



# HEALTH MATTERS

A PUBLICATION FOR TRICARE® BENEFICIARIES

## Welcome to the New TRICARE East Region

On Jan. 1, 2018, the North and South Regions combined to form the new TRICARE East Region. Humana Military is now the TRICARE regional contractor for the East Region. The contract covers approximately 6 million beneficiaries in the 32-state region (including the District of Columbia).

Health Net Federal Services, LLC is the regional contractor for the West Region.

TRICARE is available worldwide and managed regionally. TRICARE East Region and TRICARE West Region cover the 50 United States and the District of Columbia.

Your TRICARE benefit is the same regardless of where you are, but there are different customer service contacts for each region. Each region is

managed by a contractor who partners with the Military Health System to provide you with health, medical and administrative support including customer service, claims processing and prior authorizations for certain health care services. Your regional contractor is your main resource for TRICARE benefit information and assistance.

You may also contact Beneficiary Counseling and Assistance Coordinators (BCACs), who are located at military hospitals and clinics and at the TRICARE Regional Offices. Go to the Customer Service Community Directory at [www.tricare.mil/bcacdca0](http://www.tricare.mil/bcacdca0) to find a BCAC near you.

To learn more about Humana Military, visit [HumanaMilitary.com](http://HumanaMilitary.com) or [www.tricare-east.com](http://www.tricare-east.com). ★



ISSUE 1 | 2018

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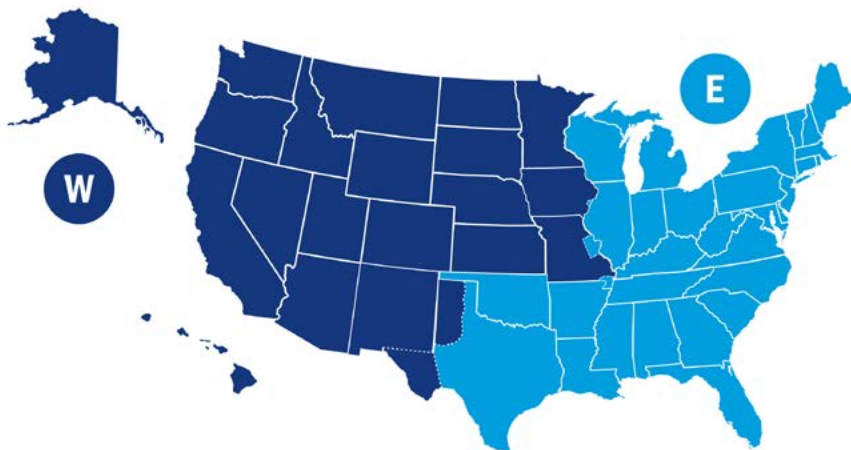
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**An Important Note About TRICARE Program Information:** At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE 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. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.



## Enrollment Changes for 2018 and Beyond

The changes that took effect on Jan. 1 include when you can enroll in or change TRICARE plans. For 2018 coverage, you may continue to enroll or make enrollment changes at any time based on your eligibility. However, for 2019 coverage, you will only be able to enroll in or change your enrollment during the fall 2018 annual open enrollment period or following a Qualifying Life Event (QLE) in 2019.

### Annual Open Enrollment Period

In fall 2018, you will have a chance to choose coverage for the 2019 calendar year. During the open enrollment period (Nov. 12–Dec. 10), you can change your plan. If you remain eligible, do nothing and you will stay in the same plan for 2019. Coverage runs Jan. 1, 2019 through Dec. 31, 2019, unless you lose eligibility or disenroll.

