



TRICARE for Life

2012





**TRICARE + Medicare =
TRICARE for Life**

TRICARE Regions



TRICARE North
Health Net
1-877-874-2273
www.hnfs.com

TRICARE South
Humana
1-800-444-5445
www.humana-military.com

TRICARE West
TriWest
1-888-874-9378
www.triwest.com



HNFS Go Mobile

TRICARE Overseas - International SOS
1-888-777-8343
www.tricare-overseas.com

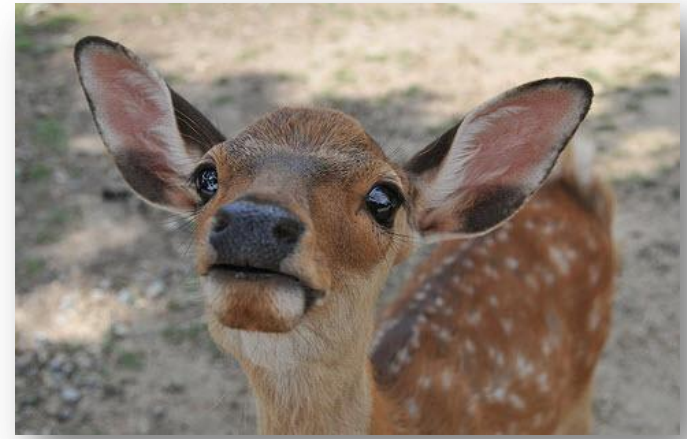
- Latin America & Canada
- Eurasia-Africa
- Pacific

TRICARE Eligibility

- Service member - sponsor
- Medal of Honor recipient
- Spouse
- Former spouse
- Children
 - Unmarried to age 21; age 23 if full-time student
 - TRICARE Young Adult to age 26
 - Possibly indefinite for special-needs children
- Survivors
- Others

DEERS

- Update DEERS
 - Changing status
 - Changing address or phone #
- Phone: 1-800-538-9552; Fax: 1-831-655-8317
- Online: www.tricare.mil/DEERS
- Mail: Defense Manpower Data Center Support Office
Attn: COA
400 Gigling Road
Seaside, CA 93955-6771
- ID Cards
 - Required at age 10
 - Rapids site locator - www.dmdc.osd.mil/rsl
 - Schedule appointment - <https://rapids-appointments.dmdc.osd.mil>



Uniformed Services ID Card

- When you get your Medicare card, schedule an appointment with an ID card office to update DEERS and get a new ID card
 - Rapids site locator – www.dmdc.osd.mil/rsl
 - ID card appointments – <https://rapids-appointments.dmdc.osd.mil>



Medicare Card

- No TFL ID card
- Just show your Medicare card with your uniformed services ID card to verify TFL coverage
- For Medicare card information:
 - 1-800-MEDICARE
 - www.medicare.gov

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JANE DOE

MEDICARE CLAIM NUMBER SEX
000-00-0000-A FEMALE

IS ENTITLED TO EFFECTIVE DATE
HOSPITAL (PART A) 07-01-1986
MEDICAL (PART B) 07-01-1986

SIGN HERE _____

DO NOT SEND CLAIMS FOR PAYMENT OF MEDICARE BENEFITS TO THIS (↓) ADDRESS

Shows your eligibility for Parts A & B and the effective dates of coverage.

TRICARE Options

- Retirees and family members
 - Prime
 - Extra
 - Standard
 - TRICARE Retired Reserve
 - TRICARE Young Adult
- Medicare-eligible retirees
 - TRICARE for Life
 - TRICARE Plus
 - TRICARE Prime (under age 65)



MTF Priorities for Care

- Active duty
- Active duty family members in Prime
- Retirees, family members and survivors in Prime
- TRICARE Plus
- Active duty family members not in Prime
- Retirees, family members and survivors not in Prime
 - Includes TFL
- Others



MTF Walk-in Ancillary Services

- Emergency room
- Pharmacy
- Laboratory
- X-ray/Radiology
- Immunizations



TRICARE for Life

- Became law October 1, 2001
- Entitled to Medicare A, and enrolled in Medicare B
 - Exception – ADSMs and ADFMs not required to purchase Medicare B
- Monthly Medicare B premium
 - No TRICARE enrollment fee
- TRICARE secondary to Medicare
- Claims processor
 - Wisconsin Physician Services
 - www.tricare4u.com



