



TRICARE
for
Retirees

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OVERVIEW

Retired members shall, upon request, be provided any type of health care in uniformed services facilities, Military Treatment Facility (MTF) that is provided active duty members, *subject to the availability of space and facilities and the capabilities of the medical and dental staff*, and subject to the provisions of Executive Order 10122, April 14, 1950, as amended by Executive Order 10400, September 19, 1952, and Executive Order 11733, July 30, 1973.

Non-emergency care shall not be provided to this group at times and places where it would interfere with providing care to spouses and children of members who are serving on active duty or who died while serving on such duty or where it would interfere with the performance of the primary mission of the facility.

There shall be no charge for outpatient care provided or for inpatient care provided to retired enlisted members. Retired officers shall pay the current subsistence charge for inpatient care.

What is TRICARE?

What is TRICARE? TRICARE is a regionally managed health care program. The following information will serve as an explanation of the TRICARE program as it applies to retirees of the military.

Who is Eligible for TRICARE?

TRICARE-eligible beneficiaries include:

- Eligible family members of active duty service members
- Military retirees and their eligible family members
- Survivors of all uniformed services who are not eligible for Medicare
- Medicare-eligible retirees who are under age 65 and are enrolled in Medicare Part B
- Wards and pre-adoptive children
- Some former spouses of active or retired service members who meet certain length of marriage rules and other requirements (20-20-20 and 20-20-15 Rule)

TRICARE offers eligible beneficiaries three choices for their health care:

- TRICARE Prime — where Military Treatment Facilities (MTFs) are the principal source of health care
- TRICARE Extra — a preferred provider option that saves money; and
- TRICARE Standard — a fee-for-service option (the old CHAMPUS program)

If you have other primary health care insurance, TRICARE Prime may not be your best option. Health Benefits Advisors are available at your local TRICARE Service Center (TSC) or Military Treatment Facility to help you decide which option is best for you.

TYPES OF TRICARE

TRICARE offers eligible beneficiaries three choices for their health care:

TRICARE Prime -- where Military Treatment Facilities (MTFs) are the principal source of health care.

In this option, most health care will come from a military treatment facility (MTF), augmented by the TRICARE contractor's Preferred Provider Network (PPN). Your Primary Care Manager (or team of providers) will see you first for your health care needs. The Primary Care Manager:

Provides and/or coordinates your care; maintain your health records; refers you to specialists, if necessary. (To be covered, specialty care must be arranged and approved by your Primary Care Manager.)

Care is usually provided in a military treatment facility, but civilian clinics may be used in some cases.

Point of Service (POS) Option

Option under TRICARE Prime that allows enrollees the freedom to seek and receive non-emergent health care services from any TRICARE authorized civilian provider, in or out of the network, without requesting a referral from their Primary Care Manager (PCM) or the Health Care Finder (HCF). When Prime enrollees choose to use the POS option, all requirements applicable to TRICARE Standard apply except the requirement for a Non-availability Statement (NAS). Point-of-Service claims are subject to outpatient deductibles.

TRICARE Extra — using a network provider saves money.

Anyone who is TRICARE Standard eligible may use TRICARE Extra.
Co-payment 5% less than TRICARE Standard; No balance billing;

No enrollment fee; No deductible when using retail pharmacy network; No forms to file; and
You may also use TRICARE Standard.

No Primary Care Manager; Provider choice is limited; Patient pays:

Deductible, Co-payment.

Non-availability statement may be required for civilian inpatient care for areas surrounding MTFs; and Not universally available.

TRICARE Standard— a fee-for-service option. TRICARE Standard is the name for traditional CHAMPUS. Under this plan, you can see the authorized provider of your choice. (People who are happy with coverage from a current civilian provider often opt for this plan.) But having this flexibility means that care generally costs more.

Treatment may also be available at a military treatment facility, if space allows and after TRICARE Prime patients have been served. Furthermore, TRICARE Standard may be the only coverage available in some areas.

- Anyone who is CHAMPUS eligible may use TRICARE Standard.
- Broadest choice of providers
- Widely available
- No enrollment fee
- You may also use TRICARE Extra
- No Primary Care Manager
- Patient pays: Deductible and a Co-payment,
- Non-availability statement may be required for civilian inpatient care for areas surrounding MTFs
- Beneficiaries may have to do their own paperwork and file their own claims.

