

TRICARE Fundamentals Course

National Guard and Reserve

5

Instructor Guide

References

10 USC

32 CFR § 199.20

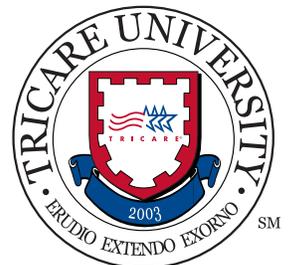
2002 TRICARE Operations Manual, Chapter 24

2008 TRICARE Operations Manual, Chapter 22

www.tricare.mil/mmso

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. polmomice	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

Introduce the Guard and Reserve module.

- **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**

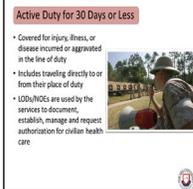
Show slide #3 for 1.0



There are seven reserve components just as there are seven regular components.

2.0: Test Question

Show slide #4 for 2.0



Emphasize that only the military member is covered for injury, illness, or disease. Family members are not covered.

Let students know they can access the MMSO handbook online.

1.0 Introduction

The 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

The TRICARE options available to Guard/Reserve members vary based on the sponsor's status and eligibility. 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 won'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.

Note: Guard/Reserve family members are not eligible for LOD/NOE care.

Potential Coverage	Sponsor Coverage	Family Coverage
Line of Duty (LOD) Care	LOD 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 care.)	LOD care is not available for family members.
TRICARE Reserve Select (TRS)	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.
TRICARE Dental Program (TDP)	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 family coverage, which is separate from sponsor coverage, for eligible family members.

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

- An LOD determination is used by the services to document, establish, manage, and request authorization for civilian health care for Guard/Reserve members if injury or illness occurred 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 care from that MTF. To receive care at the 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 determination to the Military Medical Support Office (MMSO).

- MMSO is responsible for the authorization of civilian health care for Guard/Reserve members **not** in a TRICARE 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. This form can be found at: www.tricare.mil/tma/mmso/pdf/mmsiformmedicaleligibility.pdf.
 - Once all appropriate documentation is received and reviewed, an authorization may be issued by the MMSO.
- The military member doesn't need prior authorization for an initial emergency room visit. However, if additional care is needed, the member must obtain prior authorization from MMSO or the MTF for care related to the injury or illness listed on the LOD/NOE.
- 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 regarding LOD/NOE care in the U.S. Virgin Islands, unit medical representatives should call the MMSO at 1-888-647-6676, option 4.

Show slide #5 for 3.0

Active Duty for 30 Days or More

Guard/Reserve members are TRICARE eligible when they:

- Are activated on federally funded orders for more than 30 consecutive days
- On delayed-effective date active duty orders to serve for more than 30 consecutive days (contingency operation)



2.2 LOD Coverage after Release from Active Duty

Guard/Reserve members are also covered for LOD 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/mmso.

3.0: Test Question

We say "federally funded" and not just "federal" orders because Guard/Reserve members may be eligible even if ordered to active duty under state orders (i.e., the BP oil spill in April 2010.) Although activated under state orders, some Guard/Reserve members were eligible because their orders were federally funded.

Emphasize consecutive days, including weekends.

3.0 Test Question (eligible for Prime after 30 day time line)

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 also known as "early eligibility."

The coding of "early TRICARE benefit" in DEERS is a service responsibility and may need to be addressed by the Guard/Reserve member's unit.

Potential Coverage	Sponsor Coverage	Family Coverage
<p>Early Eligibility Benefit</p>	<ul style="list-style-type: none"> ● Service members may be eligible for active duty health and dental benefits up to 180 days before active duty in support of a named contingency operation begins, as shown in DEERS. (The personnel office will provide notification of eligibility.) ● Purchased TRS coverage automatically ends. ● Sponsors who reside within 50 miles or about one hour from a military treatment facility (MTF) may enroll in TRICARE Prime at the MTF only. ● Sponsors who do not reside within 50 miles of an MTF should not enroll in a TRICARE Prime option until arrival at their final duty stations. 	<ul style="list-style-type: none"> ● Eligible family members are automatically covered under TRICARE Standard and TRICARE Extra when the sponsor's eligibility is shown in DEERS. ● Purchased TRS coverage automatically ends. ● Family members may choose to enroll in an available TRICARE Prime option (TRICARE Prime, TRICARE Prime Remote for Active Duty Family Members, TRICARE Overseas Program [TOP] Prime, TOP Prime Remote, 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 or rescinded. As a result, the member and their family's TRICARE coverage ends on the same day, February 1.

