the MCC at 1-877-363-1433. You'll reduce your pharmacy costs and benefit from the convenience of home delivery.

Using a non-network retail pharmacy is your most expensive option. You may be required to pay the full amount of your prescription up front and then file a claim for reimbursement.

The table below summarizes your TRICARE pharmacy costs, which are determined by prescription type as well as where you choose to have your prescriptions filled.

Remember, Department of Defense policy mandates that TRICARE providers prescribe generic drugs, rather than brand names, whenever a generic equivalent exists.

With generics, you pay a lower cost-share. For a brand-name drug to be dispensed in place of its generic equivalent, a provider must prove medical necessity and obtain prior authorization before writing the prescription. If a generic does not exist, you may receive the brand-name drug at the brand-name copayment.

For more information on filling prescriptions with TRICARE, visit the prescription area on the "My Benefit" link of www.tricare.mil. ■

Comparing TRICARE Pharmacy Costs

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

An Important Note about TRICARE Program Information: At the time of printing, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law. Changes to TRICARE programs are continually made as public law is amended. **Military treatment facility guidelines and policies may be different than those outlined in this product.** For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

TRICARE Dental Benefits

Committed to Your Oral Health

Oral health plays a far greater role in your overall well-being than you might realize. In fact, researchers now know that poor oral health can contribute to such conditions as heart disease, diabetes, respiratory ailments and premature or low-weight babies.

That’s why it’s so important to visit the dentist on a regular basis, and why TRICARE offers two voluntary dental benefit programs to eligible enrollees: The TRICARE Dental Program (TDP) and the TRICARE Retiree Dental Program (TRDP).*

The TDP and the TRDP both offer comprehensive dental benefits at an affordable rate with access to a nationwide network of dentists. In addition, the TDP

has Government-shared premiums and cost-shares. With both the TDP and the TRDP, you and your family will receive maximum coverage for minimal out-of-pocket costs.

Each of these programs is administered by a different dental contractor and each has its own eligibility criteria. You must enroll directly with the appropriate dental contractor.

The table below provides an overview of each of the programs. ■

** Active duty service members (ADSMs) are not eligible for these TRICARE dental programs. ADSMs receive their dental care at no cost from military dental treatment facilities or through the Tri-Service Remote Dental Program, if enrolled in TRICARE Prime Remote.*

	TRICARE Dental Program	TRICARE Retiree Dental Program
Who’s Eligible	<ul style="list-style-type: none"> • Active duty family members (ADFM)s • National Guard and Reserve members and their families 	<ul style="list-style-type: none"> • Military retirees, including retired National Guard and Reserve members, and their families • Medal of Honor recipients and their eligible family members • Certain survivors
Eligibility Requirements	Military sponsor must have 12 months service commitment remaining, and must agree to participate in the dental program for at least 12 months. After that, enrollment may be continued on a month-to-month basis.	An initial commitment of 12 consecutive months for new enrollees, after which enrollment may be continued on a month-to-month basis.
Availability	Worldwide	<ul style="list-style-type: none"> • Worldwide starting in October 2008 • Until October 2008: the 50 United States, the District of Columbia, U.S. territories and Canada
Dental Contractor (Plan Administrator)	United Concordia Companies, Inc.	Delta Dental® of California
Customer Service Phone Numbers	1-800-866-8499 (from the U.S.) Mon.–Fri., 24 hours a day 1-888-418-0466 (overseas)* <i>* Available only in certain locations. Check the Web site for a complete listing.</i>	1-888-838-8737 Mon.–Fri., 6 a.m.–6 p.m. Pacific Time
Web site	www.TRICAREdentalprogram.com	www.trdp.org
Coverage	The TDP covers a wide range of diagnostic and preventive services; oral surgery services; and endodontic, prosthodontic and periodontic services. For a comprehensive listing, 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 a comprehensive listing, visit the TRDP Web site.
How to Enroll	Three convenient ways: online, by mail or via fax. Visit the TDP Web site for more details.	Three convenient ways: online, by phone or by mail. Visit the TRDP Web site for more details.

How TRICARE Works with Other Health Insurance

Your TRICARE Standard benefit is flexible and easy-to-use when it comes to making decisions regarding your family's health care. However, if you or members of your family are also covered by other health insurance (OHI), you should be aware of several things when filing claims.

The first thing to remember when filing claims if you have OHI coverage is that TRICARE Standard is the secondary payer in most instances. If the OHI is Medicaid, the Indian Health Service, a TRICARE supplement or another secondary-payer program or plan identified by the TRICARE Management Activity, then TRICARE pays first.

Note: When an active duty sponsor retires, his or her OHI, which had been secondary to TRICARE, now becomes primary to TRICARE. The same applies to a National Guard or Reserve member transitioning out of active duty. To avoid problems in processing claims, be sure to keep your regional contractor informed of your OHI status.

To file a TRICARE Standard claim, you or your provider must first file a claim with your OHI plan. After your OHI makes a payment determination, you may file a claim with TRICARE.

Keep the EOB Statements

You must submit a copy of the OHI plan's explanation of benefits (EOB) statement and a copy of the itemized charges from the provider's bill along with a DD Form 2642 *Patient's Request for Medical Payment* to TRICARE. Your EOB is a statement sent to you showing how the claim was processed and the amount paid to providers.

If the claim is denied, an explanation of denial will be provided. If your OHI plan denies your claim for not following its rules, such as receiving care without authorization, TRICARE may also deny the claim.

Your Prescriptions and OHI

If your OHI offers a pharmacy benefit, the OHI is the first payer and TRICARE is the second payer for claims involving prescription drug coverage. Your TRICARE Standard benefit supplements your OHI pharmacy benefit.

