

# TRICARE Fundamentals Course

## National Guard and Reserve

# 9

## Instructor Guide

### References

10 USC

32 CFR § 199.20

2002 TRICARE Operations Manual, Chapter 24

2008 TRICARE Operations Manual, Chapter 22

[www.tricare.mil/mmso](http://www.tricare.mil/mmso)

[www.doi.gov/elaws/userra.htm](http://www.doi.gov/elaws/userra.htm)

DoD Instruction 1241.03



### Brain teaser

Each of the eight items below is a separate puzzle.

How many can you figure out?

1.  DOX DOX	2.  ##### wait	3.  polmomic	4.  B BA BACK
5.  STEP PETS PETS	6.  k c u t s	7.  DDWESTDDD	8.  b bow w

1. Paradox

5. One step forward, two steps back

2. 5 pounds overweight

6. Stuck up

3. Mother-in-law

7. West Indies

4. Quarterback, halfback, fullback

8. Cross bow

# Module Objectives



Show slide #2

**Module Objectives**

- Define line of duty determinations and their use
- Explain TRICARE coverage for Guard/Reserve members on active duty for more than 30 consecutive days
- Describe how delayed-effective-date active duty orders are used
- Describe TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR)
- Define USERRA and how it impacts Guard/Reserve members

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- **Describe TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR)**
- **Define USERRA and how it impacts Guard/Reserve members**

Show slide #3



## 1.0 Introduction

The seven U.S. Uniformed Services National Guard and Reserve components are:

- Army National Guard
- Army Reserve
- Marine Corps Reserve
- Naval Reserve
- Air Force Reserve
- Air National Guard
- Coast Guard Reserve

1.0: Test question (have Prime coverage when on orders for more than 30 days)

TRICARE options available to Guard/Reserve members vary based on the sponsor's status. **When on federal orders written for more than 30 consecutive days, Guard/Reserve members have the same health care benefits as active duty service members (ADSMs).** When serving on active duty for 30 days or less, Guard/Reserve members are covered under line of duty care.

## 2.0 Coverage While on Active Duty for 30 Days or Less

**When Guard/Reserve members are on active duty for 30 days or less (e.g., drilling on weekends, training during the summer), they're covered for any injury, illness, or disease incurred or aggravated in the line of duty; this includes traveling directly to or from their place of duty.** They don't show as eligible in the Defense Enrollment Eligibility Reporting System (DEERS), but may receive care based on a Line of Duty (LOD)/Notice of Eligibility (NOE) determination.

Show slide #4



2.0: Test question

Potential Coverage	Sponsor Coverage	Family Coverage
<b>Line of Duty (LOD) Care</b>	LOD/NOE care covers treatment of an injury, illness, or disease incurred or aggravated in the line of duty. (See Section 2.1 of this module for more information on LOD/NOE care.)	Guard/Reserve family members are not eligible for LOD/NOE care
<b>TRICARE Reserve Select (TRS)</b>	Qualified members may purchase TRS member-only or TRS member-and-family coverage. (See Section 7.0 of this module for more information on TRS.)	Eligible family members may be included in TRS member-and-family coverage.
<b>TRICARE Dental Program (TDP)</b>	Eligible sponsors may purchase TDP sponsor coverage, which is separate from TDP family coverage. (See the <i>Dental</i> module for more information on TDP.)	Sponsors may purchase TDP coverage for eligible family members, which is separate from sponsor coverage.

### 2.1 Line of Duty/Notice of Eligibility Determination (LOD/NOE)

- The Services use an LOD determination to document, establish, manage, and request authorization for civilian health care for Guard/Reserve members if injury or illness occurs in the line of duty. The Coast Guard refers to an LOD as NOE.
- Guard/Reserve members who live or are stationed within a military treatment facility's (MTF's) Prime Service Area should seek LOD/NOE care from that MTF. The Guard/Reserve member's command or medical unit should contact the MTF's patient administration office for assistance.
- If MTF care isn't available locally, the Guard/Reserve member's command or medical unit may request an authorization for civilian medical care by submitting a LOD/NOE determination to the Military Medical Support Office (MMSO).

- MMSO is responsible for authorizing civilian health care for Guard/Reserve members **not** in a Prime Service Area.
  - The unit medical representative submits the LOD/NOE, copy of orders or drill attendance sheet, along with the MMSO *Medical Eligibility Verification* form, which can be found at: [www.tricare.mil/tma/mmsso/pdf/mmssoformmedicaleligibility.pdf](http://www.tricare.mil/tma/mmsso/pdf/mmssoformmedicaleligibility.pdf).
  - Once MMSO receives and reviews all the documentation, they issue an authorization determination.
- The member doesn't need prior authorization for an initial emergency room visit. However, if the member is admitted to a hospital/facility or needs additional care for the LOD/NOE condition, the member must obtain prior authorization from MMSO or the MTF.
- Overseas Guard/Reserve members must use their respective service component's procedures for LOD/NOE care. MMSO isn't involved in LOD/NOE care in any overseas location other than the U.S. Virgin Islands.
  - For information on LOD/NOE care in the U.S. Virgin Islands, unit medical representatives should call the MMSO at 1-888-647-6676, option 4.

