TRICARE Standard Health Matters

THE 2011 **ANNUAL** PUBLICATION FOR TRICARE® STANDARD BENEFICIARIES

Stay Eligible: Keep DEERS Up to Date!

The Defense Enrollment Eligibility Reporting System (DEERS) is the worldwide database for all 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.

As a TRICARE Standard beneficiary, you do not need to fill out enrollment forms or pay annual fees. Your 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 powers of attorney) can add or delete a family member. These updates must be made in person at the nearest identification (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.

Listed below are several ways to update your contact information in DEERS. Once registered, family members age 18 and older may update their own contact information.

1. **Online:** To access the Beneficiary Web Enrollment website, visit www.tricare.mil/bwe.
2. **In person:** Visit the nearest ID card-issuing facility. For locations, visit www.dmdc.osd.mil/rsl.
3. **By phone:** Call 1-800-538-9552 or 1-866-363-2883 (TTY/TDD) to update your contact information.
4. **By fax:** Fax contact information updates to 1-831-655-8317.
5. **By mail:** Mail contact information updates to:

   Defense Manpower Data Center Support Office
   400 Gigling Road
   Seaside, CA 93955-6771 ■

Finding a Provider Who Accepts TRICARE Patients

About seven out of 10 doctors who are accepting new patients—and six out of 10 providers overall—accept new TRICARE Standard patients, according to the results of a combined 2008–2009 provider survey. These statistics are encouraging to TRICARE Standard beneficiaries looking for new providers. To learn more, visit www.tricare.mil/findaprovider. This page offers information about provider types and lists links to other resources that can help you locate a provider.

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 then 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.

Benefits of Becoming a TRICARE-Authorized Provider

TRICARE is an industry leader in timely claims processing; close to 100 percent of correctly filed claims are paid within

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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 Corp. in the West Region.

Each regional contractor maintains a website, toll-free customer service call center and TRICARE Service Centers to assist you with your questions and concerns. If you have questions about eligibility, claims, referrals, appeals or fraud information, just pick up the phone or check your regional contractor's website. 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 Corp.** 1-888-TRIWEST (1-888-874-9378) www.triwest.com
Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, 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), Missouri (St. Louis area) and Tennessee (Fort Campbell area)	Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee (excluding the Fort Campbell area) 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

Finding a Provider Who Accepts TRICARE Patients

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30 days, and all are paid within 60 days. TRICARE regional contractors provide administrative support for providers, including quick, reliable assistance through dedicated contact phone numbers and resources.

There is an added bonus for providers who decide to become TRICARE-authorized: Because TRICARE is the health care plan for the nation's 9.6 million uniformed services members, retirees and their families, becoming a TRICARE provider is a great way for doctors and other health care professionals to serve America's heroes and their loved ones.

Finding a TRICARE Network Provider

If you use a TRICARE network provider, you save money under the TRICARE Extra benefit. Visit your regional contractor's website for the network provider directory. ■

Save Money with Your TRICARE Extra Benefit

TRICARE Standard and TRICARE Extra allow you to manage your own health care and give you the freedom to seek care from any TRICARE-authorized provider you choose. TRICARE-authorized providers meet TRICARE licensing and certification requirements and are certified by TRICARE to provide care to TRICARE beneficiaries. If you see a provider who is not TRICARE-authorized, you are responsible for the full cost of care.

The key difference between TRICARE Standard and TRICARE Extra is in your choice of providers. With TRICARE Standard, you choose TRICARE-authorized providers outside of the TRICARE network and pay higher cost-shares. With TRICARE Extra, you choose providers within the TRICARE network, where available, and receive discounted cost-shares.

TRICARE Standard

Non-network providers are TRICARE-authorized civilian providers who have not established a contractual relationship with your regional contractor. Non-network providers may determine whether they are "participating" with TRICARE or "nonparticipating" on a claim-by-claim basis.

- Participating providers agree to accept the TRICARE-allowable charge as the payment in full for services.
- Nonparticipating providers do not agree to accept the TRICARE-allowable charge as payment in full. They may charge up to 15 percent above the TRICARE-allowable charge. You are responsible for the additional 15 percent, plus any copayments, cost-shares or deductible.

Before you receive care, ask if your provider will "participate" on your claim.

TRICARE Extra

As a TRICARE Standard beneficiary, you use your TRICARE Extra benefit when you see TRICARE network providers. A network provider signs an agreement with your regional contractor to provide care at a negotiated rate. Using your TRICARE Extra benefit saves you 5 percent on cost-shares. Additionally, network providers will file claims for you.

