

Getting Health Care for Foreign Force Members and Their Families

An Overview of the U.S. Military Health System (MHS)

Updated April 2024



“Medically Ready Force...Ready Medical Force”

NOTE TO PRESENTER:

Prior to your presentation, delete this slide after filling in local military hospital or clinic contact information in the notes section for slides:

- **7**
- **12**
- **14**
- **32**

Audience



This briefing applies to foreign force members and their family.

- The foreign force member must be in the U.S. by official invitation or on official military business

Eligibility for health care depends on the type of agreement between your country and the U.S. Department of Defense (DoD):

1. North Atlantic Treaty Organization (NATO) countries with a Status for Forces Agreement (SOFA)
2. Partnership for Peace (PfP) countries with a SOFA or without a SOFA
3. Countries with Reciprocal Health Care Agreements (RHCA)
4. No health care agreement

For more information, visit www.tricare.mil/plans/eligibility/ffmandfamilies

What Is TRICARE?



TRICARE is the health care program for the U.S. Department of Defense
It consists of

- Direct care
- Private Sector Care

TRICARE® is the brand name for the U.S. Military Health System

ELIGIBILITY

Direct Care and Private Sector Care



Direct Care:

Military hospitals & clinics operated by DoD or the U.S. Coast Guard

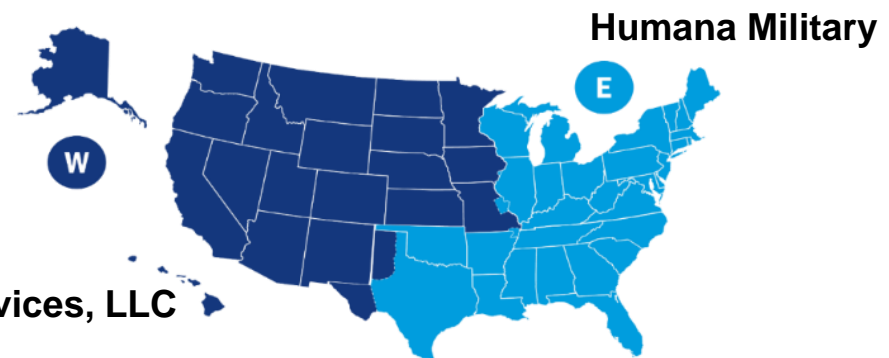
- May be used by NATO, PfP, or RHCA
- Find the nearest military hospital and clinic at www.tricare.mil/mtf
- Those with no agreement are responsible for seeking and paying for their health care
 - Direct care might be available, but you would have to pay full cost for services

Private Sector Care:

Private sector outpatient providers

- For NATO and PfP countries only with a SOFA agreement (no RHCA countries)
- Limits on accessing private sector health services; no inpatient services
- Administered by TRICARE regional contractors

Health Net
Federal Services, LLC



Eligibility for Care in the U.S. MHS



- To get care, the U.S. Department of Defense has to show the foreign force member and their family member(s) as eligible in Defense Enrollment Eligibility Reporting System (DEERS)
 - DEERS is the official system of record for eligibility and enrollment for the U.S. Military Health System (MHS)

- Eligibility ends when a Foreign Force Service Member's assignment ends and he/she leaves the U.S.
 - Not eligible for continuing/follow-up care in the MHS

There are a couple of steps you need to take to show as eligible for health services in the MHS ...

Step 1: Register in DEERS and Get a DoD ID Card



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- Visit DoD ID card office with a completed DD Form 1172
 - a. To Register in DEERS – DoD shows MHS eligibility in DEERS
 - b. To get ID cards
- You may go to the local office or call them to set up an appointment
 - Bring a copy of your official orders/document to confirm official business
 - Spouses and children should be listed to show as eligible in DEERS
 - Let the DoD card office know if you were previously assigned in the U.S.
- Common Access Card (CAC) – Foreign force members
- Uniformed Services ID (USID) card – spouses, and eligible children age 10 or older, up to age 21, or age 23 if full-time student

Your ID Card (Next Generation)



The member's Common Access Card (CAC) or the family member's Uniformed Services ID card shows:

- A DoD Identification Number – for care in military hospitals or clinics
 - ❑ This 10-digit number is unique to each individual
 - ❑ The hospital/clinics uses it to confirm eligibility for care
- A DoD Benefit Number (DBN) – for authorized private sector health care. This 11-digit number is found on the back of the ID card. It is used by private sector providers to file claims

Common Access Card (CAC)



Uniformed Services ID



Your ID Card (Legacy)

The member's Common Access Card (CAC) or the family member's Uniformed Services ID card shows:

