



# Introduction to TRICARE<sup>®</sup>

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**Communications and Customer Service**  
**TRICARE Management Activity**

**October 22, 2011**



# Today's Agenda

- What is TRICARE?
- MTF v. Civilian Facilities
- Entitlement, Eligibility, & Enrollment
- Removal of Social Security Numbers
- Beneficiary Categories
- What's Covered
- Programs/Plans
- Other Benefit Information
- **TRICARE & Medicare**
- Contacts for Information/Assistance



# What is TRICARE?

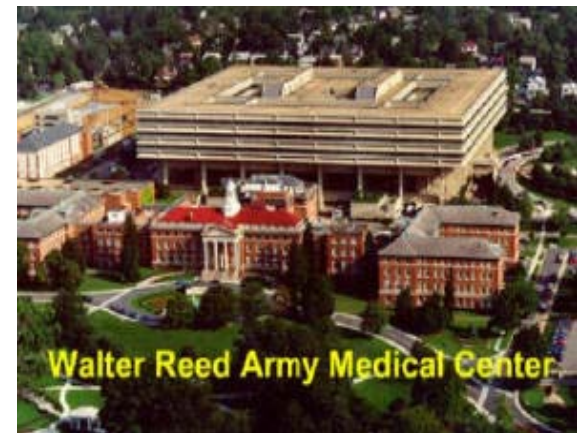
## TRICARE is...

- ... the **health care program** serving active duty service members, National Guard and Reserve members, retirees, family members, survivors, and certain former spouses worldwide.
- ... a network of military and civilian health care professionals working together to foster, protect, sustain, and restore health for those entrusted to their care.



# MTF v. Civilian Facilities

- Military Treatment Facilities (MTFs)
  - Direct Care System
  - Integrated service delivery
  - Run by the Service's Surgeons General
  - Not limited by TRICARE program requirements
- Civilian Health Care Facilities
  - Purchased Care System
  - TRICARE Management Activity



# Entitlement, Eligibility, & Enrollment

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- Insurance vs. **entitlement**
- Although entitled to TRICARE, beneficiaries must take certain steps to remain **eligible**:
  - Hold a valid Uniformed Services identification (ID) card
  - Register in the Defense Enrollment Eligibility Reporting System (DEERS)\*
- For some programs, **enrollment** is required; enrollment fees may apply

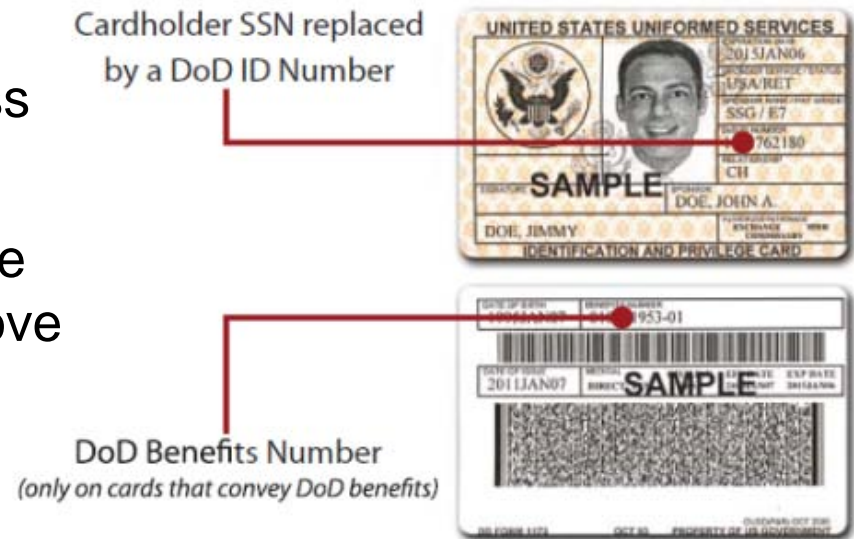
**TRICARE eligibility is determined by the Uniformed Services, NOT by TRICARE.**



*\* Additional requirements for some Medicare-eligible beneficiaries*

# Removal of Social Security Numbers (SSNs)

- As of June 1, 2011, SSNs will no longer be printed on newly issued DoD Identification (ID) cards.
- DoD Benefits Number
  - 11-digit number used to verify eligibility for health care benefits and process claims
  - Printed on the back of the beneficiary's ID card above the bar code



