

Standard Health Matters

THE 2012 ANNUAL PUBLICATION FOR TRICARE® STANDARD BENEFICIARIES

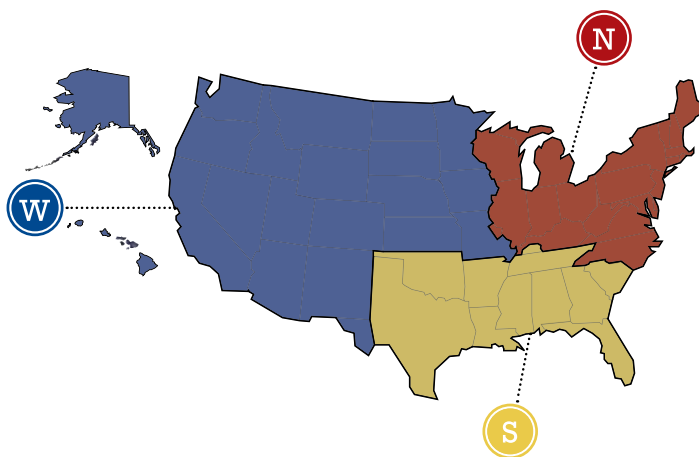
Your TRICARE Regional Contractor—Offering Help When You Need It

Your TRICARE regional contractor is your best resource to help with any questions you have about your benefit.

TRICARE has three regional contractors in the United States: Health Net Federal Services, LLC in the North Region; Humana Military Healthcare Services, Inc. in the South Region; and TriWest Healthcare Alliance in the West Region. Separate contractors administer TRICARE’s dental and pharmacy benefits; for more information, visit www.tricare.mil/dental or www.tricare.mil/pharmacy.

Each regional contractor maintains a website, toll-free customer service call center and TRICARE Service Centers (TSC) to assist you with your questions and concerns. If you have questions about eligibility, claims, referrals, appeals or fraud information, check your regional contractor’s website, call the toll-free number or visit a local TSC.

Your TRICARE regional contractor can also help you locate health care providers. You can find contact information in the chart below. ■



TRICARE North Region	TRICARE South Region	TRICARE West Region
Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com	Humana Military Healthcare Services, Inc. 1-800-444-5445 www.humana-military.com	TriWest Healthcare Alliance 1-888-TRIWEST (1-888-874-9378) www.triwest.com
Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky (excluding the Fort Campbell area), Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin and portions of Iowa (Rock Island Arsenal area) and Missouri (St. Louis area)	Alabama, Arkansas, Florida, Georgia, Kentucky (Fort Campbell area), Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee and Texas (excluding the El Paso area)	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



An Important Note about TRICARE Program Information: At the time of printing, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military treatment facility guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

TRICARE Covers Clinical Preventive Services

Preventive care can help you maintain good health through early detection and treatment of disease. TRICARE covers many preventive medical services including preventive health screenings. As a TRICARE Standard beneficiary, you can receive the following preventive medical services for no out-of-pocket costs:

Prostate cancer screening: TRICARE covers annual prostate exams and prostate-specific antigen (PSA) tests for men age 50 and older. TRICARE also covers these screenings for certain men as young as age 40 who have family histories of prostate cancer.

Breast cancer screening: Annual mammograms for women are covered beginning at age 40. Women younger than age 40 who are at high risk for breast cancer should talk to health care providers about when and how often they should have mammograms and physical exams.

Cervical cancer screening: TRICARE covers a Pap smear annually for women starting at age 18 (younger if sexually active) or less often at patient and provider discretion (though not less than every three years).

Colorectal cancer screening: TRICARE covers colorectal cancer screening beginning at age 50 for beneficiaries at average risk. Frequency varies according to screening type (i.e., fecal occult blood testing, proctosigmoidoscopy or flexible sigmoidoscopy, colonoscopy). If you have an

increased risk for colon cancer due to family medical history or other risk factors, talk to your doctor about starting screenings at an earlier age.

Well-child care: The TRICARE well-child benefit covers children from birth to age 6. The benefit includes comprehensive health promotion and disease-prevention exams, immunizations and developmental and behavioral assessments. Your child can receive preventive-care well-child visits as frequently as the American Academy of Pediatrics® recommends, but no more than nine visits in two years.

