



# TRICARE 101: The Basics

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# Briefing Overview

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- What is TRICARE?
- Vision and Mission
- Organization
- TRICARE Options
- Additional TRICARE Programs



# What is TRICARE?

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- A health care system using military health care as the main delivery systems
  - Augmented by a civilian network of providers and facilities
  - Serving our uniformed services, their families, retired military, and their families



# Vision & Mission

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## Vision

- A world-class health system that supports the military mission by fostering, protecting, sustaining and restoring health

## Mission

- To enhance DoD and our Nation's security by providing health support for the full range of military operations and sustaining the health of all those entrusted to our care



# TRICARE

## The Military Health System

- Entitlement program
- Consistent benefit throughout the system
- Types of health care that may and may not be provided in the Military Health System are defined by Congress
- Congressional interest in the TRICARE program
  - Beneficiary access to care they need
  - Assurance that beneficiaries receive high quality care
  - Recruitment and retention of active duty, Reserve, and National Guard military members... and their families



# Force Health Protection

**TRICARE Keeps  
People Healthy**

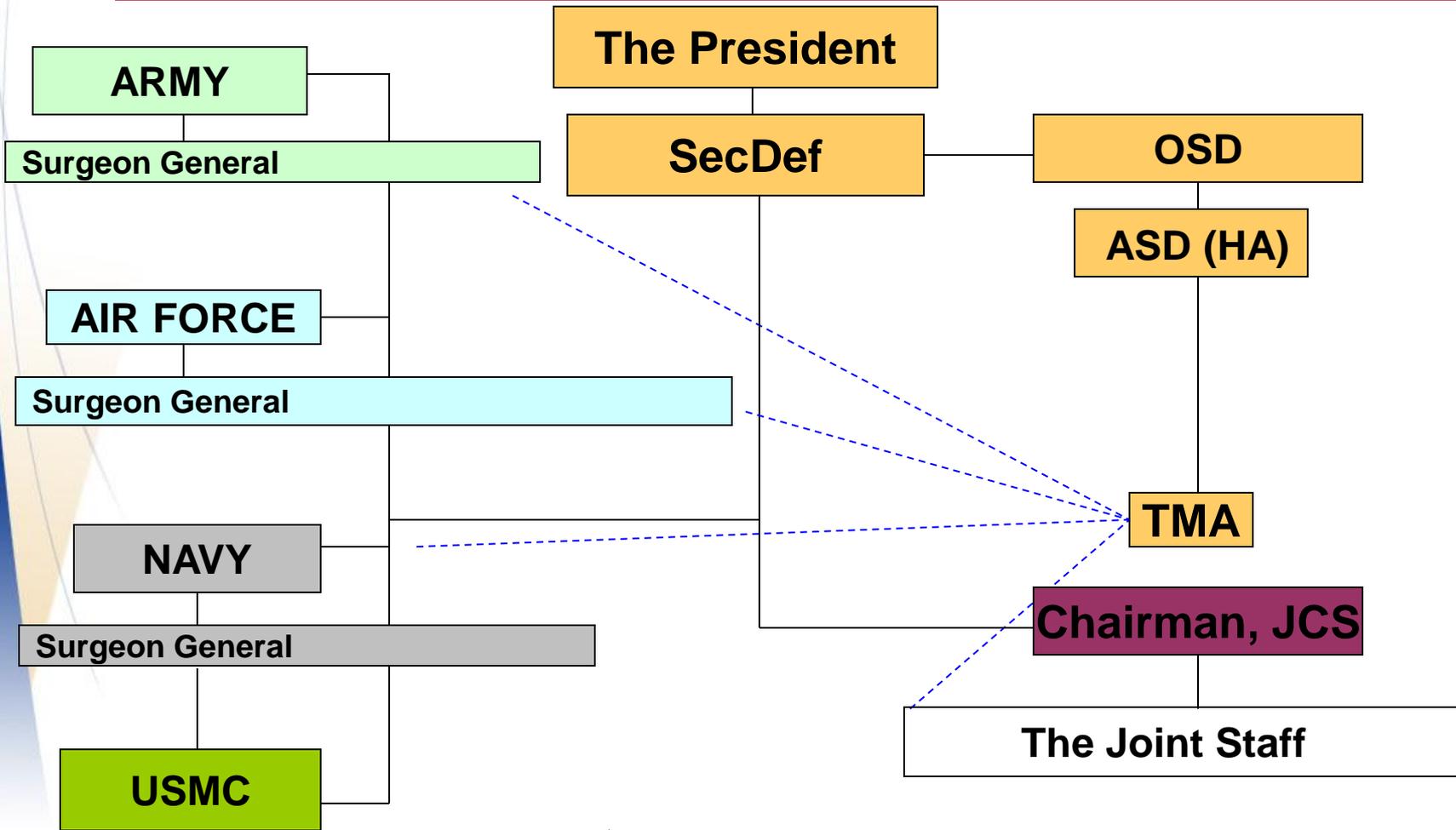
**TRICARE Helps  
Keep Our Military  
Medical People  
Trained**

