NAVAL BRANCH HEALTH CLINIC
KINGS BAY
PATIENT GUIDE 2010

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On behalf of the entire staff, I would like to welcome you to Naval Branch Health Clinic, Kings Bay. We are committed in providing quality care that is safe, effective and timely working closely with our parent command, Naval Hospital Jacksonville to ensure your healthcare needs are fulfilled. Our commitment to current deployment operations is challenging, but partnering with HUMANA Military Health Services in providing access via the local network healthcare services ensures access standards are met. Your help in being on time for appointments or calling 24 hours in advance if you need to cancel an appointment will optimize efficiency and would be greatly appreciated.

Please take a moment to review this informative booklet, as it will help acquaint you with both the healthcare and wellness services that we provide. If you have further questions, please call our Health Benefits Advisors at (912) 573-4228. If you need an appointment, or are not able to keep your appointment, call our appointment desk at 800-529-4677 or call (904) 542-4677.

We are here to serve you. If your experience at our clinic is not what you expected, don’t hesitate to contact our Customer Service representative at (912) 573-4458. We have programs in place to monitor the pulse of the clinic and oftentimes your ideas/suggestions are used to make improvements so I encourage you to share your thoughts with our Customer Service representative. We hope your visit with us is positive and that you enjoy your stay at Kings Bay.

Very respectfully,

D. W. Denton
Commander, Medical Service Corps
United States Navy
Officer in Charge
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GENERAL INFORMATION

Naval Branch Health Clinic (NBHC) Kings Bay
Hours of Operation (unless listed otherwise)

Monday – 7 a.m. - 5 p.m.
Tuesday – 7 a.m. - 5 p.m.
Wednesday – 7 a.m. - 5 p.m.
Thursday – 7 a.m. - 7 p.m.
Friday – 7 a.m. - 12 p.m. & 2 p.m. - 5 p.m.

The clinic is closed on Fridays from 12 p.m. until 2 p.m. for training. Closed Saturdays, Sundays and Federal Holidays.

For routine clinic information, please call (912) 573-4242. You may also reach the clinic toll free at 888-673-4215 and choose from the available options for assistance.
**NBHC Kings Bay Phone Directory**

**Telephone:** (912) 573-4215  
**Toll Free:** 888-673-4215

Press (1) For Information on Clinic Hours, After Hours Care, and Outpatient Records, Or call (912) 573-4242
Press (2) For Appointments Scheduling and Cancelations Or call 800-529-4677, 800-NAV-HOSP
Press (3) Dental Clinic Information and Appointments (Front Desk), Or call (912) 573-4212
Press (4) For Health Benefits/Consult Tracker/Referrals Management, Active Duty Dental Program (ADDP)
Press (5) For Phone Consult via Appointments Line at NHJ
Press (6) For Pharmacy or Pharmacy Refills, Or call 800-628-7427
Press (7) For Immunizations Clinic, Or call (912) 573-8250
Press (8) For Command Duty Officer, Or call (912) 409-1499
Press (0) To Repeat Options

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**Central Appointments Line**

**Telephone:** (904) 542-HOSP (4677) Option #1  
**Toll Free:** 800-529-HOSP (4677) Option #1

**Hours of Operation:** Monday to Friday – 6 a.m. - 8 p.m.  
Saturdays, Sundays and Federal Holidays – 7 a.m. - 3:30 p.m.

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**Reminder to Our Patients**

NBHC Kings Bay is an outpatient clinic and does not provide emergency medical services. For treatment requiring more urgent care, please seek your closest treatment facility with the appropriate TRICARE authorization. True medical emergencies such as a heart attack or a broken bone do not require prior authorization. You may dial 911 on or off base for all emergency ambulance services.

Your care is important to us. To ensure you are getting the highest quality care possible, it is crucial that you keep your scheduled appointments. The Uniformed Service Identification (ID) card is required to establish eligibility for medical care. Please be sure to always bring your ID card when seeking medical care.

In the event that you need urgent medical care and no appointment is available, it is best to leave a telephone message for your Primary Care Manager (PCM) nurse, through the Central Appointments Line: 800-529-HOSP (4677) Option #1. The PCM’s nurse will be able to find an appointment that meets your needs or make a referral to a local urgent care facility. Referral assistance is an extension of the services we provide to our TRICARE Prime beneficiaries.
Appointments Check-In Process

For scheduled appointments, you will need to present a valid military ID card at the Primary Care Clinic (PCC) check-in desk for yourself or the family member seeking care. PCC includes both Family Medicine and Military Medicine. To better serve you, we ask that you arrive at least 15 minutes prior to your scheduled appointment. This allows you time to fill out any additional paperwork. It also allows our support staff to do necessary screenings such as temperature, blood pressure, height and weight before you see a health care provider.

If you arrive late for your appointment, we will make every attempt to work you in that day. However, if this is not possible, you may be asked to reschedule to another time.

At check-in, our staff will also need to update your contact information for home and work. They will ask if you or a family member is currently covered by another health insurance plan. NBHC is required by law to obtain Other Health Insurance (OHI) information under the Third Party Collections (TPC) Act. Please have your OHI information available when you check in. If your coverage has changed or you no longer have OHI, please tell the staff member checking you in so the information can be updated.

The Third Party Collections (TPC) Act governs both the Third Party Collections (TPC) and the Third Party Liability (TPL) programs, in which the Naval Hospital Jacksonville and its Branch Health Clinics must follow.

Third Party Collections (TPC) encompasses eligible beneficiaries with Other Health Insurance (OHI). OHI can be obtained through an employer by family members of Active Duty, family members of retirees, or retired personnel. Federal Law
mandates any one who has OHI must provide the OHI Information, even if they are an eligible beneficiary. NBHC must submit the information on a Third Party Collections Program – Insurance Information (DD 2569) form and a copy of the insurance card to Mrs. Lori Sipka at the NHJ for her to submit claims to the private insurance carrier.

Examples of private insurance carriers are: Blue Cross & Blue Shield, AvMed or Mail Handlers, etc.

Third Party Liability (TPL) encompasses eligible beneficiaries involved in an auto accident, fall, or other mishap. Eligible Beneficiaries, who are being seen as the result of an accident, need to fill out the Third Party Collections Program – Insurance Information (DD 2569) form. NBHC will forward the completed 2569 Form to Ms. Peggy Montgomery at the NHJ for her to submit a claim.

Examples of Accidents are:

• Motor Vehicle Accident (MVA) – Active Duty or other eligible beneficiaries. Obtain the date of accident, names of auto insurance, claim number, and a copy of the accident report. Please write “MVA” at the top of the form in large print for the TPC/TPL office. (ATV’s and watercrafts if insured as well) (Carriers names such as - State Farm, USAA, Progressive, etc.)

• Slip/Falls – Can be billed to the owner of the property where the slip/fall occurred – Homes or businesses. (Such as - Taco Heaven, Mr. Horn at 121 Rocky Rd., St. Marys, etc.)

• Animal Attacks - Can be billed to the owner of the animal who committed the attack. (Such as - Mr. Horn at 121 Rocky Rd., St. Marys, etc.)

