When Life Happens: What to Do After a Qualifying Life Event

Every year during TRICARE Open Season, you can enroll in or change your TRICARE Prime or TRICARE Select health plan. Outside of TRICARE Open Season, you can only enroll in or make changes to your TRICARE Prime (including the US Family Health Plan) or TRICARE Select plan following a Qualifying Life Event (QLE). A QLE is a certain change in your life, such as marriage, birth of a child, change of address, or retirement from active duty. Different TRICARE health plan options may be available to you and your family members after a QLE.

Examples of QLEs

What counts as a QLE? There are different types of TRICARE QLEs, including military changes, family changes, and government-directed changes. Many of them involve changes in job, location, or family status. To see the full list of QLEs and examples, visit www.tricare.mil/lifeevents.

Options Following a QLE

Following a QLE, you and your family members have three options depending on your situation:

• If you wish to continue your current coverage following a QLE and remain eligible for your current health plan, you don’t need to take action. Your coverage will continue uninterrupted.

• If you want to make a change to your health plan enrollment, you have 90 days following the QLE to make any eligible changes.

• If you’re eligible for TRICARE but not enrolled in a TRICARE plan, you have 90 days following the QLE to enroll in a health plan. If you or your family members aren’t enrolled in a health plan and don’t enroll in one within 90 days of a QLE, you’ll only be eligible for care at a military hospital or clinic if space is available.

Remember, a QLE for one family member creates a QLE for all family members.

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Take Action

After any QLE, update your or your family member’s information in the Defense Enrollment Eligibility Reporting System (DEERS). Visit www.tricare.mil/deers to learn how. You must update DEERS before you contact TRICARE to make the change. Depending on your QLE, you may need to show official documents (like a birth or marriage certificate) and update DEERS at an ID card office. Find your nearest ID card office (www.dmdc.osd.mil/rsl) and call ahead to make an appointment or to verify which documents you need.

Once your change shows in DEERS, you can then enroll or change your TRICARE coverage. You may make eligible health plan enrollment changes online, by mail, or by phone. For more information, visit www.tricare.mil/enroll. Enrollment must be within 90 calendar days of the date of the QLE. Coverage starts on the QLE date. Enrollment fees, if required, begin on the QLE date, not the date the enrollment request is submitted. Once you enroll, your TRICARE regional contractor can confirm your enrollment.

If you don’t enroll in a TRICARE health plan, you or your family member will only be able to get care and pharmacy services at a military hospital or clinic, if space is available.

Making Enrollment Changes Without a QLE

If you and your family don’t experience a QLE, you may enroll in or make changes to your TRICARE Prime or TRICARE Select health plan during the annual TRICARE Open Season. The next TRICARE Open Season will take place from Nov. 11 to Dec. 9, 2019. QLE and open season enrollment rules apply only to TRICARE Prime and TRICARE Select.

Premium-based plans (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program) offer continuous open enrollment throughout the year.

For more information about QLEs and the impact they may have on you or your family, visit www.tricare.mil/lifeevents.

THE NEXT TRICARE OPEN SEASON WILL TAKE PLACE FROM NOV. 11 TO DEC. 9, 2019.
Navigating Your Summer Move with TRICARE

Are you and your family moving this summer? Moving doesn’t change your TRICARE eligibility, but it may change the TRICARE health care options available to you and your family. Moving is a Qualifying Life Event (QLE), which means you have 90 days from the date you move to change your TRICARE Prime or TRICARE Select health plan.

Don’t disenroll from your current health plan before you move. You’re covered by your current plan on your way to your new location.

After you move:

- Update your address and other new information in the Defense Enrollment Eligibility Reporting System (DEERS).
- If you want to make changes and you’re eligible to do so, you may change your or your family member’s TRICARE health plan.
- Tell your regional contractor and doctors if you have other health insurance besides TRICARE. TRICARE pays after most other health insurance. Other health insurance doesn’t apply to active duty service members (ADSMs).

Moving Overseas

Before you move, call the TRICARE Overseas Program (TOP) Regional Call Center for your new area. Active duty family members must be command-sponsored for TOP Prime or TOP Prime Remote coverage. Retirees and their family members aren’t eligible for TOP Prime options, but may be eligible for TOP Select.

