



HEALTH MATTERS

A PUBLICATION FOR TRICARE® BENEFICIARIES

TRICARE Open Season Closes Dec. 9

Enroll in or Change Your Health Plan for 2020

TRICARE Open Season is an annual period when you may make changes to your health plan for the next year. If you want to enroll in a new plan or make changes to your coverage for 2020, now is the time to act. Otherwise, during 2020, you'll only be able to enroll in or make changes to your TRICARE Overseas Program (TOP) Prime or TOP Select plan if you or a family member experiences 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. Learn more about QLEs at www.tricare.mil/lifeevents.

What are my options during TRICARE Open Season?

- **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 TOP Prime or TOP Select but not enrolled, you can enroll in a plan now.
- **Change plans.** If you're already enrolled in TOP Prime or TOP Select, you can switch plans and switch between individual and family enrollment.

Does TRICARE Open Season apply to all beneficiaries?

TRICARE Open Season doesn't apply to TRICARE For Life (TFL) or premium-based plans. TFL coverage is automatic if you have Medicare Part A and Part B. You may purchase premium-based plans any time. These plans include:

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

Where can I view and compare plans and costs?

The TRICARE Compare Plans Tool (www.tricare.mil/compareplans) will help you choose the right TRICARE plan for you and your family. With the TRICARE Compare Cost Tool (www.tricare.mil/costs/compare), you can see TRICARE costs, including copayments, enrollment fees, and deductibles. To get started, choose your health plan, sponsor status, and the date the sponsor entered the uniformed service. You can compare the health care

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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 the TRICARE Overseas Program contractor, your TRICARE Service Center or your local military hospital or clinic.

TRICARE Covered Services: Understand What's Included

TRICARE covered services include health, pharmacy, and dental benefits. Who you are and what health plan you have determine how you get care, referral and authorization requirements, and deductibles and any out-of-pocket costs.

Medical: Need to know if a specific test or service is covered? Enter a keyword or category into the search tool at www.tricare.mil/coveredservices. Results will display the service; whether it's covered; and the limits regarding coverage. Certain covered benefits require a referral or prior authorization.

The items on the website and in the newsletters are not a comprehensive listing of covered or non-covered benefits. For information on specific benefits, call your regional contractor.

Pharmacy: To check if your prescription drugs are covered, you can use the TRICARE Formulary Search Tool at www.express-scripts.com/tricareformulary. The TRICARE Formulary is a list of covered generic and brand-name prescription drugs. TRICARE covers most prescription drugs approved by the Food and Drug Administration.

Dental: If you're enrolled in the TRICARE Dental Program, visit the United Concordia Companies, Inc. website at www.uccitdp.com. Click "What's Covered" under the "Benefits" tab. If you're enrolled in the Federal Employees Dental and Vision Insurance Program, start at www.benefeds.com. ★

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costs of multiple plans at once. You can also download the *TRICARE Costs and Fees Sheet* at www.tricare.mil/publications.

How do I participate in TRICARE Open Season overseas?

Enroll in a plan or change a plan in one of three ways:

- **By phone:** Call your TOP Regional Call Center. Find contact information at www.tricare-overseas.com/contact-us.
- **By mail:** Print and mail your enrollment form to your TOP Regional Call Center. Find forms and mailing addresses at www.tricare.mil/forms.
- **In person:** Visit your nearest TRICARE Service Center. Find a location at www.tricare.mil/tsc.

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



**TRICARE OPEN SEASON 2019 TAKES PLACE FROM
NOV. 11 TO DEC. 9.**

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. This is your benefit, and we want to hear from you. Find the survey link at www.tricare.mil/publications. ★

Federal Benefits Open Season Closes Dec. 9

Enroll in FEDVIP Now for 2020 Dental and Vision Coverage

The Federal Benefits Open Season ends on Dec. 9, at the same time as TRICARE Open Season. If you're eligible, you may enroll in the Federal Employees Dental and Vision Insurance Program (FEDVIP) or make changes to your existing enrollment. FEDVIP is offered by the U.S. Office of Personnel Management. Active duty service members aren't eligible for FEDVIP.

If you're currently enrolled in a FEDVIP dental or vision plan and don't want to make a change, you don't have to do anything. However, you should still review 2020 costs at www.benefeds.com, as they may change from what you currently pay.

Who's eligible for FEDVIP dental?

Most retired service members and their families are eligible to enroll in a FEDVIP dental plan.