Immunizations: TRICARE covers age-appropriate vaccinations, including annual flu shots, as recommended by the Centers for Disease Control and Prevention. The human papillomavirus vaccine is covered for all females ages 11–26 who have not completed the vaccine series. TRICARE also covers a single dose of the shingles vaccine Zostavax® for beneficiaries age 60 and older.

Note: If you are at increased or high risk for specific diseases, talk to your doctor about your individual and family medical history to determine when you should begin preventive screenings.

Visit www.tricare.mil/preventiveservices for additional information. ■

Reminder on Eye Exams

General vision coverage for TRICARE Standard beneficiaries may include an examination and other specialized services to diagnose or treat a medical condition of the eye. These services are covered when provided in connection with the medical or surgical treatment of a covered illness or injury.

In addition to this general coverage, active duty family members are entitled to one annual routine eye exam. During a routine eye examination, the eyes are examined for issues that are not related to medical or surgical conditions or conditions not related to the medical or surgical treatment of a covered illness or injury. Routine eye examinations are **not** covered for TRICARE Standard retirees and their dependents.

For more details, visit www.tricare.mil/coveredservices. ■



TRICARE Standard and TRICARE Extra Costs

TRICARE Standard and TRICARE Extra can be used interchangeably, and the option you use determines your out-of-pocket expense. The costs listed below are for care you receive in civilian facilities. These costs are effective for fiscal year (FY) 2012 (Oct. 1, 2011–Sept. 30, 2012) and are subject to change each year on Oct. 1. You are required to meet an annual deductible per FY for outpatient services before cost-sharing begins. For more information on costs, visit www.tricare.mil/costs. ■

Active Duty Family Members¹

Type of Care	TRICARE Standard (Non-Network Provider)	TRICARE Extra (Network Provider)
Outpatient	20% of the allowable charge	15% of the negotiated rate
Inpatient	\$17.05 per day (\$25 minimum charge)	\$17.05 per day (\$25 minimum charge)

1. Costs for families of National Guard and Reserve members on active duty for more than 30 consecutive days are the same as for active duty family members.

Retired Service Members, Their Families and All Others

Type of Care	TRICARE Standard (Non-Network Provider)	TRICARE Extra (Network Provider)
Outpatient	25% of the allowable charge	20% of the negotiated rate
Inpatient	\$708 per day or 25% for institutional services, whichever is less, plus 25% for separately billed professional charges	\$250 per day or 25% for institutional services, whichever is less, plus 20% for separately billed professional charges

TRICARE Coverage of Durable Medical Equipment

Durable medical equipment (DME) is used to improve, restore or maintain function of a body part that is malformed, diseased or injured. DME is generally covered if prescribed by a physician and if directly related to a medical condition.

DME may be leased or purchased, depending on the cost and length of time the equipment is needed. DME may be cost-shared by TRICARE if it:

- Is medically necessary and appropriate medical care
- Is ordered by a physician for the specific use of the beneficiary
- Can withstand repeated use, is primarily and customarily used to serve a medical purpose and generally is not useful to an individual in the absence of an illness or injury

To obtain DME, you must have a prescription from your physician specifying:

- Your diagnosis
- Type of equipment needed
- Reason it is needed
- Length of time it will be needed

For more information about obtaining DME, visit www.tricare.mil/dmepos or call your regional contractor. ■

Skilled Nursing Care and Home Health Care

TRICARE covers a maximum of 28 hours per week part time or 35 hours per week intermittent skilled nursing care, home health aide services and physical, speech or occupational therapy. It is important to understand these types of care and the TRICARE coverage details for each.

Skilled Nursing Facility Care

Skilled nursing care must be provided by or under the supervision of a registered nurse for safety reasons, and includes services such as intravenous and intramuscular injections or catheter insertion. Skilled nursing care typically is not provided in a nursing home or a beneficiary's home, but rather in a skilled nursing facility (SNF). TRICARE only covers care at Medicare-certified, TRICARE-participating SNFs. Under the skilled nursing benefit, TRICARE covers skilled nursing care and rehabilitative (physical, occupational and speech) therapies, room and board, prescribed drugs, laboratory work, supplies, appliances and medical equipment.

