

TRICARE BENEFICIARY BULLETIN – JANUARY 27, 2012 – 692 WORDS

LEAD MUSIC (:03)

THIS IS THE TRICARE BENEFICIARY BULLETIN, AN UPDATE ON THE LATEST NEWS TO HELP YOU MAKE THE BEST USE OF YOUR TRICARE BENEFIT. I'M AUSTIN CAMACHO. (:10)

FIRST UP: ANNEMARIE FELICIO REPORTS ON REFERRALS FOR SPECIALTY CARE PROVIDERS UNDER TRICARE PRIME.

ROUTINE CARE IS OFTEN JUST THAT—ROUTINE. YOU VISIT A DOCTOR REGULARLY FOR CHECKUPS, OR WHEN YOU START FEELING SICK. SOMETIMES, YOU MIGHT NEED TO SEE A SPECIALIST, WHICH MIGHT REQUIRE A REFERRAL FROM YOUR PRIMARY CARE MANAGER, OR PCM.

YOUR PCM MAY REQUEST A REFERRAL TO ANOTHER TRICARE PROVIDER FOR NECESSARY CARE YOUR PCM CANNOT PROVIDE.

YOUR CARE MAY BE AUTHORIZED FROM A CIVILIAN PROVIDER OR FROM A MILITARY TREATMENT FACILITY.

EVEN WHEN YOU ARE ENROLLED TO A CIVILIAN PCM, YOU MAY GET YOUR SPECIALTY CARE FROM AN MTF. THE REQUEST FOR SPECIALTY CARE GOES FROM YOUR PCM TO YOUR TRICARE REGIONAL CONTRACTOR WHO WILL THEN PROCESSES YOUR REFERRAL OR AUTHORIZATION.

IF YOU LIVE NEAR AN MTF AND ARE REFERRED FOR SPECIALTY CARE, THE MTF WILL COORDINATE YOUR CARE WITH YOUR REGIONAL CONTRACTOR.

IT IS IMPORTANT TO KNOW IF YOUR SPECIALTY CARE PROVIDER IS NOT A NETWORK PROVIDER. IF YOU MAKE AN APPOINTMENT WITHOUT A PROPER REFERRAL, YOU MIGHT BE USING TRICARE'S POINT-OF-SERVICE OPTION.

TRICARE PRIME-ENROLLED FAMILY MEMBERS AND RETIREES NEED TO SEE THEIR PCMS BEFORE SEEKING ANY SPECIALTY CARE, EXCEPT FOR:

- THE FIRST EIGHT BEHAVIORAL HEALTH OUTPATIENT VISITS TO A NETWORK PROVIDER FOR A MEDICALLY DIAGNOSED AND COVERED CONDITION PER FISCAL YEAR;
- CLINICAL PREVENTIVE SERVICES; OR
- CARE USING OTHER HEALTH INSURANCE AS THE PRIMARY PAYER.

ACTIVE DUTY SERVICE MEMBERS NEED REFERRALS FOR ALL SPECIALTY CARE, CANNOT USE OTHER HEALTH INSURANCE AND MUST SEE THEIR PCMS FOR ALL NONEMERGENCY CARE.

FOR TRICARE MANAGEMENT ACTIVITY, I'M ANNEMARIE FELICIO.

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WHEN IT COMES TO WEIGHT MANAGEMENT OR CONTROL, FAD DIETS ARE UNLIKELY TO STAND THE TEST OF TIME. QUICK WEIGHT LOSS AND FAD DIETS MAY PROVIDE TEMPORARY WEIGHT CHANGES, BUT

ARE UNLIKELY TO SOLVE YOUR WEIGHT PROBLEMS OVER THE LONG HAUL, AND MAY EVEN BE POTENTIALLY DANGEROUS.

FAD DIETS USUALLY OVEREMPHASIZE ONE PARTICULAR TYPE OF FOOD OR RESTRICT CERTAIN FOOD GROUPS. THEY MAY RECOMMEND REGIMENS SUCH AS VERY LOW-FAT, LOW-CARBOHYDRATES, HIGH-PROTEIN OR FOCUSING ON ONE PARTICULAR FOOD ITEM SUCH AS GRAPEFRUIT. THEY IGNORE THE FIRST PRINCIPLE OF GOOD NUTRITION: IT'S IMPORTANT TO EAT A BALANCED DIET.