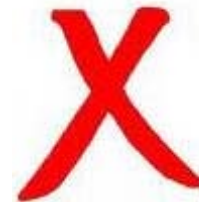
# Beneficiary Categories

- TRICARE covers five basic beneficiary categories
  - Active duty service members (ADSMs)
  - Active duty family members (ADFMs)
  - Retired service members and their families
  - National Guard and Reserve members and their families
  - Survivors, certain former spouses, and others



# What's Covered?

- TRICARE covers:
  - Medically necessary and appropriate treatment, procedures, devices, and drugs
  - Most preventive services
  - Well-child health care
  - Some limited experimental trials
- TRICARE doesn't cover:
  - Unproven (experimental) treatments, procedures, devices, and drugs
  - Treatments, procedures, devices, and drugs that are specifically excluded from coverage by statutes, regulations, or policy





# Question 1

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Which of these TRICARE options is similar to a health maintenance organization (HMO)?

- A. TRICARE Standard
- B. TRICARE Extra
- C. TRICARE Prime



# TRICARE Prime

Topic	Description	
Eligibility	ADSMs, ADFMs, retirees and their families, survivors, certain former spouses, and others in Prime Service Areas (PSAs)	
Enrollment	<ul style="list-style-type: none"> <li>• Enroll via the BWE site (<a href="https://www.dmdc.osd.mil/appj/bwe/indexAction.do">https://www.dmdc.osd.mil/appj/bwe/indexAction.do</a>) or by filling out the <i>TRICARE Prime Enrollment Application and PCM Change Form</i> (DD Form 2876)</li> <li>• Submit initial enrollment fee with application (<i>if required</i>)</li> <li>• Choose a primary care manager (PCM)</li> </ul>	
Costs	ADSMs and ADFMs <ul style="list-style-type: none"> <li>• No enrollment fees/deductibles</li> <li>• ADFMs have copays for prescriptions</li> </ul>	All Others <ul style="list-style-type: none"> <li>• Annual enrollment fee</li> <li>• Copays for healthcare services and prescriptions</li> </ul>
Getting Care	Enrollees will have an assigned PCM either at an MTF or from the TRICARE network, who provides most of their care. The PCM will refer enrollees to a specialist for care and coordinate with their regional contractor for authorization.	




# TRICARE Prime Remote (TPR) & TPRADFM

Topic	Description
Eligibility	<ul style="list-style-type: none"><li>• Available to ADSMs and ADFMs <b>only</b></li><li>• ADSMs must live <b>and</b> work in a TRICARE Prime Remote area (<i>check the status of location at <a href="http://www.tricare.mil/tpr/default_zip.aspx">www.tricare.mil/tpr/default_zip.aspx</a></i>)</li><li>• ADFMs must live with their TPR-enrolled sponsor, except when an ADSM moves away for a follow-on unaccompanied assignment or when a National Guard and Reserve member is called to active duty</li></ul>
Enrollment	Same as TRICARE Prime
Costs	Same as TRICARE Prime ADSMs and ADFMs
Getting Care	<ul style="list-style-type: none"><li>• If possible, PCM is assigned</li><li>• If there are no network PCMs available, enrollees can choose any TRICARE-authorized provider for routine health care services</li><li>• PCM coordinates all specialty care</li><li>• If enrollee doesn't have an assigned network PCM, the enrollee or the primary care provider must coordinate with the regional contractor for specialty care authorizations</li></ul>



# US Family Health Plan (USFHP)

Topic	Description
Eligibility	<ul style="list-style-type: none"> <li>• All eligible beneficiaries (except ADSMs)</li> <li>• Medicare-eligible beneficiaries aren't required to have Medicare Part B while enrolled in USFHP..</li> </ul> 
Enrollment	<ul style="list-style-type: none"> <li>• Enroll via the BWE site (<a href="https://www.dmdc.osd.mil/appj/bwe/indexAction.do">https://www.dmdc.osd.mil/appj/bwe/indexAction.do</a>) or by filling out the <i>TRICARE Prime Enrollment Application and PCM Change Form</i> (DD Form 2876)</li> <li>• Submit initial enrollment fee with application (<i>if required</i>)</li> <li>• Choose a primary care manager (PCM)</li> </ul>
Costs	Same as TRICARE Prime
Getting Care	A USFHP primary care provider delivers all routine care and provides referrals for specialty care. If enrolled in USFHP, enrollees are not eligible to receive health care or pharmacy benefits from MTFs or other TRICARE programs.