4.0 Coverage Available While En Route to or on Active Duty

Potential Coverage	Sponsor Coverage	Family Coverage
Medical Coverage (during active duty)	<ul style="list-style-type: none"> The member should not enroll or reenroll in a TRICARE Prime program while en route to the final duty station. Upon arrival, the member should follow the active command's guidance regarding TRICARE Prime enrollment, which could include enrollment in TRICARE Prime Remote (TPR) if applicable. 	<ul style="list-style-type: none"> Family members are automatically covered under TRICARE Standard and TRICARE Extra unless already enrolled in TRICARE Prime during the early-eligibility period. Family members may choose to enroll in an available TRICARE Prime option.
Dental Coverage	<ul style="list-style-type: none"> If enrolled, TDP coverage automatically ends. Most dental care is provided through military dental treatment facilities at duty stations unless otherwise directed. 	<ul style="list-style-type: none"> If already enrolled, TDP coverage continues at the reduced premium rate. New TDP coverage is available for purchase by eligible family members at the reduced premium rate.

5.0 Coverage Available After Separating from Active Duty

Potential Coverage	Sponsor Coverage	Family Coverage
Transitional Assistance Management Program (TAMP)*	<ul style="list-style-type: none"> TAMP provides 180 days of transitional TRICARE coverage for eligible sponsors. Eligible sponsors may enroll (or reenroll) in TRICARE Prime or TOP Prime, if available, or use TRICARE Standard and TRICARE Extra. TPR and TOP Prime Remote are not available during TAMP. Sponsors are covered under the Active Duty Dental Program during TAMP, and may qualify to resume or purchase TDP when TAMP coverage ends. 	<ul style="list-style-type: none"> TAMP provides 180 days of transitional TRICARE coverage for eligible family members. Family members are automatically covered under TRICARE Standard and TRICARE Extra and may choose to enroll (or reenroll) in TRICARE Prime, if available. (TPR and TOP Prime Remote are not available during the TAMP period.) May qualify to resume or purchase TDP at the full premium rate.
TRICARE Reserve Select (TRS)	<ul style="list-style-type: none"> Qualified sponsors may purchase TRS to begin after active duty benefits or TAMP coverage ends, whichever is later. To receive continuous coverage, TRS coverage must be purchased within 30 days of the last day of TRICARE coverage (e.g., active duty benefits, TAMP). 	<ul style="list-style-type: none"> Eligible family members may be included in TRS member-and-family coverage. Family members may only receive TRS coverage through their sponsors.

Potential Coverage	Sponsor Coverage	Family Coverage
Continued Health Care Benefit Program (CHCBP)	<ul style="list-style-type: none"> CHCBP provides up to 18 months of premium-based health coverage. (See the <i>Transitional Benefits</i> module for more information on CHCBP.) Eligible sponsors may purchase CHCBP within 60 days of the end of TRICARE eligibility or TAMP coverage, whichever is later. If Selected Reserve status ends, sponsors who had TRS coverage must enroll in CHCBP within 30 days of the end of TRS coverage. 	<ul style="list-style-type: none"> Qualifying dependent spouses, dependent children, unremarried former spouses, and unremarried surviving spouses may be eligible for CHCBP coverage for up to 36 months. Certain unremarried former spouses may qualify for CHCBP coverage beyond 36 months.
TRICARE Dental Program (TDP)	<ul style="list-style-type: none"> Sponsors who are not covered under TAMP and who were enrolled in the TDP before activation will become automatically reenrolled. Sponsors who are not covered under TAMP and who were not previously enrolled may purchase TDP sponsor coverage, which is separate from TDP family coverage. 	<ul style="list-style-type: none"> Eligible sponsors may purchase or continue TDP family coverage, which is separate from sponsor coverage. If previously enrolled, premium will increase to the National Guard and Reserve family-member rate.

* 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 While Retired

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

7.0 Test question

Show slide #6 for 7.0

Show slide #7 for 7.1 and 7.2

7.3 Test question

Show slide #8 for 7.3

Show slide #9 for 7.3

Show slide #10 for 7.4

Slide #11 for 7.4

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 TRS and TRR Coverage

- Each Guard/Reserve component is responsible for validating a member’s qualification to purchase TRS or TRR.
- 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.
- 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
- 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. 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 appropriate 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.