## 2.2 LOD/NOE Coverage after Release from Active Duty

Guard/Reserve members are also covered for LOD/NOE conditions after release from qualified active duty as long as they remain a Guard/Reserve member, the condition needs continued treatment, and the care is authorized.

To obtain follow-up care after release from active duty, members should ensure they and their command or medical unit receive and retain the official LOD/NOE document before the Guard/Reserve member's release from active duty. For more information, refer to the MMSO website at [www.tricare.mil/mmsso](http://www.tricare.mil/mmsso).

## 2.3 Guard or Reserve Members and Line of Duty or Notice of Eligibility Retail Pharmacy Claims

- Guard or Reserve members with an approved Line of Duty or Notice of Eligibility (LOD/NOE) condition must pay out of pocket for prescription medications as they don't show as TRICARE eligible in the DEERS.
- These members must complete a *TRICARE DoD/CHAMPUS Medical Claim—Patient's Request for Medical Payment* (DD Form 2642) and mail or fax it, along with a copy of the LOD document and the civilian/host nation pharmacy's payment receipt or invoice, to the Military Medical Support Office or overseas claims processor using the following steps:

	<b>Care Rendered Stateside and in the U.S. Virgin Islands</b>	<b>Care Rendered in All Other Overseas Locations</b>
<b>Step 1</b>	The Guard/Reserve members submit the <i>DD Form 2642</i> , claims receipts, and LOD documents (if not already sent or on file) to:  Military Medical Support Office (MMSO) Attn: RC Retail Pharmacy Reimbursement P.O. Box 886999 Great Lakes, IL 60088-6999  Fax: 1-847-688-6460	The Guard/Reserve members submit the <i>DD Form 2642</i> , claims receipts, and LOD documents (if not already sent or on file) to:  Overseas Active Duty Claims TRICARE Active Duty Claims P.O. Box 7968 Madison, WI 53707-7968
<b>Step 2</b>	Once the information is received and verified, MMSO faxes the <i>DD Form 2642</i> and the receipt or invoice to the pharmacy contractor for payment.	Once the information is received and verified, the overseas contractor's claims processor reviews, verifies, and processes the claim.
<b>Step 3</b>	The pharmacy contractor mails the reimbursement check directly to the Guard/Reserve member.	The overseas contractor's claims processor mails the reimbursement check directly to the Guard/Reserve member.

3.0: Test question

### 3.0 Coverage for Guard/Reserve Members With Early Eligibility

- When Guard/Reserve members receive delayed-effective-date active duty orders to serve for more than 30 consecutive days in support of a contingency operation, they and their eligible family members may become TRICARE eligible on the date the delayed-effective-date order is issued or 180 days prior to being called to active duty, whichever is later. This benefit is known as “early eligibility.”
  - The coding of “early eligibility” in DEERS is a service responsibility and may need to be addressed by the Guard/Reserve member’s unit. (The personnel office will provide notification of eligibility.)
- When the early eligibility benefit begins, TRS coverage automatically ends for the sponsor and his/her family members.
- Sponsors with early eligibility may either:
  - Enroll in TRICARE Prime at the MTF (if they live within 50 miles or about one hour from an MTF)
  - Seek covered primary care from a TRICARE-authorized provider (speciality care requires prior authorization from the regional contractor)
- Family members are automatically covered under TRICARE Standard/Extra when shown as eligible in DEERS.
- Family members may choose to enroll in an available TRICARE Prime option, including TRICARE Prime Remote for Active Duty Family Members (TPRADFM), TRICARE Overseas Program (TOP) Prime, TOP Prime Remote, and the US Family Health Plan.

#### 3.1 Guard/Reserve Early Eligibility Scenarios

**Scenario 1:** On January 1, a Guard/Reserve member receives delayed-effective-date active duty orders to serve for 180 consecutive days, with a reporting date of July 2. On January 1, TRICARE coverage begins for the Guard/Reserve member and their eligible family members.

**Scenario 2:** On January 1, a Guard/Reserve member receives delayed-effective-date active duty orders to serve for 180 consecutive days, with a reporting date of July 2. On January 1, TRICARE coverage begins for the Guard/Reserve member and their eligible family members. On February 1, the Guard/Reserve member’s orders are cancelled. As a result, the member and their family’s TRICARE coverage ends on the same day, February 1.

