Take COMMAND

☆ ☆ ☆ *Enhance Your TRICARE Experience*

MHS **THE FUTURE OF TRICARE®**

TODAY'S AGENDA

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TRICARE **IS CHANGING**

What does that mean to me?

Improved access to care
Extended hours for Primary Care *
One Call Resolution
Enrollment changes
Health plan costs

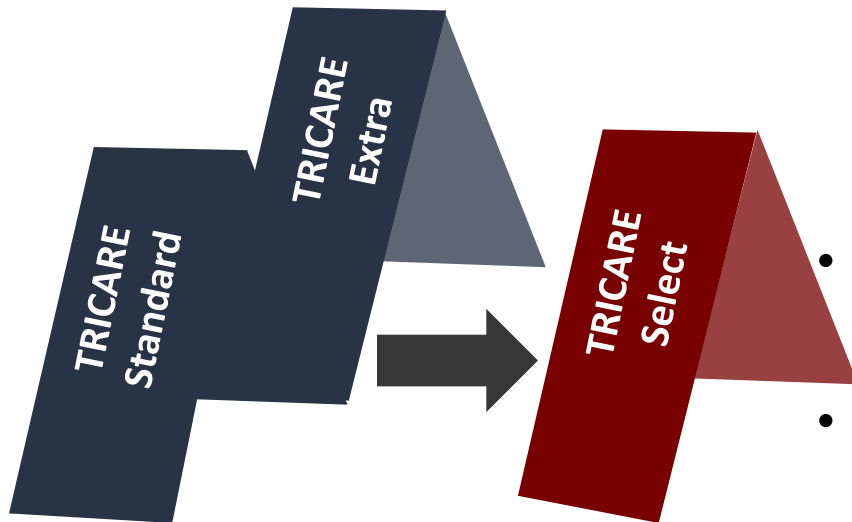## ARE YOU READY?

Improvements to Access to Care

- Primary Care Clinics will be extending their hours until 1800 (except MCRD and RB) starting 1 Nov.

- One Call Resolution – patients will NOT be asked to call back for appointments.

- Enhanced marketing of 24/7 Nurse Advice Line (NAL) 800-TRICARE, Secure Messaging (Relay Health), TRICARE Online (book appointments online) and Express Scripts for mailing of prescriptions and automatic refills.

MOVING TO TRICARE SELECT

On Jan. 1, 2018, existing TRICARE Standard and TRICARE Extra beneficiaries will be converted to TRICARE Select.

- Preferred provider organization (PPO) style plan

- Replaces TRICARE Standard and TRICARE Extra

- New active duty family members will be enrolled in TRICARE Select if they live outside of a Prime Service Area or overseas

- Changing to TRICARE Select will mean no decrease in coverage

- **Active duty – no changes to enrollment or health plan option

What Happens January 1, 2018?

- If you are TRICARE Prime now, you will stay Prime January 1, 2018 if you live in a Prime Service Area (PSA) – 40 mile radius around an MTF.

- If you are TRICARE Standard or Extra, you will be switched to TRICARE Select.

ENROLLMENT CHANGES

- Administration of the TRICARE benefit will transition from a Fiscal Year period (Oct. – Sept.) to a Calendar Year period (Jan. – Dec.)

- There will be a transition period from Oct. 1, 2017 to Dec. 31, 2017

  - Enrollment fees will be prorated for the three-month period (Oct. 1 – Dec. 31, 2017) and billed accordingly for beneficiaries who pay on a monthly or quarterly basis

  - Beneficiaries who pay fees on an annual basis will be billed for the fees to cover the three-month period (Oct. 1 – Dec. 31, 2017) and will receive a billing notice for the annual fee for calendar year 2018

- TRICARE Prime beneficiaries will need to pay an additional quarter's premium to cover Oct. 1, 2017 – Dec. 31, 2017, then actual renewal will be on Jan. 1, 2018

ENROLLMENT FREEZE

- By **Nov. 20, 2017** beneficiaries should complete any and all enrollment actions

- During **December 2017**, there will be an enrollment freeze for TRICARE Prime enrollments, and primary care manager changes will be delayed

- You will still be able to receive care during the enrollment freeze

- Eligible beneficiaries must be registered in the Defense Enrollment Eligibility Reporting System, or DEERS, to enroll in TRICARE Prime or a Prime option online, by phone or by mail

TRICARE Plans Enrollment 01 Jan 18

- Calendar year 2018 is a transitional year
  - ADFMs and retired can move between plans with no lock-out
    - If you don't enroll in a TRICARE plan or choose to disenroll from your TRICARE plan on or after January 1, 2018 can only receive care at a military clinic or hospital on a space available basis
- Starting January 01, 2019, if beneficiaries choose to switch between TRICARE Prime and TRICARE Select, they must do so during an open enrollment period or within 90 days of a qualifying life event (QLE).
  - Open enrollment - mid November – mid December
  - QLE – marriage, divorce, birth/adoption, moving, retirement

HEALTH PLAN COSTS (2018)

- Starting Jan. 1, 2018, costs for TRICARE benefits will be charged by Calendar Year (Jan. – Dec.) instead of Fiscal Year (Oct. – Sept.)

