



HEALTH MATTERS

A PUBLICATION FOR TRICARE® BENEFICIARIES

TRICARE Rules for Enrolling and Disenrolling

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

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

Enrollment

You can enroll in or change your enrollment in TRICARE Prime or TRICARE Select during the annual TRICARE Open Season or following a Qualifying Life Event (QLE). Because the next open season begins in November, your only option until then is having a QLE. A QLE is a certain change in your life, such as moving, marriage, birth of a child, or retirement from active duty. Different TRICARE health plan options may be available to you and your family after a QLE. Requests for enrollment based on a QLE may be received up to 90 days before and no later than 90 days after the date of the QLE. Enrollments will be effective the date of the QLE.

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

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

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

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

Disenrollment

You may choose to end your TRICARE Prime or TRICARE Select coverage anytime. For example, you may gain insurance through your employer or spouse and choose to disenroll from TRICARE. If you do so, you won't be able to re-enroll in TRICARE Prime or TRICARE Select coverage until the next open season or until you or a family member experiences a QLE.

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



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ISSUE HIGHLIGHTS

Read TRICARE Publications and Take the Survey, page 2

Your TRICARE Payment Options, page 3

Seeking Care While on Active Duty, page 4

Get to Know the Tools and Features of Online Self-Service, page 5

Take Action to Enroll in a TRICARE Plan When You Retire, page 6

Quit Tobacco With TRICARE Tobacco Cessation Tools, page 7

FAQ Corner, page 8

(Continued on page 2)

An Important Note About TRICARE Program Information: At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. Most TRICARE plans meet the Affordable Care Act requirement for minimum essential coverage.

Read TRICARE Publications and Take the Survey

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

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

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

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

(Continued from page 1)

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

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

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

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



Your TRICARE Payment Options

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

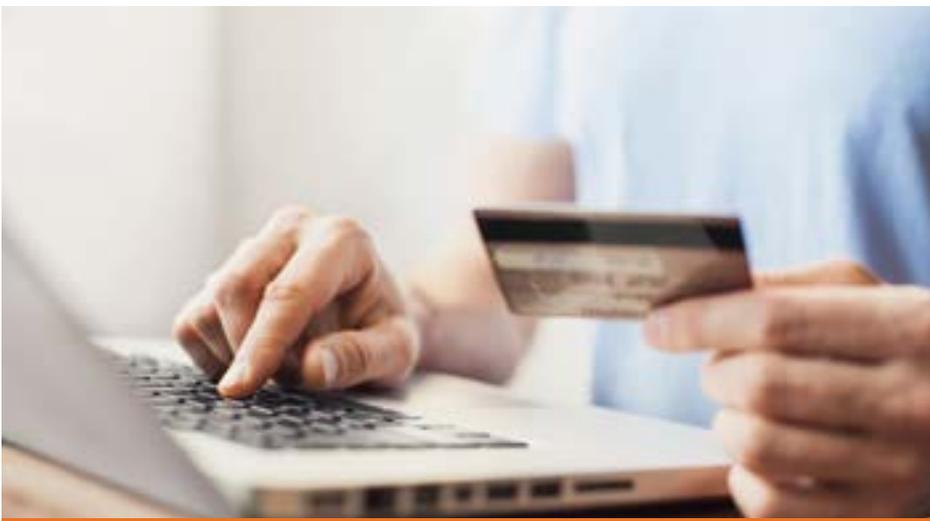
Again, your options include:

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

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

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

Visit your regional contractor's website to learn more about payment options. Select the "Beneficiary" tab at www.humanamilitary.com. Then select "Make a payment" from the "I'm Looking for" section. ★



2020 TRICARE Costs and Fees

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

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



Seeking Care While on Active Duty

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

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



Different Care Options for Active Duty

Getting Routine Care

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

Getting Urgent Care

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

Getting Emergency Care

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

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

Get to Know the Tools and Features of Online Self-Service

Beneficiary self-service can help you take command of your health care. You can register with your government-issued DS Logon account, or set up an account on **HumanaMilitary.com**. With self-service, you can view, research, and interact with aspects of your health care. You can use it to change your primary care manager (PCM) anytime throughout the year, not only during the annual TRICARE Open Season.

If you choose to set up an account with Humana Military, you must provide the sponsor's 9-digit Social Security number or Department of Defense ID, your name and date of birth, ZIP code, and a valid email address. You'll also be asked to create a user ID and password. **Note:** If you log into self-service with DS Logon, you can no longer use your existing Humana Military user ID and password.

Once you log into beneficiary self-service, you can:

- **View your claims.** Find information on how to file claims, appeals and grievances, view your explanation of benefits (EOB), check the status of your claims, and more.
- **Verify eligibility.** Your benefits and plan options vary depending on whether you're a sponsor (active duty, retired, National Guard, or Reserve) or a family member (spouse or child registered in the Defense Enrollment Eligibility Reporting System).
- **Check referral and authorization status.** View or print details, status, provider information, referral letters, and more for certain, limited referrals and authorizations.
- **Chat with an agent.** A real-time connection to customer service representatives can help with your health care inquiries. The chat tool is available weekdays (8 a.m.–6 p.m.). You can send secure messages 24/7.
- **Send secure message.** Send your protected, sensitive data online to communicate quickly and securely with a customer service representative.
- **View your EOB.** Access your EOB online anytime at your convenience.
- **Use Blue Button.** This new feature makes it easy for you to view, download, and print your Blue Button electronic health record. This allows you to share referrals and authorizations, Care Considerations, lab results, current medication list, and more with your health care team.