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".

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.
- Initial premium payment must be included with the application as follows:
 - TRS: One month (two months for enrollments effective on or after October 1, 2012)
 - TRR: Two months

7.4.2 Loss of Other TRICARE Coverage

- Members losing coverage under another TRICARE health care plan may purchase TRS or TRR for themselves or themselves and their families with no break in TRICARE coverage in the following circumstances:
 - Selected Reserve members who qualify for TRS; retired reserve Guard/Reserve members who qualify 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 loss of prior TRICARE coverage.
- Members who qualify may apply up to 60 days before the end of the 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 status (member-only or member-and-family) may change and 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 deleted).
 - 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 will be refunded if there were no claims for health care submitted during the 60 day period.
- 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.

Mention that when a family member has an FEHB family plan, the Guard/Reserve member is eligible for FEHB as a family member, and becomes ineligible for TRS.

When the family member has an FEHB single plan, the Guard/Reserve member may purchase TRS coverage.

Show slide #12 for 7.5

Receiving Care Under TRS

- TRS coverage is similar to TRICARE Standard/Extra in the U.S.
- Similar to TRICARE Overseas Program Standard in overseas locations
- TOP contractor handles overseas TRS enrollment, premium payment collection, billing, and customer support services



- 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.
- 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.

7.6 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.

	TRS Members (ADFM equivalent) E-1–E-4	TRS Members (ADFM equivalent) E-5 and Up	TRR Members (Retiree equivalent)
Deductible	\$50 individual \$100 family	\$150 individual \$300 family	\$150 individual \$300 family
Cost-Shares	TRICARE Standard: 20% of TRICARE-allowable charge TRICARE Extra (not available overseas): 15% of TRICARE-allowable charge		TRICARE Standard: 25% of TRICARE-allowable charge TRICARE Extra (not available overseas): 20% of the TRICARE-allowable charge
Catastrophic Cap	\$1,000 per family per fiscal year		\$3,000 per family per fiscal year
Civilian Inpatient Cost-Share	Per diem or \$25 per admission, whichever is greater; no charge for separately billed professional charges		TRICARE Standard: Per diem or 25% of negotiated charge, whichever is less, plus 25% of the TRICARE-allowable charge for separately billed professional services TRICARE Extra: Per diem or 20% of the negotiated charge, whichever is less, plus 25% of the TRICARE-allowable charge for separately billed professional services
Civilian Inpatient Mental Health	Per diem or \$25 per admission, whichever is greater		High Volume Hospitals: 25% of hospital specific charges Low Volume Hospitals: \$708 per day or 25% of the billed charges, whichever is less Partial Hospitalization: 25% of the TRICARE-allowable charge, plus 25% of the TRICARE-allowable charge for separately billed professional services

Review with students that the cost chart is the same as what was covered during the TRICARE Options module.

Show slide #13
7.6.1

TRS Monthly Premiums	
January 1, 2012 – December 31, 2012	
TRS Member-Only	\$54.35
TRS Member and Family	\$192.89

7.6.1 TRS and TRR Monthly Premium Costs

- The following premium costs are valid from January 1, 2012–December 31, 2012.

	TRS	TRR
Member-Only	\$54.35	\$419.72
Member-and-Family	\$192.89	\$1,024.43

Show slide #14
for 7.6.1

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

- TRS and TRR Premiums are adjusted on an annual basis, effective January 1.
- The most recent premium costs are available at 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 10th of each month.
- TRS and TRR premium payments are due in advance of the month of coverage; payment is due no later than the 30th.
 - 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.