### Qualifying Life Event

Beginning Jan. 1, 2019, you will only be able to enroll in or change plans for 2019 coverage after you experience a QLE. QLEs are specific life events, like having a baby, getting married, turning age 65 or changing status (See the QLE article on page 10 to learn more). Once a QLE occurs, you will only have a 90-day window to enroll or make any enrollment changes. Enrollment because of a QLE results in immediate coverage that runs through Dec. 31, 2019, unless you lose eligibility or disenroll. ★

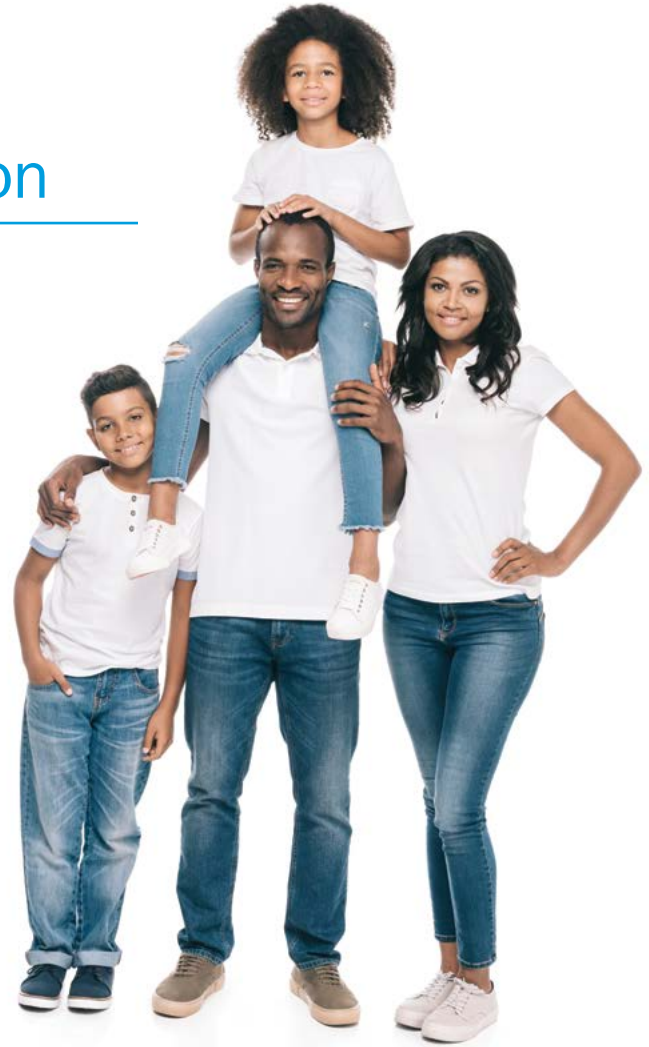
In 2018, if you are eligible for TRICARE but are not enrolled in a plan, then your first episode of care from a civilian network provider will be covered by TRICARE. After that episode, you will be notified that you can enroll in a plan. If you still don't enroll, then you will only be able to receive care at a military hospital or clinic on a space-available basis and use military pharmacies. You'll also be responsible for all subsequent costs for seeing a civilian provider.

# TRICARE Prime and TRICARE Select: A Program Comparison

TRICARE Prime is a managed care option available in Prime Service Areas. All TRICARE Prime beneficiaries have an assigned primary care manager (PCM). Your PCM will be a military or network provider who provides most of your care and refers you to other providers for specialty care. This plan offers lower out-of-pocket costs than TRICARE Select, but less freedom of choice for providers. If you're on active duty, you must be enrolled in TRICARE Prime. All other eligible beneficiaries can choose to enroll in TRICARE Select.

TRICARE Select is a self-managed, preferred provider option for beneficiaries. This fee-for-service plan allows you to schedule appointments and get care from any TRICARE-authorized provider. Referrals are required for some services, and you may need prior authorization from your regional contractor.

