**Make 2019 TRICARE Enrollment Changes This Fall**

TRICARE Open Season Begins Nov. 12

Do you want to make enrollment changes to your or your family member’s TRICARE plan? Your opportunity is just around the corner during TRICARE Open Season.

Open season is an annual period when you can enroll in or change your health care coverage plan for the next year. TRICARE beneficiaries will experience open season for the first time Nov. 12–Dec. 10, 2018. TRICARE Open Season will happen each year from the Monday of the second full week in November to the Monday of the second full week in December. Enrollment choices made during this period will take effect on Jan. 1.

During TRICARE Open Season, you may enroll in a new TRICARE Prime or TRICARE Select plan. Any changes you make take effect on Jan. 1, 2019. If you remain eligible and make no changes during TRICARE Open Season, then you will stay in the same plan for 2019. You may also change your type of enrollment, for example you may switch from individual to family coverage.

If you need to enroll in or change your TRICARE Prime or TRICARE Select plan outside of TRICARE Open Season, you can only do so within 90 days of when you or a family member experience a Qualifying Life Event (QLE). A QLE is a life event, like getting married, having a baby, or retiring from active duty. With these events, your TRICARE options may also change.

Whether during TRICARE Open Season or following a QLE, you have three ways to make an enrollment choice:

- **By phone**: Call your regional contractor. Contact information is available at [www.tricare.mil/about/regions](http://www.tricare.mil/about/regions).
- **By mail**: Mail your enrollment form to your regional contractor. Find forms at [www.tricare.mil/forms](http://www.tricare.mil/forms).

(Continued on page 2)
TRICARE Open Season doesn’t apply to the premium-based plans. These plans offer continuous open enrollment throughout the year:

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

Also, TRICARE Open Season doesn’t apply to TRICARE For Life (TFL). Coverage under TFL is effective the first date that an individual has Medicare Part A and Medicare Part B.

This is your benefit. Take command of your health and prepare for TRICARE Open Season. Find more information about TRICARE Open Season at www.tricare.mil/openseason. More information about QLEs is available at www.tricare.mil/lifeevents.

TRICARE Retiree Dental Program Ending, FEDVIP Beginning

The TRICARE Retiree Dental Program (TRDP) ends on Dec. 31, 2018. This means your TRDP dental coverage will end this year. If you’re enrolled in or eligible for TRDP, you’re eligible for dental coverage in 2019 through the Federal Employees Dental and Vision Insurance Program (FEDVIP). FEDVIP is offered by the Office of Personnel Management (OPM) and is also available to federal civilian employees.

You will not be automatically enrolled in a FEDVIP plan when your TRDP plan ends. For 2019 coverage, you must enroll in a FEDVIP dental plan during the Federal Benefits Open Season, which runs from Nov. 12 through Dec. 10, 2018. Although Federal Benefits Open Season is held at the same time as the TRICARE Open Season (See “Make 2019 TRICARE Enrollment Changes This Fall” on page 1), enrollment for FEDVIP is managed by OPM. If you enroll during the 2018 Federal Benefits Open Season, your coverage will start on Jan. 1, 2019.

In addition to retiree dental coverage, most TRICARE beneficiaries will be eligible to purchase vision coverage through FEDVIP.

FEDVIP offers great flexibility when selecting the right coverage for you and your family. There are four vision plan options and 10 dental carriers, some of which offer high option and standard option plans. You may choose to enroll in a dental plan, a vision plan, both, or neither. To enroll in FEDVIP vision, you must be enrolled in a TRICARE health plan or have TRICARE For Life.

Adult children enrolled in or eligible for TRICARE Young Adult aren’t eligible for FEDVIP. Also, beneficiaries enrolled in the Transitional Assistance Management Program are not eligible for FEDVIP.