For TRICARE to cover admission to a SNF, the patient must have both a qualifying hospital stay of three consecutive days or more, not including the hospital discharge day, **and** the patient must enter the SNF within 30 days of discharge from the hospital (with some exceptions for medical reasons). The patient's medical provider must demonstrate his or her need for skilled nursing services.

Note: Nursing home care and care provided at assisted living facilities is typically classified as custodial care and is **not** a TRICARE covered benefit. Custodial care involves providing an individual assistance with activities of daily living (e.g., bathing, dressing) or supervision of someone who is cognitively impaired. All custodial care costs are the patient's responsibility. Some nursing homes may have both custodial care and skilled nursing sections. TRICARE does not cover care received in custodial sections and covers only the skilled nursing services provided in skilled nursing sections.

Home Health Care

Home health care covers part-time or intermittent skilled nursing services and home health care services for those confined to the home. To qualify for home health care, TRICARE beneficiaries must:

- Be homebound
- Have a physician-certified plan of care
- Have a case manager who periodically assesses needs and required services
- Need skilled nursing care on an intermittent basis or physical therapy or speech-language pathology services or have continued need for occupational therapy

In general, beneficiaries are considered homebound if their conditions prevent them from leaving their homes without considerable and taxing effort. If beneficiaries regularly leave their homes for therapeutic, psychosocial or medical treatment or to attend an accredited, certified adult day care program, they will not be disqualified from home health care.

The patient's primary care manager or attending physician will determine if the patient is eligible for home health care services and will develop a plan of care, which will be reviewed by the physician, case manager and/or regional contractor every 90 days, or when there is a change in the patient's condition.

For beneficiaries who are registered in the Extended Care Health Option (ECHO) and who require more than 35 hours per week of home health services, TRICARE offers ECHO Home Health Care (EHHC). ECHO is available to active duty family members who qualify based on specific mental or physical disabilities.

Eligibility for EHHC

To qualify for EHHC, TRICARE beneficiaries must be registered in ECHO and:

- Be homebound
- Require medically necessary skilled services beyond the level of coverage provided by TRICARE home health care
- Require frequent interventions that are normally provided by his or her primary caregiver(s)
- Have a case manager who periodically assesses needs and required services
- Have a physician-certified plan of care that details services provided

EHHC Respite Care

Respite care provides temporary relief or rest for the primary caregiver of a homebound beneficiary who requires frequent care. Beneficiaries eligible for EHHC Respite Care may receive eight hours of respite care, five days per calendar week. This benefit is different from the 16 hours of respite care available through ECHO, and the two cannot be used during the same month. EHHC respite care cannot be used for babysitting or child-care services, sibling care, employment, seeking employment, deployment or pursuing education.

Note: Home health care benefits are only available in the 50 United States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam.

Visit www.tricare.mil/coveredservices for more details. ■

TRICARE Young Adult Prime and Standard Now Available

Both TRICARE Young Adult (TYA) Prime and TYA Standard are now available for eligible adult dependents of TRICARE beneficiaries. Monthly premiums in 2012 are \$201 for TYA Prime and \$176 for TYA Standard, and premiums are subject to change annually.

Young adults considering TYA should verify eligibility before completing and sending in an application. To qualify for TYA, dependents must be under age 26, unmarried and not eligible for their own employer-sponsored health care coverage.

The sponsor's status and beneficiary's location determines what TYA plan he or she qualifies for. Dependents of uniformed service members may purchase TYA Prime if they qualify, live in a designated Prime Service Area and their sponsor's status makes them eligible for TRICARE Prime. Beneficiaries may also choose to enroll in TYA Standard, which offers the flexibility to see any TRICARE-authorized network and non-network providers. Please



see the chart below to determine TYA program eligibility based on sponsor status. For more information and to access the *TRICARE Young Adult Application*, visit www.tricare.mil/tya. ■

Eligibility to Purchase TRICARE Young Adult Coverage Based on Sponsor Status

Sponsor Status	Stateside			Overseas	
	TRICARE Prime ¹	TRICARE Standard and TRICARE Extra	Uniformed Services Family Health Plan ¹	TRICARE Overseas Program (TOP) Prime ¹	TOP Standard
Active Duty Service Member	✓	✓	✓	✓	✓
Retired	✓	✓	✓	✗	✓
Selected Reserve of the Ready Reserve ²	✗	✓	✗	✗	✓
Retired Reserve ²	✗	✓	✗	✗	✓

1. To enroll in this program, it must be offered in the beneficiary's geographic area, and he or she must meet all other eligibility criteria (such as command sponsorship overseas).
2. For an adult child of a non-activated member of the Selected Reserve of the Ready Reserve or of the Retired Reserve, the sponsor must be enrolled in TRICARE Reserve Select or TRICARE Retired Reserve for the dependent to be eligible to purchase TYA coverage.

