



HEALTH MATTERS

A PUBLICATION FOR TRICARE® BENEFICIARIES

Get to Know Your TRICARE Benefit

Whether you're new to TRICARE health coverage or a long-time beneficiary looking for a refresher, learning about your benefit will help you take command of your health this year.

The first thing you need to know about is the Defense Enrollment Eligibility Reporting System (DEERS).

“DEERS is a database that must be up to date with your current contact information,” said Mark Ellis, chief of the Policy and Programs Section of the TRICARE Health Plan at the Defense Health Agency. “By keeping DEERS current, you and your family members can continue to access your health care benefits.”

You can find instructions on how to update DEERS at www.tricare.mil/deers.

TRICARE Plans

Your eligibility for certain TRICARE plans depends on factors like your sponsor's status, your relationship to your sponsor, and where you live. Different family members may be eligible for different plans. Active duty service members can only be

enrolled in TRICARE Prime or TRICARE Prime Remote. Download the *TRICARE Plans Overview* at www.tricare.mil/publications or visit www.tricare.mil/compareplans to learn more about your plan options.

Getting Care

- **Finding a provider.** With some plans, you may be assigned to a military hospital or clinic, as well as a primary care manager (PCM). You can locate a military hospital or clinic as well as a civilian provider at www.tricare.mil/finddoctor.
- **Preventive care.** TRICARE covers clinical preventive services. You can explore what's covered at www.tricare.mil/coveredservices. For TRICARE Prime, you get preventive care from your PCM. Referrals or pre-authorizations aren't required for preventive care, and you pay nothing out of pocket. If you use TRICARE Select or a premium-based plan, you can visit any TRICARE-authorized provider, network or non-network. The cost will depend on whom you see.
- **Other types of care.** Besides preventive services, the types of care you need fall into four categories: routine, specialty, urgent, and

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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.

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emergency. How you seek non-emergency care depends on your plan. If you reasonably think you have an emergency, including a mental health emergency, always go to the nearest emergency room or call 911.

Costs

Depending on who you are and the plan you're enrolled in, you may have out-of-pocket costs for certain covered services. Use the TRICARE Compare Cost Tool (www.tricare.mil/comparecosts) to view comprehensive costs for your plan. You can also download the *TRICARE Costs and Fees Sheet* at www.tricare.mil/publications.

Learn more about TRICARE by exploring online resources. Stay informed by signing up to get updates from TRICARE at www.tricare.mil/subscriptions. ★



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How to Find or Change Your Provider

When you're looking to find or change your primary care manager (PCM) or specialty care provider, you have options. Your options depend on your status, plan, and location.

With TRICARE Prime, you'll get most of your care from an assigned PCM at a military hospital or clinic in most cases. Whether you see a military or network provider will depend on who you are, your location, and your availability. You'll be referred to a specialist for specialty care, when needed.

If you already have a PCM, you may choose a new one, depending on the capacity of your military hospital. This may not apply to active duty service members. You can submit your change to your regional contractor by phone, online, or by mail. The change is effective the date you submit the change, or a date you choose up to 90 days in the future. You can also use the Find a Doctor tool to find a TRICARE-authorized provider at www.tricare.mil/finddoctor.

With TRICARE Select, you manage your own health care. You aren't assigned a PCM and can get most care from any TRICARE-authorized provider (network or non-network) without a referral. You'll have lower out-of-pocket costs with TRICARE network providers. There is an established network of providers. Use the Find a Doctor tool to search for providers in your area at www.tricare.mil/finddoctor.

Understand your provider options based on your TRICARE plan. Learn more at www.tricare.mil/plans/healthplans and www.tricare.mil/finddoctor/provider-types. ★

Cost Terms You Should Know

When you're covered by TRICARE, it helps to know important cost terms. First, TRICARE beneficiaries fall into one of two groups: Group A or Group B. The groups pay different costs and fees.

- You're in Group A if your initial enlistment or appointment or that of your uniformed services sponsor began before Jan. 1, 2018. When enrolled in a premium-based plan (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, or the Continued Health Care Benefit Program), Group A beneficiaries follow Group B deductibles and applicable copayments or cost-shares.
- You're in Group B if your initial enlistment or appointment or that of your uniformed services sponsor began on or after Jan. 1, 2018.