For more information, visit tricare.benefeds.com. On the website, you can:

- Check your eligibility for FEDVIP.
- Get answers to frequently asked questions.
- Sign up for email alerts regarding important dates or updates to the website.
Keep Your DEERS Information Up to Date

Have you or a family member moved, retired from active duty, or experienced another type of Qualifying Life Event (QLE)? If so, you need to update your information in the Defense Enrollment Eligibility Reporting System (DEERS). To remain eligible for TRICARE coverage, you must keep your information current in DEERS.

DEERS is a database of active duty and retired service members, their family members, and others who are eligible for TRICARE. Keeping your DEERS record updated is key to getting timely, effective TRICARE benefits.

It’s essential to update and verify your information in DEERS anytime you experience a QLE. This is especially true after you arrive at a new duty station or location. Remember, your Social Security number (SSN) and the SSN of each of your covered family members must be included in DEERS for your TRICARE coverage to be accurate.

You have several options for updating and verifying DEERS information.

You can make changes 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 1-800-336-4416
- **Online:** Log into milConnect at https://milconnect.dmdc.osd.mil
- **Mail:** Mail updates to: Defense Manpower Data Center Support Office Attention: COA 400 Gigling Road Seaside, CA 93955-6771

Only sponsors can add a family member in DEERS. Family members age 18 and older may update their own contact information. Find more information about DEERS on the TRICARE website at www.tricare.mil/deers.

DEERS IS A DATABASE OF ACTIVE DUTY AND RETIRED SERVICE MEMBERS, THEIR FAMILY MEMBERS, AND OTHERS WHO ARE ELIGIBLE FOR TRICARE.

Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) gives individuals the right to be informed of the privacy practices of their health plans and those of most of their health care providers. HIPAA also informs individuals of their rights with respect to their protected health information.

Health plans and covered health care providers are required to develop and distribute a Notice of Privacy Practices (NoPP) that provides a clear explanation of these rights and practices. The NoPP is intended to make individuals aware of privacy issues and concerns, encourage them to exercise their rights, and prompt them to have discussions with their health care plan administrators and health care providers.

Visit www.tricare.mil/privacy/hipaa to view the Military Health System NoPP. For other privacy concerns, contact the Health Net Federal Services, LLC Privacy Compliance Office at hnfs.privacy@healthnet.com.
Enroll in FEDVIP During Federal Benefits Open Season

You can enroll in Federal Employees Dental and Vision Insurance Program (FEDVIP) during the Federal Benefits Open Season, which runs from Nov. 12 to Dec. 10, 2018. Your new coverage will begin on Jan. 1, 2019.

Federal Benefits Open Season is for FEDVIP. TRICARE Open Season is for enrollment in TRICARE Prime or TRICARE Select coverage.

To enroll in FEDVIP, go to tricare.benefeds.com. This website is the secure online portal to enroll in a FEDVIP dental and/or vision plan. On the site, you can also read about the end of the TRICARE Retiree Dental Program and the new benefits available under FEDVIP, browse frequently asked questions, and compare FEDVIP options with the plan comparison tool.

After the Federal Benefits Open Season ends, you may only enroll in, change, or cancel FEDVIP coverage if you experience a FEDVIP qualifying life event (QLE). Any election in a FEDVIP plan remains in effect for the entire calendar year. Examples of FEDVIP QLEs include:

- Getting married
- Losing other dental or vision coverage
- Acquiring a family member
- Losing a family member
- Restoration of uniformed services pay or retirement pay after having it reduced, forfeited, or terminated
- Changing status from a uniformed services retiree to a uniformed services member on active duty

For more information about FEDVIP enrollment, visit tricare.benefeds.com.
How to Choose or Change Your TRICARE Provider

Whether you want to change your primary care manager (PCM) or find a specialty care provider, you have options with TRICARE. With directories at your fingertips, you can take command of your health and your TRICARE benefit.

**TRICARE Prime®: Getting Your PCM**

When you enroll in TRICARE Prime, you either choose or get assigned a PCM who will manage all of your routine, non-emergency, and urgent health care needs. You may choose a military or network provider as your PCM, depending on your location and availability. In most cases, when you live near a military hospital or clinic, you’ll be required to have a PCM at that facility. If you don’t list a PCM on your enrollment form, TRICARE will choose one for you. Active duty service members (ADSMs) will be assigned a PCM at their military hospital or clinic.

