

NOTICE OF TRICARE PRIME AND TRICARE SELECT PLAN INFORMATION FOR CALENDAR YEAR 2019

Each year, the Defense Health Agency publishes changes to the TRICARE program that affects you, our beneficiaries, for the upcoming calendar year. This notice provides information on significant plan changes or improvements for the TRICARE program for 2019.

Open season is an annual period when you can enroll in or change your health care coverage plan for the next year. TRICARE beneficiaries will experience open season for the first time Nov. 12–Dec 10, 2018. TRICARE Open Season will fall annually beginning each Monday of the second full week in November and ending the Monday of the second full week in December for coverage beginning on January 1 of the following year.

During TRICARE Open Season you may enroll in or change your TRICARE Prime or TRICARE Select plan. If you remain eligible and make no changes during TRICARE Open Season, then you will stay in the same plan for 2019. You may also change your type of enrollment, for example switching from individual to family enrollment. Any changes you make take effect on Jan. 1, 2019. For calendar year 2019, failure to enroll in TRICARE Prime or TRICARE Select results in the termination of coverage for civilian care. Beneficiaries who are not enrolled in TRICARE Prime or TRICARE Select may only receive care at a military clinic or hospital on a space available basis.

TRICARE Open Season doesn't apply to the following premium-based plans because they offer continuous open enrollment throughout the year:

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

Also, the TRICARE Open Season doesn't apply to TRICARE for Life (TFL...TRICARE's Medicare wraparound coverage) because TFL doesn't require enrollment, only that your DEERS record accurately reflects your Medicare coverage.

Beneficiary out-of-pocket costs: Certain beneficiary out of pocket costs (enrollment fees, premiums, catastrophic caps, deductibles, and copayments) are annually adjusted based on federal law and regulations, most notably by the annual retiree cost of living adjustment, or COLA. The retiree COLA will not be announced until mid-October, 2018. As of June 30, 2018, the COLA was project to be about 2.7%. Beneficiary out-of-pocket expenses impacted by the 2019 COLA will be posted to the tricare.mil/changes webpage before the start of Open Season.

The following will start on January 1, 2019.

TRICARE Young Adult (TYA) Monthly Premiums:

TYA Prime: \$358.00

TYA Select: \$214.00

TRICARE Reserve Select (TRS) Monthly Premiums:

TRS Member - Only: \$42.83

TRS Member & Family: \$218.01

TRICARE Retired Reserve (TRR) Monthly Premiums:

TRR Member - Only: \$451.51

TRR Member & Family: \$1,083.40

Continued Health Care Benefit Program (CHCBP) Premiums:

Single Coverage: \$1,453.00 /quarter

Family Coverage: \$3,273.00 /quarter

Improving what's covered:

- Effective January 1, 2018, Beneficiaries enrolled in TRICARE Prime coverage who reside in a zip code where US Family Health Plan (USFHP) and Managed Care Support Contractor (MCSC) Prime networks co-exist may elect to change their Primary Care Manager (PCM) to the other network at any time by disenrolling from their current contractor and re-enrolling with the other contractor. This is to be viewed as a PCM change.
- Effective January 1, 2018, Electroconvulsive Therapy (ECT), Transcranial Magnetic Stimulation (TMS) and Psychoanalysis will be preauthorized in any setting.
- Effective January 1, 2018, Contractor approval of referrals for urgent care visits for TRICARE Prime enrollees are no longer required, except for ADSMs. No referral from their PCM or authorization by a Health Care Finder (HCF) will be required and no POS deductibles and cost shares shall apply when urgent care is provided by a TRICARE network provider or a TRICARE-authorized (network or non-network) Urgent Care Center (UCC) or Convenience Clinic (CC).
- Medication Adherence Program on February 1, 2018 reduced or eliminated co pays for high value drugs such as insulin and statins being filled at in-network retail pharmacies and TRICARE Pharmacy Home Delivery.
- Effective December 23, 2017, Low Protein Modified Foods (LPMF) for the treatment of Inborn Errors of Metabolism (IEM) are added as a service that will need preauthorization in any setting.
- Effective January 1, 2018, A TRICARE Prime enrollee must seek all his or her primary health care from the PCM with the exception of Clinical Preventive Services. For mental health and Substance Use Disorder (SUD) care, all inpatient and

outpatient services, except office-based, outpatient treatment provided by a network provider, require a referral. However, if the non-office based, outpatient mental health or SUD provider is a network provider, a request for preauthorization from the network provider to the contractor may be accepted in lieu of PCM referral.

- TRICARE Retiree Dental Program (TRDP) is ending Dec 31, 2018 and is being replaced with Federal Employees Dental and Vision Insurance Program (FEDVIP). FEDVIP offers dental plans through ten different carriers and vision coverage through four carries. Information is available at <https://tricare.benefeds.com>.

Again, this year's Open Season will run from Monday, Nov. 12–Dec 10, 2018. We encourage you to visit our website at tricare.mil/changes for the most up-to-date information. Please note that 2019 Plan information will be posted on our website ahead of Open Season. We look forward to working with you to ensure military beneficiaries have a successful Open Season.

Approved: _____

R. C. BONO
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Director

Date: _____

