TRICARE
For Life Handbook
## Important Information

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<th><a href="http://www.tricare.mil">www.tricare.mil</a></th>
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<td>1-866-DoD-TMOP (1-866-363-8667)</td>
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<td>TRICARE Retail Pharmacy:</td>
<td>1-866-DoD-TRRX (1-866-363-8779)</td>
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<td>Medicare:</td>
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### An Important Note About TRICARE Program Changes

At the time of printing, the information in this handbook is current. It is important to remember that TRICARE policies and benefits are governed by public law. Changes to TRICARE programs are continually made as public law is amended. For the most recent information, contact your regional contractor or local TRICARE Service Center. More information regarding TRICARE, including the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices, can be found online at www.tricare.mil.
Welcome to TRICARE For Life

TRICARE For Life is the Medicare-wraparound coverage for dual-eligible TRICARE beneficiaries. You’re dual-eligible if you are entitled to Medicare Part A and have Medicare Part B coverage, regardless of your age.

TRICARE For Life provides comprehensive health coverage. Using your health benefit is easier than ever—just go to any provider (doctor) and seek the care you need. Your provider files your claims with Medicare, and Medicare pays its portion and automatically forwards the claim electronically to TRICARE for processing. Put simply, TRICARE pays second after Medicare for most services.

This handbook will help you make the most of your TRICARE For Life coverage. You’ll find information about how to make sure you stay eligible, how to get care, and whom to call if you need help. Additionally, we’ve provided details about your pharmacy and dental options, and questions and answers to help you understand the program better.

TRICARE For Life is administered nationally by a single contractor, Wisconsin Physicians Service. For assistance with TRICARE For Life, please contact Wisconsin Physicians Service by calling 1-866-773-0404 or by visiting them online at www.tricare4u.com.

This handbook does not discuss specific cost information. Please visit the TRICARE For Life Web site at www.tricare.mil/tfl or contact Wisconsin Physicians Service at 1-866-773-0404 for cost information.
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*For information about your patient rights and responsibilities, see the inside back cover of this handbook.*
TRICARE For Life Eligibility

Many people think TRICARE For Life is a program only for Medicare/TRICARE beneficiaries who are age 65 or older. TRICARE For Life is for all Medicare/TRICARE beneficiaries regardless of age, provided they have Medicare Part A and Medicare Part B.

**Note:** Beneficiaries eligible for Medicare Part A not based on age may still enroll in TRICARE Prime if they live in a Prime Service Area. The Prime enrollment fee is waived because they must pay the Medicare Part B premium, and their claims are handled by the TFL contractor.

**Three Keys to Eligibility**

1. **When you are entitled to Medicare Part A due to age, disability, or end-stage renal disease:**
   - Medicare Part B coverage is **required** if you are a(n):
     - Retired service member (including retired National Guard and Reserve members)
     - Family member of a retired service member
     - Medal of Honor recipient or eligible family member
     - Survivor of a deceased sponsor
     - Eligible former spouse
   - If you are an active duty family member, you are **not required** to have Medicare Part B to remain eligible for TRICARE. However, you are not eligible for TRICARE For Life until you have Medicare Part B coverage. When your sponsor retires, you must have Medicare Part B to remain eligible for TRICARE.

2. **You will lose eligibility for TRICARE if you do not have Medicare Part B coverage when it is required.**

   If you are required to have Medicare Part B coverage but don’t have it, you are not eligible for any TRICARE benefits, including TRICARE For Life. If you refused Medicare Part B coverage when you first became eligible, you may be responsible for paying a Medicare Part B premium surcharge, which is 10 percent for each 12-month period that you were eligible to enroll in Part B, but did not enroll.

3. **The Centers for Medicare and Medicaid Services provide Medicare entitlement data to the Defense Enrollment Eligibility Reporting System (DEERS) each month for beneficiaries age 65 and older, and every three months for beneficiaries under the age of 65.**

   Even though your information in DEERS may be updated automatically, maintaining your TRICARE eligibility is your responsibility. It’s essential to verify your information in DEERS anytime you have a life-changing event, like becoming entitled to Medicare. You can verify and update your DEERS record in one of the ways listed on the following page.
**Medicare: The Basics**

Medicare is a separate program from TRICARE and is managed by the Centers for Medicare and Medicaid Services, not the Department of Defense.

Medicare is a health insurance program for people:
- Age 65 or older
- Under age 65 with certain disabilities or end-stage renal disease

**Medicare Part A**

Medicare Part A pays for inpatient hospital care, hospice care, inpatient skilled nursing facility care, and some home health care. (See your *Medicare and You* handbook, published annually by the Centers for Medicare and Medicaid Services, for more information on what Medicare covers.) The Social Security Administration determines your entitlement to Medicare Part A based on your work history or the work history of your spouse.

**Medicare Part B**

Medicare Part B pays for doctor and other practitioner services, some home health care, durable medical equipment, and outpatient services. Medicare Part B has a monthly premium. The monthly premium amounts change annually. Visit [www.medicare.gov](http://www.medicare.gov) to look up the current amounts. The cost of Part B may go up 10 percent for each 12-month period that you were eligible for Medicare Part B but did not enroll. **Note:** Active duty family members entitled to Medicare Part A do not have to pay the Medicare Part B surcharge for late enrollment if they enroll in Medicare Part B while their sponsor is on active duty or within eight months of their sponsor’s retirement date. To avoid a break in TRICARE coverage, these beneficiaries should enroll prior to their sponsor’s retirement date.

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**SECTION 1**

**TRICARE FOR LIFE ELIGIBILITY**

1. To add or delete family members, visit a local uniformed services personnel office. Search for an office near you by ZIP code, city, or state at [www.dmdc.osd.mil/rsl](http://www.dmdc.osd.mil/rsl). Call the office first to verify location and business hours. You’ll need supporting documentation (e.g., marriage certificate, divorce decree, birth certificate, etc.) to add or delete family members.

2. Call the Defense Manpower Data Center Support Office at **1-800-538-9552** to update your address, e-mail address, and phone numbers.

3. Fax address, e-mail address, or phone number changes to the Defense Manpower Data Center Support Office at **1-831-655-8317**.