Use the TRICARE East Region and TRICARE West Region online directories to find a provider. Providers are added to the directories throughout the year, so check back if a provider you’re looking for isn’t listed. Call first to confirm the provider is accepting new patients. Remember that your PCM will refer you to a specialist for specialty care.

TRICARE Prime Remote ADSMs and family members will be assigned a TRICARE network provider to serve as their PCM when available. If no network providers are available, then you may choose a TRICARE-authorizing non-network provider. You’ll see that provider for most of your care and must seek a referral for specialty care.

**TRICARE Prime: Changing Your PCM**

If you already have a PCM, depending on the capacity of your military hospital, you may choose a new PCM. This may not apply to ADSMs because duty station and military unit affects PCM assignments. All other beneficiaries should check to make sure the PCM they choose is accepting new patients. If choosing a civilian PCM is an option for you, or you wish to change to another PCM at your military hospital or clinic, there are three ways to submit your change.

1. **By Phone**
   - If you live in the East Region, call Humana Military at 1-800-444-5445.
   - If you live in the West Region, call Health Net Federal Services, LLC at 1-844-866-9378.

2. **Online**
   - Click on the red “Log On” button at the top of the page.
   - Lastly, click on the “Change Primary Care Manager” button in the Actions Menu.

3. **By Mail**
   - Print, fill out, and mail a TRICARE Prime Enrollment, Disenrollment and PCM Change Form (DD Form 2876) to your regional contractor with the new PCM’s name and address (mailing address is found on the form). Find links to forms on the TRICARE website at [www.tricare.mil/forms](http://www.tricare.mil/forms).

The PCM change is effective the date you submit the change or the date you specify, up to 90 days in the future.

**TRICARE Select℠: Finding a Provider**

TRICARE Select enrollees can seek care from any TRICARE-authorized provider, either network or non-network. You may choose any TRICARE-authorized provider as a primary care provider. You can make your own specialty appointments without a referral, but you’ll have lower out-of-pocket costs with TRICARE network providers. Use the search directory at [www.tricare.mil/finddoctor/allproviderdirectories](http://www.tricare.mil/finddoctor/allproviderdirectories) to find TRICARE-authorized providers.

Use these TRICARE resources to make finding or changing providers simple. Learn more about how to find a provider or change a primary care manager at [www.tricare.mil/findadoctor](http://www.tricare.mil/findadoctor).
New Reporting Tool Monitors Providers Treating PTSD

The PTS Provider Prescribing Profile is a new reporting tool developed by the Defense Health Agency’s Pharmacy Operations Division to help ensure TRICARE providers follow best practices in prescribing medications for patients diagnosed with post-traumatic stress disorder (PTSD).

The PTS Provider Prescribing Profile lists all providers at military hospitals or clinics who are treating patients with PTSD or acute stress disorder. The tool also records the medications providers are prescribing.

Currently, the reporting tool focuses on benzodiazepines, or benzos. The clinical practice guideline released in 2017 recommended against prescribing benzos for PTSD patients.

Benzos affect the brain and central nervous system by producing a calming effect. People can develop a tolerance to benzos, health care experts report, needing higher doses and increased frequency to achieve the same effects. These patients also may suffer from withdrawal symptoms, including insomnia, irritability, anxiety, panic attacks, and seizures.

Medications other than benzos are recommended for treating PTSD, like antidepressants, because they’re more effective.

According to the reporting tool, the number of benzos prescriptions for TRICARE beneficiaries diagnosed with PTSD dropped from 1,922 to 1,651 in the span of one year.

If you’ve been diagnosed with PTSD and have questions about your treatment plan, talk with your provider. Remember that TRICARE offers mental health benefits and prescription drugs filled at no cost or low cost to service members and retirees experiencing PTSD. Visit www.tricare.mil/mentalhealth for information on TRICARE’s mental health coverage.


