

TRICARE® Reserve Select and TRICARE Retired Reserve



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This brochure is **not** all-inclusive. For additional information, please contact your regional contractor, overseas contractor, or local military treatment facility.

TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR) are premium-based, worldwide health plans. Qualified Selected Reserve members and qualified survivors may purchase TRS. Qualified Retired Reserve members and qualified survivors may purchase TRR. This flyer explains how to qualify for and purchase TRS or TRR coverage and summarizes the programs' health care benefits and costs. TRS and TRR offer qualified members and survivors:

- Comprehensive health coverage similar to TRICARE Standard and TRICARE Extra (*in the United States*) or the TRICARE Overseas Program (TOP) Standard (*overseas*)
- Two types of coverage: member-only and member-and-family
- Access to covered services from any TRICARE-authorized health care provider*
- Access to care at military treatment facilities (MTFs) on a space-available basis (*TRS members and their families have the same MTF appointment priority as active duty family members not enrolled in TRICARE Prime. TRR members and their families have the same MTF appointment priority as retirees and retiree family members not enrolled in TRICARE Prime.*)

* *In the Philippines, you must see an approved provider.*

Step 1: Qualify

Selected Reserve members may qualify to purchase **TRS** coverage if they are:

- Members of the Selected Reserve of the Ready Reserve
- **Not** eligible for, or enrolled in, the Federal Employees Health Benefits (FEHB) program

Retired Reserve members may qualify to purchase **TRR** coverage if they are:

- Members of the Retired Reserve of a Reserve component who are qualified for non-regular retirement
- Under the age of 60
- **Not** eligible for, or enrolled in, the FEHB program

Survivors of Selected Reserve or Retired Reserve members may qualify to purchase TRS or TRR coverage if all of the following applies:

- Their deceased sponsor was covered by TRS or TRR on the date he or she passed away
- They currently are immediate family members of the deceased sponsor (*wives cannot have remarried*)

Survivors of TRS or TRR members should note:

- As a survivor, you qualify to purchase the plan (*TRS or TRR*) your sponsor was enrolled in at the time of his or her passing.
- Survivors of TRS members may receive coverage for up to six months from the date of the sponsor's passing.
- Survivors of TRR members may purchase or continue coverage until the date the deceased sponsor would have reached age 60.

To qualify for TRS or TRR:

- Log on to the Defense Manpower Data Center (DMDC) Reserve Component Purchased TRICARE Application at <https://www.dmdc.osd.mil/appj/reservetricare>
- To use the Web site, you will need to use a Department of Defense (DoD) Common Access Card (CAC), myPay Login ID (DFAS), or a DoD Self-Service Logon (DS Logon).



- You may visit a TRICARE Service Center or a Veterans Affairs Regional Office to complete the required in-person proofing process to request a DS Logon. For more information, go to “Frequently Asked Questions” at www.dmdc.osd.mil/dsaccess. If you need a new uniformed services identification (ID) card, you can visit an ID-issuing facility and request a DS Logon at the same time you are getting a new ID card.
- Retired Reserve members can remotely verify their identity to get a DS Logon. To request remote proofing documentation, call DMDC at **1-800-538-9552**.
- Select “Purchase Coverage” and follow the instructions.
 - If you certify that you are eligible for or enrolled in FEHB, you do not qualify for and cannot purchase TRS or TRR.

- If you certify that you are not eligible for or enrolled in FEHB, you will be guided through the process of selecting a start date and electing which family members you want covered.
- Print and sign the completed *Reserve Component Health Coverage Request* form (DD Form 2896-1)*. (*Members who do not qualify will not be able to complete or print the form.*)

Sponsors or survivors who qualify will be able to proceed to *Step 2: Purchase* to purchase TRS or TRR.

* *If you experience a technical problem, contact the DMDC Support Office at 1-800-538-9552.*

Step 2: Purchase

Mail the completed and signed *Reserve Component Health Coverage Request* form (DD Form 2896-1) with the premium payment amount printed on the form to your regional contractor (*see the For Information and Assistance section*) by the applicable deadline.

