Improve Your Heart Health

1. Start early.
Many heart diseases and complications are preventable or treatable when addressed early. So, make your heart health a priority throughout the year.

2. Learn your risks.
Risks for high blood pressure, high cholesterol, high blood sugar and obesity can be inherited or environmental. Some lifestyle choices like not getting enough physical activity, not eating well or using tobacco increase your risk. Regardless, awareness is your first defense. Talk with your health care provider about your risks. You can visit the American Heart Association’s website, www.heart.org, to find tools to help guide your discussion.

3. Choose an area for improvement.
You can’t change some heart risks, like those due to age or heredity. Focus on what you can change, like managing stress, quitting tobacco or aiming for a healthy weight. If you have high blood pressure, first review your medications with your provider or check your blood pressure regularly at home. Talk to your family about the support you’ll need from them.

February is a good time to think about your heart and it’s not just because of Valentine’s Day—it’s also American Heart Month. Now is the time to focus on changes that support a lifetime of good heart health. Heart disease is the leading cause of death in America, but there are steps you can take to protect yourself. The sooner you start, the more effective your efforts will be.

The best way to avoid problems is to think about your health even when you’re well. Whether you already have a condition like high blood pressure or are in great shape, keep your heart health on your radar. You can use the following tips to help keep your heart in shape for life.
Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) gives you the right to be informed of the privacy practices of your health plans and those of most of your health care providers, as well as to be informed of your individual rights with respect to your protected health information. Health plans and covered health care providers are required to 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.

Visit www.tricare.mil/privacy/hipaa to view the Military Health System NoPP. For other privacy concerns, call your regional contractor. ★

If you want to increase your physical activity, make a fitness plan. Any activity is better than no activity. You can start just by taking a walk.

4. Recognize your progress.

Give yourself credit for starting. Every week, reflect on your progress. You can record and track your progress in weight loss, improvement in blood sugar or other measures that are important to you. You can also track what you did to get there by recording your food intake and exercise.

Be sure to talk to your provider about how you are doing and the steps you are taking to improve your heart health. Finally, read about your health, your risks and what you can do to make positive changes. For more information, visit www.health.mil and search “Heart Health.” ★

New Tests Covered under the Laboratory Developed Tests Demonstration Project

New laboratory-developed tests (LDTs) used to diagnose and assess various conditions have been added to the list of LDTs covered under TRICARE’s LDT Demonstration. The LDTs covered under this demonstration have not yet been approved by the U.S. Food and Drug Administration (FDA). Examples of these tests include those used for rare and emergent diseases and disorders, such as Turcot syndrome or certain types of leukemia, and those used to determine matches for organ donation. Usually, LDTs are developed by hospital, academic and clinical laboratories to provide safe steps to follow when there is no FDA guidance.

This demonstration also covers BRCA1 and BRCA2 genetic counseling and testing, which is used to find breast cancer. If you are a woman and your primary care provider identifies you as high risk for breast cancer, this testing is covered as a preventive service with no copayment or cost-share, as long as the following conditions are met:

• The LDT has been approved by the Defense Health Agency.
• The test is done by a TRICARE-authorized provider.
• The provider has determined that the test is medically necessary.
• The regional contractor has verified that your diagnosis supports the medical need and the need is fully documented.

Talk with your primary care provider about your and your family’s medical history to determine if any of these tests may be medically necessary for you. To learn more about the demonstration, visit www.tricare.mil/ldt. For specific guidance on which tests are available to you, contact your regional contractor. ★
Your TRICARE Regional Contractor—Providing Help When You Need It

Your TRICARE regional contractor is a great resource when you have questions.

TRICARE has three regional contractors in the United States: Health Net Federal Services, LLC, in the North Region; Humana Military in the South Region; and UnitedHealthcare Military & Veterans in the West Region. International SOS Government Services, Inc., administers the TRICARE Overseas Program. For more information about the overseas program, visit www.tricare-overseas.com. Separate contractors administer TRICARE's dental and pharmacy programs. For more information you can visit www.tricare.mil/dental or www.tricare.mil/pharmacy.

Each regional contractor maintains a website and toll-free customer service call center to assist you with your questions and concerns about issues, such as referrals and prior authorizations, appeals, claims, eligibility and fraud.

