

protecting
our forces



serving
our families



shaping
our future



2003 TRICARE Stakeholders' Report
Volume V

Including Special
Pull-Out Poster



a letter to our **stakeholders**

Two themes capture the 2002 TRICARE story: success and transformation. This year's TRICARE Stakeholders' Report describes our performance for 2002 and outlines our goals and milestones for 2003. The Military Health System (MHS) continues to protect our forces, serve our families and shape the future of health care delivery for our Service members and the nation.

In 2002, we successfully delivered a \$4 billion new benefit—TRICARE For Life—to our retired, Medicare-eligible population. We continued to provide superlative pharmacy benefits for this same population through the TRICARE Senior Pharmacy program. These two programs are more than “benefit enhancements” . . . they have improved the health of more than 1.5 million members of our uniformed Services family. All of you have played a part in this successful implementation.

We continue to serve as a leader in enhancing patient safety in the U.S. health care system. The Pharmacy Data Transaction Service, for example, has identified and avoided more than 53,000 potentially life-threatening drug interactions since its activation over 18 months ago. It was recognized by President Bush as one of the top seven management successes in the federal government in 2002. We also saw the Defense Medical Logistics Standard Support system greatly enhance our management of inventories and receive nationwide recognition for its success. In 2003, we will further our use of cutting-edge technology in support of quality health care delivery with the expanded deployment of the Composite Health Care System II (CHCS II).

Improving beneficiary satisfaction and access to care remain preeminent goals in the MHS for 2003. Two management initiatives introduced in 2002—TRICARE Online and open access—have shown promising results. These efforts will be greatly expanded in 2003, and we should expect to see improved satisfaction as a result. We are also launching a campaign to become the obstetric provider of choice for military families through a unified, tri-Service campaign plan being unveiled in January 2003—offering patients a world-class, family-focused obstetric experience at military treatment facilities worldwide.

Our process of transformation has taken shape across the range of MHS activities. With the Surgeons General and our Department of Defense (DoD) leadership team, we have embarked on a joint strategic planning process using the Balanced Scorecard

approach. This strategic plan will help all of us properly focus on our priorities for the next several years and define both the vision we have for our health system and the performance measures we will employ to judge our progress. For 2003, we must improve several targeted measures, and a few of these are critical—individual medical readiness, beneficiaries' satisfaction with their health plan, and satisfaction with telephone access. Our strategic planning efforts have extended to developing a joint strategic plan with the Department of Veterans Affairs (VA). The level of DoD/VA sharing and cooperative ventures has never been higher, and we will introduce more innovative programs in 2003.

We have begun our transition to a new generation of TRICARE contracts. The DoD has issued requests for proposals, and proposals will be reviewed and awards made this year. These contracts better align incentives for increasing beneficiary satisfaction, optimizing available military medical care utilization and appropriately controlling costs. I am excited about these new contracts, and 2003 will be an important year of transition as we move from 11 regions and seven TRICARE contractors to three regions and three contracts. In addition, we are aligning and consolidating pharmacy benefit management into a single national retail contract and a single national mail order contract.

The foundation upon which we have created this outstanding MHS remains our indispensable support to the warfighter—in sustaining, protecting and restoring health. The past year has been filled with heroic and successful efforts by our military medics in the field of battle, in our global war on terrorism and in our other military missions around the world. We have significantly enhanced the protection for our Service members through the resumption of our anthrax immunization program and the introduction of smallpox vaccinations to forces at greatest risk from these threats. Of course, more remains to be done, and 2003 will be an important year in expanding our defenses against emerging asymmetrical threats. Among these responsibilities will be the important supporting role we will provide to our colleagues in the federal government responsible for homeland security.

In 2003, our health system remains ready to respond to crises and national security demands wherever our Service members are called to serve. The expectations of us by our national leaders throughout the government are high, and the demands are greater than ever. I remain proud to serve our nation with the finest corps of dedicated military and civilian medical professionals ever assembled. As stakeholders in the MHS, your continued support and leadership are critical to our future success.



William Winkenwerder, Jr., M.D.
Assistant Secretary of Defense
(Health Affairs)
Director of the TRICARE
Management Activity

TRICARE **basic** facts

What is TRICARE?

A health care plan using military health care as the main delivery system

- Augmented by a civilian network of providers and facilities
- Serving our uniformed Services, their families, retired military and their families worldwide



Vision

A world-class health care system that supports the military mission by **fostering, protecting, sustaining** and **restoring** health

Mission

To enhance the Department of Defense (DoD) and our nation's security by providing health support for the full range of military operations and sustaining the health of all those entrusted to our care

TRICARE Facts & Figures

Key Priorities & Goals

- Improve force health protection and medical readiness
- Improve performance of the TRICARE health program
- Improve coordination, communication and collaboration with other key entities
- Address issues related to the attraction, retention and appropriate training of military personnel

Total Beneficiaries	8,649,083
Prime Enrollees	4,044,981
Military Hospitals and Medical Centers	75
Medical Clinics	461
Military Health System Personnel	131,065

*Funded by FY 03 Defense Health Program
(91,908 military and 39,157 civilian)*

FY 03 Defense Health Program Appropriation	\$21.8 billion
Estimated FY 03 receipts	\$5.5 billion*

From the DoD Medicare-Eligible Retiree Health Care Fund

* The DoD Medicare-Eligible Retiree Health Care Fund, implemented in fiscal year 2003, is an accrual fund that pays for health care provided to Medicare-eligible beneficiaries, including payment for the TRICARE For Life benefits first implemented in fiscal year 2002.

A Week in the Life of the Military Health System

Admissions	15,096
Outpatient Visits	1.2 million
Prescriptions	1.7 million
Births	1,813
Dental Procedures	581,878
Claims Processed	1.8 million

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Special Pull-Out Poster in Center

enhancing medical readiness

Special Operations Medics Move Care to Front Lines

Special operators are on the front lines of the battlefield, farthest away from critical medical care. From operations Desert Storm to Allied Force, nearly 30 percent of those killed in action were special operators—a force that constitutes less than three percent of the military. To minimize those numbers, something had to change about how life-saving surgical intervention reached those frontline forces most at risk.

