



HEALTH MATTERS

A PUBLICATION FOR TRICARE® BENEFICIARIES

TRICARE Rules for Enrolling and Disenrolling

Do you know the rules that outline how and when you can enroll and disenroll from a TRICARE plan?

With a premium-based plan like TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, or the Continued Health Care Benefit Program, you can enroll or disenroll anytime. But with the enrollment-based TRICARE Overseas Program (TOP) Prime and TOP Select plans, the rules for enrolling and disenrolling are different.

Enrollment

If you're qualified, you can enroll in or change your enrollment in TOP Prime or TOP Select during the annual TRICARE Open Season or following a Qualifying Life Event (QLE). Only active duty service members (ADSM) and command sponsored active duty family members can enroll in TOP Prime or TOP Prime Remote. Because the next open season begins in November, your only option until then is having a QLE.

A QLE is a certain change in your life, such as moving, marriage, birth of a child, or retirement from active duty. Different TRICARE health plan options may be available to you and your family after a QLE. Requests for enrollment based on a QLE may be received up to

90 days before and no later than 90 days after the date of the QLE. Enrollments will be effective the date of the QLE.

If one family member experiences a QLE, all eligible family members may make enrollment changes.

DIFFERENT TRICARE HEALTH PLAN OPTIONS MAY BE AVAILABLE TO YOU AND YOUR FAMILY AFTER A QLE.

To enroll in or change your health plan after a QLE, you must:

- Update your information in the Defense Enrollment Eligibility Reporting System, or DEERS.
- Make enrollment changes within 90 days of the QLE.
- Pay any enrollment fees or premiums due during that period.

You don't have to reenroll each year to keep TOP Prime or TOP Select coverage.

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Your TRICARE Payment Options

When it comes to TRICARE payments, you have options. In overseas locations, you must use a U.S. bank account or other U.S. financial institution when making monthly payments by debit or credit card, or by establishing an electronic funds transfer (EFT). You may call your regional contractor to pay with your credit or debit card, or setting up an EFT.

Setting up an automatic payment is required for premium-based plans, which must be paid monthly.

Premium-based plans include:

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

It's important to keep your payment information up to date. If your credit card or payment information changes, you may be disenrolled from TRICARE due to declined payment (See "TRICARE Rules for Enrolling and Disenrolling" on page 1).

Visit the TRICARE Overseas Program website, www.tricare-overseas.com, to learn more about payment options. ★

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Disenrollment

ADSMs must remain enrolled in TOP Prime or TOP Prime Remote. Other beneficiaries may choose to end TOP Prime or TOP Select coverage anytime. For example, you may gain insurance through your employer or spouse and choose to disenroll from TRICARE. If you're disenrolled from TRICARE, you'll need to wait until the next open season or a QLE to re-enroll in TRICARE.

Certain events will cause you to be disenrolled from TOP Prime or TOP Select, like losing your eligibility, or not paying your enrollment fees.

You can find disenrollment forms at www.tricare.mil/disenrollment. You may also call your TOP regional contractor for assistance with disenrollment.

If you're disenrolled and remain eligible for TRICARE, you'll only be able to receive care at military hospitals and clinics, if space is available. If you're involuntarily disenrolled, you can request reconsideration by calling your TOP regional contractor. An example for reconsideration would be enrolling after the allowed time window.

Learn more about enrolling, disenrolling, and TRICARE plans at www.tricare.mil. Take command of your health this year. ★





Are You Ready for Your New Stateside Assignment?

When you move from an overseas assignment to a new location, your TRICARE eligibility doesn't change, but your health plan options may. To be considered a Qualifying Life Event (QLE), your move must be to a new country, city, region, or U.S. ZIP +4 code. After a QLE, you must update your health plan within 90 days of your address change.

Keep the following tips in mind before your overseas to stateside move:

- Don't disenroll from any plan before you move.
- You're covered by your current plan while traveling to your new location.
- Tell your regional contractor and all medical providers if you have other health insurance (OHI) in addition to TRICARE. This includes National Health Insurance programs, Medicare, or an employer-sponsored health insurance plan. TRICARE pays after all OHI. OHI doesn't apply to active duty service members (ADSMs).
- Update your address and other personal information in the Defense Enrollment Eligibility Reporting System (DEERS) after you move.
- Stateside and overseas, ADSMs are only eligible for TRICARE Prime or TRICARE Prime Remote. Family members may be eligible to enroll in TRICARE Prime, TRICARE Prime Remote, or TRICARE Select. You can review these health plans at www.tricare.mil/plans/healthplans.
- If you make changes to your plan, the effective date will be the date your address change is effective in DEERS.

