



HEALTH MATTERS

A PUBLICATION FOR TRICARE® BENEFICIARIES

Welcome to the New TRICARE West Region

On Jan. 1, 2018, Health Net Federal Services, LLC (HNFS) became the contractor for the new TRICARE West Region. The contract will cover approximately 2.9 million beneficiaries in 21 states.

TRICARE is available worldwide and managed regionally. TRICARE West Region and TRICARE East Region cover the 50 U.S. states and the District of Columbia.

Humana Military is the TRICARE regional contractor for the new TRICARE East Region.

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/bcacdca to find a BCAC near you.

To learn more about HNFS, visit www.tricare-west.com. ★



ISSUE 1 | 2018

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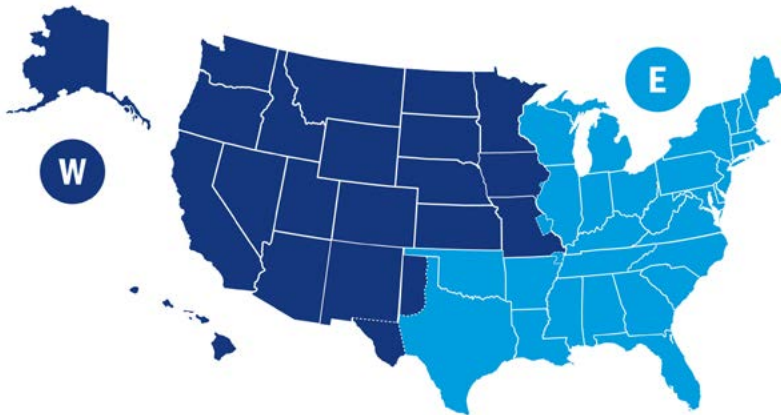
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An Important Note About TRICARE Program Information: At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs 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. ★

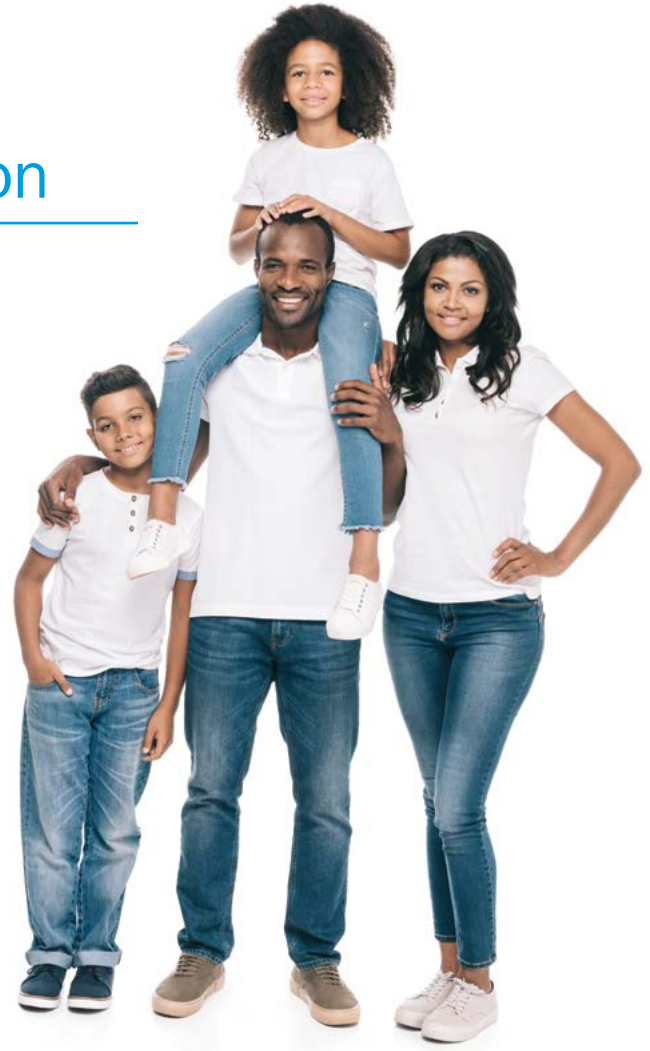
In 2018, if you are eligible for TRICARE but are not enrolled in a plan, then your first episode of care from a civilian network provider will be covered by TRICARE. After that episode, you will be notified that you can enroll in a plan. If you still don't enroll, then you will only be able to receive 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. ★



| 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. ★

| 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.