TRICARE Plus

- Primary care program at select MTFs
 - NMCP – Internal Medicine Clinic
- Often by invitation only
 - Clinic manages enrollment
- Most patients are TFL
- No costs
- Primary care benefits similar to TRICARE Prime
- Specialty care not guaranteed



Medicare Eligibility

- Most – age 65
 - The first day of the month of the 65th birthday; or
 - The first day of the previous month if the birthday is the first day of the month
- Under age 65 – disability
 - Most disabilities – 2 year wait after starting SSDI
 - No wait for people with:
 - End-Stage Renal Disease (ESRD)
 - ALS/Lou Gehrig's Disease
- The eligibility age for Social Security may be different

Medicare Parts

- A – Inpatient (hospital insurance)
- B – Outpatient (medical insurance)
- C – Medicare advantage plans*
 - Similar to an HMO or PPO
 - If you join a Medicare Advantage Plan, you don't need, and can't be sold, a Medigap policy
 - Medigap – Medicare Supplement Insurance
- D – Prescription drug plans

* Note: Some Medicare Advantage Plans may also include Medicare Prescription Drug Plans (Part D) as part of their program



Part A Eligibility

- Most are eligible for premium-free Part A:
 - Under their own SSN with 40 or more quarters of Medicare-covered employment
 - Under the spouse's (or divorced/deceased spouse's) SSN if the spouse is 62 years of age, or older, and has 40 or more quarters
 - If the qualified spouse is not yet 62, re-file for Part A when the spouse reaches that age
 - Purchase Part B when first eligible if eligibility for premium-free Part A is expected when spouse reaches age 62
- If not eligible for premium-free Part A:
 - Obtain a “Notice of Award” or “Notice of Disapproved Claim” from the Social Security Administration
 - Take the Notice to an ID Card Issuing Facility to update DEERS and obtain a new ID card
 - Eligibility for regular TRICARE benefits (Prime, Extra or Standard) continues

Medicare Costs – Part A

- Monthly premium
 - 40 or more quarters of work credit: \$0
 - 30-39 quarters of work credit: \$248
 - Less than 30 quarters of work credit: \$451
- Deductibles, co-pays and limits (TFL pays most of these costs)
 - Deductible: \$1,156 (hospital stay of 1–60 days)/benefit period
 - No additional co-pay for days 1-60/benefit period
 - Co-pay for hospital days 61-90: \$289/day/benefit period
 - Co-pay for hospital days 91–150*: \$578/day/benefit period
 - *Lifetime reserve days – up to 60 days over a lifetime
 - All costs for hospital stay after maximum days/benefit period
 - Skilled nursing facility (SNF)
 - Co-pay for days 1 - 20: \$0
 - Co-pay for days 21-100: \$144.50/day
 - Inpatient mental health care in a psychiatric hospital limited to 190 days in a lifetime

Medicare Benefit Period

- Inpatient hospitalization benefit period – 90 days
 - 60 additional lifetime reserve days
- SNF benefit period – 100 days
- Begins the day of admission to a hospital or SNF
- Ends when hospital care (or care in a SNF) is not used for 60 days in a row
- The inpatient hospital deductible applies to each benefit period
- There is no limit to the number of benefit periods

Part B Eligibility

- TFL requires most Medicare-eligible beneficiaries to enroll in Medicare Part B
- Exceptions:
 - Active duty service members
 - Active duty family members
 - Must be enrolled in Medicare Part B when the service member retires from active duty
 - Retiree family members not entitled to premium-free Medicare Part A either under their own SSN or their sponsor's SSN
 - If not entitled to premium-free Part A under the sponsor's SSN because the sponsor is not yet age 62, but entitlement is expected when the sponsor does reach 62, Medicare Part B should still be purchased when first eligible to avoid the premium penalty for delayed-enrollment

Part B Enrollment

- Usually automatic at age 65
 - Initial 7-month enrollment period
 - Annual general enrollment period
 - January 1st – March 31st
 - Coverage begins July 1st
 - Premium surcharge/penalty for delaying (10%/full 12-month period delayed)
- Special enrollment situations
 - Disability
 - Active duty service member or family member at service member's retirement
 - Loss of coverage under an employer group health plan
 - Within 8 months after employment or group health plan coverage based on current employment ends
 - COBRA coverage or retiree health plan don't qualify as coverage based on current employment
 - If still employed at age 65, Medicare B still required for TFL