- A DoD Identification Number – for care in military hospitals or clinics
 - ❑ This 10-digit number is unique to each individual
 - ❑ The hospital/clinics uses it to confirm eligibility for care
- A DoD Benefit Number (DBN) – for authorized private sector health care. This 11-digit number is found on the back of the ID card. It is used by private sector providers to file claims

Common Access Card (CAC)



Uniformed Services ID



Your CAC/USID Card



- Show your CAC/USID card whenever you get care or fill a prescription
- Providers, clinics, hospitals are allowed to make a copy of your CAC/USID card
- Go to www.tricare.mil/eligibility for eligibility, DEERS, and ID card information

Keep DEERS Information Up To Date



Go to an **ID card office**. Find an office at <https://idco.dmdc.osd.mil/idco>

Note: You must use this option to add family members in DEERS



Log on to <https://milconnect.dmdc.osd.mil>

You need a CAC or DS Logon for yourself and your family members to get into DEERS. Directions for DS Logon are on the web site

Use this to view eligibility, enrollment, and update contact information



Call **1-800-538-9552**

Use this if you have questions about your DEERS record or getting a DS Logon



Fax **1-800-336-4416**

Step 2:

Register at a Military Hospital or Clinic



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- 1–2 days after you register in DEERS, register yourself and your family members at the military hospital or clinic registration desk or administration office



- Bring the following with you:

- DoD ID card and copy of your official orders/business document
- Documentation of any other health insurance (OHI)
- Dates and locations, if previously stationed within the U.S.
- Immunization records
- You need to give staff the name(s), address, phone number, date(s) of birth for you and each family member

**GETTING CARE
in the
DIRECT CARE
SYSTEM**

Direct Care—Getting Care at a Military Hospital or Clinic



Direct Care = Care at Military Hospitals and Clinics

- You and your family get priority access to military hospitals & clinics the same as a U.S. active duty member & his/her family
- Hospitals and clinics may offer a range of outpatient services:
 - Routine, primary, urgent, and preventive care/immunizations
 - Maternity and well-baby visits
 - Laboratory tests, X-rays
 - Physical or occupational therapy
 - Vision exams
- You use the military pharmacy to get prescription drugs
- For primary/same day, emergency, urgent, or specialty care, refer to the military hospital's/clinic's policy

Direct Care—Getting Care at a Military Hospital or Clinic (continued)



To schedule an appointment, you may:

- Call the centralized appointment line
- Call the appropriate clinic, get a referral or order as needed
- Go online using TRICARE Online (TOL) or the MHS GENESIS portal:
 - DS Logon primary account required
- To sign up for a DS Logon account
 - Visit the DS Logon Self-service site at <https://myaccess.dmdc.osd.mil/identitymanagement>
 - DMDC Support Center at (800) 372-7437

Direct Care— Foreign Force Service Member



Outpatient Care

- For primary/routine care – schedule an appointment
- Lab, X-ray, pharmacy, etc. – doctor’s order needed Specialty care (e.g. physical therapy, orthopedics, dermatology, etc.)
 - Get a referral from primary care
 - Contact the clinic 1-2 days later to schedule appointment
- Costs:
 - NATO/PfP/RHCA – no costs
 - Others - pay military hospital/clinic costs

Inpatient Care

- Available at military hospitals
- Follow the specialty clinic’s direction for admission
- Costs:
 - NATO/PFP pay full hospital charges
 - RHCA’s pay a daily “subsistence” charge

Direct Care— Foreign Force Family Member



Outpatient Care

- For primary/routine care – schedule an appointment
- Specialty care (e.g. physical therapy, orthopedics, dermatology, etc.) – get a referral; contact the specialty clinic 1-2 days after the provider entered the referral to schedule an appointment
- Lab, X-ray, pharmacy - you need a doctor's order; usually you don't need an appointment
- Costs:
 - NATO/PfP/RHCA – no cost
 - Others - pay military hospital/clinic costs

Inpatient Care

- Available at military hospitals
- Follow the specialty clinic's direction for admission
- Costs:
 - NATO/PFP pay full hospital charges
 - RHCAs pay a daily “subsistence” charge
 - Others - pay military hospital cost

**GETTING CARE
in the PRIVATE SECTOR
CARE SYSTEM**

Private Sector Care:

Only available to NATO/PfP with SOFA



The term “Private Sector Care” refers to civilian care and services

- Your eligibility for MHS-covered care depends on the type of agreement DoD has with your country and what services are available at the military hospital or clinic

Step 1: You must get a referral from a military hospital or clinic provider or remote provider for private sector care, which is usually for specialty services

- Family members don’t need a referral and may choose to seek care directly from any TRICARE-authorized provider

