

Transitional Assistance Management Program

Health care for service members and their families when active duty ends

The Transitional Assistance Management Program (TAMP) offers 180 days of health care benefits to help service members and their families switch to civilian life.

AM I ELIGIBLE FOR THE TRANSITIONAL ASSISTANCE MANAGEMENT PROGRAM?

The services determine TAMP eligibility and the Defense Enrollment Eligibility Reporting System (DEERS) shows your status. If you have questions about your eligibility, call your personnel office and/or command unit representative. For more information, visit www.tricare.mil/tamp.

You and your eligible family members may get TAMP health care benefits after active duty if you:

- Involuntarily separate from active duty under honorable conditions. This includes service members who receive a voluntary separation incentive or voluntary separation pay and aren't entitled to retirement pay.
- Are a National Guard or Reserve member separating from a period of active duty that was more than 30 consecutive days in support of a contingency operation
- Separate following involuntary retention (stop-loss) in support of a contingency operation
- Separate following a voluntary agreement to stay on active duty for less than one year in support of a contingency operation

- Separate and agree to immediately become a member of the Selected Reserve with no gap in service
- Separate due to a sole-survivorship discharge

You aren't eligible for TAMP while still on:

- Terminal leave
- Authorized excess leave
- Permissive temporary duty (PTDY)

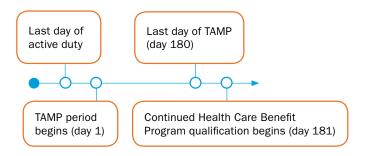
AM I STILL COVERED DURING LEAVE?

During terminal leave, authorized excess leave or PTDY, you are still considered an active duty service member (ADSM) and must get or coordinate your care with your last duty station. During this time, you can't change your primary care manager (PCM), even if you move. Your family can switch PCMs if you move, but your TRICARE Prime option may not be available in your new location.

If you and your family stay in the same place during leave or PTDY, you and your family members can keep using your TRICARE Prime option. If you were stationed overseas and you move back to the U.S., coordinate referrals and prior authorizations with International SOS Government Services, Inc., the TRICARE Overseas Program (TOP) contractor.



WHEN DOES THE TRANSITIONAL ASSISTANCE MANAGEMENT PROGRAM START AND END?



If eligible, TAMP starts the day after you separate from active duty. You and your family are automatically covered by TRICARE Standard and TRICARE Extra or TOP Standard. You may continue using TRICARE Standard and TRICARE Extra or TOP Standard. Otherwise, you may enroll or reenroll in TRICARE Prime or TOP Prime. ADSMs must reenroll in TRICARE Prime or TOP Prime to avoid a break in coverage. TRICARE Extra is not available overseas.

In the U.S., you can enroll or reenroll in TRICARE Prime if you:

- Live in a Prime Service Area, which is a geographic area where TRICARE Prime is offered. It is typically near a military hospital or clinic. To verify eligibility, check your address at www.tricare.mil/psa.
- Live or work within 100 miles of an available PCM.

Note: During TAMP, sponsors and command-sponsored family members can reenroll in TOP Prime if they remain in the same area where the sponsor was stationed. If they move, they may only be eligible for TOP Standard during TAMP.

One TRICARE Prime option that may be new to you is the US Family Health Plan (USFHP). USFHP is available through separate health care systems in six areas of the U.S. To find out if you're in a USFHP area or to enroll, go to www.usfhp.com.

You may have new cost-shares when you leave active duty, but your family's benefit remains unchanged with the same rules and costs. Be aware that TRICARE Prime Remote (TPR) in the U.S. and overseas isn't available under TAMP. For cost information, visit www.tricare.mil/costs.

To make sure you're covered during your entire TAMP period, you must keep your and your family's information current in DEERS. See the *Looking for More Information?* section of this fact sheet for contact information to update DEERS.

DENTAL CARE DURING THE TRANSITIONAL ASSISTANCE MANAGEMENT PROGRAM

During TAMP, service members can get dental care from military dental clinics. When needed, they can also see civilian providers through the Active Duty Dental Program.

Family members' eligibility for the TRICARE Dental Program (TDP) depends on their sponsor's status in DEERS. If your sponsor is:

- Leaving active duty: Family members
 are no longer eligible for TDP
 coverage once their sponsor's status
 in DEERS changes. You can get
 dental care at a military dental clinic
 on a space-available basis.
- Transitioning from active duty directly into the National Guard or Reserve: Family members can buy or continue TDP coverage.
- A National Guard or Reserve member returning to nonactivated status after activation for more than 30 consecutive days: Family members can enroll in the TDP at any time or continue current coverage.

Family members who enroll in the TDP must agree to be in the program for at least 12 months. For more information, visit www.tricare.mil/dental and www.tricare.mil/costs.



Getting Coverage for a Service-Related Condition

If you have TAMP and are newly diagnosed with a medical condition related to your active duty service, you may qualify for the Transitional Care for Service-Related Conditions program. The program gives you up to 180 days of care for your condition with no out-of-pocket costs. If you believe you qualify, visit www.tricare.mil/tcsrc for instructions on how to apply.

Enrolling In TRICARE Prime® During TAMP

The following table shows how to get TRICARE Prime based on the coverage you had at separation.