# TRICARE Standard & TRICARE Extra

Topic	Description
Eligibility	All eligible beneficiaries (except ADSMs)
Enrollment	No enrollment required
Costs	<ul style="list-style-type: none"> <li>• Annual outpatient deductible:               <ul style="list-style-type: none"> <li>– ADFMs (sponsor rank E-4 and below): \$50/Individual \$100/Family</li> <li>– All others: \$150/Individual \$300/Family</li> </ul> </li> <li>• After meeting the deductible, beneficiaries are responsible for applicable cost-shares:               <ul style="list-style-type: none"> <li>– ADFMs: 20% (TRICARE Standard) / 15% (TRICARE Extra)</li> <li>– All others: 25% (TRICARE Standard) / 20% (TRICARE Extra)</li> </ul> </li> </ul>
Getting Care	<ul style="list-style-type: none"> <li>• May see any TRICARE-authorized provider for care.               <ul style="list-style-type: none"> <li>– Network Provider = TRICARE Extra (<i>lower costs</i>)</li> <li>– Non-Network Provider = TRICARE Standard (<i>higher costs</i>)</li> </ul> </li> <li>• Referrals aren't necessary, but pre-authorizations are required for certain services.</li> <li>• May receive services at a military hospital or clinic on a space-available basis.</li> </ul>



# TRICARE For Life (TFL)

Topic	Description
Eligibility	Beneficiaries entitled to premium-free Medicare Part A and enrolled in Medicare Part B
Enrollment	No enrollment required; DEERS is updated monthly with Medicare enrollment data received directly from the Centers for Medicare and Medicaid Services.
Costs	No enrollment fees. Beneficiaries avoid deductibles and cost shares when healthcare services are covered under <i>both</i> Medicare and TRICARE.
Getting Care	<ul style="list-style-type: none"><li>• May see any Medicare participating, non-participating or opt-out provider in the United States</li><li>• Medicare pays first, TRICARE pays second</li><li>• May see any host nation provider while living or traveling overseas</li><li>• Care is available at military hospitals and clinics on a space-available basis.</li></ul>



# TRICARE Reserve Select (TRS)

Topic	Description
Eligibility	Selected Reserve members of the Ready Reserve (and their families) who aren't eligible for or enrolled in the Federal Employee Health Benefits (FEHB) program either under their own eligibility or through a family member.
Purchase	<ul style="list-style-type: none"> <li>• Log on to the DMDC Reserve Component Purchased TRICARE Application (<a href="https://www.dmdc.osd.mil/appj/trs/">https://www.dmdc.osd.mil/appj/trs/</a>)</li> <li>• Complete the <i>Reserve Component Health Coverage Request Form (DD Form 2896-1)</i> and fax or mail the completed form with the first month's premium to the appropriate regional contractor.</li> </ul>
Costs	<p>Premium-based health care plan with an annual deductible and cost-shares.</p> <ul style="list-style-type: none"> <li>• TRS Member-Only coverage: \$53.16/month for CY11; \$54.35/month for CY12.</li> <li>• TRS Member-and-Family coverage: \$197.76/month for CY11; \$192.89/month for CY12</li> </ul>
Getting Care	<ul style="list-style-type: none"> <li>• May see any TRICARE-authorized provider for care.</li> <li>• Referrals aren't necessary, but pre-authorizations are required for certain services.</li> <li>• May receive services at a military hospital or clinic on a space-available basis.</li> </ul>