• Worker Compensation – If you are injured at your place of employment, you need to report your injury to your employer. Your employer may have certain providers to whom they are required to send you to for your work injury evaluation and treatment under their Worker’s Compensation Insurer. By not following your employers Worker’s Compensation rules and regulations you may jeopardize your possible future wages, compensation and Treatment payments. (For Active Duty Service Members injured at work, contact your PCM for an appointment.)

For more information about the TPL or TPC program, or the required Third Party Collections Program – Insurance Information (DD 2569) form; the points of contact are located at Naval Hospital Jacksonville. The TPL POC is: Mrs. Peggy Montgomery at (904) 542-7828 ext. 146 and the TPC POC: Ms. Lori Sipka at (904) 542-7828 ext. 128 and fax number (904) 542-7785.
Every area in our clinic has a designated Customer Service Representative for added patient convenience. A patient may also call (912) 573-4458 or email us at NBHCKingsBay@med.navy.mil to make suggestions, recognize an outstanding staff member or address concerns.

The clinic uses the Interactive Customer Evaluation (ICE) system to gather patient feedback. Patients may enter comments using the computerized Web-based ICE terminals located in the clinic. The Officer in Charge and staff at the clinic invite our patients and visitors to honestly assess the health care services we provide. Your input will help us improve the delivery of care to meet and hopefully exceed your expectations. It will also allow us to recognize staff for the outstanding service they provide. When completing the comment card, we ask you to please provide feedback on a specific outpatient visit or encounter you had with our clinic. The ICE terminals are located in two areas of the clinic at this time; one in the Primary Care waiting area and the other is located at the front of Military/Dental records. You can also access the ICE system from your home computer by visiting navalhospitaljax.med.navy.mil and clicking on the ICE button.

Military Medicine (Active Duty Service Members (ADSM's) only)

Telephone: (912) 573-8801

ADSM’s who need to schedule an appointment for Routine or Same Day/Acute appointments, will need to call Central Appointments at 800-529-4677, Option #1. ADSM’s stationed at Kings Bay, GA, shore commands are assigned to the NBHC Military Medicine as their Primary Care Manager (PCM).

ADSM’s are seen primarily by appointment, but Military Medicine may see you on a walk-in basis. As a walk-in patient, you may be triaged to an appointment later in the day according to your symptoms. ADSM’s are required to be in the uniform of the day and have their Military ID card with them. ADSM’s Medical records are required to be kept by the Military Treatment Facility (MTF). If you have your medical record you will need to bring it to the appointment and then return it to Outpatient Records.

If you are here on Temporary Assigned Duty (TAD), we will be able to provide care for acute issues that arise while you are in our area; however, if you need specialty care, you may need to return to your duty station for completion of your medical care. You may need to contact your PCM for assistance unless NHJ located onboard Naval Air Station Jacksonville can provide the services within its facility.
If you feel your condition is a true emergency, call 911 or go to the nearest emergency room. Prior approval is required to receive care by any civilian provider unless it is a true emergency. During normal working hours, contact the Central Appointments line at 800-529-4677, Option #1. After normal working hours, weekends or during NBHC closures, if you feel your care is not a true emergency, but it’s of an acute or urgent nature, you can seek care at Naval Hospital Jacksonville (NHJ) Urgent Care Clinic, without need of a referral from your PCM.

If you are seen at a civilian facility/emergency room, regardless of if you had prior approval; you are required to contact your PCM to make a follow-up appointment within the next 72 hours. If on leave, you are required to make an appointment with your PCM as soon as possible upon your return. Failure to do so may make you financially responsible for the medical bills. If a civilian provider requests the ADSM to have “Limited Work or No Work,” the member must report to their PCM for proper placement on Limited/Light duty or Sick in Quarters (SIQ). Any follow-up or specialty care must be coordinated by your PCM at the MTF.

ADSM’s stationed aboard a submarine will be assigned to the Independent Duty Corpsman (IDC) assigned to that boat as their Primary Care Manager (PCM). The IDC/PCM stationed aboard the ADSM’s submarine, will direct his crew on the proper process for all medical/dental appointments and use of civilian facilities. Make sure you get your Corpsman’s information and phone number as soon as you check-in to your command. If you are seen at an Emergency Room, make sure to follow up with your IDC as soon as possible.
The TRICARE Service Center (TSC) is a local resource for TRICARE information. The TSC is an enrollment site for those choosing TRICARE Prime and offers a wealth of materials to assist you with your TRICARE needs. It is staffed by Humana Military Healthcare Services associates whose goal is to provide excellent customer service along with their military partners at the military treatment facility. Beneficiary Service Representatives are available to provide beneficiary briefings; policy guidance, enrollment and PCM change assistance, claims information and other questions affecting your health care.

Humana Military Healthcare Service's Web site, www.humana-military.com, offers numerous services and information for beneficiaries located in the South Region. Those services include finding a TRICARE provider, enrollment assistance, health and wellness information, payments, claims, behavior health, information on the various TRICARE health plans, reading/downloading TRICARE forms, newsletters, handbooks, brochures, useful links and more.

Humana offers secured member services for online access (sign-in is required) to referrals and authorizations, claims, enrollment verification, requesting/printing TRICARE Prime enrollment cards, Primary Care Manager (PCM) change requests and address changes.

The Consult Control Tracker (CT) forwards specialty referrals placed by your Primary Care Manager for civilian network care to Humana Military Healthcare Services (HMHS), our TRICARE partner. HMHS completes the authorization process and notifies you of your authorization number and network provider information. (Ensure you and all of your family members contact information is correct and up to date at the MTF and by HMHS at all times.) The CT ensures any consult notes and/or reports returned to your PCM are reviewed by your provider, scanned into your electronic medical record and then forwarded to the Medical Records Department for placement into your military medical record.
Health Benefits Advisors (HBAs)

**Telephone:** (912) 573-4228  
**Hours of Operation:** Monday to Friday – 7 a.m. - 3:30 p.m.

Office hours may vary due to briefs and training requirements.

On-site Health Benefits Advisors (HBAs) are available via walk-in or by appointment to assist you with understanding your military health plans: TRICARE Standard, Extra, Prime and TRICARE for Life for Active and Retired members. HBAs can assist with billing inquiries/education, Pharmacy options, Dental information and basic eligibility and benefits questions. HBAs provide assistance to Active Duty Service Members enrolled to the clinic with any referrals or billing issues for civilian medical care.

Exceptional Family Member Program

**Telephone:** (912) 573-6394

The Exceptional Family Member (EFM) Program is a Navy-wide program, which identifies medical, mental health and special education needs of family members and allows assignment consideration of those needs when an active duty family is transferring. The program is open to active duty family members with special needs who are enrolled in DEERS and live with the sponsor. If you think you may qualify for the EFM Program, check with your command EFM Coordinator or contact the clinic’s coordinator. Once enrolled in the program, sponsors are required to update their information at least every three years, when reporting to a new duty station, or when the family member’s medical status changes. For more information or to download forms you can visit the Navy’s EFM Program Web site at www.npc.navy.mil/channels, click on Support and Services button and scroll to EFM Program.
Sea Duty/Overseas/Suitability Screening

Telephone: (912) 573-6021

Sea Duty and Overseas screenings are required for active duty members when they receive orders to an operational platform. The requirement will be noted in the member’s orders. Family members that accompany Sailors or Marines overseas on orders will also require a screening. This process should begin immediately upon receipt of orders. Suitability screenings are required for any member that is coming off a period of limited duty (LIMDU) or retained by a Physical Evaluation Board (PEB).