IF YOU’VE BEEN DIAGNOSED WITH PTSD AND HAVE QUESTIONS ABOUT YOUR TREATMENT PLAN, TALK WITH YOUR PROVIDER.
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).

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<thead>
<tr>
<th>I am a(n)...</th>
<th>I Want to Change My TRICARE Plan</th>
<th>I Want to Enroll in a FEDVIP Vision Plan</th>
<th>I Want to Enroll in a FEDVIP Dental Plan</th>
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<tbody>
<tr>
<td>Active Duty Service Member</td>
<td>You can only change plans if you’re retiring. At retirement, coverage ends. Learn about your options and what to do at <a href="http://www.tricare.mil/retiring">www.tricare.mil/retiring</a></td>
<td>You do not qualify to purchase a FEDVIP vision plan. You will continue to get your vision care from your military hospital or clinic.</td>
<td>You do not qualify to purchase a FEDVIP dental plan. You will continue to get your dental care from your military hospital or clinic.</td>
</tr>
<tr>
<td>Active Duty Family Member</td>
<td>You can change plans during the 2018 TRICARE Open Season.</td>
<td>You must enroll during Federal Benefits Open Season.</td>
<td>You do not qualify to purchase a FEDVIP dental plan. You can get your dental care through the TRICARE Dental Program.</td>
</tr>
<tr>
<td>Reserve Component Member or Family Member enrolled in TRICARE Reserve Select*</td>
<td>No action needed. This doesn’t apply to you.</td>
<td>You must enroll during Federal Benefits Open Season.</td>
<td>You do not qualify to purchase a FEDVIP dental plan. You can get your dental care through the TRICARE Dental Program.</td>
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<tr>
<td>Retired Service Member or Family Member using TRICARE For Life</td>
<td>No action needed. This doesn’t apply to you.</td>
<td>You must enroll during Federal Benefits Open Season.</td>
<td>TRDP ends Dec. 31, 2018. You must enroll in a FEDVIP dental plan during Federal Benefits Open Season to maintain coverage.</td>
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To learn more about TRICARE Open Season, visit [www.tricare.mil/openseason](http://www.tricare.mil/openseason).
For a full description of FEDVIP plans and coverage options, visit [tricare.benefeds.com](http://tricare.benefeds.com).

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Three Ways Beneficiaries with Mental Health Symptoms Can Maintain and Improve their Health

Being hospitalized for certain mental health conditions allows you to receive treatment in a protective, structured environment. Before being discharged, be sure to discuss next steps with your doctor. To reduce your chance of re-hospitalization, adopt these actions after you’re discharged:

1. As part of your discharge plan, the hospital case manager will help you schedule an outpatient visit with a psychiatrist, psychologist, social worker, or therapy group within a week of the discharge. Attending an outpatient visit early helps maintain the momentum of treatment.

2. See your primary care provider for an annual physical. TRICARE covers one Health Promotion and Disease Prevention Examination each year, which includes services like blood tests, and blood pressure and cancer screenings. Studies show a link between physical and mental health. Preventive medical care can help you identify potential health issues early when they’re most treatable.

3. Take any medications as prescribed by your doctor.

These actions boost your chances of getting and staying in good health. If you have questions about TRICARE mental health coverage, you should go to www.tricare.mil/mentalhealth. TRICARE covers medically and psychologically necessary mental health and substance use disorder care. This includes both inpatient and outpatient care.

Qualifying Life Events May Change Your TRICARE Options

Did you or your family 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, as outlined below.