Medicare Costs – Part B

- Part B monthly premium
 - For most: \$99.90
- Part B deductible and co-pays (TFL pays most of these costs)
 - Deductible: \$140
 - Co-pays (some limits and exceptions may apply):
 - Clinical laboratory services – 0%
 - Home health services – 0%
 - Medical (doctor) services – 20%
 - Outpatient therapy – 20%
 - Durable medical equipment -20%
 - Mental health services – 40%
- Most preventive services are free

Part B Premiums

Annual Income Reported on 2010 Tax Return		For 2012 You Pay
File Individual Tax Return	File Joint Tax Return	
\$85,000 or less	\$170,000 or less	\$99.90
\$85,001 - \$107,000	\$170,001 - \$214,000	\$139.90
\$107,001 - \$160,000	\$214,001 - \$320,000	\$199.80
\$160,001 - \$214,000	\$320,001 - \$428,000	\$259.70
Above \$214,000	Above \$428,000	\$319.70

Note:

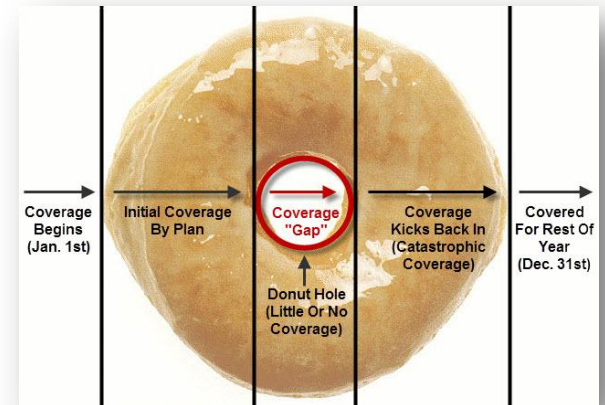
- Medicare premiums do not apply towards the catastrophic cap; however, they may be tax deductible. Premiums are usually not paid with pre-tax dollars. Check with an accountant or tax specialist for details.
- For those on Social Security, premium payments will be deducted from your Social Security check. For those not on Social Security, payment arrangements have to be made with Medicare for the monthly premiums.

Medicare Part C

- Medicare-approved
- Commercially-available Medicare Advantage Plans
 - Preferred Provider Organization (PPO)
 - Health Maintenance Organization (HMO)
 - Private Fee-for-Service (PFFS)
 - Medical Savings Account (MSA)
 - Special Needs Plan (SNP)
 - Provider Sponsored Organization (PSO)
 - Religious Fraternal Benefit (RFB)
- Benefits, costs & savings vary between plans
- Plans may or may not include Part D coverage
- Plans usually not available to patients with pre-existing ESRD
- Not the same as a Medigap (Medicare Supplement Insurance) Policy

Medicare Part D

- Medicare's prescription drug program
- Most TFL beneficiaries do not need Part D
 - Exception may be people also eligible for Medicaid
- Considerations:
 - Monthly premiums, deductibles, co-pays & claims
 - Donut hole
 - Drug coverage
 - If included with a Medicare Advantage Plan (Part C)
- Annual open enrollment
 - October 15th – December 7th



Medigap Plans (Commercially-available Medicare Supplement Insurance)

	Medigap Plans									
Medigap Benefits	A	B	C	D	F*	G	K	L	M	N
Medicare Part A Coinsurance & hospital costs up to an additional 365 days after Medicare benefits are used up	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓***
Blood (First 3 Pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A Hospice Care Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled Nursing Facility Care Coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Medicare Part A Deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Medicare Part B Deductible			✓		✓					
Medicare Part B Excess Charges					✓	✓				
Foreign Travel Emergency (Up to Plan Limits)			✓	✓	✓	✓			✓	✓
Out-of-Pocket Limit**							\$4660	\$2330		

* Plan F also offers a high-deductible plan – you pay \$2,070 out-of-pocket before plan pays

** After out-of-pocket limit & yearly Part B deductible are met, plan pays 100% for covered services

*** Plan N pays 100% of Part B coinsurance except for copay of \$20 for some office visits & up to \$50 copay of emergency room visits that don't result in an inpatient admission

