



# TRICARE

*Your Military Health Plan*

## Retirement Seminar



# DEERS

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- Defense Enrollment Eligibility Reporting System (DEERS)
- Active and retired service members (sponsors) are automatically registered in DEERS
- Sponsors must register family members in the DEERS database
- Registration in DEERS required for TRICARE eligibility
- Uniformed Services Identification Cards



# Changes in Status

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- Change of address
- Marriage or divorce
- Birth or adoption of a child
- Full-time student age 21 or over
- Death of spouse or child
- Address changes for spouse or children
- Medicare entitlement



# Updating DEERS Information

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- Visit an ID card issuing facility; locate one near you at *www.dmdc.osd.mil/rsl*
- Call: 1-800-538-9552
- Fax changes to: 1-831-655-8317
- Mail changes to:  
Defense Manpower Data Center Support Office  
400 Gigling Road  
Seaside, CA 93955-6771
- Make address changes online at:  
*www.tricare.osd.mil/DEERSAddress*



# How TRICARE Changes When You Retire

Description	Upon Retirement
<b>TRICARE Options</b>	<ul style="list-style-type: none"> <li>• TRICARE Prime</li> <li>• TRICARE Extra</li> <li>• TRICARE Standard</li> <li>• Uniformed Services Family Health Plan</li> </ul>
<b>TRICARE Prime</b>	<ul style="list-style-type: none"> <li>• Enrollment fees apply</li> <li>• Copayments apply in network</li> </ul>
<b>TRICARE Extra</b>	20% cost-share
<b>TRICARE Standard</b>	25% cost-share
<b>Catastrophic Cap</b>	\$3,000 annually
<b>MTF Access</b>	Priority depends on enrollment in TRICARE Prime
<b>Medicare-eligibility</b>	Must purchase Medicare Part B regardless of age



# Military Treatment Facilities (MTFs)

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- When retired, your access to services at the MTF will change
- You will retain priority access to care in the MTF if you enroll in TRICARE Prime
- If you choose to use TRICARE Extra or TRICARE Standard, you will continue to have access to care in an MTF on a space-available basis only



# TRICARE Prime

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- Enrollment fees
  - Individual: \$269.28 per year
  - Families: \$538.56 per year
- Network provider fees
  - Outpatient visit: \$12 copayment
  - Inpatient visit: \$11 per day (\$25 minimum)
  - Emergency services: \$30 copayment
  - Behavioral health outpatient visit:
    - \$25/individual
    - \$17/group
  - Behavioral health inpatient visit: \$40 per day



# Nonemergency Health Care while Traveling

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- All routine medical care should be taken care of before you depart or delayed until you return and can see your PCM
- For out-of-area urgent/acute care, you must coordinate with your PCM or Health Net for an authorization before seeking care
- For out-of-area emergency care, call 911 or go to the nearest emergency room (civilian or military)



# TRICARE Prime Point-of-Service (POS) Option

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- Freedom to use any TRICARE-authorized provider
- In or out of network—no referrals needed
- Subject to higher deductibles and cost-shares
- Point-of-service option is more costly to the enrollee



# Enrollment Portability

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- Transfer TRICARE Prime enrollment from one TRICARE Region to another
- Twice in a single enrollment year as long as second transfer is back to the original enrollment location
- Select a new PCM in the new region
- Update new address in DEERS



# TRICARE Standard

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- Fee-for-service option
- No enrollment required
- Seek care from any TRICARE-authorized provider
- Responsible for annual deductibles and cost-shares—highest out-of-pocket expense
- May have to pay provider then file claim for reimbursement



# TRICARE Standard—Costs

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- Annual deductible
  - \$150 individual/\$300 for family
- Cost-shares after deductible has been met
  - 25% of allowed charges
- May be responsible for up to 15% above the TRICARE allowable charge for services if providers do not participate in TRICARE
- May have to pay provider then file claim for reimbursement



# Catastrophic Cap

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- Each fiscal year—\$3,000 for all retirees and family members
  - TRICARE Prime
  - TRICARE Extra
  - TRICARE Standard



