



HEALTH MATTERS

A PUBLICATION FOR TRICARE® BENEFICIARIES

TRICARE Enrollment Changes and Updates for 2019

On Jan. 1, 2018, historic reform began rolling out in the Military Health System, with a focus on delivering improved health care and enhanced military readiness. Some 2018 highlights included:

- TRICARE Select replaced TRICARE Standard and TRICARE Extra
- Expanded preventive care services were added to TRICARE Select
- Urgent care access increased
- Fixed copayments replaced many cost-shares (percentages of allowed amounts)
- New regional contractors began managing TRICARE East and TRICARE West

Other changes included the first annual TRICARE Open Season during fall 2018, the transition from the TRICARE Retiree Dental Program (TRDP) to the Federal Employees Dental and Vision Insurance Program (FEDVIP), and cost updates for 2019.

TRICARE Open Season and Qualifying Life Events

Beginning this year, you can only enroll in a new TRICARE Prime or TRICARE Select plan or make changes to your enrollment during TRICARE Open Season or following a Qualifying Life Event (QLE) (See “**Qualifying Life Events: Opportunities to Change Your**

Enrollment” on page 7). If you don’t enroll in a TRICARE health plan, you or your family member will only be able to get care and pharmacy services at a military hospital or clinic if space is available.

The 2019 TRICARE Open Season will be held Nov. 11–Dec. 9. It doesn’t apply to premium-based plans or TRICARE For Life. Premium-based programs include: TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program. These programs offer continuous enrollment throughout the year. To learn more about open season, visit www.tricare.mil/openseason.

Federal Benefits Open Season and FEDVIP

Certain TRICARE beneficiaries now have the option to enroll in FEDVIP, offered by the U.S. Office of Personnel Management. The TRDP, provided by Delta Dental of California, ended on Dec. 31, 2018.

If you’re eligible for FEDVIP dental or vision coverage, you may enroll during the annual Federal Benefits Open Season (Nov. 11–Dec. 9, 2019) or after you experience a FEDVIP QLE. For more information about FEDVIP eligibility, visit www.benefeds.com, or call 1-877-888-3337 (TTY 1-877-889-5690). ★



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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.*



Stressed Out? Coping Techniques to Help You Relax

Your body knows when your mind is under stress. Whether you're stuck in traffic or racing to meet a deadline, your nervous system responds by releasing a flood of stress hormones. You may notice your heart begin to race, your blood pressure increase, and your breathing quicken. This isn't always a bad thing — these stress responses in your body can help you glean the strength to accomplish a task. Too much stress too often, however, can be harmful to your mental and physical well-being.

Knowing how to cope with everyday tension is important to your overall health. Being conscious of the connection between your mind and body can help you throughout your day, whether at home, in your workplace, or even in traffic. Notice your stress triggers, and when you feel tension creeping in, use these tips from the

Centers for Disease Control and Prevention to help you keep your cool.

1. **Move Your Body:** Get up, get out, and get moving. Exercise increases endorphin levels, “feel-good” chemicals that reduce stress and can give you a feeling of euphoria.
2. **Find Something to Laugh About:** Lighten up. Humor, a positive attitude, and laughter can reduce anxiety. Find ways to keep upbeat, and make smiling and laughter a priority each day.
3. **Eat Something Nutritious:** Nutritious foods will help keep your body healthy and your mind steady. Eat breakfast and keep a regular meal schedule. Fueling your body with fruits, vegetables, lean proteins, and grains will give you sustained energy throughout the day.

4. **Share Your Feelings:** Don't isolate yourself or let your feelings bottle up. When you feel stressed, reach out to a friend or find a way to be with people. You don't have to carry the load alone.
5. **Sleep:** Fatigue and stress go in hand. If you're overtired, a minor bump in the road can feel like a mountain. Adequate rest is key to your physical and psychological health.

The best ways to cope with stress vary depending on what you enjoy doing. Engaging in a hobby, getting together with friends, playing sports, or being in nature may help you destress. Investigate more ways that help you keep stress at bay at www.cdc.gov/bam/life/frazzled.html. You can also find helpful health and wellness tips on the TRICARE website at www.tricare.mil/healthwellness. Take command of your health and reduce the stress in your life in 2019. ★

Applied Behavior Analysis and Extended Care Health Option Resources

Autism Care Demonstration

The TRICARE Autism Care Demonstration covers applied behavior analysis (ABA) services to TRICARE-eligible beneficiaries diagnosed with autism spectrum disorder. You can learn more about getting care through the Autism Care Demonstration at www.tricare.mil/acd.