- You will fall into two groups based on when you or your sponsor entered active duty

- Each group will have different enrollment fees and out-of-pocket costs

  – **Group A**: If you or your sponsor's initial enlistment or appointment occurred before Jan. 1, 2018, you are in Group A

  – **Group B**: If you or your sponsor's initial enlistment or appointment occurs on or after Jan. 1, 2018, you are in Group B

Active Duty Family Member Costs

Active Duty Family Member (Individual/Family)				
	TRICARE Prime	**TRICARE Standard/Extra**	**TRICARE Select**	
TRICARE Costs	**FY17/18 Group A & B**	**FY17**	**FY18 (Group A)**	**FY18 (Group B)**
Annual Enrollment Fees	$0	$0	$0	$0
Annual Deductible	No	E-4 & ↓: $50/$100 E-5 & ↑: $150/$300	E-4 & ↓: $50/$100 E-5 & ↑: $150/$300	E-4 & ↓: $50/$300 E-5 & ↑: $150/$300
Annual Catastrophic Cap	$1,000	$1,000	$1,000	$1,000
Point of Service Deductible Option	$300 / $600 + 50% of cost of care	N/A	N/A	N/A
Outpatient Visit (civilian network)	$0	E: 15% after annual deductible met S: 20% after annual deductible met	$27 primary care $34 specialty care	$15 primary care $25 specialty care
ER Visit (civilian network)	$0	E: 15% after annual deductible met S: 20% after annual deductible met	$87	$40
Urgent Care (civilian network)	$0	E: 15% after annual deductible met S: 20% after annual deductible met	$27	$20
Ambulatory Surgery (civilian network)	$0	$25	$25	$25
Ambulance	$0	E: 15% after annual deductible met S: 20% after annual deductible met	$79	$15
DME	$0	E: 15% after annual deductible met S: 20% after annual deductible met	Fixed fee to = 15% of avg allowable amount	10% of negotiated fees
Inpatient Admission (civilian network)	$0	$18.20 per day ($25 min)	$18.60 per day ($25 min)	$60 per network admission
SNF/Inpatient Rehab	$0	$18.20 per day ($25 min)	$18.60 per day ($25 min)	$25 per day network

Retired & Family Member Costs

Retired (Individual/Family)				
TRICARE Prime	**TRICARE Prime**		**TRICARE Standard/Extra**	**TRICARE Select**
TRICARE Prime	**FY17**	**FY18 (Group A)**	**FY17**	**FY18 Group A**
Annual Enrollment Fees	$282.60 / $565.20	$350 / $700	$0	$0 until 2021 then $150/$300; + COLA theter
Annual Deductible	No	No	No	$150/$300
Annual Catastrophic Cap	$3,000	$3,500	$3,000	$3,000 until 2021; $3,500 + COLA theter
Point of Service Deductible Option	$300 / $600 + 50% of cost of care	$300 / $600 + 50% of cost of care	N/A	N/A
Outpatient Visit (civilian network)	$12	**$20 Primary Care** **$30 Specialty Care**	$12	$35 Primary Care $45 Specialty Care
ER Visit (civilian network)	$30	$60	E: 20% after annual deductible met S: 25% after annual deductible met	$116
Urgent Care (civilian network)	$12	$30	E: 20% after annual deductible met S: 25% after annual deductible met	$35
Ambulatory Surgery (civilian network)	$25	$60	E: 20% after annual deductible met S: 25% after annual deductible met	20%
Ambulance	$20	$40	E: 20% after annual deductible met S: 25% after annual deductible met	$106
DME	20% of negotiated fee	20% of negotiated fee	E: 20% after annual deductible met S: 25% after annual deductible met	20%
Inpatient Admission (civilian network)	$11 per day ($25 min)	$150 per admission	$250 per day or 25% of billed charges, plus 20% cost share for separately billed services	$250 per day up to 25% hospital charge; +20% separately billed services,
SNF/Inpatient Rehab	$11 per day ($25 min)	$30 per day	$250 per day or 25% of billed charges, plus 20% cost share for separately billed services	$250 per day up to 25% hospital charge; +20% separately billed services,

PREPARE TODAY!

- Prepare for the changes now by:

  - Updating your contact information in the **Defense Enrollment Eligibility Reporting System (DEERS)** for you and your family

    - Go to **www.dmdc.osd.mil/milconnect**

    - Call **1-800-538-9552** (TTY/TDD: **1-866-363-2883**)

    - Fax updates to **1-831-655-8317**

  - Signing up for eCorrespondence in **milConnect**

    - Log in to **www.dmdc.osd.mil/milconnect** and update your profile

  - Visiting the **TRICARE website**

    - Go to **www.tricare.mil/changes**

    - Sign up for email alerts about the changes to get an email anytime this page is updated