



HEALTH MATTERS

A PUBLICATION FOR TRICARE® BENEFICIARIES

Make 2019 Health Plan Changes Now During TRICARE Open Season

In 2019, a Qualifying Life Event is Required To Change Plans

If you want to make enrollment changes to your or a family member's TRICARE Prime or Select plan for 2019, the time is now.

If you want to keep your current health plan, you don't need do anything during TRICARE Open Season. Your current health care coverage will continue automatically as long as you remain eligible and your sponsor's status (active duty or retired) hasn't changed.

Note: When you retire, if you want to keep TRICARE Prime or TRICARE Select with no break in coverage, you must enroll no later than 90 days after your retirement date (See page 6 for more information).

What is TRICARE Open Season?

Open season is an annual period when you can enroll in or change your health care coverage plan for the following year. TRICARE beneficiaries will experience an open season for the first time between Nov. 12 and Dec 10, 2018. TRICARE Open Season will happen each fall from

the Monday of the second full week in November to the Monday of the second full week in December. Enrollment choices made during open season this fall will take effect on Jan. 1, 2019.

What do I do during TRICARE Open Season?

During TRICARE Open Season, you have three options:

- If you want to stay with your current health care plan, you don't have to take any action. You'll remain enrolled as long as you're eligible.
- If you're not enrolled in a TRICARE Prime or TRICARE Select plan, but eligible to do so and the plan is available where you live, you may enroll.
- If you're already enrolled in TRICARE Prime or TRICARE Select, you can switch plans. For example, if you're eligible and the plan is available where you live, you may switch from TRICARE Select to TRICARE Prime, or switch from individual to family coverage.

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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.



New TRICARE Health Plan Costs Available

Your health care costs are different based on who you are and your health plan options. In some cases, you may have to pay a portion of the cost for a health service or prescription as a cost-share or copayment.

Active duty service members pay nothing out of pocket for any type of authorized care. There are no costs for services received at a military hospital or clinic, except for a per-day fee when using inpatient care.

Costs change annually based on a number of factors (See “FAQ Corner,” page 10). Understanding your costs will help you make informed health care decisions.

Costs for 2019 can be viewed at www.tricare.mil/costs. You may also use the *TRICARE Compare Costs* tool to view plans side-by-side at www.tricare.mil/costs/compare. ★

(Continued from page 1)

If you're thinking about changing plans, visit the Compare Plans page at www.tricare.mil/compareplans to make choosing a plan simple. You can compare the features of TRICARE Prime and TRICARE Select side-by-side.

Do all beneficiaries participate in TRICARE Open Season?

No. TRICARE Open Season doesn't apply to the premium-based plans listed below. These plans offer continuous open enrollment throughout the year:

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

Similarly, TRICARE Open Season doesn't apply to TRICARE For Life. TRICARE For Life doesn't require enrollment.

How do I enroll?

How you enroll remains the same.

- **Online:** Go to the Beneficiary Web Enrollment website at www.dmdc.osd.mil/appj/bwe.
- **By phone:** Call your regional contractor. Phone numbers available at www.tricare.mil/about/regions.
- **By mail:** Print and mail your enrollment form to your regional contractor (www.tricare.mil/forms).

When may I change plans after TRICARE Open Season?

Outside of the TRICARE Open Season period, you may only enroll in or change between TRICARE Prime and TRICARE Select plans within 90 days after you or a family member experience a Qualifying Life Event (QLE). A QLE is a certain change in your life (such as marriage, birth of a child, or retirement), which may mean different TRICARE options are available to you. More information about QLEs is available on page 8 or at www.tricare.mil/lifeevents.

Learn more about TRICARE Open Season at www.tricare.mil/openseason. This is your benefit. Take command of your health by accessing what is best for you and your family during TRICARE Open Season. ★



TRICARE Retiree Dental Program Ends Dec. 31, 2018

**IF YOU'RE CURRENTLY ENROLLED IN THE TRICARE RETIREE DENTAL PROGRAM (TRDP),
YOU WON'T BE AUTOMATICALLY ENROLLED IN A FEDVIP PLAN FOR 2019.
YOU MUST ENROLL DURING THE FEDERAL BENEFITS OPEN SEASON.**

Enroll in FEDVIP Now for Dental and Vision Coverage.