Plans E, H, I & J are no longer sold

TFL Costs

- No enrollment fee or premium
- TRICARE Standard & Extra deductibles & co-pays apply for services covered only by TRICARE
 - Annual fiscal year deductible - \$150/person; \$300/family
 - TRICARE Extra co-pay – 20%
 - TRICARE Standard co-pay – 25%
 - Possible additional 15% balance-billing
- Beneficiaries under age 65 with Medicare can still enroll in TRICARE Prime, & the annual Prime enrollment fee is waived
 - Prime enrollment fee FY-2011: \$230/individual; \$460/family
 - Prime enrollment fee FY-2012*: \$260/individual; \$520/family**
 - Prime enrollment fee FY-2013: \$269.28/individual; \$538.56/family**



** Retirees & family members already enrolled in 2011 did not see an increase in 2012*
*** NDAA-12 allows enrollment fee increases annually based on COLA. The increase does not affect medically-retired service members and their eligible family members, or the survivors of an active duty deceased service member*

Medicare or TRICARE – Who Pays?

Service	Medicare Pays	TRICARE Pays	You Pay
Medically-necessary services covered by Medicare & TRICARE	Medicare-authorized amount	Remaining out-of-pocket expense	Nothing
Services only covered by Medicare (such as chiropractic care)	Medicare-authorized amount	Nothing	Medicare deductible & co-pays
Services only covered by TRICARE (such as overseas care, most vaccines, or most prescription drugs)	Nothing	TRICARE-authorized amount	TRICARE deductible & co-pays
Services not covered by Medicare or TRICARE (such as cosmetic or elective surgery, experimental procedures, or over-the-counter items)	Nothing	Nothing	All expenses

Prior Authorization

- All TRICARE beneficiaries require prior authorization for the following services when TRICARE is the primary payer:
 - Certain medications
 - Adjunctive dental
 - Home health care
 - Hospice
 - Non-emergency substance abuse admissions
 - Non-emergency behavioral health admissions
 - Outpatient behavioral health (after 8th visit)
 - Skilled nursing facility care (after day 100)
 - Transplants (solid organ and stem cell)
 - ECHO (only active duty family members are eligible)
- Prior authorization from TRICARE is not required for these services if authorization has already been provided by Medicare or OHI

TRICARE Claims

- Payment for covered services
- Network (Prime and Extra) providers file paperwork
- Claim form – *Patient's Request for Medical Payment (DD Form 2642)*
- Explanation of Benefits
- Denied claims and appeals
- Third party liability
- Coordination with OHI
- Processors
 - North Region (except TFL) – Health Net (PGBA)
 - TRICARE For Life – Wisconsin Physician Services
 - Overseas – Wisconsin Physician Services

TFL Claims

- Processor - Wisconsin Physician Services (WPS)
- Provider files a claim with Medicare
- Medicare processes the claim & forwards it to WPS
- Patient receives a Medicare Summary Notice (MSN) from Medicare, & an Explanation of Benefits (EOB) from TRICARE
- WPS Customer Service: 1-866-773-0404
 - TDD 1-866-773-0405
 - www.TRICARE4u.com
- Note: active duty family members qualified for Medicare but only having Medicare Part A (Part B is not required until the sponsor retires) are also considered “dual eligible”
 - Inpatient claims should be filed with Medicare
 - Outpatient claims, including for beneficiaries with TRICARE Prime, should be filed with WPS
 - Claims filed with Health Net/PGBA will be forwarded to WPS

Catastrophic Cap

- Annual (fiscal year) out-of-pocket liability for TRICARE-covered services
 - Active duty families - \$1000/family
 - Retirees & their families - \$3000/family
 - Includes TFL beneficiaries
 - Includes TRICARE Prime enrollment fees
- Exclusions:
 - TRICARE Prime point-of-service charges
 - TRICARE Standard balance-billing charges
 - Non-covered services
 - Medicare or other health insurance premiums



Medicare Summary Notice

- An MSN shows services/supplies billed to Medicare during each 3-month period, what Medicare paid, and what the patient may owe the provider
- The MSN is not a bill
- MSNs mailed quarterly
 - If a refund check is due from Medicare, or if a claim is denied, the MSN will be mailed as soon as the claim is processed
- New design for 2012 - includes several features not available with the old version:
 - A clear notice on how to check the form for important facts and potential fraud
 - An easy-to-understand snapshot of the beneficiary's deductible status, a list of providers they saw, and whether their claims for Medicare services were approved
 - Clearer language, including consumer-friendly descriptions for medical procedures
 - Definitions of all terms used in the form
 - Larger fonts throughout to make it easier to read
 - Information on preventive services available to Medicare beneficiaries
- In March 2012, the redesigned MSN became available on mymedicare.gov
- In early 2013, the redesigned MSN will start to replace the version currently being mailed

