

TRICARE

for **Soldiers**

A Guide to the Military Health System for Soldiers and Their Families



TRICARE

Active Duty

Family Members

Active Duty Remote

Active Guard and Reserve

Retirees

Pharmacy

Get Help



Association of the United States Army

TRICARE for Soldiers

A Guide to the Military Health System for Soldiers and Their Families

The Association of the United States Army presents this guide to the Military Health System for the convenience and use of soldiers and their families everywhere.

The purpose of the guide is to provide basic information about TRICARE, and to point its users to the myriad sources of information that can help them find the best solutions to their unique health care requirements.

The National Defense Authorization Act of 2001, which became law on October 30, 2000, wrought sweeping changes to the military health care system. Since its enactment, the TRICARE Management Activity of the Department of Defense and the Surgeons General of the armed services have cooperated in extraordinary and effective fashion to make sure that the system works as intended, on time and with great care. Besides top-quality health care, they have created a robust customer assistance and information system to provide enhanced communication to beneficiaries.

AUSA gratefully acknowledges the assistance and cooperation of the Office of the Surgeon General, United States Army, and the Army Medical Command in preparation of this guide. They provide health care beyond the call of duty for soldiers and their families worldwide. Also, the information available from the TRICARE Management Activity of the Department of Defense was an invaluable resource.

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Background for Action

Provisions for health care for military families date back to 1884. The Army Appropriations Act of that year authorized family care “when-ever practicable” and free of charge. Over the decades, from the end of World War II until the year 2000, provision of health care for service families and retirees and survivors fluctuated. “Whenever practicable” became “space available,” and often space was not available. As the Army reduced in size in the late 20th century, its capabilities for providing health care to other than active duty soldiers also declined. In 1988, the Army operated 49 military treatment facilities (MTFs) worldwide. By 2001, the number declined to 28 MTFs. After enactment of Medicare in 1965, Congress in 1966 created the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), and modified it from time to time in succeeding decades.

With the legislative changes and drawdown of military health care capabilities late in the 20th century, large numbers of persons who should have benefited from the military health system were left out.

The Association of the United States Army and other organizations campaigned vigorously on behalf of all beneficiaries. AUSA supported the need for accessible, efficient, and quality health care for all soldiers, retirees, and families. AUSA wanted the reality of military health care to match the promises made over many decades.

The campaign succeeded with enactment of The National Defense Authorization Act of 2001.

National Defense Authorization Act of 2001 (NDAA 2001)

The NDAA 2001 became law on October 30, 2000. It created the most important changes to military health care since the CHAMPUS program began 34 years earlier.

The law contains dozens of changes in military health care. A few of the key features include:

- Medal of Honor recipients, their spouses, and eligible family members receive the same benefits as if they had retired from service.
- Eligibility of survivors of deceased active duty members was extended from one year to three years at active duty rates.
- Co-payments and enrollment fees for TRICARE Prime active duty family members were eliminated.
- Benefits for family members in remote areas were authorized.
- School-required physicals for children ages 5 through 11 were covered.
- Annual catastrophic cap (upper limit) on medical bills was reduced from \$7,500 to \$3,000 for retirees not enrolled in TRICARE Prime.
- TRICARE Senior Pharmacy program became effective April 1, 2001.
- TRICARE For Life became effective October 1, 2001.

For additional information on the NDAA 2001, visit its page on the TRICARE Web site at www.TRICARE.osd.mil/ndaa.

TRICARE, the Military Health System

With TRICARE, the Defense Department provides worldwide health care for active duty service members and their families, retired military and their families, survivors, and certain unremarried former spouses. More than 8.3 million persons are eligible beneficiaries of the military health system.

TRICARE is a blend of the military's direct care system and civilian providers. The foundation of the system is provided by 80 military hospitals and medical centers plus 513 clinics staffed by more than 160,000 men and women. About half of the staff are civilian employees. An extensive network of civilian providers, pharmacies, and nearly 2,000 hospitals reinforces them. The TRICARE regions in the continental United States (CONUS) and three regions overseas are identified on the map on page 12. A commercial Managed Care Support Contractor and a military Lead Agent serve each CONUS region.

