



HEALTH MATTERS

A PUBLICATION FOR TRICARE® BENEFICIARIES

Make 2020 Enrollment Changes During TRICARE Open Season

Open Season Begins Nov. 11

During TRICARE Open Season, eligible non-active duty service members (ADSMs) may enroll in or change their or their family member's TRICARE Prime or TRICARE Select health plan. Additionally, ADSMs may change their eligible family member's plans. Open season starts on Nov. 11 and ends on Dec. 9. Enrollment choices made during this period will take effect on Jan. 1, 2020.

If eligible to participate in open season, you have three choices for your 2020 coverage:

- **Do nothing.** If you want to stay in your current TRICARE health care plan, you don't have to take any action. You'll continue in your current health plan through 2020 or as long as you're eligible.
- **Enroll in a plan.** If you're eligible for TRICARE Prime or TRICARE Select but not enrolled, you can enroll in a plan now.
- **Change plans.** If you're already enrolled in TRICARE Prime (including the US Family Health Plan [USFHP]), or TRICARE Select, you can switch plans and switch between individual and family enrollment.

Outside of TRICARE Open Season, you can only enroll in or make changes to your TRICARE Prime (including

the USFHP) 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 plans may be available to you and your family members after a QLE. Read more about QLEs on page 5.

If you choose to enroll in a plan or change a plan, you have three options:

- **Online:** Log in to milConnect at <https://milconnect.dmdc.osd.mil> and click on "Benefits." Then select "Beneficiary Web Enrollment (BWE)" from the menu. You may only enroll or make changes to stateside health plans.
- **By phone:** Call your regional contractor. Contractor information is available at www.tricare.mil/regions.
- **By mail:** Mail your enrollment form to your regional contractor. Find forms and mailing addresses at www.tricare.mil/forms.

TRICARE Open Season doesn't apply to TRICARE For Life (TFL). TFL coverage is automatic if you have Medicare Part A and Medicare Part B. Open season also

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An Important Note About TRICARE Program Information: At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. Most TRICARE plans meet the Affordable Care Act requirement for minimum essential coverage.

Beneficiary Web Enrollment Available Through milConnect

When making health plan changes during TRICARE Open Season or after a Qualifying Life Event, you can enroll in or change your health plan by accessing Beneficiary Web Enrollment (BWE) through the milConnect website. Keep in mind, BWE only allows for enrollment or changes to stateside health plans.

To access BWE, log in to milConnect (<https://milconnect.dmdc.osd.mil>) and click on “Benefits.” Then select “Beneficiary Web Enrollment (BWE)” from the menu.

You must be eligible for a plan in order to enroll. You may check your eligibility at www.tricare.mil/planfinder.

You can enroll in or change enrollment online in the following health and dental plans:

- TRICARE Prime (if you live in Prime Service Area)
- TRICARE Prime Remote
- TRICARE Select
- US Family Health Plan
- TRICARE Young Adult
- TRICARE Retired Reserve
- TRICARE Reserve Select
- TRICARE Dental Program ★



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doesn't apply to premium-based plans. These plans offer continuous open enrollment throughout the year and include:

- TRICARE Retired Reserve
- TRICARE Reserve Select
- TRICARE Young Adult
- Continued Health Care Benefit Program

TRICARE and Federal Employees Dental and Vision Insurance Program (FEDVIP) each have an open season for enrollment. Both the TRICARE and FEDVIP open seasons run from the Monday of the second full work week in November through the Monday of the second full work week in December. Enrollment in FEDVIP is through the Federal Benefits Open Season. Visit page 3 for more information on Federal Benefits Open Season.