Show slide #5



4.0: Test question (

### 4.0 Coverage Available While on Active Duty for More Than 30 Days

Potential Coverage	Sponsor Coverage	Family Coverage
<b>Medical Coverage (during active duty)</b>	<ul style="list-style-type: none"> <li>● Members who had early eligibility coverage should not enroll or reenroll in a TRICARE Prime program while traveling to their final duty location (e.g., at training or mobilization location).</li> <li>● After arriving at their final duty location, members should follow their command’s guidance regarding TRICARE Prime option enrollment.</li> </ul>	<ul style="list-style-type: none"> <li>● Family members are automatically covered under TRICARE Standard/Extra unless already enrolled in TRICARE Prime or TPRADFM during the early-eligibility period.</li> <li>● Family members may choose to enroll in an available TRICARE Prime option.</li> </ul>
<b>Dental Coverage</b>	<ul style="list-style-type: none"> <li>● If enrolled, TDP coverage automatically ends.</li> <li>● Most dental care is provided through military dental treatment facilities or through the Active Duty Dental Program.</li> </ul>	<ul style="list-style-type: none"> <li>● If already enrolled, TDP coverage continues at a reduced premium rate.</li> <li>● New TDP coverage is available for purchase by eligible family members at the reduced premium rate.</li> </ul>

## 5.0 Coverage Available After Separating from Active Duty

Potential Coverage	Sponsor Coverage	Family Coverage
<b>Transitional Assistance Management Program (TAMP)*</b>	<ul style="list-style-type: none"> <li>TAMP provides 180 days of transitional TRICARE coverage for eligible sponsors. (See the <i>Transitional Benefits</i> module for more information on TAMP.)</li> <li>Eligible sponsors may enroll (or reenroll) in TRICARE Prime or TOP Prime, or use TRICARE Standard and TRICARE Extra. (TPR and TOP Prime Remote are not available during TAMP.)</li> <li>Certain sponsors are covered under the Active Duty Dental Program during TAMP. Others may qualify to resume or purchase TDP when TAMP coverage ends.</li> </ul>	<ul style="list-style-type: none"> <li>TAMP provides 180 days of transitional TRICARE coverage for eligible family members.</li> <li>Family members are automatically covered under TRICARE Standard/ Extra and may choose to enroll or reenroll in TRICARE Prime, if available. (TPRADFM and TOP Prime Remote are not available during TAMP.)</li> <li>May qualify to resume or purchase TDP at the appropriate premium rate (based on sponsor's status).</li> </ul>
<b>TRICARE Reserve Select (TRS)</b>	<ul style="list-style-type: none"> <li>Qualified Selected Reserve sponsors may purchase TRS to begin after active duty benefits or TAMP coverage ends, whichever is later.</li> <li>To avoid a break in TRICARE coverage, TRS must be purchased within 30 days of the last day of TRICARE coverage (e.g., active duty benefits, TAMP).</li> </ul>	<ul style="list-style-type: none"> <li>Eligible family members may be included in TRS member-and-family coverage.</li> <li>Family members may only receive TRS coverage through their sponsors.</li> </ul>
<b>Continued Health Care Benefit Program (CHCBP)</b>	<ul style="list-style-type: none"> <li>CHCBP provides up to 18 months of premium-based health coverage. (See the <i>Transitional Benefits</i> module for more information on CHCBP.)</li> <li>Eligible sponsors may purchase CHCBP within 60 days of the end of TRICARE eligibility or TAMP coverage, whichever is later.</li> <li>If Selected Reserve status or TRS coverage ends, sponsors must enroll in CHCBP within 30 days of the end of TRS coverage.</li> </ul>	<ul style="list-style-type: none"> <li>Qualifying dependent spouses, dependent children, unremarried former spouses, and unremarried surviving spouses may be eligible for CHCBP coverage for up to 36 months.</li> <li>Certain unremarried former spouses may qualify for CHCBP coverage beyond 36 months.</li> </ul>
<b>TRICARE Dental Program (TDP)</b>	<ul style="list-style-type: none"> <li>Sponsors who are not TAMP eligible and were enrolled in the TDP before activation are automatically reenrolled.</li> <li>Sponsors who are not TAMP eligible and were not previously enrolled may purchase TDP sponsor coverage.</li> </ul>	<ul style="list-style-type: none"> <li>Eligible family members may purchase or continue TDP family coverage.</li> <li>If previously enrolled, premiums will increase to the appropriate family-member rate, depending on the sponsor's status.</li> </ul>

\* Activated National Guard and Reserve personnel must be on active duty status for more than 30 consecutive days in support of a contingency operation to qualify for TAMP coverage.

