

Protect Your Family and Yourself from Mosquito Bites

Avoiding mosquito bites can help keep you and your family healthy. In addition to causing itchy bites, mosquitos can carry harmful diseases and viruses, such as Zika, dengue, chikungunya, West Nile and malaria.

How To Avoid Mosquito Bites

The Centers for Disease Control and Prevention recommends the following:

- **Wear insect repellent:** When used as directed, insect repellent is the best way to protect against mosquito bites. Even children and pregnant women should protect themselves. Products containing higher percentages of the following active ingredients provide longer lasting protection:
 - DEET
 - Picaridin (also known as KBR 3023, Bayrepel and icaridin)
 - Oil of lemon eucalyptus, also known as para-menthane-3,8-diol
 - IR3535
- **Cover up:** Wear long-sleeved shirts and pants.
- **Keep mosquitoes outside:** Stay in places with air conditioning or that have windows or doors with screens.

- **Remove standing water:** Regularly empty and scrub, turn over, cover or throw out any items that hold water like tires, buckets, planters, toys, pools, birdbaths, flowerpot saucers or trash bins. Mosquitoes lay eggs near water.

Planning A Trip? Do Your Homework Before Traveling

Make a checklist of everything you'll need and use the following resources to help prepare:

- Pack a travel health kit that includes insect repellent.
- Learn specific health risks in the area you're traveling to by visiting the Centers for Disease Control and Prevention Travelers' Health website at www.cdc.gov/travel.
- See a health care provider familiar with travel medicine, ideally four to six weeks before your trip.

After Your Trip

Visit your health care provider right away if you develop a fever, headache, rash or muscle or joint pain. Be sure to tell your provider about your travel.

For more information, visit www.health.mil/mosquito. ■

Your Opinion Matters: Take the Joint Outpatient Experience Survey

The Military Health System is introducing the new Joint Outpatient Experience Survey (JOES) to get feedback on your outpatient military health care.

If you get the survey by mail or email, please take a few minutes to fill it out. Your responses can help improve care for all TRICARE beneficiaries by letting us know what we are doing right and what we can do better. It's secure and your private information won't be shared.

JOES replaces multiple beneficiary-experience surveys used by the Army, Navy, Air Force and Defense Health Agency/ National Capital Region. Using JOES as a standard survey will provide a better comparison of beneficiary experiences across the Military Health System. To learn more, go to www.health.mil/surveys. ■



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.

Submitting TRICARE Standard® Claims

As a TRICARE Standard beneficiary, you may have to submit your own claims. When doing so, keep the following in mind to help avoid late or denied payments.

If you got care in the U.S., submit claims to the claims processor in the region where you live, not where you got care. If you got care overseas or in the U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands), submit claims to the TRICARE Overseas Program claims processor, regardless of your home region.

In the U.S. and U.S. territories, you must file claims within one year from the date of service or date of inpatient discharge. Overseas, you must file claims within three years and submit proof of payment. For more information, visit www.tricare.mil/proofofpayment.

Claims Forms

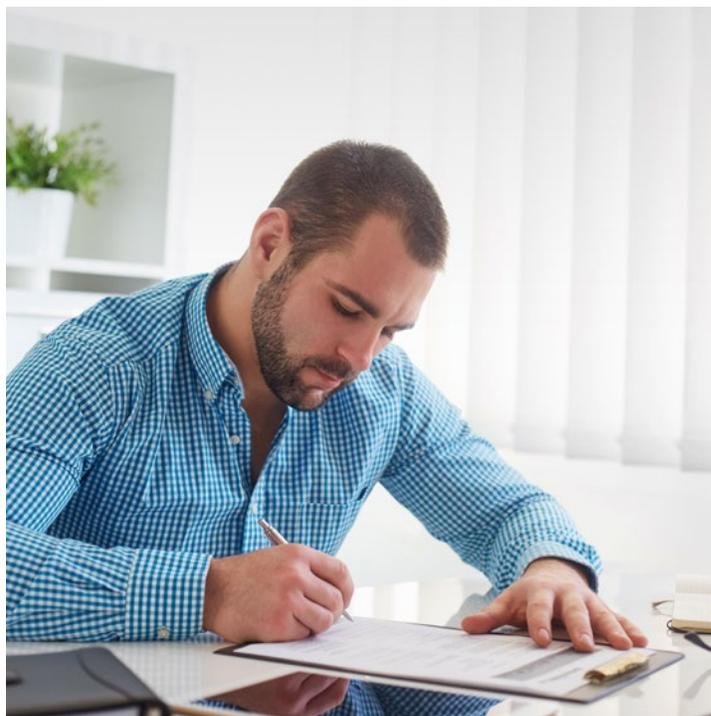
To file a claim, fill out a *TRICARE DoD/CHAMPUS Medical Claim—Patient’s Request for Medical Payment* form (DD Form 2642). You can download *DD Form 2642* at www.tricare.mil/claims or from your regional contractor’s website. Beneficiaries age 18 or older, spouses, parents or guardians may sign the initial claim form. Forms needed later to process a claim must be signed by the patient, or parent or guardian if the patient is not yet age 18.

