

# Standard Health Matters

THE 2015 ANNUAL PUBLICATION ABOUT THE TRICARE® STANDARD BENEFIT

## TRICARE and the Affordable Care Act

The Affordable Care Act, also known as the health care reform law, requires most Americans to maintain basic health care coverage, called minimum essential coverage. If you do not have minimum essential coverage, you may have to pay a fee for each month you are not covered.

### TRICARE Plans That are Minimum Essential Coverage

If you use any of the following health care plans, you have the minimum essential coverage required by the health care reform law:

- TRICARE Prime
- TRICARE Prime Remote
- TRICARE Overseas Program (TOP) Prime
- TOP Prime Remote
- TRICARE Standard and TRICARE Extra
- TOP Standard
- TRICARE For Life
- TRICARE Reserve Select (if purchased)
- TRICARE Retired Reserve (if purchased)
- TRICARE Young Adult (if purchased)
- US Family Health Plan
- Transitional Plans:
  - Transitional Assistance Management Program
  - Continued Health Care Benefit Program (if purchased)

### When You Do Not Have Minimum Essential Coverage from the Department of Defense

You do not have minimum essential coverage if you are:

- Only eligible for care at military hospitals and clinics<sup>1</sup>
- Not covered by any of the plans listed above
- Choose not to purchase premium-based TRICARE coverage and are not otherwise eligible for TRICARE



Those who do not have minimum essential coverage from the Department of Defense (DoD) can find other health care coverage options through the health insurance marketplace at [www.healthcare.gov](http://www.healthcare.gov), where premium assistance or state Medicaid coverage may be available based on income, family size and state of residence. For more information, visit [www.tricare.mil/aca](http://www.tricare.mil/aca). ■

*1. Those who were solely eligible for care at military hospitals and clinics in 2014 are exempt from paying the tax penalty for tax year 2014. Beginning in tax year 2015, you will pay a fee for each month you do not have minimum essential coverage.*

### Do I Need a Tax Form to Prove I Have Minimum Essential Coverage?

For tax year 2014, an Internal Revenue Service (IRS) tax form is not required to prove to the IRS that you had minimum essential coverage during 2014. You will “self-attest” on your federal tax returns that you had minimum essential coverage in 2014. For any of the months in 2014 that you were entitled to or had purchased TRICARE coverage, you had minimum essential coverage.

Starting tax year 2015, you may have to report your minimum essential coverage differently. For questions about tax forms, visit [www.irs.gov/aca](http://www.irs.gov/aca). ■



**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.

# Understanding Emergency vs. Urgent Care

Sometimes it is difficult to know whether to seek emergency or urgent care services. Below are examples of emergency and urgent care situations to help you identify what type of care you need. ■

Emergency Care	Urgent Care
<p>TRICARE defines an emergency as a serious medical condition that the average person would consider to be a threat to life, limb, sight or safety.</p> <p>Examples of emergencies include:</p> <ul style="list-style-type: none"> <li>• No pulse</li> <li>• Severe bleeding</li> <li>• Spinal cord or back injury</li> <li>• Chest pain</li> <li>• Severe eye injury</li> <li>• Broken bone</li> <li>• Inability to breathe</li> </ul>	<p>TRICARE defines urgent care as medically necessary treatment for an illness or injury that would not result in further disability or death if not treated immediately, but that requires professional attention within 24 hours.</p> <p>Examples of urgent care include:</p> <ul style="list-style-type: none"> <li>• Minor cuts</li> <li>• Migraine headache</li> <li>• Urinary tract infection</li> <li>• Sprain</li> <li>• Earache</li> <li>• Rising fever</li> </ul>

## TRICARE Nurse Advice Line Now Available

TRICARE's Nurse Advice Line is up and running. All TRICARE beneficiaries in the United States can access the Nurse Advice Line 24 hours a day, 7 days a week by calling 1-800-TRICARE (1-800-874-2273) and selecting option 1.