“The answer is to bring the surgical teams and critical care stabilization personnel up to the tip of the spear,” said Col. (Dr.) James Dougherty, Air Force Special Operations Command (AFSOC) trauma surgeon. Conventional critical care air transport (CCAT) and mobile field surgical (MFS) teams were created using a mix of emergency room, operating room and critical care specialists. Alongside these teams is the core of AFSOC medicine—the special operations forces medics and pararescuemen. The combination of these highly skilled individuals provides a seamless continuity of care both on and off the battlefield.

“To get on the first airplane meant we had to be willing to change the way we did business,” said retired Lt. Gen. (Dr.) Paul Carlton Jr., Air Force surgeon general. “With out-of-backpack surgery, we can do a superb job where before it would take us 60 pallets [of equipment] to do the same procedure.”

Within days of the onset of Operation Enduring Freedom, the special operations forward medical teams were saving lives and making history. The small CCAT and MFS teams left Hurlburt Field with nothing more than backpacks and a nesting crate. The gear inside the medical backpacks is enough to provide a slimmed-down, lightened-up intensive care unit.

AFSOC medical teams assigned to the 16th Medical Group at Hurlburt Field, Fla., maintain their day-to-day responsibilities and their medical skills at the hospital on nearby Eglin Air Force Base. When a deployment order comes in, these teams pick up their backpacks and go forward. Several of the newly formed medical teams have been deployed in support of Operation Enduring Freedom in Afghanistan and the Philippines.

“We saved lives by cutting in half the time it takes to get a patient to the needed critical care. One patient was receiving life-saving surgery within 27 minutes [of the trauma event],” said Tech. Sgt. Steve Cum, a special operations forces medic with the 16th Operations Support Squadron medical flight. “Our combined medical teams made the difference between life and death.”

Story and photos courtesy of Air Force Special Operations Command News Service—text extracted from “Special ops medics move care to frontlines,” June 24, 2002, by Tech. Sgt. Ginger Schreitmueller

Lt. Col. (Dr.) Jim Webb carries a backpack holding enough gear to provide a slimmed-down, lightened-up intensive care unit, ensuring vital surgical care is within minutes of those in need. Webb is a surgeon from Keesler Air Force Base, Miss., who augmented the special operations forward medical team.



Medical teams assigned to the 16th Medical Group at Hurlburt Field, Fla., maintain their day-to-day responsibilities and their medical skills at the hospital on nearby Eglin Air Force Base. When a deployment order comes in, the teams pick up their backpacks and go forward.



Tech. Sgt. Steve Cum, a special operations forces medic assigned to the 16th Operations Support Squadron at Hurlburt Field, Fla., takes part in a trauma evaluation exercise before deploying in support of Operation Enduring Freedom.



How TRICARE Enhances Medical Readiness

- TRICARE promotes the health and well-being of our forces by providing excellent preventive and medical care. A healthy and fit force is the necessary precondition for all other elements of military readiness.
- TRICARE enables medics to maintain skills during peacetime for ultimate medical readiness during wartime.
- TRICARE ensures that the Reserve Components have access to quality medical care to promote their medical readiness.
- TRICARE provides access to medical care for members and their families stationed away from military treatment facilities.
- TRICARE takes care of the family members at home so that Service members can take care of the mission.

“The care we provide to all of our beneficiaries is essential for medical readiness ... it is an obligation and a privilege to take care of our military members who serve and those who have served in the past.”

Assistant Secretary of Defense (Health Affairs), William Winkenwerder, Jr., M.D., Testimony before the President’s Task Force to Improve Health Care Delivery for Our Nation’s Veterans
July 10, 2002



HAWC staff members (l-r) Brian Hunter, Tech Sgt. Sharon Tracey, Master Sgt. Amy Wilcox and Capt. Kirk Tresch, display smoking cessation aids used when counseling tobacco users. (David Warfield not pictured)

Buckley Health and Wellness Center Dramatically Reduces Tobacco Use

During a six-month period, the tobacco cessation program at the Health and Wellness Center (HAWC) at Buckley Air Force Base (AFB) achieved a 64 percent quit rate, more than doubling the quit rates of some of the best civilian tobacco cessation programs. Similarly, during a 12-month period, with 108 of 170 participants quitting, the use of tobacco products at Buckley AFB reached an all-time low of 4.9 percent. The HAWC staff attribute their success to the individualized counseling service offered to participants who are able to begin the program within days upon deciding to eliminate tobacco use.

The program was named as the Air Force Space Command’s “Best Small Base Health Promotion Program” two years in a row, and the staff received recognition as Heroes of TRICARE by the TRICARE Management Activity in March 2002.

Anticipated Increase in Mobilizations Spark Communications Outreach to Reserve Components and Their Families

Members of the Reserve Components who are called to active duty for more than 30 days and their families are eligible for TRICARE, the same as any active duty Service member. Some may be eligible for enhanced benefits under the new TRICARE Reserve Family Demonstration Project (September 2001) and the TRICARE Transitional Health Care Demonstration Project (January 2002). In 2003, as mobilizations are expected to increase, TRICARE leaders will help the Reserve Components and their family members take full advantage of these benefits.

Military Health System: First Line of Defense Against Bioterrorism

In December 2002, President Bush ordered 500,000 troops, whose jobs place them at high-risk, to be vaccinated against smallpox. Emergency response teams and military medical personnel in hospitals and clinics were among the first to receive the vaccination.

maintaining high **quality** care

Jaggi Family Experiences Family-Centered Care At Naval Medical Center, San Diego-Balboa

Marine Sgt. Gabe Jaggi and his wife, April, were surprised to learn they were having twins. They were even more surprised when little Jacob and Rachel entered the world 12 weeks early!

