



HEALTH MATTERS

A PUBLICATION FOR TRICARE® BENEFICIARIES

Get to Know Your TRICARE Benefit

Whether you're new to TRICARE health coverage or a long-time beneficiary looking for a refresher, learning about your benefit will help you take command of your health this year.

The first thing you need to know about is the Defense Enrollment Eligibility Reporting System (DEERS).

“DEERS is a database that must be up to date with your current contact information,” said Mark Ellis, chief of the Policy and Programs Section of the TRICARE Health Plan at the Defense Health Agency. “By keeping DEERS current, you and your family members can continue to access your health care benefits.”

You can find instructions on how to update DEERS at www.tricare.mil/deers.

TRICARE Plans

Your eligibility for certain TRICARE plans depends on factors like your sponsor's status, your relationship to your sponsor, and where you live. Different family members may be eligible for different plans. Active duty service members can only be

enrolled in TRICARE Prime or TRICARE Prime Remote. Download the *TRICARE Plans Overview* at www.tricare.mil/publications or visit www.tricare.mil/compareplans to learn more about your plan options.

Getting Care

- **Finding a provider.** With some plans, you may be assigned to a military hospital or clinic, as well as a primary care manager (PCM). You can locate a military hospital or clinic as well as a civilian provider at www.tricare.mil/finddoctor.
- **Preventive care.** TRICARE covers clinical preventive services. You can explore what's covered at www.tricare.mil/coveredservices. For TRICARE Prime, you get preventive care from your PCM. Referrals or pre-authorizations aren't required for preventive care, and you pay nothing out of pocket. If you use TRICARE Select or a premium-based plan, you can visit any TRICARE-authorized provider, network or non-network. The cost will depend on whom you see.
- **Other types of care.** Besides preventive services, the types of care you need fall into four categories: routine, specialty, urgent, and

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An Important Note About TRICARE Program Information: At the time of publication, 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 hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. Most TRICARE plans meet the Affordable Care Act requirement for minimum essential coverage.

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emergency. How you seek non-emergency care depends on your plan. If you reasonably think you have an emergency, including a mental health emergency, always go to the nearest emergency room or call 911.

Costs

Depending on who you are and the plan you're enrolled in, you may have out-of-pocket costs for certain covered services. Use the TRICARE Compare Cost Tool (www.tricare.mil/comparecosts) to view comprehensive costs for your plan. You can also download the *TRICARE Costs and Fees Sheet* at www.tricare.mil/publications.

Learn more about TRICARE by exploring online resources. Stay informed by signing up to get updates from TRICARE at www.tricare.mil/subscriptions. ★



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How to Find or Change Your Provider

When you're looking to find or change your primary care manager (PCM) or specialty care provider, you have options. Your options depend on your status, plan, and location.

With TRICARE Prime, you'll get most of your care from an assigned PCM at a military hospital or clinic in most cases. Whether you see a military or network provider will depend on who you are, your location, and your availability. You'll be referred to a specialist for specialty care, when needed.

If you already have a PCM, you may choose a new one, depending on the capacity of your military hospital. This may not apply to active duty service members. You can submit your change to your regional contractor by phone, online, or by mail. The change is effective the date you submit the change, or a date you choose up to 90 days in the future. You can also use the Find a Doctor tool to find a TRICARE-authorized provider at www.tricare.mil/finddoctor.

With TRICARE Select, you manage your own health care. You aren't assigned a PCM and can get most care from any TRICARE-authorized provider (network or non-network) without a referral. You'll have lower out-of-pocket costs with TRICARE network providers. There is an established network of providers. Use the Find a Doctor tool to search for providers in your area at www.tricare.mil/finddoctor.

Understand your provider options based on your TRICARE plan. Learn more at www.tricare.mil/plans/healthplans and www.tricare.mil/finddoctor/provider-types. ★

Cost Terms You Should Know

When you're covered by TRICARE, it helps to know important cost terms. First, TRICARE beneficiaries fall into one of two groups: Group A or Group B. The groups pay different costs and fees.

- You're in Group A if your initial enlistment or appointment or that of your uniformed services sponsor began before Jan. 1, 2018. When enrolled in a premium-based plan (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, or the Continued Health Care Benefit Program), Group A beneficiaries follow Group B deductibles and applicable copayments or cost-shares.
- You're in Group B if your initial enlistment or appointment or that of your uniformed services sponsor began on or after Jan. 1, 2018.

Active duty service members and active duty family members enrolled in TRICARE Prime generally don't have out-of-pocket costs, unless they're related to the point-of-service option or non-covered TRICARE services. Cost terms mostly apply to TRICARE Select and premium-based plans.

