



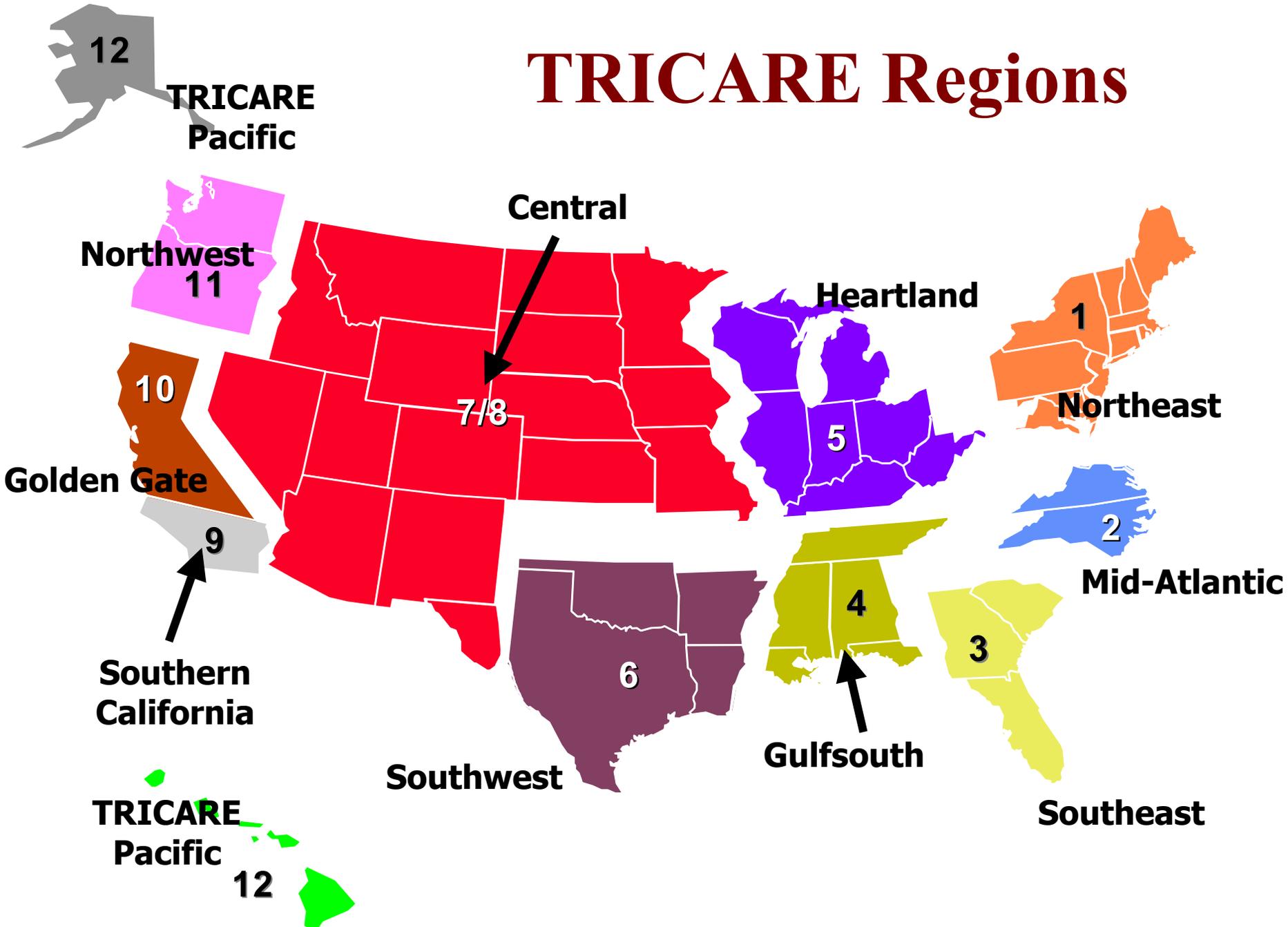
# TRICARE

*is your care*



Sierra Military Health Services, Inc.