A year earlier, the Jaggis experienced the tragic loss of their first child, and the Naval Medical Center San Diego-Balboa staff knew the family's history. Early in the pregnancy, the twins became the focus of a team of perinatal specialists whose job it was to ensure their safe entry into the world. The twins also were helped by their mom, who was finishing up her bachelor's degree in nursing.

Throughout her pregnancy, Mrs. Jaggi saw the same obstetrician who helped her develop a birth plan. But before she could attend a facility tour or birthing class, Jacob and Rachel arrived with little warning. They were born one-half hour after the Jaggis arrived at the hospital. The Jaggis were the only ones in delivery at the time, and according to Mrs. Jaggi, nurses, anesthesiologists and doctors descended on them to ensure their comfort. The same doctor who delivered their baby a year earlier also delivered Jacob and Rachel. "It was comforting having a doctor who knew our history to deliver our babies," said Mrs. Jaggi. Throughout the medical emergency, however, the miracle of birth was not forgotten, and the medical staff ensured the couple was introduced to the twins before they were taken to the neonatal intensive care unit.

Mrs. Jaggi was taken to a private room for perinatal specialty care. "The doctors and nurses put me in an area separate from the other postpartum mothers so I wouldn't miss my babies too much," said Mrs. Jaggi. She received continuous updates on the health of her babies, and before she was discharged, the hospital staff ensured she knew what to expect for the babies. "They told me what to expect before it happened," said Mrs. Jaggi. "They provided wonderful education."

Jacob stayed in the hospital for two-and-a-half months and Rachel one month longer. During this time, Mrs. Jaggi drove 45 minutes each way to see her babies. Hospital staff offered her a room at the nearby Fisher House—a comfort home for military families—but she was on her summer break from school and used the drive time to plan for her babies' homecoming. Jacob had no health problems when he arrived home, but when Rachel came home, she required a feeding tube for more than a year. Hospital staff worked with the Jaggis to ensure they were comfortable with Rachel's equipment before she came home. In addition, the hospital arranged for a public health nurse to visit the babies regularly and answer questions. Their doctors also arranged for Jacob and Rachel to be seen by a special-needs pediatrician at a military treatment facility closer to their home.

Since the birth of their children, life hasn't settled down for the Jaggis. In August 2002, Sgt. Jaggi was deployed to Japan for a year, and Mrs. Jaggi finished her nursing degree and works full time. When we spoke to Mrs. Jaggi, she was exuberant about her family's birth experience. In fact, she plans to work at the Naval Medical Center San Diego-Balboa after she finishes a one-year requirement of neonatal intensive care unit training at another facility. According to Navy Commander (Dr.) Martin McCaffrey at Balboa, "We are honored to have someone like Mrs. Jaggi want to join our staff."

Jacob and Rachel Jaggi



The same doctor who delivered their baby a year before also delivered Jacob and Rachel. "It was comforting having a doctor who knew our history to deliver our babies," said Mrs. Jaggi.



Picker Institute Inpatient Survey Identifies Excellent Patient-Centered Care in Military Health System

The Military Health System (MHS) uses the Picker Institute inpatient survey tool that provides the National Research Center the unique ability of comparing the results between military and civilian facilities. The MHS results compare favorably among more than 25,000 survey responses from health systems across 30 states, demonstrating that the MHS is focusing on patient-centered care. Some MHS facilities that have demonstrated excellence in patient-centered care include the Elmendorf Air Force Base Medical Facility (3rd Medical Group), Alaska; David Grant Medical Center (60th Medical Group), Travis Air Force Base, Calif.; Evans Army Community Hospital, Fort Carson, Colo.; and the U.S. Naval Hospital, Pensacola, Fla.

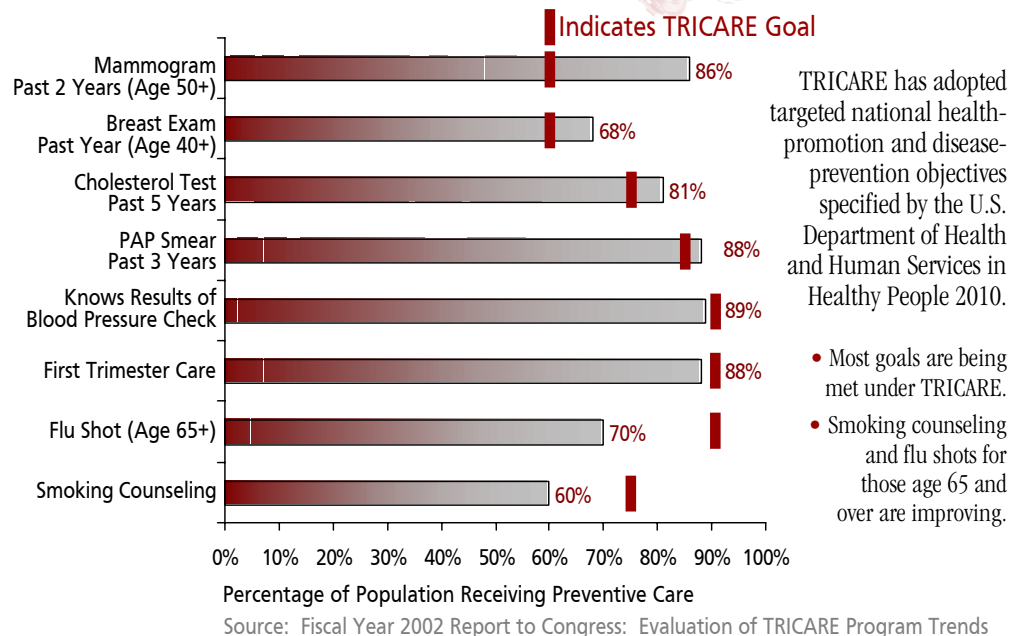
Picker Institute's Eight Dimensions of Care that Define Quality of Care through the Patient's Eyes:

- Respect for patient's values, preferences and expressed needs
- Coordination and integration of care
- Information and education
- Physical comfort
- Emotional support and alleviation of fear and anxiety
- Involvement of family and friends
- Transition and continuity
- Access to care

Satisfaction with Outpatient Care in Military Treatment Facilities Remains Above National Average



TRICARE Met or Exceeded Most Targeted Healthy People 2010 Goals in Fiscal Year 2001



maintaining high **quality** care

improving **access** to care

Hill Air Force Base Achieves Unprecedented Success with Open Access to Appointments

The 75th Medical Group at Hill Air Force Base (AFB), Utah, took a risk, opened its appointment books and made “Open Access” a win-win situation for both patients and providers. Today, same-day appointments are a reality. The dedicated leaders and staff at Hill AFB are ready, willing and able to show uniformed Services beneficiaries worldwide that they are not afraid to change—especially if it means better access to health care and providers on base.

