



HEALTH MATTERS

A PUBLICATION FOR TRICARE® BENEFICIARIES

TRICARE Rules for Enrolling and Disenrolling

Do you know the rules that outline how and when you can enroll and disenroll from a TRICARE plan?

With a premium-based plan like TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, or the Continued Health Care Benefit Program, you can enroll or disenroll anytime. But with the enrollment-based TRICARE Prime and TRICARE Select plans, the rules for enrolling and disenrolling are different.

Enrollment

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). Because the next open season begins in November, your only option until then is having a 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. Requests for enrollment based on a QLE may be received up to 90 days before and no later than 90 days after the date of the QLE. Enrollments will be effective the date of the QLE.

If one family member experiences a QLE, all eligible family members may make enrollment changes.

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

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

You don't have to re-enroll every year to continue TRICARE Prime or TRICARE Select coverage.

Disenrollment

You may choose to end your TRICARE Prime or TRICARE Select coverage anytime. For example, you may gain insurance through your employer or spouse and choose to disenroll from TRICARE. If you do so, 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 experiences a QLE.

Certain events will cause you to be disenrolled from TRICARE Prime or



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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.

Read TRICARE Publications and Take the Survey

Do you read TRICARE publications to learn more about your TRICARE medical and dental benefit? Maybe you've recently downloaded the *TRICARE Costs and Fees Sheet* or *TRICARE Choices in the United States Handbook*? If so, share your feedback to help us improve your TRICARE benefit resources.

TRICARE publishes handbooks, newsletters, brochures, fact sheets, and more. You can view, print, or download these products anytime. You can also search for specific publications by selecting categories from the drop-down menu. You'll find products covering a wide range of topics, like retiring from active duty, Medicare, pharmacy, and costs and fees.

New TRICARE publications are added or updated to reflect TRICARE changes frequently, so visit the TRICARE publications page often. And use these resources to help you stay in the know and to take command of your health.

If you have feedback on TRICARE products, take the brief publications survey by clicking the "Publications Satisfaction Survey" at www.tricare.mil/publications. This is your benefit, so let your voice be heard. ★

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TRICARE Select, like losing your eligibility, or not paying your enrollment fees. Active duty service members can't disenroll from TRICARE Prime.

You can find disenrollment forms at www.tricare.mil/disenrollment. You can also log in to milConnect and access the Beneficiary Web Enrollment portal at <https://milconnect.dmdc.osd.mil>. Follow the instructions to disenroll.

If you're disenrolled and remain eligible for TRICARE, you'll only be able to receive care at military hospitals and clinics, if space is available. If you're involuntarily disenrolled, you can request reconsideration by calling your regional contractor. An example for reconsideration usually means the government or TRICARE regional contractor made an enrollment error.

Learn more about enrolling, disenrolling, and TRICARE plans at www.tricare.mil. Take command of your health this year. ★



Your TRICARE Payment Options

When it comes to TRICARE payments, you have options. You can pay your enrollment fees annually or quarterly by credit card. You can pay monthly enrollment fees by an electric funds transfer (EFT) or an allotment from retirement pay. No administrative fees are charged if you choose to pay monthly or quarterly. Payment may take many forms and depends on your plan.

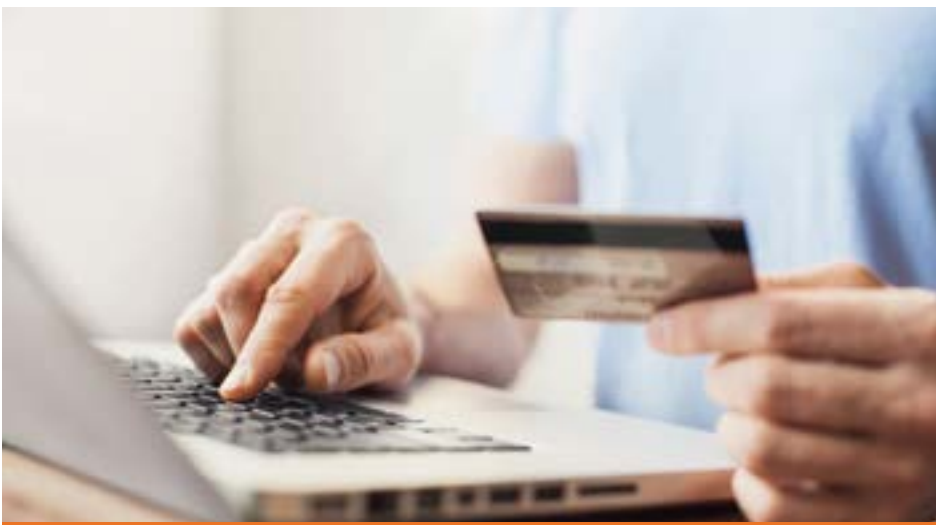
Again, your options include:

- Setting up an EFT
- Setting up an allotment from retirement pay
- Paying online with your credit or debit card
- Calling your regional contractor to pay with your credit or debit card

You can also get your bill in the mail and return it each quarter to your regional contractor with your debit or credit card information on the bill. Setting up an automatic payment may help you avoid missed payments.

It's important to keep your payment information up to date. If your credit card or payment information changes and your payment doesn't go through, you may be disenrolled from TRICARE (See "TRICARE Rules for Enrolling and Disenrolling" on page 1).

Visit your regional contractor's website to learn more about payment options. Select the "Beneficiary" tab at www.tricare-west.com. Then select "Enrollment" and then "Make a Payment." ★



2020 TRICARE Costs and Fees

Some TRICARE health care costs changed on Jan. 1. As always, TRICARE costs depend on who your sponsor is as well as your health plan. Active duty service members pay no out-of-pocket costs for any type of care. And remember, the amounts credited to your TRICARE deductible and catastrophic cap amounts reset each year on Jan. 1.

Learn more about your 2020 costs at www.tricare.mil/costs. Visit "Cost Terms" at www.tricare.mil/costs/cost-terms to help you better understand your deductible, catastrophic cap, and other TRICARE costs. ★



Seeking Care While on Active Duty

If you're an active duty service member (ADSM), you're covered by TRICARE Prime. Generally, you'll get your care at your unit or a military hospital or clinic. If so, you're assigned a primary care manager (PCM). Based on service guidance, you may initially receive care through your military unit. If you're assigned to a ship, you get care from the medical team on board. If you need civilian care, you must get a referral and authorization to see a provider other than your PCM.

If you're stationed in a remote location (exceeds 50 miles or one hour drive time from a military hospital or clinic, or a designated area overseas), you have TRICARE Prime Remote. In that case, you may have slightly different rules for seeing a doctor. Learn more about TRICARE Prime Remote (TPR) at www.tricare.mil/tpr.



Different Care Options for Active Duty

Getting Routine Care

To schedule a routine appointment, call your military hospital or clinic appointment line, or use the facility's patient portal. If you need care that your PCM can't provide (other than emergency care), you need a referral (www.tricare.mil/referrals). You also need a referral if you're traveling or away from your duty station or if your military hospital or clinic is closed. If it's after hours, you may use the Military Health System Nurse Advice Line at www.mhsnurseadvice.com. You can web chat, video chat, or call **1-800-TRICARE** (1-800-874-2273), then choose option 1 for advice.

Getting Urgent Care

You should seek urgent care at your military hospital or clinic. You need a referral for urgent care services from a civilian provider. Contact your PCM for a referral or your regional contractor for help getting urgent care. ADSMs enrolled in TPR won't be held to any urgent care referral requirement, but are still held to applicable regulations concerning ADSM care outside of a military hospital or clinic. Learn more about urgent care at www.tricare.mil/urgentcare.

Getting Emergency Care

If you reasonably think you have an emergency, go to the nearest emergency room or call **911**. You may need to pay up front and file a claim for reimbursement. Keep all receipts and file claims in the region where you live, not where you get care (except for overseas care). Call your PCM or military hospital or clinic to inform them of your visit within 24 hours or the next business day. Learn more about emergency care at www.tricare.mil/emergency.

If you receive bills for any type of care, call your regional contractor for assistance. Ignoring any outstanding bills can negatively affect your credit, security clearance, and more. ★

Stay Healthy by Getting Screened for Cervical Cancer

Did you know that cervical cancer was once one of the most common causes of cancer deaths for American women? However, the cervical cancer death rate dropped significantly with the increased use of the Pap test. You can prevent and detect some cervical cancers early with regular Pap tests and screenings. The U.S. Preventive Services Task Force recommends Pap tests for all women between ages 21 and 65.