4. Mail address changes to the Defense Manpower Data Center Support Office:
   
   Defense Manpower Data Center Support Office
   Attn: COA
   400 Gigling Road
   Seaside, CA 93955-6771

5. Visit [www.tricare.mil/DEERS](http://www.tricare.mil/DEERS) and follow the steps to update your address, e-mail address, and phone number online.
Medicare Entitlement Based on a Disability

If you receive disability benefits from the Social Security Administration, you will be entitled to Medicare in the 25th month of receiving disability payments. The Centers for Medicare and Medicaid Services will notify you of your Medicare entitlement date. If you return to work and your Social Security disability payments are suspended, your Medicare entitlement will continue for up to four and one-half years. When your disability payments are suspended, you will receive a bill every three months for your Medicare Part B premiums. You must continue to pay your Medicare Part B premiums in order to remain eligible for TRICARE coverage.

Medicare Entitlement Based on Age 65

The age for Medicare entitlement is 65. If you already receive benefits from Social Security or the Railroad Retirement Board, you will automatically receive Part A and be enrolled in Part B.

If you are not yet eligible for Social Security retirement benefits, you must apply for Medicare separately. Your initial enrollment period is a seven-month period in which you can sign up for Medicare. We recommend that you sign up during the first three months before you are eligible to ensure that your Medicare Part A and Part B coverage will begin the same day. This will ensure that you do not have a break in TRICARE coverage.

The first month you are eligible for Medicare is the month you turn 65, unless your birthday falls on the first day of the month. If your birthday is on the first day of the month, you will be eligible on the first day of the previous month.

You will be billed every three months for your Part B premiums. When you start receiving a Social Security, Railroad Retirement or a Federal Annuity, your Part B premiums will be taken out of your check. Your Medicare Part B start date will not match your Medicare Part A start date if you sign up during the fourth through seventh month of your initial enrollment period.

For more specific information about Medicare:

• Visit www.medicare.gov.
• Call 1-800-633-4227.
• Go to your local Social Security Administration office.
• Call the Social Security Administration at 1-800-772-1213.

Questions and Answers

I’ll be 65 soon and entitled to Medicare. I’m still working full-time, I have medical benefits, and I don’t plan on retiring for a few more years. I don’t need to purchase Medicare Part B because I have other health insurance coverage through my employer. Can I use TRICARE For Life as a second payer when I reach 65 even though I will not enroll in Medicare Part B until I retire?

No. Medicare allows individuals covered by group health plan coverage based on current employment to delay their Part B enrollment and sign up during a special enrollment period. However, in order to have TRICARE coverage you must purchase Part B when you become entitled to Medicare (unless you are an active duty family member). TRICARE will not act as a secondary payer.
payer to the group health plan unless you have Medicare Part B coverage.

If you wait to enroll in Part B because you or your spouse are still working and have group health plan coverage, you may sign up during a special enrollment period. If this applies to you, you can sign up for Part B using either of the following options:

- **Option 1**: While you are covered by the group health plan through your or your spouse’s current employment.
- **Option 2**: During the eight months following the month the group health plan coverage ends, or the employment ends, whichever is first.

Your TRICARE For Life coverage will be effective on the same date that your Medicare Part B becomes effective. Before declining Part B, please call Wisconsin Physicians Service at 1-866-773-0404 to discuss how your TRICARE eligibility may be affected.

What if I’m not eligible for premium-free Medicare Part A when I turn 65? Can I still use TRICARE For Life?

If at age 65 you’re not eligible for premium-free Medicare Part A under your own Social Security number, you need to file for benefits under your spouse’s (or divorced spouse’s) Social Security number if he or she is 62 or older. If your spouse (or divorced spouse) is not yet 62, you must re-file for benefits under your spouse’s (or divorced spouse’s) Social Security number when he or she turns 62.

If you will be eligible on your spouses record in the future, you should enroll in Medicare Part B when you are first eligible to avoid paying the Part B surcharge for late enrollment.

If you are not eligible for premium-free Part A under your or your spouse’s (including divorced or deceased spouse’s) Social Security number, you will receive information to that effect from the Social Security Administration. This information may be included in a “Notice of Award” or “Notice of Disapproved Claim.” To ensure there is no change in your TRICARE-eligibility, please take the social security notice you receive to a uniformed services identification (ID) card-issuing facility and have your record updated and a new ID card issued.


Your TRICARE benefits remain the same since you are not eligible for premium-free Part A. You will not transition to TRICARE For Life. You may continue to enroll in TRICARE Prime if it is available in your area, or use TRICARE Standard and TRICARE Extra. Contact your regional contractor for information about the options available to you.

- If you live in the South Region, call Humana Military Healthcare Services, Inc., at 1-800-444-5445.
• If you live in the West Region, call TriWest Healthcare Alliance Corp. at 1-888-TRIWEST (1-888-874-9378).

**I am an active duty family member with Medicare Part A and my sponsor is retiring. When do I need to enroll in Medicare Part B?**

You can enroll in Medicare Part B during a special enrollment period, which is anytime while your sponsor is on active duty and you are covered by TRICARE. You may also enroll during the eight-month period that begins the first full month after your sponsor leaves active duty or your TRICARE coverage ends, whichever occurs first.

The special enrollment period eliminates the surcharge for late enrollment in Medicare Part B. If you do not have Part B coverage the day following your sponsor’s retirement date, you will lose eligibility for TRICARE. Your TRICARE eligibility will be reinstated the day your Part B coverage is effective.

Please visit [www.tricare.mil/faq](http://www.tricare.mil/faq) for more answers to frequently asked questions. You can verify your eligibility for TRICARE For Life at any time by:

- Contacting the Defense Manpower Data Center Support Office at 1-800-538-9552.
- Visiting an ID card-issuing facility to verify your information in DEERS.
- Calling Wisconsin Physicians Service at 1-866-773-0404.
No Enrollment Required

You do not have to enroll in TRICARE For Life. As soon as your Medicare Part A and Part B entitlement is registered in the Defense Enrollment Eligibility Reporting System, your record will show that you are “eligible for TRICARE For Life.” See the TRICARE For Life Eligibility section on page 4 for details.

Finding a Provider

You may receive health care services from Medicare participating or non-participating providers, as well as from providers who have opted-out of Medicare. Medicare participating providers agree to accept the Medicare-approved amount as payment in full. Non-participating providers do not accept the Medicare-approved amount as payment in full. They may charge up to 115 percent of the Medicare approved amount. TRICARE for Life will pay up to the 115 percent limiting charge.