Hill Air Force Base, Utah



At Hill Air Force Base, the phrase “Please call again next week for an appointment” has been replaced with “At what time may we schedule your appointment for today?”

Introducing a concept also being tested at other military treatment facilities around the world, the 75th Medical Group has witnessed particularly impressive improvements in patient and provider satisfaction. On average, patients are waiting less to see their primary care providers, and providers are able to spend less time pushing papers and more time providing quality patient care.

During the period June 2000 to May 2001, the percentage of patients able to schedule same-day appointments with their primary care providers increased, on average, from 29 percent to 54 percent. The average “no-show” rate between June 2000 and November 2001 decreased from 6.2 percent to 4.1 percent. The appointment cancellation rate from June 2000 to September 2001 decreased from 14 percent to 10 percent.

With all of these improvements, it’s easy to see why the 75th Medical Group was recognized as Heroes of TRICARE for October 2002. Nothing breeds success like success, which is why the group was asked to contribute to a commander’s guide that was posted on the TRICARE Web site to help other uniformed Services facilities implement successful open access programs.

At Hill AFB, the phrase, “Please call again next week for an appointment,” has been replaced with “At what time may we schedule your appointment for today?” Open access works. For beneficiaries at Hill AFB, being able to see primary care providers at the time when they are needed most is no longer something to wish for, but an every day fact.



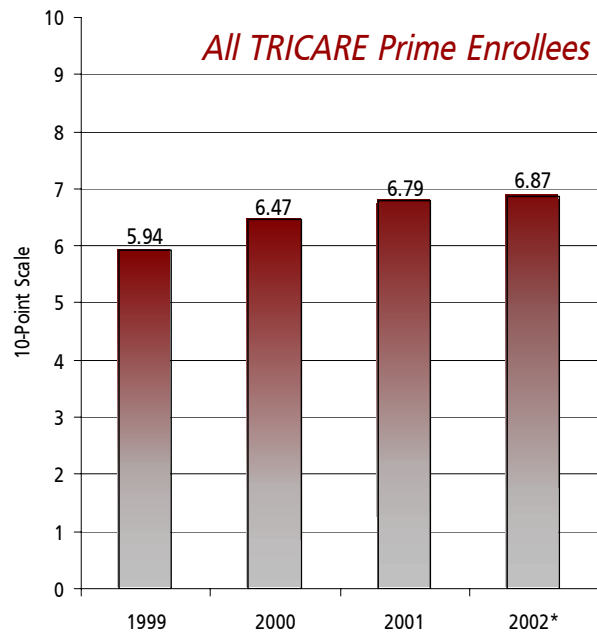
TRICARE Online Launches Interactive Capabilities

In October 2002, the first Military Health System secure Internet portal, tricareonline.com, began phased-in implementation and testing at 88 military treatment facilities (MTFs) worldwide. Beginning in January 2003, the final production system will be completed and phased in at all MTFs worldwide. [Tricareonline.com](http://tricareonline.com) is a new DoD Web site that will allow beneficiaries to keep an online personal health care journal, get reliable medical information, and have access to disease management tools, symptoms and drug interaction checkers, and TRICARE benefits and services information.

The first wave of interactive capabilities that tricareonline.com is implementing is available only for TRICARE Prime, Plus and special category patient beneficiaries. These beneficiaries will have access to features such as online appointment scheduling with their assigned MTF primary care managers and other self-referral clinics. More interactive capabilities will be added over the next year, such as prescription refills and renewals and scheduling for a broader range of specialty and clinic appointments. Requests for routine tests, appointment reminders, enrollment and online Health Evaluation Assessment Reviews are also forthcoming in 2003.



Satisfaction with TRICARE Steadily Improving over Time



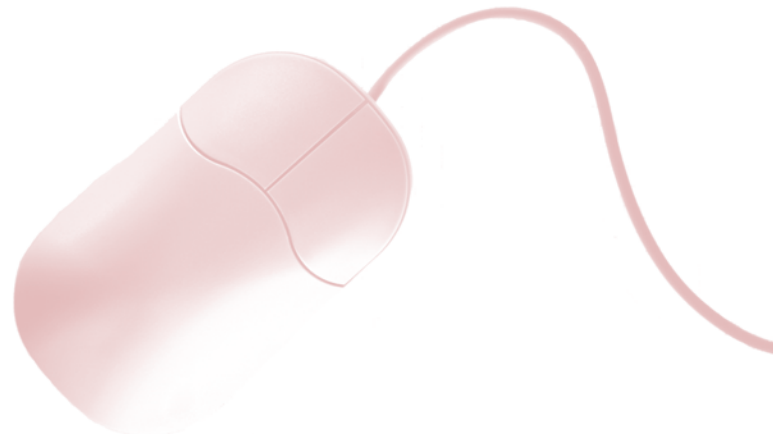
Source: Health Care Survey of DoD Beneficiaries
 *Represents an average of the first three quarters of 2002

TRICARE For Life Celebrates Successful First Year

TRICARE For Life, the Department of Defense's (DoD) Medicare wraparound coverage, celebrated its first anniversary on Oct. 1, 2002. The program has proven to be extremely successful and has dramatically improved the quality of life for Medicare-eligible retirees and family members. In its first year, TRICARE For Life received more than 30 million claims and paid out more than \$1.7 billion in health care benefits. Coupled with the TRICARE Senior Pharmacy Program, TRICARE For Life is saving some beneficiaries thousands of dollars annually. TRICARE For Life has also

fostered unprecedented new partnerships among government organizations, the private sector companies that help deliver TRICARE benefits and beneficiary associations.