TRICARE Options

Service families may choose among three options: TRICARE Standard, TRICARE Extra, and TRICARE Prime. TRICARE Extra is not an option overseas.

TRICARE Standard

TRICARE Standard is the former CHAMPUS program. No enrollment is required. Participants

in TRICARE Standard have the most freedom to choose their providers, but their costs are normally higher than with TRICARE Prime or TRICARE Extra. Beneficiaries must meet annual outpatient deductible requirements.

If the chosen provider is an authorized TRICARE provider (or participates in TRICARE), he or she will accept the TRICARE maximum allowable charge as the full fee for the care provided. Non-participating providers may charge no more than 15 percent above the TRICARE maximum allowable charge for their services.

TRICARE Extra

No enrollment or annual fee is required for TRICARE Extra. It operates the same as TRICARE Standard, with this difference: beneficiaries can seek care from providers participating in the TRICARE Extra network, receiving a discount on services and paying reduced cost-shares. Beneficiaries must meet annual outpatient deductible requirements.



Glossary

This is an abbreviated glossary of selected TRICARE terms. The TRICARE Standard handbook contains a comprehensive glossary.

Allowable charge. The level of payment to physicians and other providers based upon a TRICARE-approved method. The TRICARE Maximum Allowable Charge (TMAC) is the amount on which TRICARE figures the beneficiary's cost share for a covered service.

Co-payment. A fixed amount you'll pay when you're enrolled in TRICARE Prime and you visit a civilian network doctor for some type of medical care. Also fixed amounts paid under some options of the TRICARE pharmacy program.

Cost-share. The percentage you pay of the allowable charge under TRICARE Standard or Extra. Depends upon sponsor's status (active or retired).

Network. A grouping of contracted providers and facilities linked through the prime contractor as part of the total contracted delivery system.

To locate a provider who is part of the TRICARE Extra network, call the regional TRICARE contractor's toll-free number (from map on page 12), contact one of the TRICARE service centers in your region, or check the contractor's Web site.

TRICARE Prime

Active duty soldiers are automatically enrolled in TRICARE Prime. For active duty families and all other eligible beneficiaries, TRICARE Prime is a voluntary enrollment program. TRICARE Prime authorizes additional preventive and primary care services, such as clinical screenings, at no charge. (TRICARE Prime is not available overseas to retirees and their families.)

TRICARE Prime participants are assigned a Primary Care Manager (PCM), either at a military treatment facility or in the TRICARE Prime provider network.

Participants in TRICARE Prime have a Point of Service (POS) option, being able to choose to

receive non-emergency care from an authorized civilian provider without a referral from their Primary Care Manager. However, additional costs are involved.

Active duty families pay no annual enrollment fee or co-payments. Other beneficiaries pay an enrollment fee and co-payments.

Defense health care leaders have established access standards for TRICARE Prime enrollee appointments. The standards are straightforward: providers must see patients within one day or less for urgent care, one week for routine care, and one month for specialty or wellness care.

Standards also require that travel time to the primary care provider's office take less than 30 minutes and that the wait in a provider's office be 30 minutes or less. TRICARE's access standard for travel time to a specialty care provider's office is 60 minutes.

Emergency services are available 24 hours a day, seven days a week.

Provider. A doctor, hospital, or other person or place that delivers medical services and/or supplies.

Authorized provider. A doctor or other individual, hospital or supplier who has applied to, and been approved by TRICARE to provide medical care and supplies. If a provider is not "authorized," TRICARE cannot help pay the bills. (Exception: under TRICARE For Life, if a provider is Medicare certified, the provider does not need to be TRICARE authorized for services that both TRICARE and Medicare cover.)

Network provider. A group of civilian practitioners organized by a TRICARE contractor to supplement military direct care in TRICARE Prime or Extra.