Walgreens users: Even though the Walgreens pharmacy chain is no longer a TRICARE pharmacy network provider, you still have access to 56,000 retail network pharmacies nationwide. If you need to change from Walgreens to a new pharmacy, simply take your current prescription bottle to your new network pharmacy to have the prescription transferred. You also have other pharmacy options including military pharmacies at no cost and convenient TRICARE Pharmacy Home Delivery. Generic medications are available at no cost through home delivery. Visit www.express-scripts.com/TRICARE for more information. ■

Accessing Care while Traveling Stateside and Overseas

If you need medical care while traveling in the United States, you may visit any TRICARE-authorized provider; however, you will save money if you see a network provider. If you are overseas, you may visit any overseas provider. If you are traveling in the Philippines, you must visit an approved provider.

Traveling within the United States

If you need emergency care while traveling in the United States, visit the nearest emergency room or call 911. If you seek care from a TRICARE network provider, the provider will file the claim with your regional contractor for you. If you seek care from a TRICARE-authorized non-network provider, you may have to pay up front, save your receipts and file a claim with your regional contractor. TRICARE nonparticipating non-network providers may charge up to 115 percent of the TRICARE-allowable amount in the United States and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands). You are responsible for paying any amounts above the TRICARE-allowable charge. File your claims with the regional contractor **in your home region**, not in the area where you are traveling.

Traveling Overseas

If you need emergency care while traveling overseas, go to the nearest emergency care facility or call the Medical

Assistance number for the overseas area where you are traveling. If you are admitted, contact the TRICARE Overseas Program (TOP) Regional Call Center before leaving the facility, preferably within 24 hours or the next business day, to coordinate authorization, continued care and payment. You can also contact the TOP Regional Call Center for urgent care assistance. See the chart below for overseas contact information.

Use TOP Standard to receive care from any host nation provider when traveling overseas. TOP Standard, including cost-shares and deductibles, is similar to the stateside TRICARE Standard program. TRICARE Extra is not available overseas.

While TRICARE nonparticipating non-network providers may charge up to 115 percent of the TRICARE-allowable amount in the United States and U.S. territories, there is **no limit** to the amount that nonparticipating non-network providers may bill in overseas locations. You are responsible for paying any amount that exceeds the TRICARE-allowable charge.

When seeking care from an overseas provider, you should be prepared to pay up front for services and then file a claim with the TOP contractor. Remember, in the Philippines, you must use a TRICARE-approved host nation provider.

For more information on filing claims for care received while traveling, visit www.tricare.mil/claims. For more information on receiving care outside the United States, visit www.tricare.mil/overseas. ■

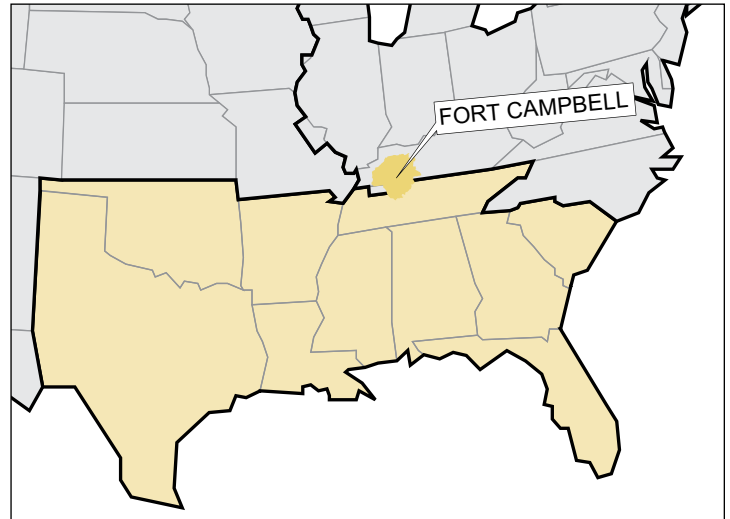
TRICARE Overseas Program (TOP) Contact Information