Providers who opt-out of Medicare enter into private contracts with beneficiaries. Medicare will not pay for services you receive from opt-out providers. TRICARE will pay the amount that TRICARE would have paid had Medicare processed the claim (normally 20 percent of the allowable charge). In cases where your access to medical care is limited (i.e., under-served areas), TRICARE may waive the second payer status for the services of a Medicare opt-out provider and pay the claim as the primary payer. For assistance locating a Medicare provider, call 1-800-633-4227.

Note: You may receive care in military treatment facilities on a space-available basis.

In Case of an Emergency

If you need emergency care, call 911 or go to the nearest emergency room.

If traveling or living overseas, attempt to seek care from the nearest military treatment facility first. If a military treatment facility is not available, seek care from the nearest emergency room. You can contact the American Embassy Health Unit for assistance in finding a host-nation provider. Visit http://usembassy.state.gov for a list of U.S. Embassies.
When you use TRICARE For Life, Medicare and TRICARE work together to minimize your out-of-pocket expenses. However, there are instances in which some health care costs may not be covered by Medicare and/or TRICARE.

Visit the TRICARE For Life Web site at www.tricare.mil/tfl or contact Wisconsin Physicians Service at 1-866-773-0404 for specific cost information.

Services Covered by Medicare and TRICARE

When the care you receive is covered by both Medicare and TRICARE, you will have no out-of-pocket expense. Most services fall into this category. After Medicare pays its portion of the claim, TRICARE will pay the remaining amount and you pay nothing.

It’s up to Medicare to approve a service for payment. If Medicare does not pay because it decides that the care is not medically necessary, TRICARE also will not pay. You may appeal Medicare’s decision. If Medicare reconsiders and provides some coverage, TRICARE will also consider coverage.

If a service is a benefit under both Medicare and TRICARE, but Medicare can’t pay because you have used up your Medicare benefit, TRICARE becomes the primary payer. In this case, you’re responsible for TRICARE deductibles and cost-shares.

Effective on or after March 1, 2007, if the service is normally a benefit under Medicare and TRICARE, but Medicare does not make any payment because the provider has a private contract* with the
beneficiary (also referred to as “opting out” of Medicare) TRICARE will process the claim as a second payer. The TRICARE payment will be the amount that TRICARE would have paid had the Medicare program processed the claim (normally 20 percent of the allowable charge).

* Under a private contract there are no limits on what the provider/supplier can charge for services. Medicare won’t pay the doctor or you for the services you get (even if Medicare covers the services/supplies).

**Services Covered by Medicare but Not by TRICARE**

When the care you receive is covered by Medicare but not by TRICARE (for example, chiropractic care), TRICARE will make no payment for the service regardless of any action Medicare may take on the claim. You are responsible for the Medicare deductible and cost-shares.

**Services Covered by TRICARE but Not by Medicare**

When the care you receive is covered by TRICARE but not by Medicare (for example, care received overseas), TRICARE will process the claim as the primary payer. You’re responsible for applicable TRICARE deductibles and cost-shares.

TRICARE For Life claims normally must be filed with Medicare first; however, when a service clearly is not covered by Medicare, the claim may be filed directly with TRICARE through Wisconsin Physicians Service. Contact Wisconsin Physicians Service at 1-866-773-0404 for specific cost information.

**Services Not Covered by Medicare or TRICARE**

When the care you receive is not covered by Medicare or TRICARE (for example, acupuncture and routine eye examinations), neither will make payment on the claim. You are responsible for the entire bill.

**Coordinating TRICARE For Life with Other Health Insurance**

There are two scenarios for coordinating Medicare and TRICARE For Life with another health insurance plan. In both cases, TRICARE For Life becomes the last payer, instead of the second payer.

**Scenario 1:**
**You Have Other Health Insurance Not Based on Current Employment**

If you have other health insurance which is not based on your current employment or that of a family member (for example, a private Medicare supplement), Medicare is the primary payer, the other health insurance pays second, and TRICARE pays third.

**Scenario 2:**
**You Have Other Health Insurance Based on Current Employment**

Generally, if you have an employer-sponsored health plan based on current employment, that health plan is the primary or first payer for your health care claims, Medicare pays second, and TRICARE pays third. If there are fewer
than 20 employees in the employer-sponsored plan, then Medicare is primary, the employer plan pays second, and TRICARE pays third.

In both scenarios above, if there is any remaining balance after Medicare and your other insurer have paid, you will need to submit a TRICARE paper claim to Wisconsin Physicians Service. Be sure to include the explanation of benefits statements from Medicare and the other insurer. Submit a TRICARE claim form (DD Form 2642 TRICARE DoD/CHAMPUS Medical Claim Patient’s Request for Medical Payment) to:

Wisconsin Physicians Service
TRICARE For Life
P.O. Box 7890
Madison, WI 53707-7890

You can download a copy of the claim form from www.tricare.mil/claims or www.tricare4u.com, or request a copy from Wisconsin Physicians Service by calling 1-866-773-0404.

How TRICARE For Life Works Overseas

Even though Medicare will not provide coverage overseas, beneficiaries living overseas must have Medicare Part A and Part B to have coverage under TRICARE For Life. However, Medicare does provide coverage in U.S. territories.

Medicare does provide coverage in U.S. territories:
- Guam
- Puerto Rico
- U.S. Virgin Islands
- American Samoa
- Northern Mariana Islands

Medicare also covers services received onboard a ship in the territorial waters adjoining the land areas of the United States. In these locations, TRICARE For Life works exactly as it does in the United States. TRICARE For Life is the second payer after Medicare for most services. Your provider will file the claim with Medicare first. Medicare will pay its portion and automatically forward the claim electronically to TRICARE for processing.

In most overseas locations however, TRICARE is your primary source of health benefits. TRICARE For Life provides the same coverage as TRICARE Standard with the same cost-shares and deductibles for beneficiaries who live overseas. Additionally, claims for care received overseas are filed directly with the overseas claims processor—Wisconsin Physicians Service.

You’ll need to submit a paper claim to Wisconsin Physicians Service Overseas Branch for the care. Submit your medical receipts, proof of payment, and claim form (DD Form 2642 TRICARE DoD/CHAMPUS Medical Claim Patient’s Request for Medical Payment) to:

Wisconsin Physicians Service
P.O. Box 7985
Madison, WI 53707-7985 USA
1-608-301-2310/2311

You can download a copy of the claim form from www.tricare.mil/claims or www.tricare4u.com, or request a copy from Wisconsin Physicians Service by calling 1-866-773-0404.
Questions and Answers

Will TRICARE For Life pay for the Medicare Part B premium and the Part B deductible?