Step 2: The military hospital or clinic or DHA-Great Lakes (for members in remote locations only) then determines if they can approve the care

Step 3: Check on the status of the referral or authorization and find you which private sector provider you are to see:

- Contact the military hospital/clinic Referral Management Center
 - Contact the military hospital/clinic beneficiary counseling and assistance coordinator or health benefits advisor
 - Log into the regional contractor’s secure portal or opt out of electronic notification on the secure portal to get hard copies of approvals mailed to you
 - Contact your TRICARE regional contractor
- Do not seek services until you know your private sector care is approved

Private Sector Outpatient Care

Only available to NATO/PfP with SOFA



Foreign Force Member

- **You must get a referral** from a military provider and authorization from the MCSC or DHA Great Lakes (locations remote from an MTF)
- Do **not** seek care until your care is authorized.
- Go to the provider listed.
If you don't want that provider or can't get in, contact the regional contactor for assistance in changing or finding a provider.

Family Members

- No referral required
 - Get documentation from the military provider to share with the private sector provider
- Follow TRICARE Select rules when getting care
 - Remember, you are to use a TRICARE network (preferred) or non-network TRICARE authorized provider

Private Sector Care—Outpatient Costs

Only available to NATO/PfP with SOFA



Foreign Force Member

- No costs as long as there is a referral and authorization in place
 - Ask your provider to file a claim with TRICARE
 - Without an authorization, you are responsible for 100% of the costs for private sector care

- For all other countries:
 - File to your private or country-sponsored commercial insurance plan
 - Submit to home country for national reimbursement
 - Contact your commercial plan or your embassy for assistance

Foreign Force Family Member

- You pay TRICARE Select active duty family member Group B copays and cost-shares
- You are usually billed at the time of visit
 - Make sure the provider files a claim or file a claim yourself if the provider bills you

- For all other countries:
 - File to your private or country-sponsored commercial insurance plan
 - Submit to home country for national reimbursement
 - Contact your commercial plan or your embassy for assistance

Private Sector Care

Only available to NATO/PfP with SOFA



If eligible for private sector care, you must use a TRICARE network or TRICARE authorized non-network provider

- The name and address for the approved provider should be listed on the notice of approval/authorization
- Contact your regional contractor if you have problems getting an appointment with the provider listed on the referral/authorization notice
- We suggest you or your family members take a copy of the referral to the private sector provider
- You may want to research providers in your local area who you may want to see if the listed provider isn't available. Though you can't enroll in a TRICARE Prime option, you may:
 - Log on to the online provider link at <https://www.tricare.mil/FindDoctor>
 - Choose "TRICARE Prime" if you get your care at a military hospital or clinic
 - Choose "TRICARE Prime Remote" if you are in a remote location
 - First, search network provider as network providers are more familiar with TRICARE benefits.
 - If there are no network providers in your area, choose a non-network as your second choice

Private Sector Care—Inpatient Care:

Not covered by U.S. DoD



Inpatient Care:

- US DoD does **NOT** cover private sector inpatient care (e.g. hospitalization, labor and delivery, ambulance transfers) in private sector hospitals/centers for **any** foreign force member or eligible family members
- NATO/PfP/RHCA: You are responsible for 100% of cost of private sector care
 - File to your private or country-sponsored commercial insurance plan
 - Submit to home country for national reimbursement
 - Contact your plan or your embassy for assistance
- Make sure you follow-up to make sure the inpatient facility submits a bill and gets paid

PHARMACY

Pharmacy Options

- NATO/PfP/RHCA: You and your family members can fill prescriptions at the military hospital or clinic pharmacy
 - To fill your prescription, you need a prescription and your valid uniformed services ID card
 - Your provider may enter your prescription online or give you a hard copy
 - You may be able to go online or call-in prescription refills
 - Visit www.tricare.mil/militarypharmacy to learn more

- NATO/PfP family members: You may be able to fill prescriptions at TRICARE private sector retail network pharmacies or TRICARE Pharmacy Home Delivery

- Visit www.tricare.mil/pharmacy for more information



DENTAL

Dental Coverage— Foreign Force Member



- Foreign force members obtain dental care from a military dental treatment facility (DTF)
 - Access care closest to your duty station
 - Covered dental care focuses on medically indicated treatment, not elective treatment to improve appearance
 - Call the DTF for appointment scheduling
 - Private sector dental care may be covered if you are referred out by the military DTF
 - Coordinate private sector dental care services with the military dental treatment facility or the Active Duty Dental Program Contractor
- If you seek private sector dental services without a referral, you are responsible for the costs
 - File to your private or country-sponsored commercial insurance plan
 - Submit to home country for national reimbursement
 - Contact your plan or your embassy for assistance