General Enrollment	<p>You may purchase TRS or TRR coverage to begin in any month of the year.</p> <ul style="list-style-type: none"> • Deadline: Application form must be postmarked or received no later than the last day of the month before coverage is to begin. • Effective date: Coverage begins on the first day of the first or second month (<i>whichever you select on the form</i>).
Loss of Other TRICARE Coverage	<p>If you lose coverage under another TRICARE health care plan under your sponsor’s account and qualify for TRS or TRR, you may purchase TRS or TRR with no break in coverage.</p> <ul style="list-style-type: none"> • Deadline: Application form must be postmarked or received no later than 30 days after the loss of other TRICARE coverage. • Effective date: Coverage begins on the day after you lose your prior TRICARE coverage.
Change in Family Composition	<p>If the composition of a sponsor’s immediate family changes (<i>e.g., marriage, birth, adoption, death</i>), you may request changes to your TRS or TRR coverage. (<i>See the Changes in Coverage section for more details.</i>)</p> <ul style="list-style-type: none"> • Deadline: Application form must be postmarked or received no later than 60 days after date of the change. • Effective date: Coverage date coincides with the date of change in the family.
<p>Survivor Coverage (<i>If you qualify for and want to purchase survivor coverage, see “General Enrollment” above.</i>)</p>	<p>If TRS coverage is in effect when the sponsor passes away: Qualified survivors may receive coverage under TRS for six months from the date of the sponsor’s passing. If TRR coverage is in effect when the sponsor passes away: Qualified survivors may purchase or continue TRR coverage until the day the sponsor would have turned 60.</p> <p>If TRS or TRR member-and-family coverage is in effect at the time of death:</p> <ul style="list-style-type: none"> • The Defense Enrollment Eligibility Reporting System (DEERS) will automatically convert member-and-family coverage to survivor coverage. • Deadline to opt out: If survivors do not want TRS or TRR survivor coverage, a written letter or a <i>Reserve Component Health Coverage Request</i> form (DD Form 2896-1) must be postmarked or received no later than 60 days after the date of the sponsor’s passing. Premiums will be refunded if there have been no claims for health care submitted during this 60-day period. <p>If TRS or TRR member-only coverage is in effect at the time of death:</p> <ul style="list-style-type: none"> • Eligible survivors may qualify to purchase TRR or TRS survivor coverage. • Purchased TRS survivor coverage may continue for six months from the date of the sponsor’s passing, while purchased TRR survivor coverage may continue until the date the sponsor would have turned 60. • Deadline to purchase coverage: The TRS survivor coverage request must be postmarked or received no later than 60 days after the date of your sponsor’s passing. TRR survivors may purchase coverage at any time after their sponsor’s death, provided the sponsor would not have turned 60 at the time of purchase. <p>Note: Surviving family members who are eligible for or enrolled in the FEHB program may purchase TRS or TRR.</p>

Covered Services

TRS coverage is similar to TRICARE Standard and TRICARE Extra or TOP Standard for active duty family members (ADFMs), and TRR coverage is similar to TRICARE Standard and TRICARE Extra or TOP Standard for retirees. After you purchase TRS or TRR, you will receive a program handbook with details about covered services, getting care, and who to contact when you need assistance. For additional information, visit www.tricare.mil.

Costs and Fees

Monthly Premiums

Premiums are adjusted annually, effective January 1. See www.tricare.mil/costs for the most current cost information. On your application, you can elect to use your credit card to make either the initial premium payment only or the initial payment and automatic monthly payments. You can also ask your regional contractor at any time how to start paying your premium electronically. Otherwise, your regional contractor will bill you by the 10th of each month. Payments are due no later than the last day of each month, and are applied to the following month's coverage. **Do not miss payment due dates—failure to pay total amounts due will result in coverage termination and a 12-month purchase lockout.** Your termination date will date back to your previous paid-through date.

Annual Outpatient Deductible

You must meet the outpatient deductible each federal fiscal year (FY) (*October 1–September 30*) before TRICARE outpatient cost-sharing begins.

Member Type	Member-Only Coverage	Member-and-Family Coverage
TRS Member Pay Grade E4 and Below	\$50	\$100
TRS Member Pay Grade E5 and Above or TRR Member	\$150	\$300

Outpatient Costs

This table lists the amounts you will pay for outpatient services after your annual deductible is met.

Provider Type	TRS Outpatient Cost-Share	TRR Outpatient Cost-Share
TRICARE Network	15% of the negotiated rate	20% of the negotiated rate
TRICARE-Authorized, Non-Network	20% of the TRICARE-allowable charge, plus fees up to 15% above the TRICARE-allowable charge	25% of the TRICARE-allowable charge, plus fees up to 15% above the TRICARE-allowable charge

Overseas

Overseas providers and beneficiaries are reimbursed for billed charges, and reimbursement is based on TRICARE-allowable charges. Authorized providers overseas may bill above the TRICARE-allowable charge, and you may be responsible for any difference between the TRICARE-allowable charge and the billed amount, unless you see a participating provider. Participating providers agree to accept the TRICARE-allowable charge, and any cost-share or deductible amounts for which you are responsible, as payment in full. **Note:** If you live in the Philippines, you are required to visit approved health care and pharmacy providers. In other locations, check to see if restrictions on approved providers apply in your area. For more information about approved providers, visit www.tricare.mil/tma/pacific or call your TOP Regional Call Center.

Catastrophic Cap

The TRS catastrophic cap is \$1,000 and the TRR catastrophic cap is \$3,000. The catastrophic cap is the maximum amount you will pay for health care each federal FY, except as noted below. The cap applies to all TRICARE-covered services—annual deductibles, outpatient and inpatient cost-shares, and pharmacy copayments based on TRICARE-allowable charges. Monthly premiums, payments above the TRICARE-allowable charge, and payments for non-covered services are **not** credited toward the catastrophic cap.

Changes in Coverage

Changes in Family Composition

When you experience a family change (*e.g., marriage, birth, adoption, death*), you may request changes to your TRS or TRR coverage.