Participating provider. An authorized provider who agrees to accept the TRICARE allowable charge as the full fee for your care (also called "accepting assignment"). They also file claim forms. Doctors may participate on a case-by-case basis.

Region. A geographic area determined by the government for civilian contracting of medical care and other services for TRICARE-eligible beneficiaries.

TRICARE Eligibility

Major categories of persons eligible for TRICARE benefits include:

- Active duty service members.
- Spouses and unmarried children* of active duty service members.
- Uniformed services retirees, spouses, and unmarried children*.
- Unremarried spouses and unmarried children* of active duty or retired service members who have died.
- Spouses and unmarried children* of reservists who are ordered to active duty for more than 30 consecutive days.
- Medal of Honor recipients, their spouses and unmarried children*, and survivors.

* *Unmarried children qualify up to age 21 (to age 23 if a full-time student).*

Additional definitions of persons eligible for TRICARE may be found at the TRICARE Web site, www.tricare.osd.mil.

DEERS

The acronym DEERS stands for the Defense Enrollment Eligibility Reporting System. It is vital to keep the information in your DEERS records current.

You have several options to keep your DEERS information current. For address changes only:

- Visit a local military personnel office with an ID card facility.
- Call the Defense Manpower Data Center Support Office (DSO) at **1-800-538-9552**.
- Send a fax to the DSO, Attention COA, at **1-831-655-8317**.

- Send an e-mail to addrinfo@osd.pentagon.mil.
- Write to DSO, Attention COA, 400 Gigling Road, Seaside, CA 93955-6771.
- Online, go to www.tricare.osd.mil/DEERSAddress.

To update information other than change of address, convey the appropriate documentation to a military personnel office or send it via mail or fax to the DSO numbers and address given above.

TRICARE Prime Remote

Active duty soldiers in remote locations of the United States became covered under TRICARE Prime Remote beginning in October 1999. TRICARE Prime Remote provides a specialized version of TRICARE Prime to soldiers on duty in areas not served by the traditional military health care system. Locations qualifying for Prime Remote status are more than 50 miles or one hour's drive (whichever is greater) from a military medical treatment facility.

The National Defense Authorization Act of 2001 authorizes coverage to family members residing with active duty soldiers serving in remote locations. The program is called TRICARE Prime Remote for Active Duty Family Members, or TPRADFM. Qualified family members can find TRICARE providers in their location by calling the TRICARE Service Center in their region. (See map on page 12.)



Until the program is implemented in April 2002, the National Defense Authorization Act of 2001 established a “waived charges” benefit for active duty family members residing with their eligible sponsor. The benefit is retroactive to October 30, 2000. Qualified members will be reimbursed for TRICARE-covered benefits received from that date until TRICARE Prime Remote for Active Duty Family Members is in place.

Current information about TRICARE Prime Remote for Active Duty Family Members can be found at this Web site:
www.tricare.osd.mil/remote.

Soldiers and Families Overseas

Active duty families living overseas have two options for health care under TRICARE. They may choose TRICARE Prime or TRICARE Standard. If using TRICARE Prime, sponsors must enroll their families.

TRICARE Prime enrollees have access to military treatment facilities and networks of local civilian providers. They are assigned a Primary Care Manager who watches over routine care and makes referrals to specialized care.

For assistance and information, TRICARE Prime beneficiaries overseas can find the appropriate telephone numbers at **www.tricare.osd.mil/tricare/phonenumbers.html**.

Families overseas who choose TRICARE Standard find that benefits and procedures are the same as in the United States. Health Benefits Advisers at military medical facilities can provide information and assistance.

TRICARE Benefits for Families of Active Reservists and National Guard Members

Families of activated Reservists and National Guard members become eligible for benefits under TRICARE Standard or TRICARE Extra on the first day of the military sponsor's active duty. The activation must be for a period of 30 days or more, or for an indefinite period.

When Reservists and National Guard members are called to active duty for 179 days or more, their families may enroll in TRICARE Prime if they live in an area where it is available. If the sponsors are activated for an indefinite period, the family members may not enroll in TRICARE Prime until the 179th day of active duty. Before that day, the families are eligible for the TRICARE Standard and Extra options.