The Nurse Advice Line is staffed by registered nurses who answer urgent health care questions. They give beneficiaries professional health care advice to help determine if self-care is the best option or if you or your family member should see a health care provider. Pediatric nurses are available to answer questions about your child's health and will call you back at your request if follow up is needed. For quality and safety purposes, you will be asked to have your child present for the call so the nurse can perform an accurate assessment. The nurses can help you find the closest urgent care center or emergency room or schedule same-day appointments at military hospitals or clinics if available. If you have questions about test results or need a prescription refill, contact your primary care provider.

The Nurse Advice Line is not intended for emergencies and is not a substitute for emergency treatment. If you think you may have a medical emergency, call 911 immediately. ■



## Update DEERS When You Have a Life Change

**T**he Defense Enrollment Eligibility Reporting System (DEERS) is the database for all active duty, National Guard and Reserve and retired service members worldwide, their family members and others who are eligible for military benefits, including TRICARE. The Department of Defense uses the information in your DEERS record to determine your eligibility for TRICARE benefits and programs, as well as your TRICARE region.

TRICARE eligibility shows in DEERS when your records are up to date. Keeping your DEERS information current helps ensure you can access TRICARE benefits, including doctors' appointments, medications and claims reimbursements.

Remember to update your DEERS information regularly, especially when you have life-changing events such as moving, getting married or divorced or having a child. Only sponsors (or sponsor-appointed individuals with valid power of attorney) can add family members in DEERS. When there is a change in information, each family member's DEERS record must be updated separately. Family members age 18 and older may update their own contact information. For more information, visit [www.tricare.mil/deers](http://www.tricare.mil/deers).

### Register New Spouses and Children in DEERS

It is extremely important for sponsors to register new spouses and children in DEERS to ensure TRICARE eligibility. To register a new spouse or child in DEERS, the sponsor needs to provide a copy of the marriage or birth certificate and/or adoption papers to the nearest uniformed

services identification (ID) card-issuing facility (or DEERS representative in remote locations). To find an ID card-issuing facility, visit [www.dmdc.mil/rsl](http://www.dmdc.mil/rsl). New spouses and children are also required to show two forms of ID (e.g., any combination of Social Security card, driver's license, birth certificate and/or adoption papers, current uniformed services ID card or Common Access Card).

DEERS registration must be complete before enrolling a new spouse or child in TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members. Contact your regional contractor for enrollment assistance.

### Update DEERS after a Divorce

Sponsors must update DEERS when there is a divorce. For information about documentation requirements, call your nearest uniformed services ID card-issuing facility. Visit [www.dmdc.mil/rsl](http://www.dmdc.mil/rsl) to find a facility in your area.

Former spouses who have not remarried and may be eligible for continued benefits can check with the sponsor's service to verify eligibility and what documentation is necessary.

Former spouses who are not eligible for TRICARE may not continue seeking health care services under the TRICARE benefit. If an ineligible former spouse continues to seek TRICARE coverage for health care services, the former spouse and/or the sponsor may have to reimburse TRICARE for those services. ■



# Access Your TRICARE eCorrespondence on milConnect

When you have a birthday or other change in status that may cause your benefit to change, the Defense Manpower Data Center (DMDC) lets you know. Events that could change your benefit include:

- A child aging out of TRICARE eligibility
- A sponsor or family member becoming entitled to Medicare
- A sponsor's military status changing
- A sponsor or family member having a new primary care manager

You will now get benefit notifications from DMDC by e-mail instead of postal mail. Your e-mail will direct you to milConnect at <http://milconnect.dmdc.mil>, a secure website where you can view your personal information and benefit updates. This means you will be notified quickly and have convenient access to important benefit information. You must have your e-mail address on file in milConnect to get e-mail notifications.

If you do not want to receive e-mail notifications of benefit changes, you may opt out. If you do not have an e-mail address on file or if you opt out of e-mail notifications, you will receive a postcard in the mail whenever your benefit information changes. The postcard will direct you to log on to milConnect to receive details about your benefit change.



In some cases, you will be able to view eCorrespondence through milConnect using your Department of Defense Self-Service Logon for up to six months after losing TRICARE eligibility (e.g., resulting from a sponsor's separation from active duty). ■

## Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) gives individuals the right to be informed of the privacy practices of their health plans and those of most of their health care providers, as well as to be informed of their individual rights with respect to their protected health information.