## 6.0 Coverage Available When Retired

Potential Coverage	Sponsor Coverage	Family Coverage
<b>TRICARE Retired Reserve (TRR)</b>	<ul style="list-style-type: none"> <li>Members of the Retired Reserve may qualify to purchase TRR until they reach age 60 and qualify for full retiree benefits. (See Section 7.0 of this module for more information on TRR.)</li> </ul>	<ul style="list-style-type: none"> <li>Eligible family members may be included in TRR member-and-family coverage purchased by their sponsors.</li> <li>If a qualified member of the Retired Reserve dies during a period of TRR coverage, the sponsor's eligible family members may purchase new or continue existing TRR coverage until the date the deceased sponsor would have turned 60.</li> </ul>
<b>TRICARE Retiree Dental Program (TRDP)</b>	<ul style="list-style-type: none"> <li>Eligible sponsors may purchase coverage under the TRDP. (See the <i>Dental</i> module for more information on TRDP.)</li> </ul>	<ul style="list-style-type: none"> <li>Eligible family members may purchase coverage under the TRDP.</li> <li>Former spouses and remarried surviving spouses are not eligible to purchase coverage.</li> </ul>

7.0: Test question

Show slide #6 for TRS



Show slide #7 for TRR



## 7.0 TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR)

- TRS and TRR are premium-based health plans available for purchase worldwide. They both deliver the TRICARE Standard/Extra or TRICARE Overseas Program (TOP) Standard benefit, depending on where the covered individuals live.
- TRS and TRR are available overseas.
  - The TOP contractor handles overseas enrollments, premium payments, billing, and customer support services.
  - TRICARE Area Offices can also provide information about accessing health care in overseas locations.

### 7.1 Eligibility

- TRS is available for purchase by qualified members of the Selected Reserve for themselves and their eligible family members.
- TRR is available for purchase by qualified Retired Reserve members and their eligible family members. This population of Guard/Reserve retirees is commonly referred to as "Gray-area retirees."

### 7.2 Types of Coverage

TRS and TRR offer two types of coverage:

- Member-only coverage
- Member-and-family coverage

### 7.3 Qualifying for Coverage

#### 7.3.1 Qualifying for TRS Coverage

- Each Guard/Reserve component is responsible for validating a member's qualification to purchase TRS.
- Members must not be enrolled or eligible to enroll in the Federal Employees Health Benefits (FEHB) Program.
- To qualify to purchase TRS coverage, Guard/Reserve members must be in the Selected Reserve of the Ready Reserve throughout the entire coverage period.

Show slide #8



7.3.1: Test question

Show slide #9



### 7.3.2: Test question

Note:

Emphasize that Guard/Reserve retirees usually become eligible for full TRICARE benefits at age 60 and receiving retirement payments. That is when they will show in DEERS as a “regular retiree”.

Show slide #10



## 7.3.2 Qualifying for TRR Coverage

- Each Guard/Reserve component is responsible for validating a member’s qualification to purchase TRR.
- Members must not be enrolled or eligible to enroll in the Federal Employees Health Benefits (FEHB) Program.
- To qualify to purchase TRR coverage, retired Guard/Reserve members must be:
  - A member of the Retired Reserve of a reserve component who is qualified for non-regular retirement under 10 USC, Chapter 1223
  - Under age 60

## 7.3.3 Verifying Qualification for TRS or TRR

- To verify qualification for either TRS or TRR, members should log on to the *DMDC Reserve Component Purchased TRICARE Application* at [www.dmdc.osd.mil/appj/reservetricare](http://www.dmdc.osd.mil/appj/reservetricare). Members need a DoD Self-Service Logon (DS Logon), DFAS myPay account, or DoD Common Access Card (CAC) to access the application
  - Members can obtain a DS Logon either online or in-person:
    - Online: Visit <https://myaccess.dmdc.osd.mil/identitymanagement> and click “Request an Account”
    - In-person: Visit the nearest TRICARE Service Center (TSC) or select VA Regional Hospitals.

## 7.4 Purchasing TRS and TRR Coverage

- If members qualify, they use the *Reserve Component Purchased TRICARE Application* to print the *Reserve Component Health Coverage Request* form (DD Form 2896-1). They then submit the completed and signed form and two-month initial premium payment to the regional or overseas contractor.
- The effective date of TRS and TRR coverage varies based on how and when coverage is purchased.

### 7.4.1 General Enrollment

- Qualified members may purchase TRS or TRR coverage to begin any month of the year.
- Deadline: The application form must be postmarked or received no later than the last day of the month before coverage is to begin.
- Effective date: TRS or TRR coverage begins on the first day of the first or second month, whichever is selected on the form.

### 7.4.2 Loss of Other TRICARE Coverage

- Eligible members losing coverage under another TRICARE health care plan may purchase TRS or TRR with no break in TRICARE coverage in the following circumstances. This only applies to:
  - A Selected Reserve member who qualifies for TRS; retired reserve Guard/Reserve member who qualifies for TRR
  - A Guard/Reserve member who was activated, deactivated, and TAMP coverage is ending
- Deadline: The application form must be postmarked or received no later than 30 days after the loss of other TRICARE coverage.
- Effective date: TRS or TRR coverage begins on the day after the loss of prior TRICARE coverage.
- Members who qualify may apply up to 60 days before the end of their other TRICARE coverage.