Military Retiree Health Care

Former active duty members of the U.S. Armed Forces, regardless of rank, who are in receipt of retired or retainer pay potentially have dual eligibility for Department of Veterans Affairs (VA) medical benefits, as VA beneficiaries and as beneficiaries of the Department of Defense (DoD).

Applicants (including military retirees) who fall into the discretionary eligibility category are eligible for VA medical care as VA beneficiaries only after they agree to pay a copayment for the medical benefit for which they apply. Should the military retiree not agree to make this copayment, he or she would not be eligible as a veteran. The retiree may, however, be offered VA medical care as a beneficiary of the DoD and at DoD expense, but only on a space and resource available basis as determined by the facility director.

Note: Beneficiaries of the DoD, with the exception of those in need of emergency medical services, will be required to obtain DoD authorization prior to receiving VA medical care.

RETIREE PHARMACY BENEFITS

Medicare-eligible military beneficiaries will be eligible for TRICARE Pharmacy Program. This program offers low-cost medications from TRICARE network pharmacies, non-network civilian pharmacies and the TRICARE Mail Order Pharmacy (TMOP). Pharmacy benefits are the same as those available to all TRICARE beneficiaries, and include:

- Medications can be procured at the nearest Military Treatment Facility at no charge
- When ordering from the TMOP, the cost is only \$3 for a 90-day supply of generic medications and \$9 for up to a 90-day supply of brand name medications
- When using a TRICARE network pharmacy, 30-day prescriptions of generic medications is \$3 and brand name medications is \$9
- If you use a non-network retail pharmacy, you can pay an annual deductible (\$150 for individuals, \$300 for a family), plus \$9 or 20 percent of the total cost (whichever is greater) (*Note: You may have to pay full price at the store and file your own claim for reimbursement*)

TRICARE Pharmacy Options

-Military Treatment Facility (MTF) Pharmacy

At MTF Pharmacies, prescriptions are filled at no cost for all TRICARE beneficiaries. Each MTF has a slightly different formulary. A list of medications available is available at each facility.

-Retail Network Pharmacies

Through retail network pharmacies, TRICARE beneficiaries can obtain up to a 30-day supply of most prescription medications for a small fee. To use a retail network pharmacy, present the pharmacist with your written prescription, along with your military identification card. Depending on your TRICARE region, you may need to present your TRICARE card.

- Mail-Order Pharmacy Program

The TRICARE mail-order pharmacy program (Express Scripts)
http://www.tricare.mil/pharmacy/tmop_order.cfm

Under the program, you can receive up to a 90-day supply of non-controlled medications (or up to a 30-day supply of controlled medications) for a small fee. There are no copayments for active duty service members. Shipping and handling is free. Prescriptions will be filled with generic drugs when possible. Name-brand products may be substituted if the prescribing physician documents medical necessity for the name-brand medication.

PHARMACY LINKS:

<http://www.tricare.osd.mil/pharmacy/>

<http://www.tricare.mil/mybenefit/home/Prescriptions/PharmacyProgram>

TRICARE RETIREE DENTAL PROGRAM

The Department of Defense TRICARE Retiree Dental Program (TRDP) is a voluntary enrollment program that offers diagnostic, preventive, and basic restorative services (including endodontics); oral surgery; allowance toward payment for tooth-colored fillings on back teeth; dental accident coverage; and emergency services. Additional procedures are covered after a 12-month waiting period.

Coverage under the TRDP is available to personnel retired from the Uniformed Services, their unremarried surviving spouses, and to certain other eligible family members for care within the U.S., DC, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, and Canada.

The program includes expanded services: (not all inclusive listing)

- Two cleanings within 12 months
- An allowance toward payment for tooth-colored fillings on back teeth
- Dental accident coverage
- Additional diagnostic and preventive services

These additional benefits will be available after 12 months of continuous enrollment in the enhanced program:

- Cast crowns, cast restorations and bridges covered at 30 percent
- Orthodontic coverage for both adolescents and adults at 50 percent

After 24 months of enrollment in the enhanced program, coverage for cast crowns and restorations, bridges and dentures will increase to 50 percent.

Uniformed Services members who enroll in the enhanced TRDP within 90 days after their retirement from active duty military service will receive these additional benefits immediately, without the usual 12-month waiting period. Those who wait to enroll after this 90-day period will receive these benefits after 12 months of enrollment in the new enhanced program.