- You must always report all family changes to the Defense Enrollment Eligibility Reporting System (DEERS). For more information, visit www.tricare.mil/deers.
- To add a DEERS-registered family member to TRS or TRR coverage, follow instructions listed in *Step 2: Purchase*.
- To remove a family member from coverage, follow the procedure for “Elect to End Coverage.”

Termination of Coverage

Elect to End Coverage

You may choose to end coverage at any time, effective at the end of the month. You may end either the entire plan or coverage for an individual family member. **Do not simply stop making payments.** You must take the following action to end your coverage:

- Visit www.dmdc.osd.mil/appj/reservetricare to log on to the DMDC Reserve Component Purchased TRICARE Application (*as described in Step 1: Qualify section*), and follow the instructions to “Disenroll.”

- Print, sign, and mail your completed *Reserve Component Health Coverage Request* form (DD Form 2896-1) to your regional contractor. The effective end date is either the last day of the month in which the request was postmarked or received, or the last day of a specified future month.

A 12-month purchase lockout will go into effect. That means you cannot have TRS or TRR coverage in effect for one year.

Nonpayment

Your premium payment is due no later than the last day of the month for the next month's coverage. Failure to pay total premium amounts due will result in a termination of coverage due to nonpayment. A 12-month purchase lockout will go into effect.

Change in Status

If you are ever recalled to active duty service for more than 30 days, you and your family become eligible for non-premium TRICARE plans. At that time, your TRS or TRR coverage automatically ends and unused premiums already paid will be refunded. The 12-month purchase lockout does not apply.

If you want TRS or TRR coverage to continue after your other TRICARE coverage ends, you must qualify for and purchase TRS or TRR coverage again no later than 30 days after the other TRICARE coverage ends. See the *Step 1: Qualify* and *Step 2: Purchase* sections for instructions.

Note to TRS members: Your TRS coverage will also automatically end if you leave the Selected Reserve. You may purchase TRS coverage again if you requalify, and a purchase lockout will not apply.

Change in FEHB Eligibility or Enrollment

You must take action to disenroll from TRS or TRR if you become eligible for or enrolled in the FEHB program. See "Elect to End Coverage" for more information on how to disenroll. No purchase lockout will go into effect.

If you fail to end coverage as required, your Reserve component may terminate your coverage, and you will be responsible for any health care received after the effective date of termination.

For Information and Assistance

<p>Defense Manpower Data Center (DMDC) Reserve Component Purchased TRICARE Application https://www.dmdc.osd.mil/appj/reservetricare</p>	<p>TRICARE Reserve Select Web Site www.tricare.mil/trs</p> <p>TRICARE Retired Reserve Web Site www.tricare.mil/trr</p>	<p>Reserve Affairs Web Site www.defenselink.mil/ra</p>
<p>TRICARE North Region Health Net Federal Services, LLC TRS/TRR Enrollment P.O. Box 870162 Surfside Beach, SC 29587-9762 1-800-555-2605 www.hnfs.com</p>	<p>TRICARE South Region Humana Military Healthcare Services, Inc. ATTN: PNC Bank P.O. Box 105389 Atlanta, GA 30348-5389 1-877-298-3408 www.humana-military.com</p>	<p>TRICARE West Region TRS: TriWest Healthcare Alliance Corp. P.O. Box 42048 Phoenix, AZ 85080-2048</p> <p>TRR: TriWest Healthcare Alliance Corp. P.O. Box 42030 Phoenix, AZ 85080-2030 1-888-TRIWEST (1-888-874-9378) www.triwest.com</p>
<p>TRICARE Eurasia-Africa <i>(Africa, Europe, and the Middle East)</i> International SOS Assistance, Inc. TOP TRS/TRR Enrollments P.O. Box 11689 Philadelphia, PA 19116 TOP Regional Call Center¹ +44-20-8762-8384 (overseas) 1-877-678-1207 (stateside) tricarelon@internationalsos.com</p>	<p>TRICARE Latin America and Canada <i>(Canada, the Caribbean Basin, Central and South America, Puerto Rico, and the U.S. Virgin Islands)</i> International SOS Assistance, Inc. TOP TRS/TRR Enrollments P.O. Box 11689 Philadelphia, PA 19116 TOP Regional Call Center¹ +1-215-942-8393 (overseas) 1-877-451-8659 (stateside) tricarephl@internationalsos.com</p>	<p>TRICARE Pacific <i>(Asia, Guam, India, Japan, Korea, New Zealand, and Western Pacific remote countries)</i> International SOS Assistance, Inc. TOP TRS/TRR Enrollments P.O. Box 11689 Philadelphia, PA 19116 TOP Regional Call Centers¹ Singapore: +65-6339-2676 (overseas) 1-877-678-1208 (stateside) sin.tricare@internationalsos.com</p> <p>Sydney: +61-2-9273-2710 (overseas) 1-877-678-1209 (stateside) sydticare@internationalsos.com</p>

1. For toll-free contact information, visit www.tricare-overseas.com.

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 and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are 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.

Please provide feedback on this flyer at www.tricare.mil/evaluations/feedback.

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