**TRICARE Makes  
America's Medical  
Capability Available  
in a Crisis**

**TRICARE  
Takes Care of the Family,  
While the Service Member  
Takes Care of the Mission**

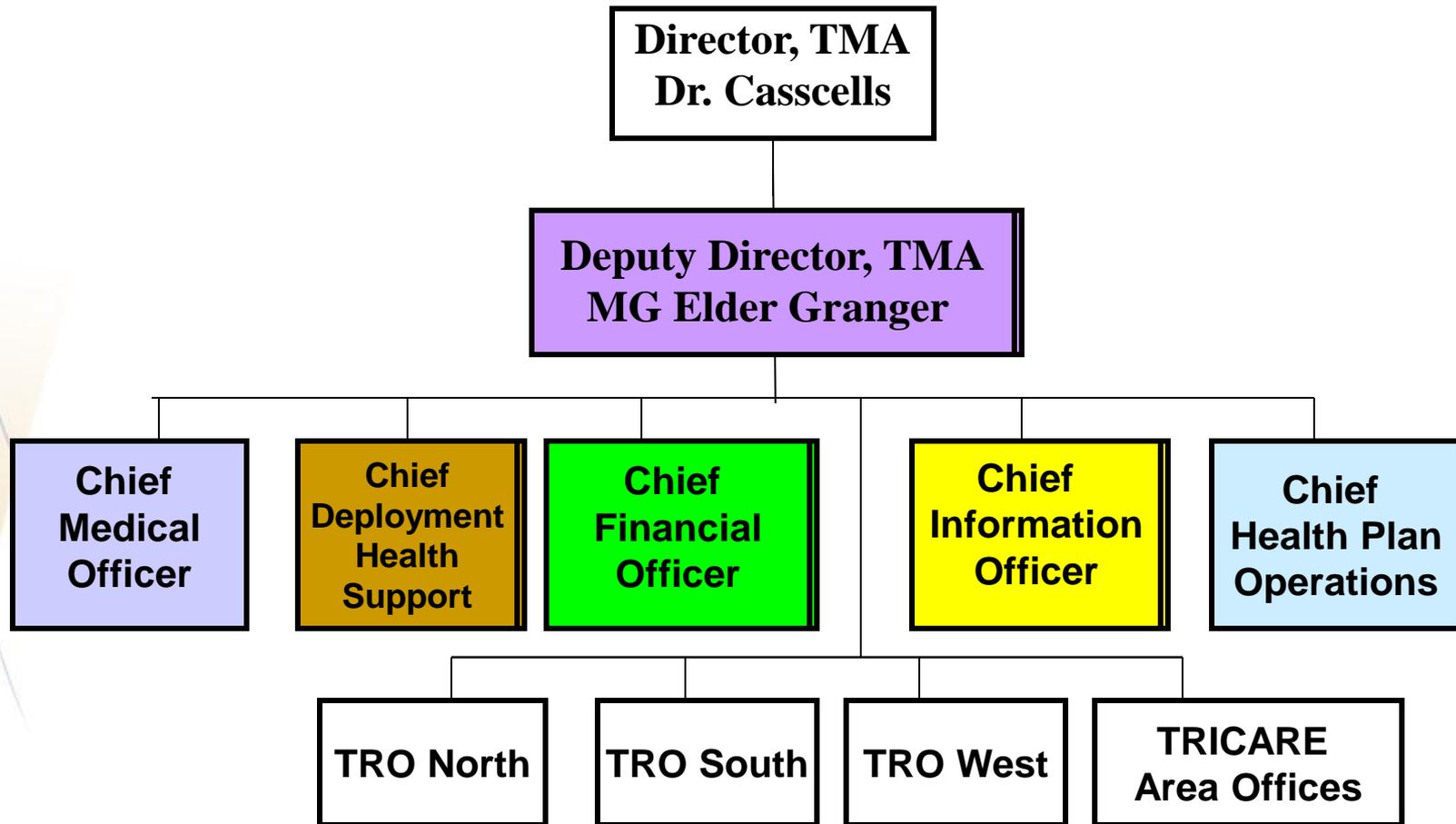


# The Big Picture



# Organizational Structure

## TRICARE Management Activity



# TRICARE

## The Military Health System

- Three managed care support contractors in the US
  - North: Health Net
  - South: Humana
  - West: Tri-West
- Regional contractor resp
  - Establishment of prov
  - Operation of TRICARE service centers
  - Administrative support (enrollment, preauthorization, claims, etc.)
- Regional contractors work with TRICARE regional offices (TROs) under TMA guidance



# TRICARE Regions

Contractor: **Health Net**



Contractor: **TriWest**

Contractor: **Humana**



# TRICARE Facts and Figures—FY 2007

## TRICARE Facts and Figures— FY 2007

Total Eligible Beneficiaries	9.1 million
Prime Enrollees	5.0 million
Military Hospitals & Medical Centers	65
Medical Clinics	412
Dental Clinics	414
Total Military Health System Personnel	132,700
86,400 military	
46,300 civilian	
Total Medical Program:	\$39.3 billion



# A Week in the Military Health System

19,600	Inpatient admissions <ul style="list-style-type: none"><li>• 14,600 purchased care</li><li>• 5,000 direct care system</li></ul>