Who's eligible for FEDVIP vision?

Most retired service members and their families and active duty family members are eligible to enroll in a FEDVIP vision plan. You must be enrolled in a TRICARE health plan to qualify to purchase FEDVIP vision coverage.

If you're not sure if you can enroll in FEDVIP, use the FEDVIP eligibility tool

at www.benefeds.com. The tool lets you check to see if you're eligible for FEDVIP dental, vision, or both.

What can I do during Federal Benefits Open Season?

If you're eligible, you may be able to:

- Enroll in a FEDVIP vision plan
- Enroll in a FEDVIP dental plan
- Enroll in both
- Enroll in neither

FEDVIP offers a choice of 10 dental and 4 vision carriers to choose from. Use the FEDVIP plan comparison tool at www.benefeds.com to help you determine what plans are right for you and your family. The tool allows you to compare plans available in your area based on monthly premium rates, benefits (network vs. non-network), deductibles, and annual maximums. You can compare up to three plans side-by-side.

The Federal Benefits Open Season is underway. Don't delay—make enrollment choices or changes today. ★



TRICARE Benefits Year in Review

TRICARE expanded covered services for certain beneficiaries in 2019. Some of those changes include:

- TRICARE now covers a portable Continuous Positive Airway Pressure (CPAP) machine. You must be an active duty service member and meet certain conditions.
- TRICARE now covers banked donor breast milk when an infant is critically ill and the mother's breast milk isn't available or sufficient. Because donor milk must come from human milk banks accredited by the Human Milk Banking Association of North America, it's only available in the U.S. and Canada.
- TRICARE expanded breastfeeding supply coverage to cover one manual or standard electric breast pump and operational supplies per birth event, up to six individual outpatient breastfeeding counseling sessions per birth event, and more.

Learn more about these and other TRICARE covered services at www.tricare.mil/coveredservices. ★

TRICARE Overseas Program Prime vs. TRICARE Overseas Program Select: What's the Difference?

Wondering which plan is the right one for you during TRICARE Open Season? Not sure you understand the differences between TRICARE Overseas Program (TOP) Prime and TOP Select? Read this overview to learn more and download the *TRICARE Overseas Program Handbook* at www.tricare.mil/publications.

TOP Prime and TOP Prime Remote: A Managed Care Plan

TOP Prime and TOP Prime Remote are health care options only for active duty service members (ADSMs) and their eligible, command-sponsored family members. They're similar to a health maintenance organization, or HMO, plan. This means you get most of your care from a primary care manager (PCM). With TOP Prime Remote, your contractor (International SOS) may help coordinate your care. Your PCM or contractor will:

- Manage your health care
- Provide routine health care
- Get any referrals or authorizations you need
- Refer you to a specialist when you need it
- File your medical claims

You have no out-of-pocket costs when you get covered health care services from your PCM or when you have a referral and pre-authorization for care from a civilian provider.

TOP Select: A Preferred Provider Plan

TOP Select is an option for eligible non-ADSMs living overseas. TOP Select works like the stateside TRICARE Select plan with similar benefits, requirements, and costs. Other plans that work like TRICARE Select are also available: TRICARE Reserve Select and TRICARE Retired Reserve. TOP Select is like a preferred-provider organization, or PPO, plan. You manage your own health care without a PCM and choose which TRICARE-authorized providers you see. In certain areas of the Philippines, you must see a TRICARE Certified Provider to ensure claims reimbursement.

You don't need referrals for most health care services, but your TOP Regional Call Center must authorize some services. When you use TOP Select, you may pay higher costs and have to file your own health care claims if you go outside the network. Choosing a TRICARE-authorized provider means lower out-of-pocket costs and the provider may file claims for you. If you see a provider that isn't TRICARE-authorized, you're responsible for the full cost of care.

TOP Select requires enrollment costs, a yearly deductible, and copayments. You should expect to pay up front for care and file your own claims to get money back. Non-participating non-network providers can charge any amount for care. You're responsible for paying any amount above the TRICARE-allowable charge in addition to your deductible and cost-shares. For costs, go to www.tricare.mil/costs. ★





Getting TRICARE for Your Child Overseas

Do you have a newborn, a newly adopted, or court-appointed child? If you want your child to be covered by TRICARE, you'll need to take action. How you enroll your new child depends on who you are. The following rules apply to active duty service members overseas. For enrollment information specific to retirees overseas, visit www.tricare.mil/gettingtricareforchild.