Health plans and covered health care providers are required to develop and distribute a Notice of Privacy Practices (NoPP) that provides a clear explanation of these rights and practices.

The NoPP is intended to make individuals aware of privacy issues and concerns, encourage them to exercise their rights and prompt them to have discussions with their health care plan administrators and health care providers.

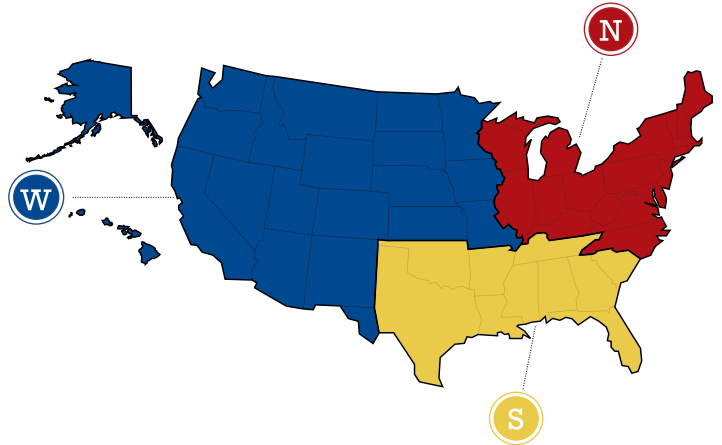
Visit [www.tricare.mil/privacy/hipaa](http://www.tricare.mil/privacy/hipaa) to view the Military Health System NoPP. For other privacy concerns, contact your regional contractor. ■

# Your TRICARE Regional Contractor—Providing Help When You Need It

Your TRICARE regional contractor is a great 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 in the South Region; and UnitedHealthcare Military & Veterans in the West Region. International SOS Government Services, Inc. administers the TRICARE Overseas Program benefit. Visit [www.tricare-overseas.com](http://www.tricare-overseas.com) for more information about the overseas benefit. Separate contractors administer TRICARE’s dental and pharmacy benefits. You can visit [www.tricare.mil/dental](http://www.tricare.mil/dental) or [www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy) for more information.

Each regional contractor maintains a website and toll-free customer service call center to assist you with your questions and concerns about issues such as prior authorizations, appeals, claims, eligibility and fraud.



Your TRICARE regional contractor can also help you locate network and non-network health care providers. Contact information is provided in the table below. ■

## TRICARE Stateside Regional Contractor Contact Information

TRICARE North Region	TRICARE South Region	TRICARE West Region
Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) <a href="http://www.hnfs.com">www.hnfs.com</a>	Humana Military, a division of Humana Government Business 1-800-444-5445 <a href="http://Humana-Military.com">Humana-Military.com</a>	UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) <a href="http://www.uhcmilitarywest.com">www.uhcmilitarywest.com</a>
Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky (excluding the Fort Campbell area), 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) and Missouri (St. Louis area)	Alabama, Arkansas, Florida, Georgia, Kentucky (Fort Campbell area only), Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee 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

## TRICARE Standard® and TRICARE Extra Costs

**T**RICARE Standard and TRICARE Extra can be used interchangeably, and the option you use determines your out-of-pocket expenses. The costs listed below are for care you receive from civilian providers. These costs are effective for fiscal year (FY) 2015 (Oct. 1, 2014–Sept. 30, 2015) and are subject to change each year on Oct. 1. You are required to meet an annual deductible per FY for outpatient services before cost-sharing begins. For more information on costs, visit [www.tricare.mil/costs](http://www.tricare.mil/costs). ■

### Active Duty Family Members<sup>1</sup>

Type of Care	TRICARE Standard (Non-Network Provider)	TRICARE Extra (Network Provider)
<b>Outpatient</b>	20% of the allowable charge	15% of the negotiated rate
<b>Inpatient</b>	\$17.80 per day (\$25 minimum charge)	\$17.80 per day (\$25 minimum charge)

*1. Costs for families of National Guard and Reserve members called or ordered to active service for more than 30 consecutive days are the same as for active duty family members.*

### Retired Service Members, Their Families and All Others

Type of Care	TRICARE Standard (Non-Network Provider)	TRICARE Extra (Network Provider)
<b>Outpatient</b>	25% of the allowable charge	20% of the negotiated rate
<b>Inpatient</b>	\$764 per day or 25% for institutional services, whichever is less, plus 25% for separately billed professional charges	\$250 per day or 25% for institutional services, whichever is less, plus 20% for separately billed professional charges

## Provider Choice under TRICARE Standard and TRICARE Extra

**A**s a TRICARE Standard and TRICARE Extra beneficiary, you can use your TRICARE benefit without having to enroll or pay enrollment fees. 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.