Another advantage of using a network provider is that you are offered protection from having to pay out of pocket if your claim is denied as a non-covered service. In this instance, you are "held harmless," unless you have agreed in writing to pay for a service before receiving treatment.

The following chart shows a comparison of TRICARE Standard and TRICARE Extra.

	TRICARE Standard	TRICARE Extra
Provider type	TRICARE-authorized, non-network	TRICARE-authorized, TRICARE network
Outpatient cost-share, after deductible is met	• **Active duty family members (ADFMs):** 20 percent of the TRICARE-allowable charge • **Retirees, their families and all others:** 25 percent of the TRICARE-allowable charge	• **ADFMs:** 15 percent of the negotiated rate • **Retirees, their families and all others:** 20 percent of the negotiated rate

To use your TRICARE Extra benefit, visit your regional contractor's website and use the provider directory to find a network provider near you. ■

TRICARE-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. ■

Prior Authorization for Care

As a TRICARE Standard beneficiary, you can visit the TRICARE-authorized provider of your choice whenever you need care. Referrals are not required, but some services require prior authorization from your regional contractor.

A prior authorization is a review of the requested service to determine if it is medically necessary at the requested level of care. If you have questions about authorization requirements, visit www.tricare.mil.

Services that **always** require prior authorization are as follows:

- Adjunctive dental services
- Extended Care Health Option services
- Home health services
- Hospice care
- Nonemergency inpatient admissions for substance use disorders or behavioral health care
- Outpatient behavioral health care visits beyond the eighth visit per fiscal year (Oct. 1–Sept. 30)
- Transplants—all solid organ and stem cell

Note: Each regional contractor has additional prior authorization requirements. Visit your regional contractor's website to learn about these requirements, which may change from time to time. ■

Submitting TRICARE Standard Health Care Claims

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.

Claims should be submitted to the claims processor in the region **where you live**. 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) (An eligible former spouse should use his or her own SSN, not the sponsor's.)
- Provider's name and address (If more than one provider 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.

Sign Up Online for Claims Status Information

Once you complete the necessary paperwork, submit your claim to your regional claims processor. Please see the following chart for mailing information. You can check the status of your claim after registering online with your regional claims processor at the websites listed in the chart.

Remember, when you visit a TRICARE network provider, you are using your TRICARE Extra benefit, and your provider submits the claim for you.

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 8 of this newsletter. ■

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

Payment Responsibilities for Health Care Services

As a TRICARE Standard beneficiary, you are responsible for both deductibles and cost-shares. It is important to understand the difference between the two. A **deductible** is the amount of money you pay out of pocket before your health care benefit begins cost-sharing. A **cost-share** is the percentage of the cost of care that you are responsible for paying when you visit a health care provider.

Your annual outpatient deductible is paid per fiscal year (Oct. 1-Sept. 30).

Beneficiary Category	Outpatient Deductible	
Active duty family members (ADFMs) (sponsor rank E-4 and below)	$50/Individual	$100/Family
ADFMs (sponsor rank E-5 and above)	$150/Individual	$300/Family
Retired service members, their dependents and all others	$150/Individual	$300/Family
Family members of National Guard and Reserve activated for more than 30 days in support of a contingency operation	$0	

It Pays to See a Network Provider

After meeting your deductible, you begin paying cost-shares for the care you receive. Like deductibles, they vary by beneficiary category and the type of provider you see for care. When seeing a non-network provider under the TRICARE Standard benefit, active duty family members (ADFMs) pay 20 percent cost-shares, while retired service members, their dependents and all others pay 25 percent cost-shares. When seeing a network provider using the TRICARE Extra benefit, you save "extra." ADFMs pay 15 percent cost-shares, while retired service members, their dependents and all others pay 20 percent cost-shares.

For more information about beneficiary costs, visit www.tricare.mil/cost. ■

Connect with TRICARE on the Web

TRICARE recently updated its website, www.tricare.mil, to provide you with a faster, more personalized way to get the TRICARE information you need. The new design includes improvements to the profile entry field and new sections, including "New to TRICARE," "Quick Links" and "Crisis Center." TRICARE's updated website also features a brief "Video Tour," located in the upper-right corner, that helps you navigate the new and improved home page.

The new profile-entry feature prompts you to enter your status, location and TRICARE plan option and then provides you with information specifically tailored to your benefits. Beneficiaries who are not sure which category they fall under can visit the "New to TRICARE" section to learn about eligibility, TRICARE plans and enrollment information. The "Quick Links" section provides easy access to popular topics, including covered services, contact information and locating a provider. The "Crisis Center" section gives you critical information about TRICARE- and Department of Defense-related topics that may affect your health benefits.

