TRICARE® and the Affordable Care Act

Meet your minimum essential coverage requirement under the law with TRICARE or other health care coverage options

TRICARE is a benefit established by law as the health care program for uniformed service members, retired service members, and their families. The Affordable Care Act (ACA), signed into law in 2010, was created to expand access to affordable health care coverage, lower costs, and improve quality and care coordination for all Americans.

The ACA enacted a series of reforms. Some examples of these changes include prohibiting insurance companies from denying coverage to those with preexisting conditions, eliminating lifetime limits on coverage, and providing free preventive care under all health care programs.

Although the ACA does not impact your TRICARE coverage, it could impact you in other ways:

- **If you lose TRICARE coverage for any reason (*e.g., separate from the service, age out, or your marital status changes*).** If you lose TRICARE eligibility, in some cases, you may be eligible for premium-free transitional health care coverage through the Transitional Assistance Management Program (TAMP). After the 180 days of TAMP coverage, you may qualify to purchase coverage through the Continued Health Care Benefit Program (CHCBP) for an additional 18–36 months. Depending on your status, you may also qualify to purchase TRICARE Young Adult (TYA), TRICARE Reserve Select (TRS), or TRICARE Retired Reserve (TRR) after TAMP coverage ends. If you are not eligible for TAMP, you may qualify to purchase CHCBP for 18–36 months of coverage. Both of these options are considered minimum essential coverage. You can also look for other coverage options by visiting www.healthcare.gov.

MINIMUM ESSENTIAL COVERAGE

Under the Affordable Care Act (ACA), people must have health care coverage that meets a minimum standard called minimum essential coverage; otherwise, they must qualify for an exemption. TRICARE coverage meets the minimum essential coverage requirement under the ACA. Most people who do not meet this provision of the law will be required to pay a fee for each month they do not have adequate coverage. The fee will be collected each year with federal tax returns. For more information, visit www.tricare.mil/aca. You can also find other health care coverage options at www.healthcare.gov.

- **If you qualify for TRS, TRR, TYA, or CHCBP, but you have not enrolled or have not kept up with payments.** Premium-based TRICARE or CHCBP options that require enrollment are considered minimum essential coverage under the ACA. This requirement must be met on a monthly basis and reported each year. If there are any months during which you are not enrolled or have not paid your premium, and if you did not have another form of coverage, you will **not** have met the minimum essential coverage requirement for those months. If you do not qualify or choose not to purchase a TRICARE or CHCBP premium-based program, you may find other coverage options that meet your needs at www.healthcare.gov or you can consider coverage provided by a civilian employer.

*This fact sheet is **not** all-inclusive. For additional information, please visit www.tricare.mil.*

TRICARE PLANS

YOUR PLAN		WHAT YOU NEED TO KNOW
Considered Minimum Essential Coverage?	**Yes**	If you lose TRICARE eligibility (*e.g., separate from the service, age out, or your marital status changes*), you can purchase: • Continued Health Care Benefit Program (CHCBP) or TRICARE Young Adult (TYA) coverage if you qualify • Coverage from the health insurance marketplace (*www.healthcare.gov*) • Any other plan that qualifies as minimum essential coverage (*e.g., coverage through a civilian employer or Medicare*) **Note:** In some cases, you may qualify for coverage through the Transitional Assistance Management Program (TAMP).
TRICARE Prime® TRICARE Overseas Program (TOP) Prime TRICARE Prime Remote TOP Prime Remote TRICARE Prime Remote for Active Duty Family Members TRICARE Standard® and TRICARE Extra TOP Standard TRICARE For Life (TFL) TFL Overseas US Family Health Plan TRICARE Plus with TRICARE Standard TRICARE Plus with TFL		
Considered Minimum Essential Coverage?	**Yes**	Coverage is for 180 days. After the 180 days, you can purchase: • CHCBP or TYA coverage if you qualify • TRICARE Reserve Select or TRICARE Retired Reserve if you are a National Guard or Reserve member and you qualify • Coverage from the health insurance marketplace (*www.healthcare.gov*) • Any other plan that qualifies as minimum essential coverage (*e.g., coverage through a civilian employer or Medicare*)
TAMP		
Considered Minimum Essential Coverage?	**No**	If you do not have a health plan that qualifies as minimum essential coverage, you may have to pay a fee that increases every year. The fee will be collected each year with federal tax returns. To avoid paying a fee, you can purchase: • Coverage from the health insurance marketplace (*www.healthcare.gov*) • Any other plan that qualifies as minimum essential coverage (*e.g., coverage through a civilian employer or Medicare*)
Only TRICARE Plus[1] (*not TRICARE-eligible*) Only direct care (*not TRICARE-eligible*) Only line-of-duty care (*not TRICARE-eligible*) Only transitional care for service-related conditions[2] (*not TRICARE-eligible*)		

*1. Coverage is only for routine (*primary*) care at the military hospital or clinic where you are enrolled.*
2. Coverage is only for 180 days and only for the approved condition.