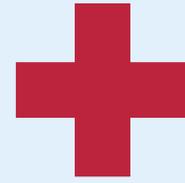
This is your benefit. Take command of your health and learn more about TRICARE Open Season at www.tricare.mil/openseason. ★



**TRICARE OPEN SEASON WILL TAKE PLACE FROM
NOV. 11 TO DEC. 9, 2019.**

Share Your Feedback! Take TRICARE Publications Survey

Do you read TRICARE publications to learn more about your TRICARE medical, dental, and pharmacy benefit? Do you regularly download publications? If so, share your feedback to help us improve your TRICARE benefit resources. This is your benefit, and we want to hear from you. Find the survey link at www.tricare.mil/publications. ★



Enroll in Optional Dental or Vision Coverage During Federal Benefits Open Season

Open Season Begins Nov. 11

Your chance to enroll in the Federal Employees Dental and Vision Insurance Program (FEDVIP) is during the Federal Benefits Open Season. This year, Federal Benefits Open Season runs from Nov. 11 to Dec. 9. Your coverage will start on Jan. 1, 2020. While the dates are the same as TRICARE Open Season, these are distinct and separate enrollments.

The U.S. Office of Personnel Management manages FEDVIP and offers eligible TRICARE beneficiaries a choice of dental and vision carriers. Those eligible for FEDVIP dental coverage include:

- Retired service members and their eligible family members
- Retired National Guard and Reserve members and their eligible family members
- Certain survivors
- Medal of Honor recipients and their immediate family members and survivors

Those who may qualify to purchase FEDVIP vision coverage include beneficiaries enrolled in a TRICARE

health plan (retirees and Reserve Component members and their eligible family members, as well as active duty family members) and those who have TRICARE For Life (TFL).

FEDVIP offers flexibility when selecting the right coverage for you and your family. You may choose between multiple vision and dental plans and carriers. Some plans offer both high and standard options. But to enroll in FEDVIP vision, you must be enrolled in a TRICARE health plan or have TFL coverage.

Adult children enrolled in or eligible for TRICARE Young Adult aren't eligible for FEDVIP. Active duty service members and beneficiaries enrolled in the Transitional Assistance Management Program are also ineligible.

As the enrollment date approaches, plan choices and comparison tools will become available. Be sure to sign up for email updates. For more information, visit www.benefeds.com.

If you want to make a change to your or your family member's dental or vision coverage, take command of your health and prepare to participate in the Federal Benefits Open Season. ★

Defense Health Agency Assuming Responsibility for Military Hospitals and Clinics

The Defense Health Agency is assuming administration and management responsibilities from the Army, Navy, and Air Force for all military hospitals and clinics in the continental U.S. on Oct. 1, 2019. Congress initiated this change to establish a more flexible and integrated system to manage facilities.

The transition of responsibilities shouldn't have an immediate effect on your experience of care at the majority of military hospitals and clinics. Your facility, physicians, and coverage will remain the same.

These reforms will drive better integration and standardization of care. Patients will also have a consistent, high-quality health care experience, wherever they receive care.

Find more information on these initiatives at www.health.mil/MHSTransformation. ★

Retiring? You Must Make an Enrollment Choice

When retiring from active duty or turning age 60 as a retired reserve member, you must enroll in a TRICARE plan to continue coverage. Continuing TRICARE health care coverage isn't automatic.

If you want TRICARE Prime or TRICARE Select with no break in coverage, you must enroll in a plan within 90 days of retiring from active duty or turning age 60 (retired reserve members only). Both retiring from active duty and turning age 60 as a retired reserve member are Qualifying Life Events (QLEs). The effective date of coverage is the date of the QLE.

If you don't enroll in TRICARE Prime or TRICARE Select within 90 days of retiring from active duty or turning age 60, you may request a retroactive enrollment within 12 months of either of these QLEs. Coverage is effective from the date of your sponsor's retirement from active duty or turning age 60. If applicable, you'll need to pay enrollment fees back to either of these dates.

If you don't enroll within 90 days of these QLEs or don't request retroactive enrollment, you can enroll in a TRICARE plan during TRICARE Open Season or after you or a family member experiences a QLE. Until then, you'll only be eligible for care at a military hospital or clinic if space is available.

Once enrolled, you'll pay retiree costs for enrollment fees, deductibles, copayments, and cost-shares. Learn more at www.tricare.mil/costs.