Active duty service members and active duty family members enrolled in TRICARE Prime generally don't have out-of-pocket costs, unless they're related to the point-of-service option or non-covered TRICARE services. Cost terms mostly apply to TRICARE Select and premium-based plans.

Here are some cost terms to know:

- **Premium:** The amount you pay monthly or quarterly for premium-based plans.
- **Deductible:** The fixed amount you pay out of pocket for covered health care services each calendar year before TRICARE pays anything. Enrollment fees aren't included in your deductible. There is no deductible with TRICARE Prime.
- **Copayment:** The fixed dollar amount you pay for a covered health care service or drug.
- **Cost-share:** The percentage of the total cost of a covered health care service that you pay.
- **Catastrophic cap:** The most you or your family pay out of pocket for covered health care services each calendar year. This protects you because it sets a limit for the amount you'll pay annually for TRICARE covered medical services.

Visit www.tricare.mil/costs to help you better understand your deductible, catastrophic cap, and other TRICARE costs. This is your benefit—take command of your health care by learning more about your costs with TRICARE. ★

You Can Quit Tobacco with TRICARE Tools

According to the National Cancer Institute's Smokefree.gov, quitting tobacco may take several attempts before you reach your goal. With TRICARE, you have access to a number of resources to help you.

Tobacco Cessation Products

If you're eligible, you can get covered prescription and over-the-counter products for tobacco cessation.

YouCanQuit2 Website

YouCanQuit2 (www.ycq2.org), a Department of Defense program, is a tobacco education campaign for the military.

Time to Quit Online Program

Time to Quit is a Health Net Federal Services online program that guides you through creating a personalized plan of action to help you quit and stay quit. Visit the Learning Center at www.tricare-west.com/go/learningcenter.

To learn more about tobacco cessation and available resources, download the *TRICARE Tobacco Cessation Program Fact Sheet* at www.tricare.mil/publications. Stay strong, and remember you can quit tobacco. ★

Telemedicine Options

Health Net Federal Services, LLC (HNFS) understands that it's important for you to have easy access to providers who offer virtual appointments. During the COVID-19 public health emergency, there are no copayments or cost-shares for covered telemedicine care. Telemedicine options now include:

- **Telemynd:** Offers simple and secure telemental health care. You can connect with licensed psychiatrists, psychiatric nurse practitioners, and therapists from the comfort of your own home. Visit www.telemynd.com/hnfs to find a provider.
- **Doctor On Demand:** Offers increased access to urgent care and mental health care (excluding psychiatry) services. Connect face-to-face with providers through virtual appointments by visiting www.doctorondemand.com/hnfs.
- **Search Options:** Filter your provider directory search to show telemedicine providers. Note that while TRICARE is temporarily allowing for audio-only telehealth in response to COVID-19, directory search results will only include providers who notified HNFS they offer video telemedicine services.

Referral requirements for covered telemedicine services are the same as those for in-person visits. TRICARE Select active duty family members and retirees don't need a referral or authorization. See www.tricare.mil/referrals. ★

Ask Your Doctor About Routine Colorectal Screenings

Did you know that according to the Centers for Disease Control and Prevention (CDC), colorectal cancer is the second leading cause of cancer death in the U.S. Colorectal cancer screenings save lives, which is why it's so important to get screened regularly. Routine screening examinations by a health care provider can result in the detection and removal of precancerous growths and the diagnosis of cancer at an early stage. According to the CDC, at least half of all new cancer cases can be prevented or detected early with screening.

The American Cancer Society recommends average-risk adults begin screening at age 50. TRICARE screenings for colorectal cancer include flexible sigmoidoscopy every five years,

colonoscopy every 10 years, computed tomographic (CT) colonography (virtual colonoscopy) every five years, at-home fecal occult blood test (FOBT)/fecal immunochemical test (FIT) every year, or at-home stool DNA test (FIT-DNA) every three years. If you're between the age 50–75, talk with your doctor about which test is right for you, and how often you should be screened.