PREMIUM-BASED PLANS—YOU MUST QUALIFY FOR AND PURCHASE COVERAGE

CONTINUED HEALTH CARE BENEFIT PROGRAM		
SITUATION	**WHAT YOU CAN DO**	**WHAT YOU NEED TO KNOW**
Considered Minimum Essential Coverage? Yes You qualify and purchased coverage	• Keep Continued Health Care Benefit Program (CHCBP) coverage. • Purchase coverage from the health insurance marketplace (*www.healthcare.gov*). • Purchase any other plan that qualifies as minimum essential coverage (*e.g., coverage through a civilian employer or Medicare*).	You must pay your premiums on time to keep your coverage in good standing. Coverage is for 18–36 months.[1] After your coverage ends, you can purchase coverage from the health insurance marketplace or any other plan that qualifies as minimum essential coverage.
Considered Minimum Essential Coverage? No You qualify but have not purchased coverage	• Purchase CHCBP coverage. • Purchase coverage from the health insurance marketplace (*www.healthcare.gov*). • Purchase any other plan that qualifies as minimum essential coverage (*e.g., coverage through a civilian employer or Medicare*).	You only have 60 days from your loss of TRICARE coverage to purchase CHCBP coverage. If you do not have a health plan that qualifies as minimum essential coverage, you may have to pay a fee that increases every year. The fee will be collected each year with federal tax returns.

1. Certain former spouses who have not remarried before age 55 may qualify for an unlimited duration of coverage.

TRICARE YOUNG ADULT		
SITUATION	**WHAT YOU CAN DO**	**WHAT YOU NEED TO KNOW**
Considered Minimum Essential Coverage? Yes You qualify and purchased coverage	• Keep TRICARE Young Adult (TYA) coverage. • Purchase coverage from the health insurance marketplace (*www.healthcare.gov*). • Purchase any other plan that qualifies as minimum essential coverage (*e.g., coverage through a civilian employer or Medicare*).	You must pay your premiums on time to keep your coverage in good standing. After your coverage ends, you can purchase Continued Health Care Benefit Program coverage, coverage from the health insurance marketplace, or any other plan that qualifies as minimum essential coverage.
Considered Minimum Essential Coverage? No You qualify but have not purchased coverage	• Purchase TYA coverage. • Purchase coverage from the health insurance marketplace (*www.healthcare.gov*). • Purchase any other plan that qualifies as minimum essential coverage (*e.g., coverage through a civilian employer or Medicare*).	If you do not have a health plan that qualifies as minimum essential coverage, you may have to pay a fee that increases every year. The fee will be collected each year with federal tax returns.

More about TRICARE Young Adult

You may have heard that the Affordable Care Act extended coverage for young adult dependents (*who do not have their own insurance through an employer or spouse*) until reaching age 26. While this provision did not impact TRICARE directly, you should know that TRICARE offers coverage to qualifying young adult dependents of TRICARE sponsors through the TRICARE Young Adult (TYA) program. TYA began in 2011 and gives qualifying dependents the option to purchase premium-based TRICARE coverage until reaching age 26. For more information about whether you or family members qualify, visit www.tricare.mil/tya.

PREMIUM-BASED PLANS (*CONTINUED*)

TRICARE RESERVE SELECT®			
SITUATION		**WHAT YOU CAN DO**	**WHAT YOU NEED TO KNOW**
Considered Minimum Essential Coverage?	**Yes**	• Keep TRICARE Reserve Select (TRS) coverage. • Purchase coverage from the health insurance marketplace (*www.healthcare.gov*). • Purchase any other plan that qualifies as minimum essential coverage (*e.g., coverage through a civilian employer or Medicare*).	You must pay your premiums on time to keep your coverage in good standing.
You qualify and purchased coverage			
Considered Minimum Essential Coverage?	**No**	• Purchase TRS coverage. • Purchase coverage from the health insurance marketplace (*www.healthcare.gov*). • Purchase any other plan that qualifies as minimum essential coverage (*e.g., coverage through a civilian employer or Medicare*).	If you do not have a health plan that qualifies as minimum essential coverage, you may have to pay a fee that increases every year. The fee will be collected each year with federal tax returns.
You qualify but have not purchased coverage			