Members of the Army Reserve and Army National Guard, and their family members are eligible for the TRICARE Dental Program. The minimum enrollment period is 12 months. Members of the Reserve and National Guard who are called to active duty for more than 30 days but less than 12 months in support of certain contingency operations can enroll their family members in the TRICARE Dental Program without the 12-month commitment.

Activated Reservists and National Guard members should make sure that information about them and their families in the DEERS database is current.

Up-to-date information and answers to common questions can be found at this Web site: **www.armymedicine.army.mil/armymed**. Click on the button “Healthcare and TRICARE.”

TRICARE For Life

The National Defense Authorization Act of 2001 created TRICARE For Life (TFL). The program went into effect on October 1, 2001. Under TFL, eligible beneficiaries with Medicare Part B are covered by all TRICARE benefits, including pharmacy benefits, which began on April 1, 2001.

About 1.5 million persons are entitled to coverage under TRICARE For Life. They include:

- Medicare-eligible beneficiaries, including Guardsmen and Reservists drawing retired pay.
- Medicare-eligible family members and widows/widowers.
- Certain former spouses if they were eligible for TRICARE before attaining age 65.
- Medal of Honor recipients and their eligible family members and survivors.

Under the TRICARE For Life program, TRICARE becomes the second payer to Medicare for all covered benefits received from civilian sources. This means that TRICARE will pay most of the costs not covered by Medicare, thus eliminating many co-payments and deductibles.

Many individuals have other health insurance (OHI). Examples include employer-sponsored insurance, "Medigap" policies, and other supplemental health insurance. For those persons, Medicare will pay first, the other health insurance (OHI) will pay second, and TRICARE For Life will pay third.

Persons with other health insurance should evaluate their own situations to decide the coverage that best suits their needs.

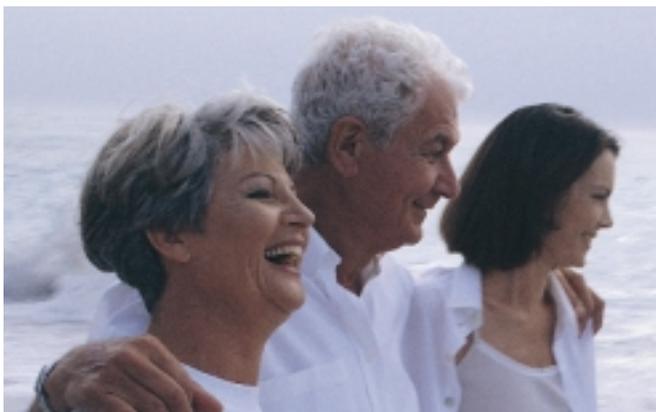
Qualifications

To participate in TRICARE For Life, Medicare-eligible beneficiaries must make sure that all the necessary qualifications have been met.

Each beneficiary must be entitled to Medicare Part A and enrolled in Medicare Part B. Persons not already covered by Medicare Part B may enroll during the annual General Enrollment Period between January 1 and March 31. In those cases, Part B coverage begins on July 1 of the same year. A person over 65 who did not enroll in Medicare Part B when first eligible (except those still working and covered under an employer's health plan) must pay a late-enrollment penalty of 10 percent a year.

For more information about Medicare Part B call **1-800-633-4227 (1-800-MEDICARE)** and speak to a Medicare Customer Representative, or go to the Medicare Web site at **www.medicare.gov**.

Each beneficiary needs to have a valid military identification (ID) card. Persons without an ID card may obtain one from their local military ID card issuing office. To determine the three closest personnel offices or ID card issuers, call **1-888-DOD-LIFE (1-888-363-5433)** or check the Web site at **www.dmdc.osd.mil/rsl**.



Current accurate registration in the Defense Enrollment Eligibility Reporting System (DEERS) is also required. Several options are available for you to keep your DEERS information current. The DEERS change guidelines appear on page 4.