With TRICARE, colorectal cancer screening is covered with no out-of-pocket cost when you see a network provider. To learn more about colorectal cancer screening, visit www.tricare.mil/coveredservices. ★





Remember to Schedule Your Annual Exams

Did you know that TRICARE covers preventive health exams tailored for men, women, and children? You can find a complete list of preventive services your TRICARE benefit covers at www.tricare.mil/preventive.

Important preventive health screening tests are covered when provided during a covered Health Promotion and Disease Prevention, or HPDP, exam. This includes blood pressure and cholesterol screenings, and more. Learn more at www.tricare.mil/hpdp.

TRICARE covers well-woman exams for women under age 65. They may include breast exams, mammography (including 3D mammography), pelvic exams, Pap smears, and more. Read about what's covered at www.tricare.mil/wellwoman.

“Staying on top of preventive health care helps protect you from disease and illness,” said Dr. James Black, medical director of the Clinical Support Division at Defense Health Agency. “During your preventive care visit, your provider can help identify and address any health issues that you may be experiencing before they worsen.”

Routine checkups for your child includes health exams starting at birth. TRICARE covers well-child exams for children under age 6 (from birth through age 5) (www.tricare.mil/wellchildcare). When required for school enrollment, TRICARE covers physicals. This doesn't include sports physicals.

TRICARE also covers age-appropriate vaccines and immunizations as recommended by the Centers for Disease Control and Prevention. You can view a vaccination schedule at www.cdc.gov/vaccines and learn more about TRICARE vaccine coverage at www.tricare.mil/immunizations.

Staying healthy means taking preventive steps. Learn more about what your TRICARE benefit covers at www.tricare.mil/preventive. ★

Do You Have an End-of-Life Plan?

Whether you're approaching the end of life or just beginning to plan your adult life, it's never too early to plan for the future. Doing so is a smart way to not only prepare, but to also protect yourself and your family.

Life care planning can:

- Allow you to communicate your wishes and make decisions while you're still healthy and have the energy to do so.
- Remove the burden and stress of having to make important health-related decisions suddenly.
- Give you time to get your affairs in order.
- Ensure your desires and concerns about care and treatment are expressed and will be respected.
- Preserve your financial legacy.
- Protect your minor children.

To learn more, visit the “Life Care Planning” page and other health topics at www.tricare-west.com/go/healthtopics. You'll find a variety of resources to help you have conversations with your loved ones, and prepare a plan that works best for you and your family. Learn what an advanced care directive includes, the benefits of having one, and how to get started early.

For more health and wellness online programs and classes, visit the Learning Center at www.tricare-west.com/go/learningcenter. ★



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My adult child is aging out of TRICARE. Do I have any options?

Turning age 21 is a Qualifying Life Event. When your child turns age 21, they have 90 days to make changes to their TRICARE health plan. There are exceptions to the age limit (for example, college) that you may explore at www.tricare.mil/childadult.

If your adult child doesn't qualify for an exception, he or she may purchase TRICARE Young Adult coverage up to the age 26, if eligible. Learn more at www.tricare.mil/tya. You should explore other options, such as state marketplace, employer-based, or college/university health insurance plans, or qualify for Medicaid. Depending on where your child resides, he or she may qualify for discounted rates. For more information, go to www.healthcare.gov.

I'm retiring from the military. What do I need to do to continue my TRICARE coverage?

When you and your family experience a Qualifying Life Event, like retiring from active duty, your plan options change. You must enroll in or reenroll in an eligible TRICARE plan within 90 days after your retirement date. You and your family members need to get new ID cards. In some cases, you may qualify for retroactive enrollment up to 12 months after retiring from active duty. To learn more, visit www.tricare.mil/retiring.

Where can I get COVID-19 guidance?

Visit www.tricare.mil/coronavirus to learn more about TRICARE and COVID-19. From there, you can access links to a COVID-19 symptom checker, COVID-19 testing coverage page, and COVID-19 articles. Learn how, where, and when you can get the COVID-19 vaccine at www.tricare.mil/covidvaccine. If you haven't already, you can also sign up for email alerts to keep up with COVID-19 updates at www.tricare.mil/subscriptions. Let TRICARE help you stay safe and healthy this year. ★

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>

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