To learn more about moving with TRICARE, visit www.tricare.mil/moving.

Moving Stateside

If you’re enrolled in TRICARE Prime and moving to another Prime Service Area, you can transfer your TRICARE Prime enrollment. Depending on how far you move from your current home, you’ll likely need to change your primary care manager.

TRICARE Prime isn’t available everywhere. If you’re moving to an area where TRICARE Prime isn’t available, the QLE will allow you to change your plan. (ADSMs may only use TRICARE Prime or TRICARE Prime Remote.)

If you’re enrolled in TRICARE Select, update your personal information in DEERS. Then find a new TRICARE-authorized network or non-network provider in your new location. Using a TRICARE network provider will help keep out-of-pocket costs low.
As your child approaches young adulthood, it’s important to understand what TRICARE options are available. Your child qualifies for TRICARE benefits until age 21. Coverage extends up to age 23 for unmarried children of TRICARE-eligible sponsors, if:

- The child is a college student enrolled in a full-time course of study at an approved institution of higher learning
- The sponsor provides over 50 percent of the child’s financial support

**Coverage Options for College Students**

If your child is heading to college, update the Defense Enrollment Eligibility Reporting System (DEERS) to reflect this status. This will verify and ensure their eligibility for TRICARE. To extend benefits past your child’s 21st birthday, you’ll need a letter from the school registrar’s office. The letter must state your child is enrolled full-time in an accredited college in pursuit of an associate’s degree or higher. Bring the letter to an ID card-issuing facility. To avoid automatic disenrollment when your child turns age 21, you should update DEERS information before his or her 21st birthday. Check with your regional contractor after doing so to make sure there’s no break in coverage: www.humanamilitary.com/about-us/contact-us.

TRICARE health plan options and payment requirements depend on the location of the college your student attends, your sponsor status, and your family’s individual preferences. Use the TRICARE Compare Plans Tool for a side-by-side look at plan features and costs at www.tricare.mil/plans/compareplans.

Like other beneficiaries eligible to enroll in TRICARE Prime or TRICARE Select, college students may only enroll in or change their TRICARE coverage during the annual TRICARE Open Season or if they experience a Qualifying Life Event (QLE). The most common QLE for college students is a change in their residential address (from home to college or vice versa). To qualify, update DEERS with the new address.

Although TRICARE Select coverage is available worldwide, coverage with TRICARE Prime depends on where you go to college. Use the TRICARE Plan Finder to learn about your options: www.tricare.mil/planfinder.

**Attending College in the Same TRICARE Region**

TRICARE Prime and US Family Health Plan (USFHP) enrollees attending college stateside in the same region as their sponsor may keep their TRICARE Prime or USFHP at their sponsor’s address or transfer their enrollment to their school address. These plans must be available in the new location, and all criteria must be met. If your child enrolls in TRICARE Prime, they’ll have an assigned primary care manager, or PCM. They must make appointments with the PCM or have a referral from the PCM. If not, they will be charged point-of-service fees.

**Attending College in a Different TRICARE Region**

TRICARE Prime and USFHP enrollees going to college stateside in a different region from their sponsor’s residence may generally keep their TRICARE Prime enrollment in their sponsor’s region. They may also choose split enrollment and transfer their enrollment if TRICARE Prime is available in their new region.

If your child no longer qualifies for regular TRICARE coverage, he or she may qualify to purchase TRICARE Young Adult or Continued Health Care Benefit Program coverage.

Your student may submit The Authorization for Release of Information (DD 2870) to the new regional contractor to allow a parent, relative, or caregiver access to their TRICARE medical information. A power of attorney allows you to make medical decisions on behalf of your dependent. Learn more in the HIPAA section at HumanaMilitary.com.

For more information on TRICARE options as your child grows up, visit www.tricare.mil/college and www.tricare.mil/tya.
TRICARE East Website Tools and Registration Tips

Humana Military’s online self-service tool will help guide you through the care of your health. With educational resources, updated features and more, you can manage many aspects of your TRICARE health benefit.

Beneficiary Self-Service

- **View referrals and authorizations:** Check details, status, provider information and certain, limited referrals, and authorizations.
- **Chat with an agent:** A real-time connection to customer service representatives who can assist with your health care inquiries.
- **Send secure message:** Send your protected, sensitive data online to securely communicate with a customer service representative.
- **View Explanation of Benefits (EOB):** Find your EOB in a paperless, convenient format online, available anytime at your convenience.
- **Use Blue Button:** This new feature makes it easy for you to view, download, and print your EHR to share with your health care team.