For information on who pays what under TRICARE For Life, see the extensive cost matrix at www.tricare.osd.mil/tfl.

TRICARE For Life also provides coverage overseas. Because Medicare does not provide

benefits overseas, TRICARE standard becomes the primary payer, providing the same level of coverage afforded TRICARE-eligible retirees under age 65. TRICARE Standard requires an annual deductible and a 25 percent cost share.

For answers to your questions, call toll-free to **1-888-DOD-LIFE (1-888-363-5433)** or visit the TRICARE For Life page at www.tricare.osd.mil/tfl, or send e-mail to TRICARE_help@amedd.army.mil.

TRICARE Plus

The TRICARE Plus program is a voluntary Military Treatment Facility (MTF) primary care enrollment program that will allow some eligible beneficiaries to enroll with a primary care provider if MTF capacity is available. TRICARE Plus is open to persons who are eligible for care in MTFs and not enrolled in TRICARE Prime, civilian health maintenance organizations (HMO) or Medicare HMOs.

Priority for enrollment will be given to participants in TRICARE Senior Prime and those who have a current primary care relationship with the MTF.

TRICARE Plus includes designation of a primary care provider and use of referral procedures for specialty care in the MTF when available, or in the civilian sector. Medicare and TRICARE rules will apply to payment of claims.

If specialty care is not available in an overseas MTF, TRICARE Standard rules apply.

Continued enrollment in TRICARE Plus is not guaranteed, because it is based on capacity at MTFs, which may fluctuate. For detailed information about TRICARE Plus, visit its Web site at www.tricare.osd.mil/Plus.

To learn if your local military treatment facility is participating in the TRICARE Plus program, check this TRICARE Web site: www.tricare.osd.mil/Plus/poc.html. It contains a current list of points of contact at military treatment facilities. Or call the TRICARE information center at **1-888-DOD-LIFE (1-888-363-5433)**.

The TRICARE Dental Program

Dental benefits to service members improved in February 2001 with the beginning of the TRICARE Dental Program, or TDP. It combines the former TRICARE Family Member Dental Plan and the TRICARE Selected Reserve Dental Program. The TRICARE Management Activity estimates that the TRICARE Dental Program will provide dental care to more than 3 million persons worldwide.

Persons eligible to enroll in the TRICARE Dental Program include:

- Family members of all active duty uniformed service members, and
- Selected Reserve and Individual Ready Reserve (IRR) and their families.

Sponsors must have at least 12 months of their service commitment remaining at the time of enrollment.

Active Guard/Reserve members and reservists who are ordered to active duty for a period of more than 30 consecutive days enjoy the same benefits as active duty members.

Persons not eligible for the TDP are former spouses, parents, parents-in-law, disabled veterans, and uniformed service retirees and their families.

For inquiries about the TRICARE Dental Program call the contractor, United Concordia

Companies, Inc. (UCCI) at **1-800-866-8499**, 24 hours a day weekdays in the United States. The UCCI Web site is at **www.ucci.com/tdp/tdp.html**.

E-mail inquiries may be directed to **conus@ucci.com**. For OCONUS inquiries, call **1-888-418-0466** toll-free, or send e-mail to **conus@ucci.com**.

The TRICARE Retiree Dental Program

Since 1998, military retirees have been able to elect coverage under the TRICARE Retiree Dental Plan. Eligible persons include retirees, their family members, and unremarried surviving spouses of deceased military retirees. No age limits are imposed.

Delta Dental is the contractor for this program. For answers to TRICARE retiree dental questions, call Delta Dental at **1-888-838-8737** or visit its Web site at **www.ddpdelta.org**.

Pharmacy Benefits

Broad changes to the TRICARE pharmacy co-pay structure became effective on April 1, 2001. The new structure is based on a prescription drug's generic or non-generic status and the place of service rather than beneficiary category.

The TRICARE Senior Pharmacy Program was implemented on April 1, 2001 for uniformed services beneficiaries 65 years and older.