In its first year, TRICARE For Life received more than 30 million claims and paid out more than \$1.7 billion in health care benefits.



obtaining maximum efficiency

Pharmacy Data Transaction Service Maximizes Patient Safety

As one TRICARE beneficiary stands at the pharmacy counter, pharmacist Lt. Col. John James of Tinker Air Force Base, Okla., takes a moment to explain to her that the computer is checking to ensure that her new medication will not conflict with previous prescriptions she has filled—reducing the likelihood of potential life-threatening drug interactions.

President Bush speaks at the 2002 President's Quality Award Program ceremony at the Ronald Reagan Building in Washington, D.C., on Nov. 25, 2002.



Since its implementation in June 2001, the Pharmacy Data Transaction Service has identified more than 53,000 potentially life-threatening interactions.

“It does that for me?” the customer asks.

James, too, is impressed with the level of efficiency the Military Health System's (MHS's) Pharmacy Data Transaction Service (PDTS) demonstrates. The maximum six-second check is a life-saving device unique to the MHS. “Beneficiaries may not have a complete understanding of the PDTS's online screening capacity, but pharmacists can use the information to make sure that, clinically, we're doing the right thing for our beneficiaries,” James said.

Lt. Col. Donald DeGroff, facility director of Pharmacy Benefit Operations at the Department of Defense (DoD) Pharmacoeconomic Center in San Antonio and a

developer of PDTS, said the service ensures maximum patient safety. “It provides pharmacists with the information they need to converse with the patient on a more individual basis,” he said.

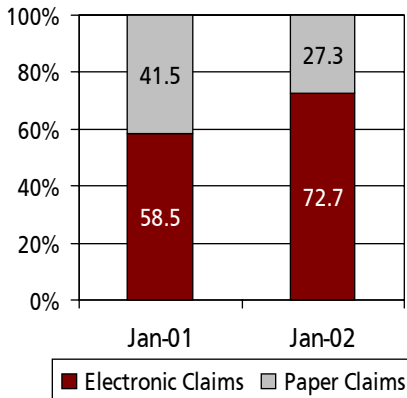
The PDTS screens any prescription filled against a patient's complete prescription history using a robust centralized data repository for the DoD's 8.7 million eligible beneficiaries. The tool expeditiously searches the DoD's vast worldwide network of pharmacies, including more than 500 military treatment facility pharmacies, 40,000 retail network pharmacies and the mail order program. “If a patient's taking two different but therapeutically similar drugs, we give their doctor a call and streamline their therapy,” James said. “It is our chance to do our small part to keep our warriors ready to go and take care of their families.” Before the medication is dispensed, warning messages and alerts are provided to the dispensing pharmacist or physician. Each transaction becomes part of the individual's profile stored in the data repository.

Since its implementation in June 2001, the PDTS has identified more than 53,000 potentially life-threatening interactions. Use of the PDTS has resulted in higher quality medical care based on proper medication control, reduction of fraud and abuse, better management reporting and control, and most importantly, increased patient safety. All prescription information transmitted through PDTS is encrypted for security and privacy.

The PDTS is already receiving recognition for setting national precedents in efficiency. The tool was one of seven finalists selected for the 2002 President's Quality Award Program and was cited as one of 17 semifinalists for Harvard's Innovations in American Government Awards. These esteemed honors distinguish the PDTS as an enhanced safety tool dedicated to serving TRICARE beneficiaries worldwide.



Trend Toward Electronic Claims Submission Improves Efficiency



Claims submitted electronically typically require less transit time. Because the data submitted are usually more accurate and complete, processing time is also reduced.

Nearly 96 million claims were processed in 2002—an increase from 44 million in 2001.

This includes more than 36 million TRICARE For Life claims.

Next Generation of TRICARE Contracts Offer Incentives for Improved Customer Service, Greater Local Accountability

The TRICARE Management Activity (TMA) is replacing its regional managed care support service contracts, and other medical and dental contracts that are about to expire, with a new generation of TRICARE contracts. Under this next generation of contracts, TMA will include incentives for superior and measurable performance in customer service, quality of care and access to care. Beneficiaries should experience minimal changes in services under the next generation of TRICARE contracts. There will be enhancements in portability and improvements in customer service and access to care.

Contracts awarded as a result of the managed care support services contract request for proposal (RFP) posted on Aug. 1, 2002, will replace the seven current managed care support contracts with three new contracts. This consolidation will improve portability and reduce the administrative costs of managing contracts.

The new contracts carve out certain elements so that contractors may focus on their core competencies, including the following: integration of all national retail pharmacy services; TRICARE Mail Order Pharmacy (awarded to Express Scripts Inc. on Sept. 10, 2002); TRICARE Retiree Dental Program (awarded to Delta Dental Plan of California on Nov. 29, 2002); TRICARE Dual-Eligible Fiscal Intermediary Contract to perform claims processing and customer service functions for Medicare-eligible beneficiaries (RFP posted on Sept. 6, 2002); Marketing and Education contract to create a national suite of products; National Quality Monitoring contract to continue providing independent and impartial evaluation of health care services; and local support contracts that will allow military treatment facility commanders to contract for local support services as needed.

Under Age 65 Beneficiaries Rank Desired Improvements

The Military Officers Association of America surveyed 6,500 TRICARE-eligible beneficiaries under age 65 from May through June 2002. The survey showed that 2,287 respondents (35.2 percent) ranked the importance of proposed changes to TRICARE as follows:

1. Having access to participating TRICARE health care providers
2. Easing TRICARE pre-authorization/non-availability statement requirements
3. Reducing TRICARE claims problems
4. Receiving faster TRICARE claims processing
5. Improving TRICARE Prime appointment process
6. Improving coordination of care between TRICARE regions



TRICARE at a glance

Active Duty

All active duty uniformed Services members are covered under TRICARE Prime—the most comprehensive health plan in the nation.