Your TRICARE regional contractor can also help you locate network and non-network health care providers. You can find contact information below. ★

TRICARE Regional Contractor Contact Information

**TRICARE North**
Health Net Federal Services, LLC
1-877-874-2273
www.hnfs.com
Includes Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Iowa (Rock Island Arsenal area only), Kentucky (excluding the Fort Campbell area), Maine, Maryland, Massachusetts, Michigan, Missouri (St. Louis area only), New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia and Wisconsin.

**TRICARE South**
Humana Military
1-800-444-5445
HumanaMilitary.com
Includes Alabama, Arkansas, Florida, Georgia, Kentucky (Fort Campbell area only), Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee and Texas (excluding the El Paso area).

**TRICARE West**
UnitedHealthcare Military & Veterans
1-877-988-9378
www.uhcmilitarywest.com
Includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (excluding the Rock Island Arsenal area), Kansas, Minnesota, Missouri (excluding the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas (the southwestern corner only, including El Paso), Utah, Washington and Wyoming.

Coming Soon
You may have heard that the TRICARE regions are undergoing changes in organization and contractor support. Stay tuned for news about the regional contractor that administers your benefit, and find other information about the TRICARE regions at www.tricare.mil/changes.
Submitting TRICARE Standard Claims

When you use TRICARE Standard, you may have to submit your own claims. When doing so, keep the following in mind to help avoid late or denied payments.

Know Where/When To Send the Claim

If you get care in the U.S., submit claims to the claims processor in the region where you live, not where you got care.

For care you received overseas or in the U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands), submit claims to the TRICARE Overseas Program claims processor, regardless of your home region.

In the U.S. and U.S. territories, claims must be filed within one year from the date of service or date of inpatient discharge. Overseas claims must be filed within three years, and you must submit proof of payment. For more information, visit www.tricare.mil/proofofpayment.

Claims Forms

To file a claim, fill out and submit a TRICARE DoD/CHAMPUS Medical Claim—Patient’s Request for Medical Payment form (DD Form 2642). You can download DD Form 2642 at www.tricare.mil/claims or from your regional contractor’s website.

Beneficiaries age 18 or older, spouses, parents or guardians may sign the initial claim form. Forms needed later to process a claim must be signed by the patient, or parent or guardian if the patient hasn’t yet reached age 18.

Items To Include

When filing a claim, attach a readable copy of the provider’s bill to the claim form, making sure it contains the following:

- Patient’s name
- Sponsor’s Social Security number (SSN) or Department of Defense Benefits Number (DBN) (eligible former spouses should use their own SSN or DBN and not the sponsor’s)
- Provider’s name and address; if more than one provider’s name is on the bill, circle the name of the person who provided the service for which the claim is filed
- Date and place of each service
- Description of each service or supply furnished
- Charge for each service
- Diagnosis; if the diagnosis is not on the bill, complete block 8a on the form

You may have to pay up front for services if you see a TRICARE-authorized, non-network provider who doesn’t accept TRICARE’s payment as payment in full on the claim. In this case, TRICARE reimburses you for the TRICARE-allowable charge, minus any amount toward your yearly deductible and cost-shares.

A deductible is the amount you pay out of pocket before your health care program begins cost-sharing. A cost-share is the percentage of the cost of care that you are responsible for paying when you visit a health care provider. You are responsible for the yearly deductible and cost-shares under TRICARE Standard.

Nonparticipating non-network providers may charge up to 15 percent above the TRICARE-allowable charge in addition to your deductible and cost-shares. You are responsible for this cost. Visit www.tricare.mil/costs for more information.

Outside the U.S. and U.S. territories, there may be no limit to the amount that nonparticipating non-network providers may bill. Additionally, you are responsible for paying any amount that exceeds the TRICARE-allowable charge. Visit www.tricare.mil/overseas for more information.

Remember, when you see a TRICARE network provider, you are using TRICARE Extra (not available overseas), and your provider files the claim for you. With TRICARE Extra, you also have lower out-of-pocket costs. For additional claims information, visit www.tricare.mil/claims.