Items To Include

When filing a claim, attach a readable copy of the provider’s bill to the claim form, making sure it contains the following:

- Patient’s name
- Sponsor’s Social Security number (SSN) or Department of Defense Benefits Number (DBN); eligible former spouses should use their own SSN or DBN and not the sponsor’s
- Provider’s name and address; if more than one provider’s name is on the bill, circle the name of the person who provided the service for which the claim is filed
- Date and place of each service
- Description of each service or supply
- Charge for each service or supply
- Diagnosis; if the diagnosis is not on the bill, complete block 8a on the form

You may have to pay up front for services if you see a TRICARE-authorized non-network provider who chooses not to accept TRICARE’s payment as payment in full.



In this case, your remaining yearly deductible and any cost-share you may owe will be subtracted from the TRICARE-allowable charge for that type of service before you can get any money back. This means that, before getting any part of the TRICARE-allowable charge back, you must meet your yearly deductible, which is a fixed amount you pay for covered services each fiscal year (Oct. 1–Sept. 30) before TRICARE pays anything. Additionally, if you owe any cost-share amount, which is the percentage you are responsible for paying when you visit a health care provider, the amount you get back will be the TRICARE-allowable charge minus the cost-share amount.

Nonparticipating non-network providers may charge up to 15 percent above the TRICARE-allowable charge in addition to your deductible and cost-shares. You are responsible for this cost. Visit www.tricare.mil/costs for more information.

Outside the U.S. and U.S. territories, there may be no limit to the amount nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge. Visit www.tricare.mil/overseas for more information.

Remember, when you visit a TRICARE network provider, you are using TRICARE Extra (not available overseas), and your provider files claims for you. With TRICARE Extra, you also have lower out-of-pocket costs. For additional claims information, visit www.tricare.mil/claims. ■

Traveling with TRICARE Standard

Your TRICARE Standard coverage goes with you when you travel in the U.S. or overseas.

Traveling in the U.S.

If you need emergency care while traveling anywhere in the U.S., immediately call 911 or go to the closest emergency room.

Even though you are away from home, network and non-network coverage rules still apply. If you get care from a TRICARE network provider (using TRICARE Extra), you pay a lower cost-share and the provider files the claim with your regional contractor for you. If you get care from a TRICARE-authorized non-network provider, you may have to pay up front, save your receipts and file a claim with your regional contractor. You will also pay a higher cost-share. Claims are always filed where you live, not with the regional contractor where you are traveling. Expenses for care received while traveling count toward your deductible and catastrophic cap.

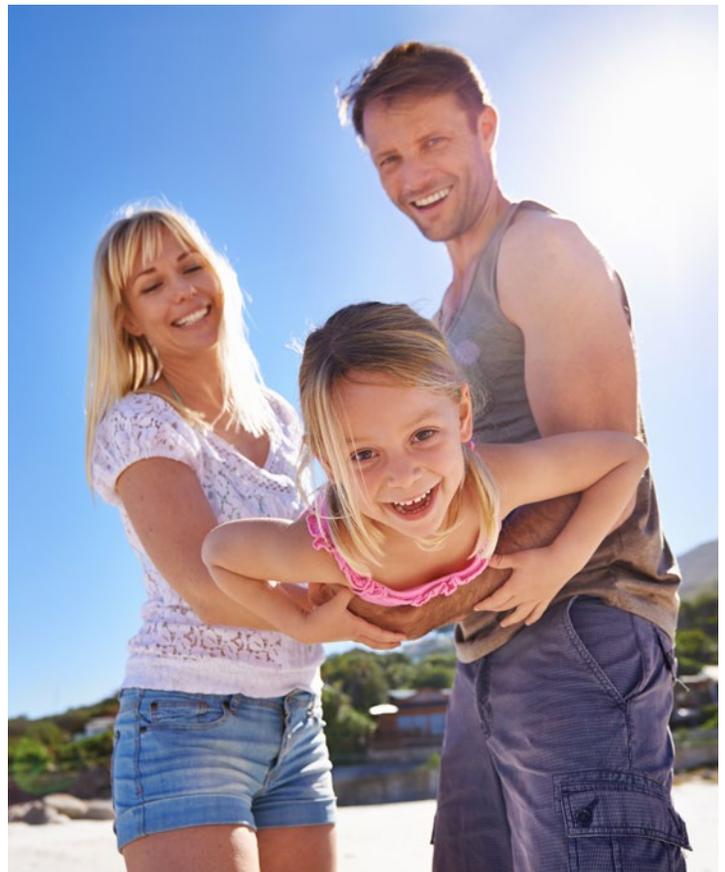
For more information, visit www.tricare.mil/travel.