Physical Exams

Telephone: (912) 573-6021

It is the responsibility of the Physical Exams Division to conduct physical exams for attached personnel according to the member’s designator, rating, or duties. The Physical Exam Division's goal is to complete all exams efficiently and accurately in order to maintain the highest medical readiness.

Outpatient Records (Medical and Dental)

Telephone: (912) 573-4242
Fax: (912) 573-4216

If you are new to the area or a new military family member, please stop by the Medical Records Department and either turn in your medical records, request your records from your prior area or fill out necessary paperwork to start a new health record.

Medical records are, by law, the property of the United States Government and must remain at the Military Treatment Facility (MTF). This system insures that all medical information, laboratory and radiological test results will be promptly filed in your record. Your record will automatically be sent to the provider you will be seeing at the clinic when you have an appointment. Copies of your record are usually sent when being seen by an outside provider. You may ensure a referred provider has your record by contacting the records office 7 days prior to your appointment.
Upon Permanent Change of Station (PCS), family members must request the medical records department at their new location retrieve their records from the previous MTF. You will be required to bring a copy of the PCS orders and fill out the appropriate medical release form during initial check-in process. Medical treatment records of an adult family member 18 years old must be requested by the individual member.

Requests for medical information from third parties such as insurance carriers should be made in writing. Please allow 30 days for processing.

Access to Care Policy

Access to care at Naval Branch Health Clinic (NBHC) Kings Bay is limited to military beneficiaries. Patient priority for health care is outlined by DoD under Title 10 of the U.S. Code. TRICARE Prime enrollees have higher priority for appointments in military treatment facilities than non-enrollees. The order of priority for access to health-related services is:

- Active duty personnel
- Active duty family members enrolled in TRICARE Prime at NBHC Kings Bay
- Retirees, their family members, and survivors of sponsors who died on active duty enrolled in TRICARE Prime at the NBHC Kings Bay
- Beneficiaries enrolled in TRICARE Prime with a civilian Primary Care Manager
- Active duty personnel family members not enrolled in TRICARE Prime
- All other beneficiaries

Active Duty Service Members are not automatically enrolled in TRICARE Prime and assigned a Primary Care Manager. Active duty personnel and their family members must complete an enrollment form to be enrolled, although they pay no enrollment fee. At the time of enrollment, family members choose their Primary Care Manager who is their entry point for non-emergency health care, while active duty members are usually enrolled to their ship or shore station sick call also called Military Medicine.

Retirees, their family members and survivors of sponsors who died while on active duty also must elect to enroll in TRICARE Prime, pay an enrollment fee and choose their Primary Care Manager who is the entry point for non-emergency health care.

To learn more about your TRICARE health options, visit www.tricare.osd.mil.
Defense Enrollment Eligibility Reporting System (DEERS)

Military personnel are enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) when they enter active duty. However, legal documentation such as marriage certificates, birth certificates or adoption papers must be presented to the sponsor’s personnel office to enroll family members. Without DEERS enrollment, family members may be denied military health benefits.

If sponsors or family members have any questions about eligibility or DEERS enrollment, they may call the DEERS Beneficiary Telephone Center from 5 a.m. until 5 p.m. (Pacific Standard Time), Monday through Friday at 800-538-9552. Only address, phone number and email addresses changes can be made using the DEERS Beneficiary Telephone Center. All other changes must be made at a Personnel Support Detachment (PSD).

Personnel Support Detachment (PSD)

The Naval Submarine Base Kings Bay Personnel Support Detachment (PSD) is located in Building 1052. Telephone: (912) 573-3728. DEERS & ID card information is available Monday to Wednesday and Friday – 7:30 a.m. - 5 p.m.; Thursday – 9 a.m. - 5 p.m.; Saturday – 9 a.m. - 1 p.m. for ID cards only. PSD is closed on Federal Holidays and Holiday weekends.

Patient Registration - Composite Healthcare Systems II (CHCSII)

CHCSII is a DoD-wide computerized registry of all military beneficiaries in the U.S. Armed Forces. Registration is mandatory for all beneficiaries, active duty, reserve, retired and their family members. For more information visit the Medical Records Department.

Dental Department (Active Duty only)

Telephone: (912) 573-4212
Hours of Operation: Monday to Thursday – 7 a.m. - 4 p.m.
    Friday – 7 a.m. - 3:30 p.m.

Our highly-skilled Dental professionals provide dental care to all active duty personnel stationed in the Kings Bay area. All dental treatment is scheduled on an appointment basis, including dental examinations and routine dental treatment. If you are unable to keep your scheduled appointment, please call at least 24 hours in advance to cancel. Call (912) 573-4212 to make, change or cancel dental appointments.

You need to arrive 15 minutes prior to your scheduled appointment and will need to check in at the dental front desk. When you check in you will be required to verify your personal and command information in your dental record. If the NBHC Dental Department does not maintain your dental record, you will need to ensure you bring it with you at all of your appointments.
If you are having an acute dental issue or pain, report to the dental department for dental sick call at 7:00 a.m. or 1:00 p.m. so you can be evaluated. Active Duty Service Members (ADSM’s) can contact the Duty Dental Technician at (912) 409-1592 for after-hours emergencies. While traveling, on leave or during a Permanent Change of duty Station (PCS) if you need dental services for an acute issue, go to or contact the nearest military dental treatment facility for guidance.

The Dental department has a liaison for both shore and sea commands to assist with readiness concerns and issues. Mrs. Brenda Ketola, the Fleet Liaison, can be reached at (912) 573-4202 or (DSN) 573-4202 and her email address is: Brenda.Ketola.ctr@med.navy.mil.

The NBHC Dental Department may need to send/refer an ADSM out into the civilian community for dental treatment under a program called the Active Duty Dental Program (ADDP). ADDP is used to acquire needed dental treatment for ADSM’s that is not available at the military dental clinics. The ADDP referred dental service will be coordinated via the ADDP Processor’s office, who can be reached at (912) 573-4874 or (DSN) 573-4874.

Family members of active duty personnel are strongly encouraged to enroll in the government-sponsored dental insurance plan to receive high quality, cost-effective dental care from participating dentists in the community. For more information about the dental program contact United Concordia at 800-866-8499 or visit their Web site at www.tricaredentalprogram.com.
Healthcare Mediator Program

**Telephone:** (904) 542-7009  
**Pager:** (904) 283-0511

The Healthcare Mediator works with patients and providers at the time of service delivery. The Healthcare Mediator may also be engaged at any time following unexpected outcomes of care or quality of care issues.