Prime

Cost—None. There is no health care cost for active duty—no deductibles, no premiums and no co-pays for authorized medical visits and prescriptions

Service—Priority care at all military treatment facilities. Focus on preventive care, health and readiness

TRICARE For Life

TRICARE For Life is a “medigap”-type wraparound coverage. TRICARE is the second payer to Medicare if there is no other health insurance and will pay your remaining out-of-pocket expenses.

Cost—Medicare Part B premiums

Eligibility—Uniformed Services retirees and family members, age 65 and over and enrolled in Medicare Part B

Enrollment—Automatic with your Medicare enrollment

Service—

- For services payable by TRICARE and Medicare, TRICARE will be second payer
- For services payable by TRICARE but not Medicare, TRICARE will pay, and you pay annual deductible & cost share
- For services payable by Medicare but not TRICARE, Medicare pays as usual and TRICARE pays nothing
- For services not payable by Medicare or TRICARE, you are responsible for the cost

Active Duty Family Members

Prime

Cost—None. No deductibles, no enrollment fees, no co-pays

Service—Access to Military Treatment Facilities (MTFs) or TRICARE network providers

Enrollment—Required

Advantage—No cost; increased preventive care benefits

Extra

Cost—Deductible and 15% cost share

Service—Only TRICARE network providers

Enrollment—Not required; show military I.D.

Advantage—Claim paperwork submitted by provider

Standard

Cost—Deductible and 20% cost share and a co-pay

Service—Broad access to medical care providers

Enrollment—Not required; show military I.D.

Advantage—Freedom to choose any TRICARE-authorized provider

Retirees Under Age 65

Prime

Cost—Annual enrollment fee of \$230 per individual or \$460 per family

Service—Access to MTF & TRICARE network providers

Extra

Cost—Deductible and 20% cost share

Service—Only TRICARE network providers

Standard

Cost—Deductible and 25% cost share

Service—Freedom to choose any TRICARE-authorized provider



TRICARE Dental Programs

The TRICARE Dental Program and TRICARE Retiree Dental Programs offer comprehensive coverage for most dental services for low monthly premiums and minimal cost shares. For details, see www.tricare.osd.mil/dental.

TRICARE Pharmacy Plan

Filling Prescriptions at: Will Cost You:

Military Treatment Facilities	\$0
TRICARE Mail Order Pharmacy	\$3/90-day supply of generic \$9/90-day supply of brand name
Civilian Retail Network Pharmacy	\$3/30-day supply of generic \$9/30-day supply of brand name
Civilian Retail Non-Network Pharmacy	\$9 or 20% of the cost for 30-day supply *

* Annual deductibles apply for non-network pharmacy use. Cost shares may vary depending on plan.

For details, visit www.tricare.osd.mil/pharmacy.

Reserve Components

Members of Reserve Components

Members of Reserve Components are entitled to medical care in any MTF for any injury, illness or disease incurred or aggravated in the line of duty. If called to active duty for more than 30 days, they are eligible for TRICARE Prime, or may be eligible for TRICARE Prime Remote (TPR) the same as active duty Service members.

Family Members of Reserve Components**

Family members of Reserve Components become eligible for TRICARE Extra and Standard on the first day of the sponsor's active duty if his or her orders are for more than 30 consecutive days. All fees and deductibles are the same as for active duty family members. Eligible family members may enroll in TRICARE Prime if their sponsor is called to active duty for 179 days or more. There are no enrollment fees or co-payments for enrollment in Prime or TPR.

** Some may be eligible for the TRICARE Reserve Family Demonstration Project.

Horizons: A Timeline of TRICARE Accomplishments

1995

- Mar*—Established **first TRICARE region** in Washington and Oregon (Region 11)
- Jun*—Offered **hospice care** coverage to provide care and comfort to patients who are expected to live less than six months
- Oct*—Implemented toll-free **nurse advice lines** worldwide
- Nov*—Reduced **catastrophic cap** from \$7,500 to \$3,000 per year for non-active duty TRICARE Prime enrollees

1996

- Jan*—Expanded **Breast Cancer Demonstration Project** to include clinical trials for other cancers, sponsored by the National Institutes of Health's National Cancer Institute

1997

- Jul*—Made TRICARE Prime enrollment **portable** from region to region
- Oct*—Launched TRICARE **Selected Reserve Dental Program**
- Oct*—Launched **National Mail Order Pharmacy**, replacing several regional mail-order plans
- Oct*—Extended **well-child benefit** to children up to age six for TRICARE Standard and TRICARE Extra users

1998

- Feb*—Created **TRICARE Management Activity** to oversee TRICARE Program
- Feb*—Launched **Retiree Dental Program**
- Mar*—Eliminated **balance billing** of TRICARE Prime enrollees by non-participating providers and limited balance billing by non-institutional providers (e.g., ambulance companies)
- Sep*—Launched three-year **"TRICARE Senior Prime" Demonstration** in six locations to provide accessible, quality care for up to 28,000 Medicare-eligible military retirees and their family members through military treatment facilities

1999

- Jun*—Implemented **automatic reenrollment** for TRICARE Prime
- Jun*—Expanded DoD agreement with National Cancer Institute to include **cancer prevention trials** as a TRICARE benefit
- Oct*—Launched **TRICARE Prime Remote** for active duty serving in geographically separated locations
- Oct*—Centralized **active duty claims payments** and implemented **stricter claims processing standards**
- Dec*—Launched **TRICARE Prime in Puerto Rico** signaling the completion of TRICARE's worldwide rollout