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<tr>
<th>MILITARY CHANGES</th>
<th>FAMILY CHANGES</th>
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<tr>
<td>Activating</td>
<td>Getting Married</td>
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<td>Deactivating</td>
<td>Getting Divorced</td>
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<td>Deploying</td>
<td>Having a Baby or Adopting</td>
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<td>Moving</td>
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<td>Injured on Active Duty</td>
<td>Children Going to College</td>
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<td>Separating from Active Duty</td>
<td>Children Becoming Adults</td>
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<tr>
<td>Retiring</td>
<td>Gaining/Losing Other Health Insurance</td>
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<td></td>
<td>Becoming Medicare Eligible</td>
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<td></td>
<td>Death in Family</td>
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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 their 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.
Retiring from Active Duty? Take Action, Make an Enrollment Choice

When you retire from active duty, your TRICARE plan options will change. Retiring from active duty is a Qualifying Life Event (QLE) that allows you to enroll in a new TRICARE plan or change your coverage options within 90 days of the event. As a retiree, you’ll need to take action to enroll in a TRICARE program if you want to continue receiving coverage for civilian care.

First, update your information in the Defense Enrollment Eligibility Reporting System (DEERS). The next steps depend on which TRICARE programs you are eligible for. You’ll either reenroll yourself and eligible family members in TRICARE Prime or enroll yourself and eligible family members in TRICARE Select. Then, you’ll pay the single or family enrollment fee. There is no TRICARE Select enrollment fee for Group A retirees. If eligible, you may also enroll in the Federal Employees Dental and Vision Insurance Program for dental and/or vision coverage.

If you want to keep TRICARE Prime or TRICARE Select with no break in coverage, you must reenroll within 90 days after your retirement date. If you don’t enroll in TRICARE Prime or TRICARE Select within 90 days of retirement, you’ll only be eligible for direct care 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. If you have a break in TRICARE coverage, you and your eligible family members can only receive care at a military clinic or hospital on a space-available basis until you have TRICARE Prime or TRICARE Select coverage again.

Depending on your eligibility, there are other TRICARE program options for you and your family after retirement. Visit the TRICARE Plan Finder at www.tricare.mil/planfinder to learn about your options.

Active duty service members pay nothing out of pocket and their family’s costs are minimal. However, depending on their TRICARE plan, retirees may see an increase in their enrollment fees, copayments, cost-shares, and other fees.

Understanding your TRICARE options will help you and your family make the best health care decisions. For more information about your options after retirement, visit www.tricare.mil/lifeevents/retiring.

As a new retiree, you’ll need to take action to enroll in a TRICARE program if you want to continue coverage for civilian care.
Preventive health is the best way to protect yourself and your family from disease and illness. TRICARE covers many preventive health care services (www.tricare.mil/preventive) with no out-of-pocket costs to you. How you get preventive care depends on who you are and your TRICARE program option.

TRICARE Prime enrollees can get preventive care from their primary care manager or any TRICARE network provider in their region. You can use a non-network TRICARE-authorized provider with no copayments if you have a referral and authorization. TRICARE Select enrollees pay nothing for covered preventive services if they see a TRICARE network provider.

Preventive services include vaccines, exams, and screenings. Follow these three preventive health tips to help keep you and your family healthy:

1. Make Health Exams Part of Your Child’s Routine

Routine checkups should be a part of your child’s life from an early age. TRICARE covers well-child care (www.tricare.mil/well-child) for all dependent children under age 6. This includes health exams starting from birth. There are no out-of-pocket costs for well-child care services when care is provided by a TRICARE network provider.

According to the Centers for Disease Control and Prevention (CDC), vaccines are the best way to protect infants, children, and teens from potentially deadly diseases. TRICARE covers age-appropriate vaccines and immunizations that are recommended by the CDC (www.tricare.mil/immunizations). You can schedule covered vaccines from any TRICARE-authorized provider at no cost. But you may have to pay copayments or cost-shares for the office visit or for other services received during the same visit.

2. Make Health Exams Part of Your Routine

TRICARE also covers preventive health exams for both women and men. For women under age 65, TRICARE covers well-woman exams (www.tricare.mil/wellwoman). They include breast exams, pelvic exams, and Pap tests to include HPV DNA testing.