Learn more about moving with TRICARE at www.tricare.mil/moving. If you have questions, contact your TRICARE Overseas Program Regional Call Center. You can find contact information at www.tricare-overseas.com/contact-us. ★

2020 TRICARE Costs and Fees

Some TRICARE health care costs changed on Jan. 1. As always, TRICARE costs depend on who your sponsor is as well as your health plan. Active duty service members pay no out-of-pocket costs for any type of care. And remember, the amounts credited to your TRICARE deductible and catastrophic cap amounts reset each year on Jan. 1.

Learn more about your 2020 costs at www.tricare.mil/costs. Visit "Cost Terms" at www.tricare.mil/costs/cost-terms to help you better understand your deductible, catastrophic cap, and other TRICARE costs. ★



Take Action to Enroll in a TRICARE Plan When You Retire

When you retire from active duty or turn age 60 as a retired reserve member (also known as a “gray area retiree”), your existing TRICARE coverage ends. When that happens, you must enroll in a TRICARE health plan. You typically have up to 90 days after your retirement date to enroll in a TRICARE plan as a retiree.

If you don't enroll in a health plan within 90 days of retiring from active duty or retiring from National Guard or Reserve at age 60, you may request a retroactive enrollment within 12 months of your retirement date.

If you don't enroll within 90 days of your retirement date or request retroactive enrollment, you can only enroll in a TRICARE plan during the annual TRICARE Open Season (www.tricare.mil/openseason) or following another Qualifying Life Event experienced by you or a family member (www.tricare.mil/lifevents).

No matter when you enroll following your retirement, coverage begins on the first day of your retirement. If applicable, this means you must pay enrollment fees and any cost-shares or copayments back to your retirement date.

What to Do

To confirm your retired status is reflected in the Defense Enrollment Eligibility Reporting System (DEERS), visit <https://milconnect.dmdc.osd.mil> or call the DEERS Support Office at 1-800-538-9552.

Once DEERS is accurate, reenroll or enroll yourself and eligible family members in a health plan within 90 days of your retirement date. Visit www.tricare.mil/enroll to learn more.

Visit the TRICARE Plan Finder to learn more about the health plans available to you when you retire at www.tricare.mil/planfinder. Once you enroll in a TRICARE health plan, you also have pharmacy coverage.



Dental and Vision Options

If you're a retiring service member, you and your eligible family members have the option to enroll in the Federal Employees Dental and Vision Insurance Program (FEDVIP). You don't have to be enrolled in a TRICARE health plan to purchase dental coverage. However, you must be enrolled in a TRICARE health plan to purchase vision coverage through FEDVIP. For more information about FEDVIP plans, eligibility, and costs, visit www.benefeds.com.

Learn more about retiring from active duty with TRICARE by downloading the *TRICARE Retiring from Active Duty Brochure* and *TRICARE Costs and Fees Sheet* at www.tricare.mil/publications. ★

Medicare Under Age 65

If you're entitled to Medicare under age 65 and retired from active duty or the National Guard and Reserve, certain additional rules apply. To learn more, visit www.tricare.mil/medicare or www.tricare.mil/tfl.



File Complete Claims for Expedient Processing

Certain information is necessary to process TRICARE Overseas Program (TOP) claims. Oftentimes, claims are submitted incompletely, which can cause delays with payment processing.

Before you submit your claim, be aware of common claim submission pitfalls, like neglecting to include the following:

- Professional title and full name of the health care provider
- Street address of the service provider
- Correct, completed, dated, and signed TRICARE claim form, depending on your situation. Claims forms can be found at www.tricare.mil/forms.
- An itemized bill from the provider identifying the services received. If services were paid by the beneficiary, proof of payment such as a canceled check, credit card or bank statement is required. A complete bill includes the date of service, diagnosis, description of each service, and corresponding charge of each service.
- Explanation of benefits from the primary other health insurance, if applicable. This includes from a national health insurance.