Explanation of Benefits (EOB)

- WPS mails monthly EOB summaries
- Individual EOBs are mailed for:
 - A claim for rejected services that have appeal rights
 - A claim that includes a payment to the beneficiary
- EOBs online:
 - www.TRICARE4u.com
 - Will get an electronic notification (email) each time a claim processes
- The EOB is not a bill



TRICARE and Other Health Insurance

- OHI type
 - Employer-sponsored group health plan
 - Medicare
 - TRICARE or Medicare Supplement
 - Medicaid
- Coordinating benefits
 - Works best with TRICARE Standard/Extra
 - Follow OHI rules
 - Claims processing
- Prior authorization requirements



TFL, Medicare and OHI (Employer Insurance/Group Health Plan)

Age/Status/Coverage	Order of Payment
All ages - TRICARE & Medicare	Medicare, TRICARE
All ages - TRICARE, Medicare & Retiree Employment Insurance (Group Health Plan)	Medicare, OHI, TRICARE
Age 65 or older - TRICARE, Medicare & Current Employment Insurance (self or spouse; employer with 20 or more employees)	OHI, Medicare, TRICARE
Age 65 or older - TRICARE, Medicare & Current Employment Insurance (self or spouse; employer with less than 20 employees)	Medicare, OHI, TRICARE
Under age 65 & disabled- TRICARE, Medicare & Current Employment Insurance (self or spouse; employer with 100 or more employees)	OHI, Medicare, TRICARE
Under age 65 & disabled- TRICARE, Medicare & Current Employment Insurance (self or spouse; employer with less than 100 employees)	Medicare, OHI, TRICARE
All ages with End-Stage Renal Disease (ESRD) – TRICARE, Medicare & Group Health Plan	First 30 months – OHI, Medicare, TRICARE After 30 months – Medicare, OHI, TRICARE

Pharmacy Choices

- Military hospital or clinic
 - www.tricare.mil/pharmacy
- Mail order (home delivery) and retail pharmacy
 - 1-877-363-1303
 - www.express-scripts.com/TRICARE
- Mail order pharmacy (overseas)
 - 1-866-275-4732
- Retail network
 - www.express-scripts.com/TRICARE
- Retail non-network

Note: prescriptions filled overseas must be written by a
U.S.-licensed physician

NMCP Formulary: <https://online.lexi.com/lco/action/home/switch>



Pharmacy Costs

Pharmacy	Generic (Tier 1)	Brand Name (Tier 2)	Non-formulary (Tier 3)
Military (up to 90 days)	\$0	\$0	N/A
Mail Order (TMOP) (up to 90 days)	\$0	\$9	\$25
Retail Network (up to 30 days)	\$5	\$12	\$25
Retail Non-network (up to 30 days)	Non-Prime: \$12 or 20%, after deductible is met		Non-Prime: \$25 or 20%, after deductible is met
	Prime: 50%, after point-of-service deductible is met		

<http://www.tricare.mil/mybenefit/home/Prescriptions/PharmacyProgram>

There is no deductible for prescriptions filled at an MTF, through TMOP, or at a retail network pharmacy

Pharmacy Claims

- Prescriptions purchased in the United States, Puerto Rico, U.S. Virgin Islands & Guam are processed by Express Scripts

- 1-877-363-1303

- Prescriptions purchased overseas are processed by WPS

- 1-608-301-2310 (Europe & Pacific)

- 1-608-301-2311 (Latin America & Canada)

- www.TRICARE4u.com



Preventive Services

• Medicare & TRICARE offer numerous preventive services, many at no-cost to the patient (age, medical necessity, health risk & frequency rules, & other restrictions may apply)

- One-time “Welcome to Medicare” preventive visit
- Yearly “Wellness” visit
- Cardiovascular screening
- Breast cancer screening (mammograms)
- Cervical & vaginal cancer screenings
- Colorectal cancer screening
- Prostate cancer screening
- Immunizations
- Bone mass measurements
- Diabetes screening, supplies & self-management training
- Medical nutrition therapy
- Glaucoma tests
- Tobacco use cessation counseling
- HIV screening