TRICARE For Life will not pay the Part B monthly premium. The Part B premium is your responsibility.

TRICARE For Life will cover the Medicare Part B deductible as long as the service is covered by both Medicare and TRICARE. For example, if it is the first claim of the year and the billed charge is $50 (which is also the amount Medicare and TRICARE allow on the claim), Medicare will apply the entire amount to the Medicare deductible and pay nothing. In this case, TRICARE will pay the full $50 so that you have no out-of-pocket expense.

Using TRICARE For Life seems so easy. Should I cancel my Medicare supplement or Medicare Advantage plan?

This is a personal decision. We can’t tell you to keep or drop Medicare supplemental insurance. We suggest you carefully evaluate your health insurance needs to determine if you should continue your other health insurance plan.

You can contact your local State Health Insurance Assistance Program for free health insurance counseling and assistance. For assistance in finding an agency, please visit www.medicare.gov/contacts/static/allStateContacts.asp.

Should you decide to drop your other health insurance coverage, you must notify Wisconsin Physicians Service by calling 1-866-773-0404.

I am a TRICARE For Life beneficiary and a retired federal employee. Can I suspend my federal employee health benefits coverage to use TRICARE For Life?

Yes, you may suspend your federal employee health benefits coverage and premium payments. You may reenroll in the federal employee health benefits program during the open season, or immediately if you are involuntarily disenrolled from the non-federal employee health benefits coverage.

You can apply to suspend your coverage at any time. Call the Office of Personnel Management Retirement Information Office at 1-888-767-6738 to get a suspension form. If calling within the local Washington, D.C. calling area, call 1-202-606-0500. Former spouses can get the form from the employing office or retirement system maintaining their enrollment.

Is a referral or TRICARE prior authorization required for health care services?

A referral or TRICARE prior authorization is not required under TRICARE For Life when Medicare is the primary payer. However, when TRICARE becomes the primary payer, TRICARE authorization requirements apply as they would for a
TRICARE Standard beneficiary that is not entitled to Medicare.

For example, TRICARE’s preadmission and continued stay authorization is not required for inpatient behavioral health care for the period when Medicare has authorized the care as primary payer. Once a beneficiary has exhausted all of their Medicare inpatient behavioral health benefits, TRICARE’s preadmission and continued stay requirements will apply. (For more information on TRICARE’s behavioral health benefits, call Wisconsin Physicians Service at 1-866-773-0404.)

The regional contractors (Health Net Federal Services, Inc.; Humana Military Healthcare Services, Inc.; and TriWest Healthcare Alliance Corp.) process referrals for TRICARE For Life beneficiaries who are under age 65. TRICARE For Life beneficiaries age 65 and over do not require referrals or prior authorization from TRICARE when Medicare is the primary payer. When Medicare benefits have been exhausted, TRICARE authorization requirements apply as they would for a TRICARE Standard beneficiary. When required, these authorizations are performed on a retrospective basis after care is rendered at the request of Wisconsin Physicians Service.

I was formerly enrolled in TRICARE Prime at a military treatment facility. I received a letter from the military treatment facility telling me I was no longer eligible for enrollment in TRICARE Prime. What does that mean?

Once you are eligible for Medicare Part A based upon age (which is age 65), you are no longer eligible for enrollment in TRICARE Prime. You may continue to seek care at the military treatment facility, but your priority for access to care is lower and subject to the availability of space and qualified providers. Therefore, you may need to seek care from a civilian provider.

You may sign up for TRICARE Plus, which is available based on the capability and capacity of each military treatment facility. TRICARE Plus is a primary care management program which provides improved access to primary care within the military treatment facility.

TRICARE For Life is a civilian-based health care plan. Therefore, you will need to seek care from a civilian provider. You will need to make sure you have all of your previous medical documentation from your military physician to take with you to your new provider. For assistance, visit www.tricare.mil/ProviderDirectory or call 1-800-633-4227.
TRICARE Medical Coverage

For services covered by both Medicare and TRICARE, you pay nothing out of pocket. Services that are not considered medically necessary or appropriate for your diagnosis, symptoms, or history are usually not covered by either program. In addition, Medicare may have limits on the amount of care it covers, and in some cases TRICARE may cover these services after your Medicare benefit has been used up.

It’s not possible to provide a complete list of covered and non-covered services. To determine if Medicare covers a specific service or benefit, visit www.medicare.gov or call 1-800-633-4227. To determine if TRICARE covers the service or benefit, visit www.tricare.mil or contact Wisconsin Physicians Service at 1-866-773-0404.

Examples of services that are generally not covered by either program include:

- Acupuncture
- Experimental or investigational services (in most cases)
- Eye examinations (routine)
- Hearing aids*

* Retired sponsors may be eligible for the Retiree-At-Cost Hearing Aid Program. If you are a retired service member and you need a hearing aid, you should call a participating military treatment facility to learn more about the program. For more information, please visit www.militaryaudiology.org/rachap/state.html.
Questions and Answers

Does TRICARE For Life cover long-term care?
No. Long-term care (or custodial care) is not a covered benefit. However, you can purchase long-term care insurance through commercial insurance programs or through the Federal Long Term Care Insurance Program. For information about the Federal Long Term Care Insurance Program, call 1-800-582-3337 or visit www.opm.gov/insure/ltc.

Long-term care includes a wide range of support services for patients with a degenerative condition, a prolonged illness, or a cognitive disorder, and can be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities. Long-term care primarily involves providing assistance with activities of daily living (walking, personal hygiene, dressing, cooking, feeding, etc.) or supervision of someone who is cognitively impaired.

Does TRICARE cover skilled nursing care?
TRICARE covers reasonable and necessary skilled nursing care and rehabilitative therapies, semiprivate rooms, regular nursing services, meals, prescribed drugs, laboratory work, supplies, appliances, and medical equipment. Skilled nursing care is typically provided in a skilled nursing facility.

For TRICARE to cover a skilled nursing facility admission, you must have had a medical condition that was treated in a hospital for at least three consecutive days, and you must be admitted to the skilled nursing facility within 30 days of discharge from the hospital (with some exceptions for medical reasons). Your doctor’s plan of care must demonstrate your need for skilled nursing services in order for TRICARE to pay for the skilled nursing facility care. TRICARE is the primary payer for skilled nursing facility care beyond Medicare’s 100-day limit as long as the patient continues to require medically necessary skilled nursing services.
You are eligible for TRICARE’s pharmacy benefit when you are using TRICARE For Life. To have a prescription filled, you’ll need a written prescription and a valid uniformed services ID card. Please see the TRICARE: Summary of Beneficiary Costs brochure or visit www.tricare.mil/pharmacy for pharmacy program cost information.