# TRICARE Retired Reserve (TRR)

Topic	Description
Eligibility	Members of the retired Reserve of a Reserve Component (and their families) who are qualified for non-regular retirement, are under age 60, and aren't eligible for, or enrolled in, the Federal Employees Health Benefits program either under their own eligibility or through a family member.
Purchase	<ul style="list-style-type: none"> <li>• Log on to the DMDC Reserve Component Purchased TRICARE Application (<a href="https://www.dmdc.osd.mil/appj/trs/">https://www.dmdc.osd.mil/appj/trs/</a>)</li> <li>• Complete the <i>Reserve Component Health Coverage Request Form (DD Form 2896-1)</i> and fax or mail the completed form with the first month's premium to the appropriate regional contractor.</li> </ul>
Costs	<p>Premium-based health care plan with an annual deductible and cost-shares.</p> <ul style="list-style-type: none"> <li>• TRR Member-Only coverage: \$408.01/month for CY11; \$419.72/month for CY12</li> <li>• TRR Member-and-Family coverage: \$1,020.05/month for CY11; \$1024.43/month for CY12</li> </ul>
Getting Care	<ul style="list-style-type: none"> <li>• May see any TRICARE-authorized provider for care.</li> <li>• Referrals aren't necessary, but pre-authorizations are required for certain services.</li> <li>• May receive services at a military hospital or clinic on a space-available basis.</li> </ul>





# TRICARE Young Adult (TYA)

Topic	Description
Eligibility	Must be an unmarried dependent under the age of 26, who isn't eligible for an employer-sponsored health plan based on his/her own employment, and has a sponsor who is TRICARE eligible/covered.
Purchase	<ul style="list-style-type: none"><li>• Complete the <i>TRICARE Young Adult Application (DD Form 2947)</i> (<a href="http://www.tricare.mil/tya">www.tricare.mil/tya</a>) and fax or mail the completed form along with an initial three-month premium-payment to the appropriate regional contractor.</li></ul>
Costs	Premium-based health care plan with an annual deductible and cost-shares. <ul style="list-style-type: none"><li>• TYA Standard coverage: \$186.00 per month</li></ul>
Getting Care	<ul style="list-style-type: none"><li>• May see any TRICARE-authorized provider for care.</li><li>• Referrals aren't necessary, but pre-authorizations are required for certain services.</li><li>• May receive services at a military hospital or clinic on a space-available basis.</li></ul>



## Question 2

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Which of these pharmacy options is the most expensive?

- A. Home Delivery
- B. Non-Network Retail Pharmacy
- C. Network Retail Pharmacy



# TRICARE Pharmacy Program

Pharmacy Option	Formulary		Non-formulary
	Generic	Brand-name	
MTF Pharmacy <i>(up to a 90-day supply)</i>	\$0	\$0	N/A
Home Delivery <i>(up to a 90-day supply)</i>	<b>\$0</b>	\$9	<b>\$25</b>
Retail Network Pharmacy <i>(up to a 30-day supply)</i>	<b>\$5</b>	<b>\$12</b>	<b>\$25</b>
Non-network Retail Pharmacy <i>(up to a 30-day supply)</i>	TRICARE Prime: 50% cost-share after point-of-service deductible is met  Other Programs: <b>\$12</b> or 20% of total cost ( <i>whichever is greater</i> ) after the annual deductible is met		TRICARE Prime: 50% cost-share after point-of-service deductible is met  Other Programs: <b>\$25</b> or 20% of total cost ( <i>whichever is greater</i> ) after the annual deductible is met



# TRICARE Pharmacy Program

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- Resources
  - TRICARE Formulary Search Tool
    - [http://pec.ha.osd.mil/formulary\\_search.php](http://pec.ha.osd.mil/formulary_search.php)
  - Express Scripts (1-877-363-1303)
    - <http://www.express-scripts.com/TRICARE/>



# Dental Program Options

- Dental Treatment Facilities
- Active Duty Dental Program
  - 1-866-984-2337
  - [www.addp-ucci.com](http://www.addp-ucci.com)
- TRICARE Dental Program
  - [www.tricaredentalprogram.com](http://www.tricaredentalprogram.com)
- TRICARE Retiree Dental Program
  - [www.trdp.org](http://www.trdp.org)



# Behavioral Health Care Services

TRICARE Assistance Program	Telemental Health Program
<ul style="list-style-type: none"> <li>• Online access to behavioral health care counseling for short-term, <b>non-medical</b> issues</li> <li>• Must have access to a computer and webcam</li> </ul>	<ul style="list-style-type: none"> <li>• Web-based program that provides <b>medically necessary</b> behavioral health care services</li> <li>• Must visit a TRICARE-authorized Telemental Health-participating facility</li> </ul>
<ul style="list-style-type: none"> <li>• Stateside ADSMs; ADFMs (spouses of any age are eligible, children 18 or older); TRS enrollees; and TAMP beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>• <b>All</b> stateside TRICARE beneficiaries</li> </ul>
<ul style="list-style-type: none"> <li>• No costs</li> <li>• Referrals and authorizations aren't required</li> <li>• Unlimited number of appointments</li> </ul>	<ul style="list-style-type: none"> <li>• Deductibles, cost-shares, and copayments apply except to ADSMs and TRICARE Prime/TRICARE Prime Remote ADFMs</li> <li>• Referral and authorization requirements apply</li> <li>• Appointments count toward the initial eight outpatient self-referred visits per fiscal year for non-ADSM beneficiaries</li> </ul>