Eurasia-Africa	Latin America and Canada	Pacific
<p>TOP Regional Call Center¹ +44-20-8762-8384 (overseas) 1-877-678-1207 (stateside) tricarelon@internationalsos.com</p> <p>Medical Assistance¹ +44-20-8762-8133</p>	<p>TOP Regional Call Center¹ +1-215-942-8393 (overseas) 1-877-451-8659 (stateside) tricarephl@internationalsos.com</p> <p>Medical Assistance¹ +1-215-942-8320</p>	<p>TOP Regional Call Centers¹ Singapore: +65-6339-2676 (overseas) 1-877-678-1208 (stateside) sin.tricare@internationalsos.com</p> <p>Sydney: +61-2-9273-2710 (overseas) 1-877-678-1209 (stateside) sydricare@internationalsos.com</p> <p>Medical Assistance¹ Singapore: +65-6338-9277 Sydney: +61-2-9273-2760</p>

1. For toll-free contact information, visit www.tricare-overseas.com. Toll-free lines may not be available for all mobile phone carriers overseas. Only call Medical Assistance numbers to coordinate overseas emergency care.

Fort Campbell, Ky., to Join the South Region

Effective April 1, TRICARE Standard beneficiaries in the Fort Campbell, Ky., area will be served by Humana Military Healthcare Services, Inc. (Humana Military). Under a new TRICARE contract for the South Region, Humana Military is taking over TRICARE administration in this area from Health Net Federal Services, LLC. The Fort Campbell TRICARE Service Center will remain at its existing location, and its operating hours will remain the same. Additional details about the Fort Campbell transition to the South Region can be found on the Humana Military website at www.humana-military.com. ■



Using TRICARE Standard When You Have Other Health Insurance

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 identified by the TRICARE Management Activity.

If you have other health insurance (OHI), you should send proof of your OHI to your regional contractor or bring it to a uniformed services identification card-issuing facility. You should follow your OHI's rules for seeking care and filing claims. File claims with the OHI first. If there is a billed amount your OHI does not cover, you may file a claim with TRICARE for possible reimbursement. It is important to meet your OHI's requirements. If your OHI denies a claim for not following its rules—such as obtaining care without authorization or using a non-network provider—TRICARE may also deny your claim. However, if you obtain a statement from your OHI showing the amount that the plan would have paid if the claim had met the plan's requirements, your TRICARE claim can be processed. In these cases, TRICARE will pay its share as if your OHI had paid the amount shown on the statement, as long as the claim also meets TRICARE's requirements. If you do not submit such a statement, no payment from TRICARE is authorized.

Keep your regional contractor and health care providers informed about your OHI so they can coordinate your benefits and help ensure that your claims are not delayed or denied.

TRICARE Network Providers and Non-Network Providers Who Agree to Participate on a Claim

When seeking care from TRICARE network providers and non-network providers who agree to participate on a claim, TRICARE will pay the lesser of:

- The billed amount minus the OHI payment
- The amount TRICARE would have paid without OHI
- Your liability (OHI copayment and/or deductible)

Non-Network, Nonparticipating Providers

When receiving care from non-network providers who do not agree to participate on your claim, certain conditions apply. Nonparticipating providers may only bill you up to 115 percent of the TRICARE-allowable charge. If your OHI paid more than 115 percent of the TRICARE-allowable charge, no TRICARE payment is authorized, the charge is considered paid in full, and the provider may not bill you. Otherwise, TRICARE pays the lesser of:

- 115 percent of the allowed amount minus the OHI payment
- The amount TRICARE would have paid without OHI
- Your liability (OHI copayment and/or deductible)

For more information about using your TRICARE benefit when you have OHI, visit www.tricare.mil/ohi. ■

New milConnect Portal Offers Access to Benefit Information and More

Eligible TRICARE beneficiaries can use the new milConnect portal at <http://milconnect.dmdc.mil> to access information on health care eligibility, personnel information, uniformed services identification cards and other benefits including Servicemembers' Group Life Insurance (SGLI).