Four Ways to Fill Your Prescriptions

1. At Any Military Treatment Facility Pharmacy
Prescriptions may be filled (up to a 90-day supply for most medications) at any military treatment facility at no cost. You should contact the military treatment facility pharmacy to find out what is on the formulary and for specific details about filling prescriptions. Visit www.tricare.mil/mtf to find the military treatment facility closest to you.

2. Through the TRICARE Mail Order Pharmacy
If you don’t have access to a military treatment facility or your medication isn’t available at the military treatment facility pharmacy, the next most cost-effective way to have your prescription filled is through the mail-order pharmacy. For a small copayment, you may receive up to a 90-day supply for most medications delivered to your home. You may request refills by mail, by phone, or online.

Be sure to include the written prescription and the appropriate copayment when you mail your registration.

You can also register before placing your first order. Once you are registered, your provider can fax or call in your prescriptions.

If you have prescription drug coverage from another health insurance plan, you can only use the mail-order pharmacy if the medication is not covered under the other plan or if you exceed the dollar limit of coverage under the other plan.

3. From Any TRICARE Retail Network Pharmacy
For a small copayment, you may have prescriptions filled (up to a 30-day supply) at any TRICARE retail network pharmacy—choose from retail pharmacies across the United States, Guam, Puerto Rico, the U.S. Virgin Islands, and the Northern Mariana Islands. For more information or to locate a TRICARE retail network pharmacy, visit www.tricare.mil/pharmacy or call 1-866-DoD-TRRX (1-866-363-8779).

4. From Non-Network Pharmacies
Filling prescriptions at a non-network pharmacy is the most expensive option. You may need to pay for the total amount first and then file a claim to receive a partial reimbursement after your deductible is met. Visit www.tricare.mil/pharmacy or call 1-866-DoD-TRRX (1-866-363-8779) for information about filing a pharmacy claim.
Filling Prescriptions Overseas

Your pharmacy coverage is limited overseas. We recommend that you have all your prescriptions filled before you travel overseas. However, if you need to fill a prescription while overseas, keep in mind the following:

- TRICARE retail network pharmacies are located only in the United States, Puerto Rico, Guam, the U.S. Virgin Islands, and the Northern Mariana Islands.
- You must have an APO or FPO address to use the mail-order pharmacy overseas.
- The prescription must be from a U.S.-licensed provider.
- TRICARE Standard deductibles apply at host nation pharmacies.

Quantity Limits and Prior Authorization

TRICARE has established quantity limits on certain medications, which means that the DoD will only pay for up to a specified quantity per 30-, 60-, or 90-day supply. Additionally, some drugs require prior authorization. For a general list of prescription drugs covered by TRICARE and for drugs requiring prior authorization or having quantity limits, visit www.tricare.mil/pharmacy or call toll-free 1-866-DoD-TRRX (1-866-363-8779) or 1-866-DoD-TMOP (1-866-363-8667).

Generic Drug Use Policy

It is Department of Defense policy to use generic medications instead of brand-name medications, whenever possible. If a generic equivalent drug does not exist, the brand-name drug will be dispensed at the brand-name cost. Currently, brand-name drugs that have a generic equivalent may only be dispensed if there is clinical justification for use of the brand-name drug in place of the generic equivalent. If the justification is not accepted, TRICARE will dispense the equivalent drug, or you may pay in full for the brand-name drug. If a generic equivalent drug does not exist, the brand-name drug will be dispensed at the brand-name copayment.

Non-Formulary Drugs

Any therapeutic drug determined to be not as clinically effective or not as cost-effective as other therapeutic drugs may be recommended for placement in the third, “non-formulary” tier. Any drug placed into the third tier is available from the mail-order or retail pharmacies at a higher cost. You may be able to have non-formulary prescriptions filled at formulary costs if your provider can establish medical necessity.

To learn more about any medication and common drug interactions, to check for generic equivalents, or to determine if a drug is classified as a non-formulary medication, visit www.tricareformularysearch.org for the online TRICARE Formulary Search Tool.

For information on how to save money and make the most of your pharmacy benefit, visit www.tricare.mil/pharmacy or call 1-877-DoD-MEDS (1-877-363-6337).
Medicare Part D and TRICARE

If you have Medicare Part D, the Part D plan is the primary payer and TRICARE will pay second. If your Part D plan has a mail-order option, then you may not use TRICARE’s mail-order pharmacy unless you have exhausted your Part D mail-order benefit or the Part D plan doesn’t cover the prescription drug you need.

For most TRICARE beneficiaries, there is no advantage to enrolling in a Medicare prescription drug plan. The exception is for individuals who have limited income and resources and can enroll in Medicare Part D with little or no premium. On average, the TRICARE prescription drug coverage is at least as good as the standard Medicare prescription drug coverage, and is therefore considered “creditable coverage.” This means you will not be required to pay extra if you decide to enroll in a Medicare prescription drug plan after the initial enrollment period.
TRICARE offers two voluntary dental insurance programs—the TRICARE Dental Program and the TRICARE Retiree Dental Program. Each program is administered by a separate dental contractor and has its own monthly premiums and cost-shares.

**TRICARE Dental Program**

The TRICARE Dental Program is available to eligible active duty family members and to members of the National Guard and Reserve and/or their families. United Concordia Companies, Inc., (United Concordia) currently administers the program. For information, visit [www.TRICAREdentalprogram.com](http://www.TRICAREdentalprogram.com) or call United Concordia toll-free at 1-800-866-8499.

**TRICARE Retiree Dental Program**

The TRICARE Retiree Dental Program is available to retired service members and their eligible family members. Delta Dental Plan of California (Delta Dental) currently administers the program. For more information, visit [www.trdp.org](http://www.trdp.org) or call Delta Dental toll-free at 1-888-838-8737.
Life Events: Update Your DEERS Record

TRICARE continues to provide health coverage for you and your family as your life changes. You will, however, need to take specific actions to make sure you remain eligible for TRICARE. With every life event listed in this section, the first step is to update your information in the Defense Enrollment Eligibility Reporting System (DEERS).