The TRICARE Retiree Dental Program (TRDP), provided by Delta Dental, ends on Dec. 31, 2018. If you were enrolled in TRDP this year or were eligible for the plan, you may choose a dental and/or vision plan through the Federal Employees Dental and Vision Insurance Program (FEDVIP). FEDVIP is offered by the U.S. Office of Personnel Management.

The Active Duty Dental Program and the TRICARE Dental Program aren't impacted by this change.

If you would like dental and/or vision coverage next year, you must select and enroll in a FEDVIP plan during the Federal Benefits Open Season. The Federal Benefits Open Season, which runs through Dec. 10, 2018, is your annual opportunity to sign up for FEDVIP. Your new coverage is effective Jan. 1, 2019. Note that the dental coverage changes only impact those enrolled in the TRDP.

FEDVIP offers flexible coverage options for you and your family. There are four vision plans and 10 dental plans to choose from. You may choose to enroll in:

- A dental plan
- A vision plan
- A dental plan and a vision plan
- Neither

Eligibility

If you were enrolled in TRDP this year or were eligible for the plan, you may choose a dental and/or vision plan. To be eligible for FEDVIP vision, you must be enrolled in a TRICARE health plan. Children who are enrolled in or are eligible for TRICARE Young Adult aren't eligible for FEDVIP. Additionally, beneficiaries enrolled in the Transition Assistance Management Program aren't eligible for FEDVIP.

Learn More

Visit www.tricare.benefeds.com to read about the TRDP to FEDVIP transition, browse frequently asked questions, and search for FEDVIP options with the plan comparison tool. The tool allows you to compare plans and premiums. You can also review plan brochures and provider networks for each carrier. Contact information is available if you have specific questions about coverage. You may also request that plan brochures be mailed to you.

Enroll

When you are ready to enroll, you may do so online on the secure, online BENEFEDS enrollment portal at www.tricare.benefeds.com. You'll enter information that will help determine your eligibility before choosing and submitting your plan choices.

Federal Benefits Open Season closes Dec. 10, 2018. Act now and take command of your health in 2019. ★

How TRICARE Prime and TRICARE Select Differ: Examining Two Options

Both TRICARE Prime and TRICARE Select require enrollment. Each offers options for where and how you seek medical services. Learn more about these plans, so you can choose the best options for you and your family members.

TRICARE Prime®

TRICARE Prime is a managed care option and a health maintenance organization (HMO)-like program. It generally features the use of military hospitals and clinics and reduces out-of-pocket costs for authorized care provided outside military hospitals and clinics by TRICARE network providers. TRICARE Prime is mandatory for active duty service members (ADSMs) and is an option for their family members and certain TRICARE-eligible beneficiaries located in Prime Service Areas (PSAs).

TRICARE Prime Remote and TRICARE Overseas Program

In geographical areas where TRICARE Prime isn't offered, TRICARE Prime Remote is available for active duty service members and TRICARE Prime Remote for Active Duty Family Members may be available as an enrollment option for eligible active duty family members (ADFM). In overseas locations, TRICARE Overseas Program (TOP) Prime and TOP Prime Remote are available to ADSMs and their command-sponsored family members.

US Family Health Plan

The US Family Health Plan (USFHP) is a TRICARE Prime option available through networks of community-based, not-for-profit health care systems in six areas of the U.S. To enroll in USFHP, you must live in one of the designated service areas.

Under all TRICARE Prime options, your health care is managed by an assigned primary care manager (PCM) and provided by a military or civilian network provider. Non-active duty enrolled beneficiaries will select or be assigned a PCM. TRICARE Prime PCMs may be:

- At a military hospital or clinic
- A civilian TRICARE network provider within a PSA

- A primary care provider in the USFHP, depending on your location and sponsor status

Whether you receive care in the civilian sector or at a military hospital or clinic will depend on your location and the capacity of nearby military facilities.