You can log on to milConnect's secure site using a Common Access Card (CAC), Defense Finance and Accounting Services user name and password or a Department of Defense Self-Service (DS) Logon. You may visit a TRICARE Service Center or a Veterans Affairs Regional Office to complete the required in-person proofing process to request a DS Logon. For more information, go to "Frequently Asked Questions" at www.dmdc.osd.mil/dsaccess. If you need a new uniformed services identification (ID) card, you can visit an ID-issuing facility and request a DS Logon at the same time.

Once you have logged in to the site, you can:

- Update your contact information in the Defense Enrollment Eligibility Reporting System (DEERS)
- Transfer your Post-9/11 G.I. Bill benefits (see "Education" drop list)
- View your medical, dental and pharmacy coverage

Go Mobile with TRICARE

No matter where you are, you can take TRICARE with you. Each TRICARE regional contractor, along with pharmacy administrator Express Scripts, Inc., has a mobile website where you can get health care information when you are on the go. These mobile websites are accessible on smartphones and tablets. ■

Remember, Keep DEERS Up To Date!

DEERS is the worldwide database for all active and retired service members, their family members and others who are eligible for military benefits—including TRICARE. The Department of Defense uses the information stored in your DEERS record to determine your eligibility for TRICARE benefits and programs, as well as your TRICARE region.

TRICARE Standard eligibility is shown in DEERS when your records are up to date. Keeping your DEERS information accurate helps make sure that you can access TRICARE benefits—including doctors' appointments, medications and reimbursements—when you need to.

Remember to check your DEERS information regularly, especially when you have a life-changing event such as moving, getting married, getting divorced or having a child. Only sponsors (or sponsor-appointed individuals with valid power of attorney) can add or delete family members. These updates must be made in person at the nearest ID card-issuing facility. To find a location, visit www.dmdc.osd.mil/rsl. When there is a change in information, each family member's eligibility record must be updated separately. Family members age 18 and older may update their own contact information. ■

TRICARE North Region	www.hnfs.com/go/mobile
TRICARE South Region	http://m.humana-military.com
TRICARE West Region	http://m.triwest.com
Pharmacy	http://m.esrx.com

Understanding Your Explanation of Benefits

After you receive health care services, you will receive a TRICARE explanation of benefits (EOB). Depending on where you live, your regional contractor may e-mail your EOB or send it through the mail. Your EOB is not a bill; it is an itemized statement that shows the action TRICARE took on your claims and the health care services and supplies you received.

You should review your EOB to make sure it accurately represents the care you received. If you notice any information that looks incorrect, contact your regional contractor at the phone number listed on your EOB. You also have the right to appeal certain decisions regarding your claims. You can file an appeal in writing within 90 days of the date of the EOB notice. You should keep EOBs with your health insurance records for reference. ■

TRICARE Benefit Changes over the Last Year

TRICARE is committed to providing you with high-quality, affordable health care choices. TRICARE honors this commitment by offering valuable new benefits and keeping you informed about changes in your coverage. Recent benefit updates are listed below. For more information about benefit updates, visit www.tricare.mil.

Generics Offered at No Cost through TRICARE Pharmacy Home Delivery

For non-active duty beneficiaries, there is now no cost to receive up to a 90-day supply of generic medications using home delivery. Copayments apply for brand-name and non-formulary medications. Prescriptions are delivered with free standard shipping, and refills can be easily ordered online, by phone or by mail. TRICARE Pharmacy Home Delivery also provides you with convenient notifications about your order status, refill reminders and assistance with renewing expired prescriptions. If you have questions about your prescriptions, pharmacists are available 24 hours a day, seven days a week to speak confidentially with you. Visit www.express-scripts.com/TRICARE to get started.

Network Pharmacies Can Administer Covered Vaccines

TRICARE has expanded the number of preventive vaccines covered at retail network pharmacies. TRICARE covers age-appropriate vaccines recommended by the Centers for Disease Control and Prevention. Since late 2009, TRICARE

has covered seasonal flu, H1N1 flu and pneumococcal vaccines at retail pharmacies with nearly 300,000 vaccines administered to date. The expanded program covers immunizations for qualified TRICARE beneficiaries for measles, mumps, shingles and many other preventable diseases. There is no copayment for covered vaccines administered at a participating network pharmacy. For more information, including a network pharmacy directory and a complete list of vaccinations that are now covered at pharmacies, visit www.tricare.mil/vaccines or call Express Scripts, Inc. at 1-877-363-1303.

