

The Health Benefits Advisors, Naval Medical Center San Diego

Title 10, United States Code, Chapter 55, Section 109e. Under the TRICARE Program by authority of the Secretary of Defense, the Beneficiary Counseling & Assistance Coordinators was established.

The TRICARE Operations Manual 6010.56M, Chapter 11, Section 3 outlines the general responsibilities necessary to respond to Congressional Offices or to Beneficiary Counseling and Assistance Coordinators (BCACs), Debt Collection and Assistance Officer (DCAO), and Health Benefit Advisors (HBAs) who are intervening on behalf of a beneficiary or provider.

BUMEDINST 6300.IB established the HBAs, BCACs and DCAOs' responsibilities under the Navy's customer relations program in their capacity to serve as single point of contact on matters relating to all health benefits programs, debt collections, policy information, requirements and other wide range of topics in TRICARE and the Military Health System.

HBAs at NMCS D also functions as DCAO and BCACS:

- Explanation of medical benefits and options
- Assist with TRICARE enrollment process
- Assist Resolve Debt Collection issues
- Medicare, Medi-Cal, FEHBP and alternative health care plans
- Access to care issues
- Referral and specialty care issues
- Determine eligibility for medical and dental benefits
- Prime Travel Benefits Program
- SECNAV Designee Program
- Claims appeal process
- Incapacitated Child Program
- TRICARE Plus
- Deductible and Cost shares

And much more....ask the HBAs at NMCS D- any TRICARE and Military Health System questions at 619-532-8328

TRICARE Medical Coverage

Frequently Asked Questions:

1. Who is eligible for TRICARE?

- Uniformed Service member and their families: Includes active duty and retired members of the U.S Army, U.S Air Force, U.S Navy, U.S Marine Corps, U.S. Coast Guard, Commissioned Corps of the U.S. Public Health Service, and Commissioned Corps of the National Oceanic and Atmospheric Association, Survivors, Certain former spouses, Medal of Honor recipients and their families, Others showing as eligible in the Defense Enrollment Eligibility Reporting System (DEERS).

2. How does other health care insurance work with TRICARE?

-Dependents and retirees that have other health insurance, TRICARE is secondary except for MEDI-CAL.

3. I'm pregnant and on active duty. Can I have pre-natal care and delivery at a civilian hospital?

-No. All health care for active duty is provided by the military treatment facility (MTF). Only when care is not available at the MTF will authorization be provided.

4. My doctor wants me to see a specialist. I am enrolled in PRIME. Can I choose my own doctor?

-No. Whether you are active duty, retired or a dependent you must see a specialist at the MTF if care is available.

5. I'm a dependent, are eye glasses a covered benefit?

-No, glasses are not covered for dependents (the exception is if you have had cataract surgery, glasses are covered one time).

6. Can I get a vision exam for contacts?

-No, an eye exam for contacts is not a covered benefit.

7. I just transferred from another TRICARE region. Are authorizations from my former region valid?

-No. Authorizations cannot be transferred from one region to another. You must see your doctor in the new region and obtain new authorizations.

8. I am covered in TRICARE PRIME and must travel for care outside of my local area. Am I eligible for a travel benefit?

-Non-active duty members enrolled in PRIME are eligible for a travel benefit if travel of 100 miles or more from their primary doctor's office is required and authorization has been given.

9. I 'm a dependent spouse soon to be divorced. Can I keep my TRICARE coverage?

-In order to keep TRICARE coverage after divorce the following rule applies. You must have been married 20 years or longer and your spouse must have been active duty for at least 15-20 of those years for you to be eligible for 1 year of TRICARE coverage after the divorce. If the sponsor was active duty more than 20 years and you were married for that same period then TRICARE coverage is available without limitation of time after divorce.