TRICARE SelectSM

TRICARE Select is a self-managed, preferred-provider option for eligible beneficiaries (except ADSMs and TRICARE For Life beneficiaries) not enrolled in TRICARE Prime. TRICARE Select allows you to choose your own TRICARE-authorized provider. An authorized provider is any individual, institution/organization, or supplier that is licensed by a state, accredited by a national organization (or meets other standards of the medical community), and is certified to provide benefits under TRICARE. There are two types of TRICARE-authorized providers: network and non-network.

Beneficiaries may seek most TRICARE covered services from any TRICARE-authorized provider without a referral. You'll have lower out-of-pocket costs if care is provided by a TRICARE-authorized network provider. Some services require prior authorization. You can also receive certain services from non-network, TRICARE-authorized providers, but you will pay higher cost-sharing amounts for out-of-network care. TRICARE won't reimburse you for care received from non-authorized, non-network providers.

Under a TRICARE Select option, you pay a fixed fee for care for most services from a TRICARE network provider instead of paying a percentage of the allowable charge. As mentioned above, using a non-network, TRICARE-authorized provider results in both a higher deductible and out-of-pocket costs.

Take command of your health by making informed decisions about your TRICARE benefit. Learn more about your TRICARE options at www.tricare.mil/plans. ★

WHAT YOU NEED TO KNOW

for Coverage Beginning in

2019

2018 Open Season:



[NOV. 12 – DEC. 10]



TRICARE® is implementing an open season for enrollment. You can only enroll in TRICARE Prime or TRICARE Select or switch plans during TRICARE Open Season or after a Qualifying Life Event (QLE). The TRICARE Retiree Dental Program (TRDP) is ending on **Dec. 31**. Many TRICARE-eligible beneficiaries will qualify for the Federal Employees Dental and Vision Insurance Program (FEDVIP).

I am a(n)...	I Want to Change My TRICARE Plan	I Want to Enroll in a FEDVIP Vision Plan	I Want to Enroll in a FEDVIP Dental Plan
Active Duty Service Member	You can only change plans if you're retiring. At retirement, coverage ends. Learn about your options and what to do at www.tricare.mil/retiring	You do not qualify to purchase a FEDVIP vision plan. You will continue to get care as you do now.	You do not qualify to purchase a FEDVIP dental plan. You will continue to get care as you do now.
Active Duty Family Member <small>*Not including adult children enrolled in TRICARE Young Adult</small>	You can change plans during the 2018 TRICARE Open Season.	You must enroll during Federal Benefits Open Season.	You do not qualify to purchase a FEDVIP dental plan. You can get your dental care through the TRICARE Dental Program.
Reserve Component Member or Family Member enrolled in TRICARE Reserve Select®	No action needed. This doesn't apply to you.	You must enroll during Federal Benefits Open Season.	You do not qualify to purchase a FEDVIP dental plan. You can get your dental care through the TRICARE Dental Program.
Retired Service Member or Family Enrolled in TRICARE Prime®, TRICARE Select™	You can change plans during the 2018 TRICARE Open Season.	You must enroll during Federal Benefits Open Season.	TRDP ends Dec. 31, 2018. You must enroll in a FEDVIP dental plan during Federal Benefits Open Season to maintain coverage.
Retired Service Member or Family Member using TRICARE For Life	No action needed. This doesn't apply to you.	You must enroll during Federal Benefits Open Season.	TRDP ends Dec. 31, 2018. You must enroll in a FEDVIP dental plan during Federal Benefits Open Season to maintain coverage.

To learn more about TRICARE Open Season, visit www.tricare.mil/openseason.

For a full description of FEDVIP plans and coverage options, visit tricare.benefeds.com.

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Keep Your Information Current in DEERS

Have you experienced a Qualifying Life Event such as getting married or having a baby? Update and verify your information in Defense Enrollment Eligibility Reporting System (DEERS).

You can make any changes to your personal information in person, by phone, online, or by mail. To add or remove family members, visit a local ID card office. Find an office near you at www.dmdc.osd.mil/rsl. To update contact information, choose one of these options:

- **Phone:** Call 1-800-538-9552 (TTY/TDD: 1-866-363-2883) or fax updates to 1-831-655-8317
- **Online:** Log into milConnect at <https://milconnect.dmd.osd.mil>
- **Mail:** Mail updates to:
Defense Manpower Data Center
Support Office
Attention: COA
400 Gigling Road
Seaside, CA 93955-6771



Keep Your TRICARE Coverage after Military Retirement

Your TRICARE coverage changes when you retire. Understanding your TRICARE options will help you and your family make the best health care decisions.