Health Net Federal Services, LLC (HNFS) offers resources to assist West Region beneficiaries in accessing ABA services:

- Autism Care Demonstration: Getting Care in the West Region**
 This printable flyer describes the steps needed to initiate ABA services. Find it at www.tricare-west.com (Go to > *Beneficiary > Resources > Handbooks and Brochures*).
- Dedicated call center line**
 HNFS' dedicated Autism Care Demonstration team can answer questions about the demonstration, including status of authorizations, testing requirements, and use of our online tools. To reach them, call the main TRICARE customer service number at 1-844-866-WEST (1-844-866-9378) and select the ABA benefit option when prompted.

Extended Care Health Option

The Extended Care Health Option (ECHO) is a supplemental benefit program that provides services and supplies beyond the basic TRICARE coverage. ECHO is available to active duty family members who meet specific physical, developmental, and/or mental disability qualifications. Learn more about ECHO at www.tricare.mil/echo.

HNFS resources to assist West Region beneficiaries seeking ECHO services include:

- Extended Health Care Option: West Region Registration Process**
 This printable flyer offers a basic overview of what ECHO is, who is eligible, and how to register. Find it at www.tricare-west.com (Go to > *Beneficiary > Resources > Handbooks and Brochures*).
- Case management call center line**
 HNFS offers trained customer support representatives to help you obtain support and information. Representatives can help you access care, provide authorization status, assist with ECHO enrollment, and help locate providers. Talk to a representative by calling the HNFS Case Management line at 1-844-52-HELPU (1-844-524-3578).

To learn more about the Autism Care Demonstration and ECHO, visit www.tricare.mil. ★



Missed the Federal Benefits Open Season?

If you wanted to enroll in dental coverage or vision coverage through the Federal Employees Dental and Vision Insurance Program (FEDVIP) during the 2018 Federal Benefits Open Season, but were unable to do so for reasons that were beyond your control, visit www.benefeds.com or call 1-877-888-3337 to apply for belated enrollment. Belated enrollment is considered on a case-by-case basis.

You can also enroll in FEDVIP following a FEDVIP qualifying life event. Visit www.benefeds.com for more information. ★





Overview of Your TRICARE Pharmacy Benefit

The TRICARE Pharmacy Program provides prescription drug coverage for all TRICARE beneficiaries. You have the same coverage with any TRICARE health plan. As always, active duty service members (ADSMs) pay nothing out of pocket.

Express Scripts, Inc. (Express Scripts) is the TRICARE Pharmacy Program contractor. Express Scripts will help you with coverage reviews, filing claims to get money back from up-front payments and other pharmacy needs. You may visit www.express-scripts.com/TRICARE to:

- Find nearby pharmacies
- Register to have your prescriptions mailed to you
- Check your prescription drugs on the formulary
- Get prior authorization for your prescriptions when necessary

If you use the US Family Health Plan, you have a separate pharmacy coverage. Go to www.usfhp.com for details.

Types of Covered Prescription Drugs

Drugs that are covered by TRICARE are grouped into four tiers: generic, brand-name, non-formulary, and non-covered

drugs. These groups are based on the medical and cost effectiveness of a drug compared to other drugs of the same type.

Where to Fill Your Prescriptions

Military pharmacies

You can receive a 90-day supply of most generic and brand-name prescription drugs at a military pharmacy at no cost. Most military pharmacies accept electronic prescriptions from military and civilian providers. Military pharmacies usually don't carry non-formulary prescription drugs.

TRICARE Pharmacy Home Delivery

You may order your prescriptions online at www.express-scripts.com/TRICARE. Your drugs are mailed to your home or APO/FPO address. You may expect your prescriptions to arrive 14 days or less after you place your order. Remember to order your refills at least 14 days before your current supply runs out. Certain prescription drugs must be filled through home delivery. You have several options for ordering prescriptions with home delivery. For more information, visit www.tricare.mil/pharmacy.

TRICARE retail network pharmacies

Want to fill a prescription at a retail network pharmacy? You must present your uniformed services ID card or Common Access Card, and your prescription. You'll get a 30-day supply for each prescription. You must pay a copayment for each prescription you fill. Save money by using a pharmacy that is also in-network with your other health insurance, if you have it. Find a TRICARE retail network pharmacy at www.tricare.mil/networkpharmacy.

Non-network pharmacies

You must pay the full price when you fill prescriptions at a non-network retail pharmacy. You may file a claim with TRICARE to get your money back. You must meet your yearly deductible before you can get your money back.