# TRICARE and OHI

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- TRICARE pays after all other health insurance plans except for:
  - Medicaid
  - TRICARE supplements
  - Other programs/plans as identified by TMA
- Not required to obtain TRICARE referrals or prior authorization for covered services, except for adjunctive dental care and behavioral health care services
- However, you must follow the OHI referral and authorization requirements if applicable



# Uniformed Services Family Health Plan

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- A TRICARE Prime-like option
- Available to retirees and their eligible family members, including those age 65 and over
- Offers all of the health care coverage and benefits, plus some additional enhancements, at the same costs as TRICARE Prime
- All rights to use the MTFs are waived if you enroll with USFHP



# Access to Care when Living Overseas

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- You and your family may have access to MTFs overseas on a space-available basis
- You will no longer be able to enroll in TRICARE Prime, but will be covered for all health care under TRICARE Standard
- The same annual deductibles and cost-shares will apply as in the stateside TRICARE Standard option



# TRICARE Pharmacy Program

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- MTF Pharmacy
- TRICARE Mail Order Pharmacy
- TRICARE Retail Network Pharmacy
- Non-network Retail Pharmacy



# MTF Pharmacies

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- Prescriptions may be filled at an MTF pharmacy at no charge (least costly to patient and Department of Defense)
- If medication is in stock, it will be filled but best to call ahead
  - Up to 30-day supply for controlled substances
  - Up to 90-day supply for all other medications
- MTF pharmacies will accept written prescriptions from any TRICARE-authorized provider



# TRICARE Mail Order Pharmacy (TMOP)

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- Convenient home delivery (FPO or APO for overseas locations)
  - Low Cost
    - Generic medication—\$0 for up to a 90-day supply
    - Brand name medication—\$9 for up to a 90-day supply
    - Non-formulary medication—\$25 for up to a 90-day supply
    - Note: Up to a 30-day supply for controlled substances
  - Free Shipping and Handling
  - For more information:
    - Visit *[www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE)*
    - 1-877-363-1303



# TRICARE Retail Pharmacy Network

- May have prescriptions filled at a pharmacy in the TRICARE network
- Portable across all regions—no claims to file
- Generic medication—\$5 per 30-day supply
- Brand name medication—\$12 per 30-day supply
- Non-formulary medication—\$25 per 30 day supply
- Administered by Express Scripts, Inc.
- Visit [www.tricare.osd.mil/pharmacy](http://www.tricare.osd.mil/pharmacy) to locate a retail network pharmacy near you
- 1-877-363-1303

Note: A 90-day supply from the TRICARE Retail Pharmacy Network requires three cost-shares to be paid



# Non-Network Pharmacies

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- Most costly option
- TRICARE Standard deductibles and cost-shares apply
- TRICARE Prime point-of-service (POS) option applies for TRICARE Prime beneficiaries
- May have to pay for prescription and file claim with Express Scripts for reimbursement



# Generic Drug Use Policy

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- Generic drugs will be substituted for brand names when available
- Must justify medical necessity for brand name to be dispensed
- If generic equivalent drug does not exist the brand name drug will be dispensed



# Drugs Requiring Prior Authorization

- Certain medications require prior authorization
- Per DoD contracts, some drugs must be dispensed from MTF or mail order pharmacy
- TRICARE covers all FDA approved prescription drugs approved for outpatient use with some exclusions established by law
- 1-877-363-1303
- *[www.tricare.osd.mil/pharmacy](http://www.tricare.osd.mil/pharmacy)*



# Other Health Insurance and Pharmacy

- Other Health Insurance (OHI)-  
Primary/TRICARE-Secondary
- If prescription drugs are covered by OHI—  
use that benefit then submit a claim to  
TRICARE
- If prescription drugs are not covered by  
OHI, or if you have reached benefit cap—  
use the TRICARE TMOP or Retail Pharmacy  
benefits
- If you have OHI, you are still eligible to use  
MTF pharmacies



# Thank You!

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- TRICARE offers a comprehensive health benefit for our beneficiaries
- From preventive health services to better coordination with our civilian system and lower out-of-pocket costs for families, we have designed and fully implemented a strong, more uniform benefit
- Wherever we maintain medical capability and capacity, whether through military or civilian services, our goal is a world-class health benefit that serves the needs of our members

