

Healthy Living ...

Know What Type of Care You Need

TRICARE Prime covers four types of care: emergency, urgent, routine and specialty. Knowing what type of care you need for your symptoms ensures you get the best care available. This can also save you time and money.

If you have a medical emergency—something that you think is a threat to life, limb, sight or safety—immediately call 911 or go to the closest emergency room. You don't need a referral or prior authorization for emergency care, but you may need an authorization for a continued stay if you are admitted. The following table defines the four types of care, gives examples and provides guidance on getting care.

Type of Care	Definition	Examples	What To Do
Emergency	Treatment for a serious medical condition that the average person considers a threat to life, limb, sight or safety	No pulse, severe bleeding, spinal cord or back injury, chest pain, severe eye injury, broken bone, inability to breathe	Call 911 or go to the closest emergency room. Notify your primary care manager (PCM) within 24 hours or on the next business day if you are admitted.
Urgent	Treatment for an illness or injury that won't result in further disability or death if not treated immediately, but does require professional attention within 24 hours	Rash, migraine headache, urinary tract infection, sprain, earache, rising fever	Call your PCM first for appropriate guidance. Most TRICARE Prime beneficiaries can get two urgent primary care visits each fiscal year (Oct. 1–Sept. 30) without a PCM referral, but you must notify your PCM immediately after a visit.
Routine	General health care services, including office visits and preventive care	Symptoms of chronic or acute illnesses and diseases, follow-up care for an ongoing medical condition	Call your PCM to schedule a routine appointment.
Specialty	Medical care from specialists for treatment your PCM can't provide	Cardiology, dermatology, gastroenterology, obstetrics	Get a referral from your PCM for specialty care. Your PCM will coordinate the referral with your regional contractor.

Call the Nurse Advice Line

If you aren't sure what kind of care you need, call the Nurse Advice Line (NAL). Dial 1-800-TRICARE (1-800-874-2273) and choose option 1. The NAL is a free service available 24/7.

The NAL lets you speak with registered nurses who can answer your questions and help determine the level of care you need—emergency, urgent, routine or specialty. The NAL can also help you find the closest urgent care center or emergency room, or schedule appointments at military hospitals or clinics.

In an emergency, call 911 or go to the closest emergency room. The NAL isn't a substitute for emergency care. For more information, go to www.tricare.mil/nal. ■

Inside This Issue ...

- [Your Opinion Matters: Take the Joint Outpatient Experience Survey](#)
- [Need Urgent Care?](#)
- [Preventive Services Help Keep You Healthy](#)
- [Moving with TRICARE Prime®](#)



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. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.

Your Opinion Matters: Take the Joint Outpatient Experience Survey

The Military Health System is introducing the new Joint Outpatient Experience Survey (JOES) to get feedback on your outpatient military health care.

If you get the survey by mail or email, please take a few minutes to fill it out. Your responses can help improve care for all TRICARE beneficiaries by letting us know what we are doing right and what we can do better. It's secure and your private information won't be shared.

JOES replaces multiple beneficiary-experience surveys used by the Army, Navy, Air Force and Defense Health Agency/ National Capital Region. Using JOES as a standard survey will provide a better comparison of beneficiary experiences across the Military Health System. To learn more, go to www.health.mil/surveys. ■

Need Urgent Care?

The Urgent Care Pilot now lets most TRICARE Prime beneficiaries get up to two urgent primary care visits in the U.S. each fiscal year (Oct. 1–Sept. 30) without a referral or prior authorization. The pilot began May 23, 2016.

The following table describes who is eligible to use the Urgent Care Pilot.

Urgent Care Pilot Eligibility

Eligible	<ul style="list-style-type: none"> • Active duty service members (ADSMs) in TRICARE Prime Remote (TPR). This includes National Guard and Reserve members activated for more than 30 days. • Non-ADSMs in TRICARE Prime, TPR or TRICARE Young Adult Prime • TRICARE Overseas Program beneficiaries traveling in the U.S. (not limited to two visits)
Not eligible	<ul style="list-style-type: none"> • ADSMs in TRICARE Prime. This includes National Guard and Reserve members activated for more than 30 days. • Those in the US Family Health Plan • Those using TRICARE Standard and TRICARE Extra or TRICARE For Life. You can already get urgent care without a referral or prior authorization. • Any beneficiary seeking urgent care outside the U.S.

If you are eligible to use the Urgent Care Pilot, you now have two options when you need urgent care:

1. Go directly to a TRICARE-authorized provider. You can go to urgent care twice without a referral or prior authorization. To find a provider, visit www.tricare.mil/finddoctor. Seeing a network provider could save you money.
2. Call the Nurse Advice Line (NAL) at 1-800-TRICARE (1-800-874-2273) and choose option 1. A registered nurse will confirm the level of care you need. If the NAL confirms you need urgent care and you are:
 - a. **Enrolled with a military hospital or clinic:** The NAL will check to see if your military hospital or clinic has appointments available within 24 hours or if it has an urgent care clinic. If neither option is available, the NAL will help you find the closest TRICARE network urgent care center and tell you to contact your provider for a referral so your visit doesn't count against your two-visit limit.
 - b. **Enrolled with a civilian provider:** The NAL will help you find the closest TRICARE network urgent care center and tell you to ask your PCM for a referral so your visit doesn't count against your two-visit limit.