Premiums are based on your location by zip code. Premium rates will change slightly 1 October of each benefit year. For more information about the TRDP, please visit:

DENTAL LINKS: <http://www.trdp.org/> and <http://www.ddpdelta.org>

INSTRUCTIONS FOR ORDERING EYEGLASSES FOR RETIRED MILITARY PERSONNEL

Retired military are authorized to receive

- 1 clear pair of Bifocals/Trifocals (Multi-focals)
- 1 tinted pair of Bifocals/Trifocals if prescribed by your Optometrist/Ophthalmologist

If you choose not to request Bifocals/Trifocals, you can receive:

- 1 pair of Distance Vision and 1 pair of Near Vision spectacles
- 1 pair of Distance Vision tinted spectacles is authorized if prescribed by your Optometrist/Ophthalmologist

These Standard Issue Frames may be viewed on the Internet at:

<http://www.med.navy.mil/sites/nostra/order/pages/retiree.aspx>

Retirees less than 50 miles from a military health clinic with optometry services, you should take your prescription for spectacles to them so that they may measure you for proper fit. They will order your spectacles from the appropriate facility.

Retirees more than 50 miles from a military health clinic with optometry services may follow these instructions to order your glasses.

- Open the **form DD771** found at our web site, and save it to your computer.
[this form is created to save the information you type into it]

http://www.med.navy.mil/sites/nostra/order/Documents/DD771_2010.pdf

- Please fill out the top section with your “name, “retiree”, and "last 4”, along with your shipping and contact information.
About halfway down the form, please indicate which standard issue frame you desire. Make sure to save the form with the information you added.
- Print the partially completed form, and take this with you to your eye exam.
Ensure that the examining facility writes the prescription, and includes your pupillary distance (PD) on the form.
- If your examining facility needs eye size, bridge or temple information, they may find this on our web site
- If you currently have Standard Issue frames please provide the frame size and temple length.
(found inside the frame)
- There must be a **DD771** for each request for eyewear.
- Send the following information to NOSTRA:
 - One copy of the completed DD771 form,
 - Your mailing address and a daytime phone number and email address if available
 - Orders are subject to DEERS eligibility check

- You may submit your order for eyewear by email, fax or standard mail.
 - Email your order to: NOSTRA-CustomerService@med.navy.mil
---or---
 - Fax your order to: 757-887-4647.
Make sure you write: "Retiree Order" on the fax.
Please call NOSTRA Customer Service at
757-887-7611 / 7152 / 7299 / 7476
right after you send your fax to insure we received it
and that all the information is included to fabricate your orders.
---or---
 - Standard Mail to:
NOSTRA
160 Main Road, Ste 350
Yorktown, VA 23691-9984

There must be a DD771 for each request for eyewear.

RETIREE HEARING AID PURCHASE PROGRAMS

Some military facilities support a **Retiree At-Cost Hearing Aid Purchase Program (RACHAPP)** and **Retiree Hearing Aid Purchase Program (RHAPP)**. These programs provide retired service members the opportunity to purchase hearing aids at government cost. The hearing aids are purchased directly from the manufacturer at substantial savings; often as much as 300 percent over the cost for the same hearing aids sold and fitted in the civilian community. Check with your nearest military treatment facility to see if it supports this program. The MTF may be able to purchase the hearing aid for you, and you reimburse the MTF its costs. Visit this web site for more information and a full list of participating sites.

<http://militaryaudiology.org/site/aids/>

****** This program is not a TRICARE benefit.***

Here are a few participating Bases:

- Ft Riley, KS (785) 239-7882
- Ft Leonard Wood, MO (573) 596-0048
- Lackland AFB, TX (210) 292-5421

DEFENSE ENROLLMENT ELIGIBILITY REPORTING SYSTEM **(DEERS)**

The Defense Enrollment Eligibility Reporting System (DEERS) provides a means for minimizing fraudulent use of military health care and DoD benefits by unauthorized persons, improving the control and distribution of available military health care services, and projecting and allocating costs for existing and future health care programs. Generally, it is the sponsor's responsibility to make sure that eligible family members are enrolled in DEERS through the nearest military personnel office. All military sponsors should ensure that the status of their families (marriage, divorce, new child, etc.) and residential address are current in the DEERS files, so TRICARE claims can be processed quickly and accurately.