Show slide #15
for 7.7.1

TRS Disenrollment

Loss of eligibility when sponsor:

- Voluntarily disenrolls from TRS
- Leaves the Selected Reserve
- Is called to active duty
- Retires from active duty
- Fails to pay premiums
- Becomes eligible for FEHB in their own right or under spouse's family plan

12-Month purchase lockout applies

7.7 Loss of TRS or TRR Coverage

7.7.1 Loss of TRS or TRR Eligibility

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

TRS	TRR
<ul style="list-style-type: none"> Failure to pay monthly premiums (See Section 7.7.3 of this module for more information.) The sponsor: <ul style="list-style-type: none"> Separates from the Selected Reserve Is called to active duty Retires from the Selected Reserve Becomes eligible for FEHB coverage in their own right or becomes eligible for FEHB coverage under their spouse's family plan <ul style="list-style-type: none"> When the TRS sponsor becomes eligible for FEHB Program, they will be allowed to continue their TRS coverage for a period up to 45 days, allowing them time to transfer coverage 	<ul style="list-style-type: none"> Failure to pay monthly premiums (See Section 7.7.3 of this module for more information.) The sponsor: <ul style="list-style-type: none"> Turns 60, or becomes eligible for health benefits as a retiree per his/her Service Becomes eligible for or obtains FEHB coverage

7.7.1: Test question

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.
 - 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

- Failure to pay monthly premiums results in termination of coverage.
 - The effective date of termination is the paid-through date.
 - The regional or overseas contractor terminates coverage if the monthly premium payment isn't received by the 30th calendar day following the monthly premium due date.

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

Notes for 7.9
 Notice that qualified survivors may purchase or continue TRS coverage for up to six months beyond the date of the sponsor's death.

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.)

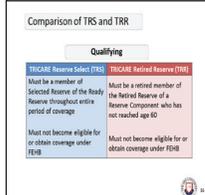
7.9 Distinguishing Between TRS and TRR

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

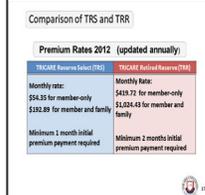
	TRICARE Reserve Select (TRS)	TRICARE Retired Reserve (TRR)
Qualifying	<ul style="list-style-type: none"> ● Must be a member of the Selected Reserve or the Ready Reserve throughout entire period of coverage ● Must not be eligible for or obtain coverage under FEHB 	<ul style="list-style-type: none"> ● Must be a retired member of the Retired Reserve of a Reserve Component who has not reached age 60 ● Isn't eligible for or enrolled in FEHB program
Cost-Shares	<ul style="list-style-type: none"> ● ADFM rate 	<ul style="list-style-type: none"> ● Retiree rate
Premium Rates (Valid January 1, 2012–December 31, 2012)	<ul style="list-style-type: none"> ● Monthly premium rate: <ul style="list-style-type: none"> ○ \$54.35 for member-only ○ \$192.98 for member-and-family ● Minimum 1 month initial premium payment required 	<ul style="list-style-type: none"> ● Monthly premium rate: <ul style="list-style-type: none"> ○ \$419.72 for member-only ○ \$1,024.43 for member-and-family ● Minimum 2 months initial premium payment required
Survivor Coverage	<ul style="list-style-type: none"> ● Surviving family member(s) may purchase new or continue existing TRS coverage for up to six months beyond the date of the sponsor's death 	<ul style="list-style-type: none"> ● Surviving family member(s) may purchase new or continue existing TRR coverage until the date the deceased member would have turned 60

Survivors are not excluded from TRS coverage if they are enrolled, or eligible to enroll in FEHB.

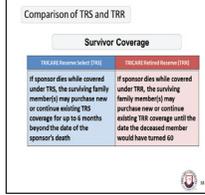
Show slide #16 for "Qualifying"



Show slide #17 for "Premiums"



Show slide #18 for "Survivor Coverage"



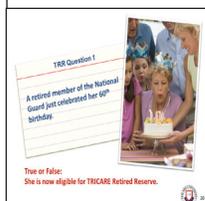
Show slide #19



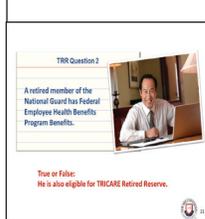
7.10 TRS/TRR Application Exercises

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. Is Captain Brown qualified to purchase TRS coverage? **Answer: Capt. Brown is not eligible for TRS because he is entitled to FEHB through his spouse's family plan. To be eligible for TRS, the member must not be eligible or enrolled in FEHB.**
2. A retired member of the Guard just celebrated her 60th 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**
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.**