See the TRICARE For Life Eligibility, Three Keys to Eligibility section on page 4 for details on how to update your information in DEERS.

Getting Married or Divorced

Marriage

It’s extremely important that a sponsor register his or her new spouse in DEERS to ensure eligibility for TRICARE. To register a new spouse in DEERS, the sponsor will need to provide a copy of the marriage certificate to the nearest uniformed services ID card-issuing facility. Once your spouse is registered, he or she will receive a uniformed services ID card and will be eligible for TRICARE. When accessing care, your spouse will be asked to show his or her ID card.

Divorce

Sponsors must update their information in DEERS when there is a divorce. The sponsor will need to provide a copy of the divorce decree.

Certain former spouses of members or former members of the uniformed services are eligible for TRICARE coverage if the following requirements are met:

1. Must not remarry (If a former spouse remarries, the loss of benefits remains applicable even if the remarriage ends in death or divorce.)
2. Must not be covered by an employer-sponsored health plan
3. Must not be the former spouse of a North Atlantic Treaty Organization (NATO) or “Partners for Peace” nation member
4. Must meet the requirements of one of the situations listed in the Eligibility Requirements for Former Spouses chart on the following page

A former spouse who is eligible for TRICARE coverage must verify that his or her name and Social Security number are listed as the primary contact information in DEERS. The former spouse’s TRICARE eligibility will be shown in DEERS under his or her Social Security number. See page 22 for additional information on eligibility and former spouses.

Traveling

If you travel either domestically or abroad, TRICARE For Life covers all TRICARE-covered services you may need while on the road.

Traveling within the United States

When traveling within the United States, you can visit any provider for care. To find a provider while on the road, call 1-800-633-4227 for assistance. When you visit the doctor, you’ll need to show your Medicare card and your uniformed services ID card.
**Eligibility Requirements for Former Spouses**

1. Must have been married to the same member or former member for at least 20 years, and at least 20 of those years must have been creditable in determining the member’s eligibility for retirement pay.
   - If the date of the final decree of divorce or annulment was on or after February 1, 1983, the former spouse is eligible for TRICARE coverage of health care that is received after the date of the divorce or annulment.
   - If the date of the final decree is before February 1, 1983, the former spouse is eligible for TRICARE coverage of health care received on or after January 1, 1985.
   - Eligibility continues as long as the preceding requirements continue to be met.

2. Must have been married to the same military member or former member for at least 20 years, and at least 15—but less than 20—of those married years must have been creditable in determining the member’s eligibility for retirement pay.
   - If the date of the final decree of divorce or annulment is before April 1, 1985, the former spouse is eligible only for care received on or after January 1, 1985, or the date of the decree, whichever is later.
   - Eligibility continues as long as the preceding requirements continue to be met. However, if the date of the final divorce decree or annulment is on or after April 1, 1985, but before September 29, 1988, the former spouse is eligible for care received from the date of the decree until December 31, 1988, or two years from the date of the decree, whichever is later.

3. Must have been married to the same military member or former member for at least 20 years, and at least 15—but less than 20—of those married years must have been creditable in determining the member’s eligibility for retirement pay.
   - If the date of the final decree of divorce or annulment is on or after September 29, 1988, the former spouse is eligible only for care received for one year from the date of the decree.

* Contact your nearest ID card-issuing facility or visit [www.dmdc.osd.mil](http://www.dmdc.osd.mil) to identify other documentation that may be required to add a spouse or update a record of divorce.

**Traveling Overseas**

If you receive health care services while traveling overseas, you will probably be required to pay for the services up front and file a claim when you return to the United States. Ask the provider for an itemized bill and keep your receipt as proof of payment.

If both Medicare and TRICARE cover the service you receive, but Medicare can’t make payment because it doesn’t cover health care received outside of the United States (which includes the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands), then TRICARE becomes the primary payer and you are responsible for the applicable TRICARE Standard deductible and cost-shares.

Visit the TRICARE For Life Web site at [www.tricare.mil/tfl](http://www.tricare.mil/tfl) or contact Wisconsin Physicians Service at 1-866-773-0404 for specific cost information.

You’ll need to submit a TRICARE paper claim to Wisconsin Physicians Service to pay for care received overseas. Submit your medical receipts, proof of payment, and a TRICARE claim form (DD Form 2642 TRICARE DoD/CHAMPUS Medical Claim Patient’s Request for Medical Payment) to:
You can download a copy of the claim form from [www.tricare.mil/claims](http://www.tricare.mil/claims) or [www.tricare4u.com](http://www.tricare4u.com), or request a copy from Wisconsin Physicians Service by calling 1-866-773-0404.

**Filling Prescriptions on the Road**

We recommend that you have all your prescriptions filled before you travel; however, there are several options for filling prescriptions when you are traveling. See the [TRICARE Prescription Drug Coverage](#) section on page 17 for more information.

**Moving**

Whether you’re moving across the street or across the sea, moving with TRICARE For Life is easy.

**Moving within the United States**

When you move within the United States, simply update your information in DEERS. You can still visit any provider for care. If you need to find a new provider, you can call 1-800-633-4227 for assistance.

**Moving Overseas**

See “How TRICARE For Life Works Overseas” in the [How TRICARE For Life Works](#) section on page 10 for information about how TRICARE For Life works when you live overseas.

**Sponsor Retires from Active Duty**

If your active duty sponsor will soon retire, he or she will experience a “change in status” from active duty to retired. Because your status also changes to that of a family member of a retired service member, if you have Medicare Part A (regardless of your age) you must have Medicare Part B coverage to remain eligible for TRICARE.

You can enroll in Medicare Part B during a special enrollment period, which is available anytime before your sponsor retires and during the first eight months following your sponsor’s retirement date.

**Note:** To avoid a break in TRICARE coverage, enroll in Medicare Part B before your sponsor’s retirement date. You will lose eligibility for TRICARE—including TRICARE For Life—for any period of time that you are entitled to Medicare Part A but do not have Medicare Part B coverage. See the [TRICARE For Life Eligibility](#) section on page 4 for more information about signing up for Medicare Part B.

**Deceased Sponsor**

When a sponsor passes away, TRICARE coverage continues for eligible family members. Surviving spouses remain eligible for TRICARE unless they remarry. If a surviving spouse remarries, he or she loses eligibility for TRICARE and cannot regain eligibility later, even in the case of divorce or the death of the new spouse. Unmarried surviving children remain eligible for TRICARE until age 21 (or 23 if enrolled in college full time and, at the time of the sponsor’s
death, the sponsor provided more than 50 percent of the child’s financial support).