More information about the pharmacy program can be found on the TRICARE Web site at this page: **www.tricare.osd.mil/pharmacy/newsenior.htm**, or by calling toll-free to **1-877-DOD-MEDS (1-877-363-6337)**.

Obtain more information on the National Mail Order Pharmacy program from Merck-Medco Rx Services at the toll-free number **1-800-903-4680** or its Web site at **www.merck-medco.com**.

Other Useful Information

Debt Collection Assistance Officer Program

In July 2000, the position of Debt Collection Assistance Officer (DCAO) was established at all military treatment facilities and Lead Agent Offices worldwide, to help soldiers and their families understand and obtain assistance with debt collection problems relating to medical or dental bills. The DCAO helps individuals through the debt collection process by researching the situation and providing them with documentation for use with the collection or credit-reporting agency.

Information on the program and a guide to locating the DCAO nearest you can be obtained at the TRICARE Web site at: www.tricare.osd.mil/dcao.

Claims

The TRICARE system processes 33.2 million claims annually. TRICARE imposed rigorous claims processing standards in 1999. The new standards required that 95 percent of properly filed claims be processed within 30 days. By December 2000, less than 1,000 claims were older than 60 days.

For information on claims forms and where to file them, visit this Web site: www.tricare.osd.mil/claims.

Get Help from the System

Dedicated health care professionals within the Department of Defense and the uniformed services, in concert with TRICARE regional contractors, are improving the system to reach the goals long sought by AUSA. The system is set up and operated to help soldiers and their families everywhere.

Every family's situation is unique. No guide can provide all the answers. However, as a ben-

eficiary of the TRICARE system, you can develop the information to help the system assist you. Make the system work for you. Identify phone numbers and Web addresses suitable for you.

Many people are using the TRICARE Management Activity Web site (www.tricare.osd.mil), which receives 7.2 million hits per month. The range of materials on the site encompasses a wide range of health care topics. The materials are updated continuously.

To obtain assistance via e-mail, write to the TRICARE Management Activity at QUESTIONS@tma.osd.mil. The Army's TRICARE E-Mail Help Service, described on page 10, is an efficient source of answers.

The Army Medical Department operates an e-mail service to keep its subscribers informed and up to date on health issues. To subscribe to this mailing list, send a message to this address: Health-on@pasba2.amedd.army.mil. The subject area and body may be left blank.

Call your local TRICARE Service Center. To find that number, consult the map on page 12.

Beneficiary Counseling and Assistance Coordinators (BCAC)

BCACs provide individual assistance to persons with TRICARE problems or concerns. You can locate a BCAC by calling your local military treatment facility or the Lead Agent office in each region.

A current listing of BCACs is also on the TRICARE Web site at www.tricare.osd.mil. At the TRICARE home page, select the pull-down menu for "Browse by Topic." Then select the BCAC Directory and browse within the document to find the name and telephone number of the BCAC nearest you.

Do you have a TRICARE question?

Ask the experts at the TRICARE E-Mail Help Service. The United States Army Medical Command and the Office of the Army Surgeon General created the activity as an information and action resource. The e-mail address is TRICARE_help@amedd.army.mil.

What is TRICARE E-Mail Help?

TRICARE E-Mail Help is the Army's free service designed to get you quick answers to any TRICARE question. Whether you are looking for basic TRICARE information or have a more difficult issue involving TRICARE, there is one address where people are standing by to assist you. It is TRICARE_help@amedd.army.mil

Who will answer my mail?

You will receive an initial response from the professional TRICARE administrative staff within one business day. This initial response will let you know which TRICARE expert has been assigned to help answer your question. The TRICARE experts work at Army hospitals, the TRICARE Management Agency, at corporate headquarters (United States Army Medical Command/Office of the Army Surgeon General), and for the Assistant Secretary of Defense for Health Affairs.

If it has to do with TRICARE, trained people are ready to answer your question. No matter what part of TRICARE your e-mail pertains to, your personal information will be kept confidential.

When will I receive a reply?