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Regional Claims-Processing Information

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<tr>
<th>TRICARE North Region</th>
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Check the status of your claim at [www.myTRICARE.com](http://www.myTRICARE.com) or [www.hnfs.com](http://www.hnfs.com).

Check the status of your claim at [www.myTRICARE.com](http://www.myTRICARE.com) or [HumanaMilitary.com](http://HumanaMilitary.com).

Check the status of your claim at [www.myTRICARE.com](http://www.myTRICARE.com) or [www.uhcmilitarywest.com](http://www.uhcmilitarywest.com).

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<td><strong>Send claims to:</strong></td>
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<tr>
<td>TRICARE Active Duty Claims</td>
</tr>
<tr>
<td>P.O. Box 7968</td>
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<tr>
<td>Madison, WI 53707 USA</td>
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Preventive Services Coverage Expanded

Preventive health care is an effective way to protect your health. Preventive care helps you find problems early so you can make changes or get treatment if needed. TRICARE recently expanded the list of preventive care services covered at no cost. They include:

- One yearly health promotion and disease prevention exam, if done with a covered cancer screening, vaccine or well-woman exam
- Annual well-woman exams for female beneficiaries under age 65, which may be done separately from a vaccine or cancer screening at no cost
- BRCA1 or BRCA2 genetic counseling and testing for women identified as high risk for breast cancer
- Cologuard and computed tomographic colonography for colorectal cancer screenings
- Other cancer screenings that occur during any covered office visit, including testicular, skin, mouth and pharyngeal, and thyroid cancer screenings
- Other screenings and services when done during a covered health promotion and disease prevention exam. These include prenatal screenings and screenings for blood pressure, cholesterol, type 2 diabetes, sexually transmitted infections (STIs), osteoporosis, rubella antibodies, hepatitis B, hepatitis C and tuberculosis, as well as intensive behavioral counseling for STIs.

The new policy also removes age limits for covered school physicals. TRICARE Standard cost-shares still apply to school physicals. TRICARE Standard also covers physical exams required for family members who are traveling overseas as a result of their active duty sponsor’s duty assignment. TRICARE Standard cost-shares also apply to these physicals. Finally, Pap tests are now covered beginning at age 21, rather than age 18, in accordance with U.S. Preventive Services Task Force guidance. To learn more about preventive health services covered by TRICARE, visit www.tricare.mil/healthwellness/preventive.
Prior Authorizations Needed with TRICARE Standard

Under TRICARE Standard, you can visit any TRICARE-authorized provider to get routine, urgent, emergency or specialty care. Referrals are not required, but some services do require prior authorization.

Prior authorization is a review of a requested health care service to determine if it is medically necessary at the requested level of care. Some providers may call your regional contractor to get prior authorization for you, so be sure to ask before you leave the office visit. The following services require prior authorization:

- Adjunctive dental services (for example, dental care that is medically necessary in the treatment of an otherwise covered medical—not dental—condition)
- Extended Care Health Option services (active duty family members only)
- Home health care services
- Home infusion therapy
- Hospice care
- Nonemergency inpatient admissions for substance use disorders or mental health care
- Outpatient mental health care visits to an authorized provider for a medically diagnosed and covered condition beginning with the ninth visit per fiscal year (Oct. 1–Sept. 30)
- Other mental health care services, such as partial hospitalization, child and adolescent psychiatric residential treatment center care and outpatient psychoanalysis
- Transplants—all solid organ and stem cell

This list is not all-inclusive. Each regional contractor has additional prior authorization requirements. Visit your regional contractor’s website or call their toll-free number to learn about your region’s requirements, which may change periodically.
Stress and the Mind-Body Connection

Stress is the physical, mental and emotional reaction you have when you experience changes in your life. It’s easy to think that stress comes from bad events like personal injury, a death in the family or financial trouble. However, even happy events can cause stress, because they use up emotional energy. Activities like traveling, coordinating with family, spending money and overindulging in eating and drinking can all cause stress.

In short bursts, stress can be good and help you perform at work or avoid danger. However, ongoing stress can affect your body, thoughts, feelings and behavior. In fact, stress left unchecked can contribute to high blood pressure, heart disease, obesity, diabetes and more. Some common effects of stress include headache; muscle tension or pain; irritability or anger; and increased alcohol, tobacco and/or drug use.