# Active Duty Respite Benefit

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- Respite Care for the Primary Caregiver
  - Provides rest and temporary relief to the primary caregiver
  - Case manager approves respite care when the care plan includes frequent primary caregiver interaction
- Limitations & Requirements
  - Maximum of 40 respite hours in a calendar week
  - No more than five days per calendar week
  - No more than eight hours per calendar day
  - Care must be provided by a TRICARE-authorized Home Health Agency



# Combat-Related Special Compensation (CRSC) Travel Benefit

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- Provides reimbursement for travel-related expenses when traveling more than 100 miles
- Beneficiary must:
  - Be receiving retired, retired retainer, or equivalent pay;
  - Be awarded a Service CRSC determination letter identifying the combat-related disability or disabilities; **and**
  - Live in the United States and covered under TRICARE Standard/Extra or TRICARE For Life
  - Submit travel request in advance to appropriate TRICARE Regional Office





# Dual-Eligibility — TRICARE & VA

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- Eligibility determined by Service and VA
- Care can be received either through TRICARE or VA
  - TRICARE won't duplicate payments made by or authorized to be made by the VA for treatment of a service-connected disability
- Referrals and authorizations when required
- Costs are program specific



## Question 4

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During Transitional Assistance Management Program eligibility, individuals are automatically enrolled in which of the following dental program?

- A. TRICARE Dental Program
- B. TRICARE Retiree Dental Program
- C. Neither



# Transitional Assistance Management Program

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- Eligibility based on Service coding in DEERS
- Entitled to 180 days of coverage
- Health plan options available:
  - TRICARE Prime (enrollment required)
  - TRICARE Standard and Extra
- **Doesn't** include dental benefit
  - **ADSM** dental care available at military dental treatment facilities on space-available basis
  - **ADFM** dental care only available if enrolled in the TRICARE Dental Program



## Question 5

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- SSgt Upwood demobilized and was on day 80 of his TAMP benefit.
- His wife noticed a severe change in his behavior and convinced him to speak with someone.
- SSgt Upwood made an appointment with his PCM who referred him to a specialist for possible PTSD.
- The behavioral specialist recommended 2 visits/week for three months.

Q. Is this covered under TAMP?



# Transitional Care for Service-Related Conditions

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- Eligibility Requirements:
  - Service member must show as TAMP-eligible in DEERS;
  - Be *newly diagnosed*, during their TAMP period, with a medical or adjunctive dental condition that can be fully resolved within 180 days; **and**
  - Prove condition is service-related.
- Length of Coverage:
  - Starts on the date the condition is validated by the DoD physician and ends 180 days later.
- No copays or cost shares



# Continued Health Care Benefit Program

- Period of coverage:
  - 18 months for separating service members & their families if service member chooses family coverage
  - 36 months for family members who no longer meet the requirements for being considered an unmarried dependent child or spouse
- Premium based: Individual: \$1,065/quarter  
Family: \$2,390/quarter
- TRICARE Standard benefits; administered by Humana Military Healthcare Services, Inc.
  - 1-800-444-5445
  - [www.humana-military.com/chcbp/main.htm](http://www.humana-military.com/chcbp/main.htm)



## Question 6

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Active duty service members who are entitled to Medicare Part A must have Medicare Part B to remain TRICARE-eligible.

- A. True
- B. False



# TRICARE & Medicare

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- TRICARE beneficiaries eligible for premium-free Part A because of:
  - Age
  - Disability
  - End-stage renal disease (ESRD)
  - Amyotrophic lateral sclerosis ("Lou Gehrig's Disease")

**must** have Part B to remain TRICARE-eligible

- Ineligible for TRICARE benefits for any period of time that the beneficiary has Medicare Part A but not Part B
- With every rule, there are exceptions...