Take Action

You'll need to update your information in the Defense Enrollment Eligibility Reporting System. You and your family members will also need new identification cards upon the sponsor's status change. Visit www.tricare.mil/retiring to learn more.

Health Plan Options

Depending on your eligibility, there are many TRICARE program options for you and your family to enroll in after retirement:

- TRICARE Prime (if living in a Prime Service Area)
- TRICARE Select or TRICARE Overseas Program Select



- US Family Health Plan
- TRICARE For Life (if the beneficiary has Medicare Part A and Part B)

Once you enroll in a TRICARE health plan, you also have pharmacy coverage.

Dental and Vision Options

Retired service members, retired reservists age 60 and older, and eligible family members have the option to enroll in the Federal Employees Dental and Vision Insurance Program (FEDVIP) (See "Enroll in Optional Dental or Vision Coverage During Federal Benefits Open Season" on page 3). You don't have to be enrolled in a TRICARE health plan to purchase dental coverage. However, to enroll in vision coverage through FEDVIP, you must be enrolled in a TRICARE health plan. For more information about FEDVIP and eligibility, visit www.benefeds.com.

When you retire, your TRICARE coverage may change. Understanding your TRICARE options will help you and your family make the best health care decisions. To learn more, download the *TRICARE Retiring from Active Duty Brochure* and *TRICARE Costs and Fees Sheet* at www.tricare.mil/publications. ★

What is a TRICARE Qualifying Life Event?

You may have several changes in your coverage throughout your military career. These changes could be the result of program availability based on your assigned location, having or adopting children, or changing duty status. Some changes may be TRICARE Qualifying Life Events (QLEs). A QLE means you have an opportunity to change your or your family member's TRICARE health plan.

After any QLE, update your or your family member's information in the Defense Enrollment Eligibility Reporting

System (DEERS). Visit www.tricare.mil/deers for options for updating your DEERS record. Once your change shows in DEERS, you may make any eligible health plan enrollment changes. Keep your DEERS record up to date to ensure coverage for you and your family. For more information, visit www.tricare.mil/enroll.

Note: Merely updating DEERS is NOT the same as enrolling in a TRICARE health plan. You must contact your regional contractor to enroll in a TRICARE health plan. ★

QUALIFYING LIFE EVENT	EXAMPLES
Change in sponsor status that results in ineligibility to continue existing coverage	<ul style="list-style-type: none"> • Retiring from Active Duty • Separating from Active Duty • Activating • Deactivating
Change in family composition	<ul style="list-style-type: none"> • Marriage • Divorce or annulment • Birth of a child • Adoption of a child • Placement of a child by a court in a member's home • Children becoming adults • Death in family
Moving (change of address)	<ul style="list-style-type: none"> • Child moving away to college • Relocation to a new country, city, region, or ZIP+4 code
Government-directed changes	<ul style="list-style-type: none"> • Government-directed primary care manager change • Government-directed health plan change
Change in command sponsorship (overseas only)	<ul style="list-style-type: none"> • Gaining or losing permission to have family members accompany the military member, with full military benefits, during an assignment overseas
Losing sponsor or family member eligibility	<ul style="list-style-type: none"> • Turning age 60 (Retired Reserve member) • Turning age 65 (Becoming eligible for Medicare)
Change in eligibility status of any single family member in another family	<ul style="list-style-type: none"> • In cases where both parents are sponsors, change in eligibility status for either member of a joint service family
Losing or gaining other health insurance	<ul style="list-style-type: none"> • Losing or gaining other health insurance