The key difference between TRICARE Standard and TRICARE Extra is your choice of providers. With TRICARE Standard, you see TRICARE-authorized providers outside of the TRICARE network and pay higher cost-shares. With TRICARE Extra, you see TRICARE network providers and pay lower cost-shares. A network provider signs an agreement with your regional contractor to provide care at a negotiated rate. Using TRICARE Extra saves you 5 percent on cost-shares. Additionally, network providers file claims for you.

Visit [www.tricare.mil/findaprovider](http://www.tricare.mil/findaprovider) to find network and non-network providers in your region.

### Invite Your Provider To Become TRICARE-Authorized

If your provider is not TRICARE-authorized but is interested in treating TRICARE beneficiaries, let him or her know that it is not necessary to sign a contract with your regional contractor to be a TRICARE-authorized provider. Most providers with a valid professional license (issued by a state or a qualified accreditation organization) can become TRICARE-authorized, and TRICARE will pay them for covered services.

To invite your provider to become TRICARE-authorized, visit [www.tricare.mil/findaprovider](http://www.tricare.mil/findaprovider) and download a flyer to give to your doctor. The flyer explains the benefits of being TRICARE-authorized and includes information about the authorization process. ■

# Submitting TRICARE Standard Claims

**A**s a TRICARE Standard beneficiary, you may be required to submit your own claims. If you submit your own claims, take the following steps to help avoid late or denied payments.

For care received in the United States, submit claims to the claims processor in the region where you live, not where you received care. Claims must be filed within one year from the date of service or date of inpatient discharge. For care received overseas, including in U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands), submit claims to the TRICARE Overseas Program claims processor, regardless of your home region. Overseas, claims must be filed within three years, and you must submit proof of payment. Visit [www.tricare.mil/proofofpayment](http://www.tricare.mil/proofofpayment) for more information.

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 *DD Form 2642* from the TRICARE website at [www.tricare.mil/forms](http://www.tricare.mil/forms) 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) or Department of Defense Benefits Number (DBN) (eligible former spouses should use their own SSN or DBN, 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 for which the claim is filed)
- 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, complete block 8a on *DD Form 2642*)

You may have to pay up front for services if you see a TRICARE-authorized non-network provider who chooses not to accept the TRICARE-allowable charge or file claims for you. In this case, TRICARE reimburses you for the TRICARE-allowable charge, minus any deductible and cost-shares. A deductible is the amount you pay out of pocket before TRICARE begins cost-sharing. A cost-share is the percentage of the cost of care you are responsible for paying when you visit a health care provider. You are responsible for your deductible and cost-shares under TRICARE Standard. You should be aware that nonparticipating providers in the United States may charge you up to 15 percent above the TRICARE-allowable charge for services in addition to your deductible and cost-share. You are responsible for this cost. For more information, visit [www.tricare.mil/costs](http://www.tricare.mil/costs).

All three stateside regional contractors provide lists of network and non-network providers on their websites. Remember, when you visit a TRICARE network provider, you are using your TRICARE Extra benefit, and your provider submits the claim for you. With TRICARE Extra, you will have lower out-of-pocket costs. Visit [www.tricare.mil/claims](http://www.tricare.mil/claims) for additional claims-processing information.