For plan eligibility details, visit [www.tricare.mil/eligibility](http://www.tricare.mil/eligibility). ★



TRICARE PRIME	TRICARE SELECT
A health maintenance organization (HMO)-style plan	A preferred-provider organization (PPO)-style plan
Get most care from a PCM	Choose your TRICARE-authorized provider
Referrals for specialty services	Referrals required for some services
Prior authorization for some services	Prior authorization for some services
Receive care from an established network of doctors and other health care providers	Receive care from any TRICARE-authorized provider, but pay higher out-of-pocket costs when you receive care outside the established network of providers
No deductible applies unless using point-of-service option, copayments apply for beneficiaries except ADSM and ADFM being seen by a network provider	Deductible and copayments or cost-shares apply



## TRICARE Enrollment Fees

### Enrollment Fees

Enrollment fees apply to retirees and their family members enrolled in TRICARE Prime options and Group B retirees and their family members enrolled in TRICARE Select. Those enrolled in premium-based plans pay monthly premiums. These include:

- TRICARE Retired Reserve
- TRICARE Reserve Select
- TRICARE Young Adult
- Continued Health Care Benefit Program

**Active duty service members (ADSMs) and their families do not pay enrollment fees.**

Retired service members and their families may pay enrollment fees dependent on your plan and group. Group A and Group B are defined as follows:

**Group A:** Your or your sponsor’s initial enlistment or appointment occurred before Jan. 1, 2018.

**Group B:** Your or your sponsor’s initial enlistment or appointment occurred after Jan. 1, 2018.

For more information on enrollment fees and other costs, go to [www.tricare.mil/costs](http://www.tricare.mil/costs). ★

RETIREES				
Type	Select Group A	Select Group B	Prime Group A	Prime Group B
Annual Enrollment	\$0	\$450 for individual and \$900 for family	\$289.08 for individual and \$578.16 for family	\$350 for individual and \$700 for family

# Understanding Disenrollment

## As part of the changes to TRICARE, there are new rules affecting disenrollment.

Beginning in 2018, if you're eligible for TRICARE and enrolled in a health plan, there are three ways you can be disenrolled:

- If you no longer wish to continue TRICARE coverage, you can voluntarily disenroll.
- If you fail to pay enrollment or premium fees.
- If you or your sponsor lose TRICARE eligibility.

Under TRICARE Select, beneficiaries will need to be enrolled if they wish to use the program, and disenroll if they no longer wish to use it. In order to disenroll from TRICARE Select, you will need to fill out a change form. If you disenroll from TRICARE Prime, you won't automatically be covered by TRICARE Select. You will need to actively enroll in a TRICARE plan for health care coverage.

## Reenrollment After Disenrollment & Access to Care

You may elect to disenroll from any TRICARE plan at any time. During calendar year 2018 (Jan. 1–Dec. 31), you'll have a full-year grace period to enroll or re-enroll in TRICARE Prime or TRICARE Select at any time, as long as you remain eligible. Special rules will apply in 2018 for beneficiaries who are eligible for TRICARE, but aren't enrolled in a plan. These grace period rules include:

- Your first episode of care from a civilian TRICARE network provider will be covered by TRICARE.
- After your first episode of care from a civilian TRICARE network provider, you'll have an opportunity to enroll or re-enroll. If you don't enroll at that time, you'll only be able to receive care at a military hospital or clinic on a space-available basis and use military pharmacies. You'll be responsible for all subsequent costs for seeing a civilian provider. TRICARE won't pay any other claims.

The grace period doesn't apply to premium-based plans.

In 2019 and beyond, once you voluntarily disenroll from TRICARE Prime or TRICARE Select, you can only re-enroll if you experience a Qualifying Life Event (QLE) or during the next annual open enrollment season (and receive coverage beginning Jan. 1).

If you disenroll or are disenrolled from a premium-based plan like TRICARE Reserve Select, TRICARE Retired Reserve or TRICARE Young Adult, you must wait 12 months and requalify for TRICARE if you want to purchase coverage again. If you disenroll from the Continued Health Care Benefit Program (CHCBP), you can't enroll in another TRICARE plan unless you become eligible for TRICARE again. Specific procedures and disenrollment forms are available online at [www.tricare.mil/resources/forms/disenrollment](http://www.tricare.mil/resources/forms/disenrollment).