While you may not be able to avoid stress, you can try to manage it with these helpful tips:

- **Avoid drugs and alcohol.** They may provide temporary relief, but they can create more problems, threaten your health and add to your stress.
- **Stay active.** Take your mind off your problems by helping a neighbor, volunteering in the community or taking a long walk. These can be positive ways to channel your feelings.
- **Connect socially.** Don’t isolate yourself after a stressful event. Spend time with loved ones, plan fun activities with your partner, children or friends, and stay connected with your community.
- **Find support.** Seek help from a partner, family, friends, clergy, a counselor or a health care provider. Talking about your problems can lighten the burden.

Learn to recognize the events or activities that cause stress in your life and take steps to manage them. If you feel you are unable to manage stress on your own, talk with your health care provider. ★
Update DEERS When You Have a Life Change

The Defense Enrollment Eligibility Reporting System (DEERS) database informs and manages your eligibility status. DEERS is used for all active duty, National Guard and Reserve, and retired service members worldwide, as well as their family members and others. The information you provide in DEERS confirms your eligibility and your family members’ eligibility for TRICARE coverage and programs, and determines your assigned TRICARE region. It’s important to keep your information current, especially during life changes, such as moving, getting married or divorced, and having children.

Only sponsors, or a sponsor-appointed individual with valid power of attorney, can add family members in DEERS. When there is a change in information, each family member’s DEERS record must be updated separately. Family members age 18 and older may update their own contact information. For more information, visit www.tricare.mil/deers.

Register New Spouses and Children in DEERS

It is important for sponsors to register new spouses and children in DEERS to ensure their TRICARE coverage. To register a new spouse or child in DEERS, the sponsor needs to provide a copy of the marriage or birth certificate and/or adoption papers to the nearest uniformed services ID card office, or to a DEERS representative in remote locations. To find an office, visit www.dmfc.osd.mil/rsl. New spouses and children are also required to show two forms of ID (for example, any combination of Social Security card, driver’s license, birth certificate and/or adoption papers, current uniformed services ID card or Common Access Card).

Update DEERS after a Divorce

Sponsors must update DEERS if they divorce. For information about documentation requirements, call your nearest uniformed services ID card office. Visit www.dmfc.osd.mil/rsl to find an office in your area.

Certain former spouses who have not remarried may be eligible for continued coverage. Check with the sponsor’s service personnel office to verify eligibility and find out what documentation is necessary to continue TRICARE coverage.

Former spouses who are not eligible for TRICARE may not continue getting health care services under a TRICARE program. If an ineligible former spouse continues using TRICARE for health care services, the former spouse and/or the sponsor may have to pay back TRICARE for those services. ★
The TRICARE Pharmacy Program

The TRICARE Pharmacy Program provides prescription drug coverage for all TRICARE beneficiaries. Your pharmacy contractor is Express Scripts, Inc. (Express Scripts). This means that Express Scripts will help you with coverage reviews (some drugs are only covered in certain cases), filing claims to get money back from up-front payments and other pharmacy needs.

Drugs that are covered by TRICARE are grouped into three tiers. This grouping is based on the medical and cost effectiveness of a drug compared to other drugs of the same type.

When you fill a prescription, your costs will vary based on which drug you get and where you get it. You pay nothing for generic or brand-name drugs at military pharmacies, and nothing for generic drugs filled through TRICARE Pharmacy Home Delivery. You pay a copayment for brand-name drugs or generic drugs at retail pharmacies. Most often, your prescription will be filled with a generic drug, unless a brand-name drug is requested by the provider. TRICARE covers some over-the-counter drugs if you have a prescription. For more information, go to www.tricare.mil/otc.

Depending on your beneficiary status and the prescription you need, you have different options for where to fill your prescriptions. With TRICARE Pharmacy Home Delivery, your drugs are mailed to you using free standard shipping, and you can get a 90-day supply of your drug. There is no cost for active duty service members who use home delivery and no cost for all others for generic tier 1 drugs. Copayments are required for brand-name (tier 2) and nonformulary (tier 3) drugs. You will not need to file a claim for prescriptions you fill through home delivery.