Examples of Patient Issues:
- Dissatisfaction with treatment outcomes or quality of care
- Unexpected/adverse outcomes of care
- Sentinel events
- Medical errors
- Misdiagnosis or delays in diagnosis
- Unexpected deaths
- Inability to communicate effectively with providers

Patients, employees, and volunteers of Naval Hospital Jacksonville who have patient care issues can use the services of the Healthcare Mediator. This service is available to all beneficiaries. Referrals are accepted from any staff member.

The Healthcare Mediator can help you resolve patient issues in a confidential and neutral setting. For more information or to schedule an appointment, please contact the Naval Hospital Jacksonville Healthcare Mediator.
ANCILLARY SUPPORT SERVICES

Following is a list of our services and a brief description, location and hours of operation if different from NBHC normal working hours and location listed below.

Services are provided in Naval Branch Health Clinic, Building 1028, at 881 USS James Madison Road on Kings Bay Submarine Base. The hours of operation are:

Monday – 7 a.m. - 4 p.m.
Tuesday – 7 a.m. - 4 p.m.
Wednesday – 7 a.m. - 4 p.m.
Thursday – 7 a.m. - 4 p.m.
Friday – 7 a.m. - 12 p.m. & 2 p.m. - 4 p.m.

The clinic is closed on Fridays from 12 p.m. until 2 p.m. for training. Closed Saturdays, Sundays and Federal Holidays.

Pharmacy

Telephone: (912) 573-4264
Call-In Refills & New Prescriptions: 800-NAV-PHAR, 800-628-7427 or http://navalhospitaljax.med.navy.mil
Hours of Operation: Monday to Friday – 7 a.m. - 4 p.m.

The pharmacy is closed weekends and all Federal Holidays. To allow time for the processing of your new prescription, please arrive at the pharmacy 30 minutes prior to posted closing times.

Per the Health Insurance Portability and Accountability Act of 1996 (HIPAA), all patients 18 years and older need a valid military ID card to pick up their prescriptions. A spouse or sponsor’s ID card will not be accepted.

For prescriptions being picked up by someone other than the patient, the NBHC Pharmacy staff will accept a copy of both sides of the patient’s ID card with a short note stating the patient is allowing NBHC staff permission to dispense their medication in their absence. This note must be signed and dated by the patient.
Is My Medication Available?

Beneficiaries may obtain up to a 90-day supply of prescribed medications listed on the Naval Hospital Jacksonville Formulary (approved drug list). Beneficiaries may go online at www.tricareformularysearch.org for information on the TRICARE Pharmacy Program. Occasionally, we will carry a medication not shown on the web site. A second resource is the Naval Hospital Jacksonville Formulary, a printed list which can be obtained at the pharmacy counter. If you are having difficulty determining if a prescription item is on the formulary, please contact the pharmacy.

Formulary Changes

Formulary changes occur for different classes of medications on a routine basis. While occasionally inconvenient, the formulary changes ensure that beneficiaries continue to receive excellent pharmacy benefits despite rising prescription costs. If you have questions about the formulary process, you may read more at www.pec.ha.osd.mil.

Procedures

NEW PRESCRIPTIONS: New prescriptions may be brought to the pharmacy during regular working hours. To provide you with the best service, please bring your new prescriptions into the pharmacy at least 30 minutes prior to closing. If your prescription is written for a medication that you are using regularly, your doctor may prescribe a 90-day supply with refills as permitted by Federal and/or State law.

REFILL PRESCRIPTIONS: All refills are to be ordered ahead of time. Watch your supply of medication and be sure to place your refill order 7 to 10 days before you run out. If you have difficulty with the telephone or internet system, please call the pharmacy for instructions or assistance.

Refills are processed using the pharmacy’s automated telephone refill system (800-628-7427) available 24 hours a day, seven days a week. Prior to calling, patients should have the prescription number(s) and the sponsor’s Social Security Number readily available. Follow the directions given and enter appropriate information using a touch-tone telephone. Another option for prescription refills is to use the internet refill system on the Naval Hospital Jacksonville Web site.

Mail Order Pharmacy

TRICARE Mail Order Pharmacy (TMOP) is currently available to remote active duty personnel and all TRICARE-eligible beneficiaries. Benefits of the program include home or other temporary address delivery, low co-payments, free shipping and handling, no claim forms, ordering up to a 90-day supply of non-controlled medications or up to a 30-day supply of controlled medications, and you can even telephone in your refills. Use of the TMOP is your best option when your medications are not available through a military treatment facility. If you have Other Health Insurance (OHI) that includes a pharmacy plan, you may not use TMOP unless you have exhausted your plan's benefit.
**Case Management**

**Telephone:** (912) 573-4209

Case Management is available for patients requiring assistance and coordination of health care. A Primary Care Manager (PCM) referral is recommended for case management assistance.

**Clinical Preventive Health Assessment (PHA) Services**

**Telephone:** (912) 573-4251  
**Hours of Operation:** Monday to Friday – 7 a.m. - 11:30 a.m. & 1 p.m. - 4 p.m.

A health care professional will review the Active Duty Service Member’s medical record and make health care recommendations based on the individual’s age, sex, and identified risk factors to improve their health and quality of life. PHA’s are required to be updated annually during the member’s birth month.

**Dental**

**Telephone:** (912) 573-4212  
**Hours of Operation:** Monday to Thursday – 7 a.m. - 4 p.m.  
Friday – 7 a.m. - 3:30 p.m.

All treatment is scheduled on an appointment basis, including dental examinations and routine dental treatment. Call (912) 573-4212 during regular hours of operation for appointments. If you are unable to keep your scheduled appointment, please call in advance to cancel. Contact the Duty Dental Technician at (912) 409-1592 for after-hours emergencies.
Primary Care Clinic (PCC)/Family Medicine & Pediatrics

Telephone: (912) 573-4267

Your Primary Care Manager (PCM) within the Primary Care Clinic provides most routine services for patients of all ages on an appointment basis. Naval Branch Health Clinic (NBHC) Kings Bay TRICARE Prime enrollees have first priority and access to care. Services provided include acute care, women’s health, men’s health, pediatrics & well baby/child visits, immunizations, treatment of minor injuries and burns, as well as treating the majority of common, acute and chronic illnesses (such as skin, respiratory, ear and sinus infections, Wart removals, ingrown toe nails to hypertension and diabetes). Additional services include school/sports physicals, ADHD evaluations and specialty referrals as needed.

Patients not enrolled to the clinic will be seen for acute issues only if space is available. TRICARE Standard/Extra beneficiaries may call Central Appointments after 10 a.m. and can be seen if there is an available appointment for that day only. Appointments cannot be made for future appointments or for routine issues. If you are enrolled in TRICARE Prime to someone other than NBHC and are seeking care at a network provider, you will need to contact your PCM for a referral for acute care. Emergency services are not available at NBHC.

Immunizations Clinic

Telephone: (912) 573-8250

Hours of Operation: Monday to Thursday – 7 a.m. - 3:30 p.m.
Friday – 7 a.m. - 11:30 a.m. & 2 p.m. - 3:30 p.m.