If you would like to receive TRICARE information using social media, the "Media Center" tab at the top of the TRICARE home page provides you with an option to use Twitter, Facebook, YouTube, Flickr and Diigo.

On the Media Center home page, you can also enter your e-mail address on the top bar to subscribe to TRICARE's e-alerts and to receive newsletters and news releases electronically.

Visit www.tricare.mil now to check out TRICARE's new website design and offer feedback through the link on the bottom navigation bar. ■

Choosing TRICARE Pharmacy Home Delivery

TRICARE Pharmacy Home Delivery is your least expensive and most convenient option for filling prescriptions if you are not using a military treatment facility pharmacy. TRICARE Pharmacy Home Delivery allows you to receive up to a 90-day supply of your maintenance medications for the same price as a 30-day supply filled at your local retail network pharmacy. The following chart shows your payment options under the TRICARE Pharmacy Program.

Pharmacy Option	Formulary		Non-formulary
	Generic	Brand Name	
Military treatment facility pharmacy (up to a 90-day supply)	$0	$0	N/A
TRICARE Pharmacy Home Delivery (up to a 90-day supply)	$3	$9	$22
Retail network pharmacy (up to a 30-day supply)	$3	$9	$22

Filling Your Prescriptions Using TRICARE Pharmacy Home Delivery

You will need a prescription and a valid uniformed services identification card or Common Access Card to fill prescriptions through mail order. You can place an order by mail, phone, fax or online, and prescriptions are delivered with free standard shipping.

Home Delivery Offers Convenient Refills

The home delivery program provides convenient e-mail notifications about order status and refill reminders. The program also offers assistance with renewing expired prescriptions.

Converting Maintenance Prescriptions

If you would like to switch current maintenance prescriptions to mail order, call the Member Choice Center at 1-877-363-1433 or visit the Express Scripts, Inc. (Express Scripts) website at www.express-scripts.com/TRICARE to activate your account.

Other Health Insurance and TRICARE Pharmacy Home Delivery

You are not eligible to use TRICARE Pharmacy Home Delivery for your maintenance prescriptions if you have other health insurance (OHI) with pharmacy benefits, including a Medicare Part D prescription program, unless you meet one of the following requirements:

- The medication you need is not covered by your OHI.
- You have met your OHI's benefit cap (i.e., you have met your benefit's maximum coverage limit).

Once you have met one of these requirements, you may submit your prescriptions to TRICARE Pharmacy Home Delivery. Ask your provider to write a prescription for up to a 90-day supply and follow these instructions:

- Complete the *New Patient Mail Order Form*, available at www.express-scripts.com/TRICARE. If you do not have Internet access, call Express Scripts at 1-877-363-1303 for assistance. Mail the form, your written prescription and payment to:

  Express Scripts, Inc.
  P.O. Box 52150
  Phoenix, AZ 85072-9954

- You can pay by credit card, check or money order. To ensure proper prescription delivery, follow all instructions on the form. Make sure to include the following information on the back of **each** prescription: patient's full name, date of birth, address and **sponsor's** identification number.

If your medication is not covered by your OHI, or if you have met your benefit maximum, you will need to include proof from your OHI, such as a copy of an explanation of benefits. This information **must** accompany your prescription for it to be filled through home delivery.

If your OHI provides only medical coverage (not pharmacy coverage), you may be eligible to use TRICARE Pharmacy Home Delivery to fill your maintenance prescriptions. Call Express Scripts at 1-877-363-1303 for more information. ■

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 filing claims and file with the OHI first. If there is a billed amount your OHI does not cover, you may file a claim with TRICARE for 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

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 nonparticipating providers, 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. ■

Changes When You Become Medicare-Eligible

Whether you become eligible for Medicare at age 65 or at any age because of disability, end-stage renal disease, Lou Gehrig's disease or mesothelioma, you should know what you need to do to keep TRICARE.

When you become entitled to premium-free Medicare Part A and have Medicare Part B coverage—which is required to maintain your TRICARE eligibility, except as noted below—you qualify for TRICARE For Life (TFL) benefits. TFL is TRICARE's Medicare-wraparound coverage, which means TFL pays second to Medicare for all services covered by both Medicare and TRICARE. Wisconsin Physicians Service (WPS) administers TFL. To ensure your continued TRICARE coverage, enroll in Medicare Part A when first eligible and no later than two months before you turn 65.