Traveling Overseas

If you need emergency care while traveling overseas, go to the closest emergency care facility or call the Medical Assistance number for the overseas area where you are traveling. If you are admitted, contact the TRICARE Overseas Program (TOP) Regional Call Center before leaving the facility, preferably within 24 hours or on the next business day, to coordinate authorization, continued care and payment. Contact the TOP Regional Call Center for help getting urgent care. For contact information, go to www.tricare.mil/contactus.

TOP Standard, including your yearly deductible and cost-shares, is similar to TRICARE Standard in the U.S. TRICARE Extra is not available overseas.

You can use TOP Standard to get care from any purchased care sector provider when traveling overseas, unless local restrictions apply. TRICARE nonparticipating non-network providers may charge up to 15 percent above the TRICARE-



allowable charge in the U.S. and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands). However, there may be no limit to the amount nonparticipating non-network providers may bill in overseas locations. For more information, visit www.tricare.mil/overseas.

When getting care from an overseas purchased care sector provider, be prepared to pay up front for services and then file a claim with the TOP claims processor. You must submit proof of payment with all overseas claims. For more information, visit www.tricare.mil/proofofpayment.

Note: If you get care while traveling in the Philippines, you must see a certified provider. For more information, visit www.tricare-overseas.com/philippines.htm. ■

Get TRICARE Alerts

Sign up to get TRICARE alerts at www.tricare.mil/changes for the latest developments about your benefit. You will get alerts about changes that may come from new laws, policy updates, contract changes and more.

Prior Authorization Needed for Certain Services

Under TRICARE Standard, you can see any TRICARE-authorized provider to get routine, urgent, emergency or specialty care. Referrals are not required, but some services require prior authorization.

Prior authorization is a review of a requested health care service, done by your regional contractor, to see if the care will be covered by TRICARE. Some providers may call your regional contractor to get prior authorization for you. Certain benefits, such as the Comprehensive Autism Care Demonstration, require a referral and continued authorizations.

The following services require prior authorization:

- Adjunctive dental services (dental care that is medically necessary in the treatment of an otherwise covered medical—not dental—condition)
- Extended Care Health Option services (active duty family members only)

- Home health care services
- Home infusion therapy
- Hospice care
- Transplants—all solid organ and stem cell

This list is **not** all-inclusive. Each regional contractor has additional prior authorization requirements. Visit your regional contractor’s website or call their toll-free number to learn about your region’s requirements, which may change periodically. ■

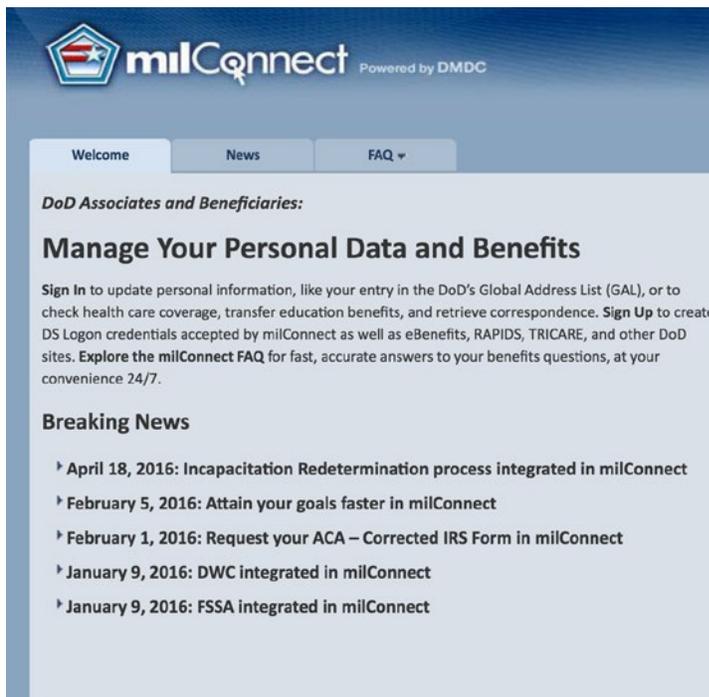
Get TRICARE Benefit Updates from milConnect

When you have a change to your TRICARE benefit, the Defense Manpower Data Center (DMDC) lets you know. These changes could include:

- A child aging out of TRICARE eligibility
- A sponsor or family member becoming entitled to Medicare
- A sponsor’s military status changing
- A sponsor or family member having a new primary care manager

You can get benefit notifications from DMDC by email instead of postal mail. Your email will direct you to milConnect at <http://milconnect.dmdc.osd.mil>, a secure website where you can view your personal information and benefit updates. This means you are notified quickly when your enrollment or coverage status changes, and that you have convenient access to benefit information online. You must have your email address on file in milConnect to get email notifications.