Offers immunizations for childhood diseases and overseas travel, as well as required immunizations for active duty military personnel. These services are available to Active Duty Service Members and TRICARE Prime enrolled patients assigned to the NBHC only.

Industrial Hygiene Department

Telephone: (912) 573-4223/4272/4159

This division helps identify and prevent workplace-related illnesses for improving military and civilian employee readiness. It provides thorough health hazard evaluation services to its customers.
Laboratory

Telephone: (912) 573-4265

Performs tests ordered by military treatment facility providers only. Lab results cannot be given to the patient. You must contact the provider who requested the test for your results. For patient safety concerns, the Laboratory does not accept written requests from civilian providers.

Mental Health

Telephone: (912) 573-4524

Hours of Operation: Monday to Friday – 7 a.m. - 3:30 p.m.

Open to Active Duty Service Members only, by consultation from a health care provider. Non-Active Duty TRICARE Prime patients should contact Value Options at 800-700-8646 for assistance finding a network Behavioral Health provider.

Naval Submarine Support Center (NSSC) Kings Bay Undersea Medicine Department

Telephone: (912) 573-2939

New Check-in Hours: Monday to Friday – 7:30 a.m. - 10 a.m.

Hours of Operation: Monday to Thursday – 7:30 a.m. - 4 p.m.

Friday – 7:30 a.m. - 11 a.m.

Provides medical and administrative support to Active Duty Service Members assigned to submarines stationed in Kings Bay, GA.

Occupational Medicine

Telephone: (912) 573-3638

Provides surveillance examinations, qualification physicals and evaluations and treatment for illness/injury occurring on the job for Active Duty Service Members assigned to shore commands and Department of Defense civilian staff. Appointments are made through the tenant command’s safety representative. On the job injuries can be reported to Occupational Health during normal working hours. Please ensure any worker’s injury is properly reported to their supervisor. A dispensary permit is required for treatment of job-related injuries and illnesses.
Optometry Clinic

Telephone: (912) 573-4227

Care is available for Active Duty personnel only. Optometry services are by appointment only. To make an appointment, call the Central Appointments Line at 800-529-4677, Option #1. The clinic provides comprehensive eye exams, as well as, the diagnosis and treatment of ocular diseases. In-house providers may refer patients with uncomplicated diabetes for eye exams.

Physical Therapy Clinic

Telephone: (912) 573-4460

Services are provided for Active Duty personnel only by referral from a military provider. Services available include a wide range of therapeutic exercise programs and modalities including electrical stimulation, hot and cold packs, hydrotherapy, ultrasound and paraffin therapy.

Preventive Medicine

Telephone: (912) 573-4253

Promotes continuous Force Health Protection for all Department of Defense and Coast Guard populations aboard Naval Submarine Kings Bay through management of Environmental and Public Health Programs.

Radiology

Telephone: (912) 573-3812

Performs routine X-ray studies requested by military providers only. Provides basic radiology services that include head to toe imaging. Due to patient safety concerns, Radiology does not accept written requests from civilian providers.

Substance Abuse Rehabilitation Program (SARP)

Telephone: (912) 573-4524

Hours of Operation: Monday to Friday – 7:30 a.m. - 3:30 p.m.

Urgent appointments available upon request

Provides drug and alcohol screening and assessments, as well as outpatient treatment and continuing care program for all Active Duty personnel.
Health Promotion/Wellness

Health Promotion’s Location: Base Gym  
Telephone: (912) 573-8626/4237  
Hours of Operation: Monday to Friday – 7:30 a.m. - 4 p.m.

Responsible for assisting Active Duty personnel with Force Health Protection and Department of Defense beneficiaries in achieving their goal of optimum health. Our program provides screening and education on blood pressure, tobacco cessation, lowering cholesterol levels, exercise, nutrition and weight management. The clinic’s Registered Dietician can be reached by calling (912) 573-4731.

Tobacco Free Facility

Naval Hospital Jacksonville, it’s Branch Health Clinics and all their campus grounds are tobacco-free facilities.

Naval Hospital Jacksonville Commanding Officer Capt. Bruce Gillingham signed a proclamation on Dec. 11 designating NH Jacksonville, its Branch Health Clinics and all their campus grounds tobacco-free effective Jan. 1, 2010, excluding the Veterans Affairs Outpatient Clinic in Key West.

In signing the Proclamation Gillingham said, “Smoking is inconsistent with the mission of the Naval Hospital and we are committed to creating an even healthier environment for our staff, patients and visitors.”

Starting New Years Day, no tobacco may be smoked or chewed within the posted boundaries of the Naval Hospital or any of the command’s Branch Health Clinics at any time. This goes for all active duty service members, all civilian employees, and all visitors including inpatients and outpatients.
**TRICARE BENEFIT COMPARISON**

Costs for Healthcare Obtained in the Civilian Community (As always, there are no copayments for outpatient care at Naval Hospital Jacksonville or its Branch Clinics)