You'll need to update your information in the Defense Enrollment Eligibility Reporting System (DEERS). Please obtain a new military ID card, which will reflect your status as a retiree.

If you want to keep TRICARE Prime or TRICARE Select with no break in coverage, you must enroll no later than 90 days after your retirement date. If you don't enroll in TRICARE Prime or TRICARE Select within 90 days of retirement, you may only be eligible for care in a military hospital or clinic on a space-available basis. The effective date of coverage will be your retirement date.

If you enroll in a TRICARE plan more than 90 days after your retirement, your request will be considered a new enrollment. Until you're enrolled in TRICARE Prime or TRICARE Select you and your eligible family members may only receive care at a military hospital or clinic, if space is available. You can only enroll or change your enrollment after you experience a Qualifying Life Event or during the annual fall TRICARE Open Season.

Depending on their TRICARE plan, retirees may see a change in their enrollment fees, copayments, cost-shares, and other fees.

Visit the TRICARE Plan Finder at www.tricare.mil/plans to learn more about your TRICARE plan options after retiring from active duty.

For dental or vision coverage, you may also be eligible to enroll in the Federal Employees Dental and Vision Insurance Program (FEDVIP). Learn more at www.tricare.mil/fedvip. ★



Referrals and authorizations

Beneficiary self-service allows you to view or research information on an existing referral or authorization. You can see all of the details of your existing referrals by logging into beneficiary self-service. Please note that processing your referral may take up to two days once your provider submits it.

[Log in now](#)

New Referral and Authorizations Web Page

Humana Military has made viewing and researching referrals and authorizations simple at [HumanaMilitary.com](https://www.humanamilitary.com).

Beneficiaries can now easily find helpful referral and authorization information in one place. With simple charts and a Question & Answer section, active duty service members (ADSMs), TRICARE Select, TRICARE Prime, US Family Health Plan, and all other beneficiaries can find information on clinical prevention and prior-authorization services. Humana Military works with primary care managers (PCMs) to coordinate referral and authorizations for ADSMs and all others enrolled in a TRICARE Prime plan.

For ADSMs, most care that isn't provided by your PCM will require a referral. A military hospital or clinic PCM will refer you internally for services he or she can't provide. Urgent care at your military hospital or clinic doesn't require a referral, and the military facility will work with Humana Military to issue a referral or authorization for all services not performed by your PCM. With the exception of emergency care in an emergency care center, if you receive care without a referral from your PCM, you may be responsible for all or part of the bill.

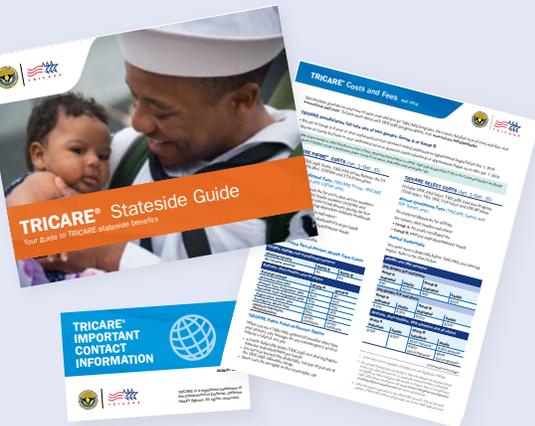
TRICARE Prime requires referrals for specialty care visits and some diagnostic service (**Note:** If you receive services that require a referral without obtaining one, you're choosing to

use your point-of-service [POS] option). Your PCM works with Humana Military for the referral and authorization. TRICARE Prime enrollees may receive clinical preventive services from any network provider without referral or authorization. Urgent care visits don't require referrals. Certain services (for example, inpatient admissions, some behavioral health services, adjunctive dental care, home health services, and others) require prior authorization.

For TRICARE Select and all other beneficiaries, a referral isn't required for most care. Certain services (for example, Applied Behavior Analysis [ABA], inpatient admissions, some behavioral health services, adjunctive dental care, home health services, and others) require prior authorization. You can get care from any TRICARE-authorized provider, network or non-network.