**Note:** A child who is incapable of self-support due to mental or physical disability at the time of the sponsor’s death remains eligible for TRICARE unless he or she marries or is no longer incapacitated.

Surviving family members who are entitled to Medicare Part A at the time of their sponsor’s death must enroll in Medicare Part B to remain eligible for TRICARE. See the *TRICARE For Life Eligibility* section on page 4 for more information about Medicare Part B.

If a sponsor passes away while serving on active duty for a period of more than 30 days, the surviving spouse remains eligible for TRICARE benefits as an active duty family member (with the same costs and coverage) for three years following the sponsor’s death. After three years, the surviving spouse remains eligible for TRICARE at retiree rates. At that time, if the surviving spouse is entitled to Medicare Part A, he or she must enroll in Medicare Part B to retain TRICARE eligibility.
When You Need Assistance

Wisconsin Physicians Service

The TRICARE For Life program option is administered by Wisconsin Physicians Service. They are available to assist you and to answer any questions you may have. You can get more information or contact Wisconsin Physicians Service in one of the following ways:

<table>
<thead>
<tr>
<th>Mail</th>
<th>Wisconsin Physicians Service TRICARE For Life Attn: Customer Service P.O. Box 7889 Madison, WI 53707-7889 USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>1-866-773-0404 (toll-free) 1-866-773-0405 (toll-free TDD)</td>
</tr>
<tr>
<td>Online</td>
<td><a href="http://www.tricare4u.com">www.tricare4u.com</a></td>
</tr>
</tbody>
</table>

You can also visit the TRICARE For Life Web site at www.tricare.mil/tfl for additional information.

Beneficiary Counseling and Assistance Coordinators

Beneficiary counseling and assistance coordinators can help you with TRICARE and Military Health System inquiries and advise you about obtaining health care. They are located at military treatment facilities and at the TRICARE Regional Offices. To locate a beneficiary counseling and assistance coordinator near you, visit www.tricare.mil/bcacdcao for an online directory, or call your regional contractor or overseas TRICARE Area Office.

TRICARE Regional Contractors

<table>
<thead>
<tr>
<th>Region</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Region</td>
<td>Health Net Federal Services, Inc. 1-877-TRICARE (toll-free) (1-877-874-2273)</td>
</tr>
<tr>
<td>South Region</td>
<td>Humana Military Healthcare Services, Inc. 1-800-444-5445 (toll-free)</td>
</tr>
<tr>
<td>West Region</td>
<td>TriWest Healthcare Alliance Corp. 1-888-TRIWEST (toll-free) (1-888-874-9378)</td>
</tr>
</tbody>
</table>

Overseas TRICARE Area Offices

<table>
<thead>
<tr>
<th>Region</th>
<th>Contact Information</th>
</tr>
</thead>
</table>

Appealing a Decision

If you believe a service or claim was improperly denied, in whole or in part, you (or another appropriate party) may file an appeal. An appeal must involve an appealable issue. For example, you have the right to appeal TRICARE decisions regarding the payment of your claims. You may also appeal the denial of a request for authorization of services, even if no care has been provided and no claim submitted.

There are some things you can’t appeal. For example, you cannot appeal the...
denial of a claim for a service if it was provided by someone who is not eligible for TRICARE certification (e.g., a chiropractor).

When services are denied based on a medical necessity or a benefit decision, you are automatically notified in writing. The notification will include an explanation of what was denied or why a payment was reduced, and the reasoning behind it.

**Medicare Denials**

If Medicare denies a claim or other issue, you need to appeal to Medicare. If the services and supplies were denied payment by Medicare and they are appealable under Medicare, the services will not be considered for coverage by TRICARE.

If, however, a Medicare appeal results in some payment by Medicare, TRICARE will consider coverage. For more information on Medicare appeals, visit www.medicare.gov or call 1-800-633-4227.

**TRICARE Appeal Requirements**

Your appeal must meet the requirements listed below.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
</table>
| **1** | An appropriate appealing party must submit the appeal. Proper appealing parties include:  
  • You, the beneficiary  
  • Your custodial parent (if you are a minor) or your guardian  
  • A person appointed by you in writing to represent you for the purpose of the appeal  
  • An attorney filing on your behalf  
  • Non-network participating providers  
  If a physician or other party is going to submit the appeal, you must complete and sign an Appointment of Representative and Authorization to Disclose Information form, which is available on the Wisconsin Physicians Service Web site at www.tricare4u.com. If the appeal is submitted without this form, it will not be processed. **Note:** Network providers are not appropriate appealing parties unless appointed by you in writing. |
| **2** | The appeal must be in writing. See the mailing address on page 27. |
| **3** | The issue in dispute must be an appealable issue. The following are non-appealable issues:  
  • Allowable charges  
  • Eligibility  
  • Denial of nonavailability statements for inpatient behavioral health care  
  • Denial of services from an unauthorized provider  
  • Denial of treatment plan when an alternative treatment plan is selected |
| **4** | The appeal must be filed in a timely manner. An appeal must be filed within 90 days after the date on the explanation of benefits statement or denial notification letter. |
| **5** | There must be an amount in dispute to file an appeal (there is no required minimum amount). If prior authorization for services has been denied, and you are appealing the denial, the amount in dispute will be the estimated TRICARE allowable charge for the services requested. |
Filing a TRICARE Appeal

Appeals must be filed with Wisconsin Physicians Service within particular deadlines. If you are not satisfied with a decision rendered on an appeal, you may make further appeals.

If you are appealing a denial of prior authorization, your appeal may be either expedited or non-expedited, depending on the urgency of the situation. You or an appointed representative must file an expedited appeal within three calendar days after receipt of the initial denial. A non-expedited appeal of a denial must be filed no later than 90 days after receipt of the initial denial.

Appeals should contain the following information:

- Beneficiary’s name, address, and telephone number
- Sponsor’s Social Security number
- Beneficiary’s date of birth
- Beneficiary’s or appealing party’s signature

The description of the issue or concern must include:

- The specific issue in dispute
- A copy of the previous denial determination notice
- Any appropriate supporting documents

Mail your appeal and supporting documentation to:

Wisconsin Physicians Service
TRICARE For Life
Attn: Appeals
P.O. Box 7490
Madison, WI 53707-7490

Reporting Suspected Fraud and Abuse

Fraud happens when a person or organization deliberately deceives others to gain an unauthorized benefit. Health care abuse occurs when providers supply services or products that are medically unnecessary or that do not meet professional standards.