# TRICARE & Medicare (cont.)

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- ADSMs and ADFMs
  - TRICARE doesn't require Part B to keep TRICARE benefits
  - May enroll in Part B during a special enrollment period
    - Anytime the sponsor is on active duty; or
    - Within the first eight months following the month
      - the sponsor's retires; or
      - TRICARE coverage ends, whichever is first
  - Enrolling in Part B **after the sponsor's retires** causes a **break in TRICARE coverage**



# Example

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Major Smith is an active duty service member and will retire effective May 1st. Therefore, his special enrollment period is:

May through December, meaning Major Smith can buy Part B anytime during this period.



## Example (cont.)

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If Major Smith buys Part B in:

- May, Part B & TRICARE coverage are effective in **May** (or can choose June or July)
- June, Part B & TRICARE coverage will be effective in **July**
- July, Part B & TRICARE coverage will be effective in **August**
- August, Part B & TRICARE coverage will be effective in **September**
- September, Part B & TRICARE coverage will be effective in **October**
- October, Part B & TRICARE coverage will be effective in **November**
- November, Part B & TRICARE coverage will be effective in **December**
- December, Part B & TRICARE coverage will be effective in **January**



# Retroactive Disability Determination

Social Security Administration  
Retirement, Survivors and Disability Insurance  
Notice of Award

Office of Central Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: August 20, 2005  
Claim Number: [REDACTED]



First month of entitlement



You are entitled to monthly disability benefits beginning February 2002.

### The Date You Became Disabled

We found that you became disabled under our rules on August 17, 2001.

However, you have to be disabled for 5 full calendar months in a row before you can be entitled to benefits. For these reasons, your first month of entitlement to benefits is February 2002.



# Retroactive Disability Determination (cont.)

Part A Effective Date



## Information About Medicare

You are entitled to Medicare hospital insurance beginning February 2004 and medical insurance beginning August 2005. ← Part B Effective Date

We did not give you medical insurance earlier because we did not process it timely. If you want these benefits earlier, you can choose medical insurance benefits beginning February 2004. To start benefits earlier, within 30 days after the date of this notice, you must tell us in writing that you want medical insurance benefits beginning February 2004. In addition, you must:

- pay us \$1280.00 (this covers premiums due from February 2004 through July 2005); or
- tell us we can withhold this amount from the check.

If you want benefits beginning February 2004 but find it hard to pay the premium amount in a lump sum, ask us about other ways to pay the money.

We will send you a Medicare card. You should take this card with you when you need medical care. If you need medical care before receiving the card and your coverage has already begun, use this letter as proof that you are covered by Medicare.



# Retroactive Disability Determination (cont.)

- Retirees or retiree family members who were awarded disability based on an appeal:
  - Need to enroll in Part B back to Part A effective date if Part B is effective **before October 2009**
  - Don't need to enroll in Part B back to Part A effective date if Part B is effective **on or after October 2009**
    - Must keep Part A and Part B coverage from their original effective dates
    - Remain TRICARE-eligible even for the retroactive period when they had only Part A



# Medicare & TRICARE Scenario

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- MSgt Jackson is a wounded ill & injured retired service member.
- She applied for Social Security Disability benefits but her claim was denied.
- She appealed the decision and was later awarded benefits.



# Medicare & TRICARE Scenario 1

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- MSgt Jackson's:
  - Part A effective date is December 2006
  - Part B effective date is January 2008.
- She was given the opportunity to buy Part B back to December 2006 but **declined** the offer.
- When is MSgt Jackson TRICARE-eligible?





# Medicare & TRICARE Scenario 1

- Part A effective date is December 2006
- Part B effective date is January 2008.
- Note: Part B is effective before October 2009

Applied for Social Security Disability benefits but benefits hadn't been awarded.													
12/06	1/07	2/07	3/07	4/07	5/07	6/07	7/07	8/07	9/07	10/07	11/07	12/07	1/08
TRICARE eligibility continues uninterrupted													
<b>Benefits awarded.</b> Part A December 2006 Part B January 2008													
12/06	1/07	2/07	3/07	4/07	5/07	6/07	7/07	8/07	9/07	10/07	11/07	12/07	1/08
No TRICARE Coverage, TRICARE will recoup payment for claims paid during this period													TRICARE eligibility reinstated



# Medicare & TRICARE Scenario 2

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- MSgt Jackson's:
  - Part A effective date is December 2006
  - Part B effective date is January 2008.
- She was given the opportunity to buy Part B back to December 2006 and **accepted** the offer.
- When is MSgt Jackson TRICARE-eligible?