10. I'm active duty and going through a medical board. Will I be covered by TRICARE after separation from the military?

-Your DoD rating will determine the amount of time that you will be covered by TRICARE after separation. When awarded DoD ratings that are 20 percent or less, the sponsor and dependents will receive 180 days of TRICARE coverage following separation. When awarded a DoD rating of 30 percent or more the service member and their dependents will be covered the same as a retiree. This special designator code that determines your coverage will be recorded on your DD214.

11. How do I enroll myself and/or my family into TRICARE?

-By calling the local contractor, for the West United Healthcare Military and Veterans, 1-877-988-9378.

12. Where can I find information on how to use my TRICARE benefit?

-TRICARE.MIL website.

13. Why must I contact my PCM for urgent or emergent care?

-To get the care authorized. Without authorized care, medical claims will not be paid by TRICARE.

14. Who is my PCM?

-Check with local DEERS or TRICARE office, if not able to contact call local patient administration office to check on CHCS.

15. My family member has been seeing a civilian specialist for a condition that the military disengaged and provider submits another request for continued care and now my family member is told they must now be seen by the military specialist?

-This is referred to as ROFR (Right of First Refusal) if military facility care can provide treatment then patient will be treated at the MTF clinic.

16. How long is my child eligible for TRICARE?

-Your child's eligibility ends at age 21, but may continue to age 23 if he or she is enrolled as a full time student at an approved institution of higher learning, unmarried, and dependent on the sponsor for more than half (50%) of his or her financial support.

17. I'm an active duty service member on leave. How do I get emergency dental care?

- Emergency dental care is covered if you are traveling (leave, duty-related), you do not require an Appointment Control Number (ACN) or referral if you are NOT within 50 miles of a military DTF. The ACN is your authority by United Concordia for you to receive civilian dental care. You may seek treatment from any civilian dentist, however follow-up care with a non-network dentist is not authorized. ADSMs who elect to receive non-covered services as part of an episode of emergency dental care are responsible for payment of those services.

If you are within 50 mile radius of a military DTF it is required to have an ACN from United Concordia to received civilian dental care.

18. What is the Transitional Care for Service –Related Conditions Program?

-The transitional Care for Service Related Conditions program provides 180 extra days of coverage past the Transitional Assistance Management Program (TAMP) coverage period. The coverage is for former active duty, Guard, and Reserve members who have a medical condition that is service related, is newly discovered or diagnosed during the 180 TAMP period, and is validated by a Department of Defense physician. Coverage is only for the approved service-related condition.

19. I'm an active duty service member about to start terminal leave. How do I get health care?

-It is strongly encouraged before going on terminal leave to get all routine care, including any medical examinations or evaluations needed for separation or retirement.

While on terminal leave, any non-emergent care the ADSM requires from a civilian provider will need preauthorization through your assigned Primary Care Manager. If needed, the MTF will issue TRICARE West a single preauthorized necessary routine or urgent outpatient care from VA facility while on terminal leave.

20. What is the nurse advice line?

-The CONUS Nurse Advise Line is a toll-free number that puts you in contact with a team of live registered nurses, 1-800-TRICARE (874-2273). The service is open 24 hours a day/ 7 days a week for triage, advice, MTF appointment availability access and to determine appropriate clinical level of care.

21. Who is eligible for TRICARE for Life?

-TRICARE-eligible beneficiaries who have Medicare Part A and B, regardless of age or place of residence. Eligibility begins on the first date the individual has both Medicare Part A and Part B.