2000

- Jan*—Launched two-year **"Federal Employees Health Benefits Program" Demonstration** at eight test sites to provide care for up to 66,000 retired Service members and their dependents
- Jan*—Designated **Beneficiary Counseling and Assistance Coordinators** at Lead Agents and military treatment facilities
- Mar*—Launched **TRICARE Senior Supplement Demonstration** in two sites for retired members of the uniformed Services
- Jul*—Established **TRICARE Debt Collection Assistance Officers** to resolve TRICARE-related debt collection activities
- Sep*—Began implementation of **Primary Care Manager by Name**
- Oct*—Enhanced **TRICARE Retiree Dental Program**
- Oct*—Reduced **catastrophic cap** from \$7,500 to \$3,000 for uniformed Services retirees, their family members and survivors using TRICARE Standard and TRICARE Extra
- Oct*—Expanded TRICARE coverage to include physical examinations required for **school enrollment**
- Oct*—Authorized **travel reimbursement** for TRICARE Prime enrollees who are referred more than 100 miles from their primary care manager's office for medically necessary specialty care

2001

- Feb*—Launched **Women, Infants and Children Overseas Program** to provide supplemental food and nutrition education for eligible personnel serving in overseas locations
- Feb*—Launched **TRICARE Dental Program**, combining Family Member and Selected Reserve Dental Programs and offering expanded dental coverage
- Feb*—Opened **national toll-free number** for TRICARE For Life
- Apr*—**Eliminated co-pays** for TRICARE Prime active duty family members
- Apr*—Entitled **Medal of Honor recipients** to TRICARE medical, pharmacy and dental benefits
- Apr*—Provided **two-year extension** of medical and dental benefits to surviving family members of deceased active duty uniformed Services personnel
- Apr*—**Simplified co-pay structure** for prescription drugs for eligible uniformed Services beneficiaries
- Apr*—Launched **TRICARE Senior Pharmacy Program**, authorizing approximately 1.4 million beneficiaries age 65 and over to obtain low-cost prescriptions from the Mail Order Pharmacy, TRICARE network and non-network civilian pharmacies
- Jun*—Deployed **Pharmacy Data Transaction Service** improving the quality of prescription services and enhancing patient safety
- Jul*—Activated **National Enrollment Database** providing a single TRICARE enrollment capability and standardizing the worldwide enrollment processes

What to Expect in 2003

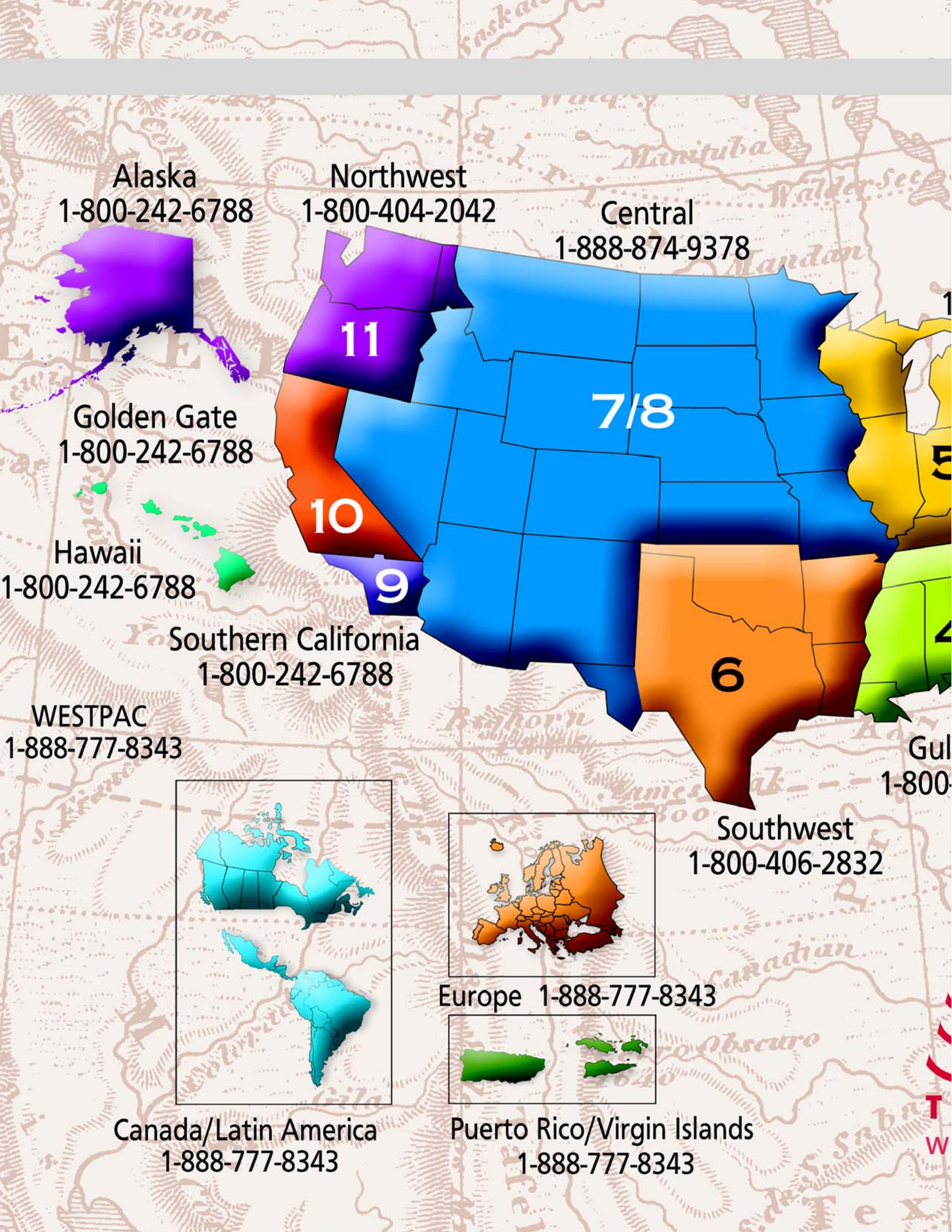
- Sep*—Launched **TRICARE Reserve Family Demonstration Project**, enhancing benefits for eligible families of Reserve Components called to active duty in response to Sept. 11 terrorist attacks
- Oct*—Launched **TRICARE For Life**, providing second payer to Medicare coverage to 1.5 million uniformed Services retirees, their family members and survivors age 65 and over
- Oct*—Implemented **TRICARE Plus Program** at select military treatment facilities providing primary care enrollment for TRICARE-eligible beneficiaries not enrolled in TRICARE Prime
- Oct*—Implemented permanent **chiropractic care benefit** for active duty uniformed Services members

