



Some preventive care now has cost shares waived, including certain cancer screenings and immunizations.



TRICARE Standard Adds Savings

By Tom Graves

Preventive care under TRICARE Standard just got more affordable.

Clinical services including screening for common forms of cancer as well as immunizations and well-child visits for children under 6 now have cost shares waived.

The cost shares, which vary from region to region, frequently amounted to 20 percent of an office visit cost. Those costs are now voided under TRICARE Standard.

While active duty service members – including Guard members and reservists – enroll in TRICARE Prime, dependants, non-active service members and veterans who are not yet eligible for Medicare can enroll in TRICARE Standard.

“Early disease detection and chronic condition management programs result in the prevention of long-term health conditions and add savings for beneficiaries and the government in the long term,” said Navy Rear Admiral Christine S. Hunter, deputy director of the TRICARE Management Activity. “It is a great new benefit under TRICARE Standard.”

For beneficiaries over age 6, the cost share is waived when a visit to a health care provider includes approved preventive care. But other services provided at the same visit are subject to cost

shares and deductibles. Approved cancer screenings include those for colorectal, breast, cervical and prostate cancer.

“This is a permanent benefit change, and we expect long-term savings in health care costs thanks to early detection of cancers and the illnesses avoided by immunizations,” said Austin Camacho, chief of public affairs, TRICARE Management Activity. “However, the much more important outcome of this change is expected to be healthier beneficiaries.”

TRICARE Standard or Extra beneficiaries who are not eligible for Medicare now have their cost share waived for approved services whether or not they have met the annual deductible.

Beneficiaries can request reimbursement for services received after Oct. 14, 2008 and before policy implementation on Sept. 1, 2009.

Congress approved the cost share waivers in Section 701 of the National Defense Authorization Act of 2009.

“Although TRICARE Standard beneficiaries have a lower priority for access to care in (Military Treatment Facilities) than TRICARE Prime enrollees, Standard beneficiaries may attempt to receive their care from an MTF,” a TRICARE policy report states. “This will save them time and paperwork. Beneficiaries will save money by seeking care from a TRICARE Network provider.”

Under TRICARE Standard, family members of active duty service members pay an annual deductible of \$150 per individual or \$300 per family, or \$50 per individual and \$100 per family for E-4 and below. Family members do not need to meet the deductible requirement to have applicable preventive cost shares waived. Cost shares for other services are 20 percent of allowable charges.

Members of the National Guard and Reserve and their family members are eligible for different TRICARE benefits depending on their status whether on active duty or deactivated.

Active duty service members, including activated reservists and National Guard members, are eligible for TRICARE Prime but must still re-enroll and keep their information up to date through the Defense Enrollment Eligibility Reporting System website.

“Members of the Individual Ready Reserve (IRR) may purchase

TRICARE Reserve Select

Service members in the Selected Reserve may qualify for and purchase TRICARE Reserve Select coverage, a voluntary, premium-based health care plan.

- TRICARE Reserve Select is only available when you are not eligible for any other non-premium-based TRICARE health coverage (such as when serving on active duty or if covered under the Transitional Assistance Management Program.)
- Family members are also eligible for TRICARE Reserve Select.
- If you are eligible for Federal Employees Health Benefits program or currently covered under the FEHB, either under your own eligibility or through a family member, you are excluded from purchasing the plan.

Source: www.tricare.mil/mybenefit

the TRICARE Dental Program, but usually do not qualify for any other health benefits when not on active duty orders or immediately following a period of activation," stated a report on the TRICARE Web site at www.tricare.mil.

Service members in the Selected Reserve and their family members may qualify for TRICARE Reserve Select, a voluntary premium-based health care plan.


TRICARE Reserve Select is only available for service members who are not eligible for any other non-premium-based TRICARE health coverage, such as while serving on active duty or while covered under the Transitional Assistance Management Program. TAMP provides 180 days of premium-free TRICARE coverage when deactivated, according to the TRICARE website.

For TRICARE beneficiaries, keeping Defense Enrollment Eligibility Reporting System (DEERS) records up-to-date assures uninterrupted access to TRICARE health care. DEERS is the worldwide computer database of uniformed services members (sponsors), their family members and others eligible for military benefits, including TRICARE.

Mistakes or outdated information in DEERS can cause problems with a TRICARE beneficiary's claims. For example, retail network pharmacies check TRICARE eligibility through DEERS, and prescriptions are filled only for beneficiaries listed in DEERS as eligible. Outdated addresses can also mean important direct mail is misdirected.

Along with changes of address, other life events that can affect DEERS records include additions to the family, either through births or adoptions; changes in a sponsor's status such as retirement; marriage or divorce; becoming entitled to Medicare; or the death of a sponsor or family member.

Sponsors are automatically registered in DEERS, but it is critical they register their eligible family members as well. To register family members in DEERS and receive an ID card, the family member and sponsor must bring documentation, such as a marriage or birth certificate, to a military ID card issuing facility. Locate ID card offices by ZIP code, city or state using the ID card office locator at www.dmdc.osd.mil/rsl.

Sponsors should call the ID card office first to confirm what documentation is needed and the hours of operation. 

PREVENTIVE HEALTH REIMBURSED

For applicable services rendered after Oct. 14, 2008, requests for cost share reimbursement submitted in writing to the regional claims processor should include the sponsor's social security number, full names and dates of birth of all dependants and current mailing address.

For written requests, write to:

North Region

Health Net Federal Services, Inc.
c/o PGBA, LLC/TRICARE Claims Correspondence
PO Box 870141
Surfside Beach, SC 29587-9741

South Region

Humana Military Healthcare Services, Inc.
P.O. Box 740062
Louisville, KY 40201-7462

West Region

West Region Customer Service
P.O. Box 77029
Madison, WI 53707-7029

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