# TRICARE Regions



# TRICARE Eligibility

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- **Active Duty**
  - Must enroll in TRICARE Prime
- **Active Duty family members**
  - Enroll in TRICARE Prime or
  - Use TRICARE Extra or Standard
- **Military Retirees and family members under age 65**
  - Enroll in TRICARE Prime or
  - Use TRICARE Extra or Standard
- **Military Retirees and family members age 65+**
  - TRICARE Senior Pharmacy Program
  - TRICARE for Life
- **Verify eligibility in DEERS: 1-800-538-9552**

# Types of Providers

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- **TRICARE Network**
- **Non-network**
- **Non-authorized**

# Network Provider

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- **Signed contract with SMHS to provide care at a negotiated rate**
- **Used by Prime and Extra beneficiaries**
- **Accepts TMAC rate**
- **No balance-billing above TMAC**
- **Submits claims**

# Non-network Provider

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- **Authorized, Participating Provider**
  - TRICARE Certified
  - Submits claims
  - Beneficiary pays 20% cost-share after deductible, no balance-billing
- **Authorized, Non-participating Provider**
  - TRICARE Certified
  - May bill up to 115% of TRICARE Maximum Allowable Charge (TMAC)
  - Beneficiary pays 20% cost-share after deductible, plus balance-billing

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- **Non-authorized, Non-participating Provider**
  - **Not** TRICARE Certified
  - Patient pays **entire** bill

# Triple Option

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- **TRICARE Prime**
- **TRICARE Extra**
- **TRICARE Standard**



# TRICARE Standard

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- **Highest out-of-pocket cost**
  - Yearly deductible
  - Balance billing up to 115% of TMAC
- **May need to file your own claims**
- **Services at the MTF on space-available basis**
- **Inpatient admissions and some outpatient procedures require authorization unless you have other health insurance**
- **Non-availability Statement**
- **No enrollment required**
- **Greatest choice of providers**

# TRICARE Extra

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- **Use TRICARE Network Providers**
- **Fees 5% less than TRICARE Standard**
- **No claims to file** (unless you have other health insurance)
- **No balance-billing**
- **Inpatient admissions and some outpatient procedures require authorization unless you have other health insurance**
- **Services at the MTF on space-available basis**
- **No enrollment required**

# TRICARE Prime

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- **Lowest out-of-pocket cost**
  - No fees at the MTF, except inpatient care
  - Low copayments for Military Retirees and family members
  - No copayments for Active Duty Family Members
  - No balance-billing
- **Priority appointments at the MTF**
- **Primary Care Manager**
- **TRICARE Network Providers**
- **No claims to file**
- **Enrollment required by everyone, including Active Duty Service Members**

# Access Standards

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- **By appointment:**
  - Call SMHS to book your appointments at 1-888-999-5195

Type of Appt.	Max. Wait
Acute Illness	24 hours
Routine Visit	1 week
Preventive Health	4 weeks
Specialty Care	4 weeks or less

- **By location:**
  - ER Care - anywhere available 24 hrs a day, 7 days a week
  - Primary Care - within 20 miles from your home
  - Specialty Care - within 40 miles from your home
  - Sub-specialty Care - up to 200 miles from your home

# Primary Care Manager (PCM)

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- **Provides continuity of care**
- **Provides or arranges ALL medical care**
  - Required to coordinate referral for specialty care
  - If you receive non-emergency care without a referral and authorization you will pay Point-of-Service (deductible + cost-share)
- **Can be Family Practice, Internal Medicine, Pediatricians, or OB/Gyn**

# Authorization Process - Military PCM

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- **PCM enters referral request into system**
- **Referral is routed to nurse**
- **Nurse processes referral**
- **Patient calls SMHS to book an appointment:  
1-888-999-5195**
- **Make sure the provider you are referred to is  
part of the TRICARE Network**
- **Services not received in your PCM's office  
requires a referral**

# Authorization Process - Civilian PCM

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- **PCM faxes referral request to SMHS**
- **SMHS enters referral into the system**
- **Referral is routed to a nurse**
- **Nurse processes referral**
- **Patient calls SMHS to book an appointment:  
1-888-999-5195**
- **Make sure the provider you are referred to is  
part of the TRICARE Network**
- **Services not received in your PCM's office  
requires a referral**

TRICARE Prime

# Prime Travel Benefit for Specialty Care

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**Prime beneficiaries referred more than 100 miles from their PCM for non-emergency, medically necessary care may be eligible for reimbursement for reasonable travel expenses.**

# Prime Travel Benefit for Specialty Care

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- **Only applies within local enrollment area, not while traveling**
- **MTF or OLA will give validation for the benefit**
- **A non-medical attendant may accompany the Prime enrollee on this travel**
- **MTF or OLA determine if non-medical attendant is necessary**
- **MTF or OLA issues appropriate travel orders**

# Prime Travel Benefit for Specialty Care

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## **Prime Travel Benefit DOES NOT apply to:**