Send your claims to the TOP claims processor for the overseas location where you live.

If you receive care while traveling, file your TRICARE claims in the area where you live, not the area where you received care. You may submit your claims through the secure beneficiary claims portal or download the paperwork online and mail your claims. Visit the portal at www.tricare-overseas.com/secure-claims-portal. Check out the “Claims Portal Tutorials” page at www.tricare-overseas.com/beneficiaries/claims/portal-tutorials for online help. ★



Does TRICARE Cover Your Ambulance Emergencies?

TRICARE generally covers ambulance services that brings patients to the closest, appropriate facility by the least costly means. A few exceptions exist. Ambulance services aren't covered:

- When the patient's condition would have allowed for the use of regular, private transportation
- If the primary purpose of the transfer is to move a patient closer to home, family, friends, or their personal physician

If your ambulance service is medically necessary and appropriate, this last exclusion doesn't apply. If documentation shows that the ambulance transfer is a medical necessity, then the ambulance service isn't decided primarily by family or patient convenience. Examples include parental nurturing of an infant as required for medical treatment or the need to place a child in an appropriate level of care.

Note: Medicabs or ambicabs primarily transport passengers to and from medical appointments. These vehicles aren't covered ambulance services.

Review what TRICARE covers at www.tricare.mil/coveredservices. If you have questions or need assistance with ambulance services overseas, contact your TRICARE Overseas Program Regional Call Center (www.tricare-overseas.com/contact-us). ★



HEALTH MATTERS



Does TRICARE cover second opinions?

Getting a second opinion can help you make smart decisions about your care. You need a referral to get a second opinion if you're an active duty service member or are enrolled in TRICARE Overseas Program (TOP) Prime. TOP Prime Remote beneficiaries need an authorization

from the TOP contractor for a second opinion. Your primary care manager can give you the referral. Beneficiaries in other plans, including TOP Select, may self-refer. To learn more, go to www.tricare.mil/referrals and click on "Getting a Second Opinion" in the left-hand navigation.

May I continue to get prenatal care at a military hospital or clinic while covered under TRICARE Young Adult?

Yes, if you have TRICARE Young Adult (TYA) Prime. If you have TYA Select, you may get care at a military hospital or clinic only if space is available. Note that newborn care for TYA beneficiaries isn't covered. To learn more about TYA, visit www.tricare.mil/tya.

Can I add my fiance/fiancee to my TRICARE plan?

No. You may only add your fiance/fiancee once you're married, which is a Qualifying Life Event (QLE). This QLE allows you to add a spouse to your health plan. Once married, update your information and register your spouse in the Defense Enrollment Eligibility Reporting System at <https://milconnect.dmdc.osd.mil>. Then, depending on eligibility, you can enroll your new spouse into a TRICARE plan. Keep in mind that your spouse's TRICARE plan options depend on where you live and your military status. Review enrollment rules around QLEs at www.tricare.mil/lifeevents. ★

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TRICARE OVERSEAS PROGRAM CONTACT INFORMATION

INTERNATIONAL SOS GOVERNMENT SERVICES, INC.

www.tricare-overseas.com

EURASIA-AFRICA

TOP Regional Call Center¹

+44-20-8762-8384 (overseas)
1-877-678-1207 (stateside)
tricarelon@internationalsos.com

Medical Assistance¹

+44-20-8762-8133

LATIN AMERICA AND CANADA

TOP Regional Call Center¹

+1-215-942-8393 (overseas)
1-877-451-8659 (stateside)
tricarephl@internationalsos.com

Medical Assistance¹

+1-215-942-8320

PACIFIC

TOP Regional Call Centers¹

Singapore:
+65-6339-2676 (overseas)
1-877-678-1208 (stateside)
sin.tricare@internationalsos.com

Sydney:

+61-2-9273-2710 (overseas)
1-877-678-1209 (stateside)
sydricare@internationalsos.com

Medical Assistance¹

Singapore: +65-6338-9277
Sydney: +61-2-9273-2760

REPORT FRAUD AND ABUSE

1-877-342-2503 (toll-free)
+1-215-354-5020 (direct)
+1-215-354-2358 (fax)

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.