642,400	Outpatient visits <ul style="list-style-type: none"><li>• Direct care system</li></ul>
2,220,000	Prescriptions filled <ul style="list-style-type: none"><li>• All points of service</li></ul>
2,100	Births <ul style="list-style-type: none"><li>• 1,100 purchased care</li><li>• 1,000 direct care system</li></ul>
102,900	Dental seatings <ul style="list-style-type: none"><li>• Direct care system</li></ul>
3,500,000	Claims processed
\$754,000,000	Weekly bill



# DoD Healthcare Programs

- TRICARE
  - TRICARE Prime
  - TRICARE Standard/Extra
  - TRICARE Prime Remote
  - TRICARE Prime Overseas
  - TRICARE Global Remote Overseas
- TRICARE for Life (TFL)
  - TRICARE Plus
- Pharmacy Program
- TRICARE Dental Program
- TRICARE Retiree Dental Program
- TRICARE Reserve Select
- Transitional Assistance Management Program (TAMP)
- Continued Health Care Benefit Program
- Extended Care Health Option (ECHO)



# TRICARE Options

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- **TRICARE Prime**  
***HMO-type option***  
***- Enhanced Preventive Benefits***  
*(Requires Enrollment and No Co-payments)*
- **TRICARE Extra**  
***PPO-type option***  
*(Deductibles and Cost Shares)*
- **TRICARE Standard**  
***Fee-For-Service type option***  
*(Deductibles and Cost Shares/Co-payments)*