Log in at www.humanamilitary.com to get started. ★



Improved Humana Military Mobile App

Did you know the Humana Military mobile app allows you to view information as if you're logged into self-service at **HumanaMilitary.com**? The new and improved app lets you:

- View your explanation of benefits and claims information.
- View your referral and authorizations, including accessing your referral letter and referral status.
- Review your eligibility and TRICARE plan information, including your primary care manager (if enrolled in TRICARE Prime).
- View your catastrophic cap and deductible (when applicable).
- Make a payment.
- Find a provider.

The updated mobile app is currently only available for iOS. The app will soon be available for Android users. Visit www.humanamilitary.com/mobileapp to learn more about the app and the ways you can use it. ★

Take Action to Enroll in a TRICARE Plan When You Retire

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

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

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

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

What to Do

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

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

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



Dental and Vision Options

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

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

Quit Tobacco With TRICARE Tobacco Cessation Tools

Do you want to quit tobacco, including smoking, vaping, or smokeless tobacco? Using these products is harmful to your health. According to the Centers for Disease Control and Prevention, tobacco use is the leading cause of preventable disease, disability, and death in the U.S. TRICARE can help you.

Tobacco cessation services and counseling are available to you. TRICARE also covers certain prescription and over-the-counter products at no cost to you to help you quit tobacco. You must:

- Have a prescription from a TRICARE-authorized provider.
- Fill your prescription through the TRICARE Pharmacy Home Delivery or at a military pharmacy. TRICARE won't cover your tobacco cessation products if you get them from a retail pharmacy.
- Be age 18 or older if you're living in the U.S. You can't be eligible for Medicare.

E-cigarette use is also a growing area of concern. According to the 2015 Department of Defense Health Related Behaviors Survey, 35.7% of service members have tried e-cigarettes. This is an increase of eight fold between 2011 and 2015. And 11.1% of service members said they use e-cigarettes daily. This is a rate higher than the 3.7% of users across the general population during a similar period.

Many people use e-cigarettes recreationally. But some people use e-cigarettes to help them stop using other tobacco products. The Food and Drug Administration doesn't approve e-cigarettes to help you quit smoking. TRICARE covers proven, safe, and effective methods to help you quit tobacco.

Resources to Help You Quit

The Department of Defense has a campaign to help service members and their families stop their use of tobacco. YouCanQuit2 (www.ycq2.org) provides a wide range of tools. To learn more about TRICARE resources, check out the *TRICARE Tobacco Cessation Program Fact Sheet* at www.tricare.mil/publications. ★

Keeping Your Child Covered by TRICARE in College

When your children head to college, TRICARE goes with them. However, you must update the Defense Enrollment Eligibility Reporting System (DEERS) with their new address to verify and ensure their TRICARE eligibility.

Children are eligible for TRICARE benefits until age 21. Coverage extends up to age 23 for unmarried children of TRICARE-eligible sponsors, if both:

- The child is a student enrolled in a full-time course of study at an approved institution of higher learning
- The sponsor provides over 50% of the child's financial support

To extend benefits past your student's 21st birthday, you need a letter from the school registrar's office. It must state that your child is enrolled full-time in an accredited institute of higher learning, in pursuit of an associate's degree or higher. Bring the letter to a local ID card office. To find the closest ID card office to you, go to www.dmdc.osd.mil/rsl/appj/site.

Make sure DEERS is up to date before your child's 21st birthday to avoid a break in TRICARE coverage. Visit www.tricare.mil/college to learn more. ★



HEALTH MATTERS



Does TRICARE cover second opinions?

Getting a second opinion can help you make smart decisions about your care. You need a referral to get a second opinion if you're an active duty service member or are enrolled in a TRICARE Prime plan. Your primary care manager can give you the referral. Beneficiaries in other plans, including TRICARE Select, may self-refer. Go to www.tricare.mil/referrals and click on "Getting a Second Opinion" in the left-hand navigation.

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

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

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

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

TRICARE EAST REGION CONTACT INFORMATION

HUMANA MILITARY

1-800-444-5445
HumanaMilitary.com
www.tricare-east.com

OTHER IMPORTANT INFORMATION

MILITARY HEALTH SYSTEM NURSE ADVICE LINE

Nurse Advice Line (Stateside)
1-800-TRICARE (1-800-874-2273), option 1
www.mhsnurseadvice.com

DEFENSE ENROLLMENT ELIGIBILITY REPORTING SYSTEM (DEERS)

1-800-538-9552
www.tricare.mil/deers

MILCONNECT (UPDATE DEERS, GET ECORRESPONDENCE)

<https://milconnect.dmdc.osd.mil>

TRICARE NEWS AND PUBLICATIONS

You can sign up to get TRICARE news and publications by email at www.tricare.mil/subscriptions. To view, print or download TRICARE fact sheets, brochures and other benefit resources, go to www.tricare.mil/publications.

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