- **Travel costs incurred by ADSM or ADFMs residing with their sponsors overseas**
- **Travel costs referred under DoD STS Programs**
- **Travel costs resulting from emergency care covered under the basic benefit**
- **ADSMs are not eligible for the benefit**

# Point-of-Service (POS)

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- **If you receive non-emergency care without a referral and authorization**

<b>Deductible</b>	\$300/person \$600/family
<b>Cost-share</b>	50% of allowable charges after deductible

- **No reimbursement for non-covered services**
- **If you have other health insurance, POS does not apply**
- **Does not apply to Catastrophic Cap**

# Moving within the Same Region

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- **Prime is not available in all areas**
- **To remain in Prime, you must relocate to another Prime Service Area**
  1. Change your address with DEERS
  2. Obtain a list of PCMs
  3. Complete a Change Form
  4. Mail to SMHS
- **If moving to a non-Prime Service Area and do not wish to waive access standards, you must complete a Change Form to disenroll**

TRICARE Prime

# Enrollment Portability

Moving to Another Region

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- **Ability to transfer TRICARE Prime coverage from one region to another** (if in a Prime Service Area)
- **Transfer enrollment within 30 days of establishing residency in the Northeast Region**
  1. Remain enrolled in old location while traveling
  2. Obtain list of PCMs
  3. Complete a Change Form
  4. SMHS coordinates enrollment transfer
- **Retirees and their family members may only transfer 2xs each enrollment year**

TRICARE Prime

# Split Enrollment

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- **Family members enrolled in multiple regions**
- **No additional enrollment fees for Retirees and family members**
- **No fees for Active Duty family members**

# Changing Status

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- **Active Duty who are retiring and want to remain enrolled in TRICARE Prime**
  1. Update DEERS record with new information
    - If not updated, form and enrollment fee will be returned
    - May lose one month's coverage
  2. Complete a Change Form
    - Check the appropriate box
    - Include retirement date
  3. Submit form to SMHS prior to retirement date
  4. Include appropriate enrollment fee

# Out-of-Area Care

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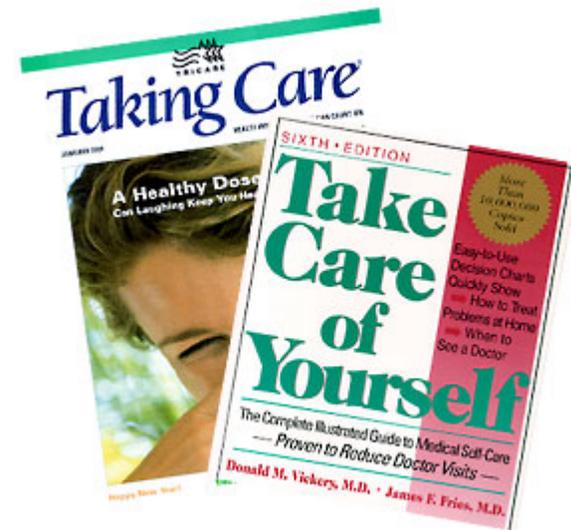
- **Routine Care** - not covered or use Point-of-Service
- **Urgent Care** - medical attention for condition that is not life-threatening, but could become critical if not treated
  - Use the Health Care Information Line for guidance
  - Prior authorization required
  - Make two phone calls
    1. Before receiving care - Call SMHS to find a provider
    2. After receiving care - Within 24 hours, call SMHS to provide information about the services so your claim will be paid

TRICARE Prime

# Taking Care

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- ***Taking Care* manuals**
  - Self-help manuals
- ***Taking Care* newsletter**
  - Health and wellness articles



# How to Enroll

- **Active Duty Service Member MUST enroll**
- **Fill out appropriate form**
  1. Change Form / Enrollment Form
  2. Select a PCM
    - MTF provider if live within 20 miles of MTF
    - If choose civilian provider, make sure he or she is accepting new patients
  3. Pay enrollment fees if any
  4. Send enrollment fees to SMHS
  5. SMHS must receive your paperwork by the 20th of the month to be effective on the first day of the next month

<b>Enrollment Fee</b>	
<b>Active Duty Family Members</b>	\$0
<b>Retirees, Family Members and Survivors</b>	\$230/person \$460/family

All TRICARE Beneficiaries

# Emergency Care

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- **TRICARE follows the Prudent Layperson rule**
- **Only required to call SMHS within 24 hours of ER visit if admitted to the hospital**
- **Notify your PCM as soon as possible about ER visit and to arrange follow-up care**