Long Term Care

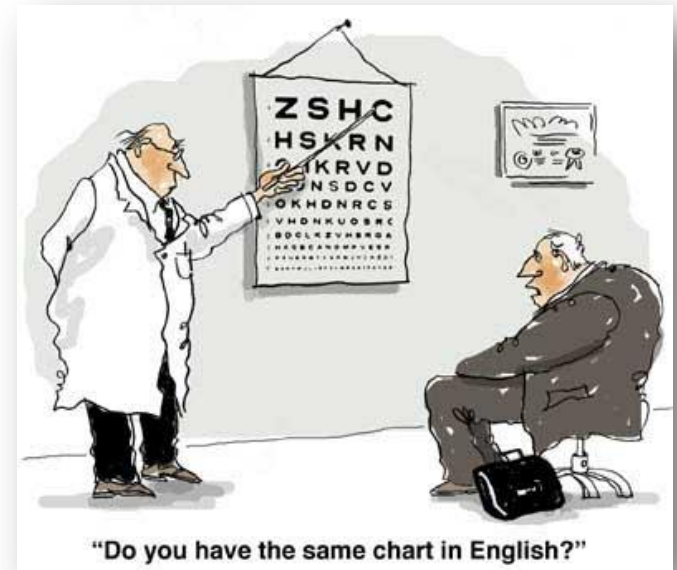
- Custodial care
 - Not covered by Medicare or TRICARE
 - Assistance with activities of daily living (comfort, personal hygiene, cooking & feeding, wellness)
 - Commercial plans available
- Federal Long Term Care Insurance Program
 - 1-800-582-3337
 - www.opm.gov/insure/ltc

Skilled Nursing Facility Care

- Medically necessary
- Within 30 days following an inpatient hospitalization that lasted at least 3 days (not including day of discharge)
- Doctor's plan of care required
 - Nursing and rehabilitation – physical, occupational & speech therapy
 - Usually delivered in a skilled nursing facility
 - Medicare has a 100-day limit, after which TRICARE Standard/Extra deductibles and co-pays go into effect
 - Pre-authorization required when TRICARE becomes the primary payer

TFL Overseas

- Medicare does not provide coverage in most overseas locations
 - Limited exceptions in Canada and Mexico
- Medicare does provide coverage in U.S. territories and aboard ships in U.S. territorial waters
 - Guam, Puerto Rico, U.S. Virgin Islands, American Samoa & Northern Mariana Islands
- Medicare Part B still required to have TRICARE coverage overseas
- Toll-free assistance: 1-888-777-8343



TRICARE Overseas Program - Standard

- TRICARE Standard
 - Prime not available for retirees
 - Space-available care in an MTF
- No enrollment
- Annual deductible - \$150/single; \$300/family
- Cost share – 25%
- No referrals required
 - Receive care from host nation providers
 - May have to pay first, then file claim for reimbursement
- To locate a provider:
 - TOP Area Office
 - MTF
 - U.S. Embassy
- 1-888-777-8343 (in the U.S. only)
- <http://www.tricare-overseas.com/default.htm>



TOP

Latin America & Canada

1-703-588-1848

- Central & South America
- Caribbean Basin
- Canada
- Puerto Rico
- U.S. Virgin Islands

Eurasia – Africa

011-49-6302-67-6314

- Europe
- Africa
- Middle East

Pacific

011-81-6117-43-2036

- Asia
- Guam
- Australia
- New Zealand
- Remote Western Pacific Countries

1-888-777-8343 (in the U.S. only)

<http://www.tricare-overseas.com/default.htm>

TRICARE Young Adult

- Unmarried dependent child of an eligible sponsor
 - Inactive Selected Reserve member
 - Sponsor must be enrolled in TRICARE Reserve Select
 - Retired Reserve member
 - Sponsor must be enrolled in TRICARE Retired Reserve
- At least age 21 (23 if full-time student)
- Not eligible for an employer-sponsored health plan
- Not otherwise eligible for TRICARE coverage
 - Such as children with disabilities who retain TRICARE eligibility into adulthood
- Monthly premiums
 - Prime - \$201
 - Standard/Extra - \$176