Dental Coverage— Foreign Force Member (continued)



- Foreign force members obtain dental care from a military dental treatment facility (DTF)
 - Access care closest to your duty station
 - If available, care focuses on medically indicated treatment, not elective treatment to improve appearance
 - Call the DTF for appointment scheduling
 - Private sector dental care may be covered if you are referred out by the military DTF
 - Coordinate private sector dental care services with the military dental treatment facility or the Active Duty Dental Program Contractor
- If you seek private sector dental services without a referral, you are responsible for the costs
 - File to your private or country-sponsored commercial insurance plan
 - Submit to home country for national reimbursement
 - Contact your plan or your embassy for assistance



Dental Coverage— Foreign Force Family Member



- Family member dental care from a military dental treatment facility is not generally available
 - If available, care focuses on medically indicated treatment, not elective treatment to improve appearance
 - Appointments are offered only if there are open appointments available
- TRICARE Dental Program (private sector) – not eligible
- If you seek private sector dental services, you are responsible for the costs
 - File to your private or country-sponsored commercial insurance plan
 - Submit to home country for national reimbursement
 - Contact your plan or your embassy for assistance



RESOURCES

Patient Portals



- TRICARE Online (TOL) Patient Portal and MHS GENESIS (in certain areas) offer secure patient portals for you
- You have to register to access the portal used at your military hospital/clinics. On these portals you can:
 - View your health information
 - Exchange secure messages with your care team
 - Request prescription renewals
 - View notes from your clinical visits and certain lab/test results, such as blood tests
 - Schedule, change, view, or cancel medical and active duty dental appointments
 - Complete a pre-visit active duty dental health questionnaire online
 - Access information related to your health concerns and medications



Looking for Information?



■ TRICARE Resources

- ❑ TRICARE Website – www.tricare.mil
 - Foreign Force Members and Their Families – www.tricare.mil/plans/eligibility/ffmandfamilies
- ❑ TRICARE Covered Services – www.tricare.mil/coveredservices
- ❑ TRICARE Costs – www.tricare.mil/costs

■ Military Hospitals and Clinics

- ❑ Find a Military Hospital and Clinic – www.tricare.mil/mtf

Looking for Information?



■ Military Hospitals and Clinics

- ❑ Find a Military Hospital and Clinic
www.tricare.mil/mtf

■ TRICARE Regional Contractors

- ❑ East Region
Humana Military
800-444-5445
www.humanamilitary.com
www.tricare-east.com
- ❑ West Region
Health Net Federal Services, LLC
844-866-WEST, 844-866-9378
www.tricare-west.com

■ TRICARE Pharmacy Program

www.tricare.mil/pharmacy

- ❑ Express Scripts, Inc.
U.S. and U.S. territories
877-363-1303
www.express-scripts.com/TRICARE

■ Active Duty Dental Program

www.tricare.mil/CoveredServices/Dental/ADDental/ADDP

- ❑ United Concordia
866-984-2337

BACK-UP SLIDES

Health Benefit Terms (Part 1)



Ancillary Services – services that usually don't require an appointment: pharmacy, laboratory, X-ray

Billed Amount – The total charge(s) submitted to TRICARE by the private sector provider or charge(s) by the military hospital or clinic

Claim – A request for payment from TRICARE that goes to your regional contractor after you get a covered health care service

Copayment – The fixed amount you pay for a covered health care service or drug. A copayment for an appointment also covers your costs for tests and other ancillary services you get as part of that appointment

Cost-share – A percentage of the total allowed cost of a covered health care service that you pay

Health Benefit Terms (Part 2)



Explanation of benefits (EOB) – A statement explaining the treatments and services paid by TRICARE or other health insurance

Inpatient care – Care received in a hospital setting/facility setting for a period normally exceeding 23 hours

- Billing is based on the cause of the admission and the providers delivering care

Outpatient Care – Care for a medical condition within one day

- Includes routine and urgent care, and preventive care services

Prior authorization – A review of a requested health care service by your regional contractor to see if TRICARE will cover the care

Health Benefit Terms (Part 3)



Procedure code – a number used to identify specific surgical, medical, or diagnostic exam\test

- TRICARE uses this number to determine what to pay on a claim

Provider – a person, business, or institution that provides health care

Referral – When your primary care or network specialty provider sends you to another provider for care in accordance with TRICARE program rules

Sponsors – Foreign force military members on assignment to the U.S.

TRICARE-allowable charge – The most TRICARE pays for a covered service

- Includes what the government pays and what the individual may pay