Learn About Your HIPAA Rights

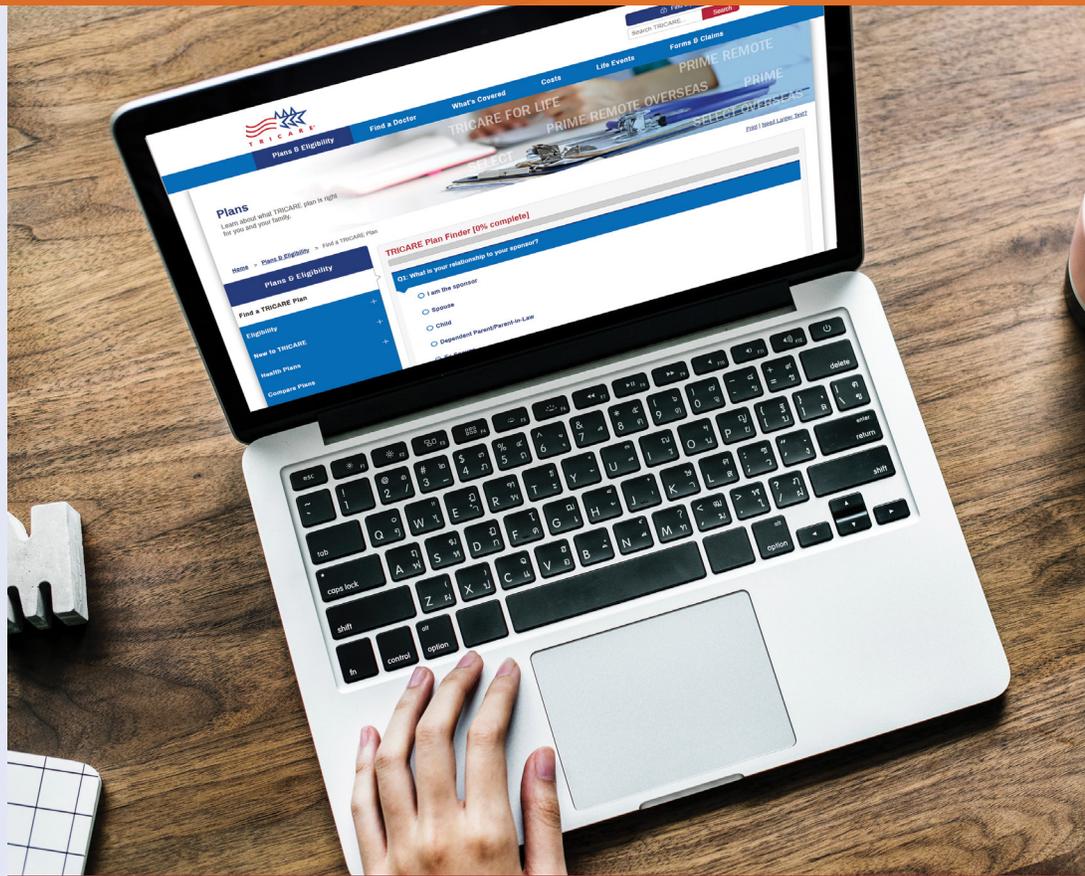
The Health Insurance Portability and Accountability Act (HIPAA) established national standards to protect patient health information. HIPAA requires providers to inform patients of privacy standards and their rights when it comes to their protected health information (PHI).

Health plans and covered health care providers must develop and distribute a Notice of Privacy Practices (NoPP) that provides a clear explanation of these rights and practices. The NoPP is intended to make you aware of privacy issues and concerns, encourage you to exercise your rights, and prompt you to have discussions with your health care plan administrators and health care providers.

The Military Health System (MHS) NoPP explains:

- How the MHS will use your PHI
- When and where the MHS may disclose your PHI
- How to limit where the MHS will disclose your PHI
- How the MHS will protect your PHI

You can read the new MHS NoPP online in several languages at www.health.mil/nopp. It's also available in paper copy at your military hospital or clinic. You may ask for a copy at your next appointment, or call and request a mailed copy. ★



TRICARE Resources to Help You Make the Most of Your Benefit

TRICARE resources are available online to help you find a variety of information, including TRICARE plan eligibility requirements, plan availability, costs, providers, key plan features, and more.