WHAT PROGRAM WERE YOU ENROLLED IN WHEN YOU SEPARATED?	CAN YOU GET TRICARE PRIME?
You and your family had TRICARE Prime or TOP Prime up until your separation date.	You can keep TRICARE Prime or TOP Prime with no break in coverage by: Calling your regional contractor Reenrolling online at www.dmdc.osd.mil/appj/bwe (U.S. only) Completing a new TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form (DD Form 2876) Any of the above must be done before the TAMP period ends.
You and your family didn't have TRICARE Prime or TOP Prime up until your separation date.	 You can still get TRICARE Prime or TOP Prime. To have TRICARE Prime on day 1 of TAMP: Your enrollment request (by phone, online [U.S. only] or by mail) must be processed by the 20th of the month before your TAMP coverage begins. If your request isn't processed by the 20th of the month: Your TRICARE Prime coverage won't start until the start of the second month after your request is processed (for example, a request received Dec. 27 becomes effective Feb. 1). This means you won't have TRICARE Prime on day 1 of TAMP. Note: You'll be covered under TRICARE Standard and TRICARE Extra until your TRICARE Prime enrollment is processed. If you're enrolling in TOP Prime, the 20th-of-the-month rule doesn't apply and your coverage will begin once your request is processed.
You and your family had TPR in the U.S. or overseas.	TPR in the U.S. and overseas isn't available during TAMP, but you can enroll in TRICARE Prime by phone, online (U.S. only) or by mail. Note: You'll be covered under TRICARE Standard and TRICARE Extra until your TRICARE Prime enrollment is processed. If you're enrolling in TOP Prime, the 20th-of-the-month rule doesn't apply and your coverage will begin once your request is processed.

You also have the option to enroll in USFHP if you live in a USFHP service area. For more information, go to www.usfhp.com.



TRICARE RESERVE SELECT® OR TRICARE RETIRED RESERVE®

If you transition to or retire from the National Guard or Reserve, you may be able to buy health care coverage under TRICARE Reserve Select or TRICARE Retired Reserve after your TAMP period ends. Both of these programs require monthly premium payments.

To avoid a break in coverage after your TAMP period ends, complete these steps up to 60 days before but no later than 30 days after TAMP ends:

- 1. Log in to the Reserve Component Purchased TRICARE Application at www.dmdc.osd.mil/appj/reservetricare.
- 2. Submit a *Reserve Component Health Coverage Request* form (DD Form 2896-1) available on this site.
- 3. Pay the first two months of premium payments. You must then set up automatic payments for future premiums using either an electronic funds transfer or recurring debit/credit card.

For more information, visit <u>www.tricare.mil/trs</u> or www.tricare.mil/trr.

TRICARE YOUNG ADULT

Your adult children may be able to buy TRICARE Young Adult (TYA) during the TAMP period. TYA is a premium-based health care plan for dependents who are at least age 21, but not yet age 26. It offers TRICARE Prime and TRICARE Standard coverage worldwide, including medical and pharmacy benefits. TYA doesn't include dental coverage.

Your status after the TAMP period ends determines your child's TYA eligibility and if he or she is able to remain covered. For more information, visit www.tricare.mil/tya.

CONTINUED HEALTH CARE BENEFIT PROGRAM COVERAGE

If you're not continuing service or you're retiring from the National Guard or Reserve after TAMP, you may qualify to buy temporary health care coverage under the Continued Health Care Benefit Program (CHCBP). This program, run by Humana Military, offers an extra 18–36 months of coverage. CHCBP is not a TRICARE benefit, but it is considered minimum essential coverage under the Affordable Care Act (ACA). For more information, visit www.tricare.mil/chcbp or call Humana Military at 1-800-444-5445.

MINIMUM ESSENTIAL COVERAGE

Under the ACA, people must have health care coverage that meets a minimum standard called minimum essential coverage. Otherwise, they must qualify for an exemption. TRICARE coverage meets the minimum essential coverage requirement under the ACA. Most people who don't meet this provision of the law will be required to pay a penalty for each month they don't have adequate coverage. The penalty will be collected each year with federal tax returns. For more information, visit www.tricare.mil/aca.

CIVILIAN HEALTH CARE COVERAGE OPTIONS

While you may qualify to buy premium-based TRICARE programs, as well as CHCBP coverage, these are not your only health care options. You should evaluate all of your options before deciding which coverage is best for you and your family. Many Americans get coverage through their employer or their spouse's employer. If you don't, you may be able to get financial help to buy a commercial plan through the Health Insurance Marketplace, or qualify for Medicaid depending on your situation and the state you live in. To find other health care coverage options, visit www.healthcare.gov.



LOOKING FOR More Information?

GO TO www.tricare.mil/contactus



TRICARE North Region

Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com



TRICARE South Region

Humana Military 1-800-444-5445 HumanaMilitary.com



TRICARE West Region

UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcmilitarywest.com



TRICARE Overseas Program (TOP)

International SOS Government Services, Inc. www.tricare-overseas.com

For toll-free contact information, visit this website.

TOP Regional Call Centers

Eurasia-Africa

+44-20-8762-8384 (overseas) 1-877-678-1207 (stateside) tricarelon@internationalsos.com

Latin America and Canada

+1-215-942-8393 (overseas) 1-877-451-8659 (stateside) tricarephl@internationalsos.com

Pacific (Singapore)

+65-6339-2676 (overseas) 1-877-678-1208 (stateside) sin.tricare@internationalsos.com

Pacific (Sydney)

+61-2-9273-2710 (overseas) 1-877-678-1209 (stateside) sydtricare@internationalsos.com

TRICARE Reserve Select

www.tricare.mil/trs

TRICARE Retired Reserve

www.tricare.mil/trr

TRICARE Young Adult

www.tricare.mil/tya

TRICARE Active Duty Dental Program and TRICARE Dental Program

www.tricare.mil/dental

milConnect Website—Update DEERS Information

http://milconnect.dmdc.osd.mil

US Family Health Plan

www.tricare.mil/usfhp

Continued Health Care Benefit Program

www.tricare.mil/chcbp

An Important Note About TRICARE Program Information

At the time of publication, 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 hospital and clinic guidelines and policies may be different than those outlined in this publication. For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.