ACCORDING TO THE DIETARY GUIDELINES FOR AMERICANS, A HEALTHY EATING PLAN EMPHASIZES FRUITS, VEGETABLES, WHOLE GRAINS AND FAT-FREE OR LOW-FAT MILK AND MILK PRODUCTS; INCLUDES LEAN MEATS, POULTRY, FISH, BEANS, EGGS AND NUTS; IS LOW IN SATURATED FATS, TRANS FATS, CHOLESTEROL, SALT AND ADDED SUGARS; AND STAYS WITHIN YOUR DAILY CALORIE NEEDS.

DESPITE WHAT MANY QUICK WEIGHT-LOSS DIET BOOKS, WEB SITES, COMMERCIALS OR OTHERS MAY SAY, THE ONLY REAL AND

SENSIBLE WAY TO LOSE WEIGHT IS TO BURN MORE CALORIES THAN YOU CONSUME. TO MAINTAIN A HEALTHY WEIGHT PERMANENTLY, EAT A WELL BALANCED DIET, EXERCISE PORTION CONTROL AND BALANCE YOUR FOOD INTAKE WITH PHYSICAL ACTIVITY.

FOR INFORMATION ON HOW TO MAINTAIN A HEALTHLY LIFESTYLE, VISIT [TRICARE.MIL/HEALTHYLIVING](http://TRICARE.MIL/HEALTHYLIVING).

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FINALLY: LORRAINE CWIEKA REPORTS ON TAKING TIME TO UNDERSTAND YOUR THROID.

THE AMERICAN THYROID ASSOCIATION REPORTS NEARLY 20 MILLION PEOPLE IN THE UNITED STATES ARE SUFFERING FROM SOME FORM OF THYROID DISEASE.

THE THYROID IS A SMALL, BUTTERFLY-SHAPED GLAND IN THE FRONT OF THE NECK, ABOVE THE COLLARBONE THAT WRAPS AROUND THE WINDPIPE. THYROID HORMONES HAVE AN INFLUENCE ON MANY BODY FUNCTIONS INCLUDING BRAIN DEVELOPMENT, BREATHING, HEART AND NERVOUS SYSTEM FUNCTIONS, BODY

TEMPERATURE, MUSCLE STRENGTH, SKIN DRYNESS, MENSTRUAL CYCLES, WEIGHT AND CHOLESTEROL LEVELS.

MOST PEOPLE ARE UNAWARE OF THEIR THYROID UNLESS THEY'VE SUFFERED FROM SYMPTOMS RELATED TO THYROID DISEASE. WHEN THERE IS A PROBLEM WITH THE THYROID, THE BODY WILL USE ENERGY MORE SLOWLY OR QUICKLY THAN IT SHOULD. THERE ARE MANY CAUSES OF THYROID DISEASE, BUT THEY TYPICALLY RESULT IN TWO OPPOSITE CONDITIONS: HYPOTHYROIDISM AND HYPERTHYROIDISM.

TRICARE COVERS CLINICAL PREVENTIVE SERVICES INCLUDING CHECKS FOR THYROID CANCER FOR ADULTS WITH A HISTORY OF UPPER BODY RADIATION.

HYPOTHYROIDISM, THE MORE COMMON CONDITION, IS WHEN THE THYROID GLAND IS NOT ACTIVE ENOUGH. SYMPTOMS INCLUDE GAINING WEIGHT, FEELING TIRED AND HAVING DIFFICULTY WITH COLD TEMPERATURES. HYPERTHYROIDISM RESULTS WHEN THE THYROID IS TOO ACTIVE, PRODUCING MORE THYROID HORMONE

THAN THE BODY NEEDS. THIS CONDITION CAN CAUSE WEIGHT LOSS,  
RAPID HEARTBEAT AND SENSITIVITY TO HEAT.

THOSE WHO HAVE ANY OF THESE SYMPTOMS OR A FAMILY HISTORY  
OF THYROID DISEASE SHOULD SPEAK WITH THEIR PRIMARY CARE  
PROVIDER TO DISCUSS THEIR THYROID HEALTH.

TO FIND OUT MORE ABOUT WHAT TRICARE COVERS BY VISITING,  
[TRICARE.MIL/COVEREDSERVICES](http://TRICARE.MIL/COVEREDSERVICES).

FOR TRICARE MANAGEMENT ACTIVITY, I'M LORRAINE CWIEKA.

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AND THAT'S TODAY'S TRICARE BENEFICIARY BULLETIN. WE'LL  
HAVE MORE NEWS YOU CAN USE NEXT WEEK. (:03)

TAIL MUSIC (:03)