<table>
<thead>
<tr>
<th>Access to Military Doctors/Hospitals</th>
<th>Beneficiary Category</th>
<th>TRICARE Prime</th>
<th>Extra</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All TRICARE eligible beneficiaries</td>
<td>Guaranteed Priority Access</td>
<td>Space-available access only: Low Priority</td>
<td>[\text{Choose from network physicians/hospitals (will file claim)}]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access to Civilian Specialists/Hospitals</th>
<th>Beneficiary Category</th>
<th>TRICARE Prime</th>
<th>Extra</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All TRICARE eligible beneficiaries</td>
<td>Requires referral from Primary Care Manager</td>
<td>[\text{Greatest flexibility; may choose any authorized doctor or medical facility}]</td>
<td>[\text{Choose from network physicians/hospitals (will file claim)}]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Enrollment</th>
<th>Beneficiary Category</th>
<th>TRICARE Prime</th>
<th>Extra</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ACDU Families Retirees &amp; Family</td>
<td>No Cost $230 Person/$460 Family</td>
<td>None</td>
<td>None Required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Deductible</th>
<th>Beneficiary Category</th>
<th>TRICARE Prime</th>
<th>Extra</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Amount you must pay up front for civilian outpatient care)</td>
<td>E-4 and below E-5 and above Retirees &amp; Family</td>
<td>None None None</td>
<td>$50 Person/$100 Family**</td>
<td>$15 Person/$300 Family**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient Copayment</th>
<th>Beneficiary Category</th>
<th>TRICARE Prime</th>
<th>Extra</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E-4 and below E-5 and above Retirees &amp; Family</td>
<td>$0 $0 $12</td>
<td>15% 15% 20%</td>
<td>20% 20% 25%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient Copayment (Mental Health)</th>
<th>Beneficiary Category</th>
<th>TRICARE Prime</th>
<th>Extra</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E-4 and below E-5 and above Retirees &amp; Family</td>
<td>$0 $0 $25 Private/$17 Group</td>
<td>15% 15% 20%</td>
<td>20% 20% 25%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inpatient Copayment (Includes medically appropriate OB Care) See Note</th>
<th>Beneficiary Category</th>
<th>TRICARE Prime</th>
<th>Extra</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ACDU Families Retirees &amp; Family</td>
<td>$0 $11 per day ($25 min.)</td>
<td>Lesser of $250/day or 25% of hospital charges + 20% of doctor’s bill</td>
<td>Lesser of $535/day or 25% of hospital charges + 25% of doctor’s bill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inpatient Copayment (Mental Health)</th>
<th>Beneficiary Category</th>
<th>TRICARE Prime</th>
<th>Extra</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ACDU Families Retirees &amp; Family</td>
<td>$0 $40 per day</td>
<td>Lesser of $250/day or 25% of hospital charges + 20% of doctor’s bill.</td>
<td>Lesser of $645/day or 25% of hospital charges + 25% of doctor’s bill.</td>
</tr>
<tr>
<td>Service</td>
<td>E-4 and below</td>
<td>E-5 and above</td>
<td>Retirees &amp; Family</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------</td>
<td>---------------</td>
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<td></td>
</tr>
<tr>
<td><strong>Lab &amp; X-ray Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-4 and below</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>E-5 and above</td>
<td>$0</td>
<td>$0</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>Retirees &amp; Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance Service</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-4 and below</td>
<td>$0</td>
<td>$0</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>E-5 and above</td>
<td>$0</td>
<td>$0</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>Retirees &amp; Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ER Visit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-4 and below</td>
<td>$0</td>
<td>$0</td>
<td>$30</td>
<td></td>
</tr>
<tr>
<td>E-5 and above</td>
<td>$0</td>
<td>$0</td>
<td>$30</td>
<td></td>
</tr>
<tr>
<td>Retirees &amp; Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACDU Families</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Retirees &amp; Family</td>
<td>$25</td>
<td>$20</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Civilian Pharmacy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACDU Families</td>
<td>$3/9/22***</td>
<td>$3/9/22***</td>
<td>Greater of $22 or 20%</td>
<td></td>
</tr>
<tr>
<td>Retirees &amp; Family</td>
<td>$3/9/22***</td>
<td>$3/9/22***</td>
<td>Greater of $22 or 20%</td>
<td></td>
</tr>
<tr>
<td><strong>Mail In</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(only for beneficiaries</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>without other primary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>health insurance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACDU Families</td>
<td>$3/9/22***</td>
<td>$3/9/22***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirees &amp; Family</td>
<td>$3/9/22***</td>
<td>$3/9/22***</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Home/Family Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-4 and below</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>E-5 and above</td>
<td>$0</td>
<td>$0</td>
<td>$12</td>
<td></td>
</tr>
<tr>
<td>Retirees &amp; Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Equipment/Supplies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-4 and below</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>E-5 and above</td>
<td>$0</td>
<td>$0</td>
<td>20% of negotiated fees</td>
<td></td>
</tr>
<tr>
<td>Retirees &amp; Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Non-availability statements for Mental Health inpatient admissions are required.

**Non-enrolled beneficiaries do not pay a deductible for pharmaceuticals purchased at a network pharmacy.

***$3 Generic, $9 Name Brand, $22 Non-formulary.

Note: Newborns of dependent daughters are not eligible for TRICARE benefits.
TRICARE IS FOR YOU!
TWO BASIC CHOICES, ONLY ONE DECISION

To Enroll Or Not to Enroll, That is the Question!

“Enrolled”
Managed Care Choice
(TRICARE Prime)

- Beneficiaries must sign up in order to use this option.
- Call 800-444-5445 to have an enrollment form mailed to you, or stop by the Kings Bay TRICARE Service Center (TSC) at 881 USS James Madison Road, Kings Bay, GA., Jacksonville TSC or Naval Hospital Jacksonville Health Benefits Office to pick one up.

“Non-Enrolled”
Self Directed Choice
(TRICARE Extra & Standard)

- It is not necessary to sign up to use this option (eligible beneficiaries are automatically covered by this choice).
- Call the Beneficiary Service Line at 800-444-5445 or visit the local TSC or Health Benefits Advisor at either Naval Branch Health Clinic Kings Bay or Naval Hospital Jacksonville for information on local network providers and for other details/procedures.

TRICARE – Your Military Health Plan

Eligibility for TRICARE

TRICARE is the health benefits program for all the uniformed services. All active duty members and their families, retirees and their families, and survivors who are under age 65 participate in TRICARE whenever they seek medical care. Additionally, those individuals under 65 who have Medicare A & B because of disability or end-stage kidney disease are also eligible for TRICARE benefits. In October 2001, TRICARE for Life went into effect for retirees, their family members and survivors who are 65 or older, have Medicare A & B and enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).
This choice provides the most comprehensive health care benefits to the patient at the lowest cost (see TRICARE Benefit Comparison Chart). TRICARE Prime guarantees priority access to care at military treatment facilities or with a civilian contracted doctor.

Enrollment
Beneficiaries must enroll to use this option. Enrollment forms are available by going online at www.humana-military.com, by calling 800-444-5445, or at the local St. Marys TRICARE Service Center. Enrollment is free for active duty families. Retirees and their eligible family members must pay an annual enrollment fee of $230 for single enrollment or $460 for family coverage. If you do not enroll in the Prime option, you will automatically be covered under the “Non-Enrolled” Choices, TRICARE Extra or Standard as long as you are eligible for health benefits in the Defense Enrollment Eligibility Reporting System (DEERS).

Lower Costs
Under TRICARE Prime, enrollees do not have to pay an annual deductible. They may be responsible for a small co-payment if applicable when receiving care in the civilian network. There is no charge for outpatient care at a military treatment facility.

Primary Care Manager (PCM)
Those who elect to enroll in TRICARE Prime will be assigned a Primary Care Manager (PCM) at Naval Branch Health Clinic Kings Bay if there are available PCM openings in those sites. If there are no PCM openings at the clinic or hospital, you will need to select a second choice from a list of network providers on your enrollment/portability application. This is a health care provider or a team of providers responsible for you and your enrolled family members’ medical care. Your PCM has primary responsibility for meeting your health care needs and coordinating your total health care program. If you are assigned to a civilian PCM and you become ill or require a wellness visit, contact your PCM to schedule an acute or routine appointment. If your assigned PCM fails to meet your expectations, please contact the TRICARE Service Center for assistance.
Specialty Referrals
Your PCM will either provide the care or refer you to a specialist (e.g., orthopedics, obstetrics). You will receive a care authorization in the mail or be contacted by the specialty provider’s office. You can also make an account online at www.humana-military.com or by calling 800-444-5445 to check on the status of a referral. If you seek care without an authorization, you may be held financially responsible under the TRICARE Point of Service option for the health care service you receive. Specialty care and hospitalization may have to be provided at Naval Hospital Jacksonville, if available, regardless of whether you have a military or civilian PCM. If the care cannot be provided, you will be referred to the civilian network.

Emergency Medical Care
For emergencies defined as conditions with the potential for loss of life, limb or eyesight, call 911 or go to the nearest military or civilian hospital. You may also seek emergency care if you are experiencing extreme pain or suffering. Notify your PCM of your condition and status within 24 hours or as soon as possible after your emergency room visit.