# Preventive Healthcare Benefits

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- **Certain screenings**
- **Health Care Information Line: 1-800-308-3518**
  - Available 24 hours a day, 7 days a week
  - Speak with a Registered Nurse
  - Health Information Library: PIN 208
- **Health Promotion classes at local MTF**
- **Health Risk Assessment online**
- **Wellness brochures**

# Pharmacy Benefits

## New Pharmacy Copayments & Cost Shares

Pharmacy Options - Cost		
	Generic Drugs	Brand-name Drugs
<b>MTF</b>	\$0	\$0
<b>NMOP*</b> (90-day supply)	\$3	\$9
<b>Network Retail*</b> (30-day supply)	\$3	\$9
<b>Non-Network*</b>	<p><b>Standard</b> \$9 or 20% of total cost, whichever is greater, after deductible:</p> <ul style="list-style-type: none"> <li>▪ E4 &amp; below: \$50/person or \$100/family</li> <li>▪ E5 &amp; above: \$150/person or \$300/family</li> <li>▪ Retirees &amp; Family: \$150/person or \$300/family</li> </ul> <p><b>Prime – Point-of-Service</b> 50% cost-share, after deductible:</p> <ul style="list-style-type: none"> <li>▪ \$300/person or \$600/family</li> </ul>	

*\*May be required to pay up-front and file a Claim Form for reimbursement.*

**Note 1:** Retirees turning age 65 on or after April 1, 2001, must be enrolled in Medicare Part B to receive TRICARE Senior Pharmacy Program benefits.

**Note 2:** If generic is available, but you choose a brand-name medication, you pay entire cost of medication with no coverage from TRICARE.

# Additional Benefits

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- **School Physicals - ages 5-11**
- **Elimination of TRICARE Prime copayments for civilian healthcare for ADFMs**
  - Does not include pharmacy, Point-of-Service or PFPWD copayments and cost-shares
- **Chiropractic Benefit for Active Duty Service Members**
  - Five-year phase-in began October 1, 2001
  - Only available at a few MTFs

# Cost

## Active Duty Family Members

	<b>TRICARE Prime*</b>	<b>TRICARE Extra</b>	<b>TRICARE Standard</b>
<b>Annual Deductible</b>	\$0	<b>E4 &amp; Below:</b> \$50/person or \$100/family <b>E5 &amp; Above:</b> \$150/person or \$300/family	
<b>Outpatient Care</b>	\$0	15% of TMAC after deductible	20% of TMAC after deductible
<b>Inpatient Stay</b>	\$0	\$11.90/day (\$25 min.)	\$11.90/day (\$25 min.)
<b>Catastrophic Cap</b>	\$1,000/year	\$1,000/year	\$1,000/year

\* Copayments and cost-shares still required for Point-of-Service, pharmacy and PFPWD.

# Cost

## Military Retirees, Family Members and Survivors

	<b>TRICARE Prime</b>	<b>TRICARE Extra</b>		<b>TRICARE Standard</b>	
<b>Annual Deductible</b>	\$230/person \$460/family	\$150/person \$300/family		\$150/person \$300/family	
<b>Outpatient Care</b>	\$0 – MTF \$12 – TRICARE Network	20% of TMAC after deductible		25% of TMAC after deductible	
<b>Inpatient Stay</b>	\$11.00/day (\$25 min.)	<b>Hospital Charges</b>	Lesser of \$250/day or 25% billed charges	<b>Hospital Charges</b>	Lesser of \$414/day or 25% billed charges
		<b>Doctor Charges</b>	20% of negotiated professional fees	<b>Doctor Charges</b>	25% of negotiated professional fees
<b>Catastrophic Cap</b>	\$3,000/year	\$3,000/year		\$3,000/year	

# More Information

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- **Sierra Military Health Services, Inc.**
  - [www.sierramilitary.com](http://www.sierramilitary.com)
  - 1-888-999-5195
- **TRICARE Management Activity**
  - [www.tricare.osd.mil](http://www.tricare.osd.mil)
- **DEERS**
  - 1-800-538-9552
  - [addrinfo@osd.pentagon.mil](mailto:addrinfo@osd.pentagon.mil) (address changes only)
- **DoD (TSRx & TFL)**
  - 1-877-DOD-MEDS
- **Medicare**
  - [www.medicare.gov](http://www.medicare.gov)
  - 1-800-MEDICARE
- **National Mail Order Pharmacy**
  - 1-800-903-4680
- **Check claims online**
  - [www.mytricare.com](http://www.mytricare.com)