### 7.4.3 Change in Family Composition

- When the composition of the sponsor's immediate family changes through qualifying life events such as marriage, birth, adoption, or death, their TRS or TRR coverage needs (member-only or member-and-family) may change. If so, a new application is required. Family members must be listed in DEERS.
  - Deadline: The new application must be postmarked or received no later than 60 days after the qualifying life event. It must be submitted when going from single to family or vice versa (i.e., each time a new family member is added or removed).
  - Effective date: TRS or TRR coverage effective date is the same as the date of the qualifying life event.

### 7.4.4 Survivor Coverage

- If TRS or TRR coverage (member-and-family or member-only) is in effect when the sponsor passes away, qualified survivors may purchase or continue coverage as follows:
  - TRS: For up to six months beyond the sponsor's date of death
  - TRR: Until the day the sponsor would have become eligible for retiree benefits (typically age 60)
- If TRS or TRR member-and-family coverage is in effect at the time of death:
  - DEERS automatically converts coverage to TRS or TRR survivor coverage (Advise beneficiaries to verify status changes in DEERS.)
  - If survivors don't want TRS or TRR survivor coverage, they must submit a written letter or a *DD Form 2896-1* no later than 60 days after the date of the sponsor's death. Premiums are refunded if there were no claims for health care submitted during the 60 days.
- If TRS or TRR member-only coverage is in effect at the time of death:
  - Eligible survivors may qualify to purchase TRS or TRR survivor coverage.
  - See Section 7.4.3 of this module if the survivor wants coverage to coincide with the date of the sponsor's death as a qualifying life event.
  - Surviving family members who are eligible in their own right for or are enrolled in the FEHB program may still purchase TRS or TRR.
- If a sponsor was not enrolled in TRS or TRR at the time of death, surviving family members do not qualify to purchase coverage under either plan.

### 7.5 Receiving Care Under TRS and TRR

- TRS and TRR coverage is handled like TRICARE Standard/Extra or TOP Standard.
- Pharmacy benefits are administered by the pharmacy contractor stateside and by the overseas contractor in countries other than U.S. territories.

### 7.6 TRS and TRR Costs

- TRS: TRICARE Standard/Extra cost-shares, deductibles, and catastrophic caps that apply to active duty family members (ADFM) apply to all TRS-covered individuals (including the Guard/Reserve member).
- TRR: TRICARE Standard/Extra cost-shares, deductibles, and catastrophic caps that apply to regular retirees apply to all TRR-covered individuals.
- See the *TRICARE Options* Module for more information on Standard/Extra cost-shares, deductibles, and catastrophic caps.

Show slide #11



Show slide #12  
for TRS

TRS Monthly Premiums	
January 1, 2012 - December 31, 2012	
TRS Member Only	\$54.95
TRS Member and Family	\$192.89

Show slide #13  
for TRR

TRR Monthly Premiums	
January 1, 2012 - December 31, 2012	
TRR Member Only	\$419.72
TRR Member and Family	\$1,024.43

Show slide #14

7.7.1 Test  
question

## 7.6.1 TRS and TRR Monthly Premiums

- TRS and TRR premiums are adjusted on an annual basis, effective January 1.
- The most recent premiums are available at [www.tricare.mil/costs](http://www.tricare.mil/costs).
- After the initial premium payment (included with the request form), the regional or overseas contractor bills the TRS or TRR member, family member, or survivor by the 10<sup>th</sup> of each month.
- TRS and TRR premium payments are due in advance of the month of coverage; payment is due no later than the 30<sup>th</sup>.
  - Members may schedule recurring monthly credit card payments when they submit the initial payment.
  - Members may set up electronic funds transfers by contacting their regional or overseas contractor after they receive their first bill.

## 7.7 Loss of TRS or TRR Coverage

### 7.7.1 Loss of TRS or TRR Eligibility

Members, families, and survivors lose eligibility/coverage in the following situations:

TRS	TRR
<ul style="list-style-type: none"> <li>• Failure to pay monthly premiums (See Section 7.7.3 of this module for more information.)</li> <li>• The sponsor:                             <ul style="list-style-type: none"> <li>○ Separates from the Selected Reserve</li> <li>○ Is called to active duty</li> <li>○ Retires from the Selected Reserve</li> <li>○ <b>Becomes eligible for FEHB coverage</b> <ul style="list-style-type: none"> <li>▪ Typically, when starting a new job that offers FEHB, eligibility for FEHB doesn't begin until the first day of the second pay period. TRS members should keep this in mind when selecting their TRS disenrollment date to ensure continuous health care coverage</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Failure to pay monthly premiums (See Section 7.7.3 of this module for more information.)</li> <li>• The sponsor:                             <ul style="list-style-type: none"> <li>○ Turns 60, or becomes eligible for health benefits as a retiree per his/her Service</li> <li>○ <b>Becomes eligible for FEHB coverage</b> <ul style="list-style-type: none"> <li>▪ When the TRR sponsor becomes eligible for the FEHB Program, they can continue their TRR coverage for up to 60 days, allowing them time to transfer coverage</li> </ul> </li> </ul> </li> </ul>

### 7.7.2 Voluntary Disenrollment

- TRS and TRR members and families must take the following actions to end coverage:
  - Log on to the DMDC *Reserve Component Purchased TRICARE Application* at [www.dmdc.osd.mil/appj/reservetricare](http://www.dmdc.osd.mil/appj/reservetricare).
  - Complete the *DD Form 2896-1*.
  - Print and mail the completed disenrollment request form to the regional or overseas contractor.