Here are some cost terms to know:

- **Premium:** The amount you pay monthly or quarterly for premium-based plans.
- **Deductible:** The fixed amount you pay out of pocket for covered health care services each calendar year before TRICARE pays anything. Enrollment fees aren't included in your deductible. There is no deductible with TRICARE Prime.
- **Copayment:** The fixed dollar amount you pay for a covered health care service or drug.
- **Cost-share:** The percentage of the total cost of a covered health care service that you pay.
- **Catastrophic cap:** The most you or your family pay out of pocket for covered health care services each calendar year. This protects you because it sets a limit for the amount you'll pay annually for TRICARE covered medical services.

Visit www.tricare.mil/costs to help you better understand your deductible, catastrophic cap, and other TRICARE costs. This is your benefit—take command of your health care by learning more about your costs with TRICARE. ★

- **Enrollment fees:** Fees you may or may not pay monthly or annually depending on your TRICARE plan and your sponsor's status.

You Can Quit Tobacco with TRICARE Tools

According to the National Cancer Institute's Smokefree.gov, quitting tobacco may take several attempts before you reach your goal. With TRICARE, you have access to a number of resources to help you.

Tobacco Cessation Products

If you're eligible, you can get covered prescription and over-the-counter products for tobacco cessation.

YouCanQuit2 Website

YouCanQuit2 (www.ycq2.org), a Department of Defense program, is a tobacco education campaign for the military.

To learn more about tobacco cessation and available resources, download the *TRICARE Tobacco Cessation Program Fact Sheet* at www.tricare.mil/publications. Stay strong, and remember you can quit tobacco. ★

Telemedicine Options

At Humana Military, our new telemedicine options help you get necessary services through interactive audio and video. You can see a provider in a convenient, private setting at home. (Telemedicine services don't include texting.) Telemedicine options include:

- **Search Options.** Filter your provider directory search to show telemedicine providers, shown by a green "Telemedicine" indicator. Active duty service members (ADSMs) need a referral before getting care. TRICARE Select active duty family members and retirees do not. See www.tricare.mil/referrals.
- **Doctor On Demand.** Offers urgent care and behavioral health services (excludes tele-psychiatry). This pilot program isn't available for ADSMs. Visit www.doctordemand.com/humanamilitary.
- **Telemetrynd:** Offers behavioral health services, psychology, and psychiatry. This doesn't include medication assisted treatment, substance use disorder, and Applied Behavioral Analysis services. Telemetrynd is available in certain states. Call Telemetrynd at 1-866-991-2103 or visit www.telemetrynd.com/humanamilitary.

During the COVID-19 public health emergency, there are no copayments or cost-shares for covered telemedicine. Learn more at www.humanamilitary.com/coronavirus/beneficiary. ★



Remember to Schedule Your Annual Exams

Did you know that TRICARE covers preventive health exams tailored for men, women, and children? You can find a complete list of preventive services your TRICARE benefit covers at www.tricare.mil/preventive.

Important preventive health screening tests are covered when provided during a covered Health Promotion and Disease Prevention, or HPDP, exam. This includes blood pressure and cholesterol screenings, and more. Learn more at www.tricare.mil/hpdp.

TRICARE covers well-woman exams for women under age 65. They may include breast exams, mammography (including 3D mammography), pelvic exams, Pap smears, and more. Read about what's covered at www.tricare.mil/wellwoman.

"Staying on top of preventive health care helps protect you from disease and illness," said Dr. James Black, medical director of the Clinical Support Division at Defense Health Agency. "During your preventive care visit, your provider can help identify and address any health issues that you may be experiencing before they worsen."

Routine checkups for your child includes health exams starting at birth. TRICARE covers well-child exams for children under age 6 (from birth through age 5) (www.tricare.mil/wellchildcare). When required for school enrollment, TRICARE covers physicals. This doesn't include sports physicals.

TRICARE also covers age-appropriate vaccines and immunizations as recommended by the Centers for Disease Control and Prevention. You can view a vaccination schedule at www.cdc.gov/vaccines and learn more about TRICARE vaccine coverage at www.tricare.mil/immunizations.

Staying healthy means taking preventive steps. Learn more about what your TRICARE benefit covers at www.tricare.mil/preventive. ★

Enrolling and Disenrolling from TRICARE

With a premium-based plan like TRICARE Young Adult, you can enroll or disenroll anytime. But with TRICARE Prime and TRICARE Select plans, the rules for enrolling and disenrolling are different.

Enrollment

If eligible, you can enroll in or change your enrollment in TRICARE Prime or TRICARE Select during the annual TRICARE Open Season or following a Qualifying Life Event (QLE). A QLE is a certain change in your life, such as moving, marriage, birth of a child, or retirement from active duty. Different TRICARE health plan options may be available to you and your family after a QLE. If one family member experiences a QLE, all eligible family members may make enrollment changes. Learn more about QLEs at www.tricare.mil/lifeevents.