To refill specialty prescription drugs, visit www.expresscripts.com/TRICARE/pharmacy to learn about the Specialty Medication Care Management program.

To learn more about your pharmacy benefit, see the *TRICARE Pharmacy Program Handbook* and *TRICARE Pharmacy Program Overview* at www.tricare.mil/pharmacy. ★



Military Health System
Your health, our priority 24/7

Need Health Advice? Talk to a Registered Nurse Anytime

Sometimes you need a quick answer to a health question, and it helps to have an expert to turn to. With the Military Health System (MHS) Nurse Advice Line, you can get advice from a registered nurse anytime, 24/7. Whether you're worried about your sick child, or need health care advice while traveling, the MHS Nurse Advice Line is only a click or call away.

The registered nurse can:

- Answer your urgent care questions
- Help you understand your symptoms and decide when to visit a provider
- Find an urgent care or emergency care facility
- Schedule an appointment within 24 hours at a military hospital or clinic, if available

You can reach a nurse online 24/7 using secure web chat and video chat. Connect at the MHS Nurse Advice Line website (www.mhsnurseadvice.com), or

find all country-specific numbers listed there for a phone call. If you're in the U.S., Guam, or Puerto Rico, you can call 1-800-TRICARE (1-800-874-2273) and choose option 1. Remember, the MHS Nurse Advice Line is only available to beneficiaries living or traveling in the U.S. or those living in a country with an established military hospital or clinic.

The MHS Nurse Advice Line isn't for emergencies. If you have an emergency, call 911 or your local emergency service center, or go to the closest emergency room or facility. There is a different resource for you to use if you have the US Family Health Plan.

The next time you need help making decisions about your immediate health care needs, don't guess. Contact the MHS Nurse Advice Line and take command of your health. ★



Reminder: Use Self-Service Tools Online

Don't forget you can use self-service tools online for a variety of TRICARE-related transactions. Did you know you can check authorization status, change your primary care manager, view payment history, and more? Save a phone call by logging in to your secure portal at www.tricare-west.com and using these convenient tools anytime you need them. ★



Understanding the Point-of-Service Option

The point-of-service (POS) option allows non-active duty beneficiaries who are enrolled in a TRICARE Prime plan to receive care from TRICARE-authorized health care providers other than their assigned primary care manager (PCM) without a referral, when one is required.

While the POS option is available, it comes with higher out-of-pocket costs. The POS option isn't available for active duty service members (ADSMs). ADSMs who don't coordinate care through their PCM may be responsible for the entire cost of care.

When POS applies:

- You receive care from a network or non-network provider other than your PCM without a referral, when a referral was required.
- You receive approval to see a specialist at a military hospital or clinic but instead seek care from a civilian specialty care provider.
- You receive approval to see a network specialist but instead seek care from a non-network specialist.

When POS doesn't apply:

- Emergency services
- Preventive care service from a network doctor
- Urgent care visits to network providers, or network or non-network (TRICARE-authorized) urgent care centers
- Beneficiaries whose other health insurance is primary

- Newborn or adoptee care
- Most ancillary services (for example, lab/X-ray)

Disputing POS charges

Review the following scenarios to better understand when you can and can't dispute POS fees. *This list is not all-inclusive.*

Emergency care

If you received POS charges for what you thought was emergency care, you can submit an appeal. You must file the appeal within 90 days of the date on the explanation of benefits (EOB). Find details on how to submit an appeal by going to www.tricare-west.com, clicking on "Beneficiary" under "Portal" and then clicking on "Claims."

The patient contacted the PCM after the service/didn't know a referral was needed, the service was a follow up to preventive care, or the referral expired.

As a TRICARE Prime beneficiary, it's your responsibility to be aware of the referral requirements. POS charges cannot be waived for TRICARE Prime beneficiaries who didn't follow the referral requirements.

Your civilian PCM failed to submit the referral to Health Net Federal Services, LLC (HNFS) or the referral was submitted and rejected.

If your civilian PCM gave you a referral, but did not submit an approval request to HNFS when required, you or your PCM can submit the written referral (or a written statement from the PCM) along with a copy of the EOB to HNFS.

The military PCM/appointment line/referral manager failed to submit the referral to HNFS or gave misinformation.

You may contact the military hospital's or clinic's patient advocate to determine if he/she will submit a referral for services already rendered. If the referral is approved, you can then contact HNFS for a claims adjustment. There are no review rights through HNFS for this circumstance and the military hospital or clinic determination is final.