In cases of disenrollment due to loss of sponsor eligibility, you may be eligible for temporary coverage through the Transitional Assistance Management Program (TAMP) or the CHCBP. For more information, visit [www.tricare.mil/tamp](http://www.tricare.mil/tamp) or [www.tricare.mil/chcbp](http://www.tricare.mil/chcbp). ★





## TRICARE Payment Types

With the Jan. 1, 2018 changes to new stateside regions and contractors, you may need to update your payment option to guarantee continued payment of your TRICARE enrollment fees and monthly premiums.

You will no longer be able to make payments via paper check. Acceptable methods of payment continue to be allotment, electronic funds transfer, and debit or credit card. If you sign in to your regional contractor's website to make payments online, this option will also still exist.

### **If You Pay By Allotment Directly from Your Retired Military Paycheck**

If you previously paid your enrollment fees or premiums by allotment through a Defense Financing and Accounting Service (DFAS) or other Uniformed Services Pay Center, you don't need to update your payment information. Your payments automatically transferred to the new regional contractor on

Jan. 1, 2018. Unless you cancel your allotment, TRICARE will continue to deduct your enrollment fees and premiums.

### **If You Pay Through Electronic Funds Transfer or via Debit or Credit Card**

If you live in an area where a new regional contractor is now delivering services, you need to update your payment information to go to your new regional contractor. This applies if you pay enrollment fees or premiums by electronic funds transfer from your checking or savings account or via a debit or credit card. The administrator of the TRICARE contract should have contacted you with instructions on how to update your payment information. If not, please contact your regional contractor.

You must update your payment information to make sure payments start going to your new regional contractor and stop going to your previous regional contractor. This action will help you avoid disenrollment from TRICARE. ★

# Beneficiary Self-Service

Get a jump-start on your health care journey by logging onto beneficiary self-service today. Humana Military's online self-service tool is here to help guide you through the care of your health. By using your existing DS Logon or creating your own account at [HumanaMilitary.com](https://www.humanamilitary.com), you can view, research and interact with many aspects of your health care.

Communications are continuing to move to electronic only formats, so we encourage you to confirm or update your communication preferences and provide the most valid and up-to-date email address.

Beneficiary self-service is a convenient, quick and easy way to review your TRICARE benefits, giving you the control of your healthcare experience. Self-service allows you to explore features such as:

- **Eligibility:** TRICARE programs are available to family members of service members, National Guard and Reserve members, military retirees and their family members.
- **Electronic referrals and authorizations:** Check details, status, provider information and certain, limited referrals and authorizations.
- **Claims status:** Research and/or search by different claim types, rendering provider, date of service, and obtain or file a claim.
- **Primary Care Manager (PCM) changes:** Search our online provider locator to research options and make changes to your PCM.
- **Communication preferences:** We deliver our information electronically. Change or update your contact preferences to ensure you never miss anything.
- **Electronic Explanation of Benefits (EOB):** Find your EOB in a paperless, convenient format online, available anytime at your convenience.



- **Blue Button:** This new feature makes it easy for you to view, download and print your Electronic Health Record (EHR) to share with your health care team.
- **Care Considerations:** Available for civilian TRICARE Prime beneficiaries, these clinician-developed health messages advise you and your health care providers about potential clinical risks and any gaps in care.
- **Cobrowse:** This real-time feature allows a customer service representative to view a beneficiary's screen with them, in order to assist or highlight functions found on [HumanaMilitary.com](https://www.humanamilitary.com)
- **Chat with an agent:** A real-time connection to customer service representatives who can assist with your health care inquiries.
- **Send secure message:** Send your protected, sensitive data online to quickly and securely communicate with a customer service representative.
- And many more self-service features.

While logged in at [HumanaMilitary.com](https://www.humanamilitary.com), we urge you to verify your contact information and communication options to guarantee you never miss anything. ★



## Introducing Fixed Copayments: Costs Now Simpler and More Transparent

Like active duty service members, TRICARE Prime active duty family members (ADFM) pay nothing for covered health care services.