For overseas care, visit [www.tricare-overseas.com/contactus](http://www.tricare-overseas.com/contactus) and select the country where you received care to find the appropriate claims-filing address. Overseas, there may be no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge in addition to your deductible and cost-shares. ■

## Stateside Claims-Processing Information

TRICARE North Region	TRICARE South Region	TRICARE West Region
<p><b>Send claims to:</b>                      Health Net Federal Services, LLC                      c/o PGBA, LLC/TRICARE                      P.O. Box 870140                      Surfside Beach, SC 29587-9740</p>	<p><b>Send claims to:</b>                      TRICARE South Region                      Claims Department                      P.O. Box 7031                      Camden, SC 29021-7031</p>	<p><b>Send claims to:</b>                      TRICARE West Region                      Claims Department                      P.O. Box 7064                      Camden, SC 29021-7064</p>
<p>Check the status of your claim at <a href="http://www.myTRICARE.com">www.myTRICARE.com</a> or <a href="http://www.hnfs.com">www.hnfs.com</a>.</p>	<p>Check the status of your claim at <a href="http://www.myTRICARE.com">www.myTRICARE.com</a> or <a href="http://Humana-Military.com">Humana-Military.com</a>.</p>	<p>Check the status of your claim at <a href="http://www.uhmilitarywest.com">www.uhmilitarywest.com</a>.</p>



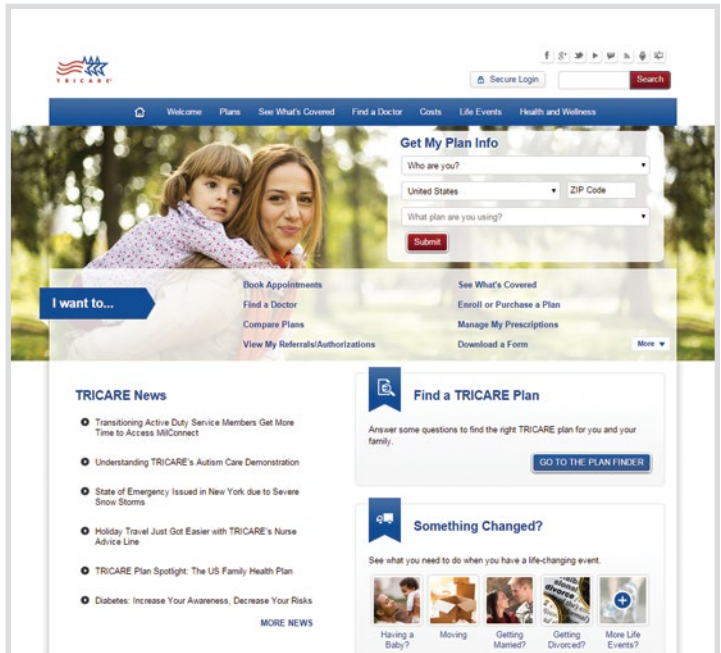
## TRICARE Website: Easier To Use

The TRICARE website, [www.tricare.mil](http://www.tricare.mil), recently unveiled a new design that gives you clear and easy access to your benefit information. You now have more ways to browse the site, which features easier navigation, a login button for quicker access to our partners' secure services and a section on the home page dedicated to life-changing events.

TRICARE is listening to you. The new design is the result of an ongoing review about what beneficiaries look for when they visit [www.tricare.mil](http://www.tricare.mil). The site uses satisfaction surveys, analytics and user feedback to highlight key information. TRICARE is also closely monitoring the most visited pages and most frequently searched terms. Some of the most popular topics that visitors look for include:

- What plan can I use?
- What's covered?
- How do I find a doctor?
- How much will I pay?

TRICARE paired these findings with an extensive review of 34 public- and private-sector health insurance plan websites, then applied the latest industry practices of website navigation, organization, content, naming convention and readability to the site.