Important health screening tests for men include blood pressure and cancer screenings. One health promotion and disease prevention exam is available yearly to TRICARE Prime and TRICARE Select beneficiaries.

3. Make Healthy Living a Lifestyle

Make healthy living a lifestyle (www.tricare.mil/healthwellness). Eating a balanced diet improves your overall health while maintaining a healthy weight. Motivate yourself and your family to eat more fruits and vegetables, drink more water, and limit processed foods.

Staying active also lowers your risk of developing chronic conditions, like obesity, high blood pressure, diabetes, and high cholesterol. Check out recommended guidelines to help maintain or improve your health through regular physical activity at www.health.gov/paguidelines.

Preventive health is a daily commitment to making smarter choices and being more proactive about your health. Learn more about your TRICARE preventive health care benefits to help you and your family take command of your health now and for years to come.
TRICARE West Region Website Resources

Health Net Federal Services, LLC (HNFS) offers public and secure self-service tools on its website at www.tricare-west.com. These easy-to-use online tools let you carry out your TRICARE transactions safely and securely, and provide you access to important health care information anytime you need it.

Secure Portal

Use your DS Logon to access the secure portal at www.tricare-west.com. If you don’t have a DS Logon, you can register for a beneficiary account on the site. (Registration takes less than five minutes.)

Immediate Online Access

Once you log in, you’ll have immediate online access to important documents from HNFS, such as authorization letters, explanation of benefits, and more. The suite of online self-service tools lets you make payments online, check eligibility and claim status applications, and make network-to-network provider changes on approved referrals. You can also set your preferences to get email or text message alerts notifying you when HNFS is finished processing your referral and authorization requests.

Below are a few tools available:

- **Secure inbox**: The secure inbox allows beneficiaries a safe place to view health care related information. Log in at www.tricare-west.com to view and print referral and authorization letters, responses to questions, appeals or grievance responses, and more. It’s important to check your secure inbox periodically, as many documents are only available online.

- **Payment information**: Make an enrollment payment, change the payment method, view general billing information, and view payment history. Save a stamp or phone call by making payment transactions online.

- **Claim status**: Check the status of an open claim or view the TRICARE explanation of benefits for finalized claims.

- **TRICARE eligibility**: View eligibility status, deductibles, catastrophic cap, TRICARE plans, primary care manager details, or update your other health insurance information if needed.

- **Authorizations/referral status**: Check the status of an existing referral or authorization, and in some cases, request changes online.

If you need assistance logging in to the HNFS website, view the “Beneficiary Guide to Log In/Registration” in the Handbooks and Brochures section of the Resources tab. ★
CHECK THIS OUT...

Prepare for 2019 This Fall

TRICARE Open Season and Federal Benefits Open Season begin Nov. 12. Learn what you need to do this fall for 2019 coverage.
See page 7.

FAQ Corner

How do I know which TRICARE plans I’m eligible for?

Your plan options vary depending on who you are. You can use the TRICARE Plan Finder to help you discover which TRICARE plan is right for you and your family based on your beneficiary category. The TRICARE Plan finder is available at www.tricare.mil/planfinder. You may also choose multiple plans and compare their features side by side at www.tricare.mil/compareplans. Remember to keep the Defense Enrollment Eligibility Reporting System (DEERS) up to date following any life changes, such as moving, getting married, or having a baby. These life changes may change which TRICARE options are available to you.

Will my provider always file my medical claims for me?

In most cases, yes. However, you may need to file your own claims if you get care while traveling, if you get care from a non-participating provider, or if you’re using TRICARE For Life and you see a Medicare non-participating provider. For more information on filing claims, visit www.tricare.mil/claims.

I received orders to move stateside. How do I find out what region I’ll be in?

You can view a map of the TRICARE regions at www.tricare.mil/regions. Hover your mouse over the words “West Region” or “East Region” for a list of the states that make up each region. If you still aren’t sure, call the regional contractor for the region you believe you’re in and confirm with a customer service representative. Remember to update your information in DEERS with your new address after moving. ★