# Medicare & TRICARE Scenario 2

- Part A effective date is December 2006
- Part B effective date is January 2008.
- Note: Part B is effective before October 2009

Applied for Social Security Disability benefits but benefits hadn't been awarded.													
12/06	1/07	2/07	3/07	4/07	5/07	6/07	7/07	8/07	9/07	10/07	11/07	12/07	1/08
TRICARE eligibility continues uninterrupted													
<b>Benefits awarded.</b> Part A December 2006 Part B December 2006													
12/06	1/07	2/07	3/07	4/07	5/07	6/07	7/07	8/07	9/07	10/07	11/07	12/07	1/08
TRICARE eligibility continues uninterrupted													



# Medicare & TRICARE Scenario 3

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- MSgt Jackson's:
  - Part A effective date is August 2008
  - Part B effective date is November 2009
- She was given the opportunity to buy Part B back to August 2008 but **declined** the offer.
- When is MSgt Jackson TRICARE-eligible?



# Medicare & TRICARE Scenario 3

- Part A effective date is August 2008
- Part B effective date is November 2009
- Note: Part B is effective after October 2009

Applied for Social Security Disability benefits but benefits hadn't been awarded.															
8/08	9/08	10/08	11/08	12/08	1/09	2/09	3/09	4/09	5/09	6/09	7/09	8/09	9/09	10/09	11/09
TRICARE eligibility continues uninterrupted															
<b>Benefits awarded.</b> Part A August 2008 Part B November 2009															
8/08	9/08	10/08	11/08	12/08	1/09	2/09	3/09	4/09	5/09	6/09	7/09	8/09	9/09	10/09	11/09
TRICARE eligibility continues uninterrupted															



# TRICARE Prime & Medicare

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- TRICARE Prime and Medicare
  - Prime is an option for Medicare-eligible beneficiaries under age 65
  - Individual Prime enrollment fee is waived
    - Family enrollment fee may be cut in half (if applicable)
  - Prime referral and authorization rules aren't enforced for Medicare-eligible beneficiaries



# No Longer Receiving SSDI

- Retirees and their families who are no longer receiving Social Security Disability benefits because they returned to work, may remain Medicare-eligible for up to 8 1/2 years
  - Must continue their Part B enrollment to remain TRICARE-eligible unless they meet the active duty exception



# For Information & Assistance

## Stateside Regional Contractors

### TRICARE North Region

Health Net Federal Services

1-877-TRICARE (1-877-874-2273)

[www.hnfs.com](http://www.hnfs.com)

### TRICARE South Region

Humana Military Healthcare Services

1-800-444-5445

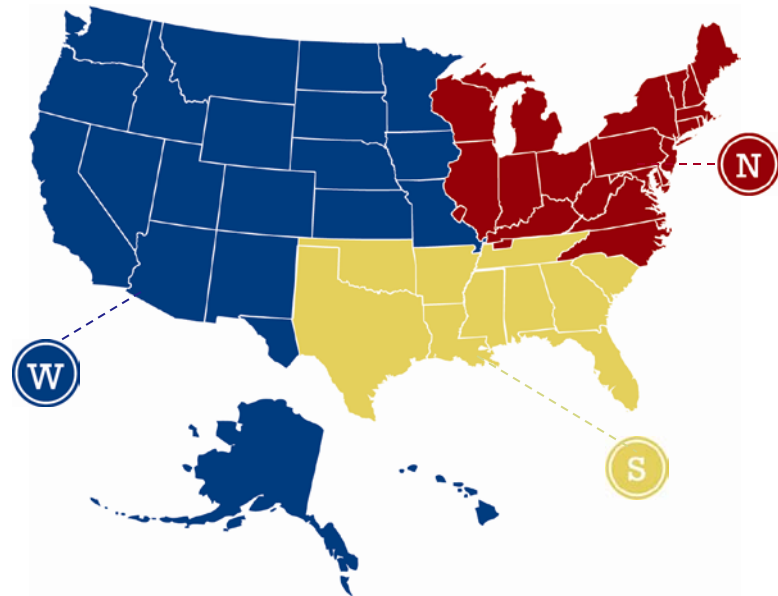
[www.humana-military.com](http://www.humana-military.com)