Human Papillomavirus (HPV) DNA Testing

For women age 30 and older, HPV DNA testing is now covered as a cervical cancer screening when performed in conjunction with a Pap smear.

Phase I Cancer Clinical Trials

TRICARE has expanded coverage for participation in National Cancer Institute (NCI)-sponsored cancer clinical trials to include Phase I trials. Cancer clinical trial participation may be available for TRICARE-eligible patients selected to participate in NCI-sponsored Phase I, Phase II and Phase III studies for the prevention, screening, early detection and treatment of cancer. There are specific criteria to qualify for Phase I cancer clinical trial authorization. Visit www.tricare.mil/coveredservices for more information. ■

Social Security Numbers Being Removed from ID Cards

The Department of Defense (DoD) is in the process of removing Social Security numbers (SSNs) from uniformed services identification (ID) cards as part of the continued effort to protect privacy and security. Instead of displaying the sponsor's SSN, ID cards now show a 10-digit DoD ID number. If you have DoD benefits (e.g., health care, commissary, exchange privileges), a DoD Benefits Number (DBN) is also printed on the card. The SSN removal process is expected to last several years, until all current uniformed services ID cards are replaced as they come up for renewal.

Note: You do **not** need to make a special trip to have your ID card updated until it expires. Your health care providers and pharmacists will be able to access your benefit information using either your SSN or your DBN.

The new 11-digit DBN can be found above the bar code on the back of your ID card. This number is a unique number, like your SSN, and it will ensure that your records are clearly aligned with you and your treatments. If you have questions, visit www.tricare.mil/ssn. ■

Tips to Avoid Claims Payment Issues

As a TRICARE Standard beneficiary, you may be required to submit your own claims. If submitting your own claims, you should take the following steps to help avoid late or denied payments.

Health care claims should be submitted to the claims processor in the region **where you live**, unless the care was received overseas. For more information on overseas care, please see page 6 of this newsletter. Claims must be filed within one year from the date of service or date of inpatient discharge. To file a claim, you must fill out a *TRICARE DoD/CHAMPUS Medical Claim—Patient’s Request for Medical Payment* form (DD Form 2642). You can download forms and instructions from the TRICARE website at www.tricare.mil/claims or from your regional contractor’s website.

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, not their 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.)
- 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, be sure to complete block 8a on the form.)

You may have to pay up front for services if you see a nonparticipating TRICARE-authorized provider. In this case, TRICARE reimburses you for its portion of the costs, minus your deductible and cost-share.

Once you complete the necessary paperwork, submit your claim to your regional claims processor. Please see the following chart for mailing information.

Sign Up Online for Claims Status Information

You can check the status of your claim after registering online with your regional claims processor at the websites listed in the chart below.

Remember, when you visit a TRICARE network provider, you are using your TRICARE Extra benefit, and your provider submits the claim for you. Make sure you get an explanation of benefits to show the claim was filed, confirm the correct services were billed and check that TRICARE paid on the claims.

Visit www.tricare.mil/claims for additional claims-processing information. For information on how to file a TRICARE Standard claim when you have other health insurance, please see page 7 of this newsletter. ■

TRICARE North Region	TRICARE South Region	TRICARE West Region
<p>Send TRICARE claims to: Health Net Federal Services c/o PGBA/TRICARE P.O. Box 870140 Surfside Beach, SC 29587-9740 www.myTRICARE.com</p>	<p>Send TRICARE claims to: PGBA South Region Claims P.O. Box 7031 Camden, SC 29020-7031 www.myTRICARE.com</p>	<p>Send TRICARE claims to: West Region Claims P.O. Box 77028 Madison, WI 53707-1028 www.triwest.com</p>

Invite Your Provider to Become TRICARE-Authorized

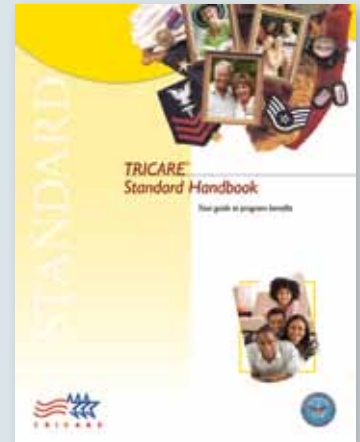
If your provider is not yet TRICARE-authorized but is interested in treating TRICARE beneficiaries, let him or her know that it is not necessary to become a network provider by signing a contract with your regional contractor. Most providers with a valid professional license (issued by a state or a qualified accreditation organization) can become TRICARE-authorized, and TRICARE will pay them for covered services.