TRICARE covers screening Pap tests for female beneficiaries beginning at age 21. The frequency may be at the discretion of you and your provider; however, every woman should have a Pap test at least once every three years. If you're over age 30 and have had normal Pap test results, then talk with your doctor about HPV DNA testing and how often you should be screened. Learn more about covered services at www.tricare.mil/coveredservices.

Despite the recognized benefits of cervical cancer screening, not all American women get screened. Most cervical cancers are found in women who have either never had a Pap test or who haven't had one recently.

The American Cancer Society estimated that in 2019:

- About 13,170 women would be diagnosed with invasive cervical cancer.
- About 4,250 women would likely die from cervical cancer.



Benefit of cervical screening

Screening can prevent most cervical cancers by finding abnormal cervical cell changes. These pre-cancers can be treated before they have a chance to turn into cervical cancer. Cervical pre-cancers are diagnosed far more often than invasive cervical cancer.

Don't wait to make your appointment.

Cancer screenings are a part of TRICARE covered Health Promotion and Disease Prevention exams. For a list of covered cancer screenings, visit www.tricare.mil/cancerscreenings. ★

Talk to a Registered Nurse 24/7

The Military Health System Nurse Advice Line (NAL) lets you talk to a registered nurse after hours or when you aren't sure if you should see a doctor. The registered nurse can:

- Answer your urgent medical and pediatric care questions
- Assess your symptoms and help you decide if you should see a provider
- Help you find health care at the closest emergency room or urgent care center
- Help you schedule a same-day appointment at a military hospital or clinic, if available

You can also reach a nurse online 24/7 using a secure web chat or video chat.

The MHS Nurse Advice Line isn't for emergencies. If you reasonably think you have an emergency, go to the nearest emergency room or call 911. .

The next time you need help making decisions about your immediate health needs, call the MHS Nurse Advice Line. If you're stateside, call 1-800-TRICARE (1-800-874-2273) and choose option 1. For country-specific numbers, visit www.mhsnurseadvice.com. ★

Take Action to Enroll in a TRICARE Plan When You Retire

When you retire from active duty or turn age 60 as a retired reserve member (also known as a “gray area retiree”), your existing TRICARE coverage ends. When that happens, you must enroll in a TRICARE health plan. You typically have up to 90 days after your retirement date to enroll in a TRICARE plan as a retiree.

If you don't enroll in a health plan within 90 days of retiring from active duty or retiring from National Guard or Reserve at age 60, you may request a retroactive enrollment within 12 months of your retirement date.

If you don't enroll within 90 days of your retirement date or request retroactive enrollment, you can only enroll in a TRICARE plan during the annual TRICARE Open Season (www.tricare.mil/openseason) or following another QLE experienced by you or a family member (www.tricare.mil/lifevents).

No matter when you enroll following your retirement, coverage begins on the first day of your retirement. If applicable, this means you must pay back enrollment fees and any cost-shares or copayments back to your retirement date.

What to Do

To confirm your retired status is reflected in the Defense Enrollment Eligibility Reporting System (DEERS), visit <https://milconnect.dmdc.osd.mil> or call the DEERS Support Office at 1-800-538-9552.

Once DEERS is accurate, reenroll or enroll yourself and eligible family members in a health plan within 90 days of your retirement date. Visit www.tricare.mil/enroll to learn more.

Visit the TRICARE Plan Finder to learn more about the health plans available to you when you retire at www.tricare.mil/planfinder. Once you enroll in a TRICARE health plan, you also have pharmacy coverage.



Dental and Vision Options

If you're a retiring service member, you and your eligible family members have the option to enroll in the Federal Employees Dental and Vision Insurance Program (FEDVIP). You don't have to be enrolled in a TRICARE health plan to purchase dental coverage. However, you must be enrolled in a TRICARE health plan to purchase vision coverage through FEDVIP. For more information about FEDVIP plans, eligibility, and costs, visit www.benefeds.com.

Learn more about retiring from active duty with TRICARE by downloading the *TRICARE Retiring from Active Duty Brochure* and *TRICARE Costs and Fees Sheet* at www.tricare.mil/publications. ★

Access Self-Service Tools 24/7

Health Net Federal Services, LLC (HNFS) offers self-service tools at www.tricare-west.com that help you find important health care information with ease. While some tools are open to all, you need to log in to access secure tools such as “Check Authorization Status” and “Manage My Payment.” Here’s what you need to know:

How to Log In

To access secure tools, log in using your DoD Self-Service Logon (DS Logon) or unique HNFS username and password.