Urgent Medical Care
If you are not sure if your illness or condition requires urgent attention, call the Central Appointment Line at (904) 542-4667 or toll free at 800-529-4677 and leave a detailed message for your PCM. If your condition worsens (see Emergency Medical Care section), go to the nearest military treatment facility or an approved civilian TRICARE provider or facility.

When Traveling
You should obtain all routine care before you travel or after you return. If you require urgent care while traveling, contact your PCM before you receive care.

Access Standards
When enrolled in TRICARE Prime, you are guaranteed care within the following time frames:

- Acute care within 24 hours with your PCM
- Routine care within seven days with your PCM
- Wellness visits within 30 days after contacting your PCM
- Referral to most specialists within 30 days of PCM approval
TRICARE Service Center (TSC)

Your local resource for TRICARE information, TSC’s serve as distribution points for TRICARE materials and as enrollment sites for those choosing TRICARE Prime. TSC’s are staffed by Humana Military Healthcare Services, Inc. employees, who provide beneficiary briefings, policy guidance and support. The St. Marys TSC is within the NBHC Medical Clinic located at 881 USS JAMES MADISON Road, Kings Bay, GA and is open Monday to Friday – 7:30 a.m. - 4 p.m.

Disenrollment

TRICARE Prime enrollment lasts for 12 months. Active duty family members will be automatically re-enrolled and must opt out to disenroll. All others must re-enroll each year. If they neglect to re-enroll, they will be disenrolled and their Prime coverage will lapse until they have completed enrollment paperwork again. During this time they must use the “Non-Enrolled” Choice (TRICARE Extra/Standard) or obtain space-available care at a Military Treatment Facility. You should be aware that non-enrolled beneficiaries have the lowest priority for appointments. If you choose to disenroll during your enrollment year, you may do so, but will be locked out of TRICARE Prime for the next 12 months. Retirees & their family members, who are enrolled in the Prime option and miss their enrollment payment, will be locked out of TRICARE Prime for 12 months.

Active Duty and TRICARE Prime

All Active Duty Service Members (Military members) must enroll in TRICARE Prime. Failure to do so may result in delayed care/authorizations and out-of-pocket costs. When ADSM’s change duty stations, they must contact the nearest military treatment facility to enroll to a new Primary Care Manager (PCM). All active duty personnel are assigned to a PCM, in most cases at a military treatment facility. The PCM will provide all routine and urgent care. The PCM may also refer patients for specialty care as appropriate. All civilian medical care must be authorized by the Naval Hospital or branch health clinic where the patient is assigned. Emergency care can be authorized after the fact, but the active duty member must notify and follow-up with their PCM as soon as possible by calling Central Appointments at (904) 542-4677 or toll free 800-529-4677 to schedule and appointment. Cost for unauthorized civilian routine or urgent care will be the responsibility of the active duty member.
This choice allows beneficiaries to seek medical care from any physician in the civilian community who is TRICARE authorized. The “Non-Enrolled” Choice is a more costly option than the “Enrolled” TRICARE Prime choice. This choice incorporates two programs: TRICARE Extra and TRICARE Standard. Medical expenses are covered by one of these two programs each time a non-enrolled beneficiary receives civilian medical care and a claim is filed. A single annual deductible covers the use of either program.

**Enrollment**

You are automatically eligible for the “Non-Enrolled” choice if you are eligible for health care in the Defense Enrollment Eligibility Reporting System (DEERS). Active duty family members, retirees and their family members are automatically covered by this choice if they have not enrolled in TRICARE Prime. Benefits may vary if the patient is covered by other health plans such as Medicare.

**Costs**

**TRICARE Extra**

Under this option, you will have lower out-of-pocket cost share than when using the TRICARE Standard option, once the annual deductible has been met (see TRICARE Benefit Comparison Chart). Simply choose a doctor from a network of TRICARE Extra approved providers when seeking civilian health care. For a listing of approved network providers, visit www.humana-military.com or call the TRICARE Beneficiary Services Line at 800-444-5445. Note: All mental health inpatient admissions require a non-availability statement for patients living in an In-patient military treatment facility’s catchment area. For more information on mental health non-availability statements, contact your local Health Benefits Advisor or visit your local TRICARE Service Center.
TRICARE Standard

You may seek medical care from any TRICARE-authorized provider. After meeting the annual deductible (see TRICARE Benefit Comparison Chart), active duty family members, retirees and their family members pay a percentage of the allowable charge. Specialty care authorization is not required for most outpatient services. However, inpatient care/hospitalization and selected outpatient procedures do require prior authorization. For details, please contact the Health Benefits Advisor or visit the local TRICARE Service Center. Note: All mental health inpatient admissions require a non-availability statement for patients living in an in-patient military treatment facility’s catchment area.

Choice of Providers

Using the “Non-Enrolled” choice allows eligible beneficiaries the freedom to choose any authorized TRICARE civilian physician. The status of the provider (in or out of the TRICARE network) will determine which of the two programs (Extra or Standard) is being used for any given episode of care. Authorization/permission is not required, except for civilian inpatient care (hospitalization) and certain outpatient procedures. Beneficiaries simply call the TRICARE-authorized physician of their choice to make their appointment.

Space Availability

You may seek care at any military treatment facility on a space-available basis, but priority will be given to active duty personnel and TRICARE Prime enrollees. Obtaining appointments will become more and more difficult for those who choose to remain in the “Non-Enrolled” Choice.

Emergency Medical Care

For emergencies defined as life threatening or conditions with the potential for loss of life, limb, or eye sight; broken bones or to relieve severe pain and suffering, CALL 911 or go to the nearest civilian or military hospital. All medical care provided in a civilian facility will be subject to cost shares and deductible (see TRICARE Benefits Comparison Chart). If you are not enrolled in TRICARE Prime and become ill (either at home or while traveling), you may go directly to a civilian doctor or emergency room of your choice.

Pharmacy Benefits

Pharmacy benefits at a Military Treatment Facility (MTF’s) are not affected by choosing to remain non-enrolled. You may continue to use a military pharmacy to get civilian prescriptions filled, provided the medication is on the DoD approved drug list. Quantity limits may apply to certain drugs.
On Oct. 1, 2001, about 1.5 million uniformed services retirees, their family members and survivors, and certain categories of former spouses, age 65 and older, received expanded medical coverage through the Department of Defense (DOD) TRICARE for Life (TFL) program. Additionally, retired Reserve and National Guard personnel and their spouses also became eligible for TFL.

To participate in TFL, beneficiaries must be eligible for Medicare Part A and enrolled in Medicare Part B. Eligibility for TFL is also based on having your correct information in DEERS and having a current military ID card. Regardless of the date of service entry, TFL is premium-free for all eligible military beneficiaries.