You may be required to use the home delivery option for some maintenance drugs. Maintenance drugs are those you take on a regular basis, such as birth control or drugs that control blood pressure or cholesterol. To find out if your drug is a maintenance medication that requires you to use home delivery, go to www.health.mil/selectdruglist or call 1-877-363-1303. For information on switching to home delivery, visit www.express-scripts.com/TRICARE or call 1-877-363-1303.

... continued on page 11

Three Tiers of Drugs

Drugs that are covered by TRICARE are grouped into three tiers. This grouping is based on medical effectiveness and cost of a drug compared to other drugs of the same type.

The following graphic shows how drugs in different tiers may cost more and be harder to get.

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**TIER 1**

Generic drugs
- Widely available
- Lowest out-of-pocket costs

**TIER 2**

Brand-name drugs
- Generally available
- Higher out-of-pocket costs

**TIER 3**

Nonformulary drugs
- May have limited availability
- Highest out-of-pocket costs

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If you are not required to use home delivery, you have other options:

- **Military pharmacy**
  - Usually located at a military hospital or clinic
  - Charges nothing for a 90-day supply of most drugs
  - Accepts prescriptions from military and civilian providers, including electronic prescriptions
  - Usually does not carry tier 3 drugs

- **TRICARE retail network pharmacy**
  - Will not require you to file a claim, but you may have to pay a copayment for each 30-day supply
  - You will need to present your military ID card or Common Access Card along with your prescription to get your prescription filled

- **Non-network pharmacy**
  - May be your most expensive option
  - You will need to pay the full price for your drug up front and file a claim to get money back

When you use a non-network pharmacy, some of your costs will not be paid back to you. These costs include your yearly deductible and out-of-network cost-shares.

Visit [www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy) for more information. ★

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**Report Your Other Health Insurance**

TRICARE beneficiaries with other health insurance (OHI) must disclose their OHI coverage information. It’s important to make sure your OHI is reflected accurately in the Defense Enrollment Eligibility Reporting System (DEERS).

For all beneficiaries other than active duty service members, TRICARE is the last payer to all health care benefits and insurance plans, except for Medicaid, TRICARE supplements, the Indian Health Service and other programs and plans as identified by the Defense Health Agency. Overseas, OHI includes traveler’s insurance, study-abroad insurance for students and overseas national health insurance programs. OHI applies to health care services received from civilian providers and at military hospitals and clinics.

You can report your OHI through the following:

- **Online**: Fill out the overseas TRICARE Other Health Insurance Questionnaire at [www.tricare.mil/forms](http://www.tricare.mil/forms).
- **By phone**: Call your TRICARE regional contractor.
- **In person**: Visit your military hospital or clinic.

Follow your OHI’s rules for filing claims and file your claims with your OHI first. If there is an amount your OHI doesn’t cover, you or your provider can file the claim with TRICARE to get money back. It’s important to meet your OHI’s requirements. If your OHI denies a claim for failure to follow its rules, such as getting care without prior authorization, TRICARE may also deny your claim. Visit [www.tricare.mil/ohi](http://www.tricare.mil/ohi) for more information about using TRICARE when you have OHI. ★
Our New Look ...

Have you seen this? TRICARE’s educational materials have a fresh design. You can still find all the information you need for getting the most from your TRICARE benefit; now you’ll find it in a fresh new format that’s easier to use. Take a look today at www.tricare.mil/publications.

New Secure Login Wizard at www.tricare.mil

Need to pay a bill or refill a prescription? TRICARE’s new secure login wizard at www.tricare.mil/securelogin can help get you to the right place.

The wizard will ask you a few short questions about what you’re looking for and what you want to do. Then you’ll be taken to the secure site where you can log in and get to the service.

To log in to the secure services, you will need one of the following:

- A Department of Defense Self-Service Logon (DS Logon), which all spouses and other beneficiaries age 18 and older can get. You can have a DS Logon even if you have one of the other two logon options.
- A Common Access Card (CAC)
- A Defense Finance and Accounting Service myPay PIN, which you can use if you don’t have a CAC

If you know the specific site you’re looking for, you can skip the questions and just click “View All” under “All Secure Logins.” Go to www.tricare.mil/securelogin to get started. ★