2002

- Jan*—Launched worldwide **TRICARE Transitional Health Care Demonstration Project** to provide transitional coverage for eligible family members of involuntarily separated active duty sponsors and Reserve Components
- Jun*—**Standardized appointment types** making it easier for beneficiaries to book appointments within access standards
- Aug*—Released a **new generation of TRICARE contracts** to assist in the operation of TRICARE's integrated health care delivery system
- Sep*—Launched **TRICARE Prime Remote for Active Duty Family Members** who reside in locations designated as TRICARE Prime Remote
- Sep*—Awarded **TRICARE Mail Order Pharmacy** contract to Express Scripts, Inc. to replace National Mail Order Pharmacy in March 2003
- Oct*—Launched one-year **DoD/Veterans Affairs Military Treatment Facility Refill Mail Service** at three sites, providing TRICARE beneficiaries with a new pharmacy benefit that delivers co-payment-free prescription refills by mail
- Oct*—Began implementation of **TRICARE Online**, providing expanded interactive capabilities for beneficiaries
- Dec*—Sent **Notice of Privacy Practices** to MHS beneficiaries
- Dec*—Awarded **TRICARE Retiree Dental Program** contract to Delta Dental Plan of California to provide an enhanced dental benefit to retirees in May 2003
- Dec*—Awarded **TRICARE Global Remote Overseas** contract to International SOS Assistance, Inc. of Treviso, Pa., to standardize the benefit across all remote overseas regions

- Help **Reserve Components** and their families take advantage of health benefits available to them as mobilizations increase
- Vaccinate military medical personnel against **smallpox** and continue vaccination against **anthrax** for personnel at high risk
- Award **Next Generation of TRICARE** contracts for Managed Care Support Services contracts (3), TRICARE Dual Eligible Fiscal Intermediary contract, Retail Pharmacy contract, Marketing and Education contract and National Quality Monitoring contract
- Launch new **TRICARE Mail Order Pharmacy Program** contract
- Begin rollout of **Composite Health Care System II (CHCS II)**, a medical and dental clinical information system that will generate and maintain a comprehensive, lifelong, computer-based patient record for each beneficiary
- Complete worldwide implementation of **TRICARE Online** and expand interactive capabilities to include prescription refills and renewals, scheduling for a broader range of specialty and clinic appointments, requests for routine tests, appointment reminders, enrollment and online Health Evaluation Assessment Reviews
- Achieve compliance with the Privacy Rule for the **Health Insurance Portability and Accountability Act** of 1996 in April. Beneficiaries will be asked to acknowledge receipt of the MHS Notice of Privacy Practices starting in April when they visit their military treatment facilities. Compliance with electronic health care transactions and code sets standards will be achieved by October
- Launch new **TRICARE Retiree Dental Program** contract
- Launch **TRICARE Global Remote Overseas** contract
- Launch campaign to become the **obstetric provider of choice** for military families through a unified, tri-Service campaign, supported by a family-centered care philosophy
- Launch **new Defense Enrollment Eligibility Reporting System (DEERS)**, providing full portability of health plan services and enhancing the timeliness and accuracy with which health benefits and entitlements are provided to beneficiaries





Alaska
1-800-242-6788

Northwest
1-800-404-2042

Central
1-888-874-9378

Golden Gate
1-800-242-6788

Hawaii
1-800-242-6788

Southern California
1-800-242-6788

WESTPAC
1-888-777-8343

Southwest
1-800-406-2832



Canada/Latin America
1-888-777-8343



Europe 1-888-777-8343



Puerto Rico/Virgin Islands
1-888-777-8343

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TRICARE regions at a glance

Heartland
-800-941-4501



Northeast
1-888-999-5195



Mid-Atlantic
1-800-931-9501

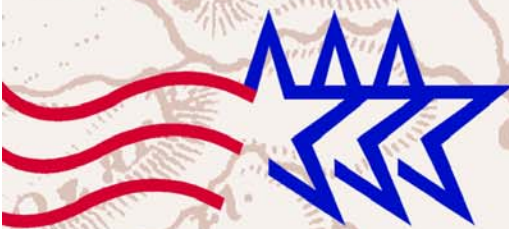


Southeast
1-800-444-5445

f South
-444-5445

Toll-Free Numbers

Eligibility (DEERS)	1-800-538-9552
Enrollment, Benefit Questions	(see numbers on map)
TRICARE Prime Remote	1-888-DOD-CARE
TRICARE Mail Order Pharmacy	1-866-DOD-TMOP
(beginning March 1, 2003)	
TRICARE Retiree Dental Plan	1-888-838-8737
TRICARE Dental Program	1-800-866-8499
TRICARE For Life	1-888-DOD-LIFE
(in Spanish)	1-866-DOD-LIFE
Senior Pharmacy Program	1-877-DOD-MEDS
Claims	
Region 1	1-800-578-1294
Region 2	1-800-493-1613
Region 3	1-800-403-3950
Region 4	1-800-403-3950
Region 5	1-800-493-1613
Region 6	1-800-406-2833
Region Central	1-800-225-4816
Regions 9 and 10	1-800-930-2929
Region 11	1-800-404-0110
Region Alaska	1-800-930-2929
Region Hawaii	1-800-930-2929
TRICARE Europe	1-608-224-2727
TRICARE Latin America/ Canada	1-608-224-2727
TRICARE Pacific	1-608-224-2727



TRICARE
www.tricare.osd.mil