Beneficiaries can contact their PCM for a referral for services. A specialist that you have an approved referral to see can also submit referrals for care related to their specialty. For example, a neurologist can request a referral for an MRI of the brain.

To check the status of a referral, log into beneficiary self-service for the most up-to-date electronic information on both referrals and authorizations. ★



TRICARE Publications You Should Be Reading

Do you have questions about your benefit? Answers to most questions can be found on the TRICARE website at www.tricare.mil/publications. The TRICARE website includes downloadable publications that provide information on the go.

Check out the following:

- The **TRICARE Stateside Guide** provides an overview of TRICARE plans and benefits. It includes information about health care, pharmacy, and dental options.
- The **Costs and Fees Sheet** includes cost information associated with TRICARE program options.
- The **TRICARE Contact Wallet Card** gives you contact information in a size that's perfect for your wallet.

For more resources, visit www.tricare.mil/publications. ★

Qualifying Life Events May Change Your TRICARE Options

Did you or a family member experience a life change recently? Certain changes in your life, such as getting married, having a baby, moving, or becoming Medicare eligible are called Qualifying Life Events (QLEs). QLEs may mean different TRICARE options are available to you, allowing you to enroll in or change your TRICARE health plan coverage within 90 days of the QLE.

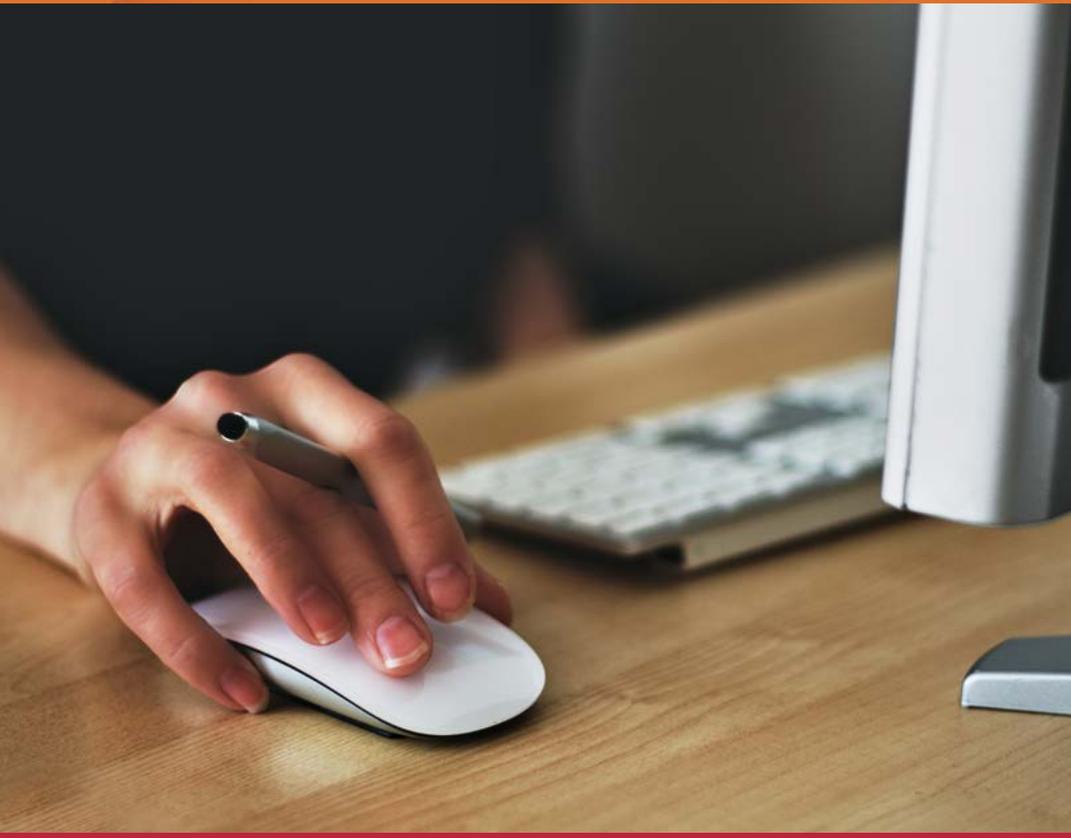
QLEs include both military and family changes.