Enrolling in Medicare Part B

The Centers for Medicare and Medicaid Services (CMS) manages Medicare, and there are important rules and time frames for enrolling in Medicare Part A and Medicare Part B. For more information, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227).

Once you are eligible for Medicare Part A and have Medicare Part B, verify that your record in the Defense Enrollment Eligibility Reporting System (DEERS) has been updated to reflect this change. CMS automatically sends Medicare updates to DEERS, but you should check to make sure the information was correctly received. It is important to remember that if you are entitled to premium-free Medicare Part A, you **must** have Medicare Part B to remain eligible for TRICARE. The exceptions to the requirement to have Medicare Part B to keep TRICARE are as follows:

Active duty family members (ADFMs): If you are an ADFM entitled to premium-free Medicare Part A, you do not need Medicare Part B to keep your TRICARE benefits. ADFMs may enroll in Medicare Part B during the special enrollment period—which is any time your sponsor is on active duty or within the first eight months following your sponsor's retirement date—or loss of TRICARE, whichever occurs first. The surcharge for late enrollment does not apply when you enroll in Part B during a special enrollment period. However, if you wait to enroll until after your sponsor has retired, you will have a break in TRICARE coverage until Part B takes effect. If you enroll in Part B outside the special enrollment period, you will pay an additional 10 percent for each 12-month period that you were eligible to enroll but did not. The Department of Defense (DoD) strongly encourages you to enroll in Medicare Part B prior to your sponsor's retirement date to avoid breaks in TRICARE coverage and late-enrollment surcharges.

US Family Health Plan (USFHP), TRICARE Reserve Select (TRS) or TRICARE Retired Reserve (TRR) enrollees: If you are enrolled in the USFHP, TRS or TRR and are eligible for premium-free Medicare Part A, you do not need Medicare Part B to keep your current USFHP, TRS or TRR benefits. However, if you later disenroll from one of these programs, you will have a break in TRICARE eligibility and coverage until you have Medicare Part B. DoD strongly recommends that you enroll in Medicare Part B when you are first eligible to avoid breaks in TRICARE coverage and Medicare Part B late-enrollment surcharges.

See Medicare Providers for Care

When using TFL, you will see some changes in your benefits and how you get care. You must see Medicare providers for Medicare and TRICARE to pay for services that are covered by both programs—otherwise, you may be financially responsible for the care you receive. In many cases, TRICARE-authorized health care providers are also Medicare providers. There is a good chance that the providers you visited using TRICARE Standard are also Medicare providers, so check with your provider or regional contractor to confirm that they accept both.

If you receive care outside of the United States or U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands), TRICARE will be the primary payer. For reimbursement, you must submit a paper claim to WPS, along with a copy of your provider's itemized bill and, if applicable, your other health insurance's explanation of benefits. You will need to pay the TRICARE deductible and cost-share. Visit the WPS website at www.TRICARE4u.com for more information. ■

TRICARE Benefit Changes over the Last Year

TRICARE is committed to providing you with high-quality, affordable health care choices. We honor 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/mybenefit.

Smoking Quitline

TRICARE now offers a toll-free Smoking Quitline that is available 24 hours a day, seven days a week. TRICARE's Smoking Quitline provides support and resources to assess smoking habits and provide tailored smoking-cessation plans to beneficiaries. Cessation materials can also be mailed to you upon request. Call the toll-free number in your region for assistance.

Regional TRICARE Smoking Quitline Contact Information

TRICARE North Region— Health Net Federal Services, LLC	1-866-459-8766
TRICARE South Region— Humana Military Healthcare Services, Inc.	1-877-414-9949
TRICARE West Region— TriWest Healthcare Alliance Corp.	1-866-244-6870

The Smoking Quitline is available to all TRICARE beneficiaries who are not eligible for Medicare. Medicare-eligible beneficiaries may be eligible for smoking-cessation benefits through Medicare Part B. Visit the Medicare website at www.medicare.gov for more information.

The Smoking Quitline is part of the Department of Defense and TRICARE-sponsored tobacco-cessation campaign, which offers a variety of online tools and resources to help you quit, including live chat and a step-by-step quit plan. All TRICARE beneficiaries can visit www.ucanquit2.org for more information.