All other TRICARE beneficiaries pay copayments for most health care services. Previously, TRICARE Standard beneficiaries paid a percentage, or cost-share, of the cost. Now with TRICARE Select, you will pay a fixed copayment for most services. This means that you will know the cost of a health care visit before the visit and eliminate the guesswork.

### Costs for TRICARE Prime retirees, their families and all others:

COVERED SERVICE	GROUP A	GROUP B
Preventive Care Visit	\$0	\$0
Primary Care Outpatient Visit	\$20	\$20
Specialty Care Outpatient Visit	\$30	\$30
Urgent Care Center Visit	\$30	\$30
Emergency Room Visit	\$60	\$60
Inpatient Admission (Hospitalization)	\$150/admission	\$150/admission





**Costs for TRICARE Select Out-of-Pocket Health Care—Network and Out-of-Network\*:**

COVERED SERVICES	ADFMS AND TRS MEMBERS		RETIREES, THEIR FAMILIES, TRR MEMBERS AND ALL OTHERS	
	Group A	Group B	Group A	Group B
<b>Preventive Care Visit</b>	\$0	\$0	\$0	\$0
<b>Primary Care Outpatient Visit</b>	\$21 Network	\$15 Network	\$28 Network	\$25 Network
	20%† Out-of-Network	20%† Out-of-Network	25%† Out-of-Network	25%† Out-of-Network
<b>Specialty Care Outpatient Visit</b>	\$31 Network	\$25 Network	\$41 Network	\$40 Network
	20%† Out-of-Network	20%† Out-of-Network	25%† Out-of-Network	25%† Out-of-Network
<b>Urgent Care Center Visit</b>	\$21 Network	\$20 Network	\$28 Network	\$40 Network
	20%† Out-of-Network	20%† Out-of-Network	25%† Out-of-Network	25%† Out-of-Network
<b>Emergency Room Visit</b>	\$81 Network	\$40 Network	\$109 Network	\$80 Network
	20%† Out-of-Network	20%† Out-of-Network	25%† Out-of-Network	25%† Out-of-Network
<b>Inpatient Admission (Hospitalization)</b>	\$18.60 per day (subsistence charge)‡ or \$25 per admission (whichever is more)  Network and Out-of-Network	\$60 per admission— Network	\$250 per day or up to 25% hospital charge (whichever is less); plus 20% separately billed services— Network	\$175 per admission— Network
		20%† Out-of-Network	DRG§ per diem or \$250 per day up to 25% hospital charge (whichever is less); plus 25% separately billed services— Out-of-Network	25%† Out-of-Network

\* Network means a provider in the TRICARE network. Out-of-network means a TRICARE-authorized provider not in the TRICARE network.

† Percentage of TRICARE maximum-allowable charge after deductible is met.

‡ Subsistence charge refers to the rate charged for inpatient care obtained in a military hospital or clinic.

§ All final claims reimbursed under the TRICARE Diagnosis Related Group (DRG)-based payment system are to be priced using the rules, weights and rates in effect as of the date of discharge.



## Ask Humana Military

Ask Humana Military is an enhanced search tool found on **HumanaMilitary.com**. Available 24/7, beneficiaries can use this new feature to enter questions, phrases or words to receive helpful, related responses to their inquiries. For example, if a user is interested in finding out more information about how their TRICARE plan is impacted while traveling, he or she could enter terms like “foreign travel” or “vacation coverage” into the search bar and then click the magnifying glass icon. Ask Humana Military will return those pages that contain helpful information with relative responses about health care while traveling. Beneficiaries may also enter full questions such as, “What do I do if I need care while I am traveling” or “Am I covered when I travel” to find relative material.