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 or 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. ★



Online Tools for Managing Your TRICARE Benefit at www.tricare-west.com

Health Net Federal Services, LLC (HNFS) has a variety of self-service tools available at www.tricare-west.com that allow you to view your TRICARE information quickly and conveniently online, without the need to call or check your mail. We offer a secure portal for TRICARE transactions that require a log in and a public portal for general information.

The easiest way to log in at www.tricare-west.com is to use your Department of Defense Self-Service Logon (DS Logon). If you don't have a DS Logon, we offer a website registration option. Your authorization/referral notifications and Explanation of Benefit statements must be viewed online. We encourage you to log on today to get familiar with our West Region website so you can easily access your TRICARE information when needed.

What you can do on the www.tricare-west.com secure portal:

- Check TRICARE eligibility.
- Make enrollment payments and sign up for auto-payment options.
- View authorization and referral status.
- Check claim status and view summary Explanation of Benefit statements.
- Update other health insurance information.
- Submit feedback, comments or questions through secure electronic mail via Ask Us.
- View your Secure Inbox for notifications regarding enrollment billing, claims, referrals and authorizations, appeals, grievances, case management and disease management.
- Choose your notification preferences. We offer notifications via text, email and U.S. mail.

- Upload documents (for example, documentation needed to complete claims processing).
- Nominate a beneficiary for case management or disease management services.
- Look up preventive services benefit information, including the next available date you are eligible to receive services.

On our www.tricare-west.com public portal, there's no need to log in. Simply browse through the navigation boxes and tabs. A sampling of what we offer includes:

- TRICARE Network Provider Directory and a Non-Network Provider Listing
- Online fraud and abuse reporting
- National Guard and Reserve specific information
- Education materials, including handbooks, brochures, newsletters, and our TRICARE webinar schedule
- Use the Primary Care Manager (PCM) Selection Guide to find a PCM.
- Frequently asked questions
- Health and wellness programs and resources, including a health risk assessment and telephone-based classes content
- Links to other TRICARE and health care related websites, including www.tricare.mil and www.choosingwisely.org.
- Customer service contact information

For information related to your TRICARE enrollment and coverage, visit www.dmdc.osd.mil/milconnect. Find additional information about TRICARE-related websites at www.tricare.mil/securelogin. ★



Introducing Fixed Copayments: Costs Now Simpler and More Transparent

Like active duty service members, TRICARE Prime active duty family members (ADFM)s 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 |
| Preventive Care Visit | \$0 | \$0 | \$0 | \$0 |
| Primary Care Outpatient Visit | \$21 Network | \$15 Network | \$28 Network | \$25 Network |
| | 20% [†] Out-of-Network | 20% [†] Out-of-Network | 25% [†] Out-of-Network | 25% [†] Out-of-Network |
| Specialty Care Outpatient Visit | \$31 Network | \$25 Network | \$41 Network | \$40 Network |
| | 20% [†] Out-of-Network | 20% [†] Out-of-Network | 25% [†] Out-of-Network | 25% [†] Out-of-Network |
| Urgent Care Center Visit | \$21 Network | \$20 Network | \$28 Network | \$40 Network |
| | 20% [†] Out-of-Network | 20% [†] Out-of-Network | 25% [†] Out-of-Network | 25% [†] Out-of-Network |
| Emergency Room Visit | \$81 Network | \$40 Network | \$109 Network | \$80 Network |
| | 20% [†] Out-of-Network | 20% [†] Out-of-Network | 25% [†] Out-of-Network | 25% [†] Out-of-Network |
| Inpatient Admission (Hospitalization) [‡] 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. | \$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.

Choose Wisely with *Choosing Wisely*

Choosing Wisely® is a health initiative created to promote conversations between patients and their doctors to choose care that is:

- Supported by evidence
- Free from harm or includes the lowest possible risk for harm
- Not duplicative of other tests or procedures already received
- Truly necessary

Browse through a collection of articles that provide information on medical conditions, tests, procedures,

treatment options, medications and more. Topics range from the common cold and infections, such as urinary tract infections or sinus issues, to allergies, hives, back pain, asthma, cancer and more. To view all available topics, go to www.choosingwisely.org/patient-resources.