You didn't know your PCM changed.

All beneficiaries receive notification when their PCM is assigned or changed. Log in at www.dmdc.osd.mil/milconnect to view these notifications and current PCM assignments. POS charges can't be waived because you didn't know your PCM assignment.

You saw the same provider before without POS charges.

POS charges can't be waived for this reason. Previous claims from the same provider may not have processed under POS for preventive or urgent care services, which don't require a referral when using a network provider, or services rendered Jan. 1–June 30, 2018, under the TRICARE Prime Referral Waiver.

Misinformation from an HNFS customer service representative.

You may submit a request to HNFS for review. If HNFS customer service records indicate misinformation or incomplete information was given, the POS charges may be adjusted. ★



Qualifying Life Events: Opportunities to Change Your Enrollment

As of Jan. 1, you can only enroll in or make changes to your TRICARE Prime or TRICARE Select plan during the annual TRICARE Open Season or after a Qualifying Life Event (QLE).

What is a QLE?

A QLE is a certain change in your life, such as marriage, birth of a child, or loss of a family member, which may mean different TRICARE options are available to you. A QLE opens a 90-day period for you to make eligible enrollment changes. A QLE for one family member means all family members may make enrollment changes. Your coverage starts on the date of the QLE. However, for QLEs resulting from address changes, the effective date will be the address effective date in the Defense Enrollment Eligibility Reporting System (DEERS).

Making Changes after a QLE

Want to make changes after you experience a QLE? First, update your information in DEERS. Your Social Security number and the Social Security numbers of each of your covered family members must be included in DEERS for TRICARE coverage to be shown accurately. In most cases, you must provide official documents to update DEERS (for example, birth certificate, marriage certificate, proof of college attendance). Depending on the TRICARE plan you have and the area you live in, you may need additional documents.

To learn more about QLEs, visit www.tricare.mil/lifeevents. ★

TRICARE Payments and Explanation of Benefits

When it comes to paying your health care costs, you have options. You'll make your first payment when you enroll in a TRICARE plan. After that, you must pay all of your fees and monthly premiums automatically. You can do this through allotment, electronic funds transfer, or debit/credit card. Find more about payment options at www.tricare.mil/costs/payfees.

After you receive health care services, a TRICARE explanation of benefits (EOB) is created. This is an itemized statement that shows what action TRICARE has taken on your claims. You can register to get your EOB statements online through your TRICARE regional contractor website portal. For more about an EOB and receiving your EOB statements online, visit www.tricare.mil/eob.

To learn more about your costs, visit www.tricare.mil/costs/compare. On this page, you can download the 2019 *TRICARE Costs and Fees Sheet* and compare health plan costs. ★



HEALTH MATTERS



Who is eligible for TRICARE?

TRICARE is a health care program for uniformed service members and their families, National Guard and Reserve members and their families, retirees and their families, survivors, former spouses, Medal of Honor recipients and their families, and others registered in the Defense Enrollment Eligibility Reporting System (DEERS). Your benefits and plans vary depending on your beneficiary category (sponsors or family members). Learn more at www.tricare.mil/eligibility.

What do I do when I lose TRICARE eligibility?

When you lose eligibility for TRICARE, each member of your family will get a termination notice stating that you're no longer covered by TRICARE. You may qualify for the Transitional Assistance Management Program (TAMP), which offers 180 days of transitional health coverage. After TRICARE or TAMP ends, you can purchase the Continued Health Care Benefit Program, which offers an additional 18 to 36 months of coverage. You may also choose to use an employer's sponsored health insurance, Medicaid, or any other plan offered through the Health Insurance Marketplace. Learn more at www.tricare.mil/losseligibility.

How do I get TRICARE coverage for my newborn?

You must register your child in DEERS within 90 days (120 if overseas) of giving birth or adopting. Once registered in DEERS, children of active duty service members are automatically enrolled in a TRICARE plan based on where they live. For children of retirees, there's no automatic enrollment process.

You may choose to change your child's coverage to another TRICARE plan or US Family Health Plan, if eligible, within 90 days from the date entered in DEERS. After 90 days, you must wait until another Qualifying Life Event (QLE) or the fall TRICARE Open Season to enroll your child in a different TRICARE plan. You may use a marriage QLE to enroll stepchildren. For more information, download the *TRICARE Maternity Care Brochure* at www.tricare.mil/baby. ★

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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)

www.dmdc.osd.mil/milconnect

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