When do I need to register my child in the Defense Enrollment Eligibility Reporting System (DEERS)?

Within 120 days of birth, adoption, or court appointment. Your newborn, adopted, or court-appointed child is automatically enrolled in TRICARE Overseas Program (TOP) Select. If command-sponsored, you have 90 days from the automatic enrollment date to change to TOP Prime or TOP Prime Remote. Make sure your overseas address in DEERS is up to date.

What if I don't register my child in DEERS?

Your child won't show as TRICARE eligible. Claims for your newborn,

adopted, or court-appointed child deny starting on day 121 after birth, adoption, or court appointment.

What if I register my child in DEERS but don't enroll in a plan?

Your newborn, adopted, or court-appointed child is automatically enrolled in TOP Select. You must wait until the next TRICARE Open Season to choose and enroll your child into a different TRICARE health plan.

What if I register my child in DEERS late (after 120 days)?

Your newborn, adopted, or court-appointed child is automatically enrolled in TOP Select when registered in DEERS. Coverage will be backdated to the date of birth, adoption, or court appointment. You have 90 days from the automatic enrollment date to change to a different plan. The new plan is backdated to the date of birth, adoption, or court appointment. You need to ask the contractor to re-process any claims that were denied due to eligibility from day 121 to the date of your child's automatic enrollment. ★

Differences Between TRICARE Overseas and Stateside

You're living overseas and using TRICARE. But how does that differ from using TRICARE stateside?

Large Scale

TRICARE stateside is split between two regions in the U.S., and TRICARE overseas has three global areas: Latin America and Canada, Eurasia-Africa, and Pacific. The TRICARE Overseas Program (TOP) spans 163 countries covering 99 languages and 134 currencies. TRICARE stateside, being in one country, uses one language and one currency.

Billing

In overseas locations, payment at the time of service is generally expected. There are multiple billing practices related to who files claims, and bills are itemized based on the country's practices. Proof of payment is required for claims. Living stateside, the provider files claims for you in most cases and the majority of providers don't expect payment at time of service.

Enrollment

Overseas, retirees and non-command sponsored active duty family members aren't eligible to enroll in TOP Prime. Stateside, these groups may pay an enrollment fee and enroll in TRICARE Prime.

To learn more about your TRICARE benefit overseas, visit www.tricare-overseas.com. ★



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Can I submit my claims online?

Yes. Visit www.tricare-overseas.com and click on the “Beneficiaries,” tab, then “Claims,” and “Portal Tutorials” to download instructional guides and video tutorials on how to register, log in, and submit claims using the secure claims portal for beneficiaries.

You may also send your claims to the TRICARE Overseas Program (TOP) claims processor for the overseas area where you live. If you receive care while traveling, file your TRICARE claims in the overseas area where you live, not the area where you received care. For claims assistance, contact your TOP Regional Call Center and press option 2 or visit www.tricare-overseas.com/beneficiaries/claims. Find TOP claims mailing addresses at www.tricare-overseas.com/beneficiaries/claims/top-claims-mailing-addresses.

How can I get quick medical advice?

With the Military Health System (MHS) Nurse Advice Line, you can get advice from a registered nurse anytime. The nurse can answer your health care questions, assess your symptoms and provide recommendations for care, help you locate an emergency or urgent care facility, and more. The MHS Nurse Advice Line isn’t for emergencies that threaten life, limb, eyesight, or safety, or that requires immediate medical assistance. If you reasonably think that you have an emergency, go to the nearest emergency room or call 911. Visit www.mhsnurseadvice.com to find online chat and phone information.

How can I find a network provider overseas?

To find a TRICARE-authorized provider, you can search online at www.tricare-overseas.com/providersearch. You can search by location, specialty, gender, language spoken, and more. If you wish to clarify if a provider is an overseas network provider, call the TOP Regional Call Center (option 6) to speak with a member of the TOP Select Customer Service Team. ★

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TRICARE OVERSEAS PROGRAM CONTACT INFORMATION

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www.tricare-overseas.com

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TOPProgramIntegrity@internationalsos.com

QUALITY ASSURANCE, GRIEVANCES, APPEALS AND COMPLIMENTS/ COMMENDATIONS

www.tricare-overseas.com/Beneficiaries_Grievances_Appeals.htm
TOPGlobalQualityAssu@internationalsos.com

1. For toll-free contact information, visit www.tricare-overseas.com. Only call Medical Assistance numbers to coordinate overseas emergency care.