# TRICARE Prime

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- Enrollment Required
- Fewer out-of-pocket costs
- Priority access at military treatment facilities (MTF)
- Assigned a primary care manager (PCM)
  - Refers to specialists
- No claims to file
- Easy transfer of enrollment in/between regions



# TRICARE Prime Eligible Beneficiaries

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- Active duty service members (ADSMs)
- Active duty family members (ADFMs)
- Retired service members and their families
- National Guard and Reserve members (activated for more than 30 consecutive days)
- Eligible former spouses
- Survivors
- Medal of Honor recipients and their families



# TRICARE Prime Access Standards

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- Providers adhere to access standards
  - 24 hours for urgent care
  - 7 days for routine care
  - 28 days for specialty and wellness care



# TRICARE Extra

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- Preferred-provider option
- See TRICARE network providers and pay less
- Providers accept negotiated rate as payment in full
- Network providers submit claims for beneficiaries



# TRICARE Standard

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- Similar to civilian fee-for-service plans (*no monthly premiums, but with applicable deductibles and cost-shares*)
- Receive care from TRICARE-authorized providers
- Providers “accept assignment” on claim-by-claim basis
- Providers who “accept assignment” file claims and accept TRICARE-allowable charge as payment in full

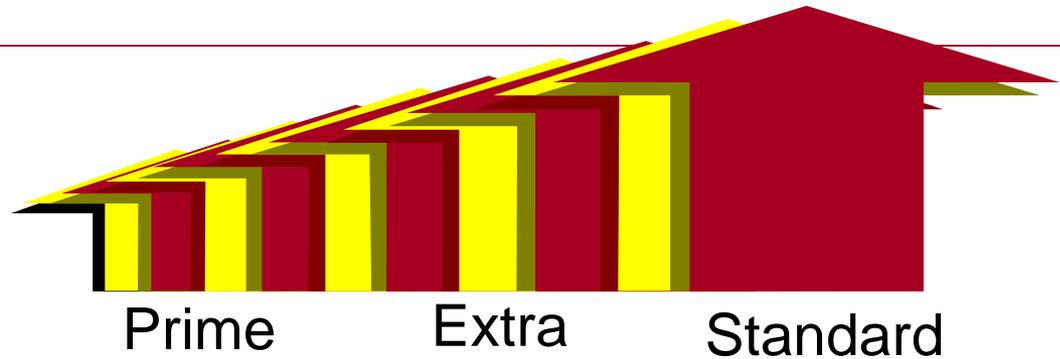


# Costs

	<b>PRIME</b>		<b>EXTRA</b>		<b>STANDARD</b>
<b>Annual Deductible</b>	<b>None</b>		<b>\$150</b> - Individual <b>\$300</b> - Family for E-5 & above  E-4 & below <b>\$50</b> Indv / <b>\$100</b> family		<b>\$150</b> - Individual <b>\$300</b> - Family for E-5 & above  E-4 & below <b>\$50</b> Indv / <b>\$100</b> family
<b>Annual Enrollment Fee</b>	<b>None</b>		<b>None</b>		<b>None</b>
<b>Civilian Outpatient Visit</b>	<b>No cost</b>		<b>15% of negotiated fee</b>		<b>20% of allowed charges for covered service</b>
<b>Civilian Inpatient Admission</b>	<b>No cost</b>		<b>Greater of \$25 or \$14.35/day</b>		<b>Greater of \$25 or \$14.35/day</b>
<b>Civilian Inpatient Behavioral Health</b>	<b>No cost</b>		<b>\$20/day or \$25 per admission</b>		<b>\$20/day or \$25 per admission</b>
<b>Civilian Inpatient Skilled Nursing Facility Care</b>	<b>\$0 per diem charge per admission</b>		<b>\$11/day (\$25 minimum) Charge per admission</b>		<b>\$11/day (\$25 minimum) Charge per admission</b>