Referral and Authorization Page

Beneficiaries can now easily find referral and authorization information. With helpful charts and a Q&A section, active duty service members (ADSMs), TRICARE Select, TRICARE Prime, and all other beneficiaries can find information on clinical prevention and prior authorization services. Humana Military works with primary care managers (PCMs) on the referral and authorizations for ADSMs and all others enrolled in a TRICARE Prime plan.

Blue Button

Get convenient access to your health care information with Humana Military’s Blue Button feature. Available 24/7, Blue Button is a simple way for you to review and share your health care information. Once you log in to beneficiary self-service, you can access your Electronic Health Record (EHR) and view:

- Referrals and authorizations
- Care Considerations (personal, secure health recommendations)
- Lab results
- Current medication list and much more

Well-Child

Whether you have a brand new baby, new addition, or an older infant/toddler, Humana Military’s well-child web pages are here to help you in your journey. Helpful information guides you through all you need to know about your child’s milestones and developments, immunizations, TRICARE coverage, and much more. With tips, checklists, and schedules, parents can find many resources to make parenthood easier.

Visit HumanaMilitary.com for more tools, resources, and information to support your well-being and health.

Update DEERS to Maintain TRICARE Eligibility

Being able to use TRICARE depends on keeping your information in the Defense Enrollment Eligibility Reporting System (DEERS) up to date. If you or a family member experienced a Qualifying Life Event (QLE), update DEERS. A QLE includes getting married or divorced, moving, giving birth, or retiring. You can make changes in person, by phone, online, or by mail.

Visit www.tricare.mil/deers for more information. To add or remove family members, visit a local ID card office. Find an office near you at www.dmdc.osd.mil/rsl.
Save Time and View Referrals and Authorizations Online

Need specialty care? Whether or not you need a referral depends on who you are and what TRICARE plan you’re enrolled in.

**TRICARE Prime**

If you’re enrolled in a TRICARE Prime plan, you can get clinical preventive care from any network provider without a referral or authorization. If you’re an active duty service member (ADSM), your primary care manager (PCM) is located at a military hospital or clinic. Your assigned civilian PCM works with your contractor to issue a referral or authorization for any services he or she is unable to provide.

If you’re a TRICARE Prime beneficiary living near a military hospital or clinic and are referred for specialty care, your regional contractor will first attempt to coordinate your care at the military facility. If the services aren’t available at the military hospital or clinic, the care will be coordinated with a TRICARE network provider.

Most specialty care referrals require review and approval from your regional contractor.

Urgent care visits don’t require referrals (unless you’re an ADSM enrolled to a military facility). You can get urgent care from any TRICARE-authorized urgent care center or network provider.

If you’re enrolled in TRICARE Prime and referred to a specialist who needs to perform specific diagnostic tests, a new referral isn’t usually required. Diagnostic tests can include an X-ray, laboratory test, and echocardiogram.

Urgent care at the military hospital or clinic doesn’t require a referral. A medical emergency is a condition that threatens life, limb, or eyesight and requires immediate medical treatment. Seek emergency care if you reasonably think you have an emergency. Emergency care doesn’t require a referral. Most care not provided by your PCM requires a referral.

**Please note:** If you receive care for services that require a referral without obtaining one, you may be responsible for all or part of the bill.

The point-of-service (POS) option allows TRICARE Prime beneficiaries to visit any TRICARE network or non-network provider for medical/surgical or mental health services without referrals from their PCMs or regional contractor.

Beneficiaries who use the POS option will pay a deductible and have higher cost-shares for services. ADSMs can’t use the POS option; they may be responsible for the entire cost of care.

**TRICARE Prime Remote**

If you’re enrolled in TRICARE Prime Remote (TPR), your assigned civilian PCM works with your contractor to issue a referral or authorization for any services he or she is unable to perform. Most care not provided by your PCM will require a referral. You don’t need a referral for urgent care if you visit a TRICARE-authorized urgent care center (network or non-network) or a network provider. Seek emergency care if you reasonably think you have an emergency. Emergency care doesn’t require a referral.