Show slide #20



Show slide #21



7.11 TRS/TRR Resources

Stateside		
North	South	West
<p>TRS/TRR Enrollment Address: Health Net Federal Services, LLC. TRS/TRR Enrollment P.O. Box 105402 Atlanta, GA 30348-5402</p> <p>Phone: 1-877-TRICARE (1-877-874-2273)</p> <p>Fax: 1-888-299-4114</p> <p>Website: www.hnfs.com</p>	<p>TRS/TRR Enrollment Address: Humana Military Healthcare Services, Inc. P.O. Box 105389 Atlanta, GA 30348-5389</p> <p>Phone: 1-800-444-5445</p> <p>Website: www.humana-military.com</p>	<p>TRS/TRR Enrollment Address: TriWest Healthcare Alliance P.O. Box 42048 Phoenix, AZ 85080-2048</p> <p>Phone: 1-888-TRIWEST (1-888-874-9378)</p> <p>Website: www.triwest.com/ngr</p>
Overseas (All Areas)		
<p>TRS/TRR Enrollment Address: International SOS Assistance, Inc. TOP TRS/TRR Enrollments P.O. Box 11689 Philadelphia, PA 19120</p> <p>Phone: 1-877-451-8659</p> <p>Website: www.tricare-overseas.com</p>		

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 retain 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

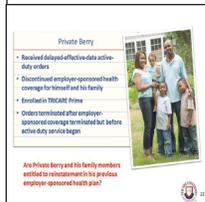
- Guard/Reserve members activated under federal orders for more than 30 consecutive days

Show slide #22
for 8.2



BCACs can assist families by making them aware that they should know their employer's health care coverage policies prior to deploying

Show slide #23
for 8.3



- 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) or DoD's Employer Support of the Guard/Reserve website (www.esgr.org). See *Appendix A* of this module for another example of USERRA's role in supporting Guard/Reserve members.

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 #24

Module 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

Show slide #25

Questions?

A red circular icon with a white question mark inside, set against a white background with a subtle shadow.

Show slide #26

The TRICARE logo, consisting of three red wavy lines above a blue star with a white outline, and the word "TRICARE" in red capital letters below.

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

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.)

Module Review Sheet

Question 1:

How do National Guard and Reserve members first become eligible for TRICARE coverage?

Answer 1:

When they are on federally funded orders to serve as active duty for more than 30 consecutive days or they receive delayed-effective-date active duty orders to serve greater than 30 consecutive days in support of a contingency operation.

Question 2:

What is the purpose of a line of duty determination?

Answer 2:

A line of duty determination is used to document, establish, manage, and authorize civilian health care for eligible National Guard and Reserve members who are injured or become ill while on active duty.

Question 3:

Name two of the key features mentioned about USERRA during this module.

Answer 3:

1. When a member is on active duty, their family members may continue their coverage under the National Guard and Reserve member's employer-sponsored health plan for up to 24 months.
2. National Guard and Reserve members who choose not to keep their employer-sponsored health plan while on active duty are entitled to reinstatement in the employer-sponsored plan (for themselves and their families) upon their return without a waiting period and without a penalty for pre-existing conditions.

Exam Questions and Answers: National Guard and Reserve

17) 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 federally funded orders for more than 30 consecutive days
- C. They retire from the Ready Reserve
- D. None of the above

Answer: [B] Reference: Participant Guide, National Guard and Reserve, Section 3.0

18) 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

Answer: [A] Reference: Participant Guide, National Guard and Reserve, Section 2.0

19) 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

Answer: [B] Reference: Participant Guide, National Guard and Reserve, Section 3.0

20) TRICARE Reserve Select (TRS)/TRICARE Retired Reserve (TRR) deliver the TRICARE _____ benefit to all covered individuals.

- A. TRICARE Prime
- B. TRICARE Plus
- C. TRICARE Standard/Extra
- D. TRICARE Prime Remote

Answer: [C] Reference: Participant Guide, National Guard and Reserve, 7.0

21) 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 Uniformed Services Family Health Plan (USFHP)

Answer: [B] Reference: Participant Guide, National Guard and Reserve, Section 7.3

22) TRICARE Reserve Select (TRS) offers:

- A. Premium-based coverage
- B. Premium-free coverage
- C. Medicare wraparound coverage
- D. None of the above

Answer: [A] Reference: Participant Guide, National Guard and Reserve, Section 7.0

23) 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

Answer: [B] Reference: Participant Guide, National Guard and Reserve, Section 7.3

24) TRS/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

Answer: [B] Reference: Participant Guide, National Guard and Reserve, Section 7.7.1