TRICARE Retired Reserve

TRICARE now offers the TRICARE Retired Reserve (TRR) health plan, a premium-based, worldwide health plan that qualified Retired Reserve members and qualified survivors may purchase. TRR may be an option for TRICARE Standard beneficiaries whose sponsors are shifting to Retired Reserve status. TRR offers:

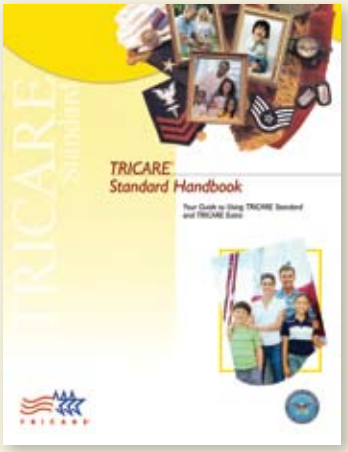
- Comprehensive health coverage similar to TRICARE Standard and TRICARE Extra (in the United States) or TRICARE Overseas Program Standard
- Two types of coverage: TRR member-only and TRR member-and-family
- Access to covered services from any TRICARE-authorized health care provider
- Access to care at military treatment facilities on a space-available basis

Specific plan details are available at www.tricare.mil/trr. ■

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 *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. ■



Choosing to Enroll in TRICARE Prime

TRICARE Standard and TRICARE Extra are the most flexible and convenient options available to TRICARE beneficiaries not enrolled in TRICARE Prime. TRICARE Prime Remote may be available to active duty family members (ADFMs). Depending on where they live and distance from a Prime Service Area, retired service members and their dependents may also have TRICARE Prime available to them. If you are able to enroll in TRICARE Prime and would like to move to this program from TRICARE Standard, there are a few things you should know.

Note: Active duty service members (ADSMs) are required to enroll in TRICARE Prime. National Guard and Reserve members activated for more than 30 consecutive days in support of a contingency operation are considered ADSMs.

Enrollment Options

When you enroll in TRICARE Prime, you may visit a TRICARE Service Center or mail a *TRICARE Prime Enrollment Application and PCM Change Form* (*DD Form 2876*) to your regional contractor.

You may also enroll online at the Beneficiary Web Enrollment (BWE) website. The BWE website allows eligible sponsors and their family members in the United States to manage their TRICARE Prime enrollment remotely. BWE is linked to the Defense Enrollment Eligibility Reporting System (DEERS) and allows simultaneous updates to personal contact information (e.g., home address, phone number, e-mail) for both DEERS and TRICARE.

Go to www.tricare.mil/bwe for more information or log on to www.dmdc.osd.mil/appj/bwe/ to access BWE with one of the following:

- Valid Common Access Card
- Defense Financial and Accounting Services myPay PIN
- DoD Self-Service Logon

"20th of the Month" Rule

TRICARE Prime enrollment is effective based on the "20th of the month" rule. Applications received by your regional contractor by the 20th of the month will be effective at the beginning of the following month (e.g., an enrollment received by Dec. 20 would become effective Jan. 1). If your application is received after the 20th of the month, your coverage will become effective the first day of the month following the next month (e.g., an enrollment received on Dec. 27 would become effective Feb. 1). After your regional contractor processes your application, you will receive a TRICARE Prime enrollment card and a letter identifying your primary care manager.

Enrollment Fees

There are no TRICARE Prime enrollment fees for ADSMs and ADFMs. Retired service members and their eligible dependents, survivors, former spouses and others enrolled in TRICARE Prime are required to pay an annual enrollment fee, which is applied to the annual catastrophic cap. Visit www.tricare.mil/costs for enrollment fees and payment options. ■

TRICARE Standard Health Matters

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

TRICARE Coverage for Young Adults

The signing of the National Defense Authorization Act (NDAA) of 2011 into law allows TRICARE to extend coverage to eligible dependent children up to age 26. Details of the program, including premiums, will be in place later this year.

Under the TRICARE Young Adult (TYA) program, qualified dependents up to age 26 will be able to purchase TRICARE coverage on a month-to-month basis—as long as they are not married or eligible for their own employer-sponsored health coverage. Dependent eligibility for TRICARE previously ended at age 21 (age 23 if enrolled in a full-time course of study at an approved institution of higher learning and if the sponsor provided at least 50 percent of the financial support). Eligibility will also depend on the status of the sponsor. The 2011 NDAA calls for premium rates that cover the full cost of the program.

Initially, only TRICARE Standard coverage will be available. Once the program is in place this spring, those who paid for health care and want to purchase coverage retroactively should save their receipts. Premiums will have to be paid back to Jan. 1, 2011, in order to obtain reimbursement. Beneficiaries who may want to purchase retroactive coverage should retain receipts for care received to get reimbursed for covered services.

Go to www.tricare.mil/TYA for more information about the TYA program and sign up for news and benefit e-alerts at www.tricare.mil/subscriptions. ■

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