If you do not want to get email notifications of benefit changes, you may opt out. If you don’t have an email address on file or if you opt out of email notifications, you will get a postcard in the mail whenever your benefit information changes. The postcard will direct you to log on to milConnect to get details about your benefit change.



In some cases, you will be able to continue to see eCorrespondence through milConnect using your Department of Defense Self-Service Logon for up to six months after losing TRICARE eligibility (for example, as a result of a sponsor separating from active duty). ■

Make a Plan To Get through a Mental Health or Suicide Crisis

After leaving the military, it's common for service members to feel uncertain about the future. The demands of military and civilian life are very different and sometimes challenging.

For most, these feelings lessen with time. Others may need help. Making a safety plan with a loved one or trusted adviser can help before or during a crisis.

Safety plans should include:

- Descriptions of specific experiences or stressors that trigger feelings of crisis
- Strategies for coping with stressful situations
- A list of contacts for social support
- Contact information for emergency professional help and health care providers
- Ways to limit access to dangerous stressors/items

Once the safety plan is created, keep it handy. For a safety plan template, see the U.S. Department of Veterans Affairs Safety Plan Worksheet at www.healthquality.va.gov/guidelines/MH/srb/PatientSafetyPlanWorksheet110614v1.pdf.



You can also visit www.tricare.mil/crisislines for a list of resources that can help during a mental health emergency. Many crisis hotlines provide staff who are available to talk 24/7. ■

Get Answers to Your Urgent Health Care Questions

If you aren't sure if you need urgent care, you can call the Nurse Advice Line (NAL) at 1-800-TRICARE (1-800-874-2273, option 1). The NAL is staffed by registered nurses who can answer your urgent health care questions 24/7. They give professional health care advice to help you determine if self-care is the best option or if you or your family member should see a health care provider.

Pediatric nurses are available to answer questions about your child's health and will call you back to follow up if needed or requested. If you call for your child, make sure your child is with you when you call.

The nurses can help you find the closest urgent care center or emergency room or schedule appointments at military hospitals or clinics, if available.

The NAL is not intended for emergencies and is not a substitute for emergency treatment. If you think you may have a medical emergency, call 911 or go to the closest emergency room. ■



NURSE
ADVICE LINE

Provider Choice under TRICARE Standard and TRICARE Extra

With TRICARE Standard and TRICARE Extra, you don't have to enroll or pay enrollment fees. You manage your own health care and have the freedom to get care from any TRICARE-authorized provider you choose. TRICARE-authorized providers meet TRICARE licensing and certification requirements.

The main difference between TRICARE Standard and TRICARE Extra is your choice of providers. With TRICARE Standard, you see TRICARE-authorized providers outside the TRICARE network and pay higher cost-shares. With TRICARE Extra, you see TRICARE network providers and pay lower cost-shares. Using TRICARE Extra saves you 5 percent on cost-shares. Network providers also file claims for you.

Go to www.tricare.mil/findaprovider to find network and non-network providers in your area.

Invite Your Provider To Become TRICARE-Authorized

If your provider is not TRICARE-authorized but is interested in treating TRICARE beneficiaries, let him or her know that it is not necessary to sign a contract with your regional contractor to be a TRICARE-authorized provider. Most providers with a valid professional license (issued by a state or a qualified accreditation organization) can become TRICARE-authorized, and TRICARE will pay them for covered services.

To invite your provider to become TRICARE-authorized, visit www.tricare.mil/findaprovider and download a flyer to give to your provider. The flyer explains the benefits of being TRICARE-authorized and includes information about the authorization process. ■

TRICARE REGIONAL CONTRACTOR CONTACT INFORMATION

TRICARE North Region

Health Net Federal Services, LLC
1-877-TRICARE (1-877-874-2273)
www.hnfs.com

TRICARE South Region

Humana Military
1-800-444-5445
HumanaMilitary.com

TRICARE West Region

UnitedHealthcare
Military & Veterans
1-877-988-WEST (1-877-988-9378)
www.uhcmilitarywest.com