The TRICARE website is a powerful tool to help you learn about your health care benefit and stay up-to-date on the latest changes. Visit [www.tricare.mil](http://www.tricare.mil) to see the new design and explore your TRICARE benefit. ■

## TRICARE Covers Clinical Preventive Services and Vaccinations

Preventive care can help you maintain good health through early detection and treatment of disease. TRICARE covers many preventive medical services including health screenings. As a TRICARE Standard beneficiary, you can receive covered preventive medical services for no out-of-pocket cost. Visit [www.tricare.mil/preventivecare](http://www.tricare.mil/preventivecare) for additional information. TRICARE also covers age-appropriate vaccinations, including annual flu shots, as recommended by the Centers for Disease Control and Prevention. TRICARE covers a single dose of the shingles vaccine Zostavax if you are age 60 or older and are not Medicare-eligible. For more information about covered vaccinations, visit [www.tricare.mil/vaccines](http://www.tricare.mil/vaccines). ■



## Prior Authorizations Required under TRICARE Standard

**U**nder TRICARE Standard, you can visit the TRICARE-authorized provider of your choice whenever you need routine, urgent, emergency or specialty care. Referrals are not required, but some services require prior authorization.

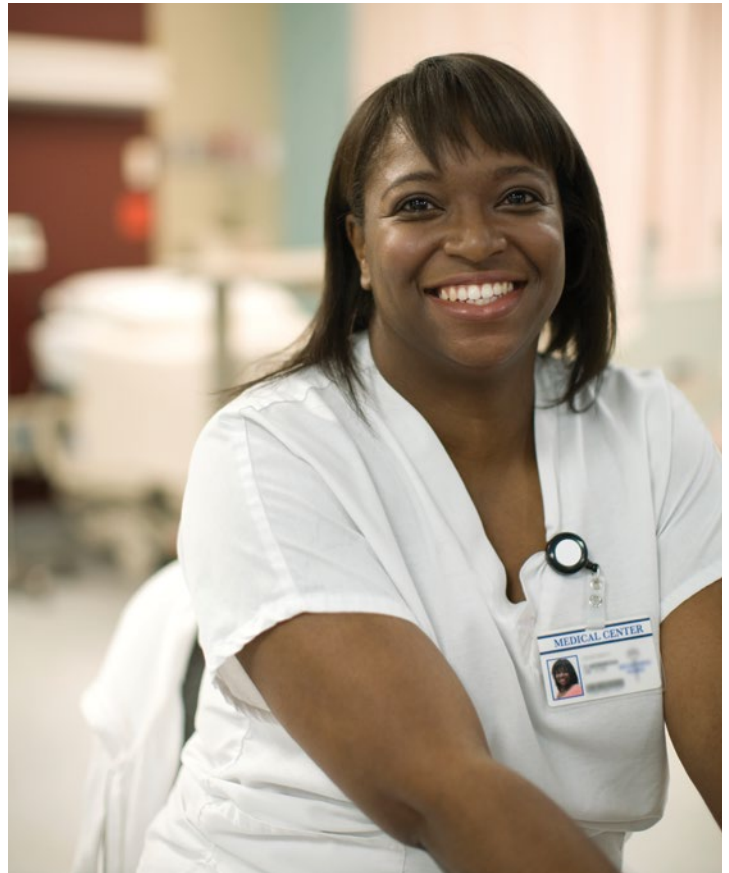
A prior authorization is a review of the requested health care service to determine if it is medically necessary at the requested level of care. Some providers may call the regional contractor to obtain prior authorization for you. If you have questions about prior authorization requirements, visit [www.tricare.mil](http://www.tricare.mil).

The following services always require prior authorization:

- Adjunctive dental services
- Extended Care Health Option services
- Home health care services
- Hospice care
- Nonemergency inpatient admissions for substance use disorders or mental health care
- Outpatient mental health care visits to an authorized provider beyond the eighth visit per fiscal year (Oct. 1–Sept. 30) for a medically diagnosed and covered condition
- Transplants—all solid organ and stem cell procedures

This list is **not** all-inclusive. Each regional contractor has additional prior authorization requirements, which may change periodically. For more information, contact your regional contractor.

Prior authorizations specify beginning and ending dates for covered care. All authorized care must be received within the specified time frame. If further care is needed, your provider must obtain a new prior authorization.



Additionally, some drugs require prior authorization from Express Scripts, Inc. (Express Scripts), which administers the TRICARE pharmacy benefit.

To determine if your prescription drugs are covered under TRICARE, and for information about prior authorization and quantity limits, call Express Scripts at 1-877-363-1303. ■

### Check Out TRICARE's Covered Services

**T**RICARE 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. It is in your best interest to take an active role in verifying coverage before you seek care.