You are encouraged to use a retail pharmacy under your private insurer that is also in the TRICARE retail network, because the retail pharmacist can immediately submit electronic claims to TRICARE when you purchase

medications. In many instances, you'll pay less and not have to file a claim when you visit a TRICARE retail network pharmacy.

If your retail pharmacy is unable to electronically process your claim or your OHI requires you to use their mail order pharmacy services, you may submit paper claims for full or partial reimbursement from TRICARE for your out-of-pocket cost, including copayments.

If you use a non-network pharmacy, you will be required to file a paper claim and pay the TRICARE non-network deductible and applicable copayment before reimbursement is calculated.

Claims should be submitted to Express Scripts, Inc. (ESI) using the DD Form 2642. Go to www.tricare.mil/claims or www.tricare.mil/pharmacy/claims to get forms and instructions.

You may not use the TRICARE Mail Order Pharmacy if you have prescription drug coverage from OHI, unless the medication is not covered under the plan, or unless you exceed the dollar limit of coverage under the plan. You will save time and money by using a TRICARE network pharmacy. If you have questions about pharmacy claims, please call 1-866-DoD-TRRX (1-866-363-8779). ■



Filing TRICARE Standard Claims

Simple Tips to Ensure Smooth Processing

Paperwork. It's one of those unavoidable aspects of life. As a TRICARE Standard beneficiary, you may be required to file your own claims. (TRICARE network providers are required to file claims for you; non-network providers are not required to do so, unless they choose to participate with TRICARE on your claim.)

Since no one wants the hassle of having to deal with filing claims more than once, here are some simple tips to follow to ensure your TRICARE claims are filed properly, the first time, in a timely, error-free manner:

1. Fill out DD Form 2642 *Patient's Request for Medical Payment*. Be sure to complete all 12 blocks correctly. The form and instructions are available on the TRICARE Web site at www.tricare.mil/claims or your regional contractor's Web site. You can also visit a TRICARE Service Center or a military treatment facility to pick up a copy.
2. Sign the form (very important).
3. Submit all your claims—even claims for services received while traveling in a different region—to the claim 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.
5. Attach a legible copy of the provider's bill to the claim form, making sure the following information appears on the provider's bill:
 - Sponsor's Social Security number (eligible former spouses should use their own Social Security numbers)
 - 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 furnished
 - Charge for each service
 - Diagnosis (if a diagnosis does not appear on the bill, fill in diagnosis block 8a on DD Form 2642)
6. Keep copies of all completed forms and your provider's bills for your records.
7. Call your regional contractor if you have claims questions. Or visit the TRICARE Web site at www.tricare.mil/claims for additional claims processing information. ■

Are Your Child's Immunizations Up to Date?

TRICARE recognizes the importance of keeping children healthy and protecting them from preventable disease whenever possible. Therefore, most services that are medically necessary and considered proven are covered.

Statistics compiled by the Centers for Disease Control and Prevention (CDC) indicate a reduction in the spread of those diseases for which vaccines are available.

That's why, according to Army Maj. Gen. Elder Granger, Deputy Director, TRICARE Management Activity, "We cover all immunizations that the CDC Advisory Committee on Immunization Practices recommends and adopts."

Your TRICARE Standard benefit allows immunization coverage for your child for many vaccine-preventable diseases, such as:

- Chicken pox
- Hepatitis B
- Human papillomavirus (HPV)
- Influenza
- Measles
- Mumps
- Rubella (German measles)
- Pertussis (whooping cough)

Your child can receive many of the CDC-recommended vaccinations during his or her first two years as

part of the well-child care benefit. However, it is important to discuss with your provider which vaccinations your child will need prior to starting school and through adolescence.

For details on recommended immunizations for newborn through adolescent-aged children, please visit these Web sites:

- CDC Advisory Committee on Immunization Practices: www.cdc.gov/vaccines
- American Academy of Pediatrics: www.aap.org ■

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.



TRICARE Covers MRI Screening for Breast Cancer

The best way to contain breast cancer is to detect it early. TRICARE now covers magnetic resonance imaging (MRI) screening for breast cancer as a clinical preventive service for women in high-risk groups.

Breast cancer is the third most common cancer among TRICARE beneficiaries and the second most common cause of cancer death for women in the United States.

“An MRI is a clearly superior tool for screening the highest risk women for breast cancer,” said Army Maj. Gen. Elder Granger, Deputy Director, TRICARE Management Activity. “We want these women to have every chance to detect any cancer at the earliest possible stages.”

Breast MRIs are recommended as an annual screening procedure for women age 35 or older who are considered at high risk of developing breast cancer by American Cancer Society® guidelines, even if no symptoms are present. A woman is considered to be at high risk if she has a:

- BRCA1 or BRCA2 gene mutation
- First-degree relative (parent, child or sibling) with a BRCA1 or BRCA2 gene mutation

- Lifetime risk of approximately 20 percent to 25 percent or greater as defined by accepted models that are largely dependent on family history (ask your doctor)
- History of chest radiation between age 10 and age 30
- History of Li-Fraumeni, Cowden or Bannayan-Riley-Ruvalcaba syndrome, or a first-degree relative with one of these syndromes

“The availability of MRI screenings does not reduce the importance of regular examinations,” Maj. Gen. Granger stressed. “All women over 39 years old need to get annual mammograms. The key to dealing with cancer is early detection.”

TRICARE coverage of breast MRIs is retroactive to March 1, 2007. All TRICARE Standard beneficiaries age 35 and older who meet the criteria for a breast MRI are covered. If you are a qualified beneficiary and received a breast MRI on or after March 1, 2007, and your claim was denied, you may appeal the denial. ■