To invite your provider to become TRICARE-authorized, visit www.tricare.mil/findaprovider and click “Invite a Provider to Join TRICARE” to download a flyer to give to your doctor. The flyer explains the benefits of being TRICARE-authorized and includes information about the authorization process. ■

View the *TRICARE Standard Handbook* Online

You can view, download or print the latest version of the *TRICARE Standard Handbook* and other TRICARE products online at the TRICARE Smart site. Visit www.tricare.mil/smart and click the “TRICARE Products Online” box. Then, select your region and click on the “Handbooks” link to view or print the most up-to-date version of the *TRICARE Standard Handbook*. Call your regional contractor’s toll-free number if you would like a printed copy delivered to you by mail.

You can also sign up to receive TRICARE news and benefit updates via e-mail. Visit www.tricare.mil/subscriptions and enter your e-mail address. On the next page, confirm your e-mail address and set your delivery preferences and optional password. On the third screen, select any topics for regular updates by e-mail. ■



Check Out TRICARE’s Covered Services

TRICARE Standard and TRICARE Extra cover most care that is medically necessary and considered proven. This means that the treatment is appropriate and necessary for your illness or injury based on accepted standards of medical practice and TRICARE policy. There are special rules and limitations for certain types of care, and some types of care are not covered at all. TRICARE policies are very specific about which services are covered and which are not. It is in your best interest to take an active role in verifying coverage before you seek care.

Visit www.tricare.mil for information about covered services and benefits. Click on the “Quick Links” tab in the middle of the home page and then select “See What’s Covered.” You can browse benefit information from A to Z and also view popular topics for men, women, children and seniors. This page offers a guide to your TRICARE coverage, but it is **not** all-inclusive.

You can also visit your regional contractor’s website for additional information about covered services, including those that require prior authorization. ■

TRICARE Covers Shingles Vaccine for Patients Age 60 and Older

Shingles is a viral disease that affects more than 1 million Americans every year. More than half of those cases occur in people age 60 or older. TRICARE covers the shingles vaccine Zostavax® for beneficiaries age 60 and older. Zostavax is expected to be in high demand and is currently in low supply.

As a TRICARE Standard beneficiary, you may receive the shingles vaccine from any TRICARE-authorized provider (network or non-network), or from a TRICARE network retail pharmacy. There is no copayment for the vaccine. If you get the vaccine from your provider, you may have to pay cost-shares for the office visit or other services received during the office visit.

If you would like to receive the vaccination in a TRICARE retail network pharmacy, call ahead to make sure it participates in the vaccine program, has the vaccine in stock and can administer it. Not every pharmacy is able to administer the shingles vaccine. State laws and pharmacy policy affect which vaccines can be administered at a pharmacy. To find a network pharmacy near you, call Express Scripts, Inc. at 1-877-363-1303 or visit the Pharmacy Locator at www.express-scripts.com/TRICARE/pharmacy. ■

TRICARE

Standard Health Matters

TRICARE

An Excellent Value

- Generous coverage
- Superior health care
- Decisions are health driven, not insurance driven
- High satisfaction with care
- Low out-of-pocket costs
- Easy access



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TRICARE Standard Health Matters is published by the TRICARE Management Activity.
Please provide feedback at www.tricare.mil/evaluations/feedback.

Save Money with TRICARE Pharmacy Home Delivery

If you currently fill prescriptions for maintenance medications at retail pharmacies, you can reduce your out-of-pocket costs by switching to TRICARE Pharmacy Home Delivery. Copayments for generic medications provided through home delivery have been reduced to zero. After military treatment facility pharmacies, mail order prescriptions are your least expensive option, and they offer the convenience and privacy of home delivery. You can receive up to a 90-day supply of medications for minimal out-of-pocket costs.

For more information, visit the TRICARE Pharmacy Program website at www.express-scripts.com/TRICARE. You can also call the Member Choice Center at 1-877-363-1433 for assistance with transferring existing prescriptions to home delivery. ■