22. What's my priority for care at a military hospital or clinic?

-Access to care at military or clinic:

1. Active duty service members
2. Active duty family members and transitional survivors enrolled in TRICARE Prime
3. Retirees, their family members enrolled in TRICARE Prime
4. Active duty family members not enrolled in Prime
5. Other eligible persons, retirees and family members not enrolled in Prime

23. What is the difference between TRICARE Standard, TRICARE Extra, and TRICARE Prime?

	TRICARE Prime	TRICARE Standard	TRICARE Extra
Do I have to enroll?	Yes	No	
Is there an enrollment fee?	<p>Active duty service members and their families: No</p> <p>Retirees, their families and all others: Yes</p>	No	
Is there a deductible?	<p>Only if you use the point-of-service option:</p> <p>\$300 per person \$600 per family</p> <p><i>Note: Active duty service members may not use the point-of-service option.</i></p>	<p>Yes</p> <p>Active duty family members (sponsor rank E-4 and below): \$50 per person \$100 per family</p> <p>Active duty family members (sponsor rank E-5 and above): \$150 per person \$300 per family</p> <p>Retirees, their families and all others: \$150 per person \$300 per family</p>	
Where is it available?	United States: In Prime Service Areas. Check your ZIP Code to	United States and overseas	United states

	<p>Area.</p> <p>Overseas: Near military hospitals or clinics</p> <p>Note: TRICARE Prime Overseas isn't available to retirees and their families.</p>		
<p>Do I have to see a network doctor?</p>	<p>Yes. You'll get most of your care from your primary care manager.</p> <p>Note: <i>You may use the point-of-service option to get care from non-network providers.</i></p>	<p>No. You can see any TRICARE-authorized provider.</p>	<p>Yes.</p>
<p>Do I have to get referrals?</p>	<p>Yes. Your primary care manager will give you a referral to network providers in your region for specialty care.</p> <p>Note: <i>You may use the point-of-service option to get care without referrals.</i></p>	<p>No. You don't need referrals but you may need to get prior authorization for some services.</p>	
<p>How much do I pay for a doctor's visit?</p>	<p>Active duty service members: \$0</p> <p>Active duty family members: \$0</p> <p>Retirees, their families and all others: \$12</p>	<p>Active duty family members: 20% of allowable charges after you meet your annual deductible</p> <p>Retirees, their</p>	<p>Active duty family members: 15% of the negotiated fee after you meet your annual deductible</p> <p>Retirees, their</p>

	Note: <i>If you use the point-of-service option, you're responsible for a deductible and 50% of the TRICARE allowable charge.</i>	others: 25% of allowable charges after you meet your annual deductible	others: 20% of the negotiated fee after you meet your annual deductible.
What's the most I'll pay out of pocket? (also known as the catastrophic cap)?	Active duty families: \$1,000 per family, per fiscal year. Retirees, their families and all others: \$3,000 per family, per fiscal year.		

24. Does TRICARE for Life have an enrollment fee?

-No, but you must pay the Medicare Part B monthly premium.

25. How do I login to Beneficiary Web Enrollment?

-You can login to Beneficiary Web Enrollment (BWE) with a:

1. Common Access Card (CAC)
2. Defense Financial and Accounting Service (DFAS) my pay Login ID and Password

26. My child is coming home this summer from college. Does he need to transfer his TRICARE Prime enrollment?

-No. For information on how your son receives care while at home, visit our Getting Care During School Breaks Page, <https://www.uhcmilitarywest.com>

27. I don't qualify for TRICARE Reserve Select anymore. Are there other health care programs I may qualify for?

-You and your family may qualify for temporary care coverage through: Transitional Assistance Management Program or Continued Health Care Benefit Program.

28. How do I find out if I'm enrolled in the TRICARE Dental Program?

Call the [TRICARE Dental Program contractor](#) to check your enrollment:

CONUS (the 50 United States, DC, Puerto Rico, Guam, and the U.S. Virgin Islands)	1-855-638-8371 (1-855-MET-TDP1)
OCONUS (all other overseas locations and if on a ship/vessel outside territorial waters)	1-855-638-8372 (1-855-MET-TDP2)
TDD/TTY Service for the Hearing Impaired (CONUS and OCONUS)	1-855-638-8373 (1-855-MET-TDP3)

29. I just got married. What must I do to add my new spouse to my TRICARE coverage?

-You must enroll your spouse into the Defense Enrollment Eligibility Reporting System (DEERS). Your spouse is automatically covered under TRICARE Standard and will have the option to enroll into TRICARE Prime plan.