TRICARE RETIRED RESERVE®			
SITUATION		**WHAT YOU CAN DO**	**WHAT YOU NEED TO KNOW**
Considered Minimum Essential Coverage?	**Yes**	• Keep TRICARE Retired Reserve (TRR) coverage. • Purchase coverage from the health insurance marketplace (*www.healthcare.gov*). • Purchase any other plan that qualifies as minimum essential coverage (*e.g., coverage through a civilian employer or Medicare*).	You must pay your premiums on time to keep your coverage in good standing.
You qualify and purchased coverage			
Considered Minimum Essential Coverage?	**No**	• Purchase TRR coverage. • Purchase coverage from the health insurance marketplace (*www.healthcare.gov*). • Purchase any other plan that qualifies as minimum essential coverage (*e.g., coverage through a civilian employer or Medicare*).	If you do not have a health plan that qualifies as minimum essential coverage, you may have to pay a fee that increases every year. The fee will be collected each year with federal tax returns.
You qualify but have not purchased coverage			

TAX FORM REQUIRED TO PROVE YOU HAD MINIMUM ESSENTIAL COVERAGE

For tax year 2015, an Internal Revenue Service (IRS) tax form is required to prove that you had minimum essential coverage during 2015. You will receive an IRS Form 1095 listing your TRICARE coverage status for each month in 2015. The pay center that services your military, annuity, or pension pay will provide you with your IRS Form 1095. If your military pay is administered by the Defense Finance and Accounting Services (DFAS), you can opt in to receive your 2015 IRS tax forms electronically via your DFAS myPay account. For more information and to opt-in, visit https://mypay.dfas.mil. For information about the IRS tax forms, visit www.irs.gov.

KEEP YOUR DEERS INFORMATION UP TO DATE

The IRS will collect fees from most individuals who do not maintain minimum essential coverage. TRICARE must be able to verify your coverage status based on what is listed in the Defense Enrollment Eligibility Reporting System (DEERS). You must keep your DEERS information up to date—including adding family members after marriage, birth, or adoption—in order for TRICARE to verify that all of your family members maintained minimum essential coverage. Your Social Security number (SSN) and the SSN of each of your covered family members must be included in DEERS for your TRICARE coverage to be reflected accurately.

IF YOU DO NOT HAVE MINIMUM ESSENTIAL COVERAGE FROM THE DEPARTMENT OF DEFENSE

Those who do not have minimum essential coverage from the Department of Defense can find other health care coverage options through the health insurance marketplace at www.healthcare.gov, where premium assistance or state Medicaid coverage may be available based on income, family size, and state of residence. For more information, visit www.tricare.mil/aca.

FOR INFORMATION AND ASSISTANCE

TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com	**TRICARE South Region** Humana Military, a division of Humana Government Business 1-800-444-5445 HumanaMilitary.com	**TRICARE West Region** UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcmilitarywest.com
TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa[1] +44-20-8762-8384 (*overseas*) 1-877-678-1207 (*stateside*) tricarelon@internationalsos.com	**TOP Regional Call Center—Latin America and Canada**[1] +1-215-942-8393 (*overseas*) 1-877-451-8659 (*stateside*) tricarephl@internationalsos.com	**TOP Regional Call Centers—Pacific**[1] Singapore: +65-6339-2676 (*overseas*) 1-877-678-1208 (*stateside*) sin.tricare@internationalsos.com Sydney: +61-2-9273-2710 (*overseas*) 1-877-678-1209 (*stateside*) sydtricare@internationalsos.com
TRICARE Reserve Select www.tricare.mil/trs **TRICARE Retired Reserve** www.tricare.mil/trr	**TRICARE Young Adult** www.tricare.mil/tya	**Transitional Assistance Management Program** www.tricare.mil/tamp
Continued Health Care Benefit Program Humana Military 1-800-444-5445 www.tricare.mil/chcbp	**Health Insurance Marketplace** www.healthcare.gov	**MilConnect Web Site** (*update DEERS, get eCorrespondence*) http://milconnect.dmdc.osd.mil

1. For toll-free contact information, visit www.tricare-overseas.com.

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.*

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FS12182BEC09154W