### 7.7.3 Failure to Make Premium Payments

- Premium payments are due no later than the last day of the month for the next month's coverage (e.g., premium payments for coverage in February would be due by January 31).
- Failure to pay monthly premiums results in termination of coverage.
  - The effective date of termination is the paid-through date.
  - A 12-month purchase lockout will go into effect when coverage is terminated due to premiums not being paid.

### 7.7.4 Purchase Lockout

- A one-year purchase lockout applies to TRS and TRR members who voluntarily disenroll without submitting a disenrollment form; for example, when a member simply stops making payments.
- Purchase lockout applies for 12 months from the effective date of termination.
- Purchase lockout doesn't apply to Selected Reserve members and their family members if they:
  - Are losing TRS eligibility (See Section 7.7.1 of this module for more information.)
  - Are terminating TRS coverage because they're gaining other TRICARE coverage

### 7.8 TRS/TRR and Continued Health Care Benefit Program (CHCBP) Eligibility

TRS members and TRR family members may be eligible to purchase CHCBP when their TRS/TRR coverage ends. (See the *Transitional Benefits* module for more information on CHCBP.)

### 7.9 Distinguishing Between TRS and TRR

It's important to understand the differences between TRS and TRR. The following table lists key features of each plan.

Show slides 15, 16, and 17

	TRICARE Reserve Select (TRS)	TRICARE Retired Reserve (TRR)
Qualifying	<ul style="list-style-type: none"> <li>• Must be a member of the Selected Reserve or the Ready Reserve throughout entire period of coverage</li> <li>• Must not be eligible for or obtain coverage under FEHB</li> </ul>	<ul style="list-style-type: none"> <li>• Must be a retired member of the Retired Reserve of a Reserve Component who has not reached age 60</li> <li>• Isn't eligible for or enrolled in FEHB program</li> </ul>
Cost-Shares	<ul style="list-style-type: none"> <li>• ADFM rate</li> </ul>	<ul style="list-style-type: none"> <li>• Retiree rate</li> </ul>
Premium Rates (Valid January 1, 2012–December 31, 2012)	<ul style="list-style-type: none"> <li>• Monthly premium rate:                             <ul style="list-style-type: none"> <li>○ \$54.35 for member-only</li> <li>○ \$192.98 for member-and-family</li> </ul> </li> <li>• Minimum 2 month initial premium payment required</li> <li>• Premiums are adjusted every calendar year, effective January 1                             <ul style="list-style-type: none"> <li>○ Visit <a href="http://www.tricare.mil/costs">www.tricare.mil/costs</a> for the most recent premium rates</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Monthly premium rate:                             <ul style="list-style-type: none"> <li>○ \$419.72 for member-only</li> <li>○ \$1,024.43 for member-and-family</li> </ul> </li> <li>• Minimum 2 months initial premium payment required</li> <li>• Premiums are adjusted every calendar year, effective January 1                             <ul style="list-style-type: none"> <li>○ Visit <a href="http://www.tricare.mil/costs">www.tricare.mil/costs</a> for the most recent premium rates</li> </ul> </li> </ul>
Survivor Coverage	<ul style="list-style-type: none"> <li>• Surviving family member(s) may purchase or continue TRS coverage for up to six months beyond the date of the sponsor's death (only if TRS coverage [member-and-family or member-only] is in effect when the sponsor passes away)</li> </ul>	<ul style="list-style-type: none"> <li>• Surviving family member(s) may purchase or continue TRR coverage until the date the deceased member would have turned 60 (only if TRR coverage [member-and-family or member-only] is in effect when the sponsor passes away)</li> </ul>

Show slide #18  
for Question 1

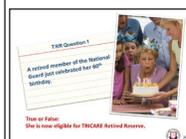


## 7.10 TRS/TRR Application Exercises

1. Captain Brown, a member in the Selected Reserve, is employed full-time at an auto parts store. His spouse works and has an active family plan under the FEHB program. Does Captain Brown qualify to purchase TRS coverage?

**Answer: To be eligible for TRS, the member must not be eligible or enrolled in FEHB.**

Show slide #19  
for Question 2



2. A retired member of the Guard just celebrated her 60<sup>th</sup> birthday. True or False: She is now eligible for TRR.