You do not have to enroll in the TFL program and no card is necessary. TFL is a secondary payer to Medicare, like a Medicare supplement. In most cases, TFL pays your inpatient and outpatient deductibles and cost shares. Under TFL you have to follow the Medicare rules and seek care from any certified Medicare provider. Your doctor will file the claim with Medicare, and Medicare will electronically send the claim to TFL. The balance due from the patient will in most cases be nothing, although there are a few situations where a patient will have some out-of-pocket expenses. For more information, visit the Health Benefits Center at a military treatment facility.

Effective April 1, 2001, the law gave military beneficiaries age 65 and over the same pharmacy benefit as retirees who are under age 65. It includes access to prescription drugs not only at military treatment facilities but also at retail pharmacies and through the TRICARE Mail Order Pharmacy (TMOP). If you turned 65 prior to April 1, 2001, you automatically qualify for the benefit whether or not you have purchased Medicare Part B. If you turned 65 on or after April 1, 2001, the law requires that you must be enrolled in Medicare Part B to receive the pharmacy benefits. For more information, call 877-363-1303 (TMOP) or 877-363-1303(Retail).

Additionally, dependent parents and parents-in-law can have prescriptions filled at MTF pharmacies. They may also have prescriptions filled through TRICARE’s other pharmacy options once they become entitled to Medicare and have Medicare Part B coverage.
Your local resource for TRICARE information, TRICARE Service Centers (TSC’s) serve as enrollment sites for those choosing the TRICARE Prime health plan. TSC’s are staffed by Humana Military Healthcare Service, Inc. employees who provide beneficiary briefings, policy guidance and support. Service representatives are available to assist with PCM assignments, claims, interpretation of benefits and any other issues that pertain to your health care.

Humana Military’s Web site, www.humana-military.com, offers numerous services and information for beneficiaries located in the South Region. Those services include finding a TRICARE provider, enrollment assistance, health and wellness information, payments, claims, behavior health, information on the various TRICARE health plans, reading/downloading TRICARE forms, newsletters, handbooks, brochures, useful links and more.

Secured Member Services for online access (sign-in is required) to referrals and authorizations, claims, enrollment verification, requesting/printing TRICARE Prime enrollment cards, Primary Care Manager (PCM) change requests and address changes.

Behavior Health Services
Value Options: 800-700-8646

Our mental health partner. Service representatives or licensed clinicians are available to assist with coordination of your outpatient and inpatient mental health care needs. You do not need a PCM referral to access Value Options. You are encouraged to call if you feel you need their services.

Claims Services (South Region)
Palmetto Government Benefits Administrators (PGBA): 800-403-3950

Service representatives are ready to assist you with any claims or billing questions.

Military TRICARE/Health Benefits Offices:
Naval Hospital Jacksonville (NAS Jacksonville): (904) 542-9164/65
Naval Station Mayport: (904) 270-5763
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TRICARE Questions & Answers

Who is eligible for TRICARE?

TRICARE is the health benefits program for all the uniformed services. All active duty members and their families, retirees and their families, and surviving family members participate whenever they seek medical care. For beneficiaries over the age of 65, TRICARE for Life will pay after Medicare when it is a coverage benefit. Additionally, those individuals under age 65 who have Medicare A & B because of disability or end-stage kidney disease are also eligible for TRICARE benefits. Those over the age of 65 are eligible for pharmacy and other benefits. (See the TRICARE for Life information in the TRICARE section of this book). Family members who are parents and parent-in-laws are not eligible for any TRICARE benefits. They are only eligible to be seen as space is available in the military treatment facility also known as “Direct Care.” Dependent parents and parents-in-law can have prescriptions filled at MTF pharmacies, and they may have prescriptions filled through TRICARE’s other pharmacy options once they become entitled to Medicare and have Medicare Part B coverage.

What happens if I don’t do anything?

You will be participating in the “Non-Enrolled” Choice (TRICARE Extra/Standard), which is designed for those who wish to receive their health care from a civilian physician of their choice off base. The costs associated with the “Non-Enrolled” Choice depend on the rank/status of the sponsor. (See TRICARE Benefits Comparison Chart.)

If I choose the “Enrolled” option, must I enroll ALL my family members in TRICARE Prime?

No. A spouse may wish to enroll in TRICARE Prime. However, another family member may be living elsewhere for most of the year and not have access to a military facility or TRICARE Prime program. In such a case, that person should remain in the “Non-Enrolled” Choice and use TRICARE Extra/Standard for care.
What is the best way for me to continue to use Naval Hospital Jacksonville or one of its Branch Health Clinics for my family’s health care?

The best way is to enroll in TRICARE Prime and request a Primary Care Manager at one of the primary care sites at the Naval Hospital Jacksonville (Family Medicine or the Primary Care Group) or a branch health clinic. If you do not choose to enroll in TRICARE Prime, you will only have access to space-available appointments which are limited. You must live within a 30 minutes drive time the military facility to pick them as your PCM.

Can I switch among the three options?

No. If you choose the “Enrolled” Choice (TRICARE Prime), you must remain enrolled for one year. At the end of that year, you may continue your enrollment in Prime, or you may disenroll and receive care under the “Non-Enrolled” Choice (TRICARE Extra/Standard). You may switch between Extra and Standard at any time simply by your choice of providers.

How does my child seek medical care when away at college, where TRICARE Prime is not available?

If Prime is not an option, then they will have to use the “Non-Enrolled” Option (Standard/Extra - see comparison Chart.) Remember to disenroll them from Prime before they leave for college. Your child may be able obtain care using the “Non-Enrolled” Choice or space available care at a military treatment facility if there is one nearby.

How do my minor children, living with my ex-spouse, where TRICARE Prime is not available, obtain health care?

Your minor children may obtain care using the “Non-Enrolled” Choice: TRICARE Extra or Standard.
What should I do in the middle of the night if I have an emergency?
If it is a true emergency, call 911 or seek care at the closest Emergency Room.

How do I get care for my family if we’re traveling away from Kings Bay?
If you are a TRICARE Prime enrollee and you need non-emergency care, you must first contact your PCM for authorization. If you seek non-emergency care without authorization, you will be responsible for meeting a high deductible and paying a percentage of the remaining fees. In emergency situations, you should immediately seek care at the nearest military or civilian emergency room and call your PCM as soon as possible (within 24 hours) to notify them of your medical situation.

I am over age 65 and on Medicare, can I get care from military hospitals and clinics?
Yes, you may still have prescriptions filled (when the military hospital stocks the prescribed drug) and you may seek space-available appointments. You also can use the TRICARE mail order and retail pharmacy benefit. Check with a Health Benefits Advisor for details.

You may be eligible to enroll in the TRICARE Plus program offered at military treatment facilities if space is available. Under this option, you will be guaranteed primary care services and assigned to a Primary Care Manager. Contact your Health Benefits Advisor for details.
I have health insurance where I work. How does TRICARE fit in?

By federal law, TRICARE is always the second payer for health care, with the exception of Medicaid. Medical bills must first be sent to your civilian health insurance company for payment. You may then file the remaining bills with TRICARE for payment. Remember, if you have a civilian health maintenance organization (HMO), you must follow their rules and obtain authorizations if needed to ensure payment under their plan.
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For assistance locating a patient on an inpatient ward, call Hospital Information at 904-542-7300.

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