**Tracking your Referral**

After your PCM submits your referral, it takes two to three days to process. The quickest way to be informed of an approved referral is to have an updated and current email address on file with your regional contractor and request to be notified through email. You can see all of the details of your existing referrals by logging in to your regional contractor’s website.

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contractor’s beneficiary self-service web portal (See article “TRICARE East Website Tools and Registration Tips” on page 5). Remember, if you receive care for services that require a referral without obtaining one, you may be responsible for all or part of the bill.

Authorizations

Prior authorization is needed for certain services and/or procedures that require contractor review and approval. This includes services like certain mental health care, hospitalization, surgical, and therapeutic procedures.

Both a referral and an authorization are required when a TRICARE Prime, TPR, or TRICARE Young Adult Prime beneficiary receives a referral to a specialist and the specialist wants to perform a service on the prior authorization list. For example, you need a referral from your PCM to see a general surgeon, and prior authorization if the surgeon wants to perform weight loss surgery. Learn more about authorizations and referrals at HumanaMilitary.com.

Beneficiaries Covered by TRICARE Select (to include TRS and TRR)

A referral isn’t required for services, including urgent care. You can get care from any TRICARE-authorized provider, network or non-network. However, certain services (for example, Applied Behavior Analysis, inpatient admissions, some behavioral health services, adjunctive dental care, home health services) require prior authorization.

Protect Your Skin, Minimize Your Skin Cancer Risks

May is Skin Cancer Awareness Month, a time to focus on protective skin habits. Summer is just around the corner, so make sure to keep yourself and your family current on sun safety tips. Skin protection, especially during the warmer months, is important to overall health.

According to the Centers for Disease Control and Prevention, the sun’s ultraviolet (UV) rays can damage your skin in just 15 minutes. Skin cancer is the most common of all cancers in the U.S. The best way to prevent skin cancer is to reduce overexposure to UV light.

Follow these tips to help protect yourself and your family:

- Use sunscreen with SPF 15 or higher: Apply a broad-spectrum sunscreen with at least SPF 15 on all parts of exposed skin before you go outside. This is a good practice even on slightly cloudy or cool days. You may need to reapply sunscreen if you stay out in the sun for more than two hours, and after you swim or sweat excessively.

- Wear clothing to cover your skin: When possible, wear a T-shirt or beach cover-up, in addition to sunscreen for maximum protection from UV rays.

- Use shade: Seek shade under an umbrella, tree, or other shelter when the sun’s rays are strongest, between 10 a.m. and 4 p.m.

If you notice changes in your skin, such as a new growth, a sore that doesn’t heal, or a change in the appearance of a mole, talk to your doctor. TRICARE covers skin cancer exams for people who are at a higher risk for developing skin cancer due to family history, personal history, or job occupation. Learn more at www.tricare.mil/skincancer.
FAQ Corner

How do I find a TRICARE retail network pharmacy?

There are more than 58,000 retail network pharmacies in the U.S. and U.S. territories. That means you can get prescriptions where and when you need them. Find a network pharmacy at www.express-scripts.com/TRICARE by clicking on “Tools” and then selecting “Find a Pharmacy.” You can also get help finding a network pharmacy by calling the pharmacy contractor, Express Scripts, Inc., at 1-877-363-1303.

Note: US Family Health Plan beneficiaries have separate pharmacy coverage. Visit www.tricare.mil/usfhp for more information.

What is an explanation of benefits, and how can I see mine?

An explanation of benefits (EOB) is an itemized statement that shows what action TRICARE has taken on your claims. EOB statements aren’t mailed to you. They’re available online on your TRICARE regional contractor website. You must first log in or register on their secure portal to get access to your EOB statements. Visit www.humanamilitary.com/beneficiary/enrollment-and-claims to learn more.

How can I get health care advice?

You can contact the Military Health System Nurse Advice Line for non-emergency health care advice from a registered nurse 24/7. The registered nurse can answer your urgent care questions, help you understand your symptoms and decide when to visit a provider, find an urgent care facility, and more. If you reasonably think you have an emergency, seek emergency care or call 911.

Visit www.mhsnurseadvicecline.com for web chat and video chat, or dial 1-800-TRICARE (1-800-874-2273), option 1.

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