To enroll in or change your health plan after a QLE, you must:

- Update your information in the Defense Enrollment Eligibility Reporting System (DEERS).
- Make enrollment changes within 90 days of the QLE.
- Pay any enrollment fees or premiums due during that QLE period.

You don't have to re-enroll every year to continue TRICARE Prime or TRICARE Select coverage. As long as you remain eligible, you'll remain enrolled in your current plan.

Disenrollment

Active duty family members and retirees and their family members may choose to voluntarily disenroll from their TRICARE plan. Voluntary disenrollment isn't an option for active duty service members (ADSMs). ADSMs must remain enrolled in TRICARE Prime.

If you disenroll, you won't be able to re-enroll in TRICARE Prime or TRICARE Select coverage until the next open season or until you or a family member experience a QLE.

Once disenrolled, you and your family members will have no TRICARE coverage. All civilian health care claims will be denied for payment. You can still receive care at a military hospital or clinic if space is available and all TRICARE eligibility requirements are met.

"Certain events will cause you to be disenrolled from TRICARE Prime or TRICARE Select, like losing your eligibility, or not paying your enrollment fees," said Mark Ellis, chief of the Policy and Programs Section of the TRICARE Health Plan at the Defense Health Agency. "It's important to know your plan rules, because if you're disenrolled, you may experience a lapse in coverage."

You can find disenrollment forms at www.tricare.mil/disenrollment. You may also log in to milConnect at <https://milconnect.dmdc.osd.mil>. Follow the instructions to disenroll. To learn more, download the *TRICARE Plans Overview* at www.tricare.mil/publications. ★

Mobile App for Android and iOS Users

With the Humana Military app, we've simplified your health care. You can manage your well-being on the go with ease, knowing your information and activity is safe and secure. The free app is now available for both iOS and Android users.

With the app, you can:

- View your referrals and authorizations, claim information and details of your claims including provider, status, and associated dates.
- Access your explanation of benefits (EOB) and view referral letter and status along with patient responsibility information.
- View coverage, check eligibility, make a payment, and more. Under the coverage tab, you can view your health plan and primary care manager information.
- View your catastrophic cap and deductible (where applicable), make payments, and find care.

Learn more about the app's features by checking out frequently asked questions at www.humanamilitary.com/mobileapp. Visit your app store to download the free Humana Military mobile app today. ★



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My adult child is aging out of TRICARE. Do I have any options?

Turning age 21 is a Qualifying Life Event. When your child turns age 21, they have 90 days to make changes to their TRICARE health plan. There are exceptions to the age limit (for example, college) that you may explore at www.tricare.mil/chiladult.

If your adult child doesn't qualify for an exception, he or she may purchase TRICARE Young Adult coverage up to the age 26, if eligible. Learn more at www.tricare.mil/tya. You should explore other options, such as state marketplace, employer-based, or college/university health insurance plans, or qualify for Medicaid. Depending on where your child resides, he or she may qualify for discounted rates. For more information, go to www.healthcare.gov.

I'm retiring from the military. What do I need to do to continue my TRICARE coverage?

When you and your family experience a Qualifying Life Event, like retiring from active duty, your plan options change. You must enroll in or reenroll in an eligible TRICARE plan within 90 days after your retirement date. You and your family members need to get new ID cards. In some cases, you may qualify for retroactive enrollment up to 12 months after retiring from active duty. To learn more, visit www.tricare.mil/retiring.

Where can I get COVID-19 guidance?

Visit www.tricare.mil/coronavirus to learn more about TRICARE and COVID-19. From there, you can access links to a COVID-19 symptom checker, COVID-19 testing coverage page, and COVID-19 articles. Learn how, where, and when you can get the COVID-19 vaccine at www.tricare.mil/covidvaccine. If you haven't already, you can also sign up for email alerts to keep up with COVID-19 updates at www.tricare.mil/subscriptions. Let TRICARE help you stay safe and healthy this year. ★

TRICARE EAST REGION CONTACT INFORMATION

HUMANA MILITARY

1-800-444-5445
HumanaMilitary.com
www.tricare-east.com

OTHER IMPORTANT INFORMATION

MILITARY HEALTH SYSTEM NURSE ADVICE LINE

Nurse Advice Line (Stateside)
1-800-TRICARE (1-800-874-2273), option 1
www.mhsnurseadvice.com

DEFENSE ENROLLMENT ELIGIBILITY REPORTING SYSTEM (DEERS)

1-800-538-9552
www.tricare.mil/deers

MILCONNECT (UPDATE DEERS, GET ECORRESPONDENCE)

<https://milconnect.dmdc.osd.mil>

TRICARE NEWS AND PUBLICATIONS

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