You can find publications about TRICARE medical, dental, and pharmacy benefits on the TRICARE website at www.tricare.mil/publications. TRICARE publishes handbooks, newsletters, brochures, fact sheets, and more. New TRICARE publications are added and updated to reflect updates, so visit the TRICARE Publications page often.

Other online resources include:

- **TRICARE Plan Finder:** Discover which plans you're eligible for based on your sponsor status, age, and location. www.tricare.mil/planfinder
- **Compare Plans:** View plans side-by-side to help you compare plans and costs. www.tricare.mil/compareplans
- **Find a Doctor:** Enter your location and the type of provider you need to generate a list of network providers in your area. www.tricare.mil/finddoctor
- **Find a Military Hospital:** Locate the nearest military hospital or clinic by entering your city and state or ZIP code. www.tricare.mil/mtf ★

Improved Mobile App Coming Soon

Humana Military's new and improved mobile app is coming soon! This fall, you'll be able to use the app to find providers, make payments, check eligibility, and view coverage, catastrophic cap, claims, and much more. ★

Electronic Health Records Bring Innovation to the Military Health System

MHS GENESIS is the Defense Department's new electronic health record. It will replace more than 60 legacy systems across the Military Health System, and fully deploy in military hospitals and clinics by 2024.

The integrated health record will give you and your family members a single record of medical and dental care. A new patient portal will replace TRICARE Online. You'll benefit from a new interface that offers secure messaging with providers and access to your medical records, appointments, and more. It will improve communication with information sharing between military hospitals and clinics, civilian providers, and the Department of Veterans Affairs.

For more information, visit www.health.mil/MHSGENESIS and follow the Military Health System on Facebook and Twitter @MilitaryHealth. ★



Who is Responsible for Submitting Claims?

Network providers will submit TRICARE claims for you for services like inpatient hospital, ambulatory surgery, outpatient hospital, and emergency care. There are some instances in which you must submit your own claim, such as non-network professional charges rendered in a provider's office. Examples of this include:

- An office visit
- Injection
- Casting broken arms
- Immunizations
- Durable medical equipment supplies
- Breast pump supplies

Visit www.tricare.mil/claims for additional information about submitting medical claims. For information on pharmacy claims, visit www.tricare.mil/pharmacyclaims. ★





HEALTH MATTERS

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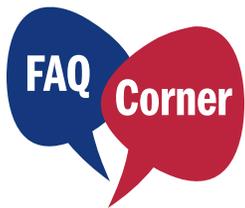
CHECK THIS OUT...

Open season will take place from Nov. 11 to Dec. 9

TRICARE Open Season begins on Nov. 11. Find out what this means for you and what you can do to prepare.

See page 1.

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What does Group A and Group B mean?

Group A and Group B beneficiaries have different enrollment fees and out-of-pocket costs. If you or your sponsor's initial enlistment or appointment occurred before Jan. 1, 2018, you're in Group A. If your sponsor's initial enlistment or appointment occurred on or after Jan. 1, 2018, you're in Group B. Group A beneficiaries enrolled in premium-based plans (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program) follow Group B costs. You can view costs based on your beneficiary group at www.tricare.mil/costs.

How do I know which TRICARE plans I'm eligible for?

Your plan options vary depending on who you are and where you live. If you aren't sure what health plans you may be eligible for, start by using the TRICARE Plan Finder at www.tricare.mil/planfinder. Answer a few simple questions, and the tool will display the plans you may be eligible for. You can do this for yourself or for family members. Remember that different family members may be eligible for different plans.

What are my options after my Transitional Assistance Management Program (TAMP) coverage ends?

TAMP provides 180 days of premium-free transitional health care benefits after you separate from the military. Consider your health care options before your coverage ends and check your plan eligibility at www.tricare.mil/planfinder. You should also explore health plans at www.healthcare.gov. The Continued Health Care Benefit Program (CHCBP) offers temporary, transitional health coverage for individuals and families after TRICARE eligibility ends. You must purchase the CHCBP within 60 days of losing TRICARE eligibility. Learn more about CHCBP at www.tricare.mil/chcbp. ★