Once your inquiry reaches one of the TRICARE E-Mail Help experts, you will

receive an answer fast. In some cases, the expert can resolve your issue the same day. With more difficult issues, you can expect at least a preliminary response in a week.

Where can I use the help address?

The e-mail address can be reached from any computer that is connected to the Internet. It is perfectly acceptable to e-mail the help address from your Department of Defense computer at work.

How does the system work?

The TRICARE E-Mail Help system uses the speed and efficiency of the Internet to send your inquiry directly to its staff center. Once it arrives there, the professional administrative staff consults their list of TRICARE experts and forwards your mail to the expert who is responsible for your concern. Each and every piece of mail is tracked to make sure that all mail is answered quickly and professionally. The experts respond directly to you. If you have additional questions or need more help, they are only a click away. Each inquiry and response is filed so that you can always write again and ask for more help on the same issue.

Source: United States Army Medical Command and Office of the Army Surgeon General

TRICARE_help@amedd.army.mil

My Essential Health Care Information

AUSA suggests that you compile these elements of essential information for your records and for your handy reference.

Phone _____
Your Military Sponsor's Social Security Number

Phone _____
Health Care Finder's Name

Phone _____
Health Benefits Adviser's Name

Phone _____
Beneficiary Counseling & Assistance Coordinator's Name

Phone _____
Primary Care Manager's Name

Military Medical Facility _____

Appointments/ Phone _____ Emergencies/ Phone _____

Phone _____
Military Medical Facility Beneficiary Advocate Name

TRICARE Contractor's Name _____

Address _____

Toll-free phone _____

Health Care Finder _____

Claims Processor and Toll-free Phone _____

Nurse Advice Line _____

Primary/Supplemental Insurance Company _____ Policy Number _____

Address _____

Phone _____

Phone _____
Debt Collection Assistance Officer

Emergency Number _____

Ambulance Number _____

Poison Control Number _____

TRICARE HEALTH SERVICE REGIONS



NOTE: For the TRICARE For Life program ONLY, regional boundaries are adjusted so that regions are based wholly on state lines. Reason: Medicare claims processing jurisdiction is based on place of service; that is, state boundaries instead of TRICARE Region boundaries, which may split states.

Essential TRICARE Information Sources

TRICARE Web site: www.tricare.osd.mil

TRICARE telephone number:
1-888-DoD-CARE (1-888-363-2273)
or 1-877-363-6337

E-mail: TRICARE_help@amedd.army.mil.

TRICARE Beneficiary Counseling & Assistance Coordinator (BCAC):
www.tricare.osd.mil/tricare/beneficiary/bcac_dir.doc.

TRICARE Service Center (TSC):
Find your region's toll-free number on the map above.

TRICARE Claims Online: www.tricare.com

TRICARE Prime Remote (TPR):

Active duty members call 1-888-MHS-MMSO (1-888-647-6676) or <http://navymedicine.med.navy.mil/mmso>. Family members call TRICARE Prime Remote at 1-888-DoD-CARE (1-888-363-2273).

TRICARE For Life:
www.tricare.osd.mil/tfl/ or 1-888-363-5433.

TRICARE Pharmacy:
www.tricare.osd.mil/pharmacy
or 1-877-363-6337.

TRICARE for Speech/Hearing Impaired:
TTY/TDD 1-877-535-6778

Army Medicine — providing health care beyond the call of duty

Appreciation

AUSA appreciates the role of the TRICARE Managed Care Support Contractors in providing top-quality health care to soldiers and their families.

Health Net Federal Services

Serving Regions 6, 9, 10, 11, Pacific
<http://www.healthnetfederalservices.com>

Humana Military Healthcare Services

Serving Regions 2, 3, 4, and 5
<http://www.humana-military.com/>

Sierra Military Health Services

Serving Region 1
<http://www.sierramilitary.com>

TriWest Healthcare Alliance, Inc.

Serving Regions 7/8
<http://www.triwest.com>

TRICARE for Soldiers



TRICARE for Soldiers A Guide to the Military Health System for Soldiers and Their Families

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Call AUSA toll-free at 1-800-336-4570