When you experience a QLE, the first step is to update your information in the Defense Enrollment Eligibility Reporting System (DEERS). Then, if you meet the eligibility requirements, you may change or update your enrollment. If one beneficiary in a sponsor's family experiences a QLE, any member of the family may change his or her enrollment status during the QLE period.

QLEs play an important role in determining whether and when you can apply for new coverage or change from your current health plan. Learn more about QLEs at www.tricare.mil/lifeevents. For information about upcoming changes to TRICARE, visit www.tricare.mil/changes. ★

A CERTAIN CHANGE IN YOUR LIFE, SUCH AS GETTING MARRIED, HAVING A BABY, MOVING, OR BECOMING MEDICARE ELIGIBLE IS CALLED A QUALIFYING LIFE EVENT (QLE).





View Provider Notes and Health Documents on the TRICARE Online Patient Portal

The TRICARE Online Patient Portal (TOL PP) added two important features supporting patient engagement and access to care.

You can now access your provider's notes ("Encounters") and your scanned documents ("Documents") through the TOL PP Health Record. These updates allow you to conveniently access a more complete health record, eases the service separation and VA claims process, and better supports your external consultations.

TOL PP also allows you to manage your military hospital and clinic appointments, request prescription refills, receive appointment reminders, view/download your health record information, and send secure messages to your health care team. Additionally, you can find links to the Military Health System Nurse Advice Line, service separation information, and a list of numerous mobile health apps available for download. To access, visit www.TRICAREOnline.com today. ★

Electronic Health Records Make it Easier to Share Information

When it comes to your health, information is critical. Your health care team relies on your medical history to gain a full picture of your health. The Military Health System is making it easier for you and your providers to access the information you need with the launch of the Virtual Lifetime Electronic Record (VLER)/Health Information Exchange (HIE) Initiative.

Access to your information is important to all of your providers, regardless of where you receive care. Through our private and secure network, authorized healthcare professionals can access your health care information. The information exchanged is part of your TRICARE benefit and is already shared through VLER.

Non-active duty beneficiaries may choose not to participate in VLER/HIE. Once you opt out, the MHS will not be able to share your information, even in case of an emergency.

To opt out, visit www.tricare.mil/vlerhealth and download the *VLER Opt-Out Letter* template. Complete the form and mail it to the address provided. If you choose to opt out now and change your mind later, you may opt back in using the *VLER Opt-Back-In Letter* template. ★





HEALTH MATTERS



Why do TRICARE costs change every year?

Health care cost increases are driven by many factors, including rising drug costs and provider rates, advancing medical technology, and annual cost of living adjustments. Annual changes are also set and mandated by Congress through the National Defense Authorization Act each year. To view health plan costs, visit the TRICARE website at www.tricare.mil/costs and www.tricare.mil/publications to download the Costs and Fees Sheet.

What does Group A and Group B mean?

Group A and Group B beneficiaries have different catastrophic caps and different costs, including, enrollment fees, deductibles and applicable copayments, cost-shares. If you or your sponsor's initial enlistment or appointment occurred before Jan. 1, 2018, you're in Group A. Group A beneficiaries enrolled in premium-based plans (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program) follow Group B costs. If your sponsor's initial enlistment or appointment occurred on or after Jan. 1, 2018, you're in Group B.

How can I get quick medical advice?

Contact the Military Health System Nurse Advice Line 24/7 to ask urgent care questions and get health care advice. Visit www.mhsnurseadvice.com to chat or video chat online with a nurse or call **1-800-TRICARE** (1-800-874-2273), option 1. All TRICARE beneficiaries may use the Military Health System Nurse Advice Line, except for those in the US Family Health Plan. ★

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)

www.dmdc.osd.mil/milconnect

TRICARE NEWS AND PUBLICATIONS

You can sign up to get TRICARE news and publications by email at www.tricare.mil/subscriptions. To view, print or download TRICARE fact sheets, brochures and other benefit resources, go to www.tricare.mil/publications.

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