Dental

- TRICARE Active Duty Dental Program
 - Active duty service members and activated Guard and Reserves
 - Military Dental Treatment Facility
 - United Concordia
 - <https://secure.addp-ucci.com/ddpddw/>
- TRICARE Dental Program for Active Duty Family Members
 - Active duty family members, and National Guard & Reserve members and their families
 - MetLife (effective 01 May 2012)
 - www.tricare.mil/dental
 - <https://mybenefits.metlife.com/tricare>
- TRICARE Retiree Dental Program
 - Retirees & families, Medal of Honor recipients and families, and certain survivors and former spouses
 - Delta Dental Plan of California
 - www.trdp.org



Proposed Legislation – NDAA-13

- Submitted by the Administration/DoD on 29 March 2012
 - Increase TRICARE Prime enrollment fees for retirees (three tiers)
 - Implement Extra/Standard annual enrollment fees for retirees
 - Increase Extra/Standard annual deductibles for retirees
 - Implement TRICARE for Life annual enrollment fees – per person (three tiers)
 - Increase co-pays for prescriptions filled through retail & mail order pharmacies
- House version (H.R. 4310) approved in May
 - *Does not* recommend:
 - Standard/Extra & TFL enrollment fees
 - Increases in Prime enrollment fees & Standard/Extra deductibles
 - *Does* recommend:
 - Proposed smaller increases in pharmacy co-pays
- Senate version (S. 3254) awaiting consideration by the full Senate



Health Benefit Advisors

- Boone Branch Health Clinic – JEB Little Creek – (757) 953-8183
- Fort Eustis – (757) 314-7939
- Fort Lee – (804) 734-9447
- Langley AFB – (757) 225-5111
- Naval Medical Center Portsmouth – (757) 953-2610
- Northwest Branch Health Clinic – Chesapeake – (757) 421-8220
- Norfolk Naval Base Branch Health Clinic (Sewell's Point) – (757) 953-8708
- Oceana Branch Health Clinic – NAS Oceana – (757) 953-3933 (opt 7)
- TRICARE Prime Clinic Chesapeake – (757) 953-6382
- TRICARE Prime Clinic Virginia Beach – (757) 953-6710
- Yorktown Branch Health Clinic – Naval Weapons Station – (757) 953-8441
- Yorktown Coast Guard Clinic – (757) 856-2147

TRICARE Service Centers

- Health Net Federal Services
 - 1-877-874-2273
 - www.healthnetfederalservices.com
- Hampton Roads locations
 - Naval Medical Center Portsmouth, Building 249
 - Fort Eustis
 - Langley Air Force Base
 - Fort Lee

Telephone Resources

- TRICARE Service Center (Health Net Federal Services)
1-877-TRICARE (1-877-874-2273)
- TRICARE Mail Order Pharmacy (Express Scripts)
1-866-DoD-TMOP (1-866-363-1303)
- TRICARE Retail Pharmacy (Express Scripts)
1-866-DoD-TRRx (1-866-363-1303)
- Hampton Roads Appointment Center
1-866-MIL-HLTH (1-866-645-4584)
- TRICARE Online
1-800-600-9332 or 1-210-767-5250
- TRICARE Dental Program (MetLife)
1-855-638-8371
- TRICARE Retiree Dental Program (Delta Dental)
1-888-838-8737
- TRICARE For Life
1-866-773-0404 (or TTY/TDD callers use 1-866-773-0405)

Internet Resources

- DEERS www.tricare.mil/DEERS
- Health Net Federal Services www.healthnetfederalservices.com
- Naval Medical Center Portsmouth www.med.navy.mil/sites/nmcp
- Reserve Affairs www.defenselink.mil/ra
- TRICARE Claims Information
 - PBGA www.mytricare.com
 - TRICARE For Life (WPS) www.tricare4u.com
- TRICARE Dental Information
 - AD Family Member Dental Program www.tricare.mil/dental
<https://mybenefits.metlife.com/tricare>
 - Retiree Dental Program www.trdp.org
- TRICARE For Life Information
 - Claims (Wisconsin Physician Services) www.tricare4u.com
 - Information www.tricare4u.com
 - Medicare & Social Security www.ssa.gov
- TRICARE Management Activity (TMA) www.tricare.mil
- TRICARE Online (Appointments) www.tricare.mil
- TRICARE Pharmacy Information www.express-scripts.com/TRICARE

Thank You Questions?

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A copy of this presentation is available online at:
<http://www.med.navy.mil/sites/nmcp/Pages/TRICARE.aspx>