Visit [www.tricare.mil/coveredservices](http://www.tricare.mil/coveredservices) for information about covered services and benefits. You can browse benefit information by keyword, phrase or category, and you can find links to related topics. You can also learn more about costs, provider types and other information that will help you understand your benefit and get the care you need. These pages serve as a guide to your TRICARE coverage, but they are **not** all-inclusive. ■

# Filling Prescriptions Using Your TRICARE Pharmacy Benefit

**T**RICARE offers comprehensive prescription drug coverage and several options for filling your prescriptions. To fill a prescription, you need a written or electronic prescription and a valid uniformed services identification (ID) card or Common Access Card. The TRICARE pharmacy benefit is administered by Express Scripts, Inc.

## Military Pharmacies

A pharmacy located at a military hospital or clinic is the least expensive option for filling prescriptions. At a military pharmacy, you may receive up to a 90-day supply of most medications at no cost. Most military pharmacies accept prescriptions written by both civilian and military providers, regardless of whether you are enrolled at the military hospital or clinic.

## TRICARE Pharmacy Home Delivery

TRICARE Pharmacy Home Delivery is your least expensive option when not using a military pharmacy. There is no cost for TRICARE Pharmacy Home Delivery for active duty service members. For all other beneficiaries, there is no cost to receive up to a 90-day supply of formulary generic medications. Visit [www.tricare.mil/pharmacyformulary](http://www.tricare.mil/pharmacyformulary) for more information about formulary medications.

Copayments apply for brand-name and non-formulary medications (up to a 90-day supply). Home delivery is best suited for maintenance medications (medications you take on a regular basis), but some medications are not available

for home delivery. Prescriptions are delivered to you with free standard shipping, and refills can be ordered easily online, by phone or by mail. For more information, visit [www.tricare.mil/homedelivery](http://www.tricare.mil/homedelivery).

## TRICARE Retail Network Pharmacies

Another option for filling your prescriptions is through a TRICARE retail network pharmacy. You may fill prescriptions (one copayment for each 30-day supply) when you present a prescription signed by your provider along with your uniformed services ID card to the pharmacist. TRICARE retail network pharmacies submit claims for you. You have access to a network of more than 57,000 TRICARE retail network pharmacies in the United States and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands. Currently, there are no TRICARE retail network pharmacies in American Samoa. To find the nearest TRICARE retail network pharmacy, visit [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE) or call 1-877-363-1303.

## Non-Network Pharmacies

At non-network pharmacies, you will pay full price for your medication and file a claim for reimbursement. Reimbursements are subject to deductibles, out-of-network cost-shares and TRICARE-required copayments. All deductibles must be met before any reimbursement can be made. ■

### Many Military Pharmacies Now Accept Electronic Prescriptions

Electronic prescribing is now accepted at many military pharmacies in the United States, Puerto Rico and Guam. This change allows your civilian providers to send prescriptions electronically to military pharmacies near you, reducing the need for handwritten prescriptions.

Electronic prescribing (also known as e-prescribing) from a health care provider to a pharmacy reduces medication errors and offers more convenience. At a military pharmacy, you may receive up to a 90-day supply of most medications at no cost. Most military pharmacies accept prescriptions written by both civilian and military providers. You can ask your provider to look for your local military pharmacy in the electronic prescribing database/network.

Military pharmacies are required to stock prescription drugs included in the TRICARE formulary; other medications may be stocked as well. For more information about the TRICARE formulary, visit [www.tricare.mil/pharmacyformulary](http://www.tricare.mil/pharmacyformulary). If your provider sends a prescription for a medication the pharmacy does not carry, pharmacy staff will consult with your provider to identify an alternative, including a generic version or other medically equivalent drug. You may have to get the prescription through TRICARE Pharmacy Home Delivery or at a retail pharmacy. Prescriptions for controlled substances may not be sent electronically, so you will need a handwritten prescription to get those medications. ■

## Access the TRICARE Pharmacy Program on Your Phone

**N**eed a prescription refill? You can find TRICARE Pharmacy Program and drug information on the Express Scripts, Inc. (Express Scripts) mobile app. From up-to-the-minute order status to a handy “medicine cabinet” to keep track of prescriptions, the mobile app puts your pharmacy benefit at your fingertips.