These articles were created to provide information for you, the patient. Use these articles as discussion points with your doctor. Talking with your doctor about your health and asking questions can not only help you increase awareness about your options, but it can help you and your doctor choose the best care possible for you. ★

Special note: Choosing Wisely recommendations are not used by Health Net Federal Services, LLC to establish coverage decisions or exclusions. They are brought to the attention of beneficiaries and providers to spur conversation about what is appropriate and necessary treatment. Providers and patients should use the recommendations as guidelines to determine an appropriate treatment plan together.

MILITARY CHANGES

- | | |
|---|---|
| <ul style="list-style-type: none"> • Activating • Deactivating • Deploying • Injured on active duty | <ul style="list-style-type: none"> • Moving • Separating from active duty • Retiring |
|---|---|

FAMILY CHANGE

- | | |
|---|---|
| <ul style="list-style-type: none"> • Getting married • Getting divorced • Having a baby or adopting • Children going to college | <ul style="list-style-type: none"> • 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.

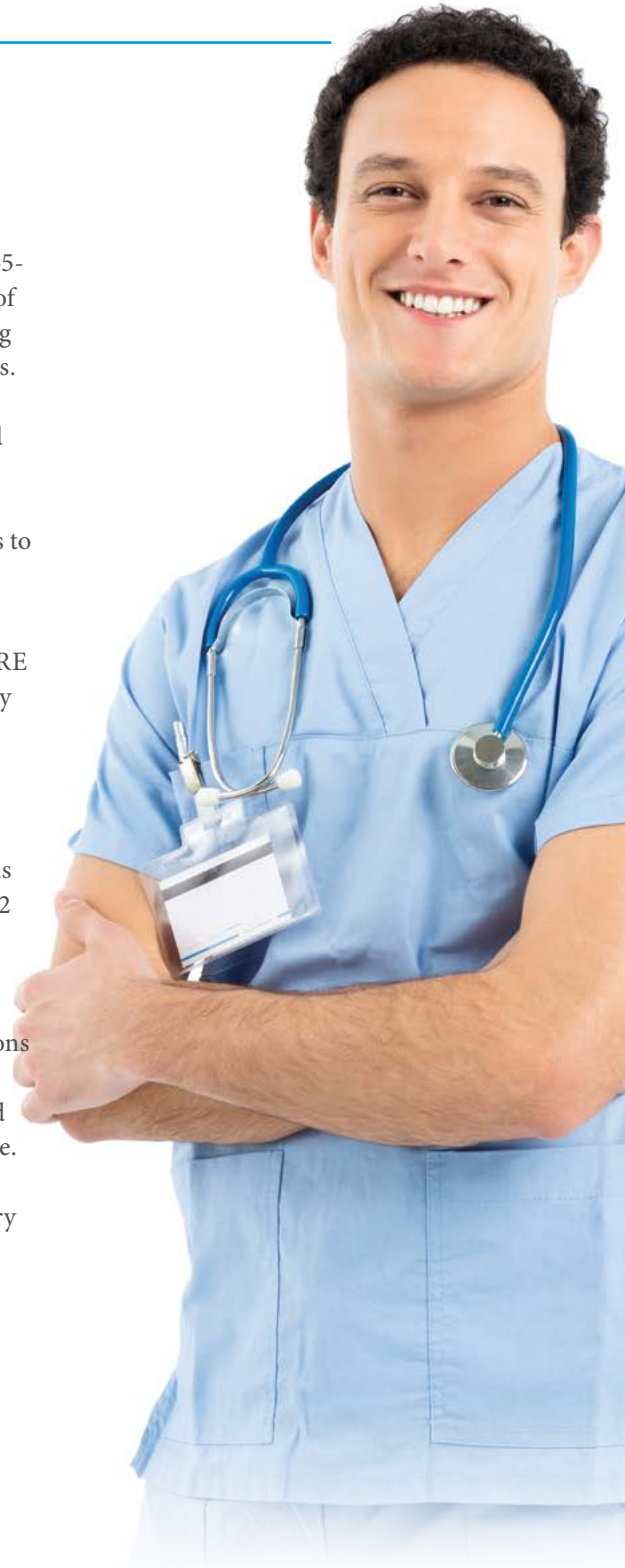
The additional, no-cost preventive services beneficiaries can receive under TRICARE Prime that TRICARE Select now covers as of Jan. 1, 2018 include:

- **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/m² 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. ★





HEALTH MATTERS

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Welcome to the New TRICARE West Region

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

TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

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
- Calling HNFS
- 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. ★