The more the tool is used, the better the search results will be. By using the Ask Humana Military search feature, beneficiaries also are helping Humana Military more accurately answer questions. Weekly reporting and analytics help to track which questions are being entered, how often questions are asked and any trends that are detected. This data is then used to create specific content that helps beneficiaries get faster and better results. ★

### MILITARY CHANGES

- Activating
- Deactivating
- Deploying
- Injured on active duty
- Moving
- Separating from active duty
- Retiring

### FAMILY CHANGE

- Getting married
- Getting divorced
- Having a baby or adopting
- Children going to college
- Children becoming adults
- Becoming Medicare-eligible
- Death in family

## Qualifying Life Events

You and your family may experience many changes during your lives that could trigger a change in your benefit. These Qualifying Life Events (QLEs), include both military and family changes.

Beginning Jan. 1, 2019, you may change TRICARE Prime or TRICARE Select health care plans only during the open enrollment season or after a QLE.

Enrollment must be within 90 days of the date of the QLE. Coverage starts as of the date of the QLE. Applicable enrollment fees must be paid for that period.

Finally, if one beneficiary in a sponsor’s family experiences a QLE, any member of the family may change their enrollment status during the QLE period. ★

# Improvements in Preventive Care Coverage with TRICARE Select

Beneficiaries will notice improved coverage for preventive services with TRICARE Select. Preventive care helps you take command of your health and manage potential issues before you experience symptoms. This type of health care allows you to address health problems before they become life threatening. Examples of TRICARE-covered preventive services include cancer screenings and vaccines, in addition to well-woman and well-child exams.

TRICARE beneficiaries using TRICARE Standard or TRICARE Extra didn't pay anything for some preventive services, but for all other preventive services, beneficiaries paid between 15–25 percent of the cost after their yearly deductible was met, depending on the plan and beneficiary category.

With TRICARE Select, you don't pay anything out of pocket for covered preventive services if they are provided by a TRICARE network provider. However, if you use a non-network provider, fewer preventive services are paid by TRICARE. This is why it is important to see a network provider for your preventive care if you want to save money.

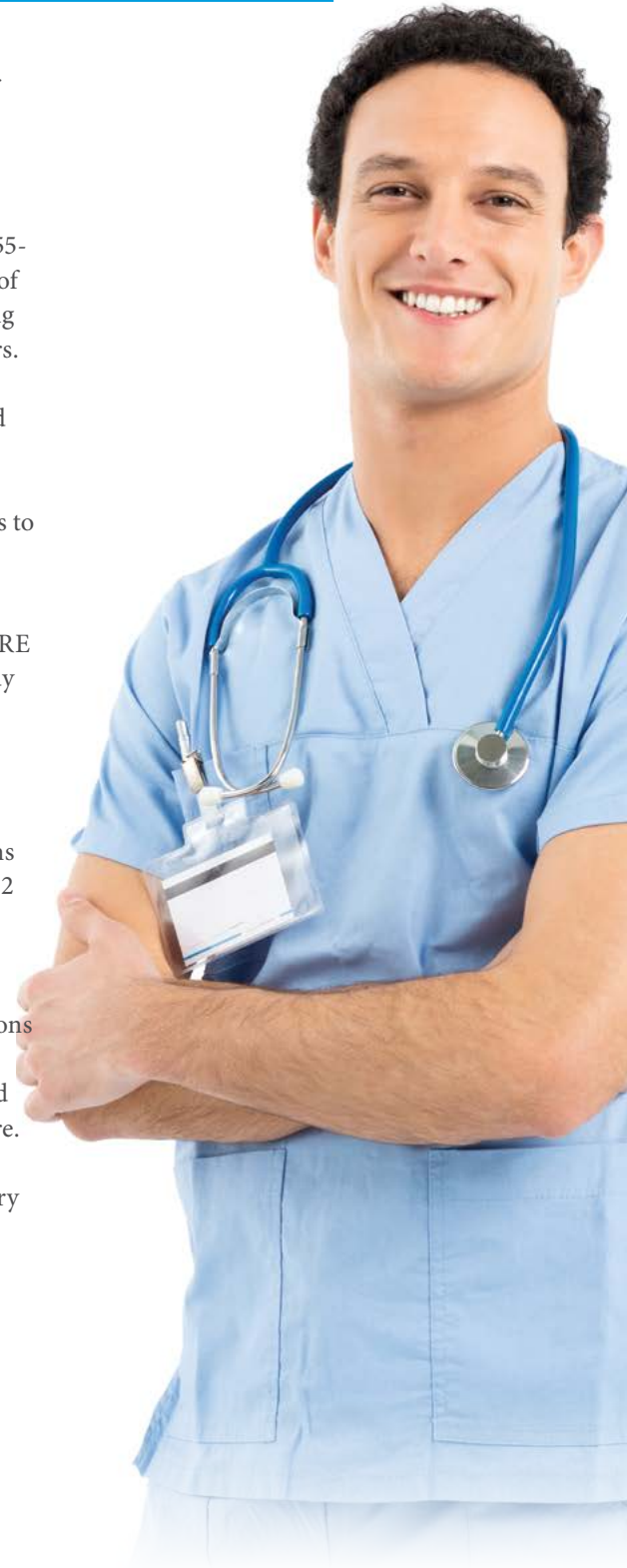
The additional, no-cost preventive services beneficiaries can receive under TRICARE Prime that TRICARE Select now covers as of Jan. 1, 2018 include:

- **One Health Promotion and Disease Prevention (HP&DP) exam:** This is covered annually for beneficiaries age 6 and older. In 2018, this exam no longer requires the inclusion of a covered

cancer screening or immunization if you see a network provider.

- **Lung cancer screening (low-dose computed tomography):** This is covered annually for persons ages 55–80 with a 30 pack-per-year history of smoking who are currently smoking or have quit within the past 15 years. Screening should be discontinued once the individual has not smoked for 15 years or develops a health problem significantly limiting life expectancy or ability or willingness to undergo curative lung surgery.
- A new preventive service added for both TRICARE Prime and TRICARE Select is aimed at adults with a Body mass index (BMI) of 30 kg/m<sup>2</sup> or higher and children or adolescents with a BMI value greater than the 95th percentile. Intensive, multi-component behavioral interventions to promote sustained weight loss (12 to 26 sessions per year) are covered when rendered by a TRICARE-authorized provider. Types of behavioral management interventions include diet and physical activity guidance, strategies to promote and maintain lifestyle changes and more. This addition is a covered benefit regardless of whether the beneficiary uses a TRICARE network or non-network provider, though costs are typically lower with a TRICARE network provider.

Find out more about what's covered at [www.tricare.mil/coveredservices](http://www.tricare.mil/coveredservices). ★





# HEALTH MATTERS

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On Jan. 1, 2018, the North and South Regions combined to form the new TRICARE East Region.

TRICARE East Region and TRICARE West Region cover the 50 United States and the District of Columbia. ★

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## What Active Duty and Retired Reservists Need to Know: TRICARE Reserve Select and TRICARE Retired Reserve



TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR) are premium-based health plans available for purchase by qualified members of the National Guard and Reserve, Selected Reserve and Retired Reserve and their

families. TRS and TRR are comprehensive health plans similar to TRICARE Select.

With TRS or TRR, member-only or member-and-family coverage can be purchased.

You can purchase coverage the following three ways:

- Online by using the Beneficiary Web Enrollment website at [www.dmdc.osd.mil/appj/bwe](http://www.dmdc.osd.mil/appj/bwe)
- Calling Humana Military
- Mailing a signed *Reserve Component Health Coverage Request Form* (DD Form 2896-1) along with the premium payment amount indicated on the form. The initial payment required is two months of premium.

On Jan. 1, 2018, costs for TRR and TRR changed. Details are available at [www.tricare.mil/costs](http://www.tricare.mil/costs). ★