You are an important partner in the ongoing fight against fraud and abuse, and your most effective tool is your explanation of benefits statement. Since an explanation of benefits is a tangible statement of services and/or supplies received, it is one of the first lines of defense against health care fraud. We strongly encourage you to read your explanation of benefits statements carefully.

If something doesn’t seem right about your medical bills (for example, the same item is billed twice or you’ve been billed for services you never received), here’s what to do:

- Double-check the billing from your provider and the explanation of benefits you received from Medicare and/or TRICARE. Be sure that the only services listed are ones you actually received.
- If you find problems and you can’t resolve them by talking to the provider’s billing office (some discrepancies might simply be the result of errors in billing), write to Wisconsin Physicians Service’s program integrity unit:
To report fraud or abuse regarding the TRICARE Dental Program, contact United Concordia:

**Mail**
Wisconsin Physicians Service
TRICARE For Life
Attn: Program Integrity
P.O. Box 7516
Madison, WI 53707-7516

**E-mail**
reportit@wpsic.com

To report fraud or abuse regarding the TRICARE Retiree Dental Program, contact Delta Dental of California:

**Mail**
United Concordia Companies, Inc.
4401 Deer Path Road, DP-4E
Harrisburg, PA 17110

**Phone**
1-877-968-7455 (toll-free)

**Note:** You can also report any fraud or abuse issues directly to TRICARE at fraudline@tma.osd.mil.

If you know or have evidence of another individual, whether it be a provider of care or a TRICARE-eligible person, submitting fraudulent claims to TRICARE, you should report this as well.

For more information on fraud and abuse, visit the TRICARE Program Integrity Web site at www.tricare.mil/fraud.
**Glossary**

**Beneficiary Counseling and Assistance Coordinator**
Persons at military treatment facilities and TRICARE Regional Offices who are available to answer questions, help solve health care-related problems, and assist beneficiaries in obtaining medical care through TRICARE. To locate a beneficiary counseling and assistance coordinator near you, visit [www.tricare.mil/bcacdcao](http://www.tricare.mil/bcacdcao).

**Cost-share**
A cost-share is the percentage or portion of costs that the beneficiary will pay for inpatient or outpatient care.

**Defense Enrollment Eligibility Reporting System (DEERS)**
A database of service members (sponsors), family members, and others worldwide who are entitled under law to military benefits, including TRICARE. Beneficiaries are required to keep their information in DEERS up to date.

**Explanation of Benefits**
A statement sent to beneficiaries showing that claims were processed and the amount paid to providers.

**Medicare Provider**
A Medicare provider is a physician, hospital, skilled nursing facility, home health agency, hospice, or other health care provider that has an agreement to participate in Medicare.

**Military Treatment Facility**
A medical facility (hospital, clinic, etc.) owned and operated by the uniformed services—usually located on or near a military base.

**Network Provider**
Network providers have a signed agreement with your regional contractor to provide care at a negotiated rate. Network providers handle claims for you.

**Non-network Provider**
Non-network providers do not have a signed agreement with your regional contractor and are therefore “out of network.”

**Other Health Insurance**
Any non-TRICARE health insurance, including Medicare supplements. TRICARE pays last after all other health plans except for Medicaid, TRICARE supplements, the Indian Health Service, or other programs or plans as identified by the TRICARE Management Activity.

**Prior Authorization**
A review determination made by a licensed professional nurse or paraprofessional for requested services, procedures, or admissions. A TRICARE prior authorization is not required under TRICARE For Life when Medicare is the primary payer. However, when TRICARE becomes the primary payer, TRICARE authorization requirements apply as they would for a TRICARE Standard beneficiary that is not entitled to Medicare.
**Regional Contractor**
A TRICARE civilian partner who provides health care services and support in the TRICARE regions (Health Net Federal Services, Inc.; Humana Military Healthcare Services, Inc.; and TriWest Healthcare Alliance Corp.).

**TRICARE Allowable Charge**
The maximum amount TRICARE will pay for services.

**TRICARE Supplement**
A health plan you may purchase specifically to supplement your TRICARE Standard and TRICARE Extra coverage. It will pay second after TRICARE. A TRICARE supplement is not employer-sponsored health insurance.
Patient Bill of Rights and Responsibilities

As a patient in the military health system, you have the right to:

• Receive accurate, easy-to-understand information to help you make informed decisions about TRICARE programs, medical professionals, and facilities.

• Have a choice of health care providers that is sufficient to ensure access to appropriate high-quality health care.

• Access emergency health care services when and where the need arises.

• Receive and review information about diagnosis, treatment, and the progress of your condition, and to fully participate in all decisions related to your health care or to be represented by family members, conservators, or other duly appointed representatives.

• Receive considerate, respectful care from all members of the health care system without discrimination based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment.

• Communicate with health care providers in confidence and to have the confidentiality of your health care information protected. You also have the right to review, copy, and request amendments to your medical records.

• Have a fair and efficient process for resolving differences with your health plan, health care providers, and the institutions that serve them.

For more information about your rights, visit www.tricare.mil/Patientrights/default.cfm.

As a patient in the military health system, you have the responsibility to:

• Maximize healthy habits, such as exercising, not smoking, and maintaining a healthy diet.

• Be involved in health care decisions, which means working with providers in developing and carrying out agreed-upon treatment plans, disclosing relevant information, and clearly communicating your wants and needs.

• Be knowledgeable about TRICARE coverage and program options.

You also have the responsibility to:

• Show respect for other patients and health care workers.

• Make a good-faith effort to meet financial obligations.

• Use the disputed claims process when there is a disagreement.

• Report wrongdoing and fraud to appropriate resources or legal authorities.

Please provide feedback on this handbook at www.tricare.mil/evaluations/feedback.
TRICARE For Life
Wisconsin Physicians Service
1-866-773-0404
www.tricare4u.com

TRICARE North Region
Health Net Federal Services, Inc.
www.healthnetfederalservices.com
1-877-TRICARE (1-877-874-2273)

TRICARE South Region
Humana Military Healthcare Services, Inc.
www.humana-military.com
1-800-444-5445

TRICARE West Region
TriWest Healthcare Alliance Corp.
www.triwest.com
1-888-TRIWEST (1-888-874-9378)