**Answer: False. The retired Guard member is not eligible for TRR. To be eligible for TRR, a member must be under 60 years old**

Show slide #20  
for Question 3



3. True or False: A retired member who has FEHB is also eligible for TRR.

**Answer: False. The retired Guard member is not eligible for TRR. To be eligible for TRR, a member must not become eligible for or obtain coverage through the Federal Employee Health Benefits Program.**

## 7.11 TRS/TRR Resources

Stateside		
North	South	West
<p><b>TRS/TRR Enrollment Address:</b> Health Net Federal Services, LLC. TRS/TRR Enrollment P.O. Box 105402 Atlanta, GA 30348-5402</p> <p><b>Phone:</b> 1-877-TRICARE (1-877-874-2273)</p> <p><b>Fax:</b> 1-888-299-4114</p> <p><b>Website:</b> www.hnfs.com</p>	<p><b>TRS/TRR Enrollment Address:</b> Humana Military Healthcare Services, Inc. ATTN: PNC Bank P.O. Box 105389 Atlanta, GA 30348-5389</p> <p><b>Phone:</b> 1-800-444-5445</p> <p><b>Fax:</b> 1-866-836-9535</p> <p><b>Website:</b> www.humana-military.com</p>	<p><b>TRS/TRR Enrollment Address:</b> TriWest Healthcare Alliance P.O. Box 42048 Phoenix, AZ 85080-2048</p> <p><b>Phone:</b> 1-888-TRIWEST (1-888-874-9378)</p> <p><b>Fax:</b> 1-866-441-8843</p> <p><b>Website:</b> www.triwest.com/ngr</p>

Overseas (All Areas)
<p><b>TRS/TRR Enrollment Address:</b> International SOS Assistance, Inc. TOP TRS/TRR Enrollments P.O. Box 11689 Philadelphia, PA 19916</p> <p><b>Phone:</b> 1-877-451-8659</p> <p><b>Fax:</b> +1-215-354-5015</p> <p><b>Website:</b> www.tricare-overseas.com</p>

Show slide #21



## 8.0 Uniformed Services Employment and Reemployment Rights Act (USERRA)

USERRA provides employment/reemployment protection to uniformed service members who perform military service. The law seeks to ensure that they can keep their civilian employment and benefits. Under USERRA, when a member is on active duty, their family members may continue their health care coverage under their employer-sponsored health plan for up to 24 months.

### 8.1 Eligibility for USERRA

- Guard/Reserve members activated under federal orders for more than 30 consecutive days
- Guard/Reserve members who receive delayed-effective-date active duty orders to serve for more than 30 consecutive days in support of a contingency operation
  - If a Guard/Reserve member terminates their employer-sponsored health plan during “early TRICARE eligibility,” and the orders are cancelled before the member reports for active duty, the member is entitled to reinstatement in their employer-sponsored health plan when they return to civilian employment.

### 8.2 USERRA Costs and Conditions

- Prior to being ordered to active duty, Guard/Reserve members should investigate their employer’s policies regarding continuing health care coverage while on active duty status.
- If continuing coverage, Guard/Reserve members must inform their employer about their desire to continue coverage so their family members aren’t dropped from their plan.
- While serving on active duty, they may have to pay:
  - A percentage of the employer-sponsored health plan’s premium;
  - The full amount of the premium; or
  - The full cost of the premium plus a two percent administrative fee.
- Upon return from military service, civilian health insurance coverage must be reinstated without any waiting period or exclusions for preexisting conditions.
- If military members delay reinstatement in their employer-sponsored health plan upon return from military service, they may place their USERRA reinstatement protections at risk.
- In particular, members with premium-free TRICARE coverage under the Transitional Assistance Management Program (TAMP) might risk having to wait until the next open season to obtain their employer’s sponsored health coverage and shouldn’t delay reinstatement to save paying premiums for the employer’s health coverage for a few months.

For comprehensive information about USERRA, visit the U.S. Department of Labor website ([www.dol.gov/elaws/userra.htm](http://www.dol.gov/elaws/userra.htm)) or DoD’s Employer Support of the Guard/Reserve website ([www.esgr.org](http://www.esgr.org)). See *Appendix A* of this module for another example of USERRA’s role in supporting Guard/Reserve members.

Show slide #22



### 8.3 Application Exercise

Private Berry is a Guard member who recently received delayed-effective-date active duty orders. He discontinues his employer-sponsored health coverage for himself and his family and enrolls them in TRICARE Prime. After the termination of his employer-sponsored health coverage, but before his actual active duty service began, his orders are cancelled.

Now Private Berry and his family have no medical coverage. He has returned to his civilian employment and wants his family to be reinstated in their previous employer-sponsored health plan.

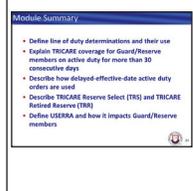
Based on the scenario above and what you know about USERRA, are Private Berry and his family members entitled to reinstatement in their previous employer-sponsored health plan?