- Get a DS Logon through the My Access Center at <https://myaccess.dmdc.osd.mil>. **Tip:** Most HNFS secure tools require a premium DS Logon. You’ll get this automatically if you used your Common Access Card (CAC) to get a DS Logon. Otherwise, upgrade through the My Access Center.
- Get a unique HNFS username and password at www.tricare-west.com. Click on “Beneficiary,” and then “Log In / Register” at the top of the page. Please note, a unique HNFS username and password will only be valid if you don’t have a DS Logon. If you log in to www.tricare-west.com with your DS Logon credentials, you won’t be able to register for or use a HNFS username and password going forward.

Secure Portal

You can access authorization letters, review explanations of benefits (EOB), check claim status, and more once logged in at www.tricare-west.com. Remember, HNFS doesn’t mail authorization letters or individual EOB statements unless you “opt out” of online letters or statements. Access these electronic documents through your secure inbox. Don’t forget to set your preferences so you can receive text or emails when authorizations or claims have processed. If you would like to request paper copies of these documents, you may do so on a per-instance basis by calling customer service. This must be done for each referral and authorization or EOB, as you can’t elect to receive these types of notifications regularly through postal mail.

To learn more, download HNFS’ online tool guide, “Beneficiary Web Tools,” at www.tricare-west.com. Click on “Beneficiary” at the top of the page and then select “Guides and Handbooks” under the “Education” section. ★



Tip the Scale in Your Favor

As we age, many of us find it more difficult to maintain a healthy weight, let alone lose weight. Fad diets pop up constantly, promising quick and amazing results. However, the key to reaching and keeping a healthy weight isn’t about short-term changes. The key is living a lifestyle that balances the number of calories you eat with the number of calories you burn.

Making healthy food choices is a key component to managing your weight. When choosing your meals, be sure to include plenty of vegetables, fruits, whole grains, low-fat dairy products, lean meats, poultry, and fish.

Exercise is another key component for managing weight. Participating in moderately intense activities for 30 minutes a day on most days of the week helps control your weight. If you’re not currently exercising, walking is a good place to start. Talk with your doctor if you’re new to exercise or have a medical condition. TRICARE covers annual Health Promotion and Disease Prevention exams for beneficiaries age 6 and older. For more information, visit www.tricare.mil/coveredservices.

For more tips on nutrition and fitness, take an online weight management program. Find online programs in the Learning Center at www.tricare-west.com. Click on “Beneficiary” at the top of the page. Then click on “Wellness,” then “Wellness Programs and Resources,” then “Learning Center.” Weight management programs are located at the bottom of this page. ★



HEALTH MATTERS



Does TRICARE cover second opinions?

Getting a second opinion can help you make smart decisions about your care. You need a referral to get a second opinion if you're an active duty service member or are enrolled in a TRICARE Prime plan. Your primary care manager can give you the referral. Beneficiaries in other plans, including

TRICARE Select, may self-refer. To learn more, go to www.tricare.mil/referrals and click on "Getting a Second Opinion" in the left-hand navigation.

May I continue to get prenatal care at a military hospital or clinic while covered under TRICARE Young Adult?

Yes, if you have TRICARE Young Adult (TYA) Prime. If you have TYA Select, you may get care at a military hospital or clinic only if space is available. Note that newborn care for TYA beneficiaries isn't covered. To learn more about TYA, visit www.tricare.mil/tya.

Can I add my fiance/fiancee to my TRICARE plan?

No. You may only add your fiance/fiancee once you're married, which is a Qualifying Life Event (QLE). This QLE allows you to add a spouse to your health plan. Once married, update your information and register your spouse in the Defense Enrollment Eligibility Reporting System at <https://milconnect.dmdc.osd.mil>. Then, depending on eligibility, you can enroll your new spouse into a TRICARE plan. Keep in mind that your spouse's TRICARE plan options depend on where you live and your military status. Review enrollment rules around QLEs at www.tricare.mil/lifeevents. ★

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TRICARE WEST REGION CONTACT INFORMATION

HEALTH NET FEDERAL SERVICES, LLC

1-844-866-WEST (1-844-866-9378)
www.tricare-west.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

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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