### Secure and Convenient

Using the app, you can securely:

- **Register your account**—Get started right from your mobile device.
- **Transfer to TRICARE Pharmacy Home Delivery**—Transfer eligible retail maintenance medications to TRICARE Pharmacy Home Delivery.
- **Refill, renew and track prescriptions ordered through TRICARE Pharmacy Home Delivery**—Select and schedule prescription refills and enroll eligible prescriptions in Worry-Free Fills.
- **Check order status**—Check your TRICARE Pharmacy Home Delivery order shipping information.
- **Locate a pharmacy**—Locate a nearby TRICARE retail network pharmacy using GPS technology.
- **Access drug information**—Access the DrugDigest database for drug information, uses and possible side effects.



### How to Download the App

The Express Scripts mobile app is free and available for download through the iPhone App Store or Google Play for Android devices.

To learn more about the Express Scripts mobile app and to get started, visit [www.express-scripts.com/mobileapp](http://www.express-scripts.com/mobileapp).

To learn more about TRICARE Pharmacy Home Delivery, visit [www.express-scripts.com/TRICARE/homedelivery](http://www.express-scripts.com/TRICARE/homedelivery). ■

## Report Your Other Health Insurance

**B**eneficiaries with other health insurance (OHI) must provide their OHI coverage information when receiving care. For all non-active duty service members, 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 as identified by the Defense Health Agency. OHI applies to health care services received from civilian providers and at military hospitals and clinics.

If you have other health insurance (OHI), you are required to disclose it. There are a variety of ways you can do so:

- **Online**—Fill out your regional contractor’s *TRICARE Other Health Insurance Questionnaire* at [www.tricare.mil/forms](http://www.tricare.mil/forms) or enter it via Beneficiary Web Enrollment at [www.dmdc.osd.mil/appj/bwe](http://www.dmdc.osd.mil/appj/bwe).
- **By phone**—Call your regional contractor.
- **In person**—Visit your military hospital or clinic or a uniformed services identification card-issuing facility.

Follow your OHI’s rules for filing claims and file your claims with your OHI first. If there is an amount your OHI does not cover, you or your provider can file the claim with TRICARE for reimbursement. It is important to meet your OHI’s requirements. If your OHI denies a claim for failure to follow its rules, such as obtaining care without prior authorization or using a non-network provider, TRICARE may also deny your claim. For more information about using your TRICARE benefit when you have OHI, visit [www.tricare.mil/ohi](http://www.tricare.mil/ohi).

**Note:** TRICARE is the primary payer for active duty service members. ■

TRICARE

# Standard Health Matters

## TRICARE

### An Excellent Value

- Generous coverage
- Superior health care
- Decisions are health driven, not insurance driven
- High satisfaction with care
- Low out-of-pocket costs
- Easy access



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## TRICARE Benefit Updates

**T**RICARE is committed to providing you with high-quality, affordable health care choices. TRICARE honors this commitment by offering valuable new benefits and keeping you informed about changes to your coverage. Recent benefit updates are listed below. For more information, visit [www.tricare.mil](http://www.tricare.mil).

### Comprehensive Autism Care Demonstration

The Comprehensive Autism Care Demonstration combines all TRICARE-covered Applied Behavior Analysis (ABA) services under one demonstration. The demonstration provides reimbursement for ABA to TRICARE-eligible beneficiaries diagnosed with autism spectrum disorder. For more information, visit [www.tricare.mil/autism](http://www.tricare.mil/autism).

### Laboratory Developed Tests Demonstration Project

A new demonstration enables TRICARE to cover certain laboratory-developed tests (LDTs) that have not yet been approved by the U.S. Food and Drug Administration (FDA). The demonstration will cover LDTs that meet TRICARE requirements for safety and effectiveness. TRICARE will cost-share on medical care and treatment associated with LDTs approved under the demonstration. Visit [www.tricare.mil/ldt](http://www.tricare.mil/ldt) for more information. ■