# Across the spectrum...

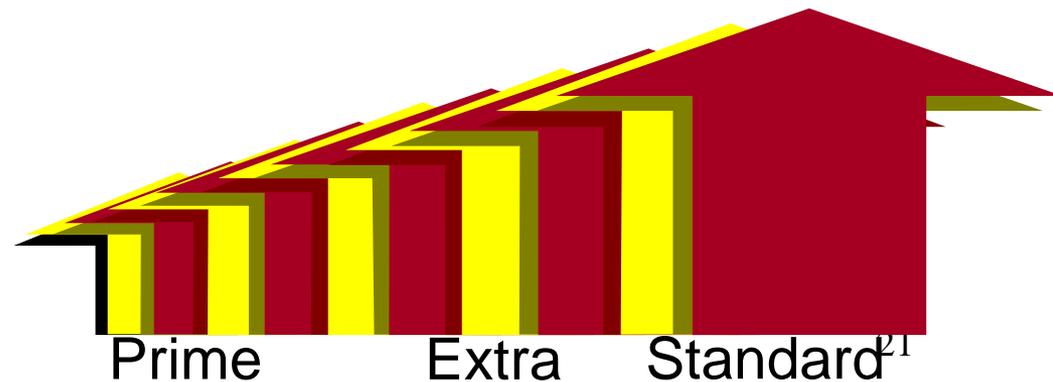
**Freedom of Choice**



**Access to Military Treatment Facilities**



**Cost**



# TRICARE Prime Remote (TPR)

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- TRICARE Prime Remote for Active Duty members
  - Typically 50 miles/1 hr drive from a MTF
- TRICARE Prime Remote for AD Family Members (TPRADFM)
  - Or can use TRICARE Standard and Extra
- TPR/TPRADFM is offered in the 50 United States only



# TRICARE Prime Overseas

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- Same key features as TRICARE Prime stateside
- Easy to transfer from one overseas area to another or back to United States
- Point of Service option available to receive care without requesting a referral from your PCM
  - Higher out-of-pocket costs



# TRICARE Global Remote Overseas (TGRO)

- Medical program for Prime-enrolled TRICARE beneficiaries in remote overseas locations.
- Partnered with International SOS to identify the best local providers and facilities
  - Develop a network of licensed, qualified physicians in remote overseas areas
- Process:
  - Beneficiary contacts the TGRO Call Center.
  - Call Center finds a provider and guarantees payment, in most cases.
  - Beneficiary makes appointment.



# International SOS Worldwide



# TRICARE For Life (TFL)

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- TRICARE For Life
  - Comprehensive health care coverage for Medicare-eligible beneficiaries
  - Enrollment in Medicare Part B is mandatory
  - TRICARE acts as a second payer to Medicare
  - Offers hassle-free claims processing
  - Overseas; TRICARE is typically Primary payer
  - No TRICARE enrollment fee  
(Must pay Medicare Part B Premium)
  - Receive care from any Medicare-authorized provider



# TRICARE For Life

- Service covered by Medicare, but not TRICARE: TRICARE pays nothing
- Service covered by TRICARE, but not Medicare (e.g., overseas care): Medicare pays nothing
  - Beneficiary must pay the TRICARE deductible and cost-shares; TRICARE pays the remainder
- Beneficiary responsible for entire bill if service is not covered by Medicare **or** TRICARE
- TRICARE Plus



# TRICARE Pharmacy Program

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- Dispense generic medications when available
- Brand-name medications dispensed when no generic equivalent exists or when medically necessary
- Must establish medical necessity and prior authorization for brand-name or non-formulary medications
- Certain medications have quantity or days' supply limits
- MTFs dispense generic, formulary medications