If you see a provider who isn't your PCM for urgent care, follow up with your PCM within 24 hours to let him or her know about your urgent care visit. If you need follow-up care that your PCM can't give you, get a referral from your PCM. For more information on the Urgent Care Pilot, go to www.tricare.mil/urgentcarepilot. ■

Preventive Services Help Keep You Healthy

Preventive services and screenings can help you stay healthy. They can help catch problems early when they are most treatable and keep your health care costs down. TRICARE covers many preventive services and screenings at little or no cost to you.

With TRICARE Prime, you can get preventive services from your primary care manager or any network provider in your enrolled region without a referral or prior authorization—unless you are an active duty service member (ADSM). ADSMs must always get referrals when seeing civilian providers.

The preventive services and screenings you should get depend on your age, sex and family health history, among other factors. Services may include:

- Cancer screenings, such as colonoscopies, mammograms and Pap tests. See the table below for more information.
- Cardiovascular disease screenings, such as cholesterol and blood pressure screenings
- Routine eye exams
- Hearing exams
- Vaccines, such as those for the flu, shingles or human papillomavirus (HPV)



- School physicals for children ages 5–11 that are required for school enrollment
- Well-child care visits up to age 6, such as routine newborn care, vision and hearing screenings and routine vaccines

These are just a few of the preventive services and screenings covered by TRICARE. Paired with regular visits to your health care provider, they should be a central part of getting and staying healthy. For a full list of TRICARE-covered preventive services and screenings, go to www.tricare.mil/coveredservices. ■

Stay Current with Cancer Screenings

Routine preventive screenings can detect cancer early when it's most treatable. The following table describes TRICARE's coverage of certain cancer screenings. For more information, go to www.tricare.mil/coveredservices.

Type of Screening	TRICARE Coverage
Breast cancer	<ul style="list-style-type: none"> • Clinical breast exams: during preventive health visits for women under age 40, or yearly starting at age 40 • Mammograms: yearly for all women beginning at age 40, or at age 30 for those with certain risk factors • Breast screening MRI: yearly for women age 30 and older with certain risk factors
Cervical cancer	<ul style="list-style-type: none"> • Pap tests: yearly for women beginning at age 18 (younger if sexually active), or less often at patient and provider discretion, but at least once every three years • HPV DNA testing: when performed with a Pap test, and for women age 30 and older
Colorectal cancer	<ul style="list-style-type: none"> • Colonoscopies: Once every 10 years beginning at age 50 for beneficiaries with an average risk for colon cancer. Covered more often and/or at an earlier age for individuals with certain increased or high-risk factors. • Fecal occult blood testing: yearly starting at age 50 • Proctosigmoidoscopy or sigmoidoscopy: Once every three to five years starting at age 50. May be covered more often and/or at an earlier age for individuals with certain increased or high-risk factors.
Prostate cancer	<ul style="list-style-type: none"> • Digital rectal examination and prostate-specific antigen screening: yearly for certain high-risk men ages 40–49 and all men over age 50
Skin cancer	<ul style="list-style-type: none"> • Any age for beneficiaries at high risk due to family history, increased sun exposure or clinical evidence of precursor lesions

TRICARE HealthMatters

Humana Military
P.O. Box 740062
Louisville, KY 40201-7462

TRICARE

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- Generous coverage
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- High satisfaction with care
- Low out-of-pocket costs
- Easy access

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Moving with TRICARE Prime®

If you're moving to a new location outside your current TRICARE region, you can ensure uninterrupted coverage with TRICARE Prime by transferring your enrollment in one of three easy ways: by phone, online or by mail.

By Phone

If you are an active duty service member (ADSM) or active duty family member (ADFM), call your current regional contractor before you move. Your current regional contractor will gather your information and send it to your new regional contractor. Once you arrive at your new location, follow up with your new regional contractor to complete your enrollment transfer and for help getting a new primary care manager (PCM).

All other beneficiaries should call their new regional contractor (ADSMs and ADFMs can also do this) for guidance after their move is completed.

If you need care for an existing medical issue before your transfer is processed, contact your current PCM or the regional contractor for the region you are leaving for a

referral and prior authorization. For regional contractor contact information, visit www.tricare.mil/regions.

Online

Use the Beneficiary Web Enrollment (BWE) website at www.dmdc.osd.mil/appj/bwe to transfer enrollment to your new TRICARE region after you move. BWE is a secure portal where you can also update your contact information in the Defense Enrollment Eligibility Reporting System (DEERS), even if you are just moving within your current TRICARE region, or changing your PCM.

By Mail

You can transfer your TRICARE Prime enrollment after you move or change your PCM by completing the *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form* (DD Form 2876) and mailing it to your new regional contractor using the address listed on the form. To download *DD Form 2876*, visit www.tricare.mil/forms. ■