30. What Is TRICARE Young Adult (TYA)?

-TYA is premium-based TRICARE coverage available for purchase by qualified young adult dependents under the age of 26 who are no longer eligible for TRICARE at age 21 (age 23 if enrolled in a full-time course of study at an institution of higher learning approved by the Secretary of Defense and more than 50% dependent on the uniformed service sponsor for financial support). Eligible dependents may enroll into TRICARE Prime or Standard.

31. What is TRICARE Plus?

-TRICARE Plus is a Military Treatment Facility (MTF) based program designed to allow Military Health System (MHS) beneficiaries an opportunity to obtain a primary care access within the MTF and to be assured access to MTF primary care appointments meeting TRICARE Prime primary care access standards. MTF Commanders will determine the number of TRICARE Plus enrollees at their MTF.

32. What is TRICARE Reserve Select (TRS)?

-TRICARE Reserve Select (TRS) is a premium-based TRICARE health plan available for purchase by qualified members of the Reserve Components (RCs) and qualified survivors that offers health coverage for RC members and their eligible family members. The RCs will validate members' and survivors' qualifications to purchase TRS coverage and will identify qualified

members/survivors in the Defense Enrollment Eligibility Reporting System (DEERS). The TRS health plan delivers the TRICARE Standard/Extra benefits.

33. What is TRICARE Retired Reserve (TRR) ?

-TRICARE Retired Reserve (TRR) is a premium-based TRICARE health plan available for purchase by qualified members of the Retired Reserve and qualified survivors that offers health coverage for Retired Reserve members and their eligible family members. The Reserve Components (RCs) will validate members' and survivors' qualifications to purchase TRR coverage and will identify qualified members/survivors in the Defense Enrollment Eligibility Reporting System (DEERS). The TRR health plan delivers the TRICARE Standard/Extra benefits.

34. What is TRICARE Prime Remote (TPR)?

-The TRICARE Prime Remote (TPR) program provides health care to Service members (including Reserve Component (RC) members activated for more than 30 days) who meet specified eligibility criteria and are enrolled in the program. In CONUS it applies to operations of the TPR program in remote locations of the United States and the District of Columbia (DC). There is also TPR program for eligible members for specified operations outside of the United States.

35. I am registered in DEERS as a dependent parent. How can I get a primary doctor?

-Your eligibility and access to Naval Medical Center San Diego (NMCS D) as a "Direct Care" beneficiary currently does not allow for primary doctor assignment. You may access the medical services at NMCS D on space available basis, it means that the primary clinics and specialty clinics even when referred may take or not take you based on availability and capacity.

36. I am an Active Duty Service Member (ADSM) and got treated while on leave. Now I have a bill.

-ADSMs medical care rendered in the civilian health care system must be authorized for processing of medical claims. Contact the NMCS D Health Benefits Advisors office at 619-532-8328 to assist you coordinate payment of your bill.

37. What is a BCAC/DCAO?

-A BCAC (Beneficiary Counseling and Assistance Coordinator) is located within the Military Treatment Facility who is available to answer questions, help solve health care related problems, and assist beneficiaries in obtaining medical care through each TRICARE program. BCACs were previously known as Health Benefits Advisors, or HBAs.

-A DCAO (Debt Collection Assistance Officer) is also located within a MTF and/or at a TRICARE Service Center to assist you in resolving health care collection related issues. Contact a DCAO if you have

received a negative credit rating or have been sent to a collection agency due to an issue related to TRICARE services. To find a BCAC or DCAO near you, based on your region, state/country, or branch of military service, you can use the BCAC/DCAO Directory.

References:

For other questions please use Tricare website to further assist.

<https://www.uhcmilitarywest.com>

www.trdp.org

<https://mybenefits.metlife.com/tricare>