Once enrolled, address changes can be sent by mail, fax or email to:

DEERS Support Office
Attn: COA
400 Gigling Rd.
Seaside, CA 93955-6771

Fax (831) 655-8317

Include sponsor's name and social security number, address change, names of family members affected by the change, effective date and telephone number. Questions regarding DEERS enrollment may also be directed to:

DMDC Telephone Center
1-800-538-9552 (except in California, Alaska, and Hawaii)
1-800-334-4162 (California)
1-800-527-5602 (Hawaii or Alaska)

TRICARE FOR LIFE

Medicare eligible military beneficiaries are eligible for all other TRICARE benefits. The law requires that all Medicare-eligible beneficiaries, regardless of age, must be enrolled in Medicare Part B to receive the rest of the TRICARE benefits. With enrollment in Part B, these benefits will provide the following coverage:

1. If the medical care received is a benefit of both Medicare and TRICARE, Medicare will pay the allowable amount for the care. TRICARE will pay the amount that is the Medicare cost share, as well as any Medicare deductible. Most, but not all medical services, are a benefit under both Medicare and TRICARE.
2. If the medical care received is a benefit of Medicare, but NOT a benefit of TRICARE, Medicare will pay its normal amount, and the beneficiary will be responsible only for the Medicare deductible and cost-share. An example of this type of care is certain types of chiropractic care that is covered by Medicare.

3. If the medical care received is a benefit of TRICARE, but NOT a benefit of Medicare, Medicare pays nothing. TRICARE will pay the amount it pays for the same service received by a retiree under the age of 65. In this case, the beneficiary must pay the applicable TRICARE cost-share and deductibles. An example of this type of coverage is the prescription drug benefit.

TRICARE COST/COPAY SCHEDULE FOR RETIREES AND THEIR FAMILY MEMBERS

	TRICARE Prime	TRICARE Extra	TRICARE Standard
Annual Deductible	None	\$150/individual or \$300/family	\$150/individual or \$300/family
Annual Enrollment Fee	\$230/individual \$460/family	None	None
Civilian Outpatient Visits	\$12	20% of negotiated fee	25% of <u>allowable charges</u> for covered service
Emergency Care	\$30	20% of negotiated fee	25% of <u>allowable charges</u> for covered service
Outpatient Behavioral Health Visit	\$25 (individual) \$17 (group visit)	20% of negotiated fee	25% of <u>allowable charges</u> for covered service
Civilian Inpatient Cost Share	\$11/day (minimum \$25 charge per admission); no separate co-payment for separately billed professional charges.	Lesser of \$250/day or 25% of negotiated charges plus 20% of negotiated professional fees	Lesser of \$535/day or 25% of billed charges plus 25% of <u>allowable</u> professional fees
Civilian Inpatient Skilled Nursing Facility Care	\$11/day (minimum \$25 charge per admission)	\$250 per diem cost share or 20% cost share of total charges, whichever is less, institutional services, plus 20% cost share of separately billed professional charges	25% cost share of allowable charges for institutional services, plus 25% cost share of <u>allowable</u> for separately billed professional charges.
Civilian Inpatient Behavioral Health	\$40 per day; no charge for separately billed professional charges	20% of total charge. Plus, 20% of the <u>allowable</u> charge for separately billed professional services	High Volume Hospitals - 25% hospital specific per diem, plus 25% of the <u>allowable</u> charge for separately billed professional services; Low Volume Hospitals - \$202 per day or 25% of the billed charges, whichever is lower, plus 25% of the <u>allowable</u> charge for separately billed services

WEB PAGE LINKS

TRICARE PHARMACY:

<http://www.tricare.mil/mybenefit/home/Prescriptions/PharmacyProgram>

<http://www.express-scripts.com/TRICARE/>

TRICARE DENTAL:

<http://www.ddpdelta.org>

OPHTHALMIC SUPPORT / GLASSES:

<http://www.med.navy.mil/sites/nostra/Pages/default.aspx>

DEERS:

<https://www.dmdc.osd.mil/>

TRICARE Wallet Card:

<http://www.tricare.mil/tricaresmart/product.aspx?id=568&CID=0&RID=3>

TRICARE Online Products:

<http://www.tricare.mil/TricareSmart/select-product.aspx?CID=0&RID=3>