# Pharmacy Options & Co-pay

<b>TRICARE Pharmacy Co-Payments</b>			
<b>Point of Service</b>	<b>Generics</b>	<b>Brand Name</b>	<b>Non-formulary</b>
<b>Military Treatment Facility</b>	<b>\$0</b>	<b>\$0</b>	<b>Not Applicable</b>
<b>National Mail Order Pharmacy (up to a 90 day supply)</b>	<b>\$3</b>	<b>\$9</b>	<b>\$22</b>
<b>Retail Networks Pharmacy (up to a 30 day supply)</b>	<b>\$3</b>	<b>\$9</b>	<b>\$22</b>
<b>Non-network Retail Pharmacies (up to a 30 day supply)</b>	<p><b>For those who are <u>not</u> enrolled in TRICARE Prime</b>            \$9 or 20% of total cost, whichever is greater, after deductible is met            (E1-E4: \$50/ person; \$100/family; All others \$150/person, \$300/family)</p>		<p><b>For those who are not enrolled in TRICARE Prime</b>            \$22 or 20% of total cost, whichever is greater, after deductible is met (E1-E4: \$50/ person; \$100/family; All others \$150/person, \$300/family)</p>



# Pharmacy Co-pay Comparison

<b>Retail networks</b> (up to 30 days)	<b>Commercial MCO*</b>	<b>Medicare HMO*</b>	<b>TRICARE</b>	<b>FEHBP**</b>
<b>Generic</b>	\$8.93	\$7.56	\$3.00	\$10.00
<b>Formulary-Brand</b>	\$18.77	\$19.61	\$9.00	\$25.00
<b>Non-formulary</b>	\$32.53	\$38.95	\$22.00	\$40.00

<b>Mail Order</b> (up to 90 days)				
<b>Generic</b>	\$14.58	\$17.25	\$3.00	\$20.00
<b>Formulary-Brand</b>	\$31.18	\$37.22	\$9.00	\$50.00
<b>Non-formulary</b>	\$60.68	\$73.45	\$22.00	\$80.00



# TRICARE Dental Programs

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- TRICARE Dental Program (TDP)
  - Voluntary premium-based dental insurance program for the following:
    - Active Duty Family Members
    - Selected Reserves
    - Individual Ready Reserves and Family Members
  - Sponsor must have 12 months of service remaining in order for family members to enroll (except Reserve Component)
- TRICARE Retiree Dental Program
  - Premium based program for retirees and their family members



# TRICARE Reserve Select (TRS)

- **A Premium-based health care plan for certain members of the Reserve Component and their families**
- Comprehensive health care plan, *similar* to TRICARE Standard
  - Pay monthly premiums, annual deductible, and cost-shares
- Purchased by the eligible members via monthly premium payments
  - \$81 for the service member and \$253 for member-and-family coverage
- Two qualifications
  - Member must be a Selected Reserve member of the Ready Reserve.
  - Member must not be eligible for the Federal Employee Health Benefits program or currently covered under FEHB



# Transitional Assistance Management Program (TAMP)

- Up to 180 days transitional health care
- TRICARE Prime (in Prime service areas), TRICARE Standard and TRICARE Extra available
  - Deductible and cost-shares based on program
- Eligibility
  - Involuntary separation from AD
  - Reserve Component (RC) on AD orders for more than 30 days in support of a contingency operation (30 days do not have to be concurrent)
  - Release from Stop-Loss in support of a contingency operation
  - Personnel who agree to stay on AD for less than 1 year in support of a contingency operation



# Continued Health Care Benefit Program

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- Individuals who lose TRICARE eligibility or other coverage under the Military Health System
- Transitional health care for 18–36 months
- Similar benefits to TRICARE Standard
- Must enroll within 60 days after separation from AD or loss of eligibility for military health care
- Premiums per quarter:
  - \$933 per person
  - \$1,996 per family



# Summary

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- What is TRICARE?
- Vision and Mission



# TRICARE Extended Care Health Option (ECHO)

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- Financial assistance to ADFMs with specific mental or physical disabilities
  - Coverage provided after state/local public facilities
- PCM or referred specialist manages care
- Services and supplies supplement other TRICARE programs
- Monthly benefit allowance is \$2,500
  
- Organization
- TRICARE Options
- Additional TRICARE Programs



# Point of Contact

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