### TRICARE West Region

TriWest Healthcare Alliance

1-888-TRIWEST (1-888-874-9378)

[www.triwest.com](http://www.triwest.com)





# For Information & Assistance (cont.)

## Overseas Regional Contractor

**International SOS Assistance, Inc.**

**Eurasia-Africa Area**

+44-20-8762-8384

Stateside: 1-877-678-1207

**Latin America & Canada Area**

+1-215-942-8393

Stateside: 1-877-451-8659

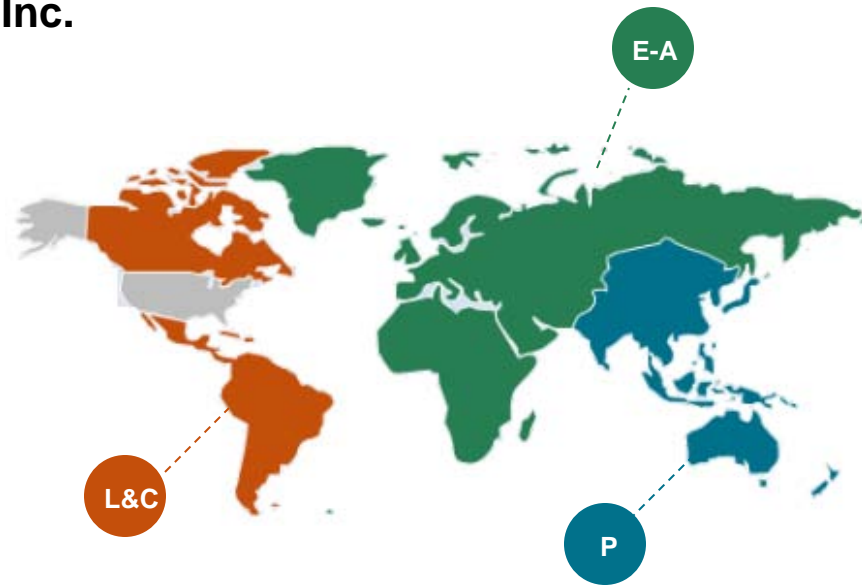
**Pacific Area**

Singapore: +65-6339-2676

Stateside: 1-877-678-1208

Sydney: +61-2-9273-2710

Stateside: 1-877-678-1209



[www.tricare-overseas.com](http://www.tricare-overseas.com)



# For Information & Assistance (cont.)

## General Contact Information

### TRICARE Web site

[www.tricare.mil](http://www.tricare.mil)

### TRICARE Contacts

[www.tricare.mil/contacts](http://www.tricare.mil/contacts)

### Military Medical Support Office

[www.tricare.mil/tma/mmsso](http://www.tricare.mil/tma/mmsso)

### MTF Locator

1-888-MHS-MMSO (1-888-647-6676)

[www.tricare.mil/mtf](http://www.tricare.mil/mtf)

## Connect with TRICARE Online!



[www.tricare.mil/mediacenter](http://www.tricare.mil/mediacenter)

### TRICARE Regional Office North

1-866-307-9749

<http://www.tricare.mil/tronorth/>

### TRICARE Regional Office South

1-800-554-2397

<http://www.tricare.mil/trosouth/>

### TRICARE Regional Office West

1-800-558-1746

<http://www.tricare.mil/trowest/>



# Wounded Warrior Resources

## **Health Net Federal Services Warrior Care Support Program:**

1-877-TRICARE (1-877-874-2273)

[https://www.hnfs.com/content/hnfs/home/tn/common/care/warrior\\_care\\_support\\_program.html/pp/content/hnfs/home/tn/bene.html](https://www.hnfs.com/content/hnfs/home/tn/common/care/warrior_care_support_program.html/pp/content/hnfs/home/tn/bene.html)

## **Humana Military Healthcare Services Warrior Navigation and Assistance Program:**

1-888-4GO-WNAP (1-888-446-9627)

<http://www.humana-military.com/south/bene/TRICAREPrograms/wnap.asp>

## **TriWest Healing Wounded, Ill and Injured:**

1-888-TRIWEST (874-9378)

<http://www.triwest.com/en/beneficiary/healing-heroes/wounded-ill-and-injured/>



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**Thank you.**

***Questions?***