**Application Answer: Private Berry and his family are entitled to reinstatement but he must notify his employer within a certain time frame that they would like to be reinstated. Until he notifies the employer, he will not be eligible for health care.**

# Module Objectives



Show slide #23



## Summary:

- Define line of duty determinations and their use
- Explain TRICARE coverage for Guard/Reserve members on active duty for more than 30 consecutive days
- Describe how delayed-effective-date active duty orders are used
- Describe TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR)
- Define USERRA and how it impacts Guard/Reserve members

## Test Questions

- 31) National Guard/Reserve members are eligible for TRICARE Prime coverage when:
- A. Their monthly premium is received by the TRICARE Service Center
  - B. They are activated under federal orders for more than 30 consecutive days
  - C. They retire from the Ready Reserve
  - D. None of the above
- 32) When on active duty for 30 days or less, National Guard/Reserve members are:
- A. Eligible for TRICARE Standard/Extra
  - B. Eligible for TRICARE Prime or TRICARE Prime Remote
  - C. Not covered for any injury incurred or aggravated in the line of duty
  - D. Covered for any injury incurred or aggravated in the line of duty
- 33) Delayed-effective-date active duty orders may be issued to National Guard/Reserve members who are:
- A. Called to active duty for training during the summer
  - B. Called to active duty for more than 30 consecutive days in support of a contingency operation
  - C. Called to active duty for weekend drill
  - D. Called to active duty for two weeks out of the year
- 34) TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR) deliver the TRICARE \_\_\_\_\_ benefit to all covered individuals.
- A. Prime
  - B. Plus
  - C. Standard/Extra
  - D. Prime Remote
- 35) In order to qualify for TRICARE Reserve Select (TRS), National Guard/Reserve members must be:
- A. Enrolled in the Federal Employees Health Benefits Program (FEHB)
  - B. A member of the Select Reserve throughout the entire period of coverage
  - C. A retired member of the Ready Reserve under the age of 60
  - D. A member of the US Family Health Plan (USFHP)
- 36) TRICARE Reserve Select (TRS) offers:
- A. Premium-based coverage
  - B. Premium-free coverage
  - C. Medicare wraparound coverage
  - D. None of the above

Test questions continued on next page

- 37) Which of the following BEST describes TRICARE Retired Reserve (TRR) coverage?
- A. It gives active duty service members the freedom to choose from a large provider pool
  - B. It is the only premium-free plan for retired reservists
  - C. It is the only premium-based plan for retired reservists who have not yet turned age 60
  - D. It provides TRICARE Prime coverage to reservists between 60 and 65 years of age
- 38) TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR) members lose eligibility when the sponsor:
- A. Becomes a full-time college student
  - B. Becomes eligible for the Federal Employees Health Benefits (FEHB) program
  - C. Becomes employed full-time
  - D. None of the above

## Appendix A: Uniformed Services Employment and Reemployment Rights Act (USERRA)

The Uniformed Services Employment and Reemployment Rights Act (USERRA) is intended to minimize the disadvantages to an individual that occur when that person must be absent from his or her civilian employment to serve in this country's uniformed services. USERRA makes major improvements in protecting service member rights and benefits by clarifying the law and improving enforcement mechanisms. It also provides employees with Department of Labor assistance in processing claims.

USERRA covers virtually every individual in the country who serves in, or has served in, the uniformed services (including Guard/Reserve members) and applies to all employers in the public and private sectors, including federal employers.

It's administered by the United States Department of Labor, through the Veterans' Employment and Training Service (VETS). VETS provides assistance to those persons experiencing service-connected problems with their civilian employment and provides information about the Act to employers.

### Continuation of Employer-Sponsored Health Coverage

USERRA requires that service members provide advance written or verbal notice to their employers for all military duty unless giving notice is impossible, unreasonable, or precluded by military necessity. An employee should provide notice as far in advance as is reasonable under the circumstances.

Under USERRA, when a member is on active duty, their family members may continue their health care coverage under their employer-sponsored health plan for up to 24 months.

Under USERRA, when a member is on active duty, their family members may continue their health care coverage under their employer-sponsored health plan. The person may elect to continue that coverage for up to 24 months after the absence begins, or for period of absence, whichever is shorter. During this time, the person may be required to pay the full insurance premium, plus 2% of the premium amount for administrative costs. The person cannot be required to pay more than 102% of the full premium for the coverage. When the uniformed service was for 30 or fewer days, the person cannot be required to pay more than the normal employee share of any premium.

If a person terminates their employer-sponsored health plan coverage because of an absence due to uniformed service, upon their return from military service, health insurance coverage must be reinstated without any waiting period or exclusions for preexisting conditions, other than waiting periods or exclusions that would have applied even if there had been no absence for uniformed service. This rule does not apply to the coverage of any illness or injury determined by the Secretary of Veterans' Affairs to have been incurred in, or aggravated during, performance of service in the uniformed service. (See 20 CFR, Part 1002.168 for more information.)