TRICARE Europe Bulletin

www.europe.tricare.osd.mil | Your Passport to Quality Health — Beneficiary News | Spring 2004

Your Guide to 2004 Temporary Reserve & Guard Benefits

TRICARE Coverage for Members of the Ready Reserve and Their Families — Section 702

- ***Not implemented yet**. TRICARE policy, data, and contract changes still in development.*
- *Introduces premium-based TRICARE coverage for persons not eligible for employer-provided coverage, or who are eligible unemployment compensation recipients.*
- *Coverage will be effective when member enrolls and pays premium. Implementation timeline based on time needed to modify contracts/systems and establish rules and procedures.*
- *This ends on Dec. 31, 2004.*

Expansion of Time Period Reservist is Considered to be on Active Duty for Purpose of TRICARE Eligibility — Section 703

- ***Not implemented yet**. TRICARE policy, data, and contract changes still in development.*
- *A Reserve Component member who is issued a delayed-effective-date active duty order will be considered on active duty for more than 30 days beginning on the date of issuance of the order or 90 days before the date that active duty period begins (whichever is later).*
- *Reserve Component and family members are eligible.*
- *This ends on Dec. 31, 2004.*

Reserve Member Eligibility for Transitional Assistance Medical Program (TAMP) — Section 704

- *Transitional health care available for 180 days beginning on date RC member is separated from active duty*
- *Only applies to separations from active duty that take effect on or after Nov. 6, 2003, and on or before Dec. 31, 2004.*
- *This ends on Dec. 31, 2004. On January 1, 2005, the period for which a member is provided transitional health care will revert to 60 or 120 days (60 days for less than six years of Active Duty; 120 days for six years or more service)*
- *The only change to TAMP is the temporary extension of the eligibility period.*

Confused by the new Reserve Component (RC) member temporary benefits? Here is a guide to help you sort through the changes. Updates on rules and guidelines for the three RC temporary programs (see left column) will be posted at *www.tricare.osd.mil* as TRICARE policy and contract modifications are worked out.

WHO: Members of the Reserves and National Guard and their families are affected by these provisions.
WHAT: Three new provisions that change health care services for Reserve Component members and their families.
WHEN: Nov. 6, 2003, through Dec. 31, 2004.
WHERE: All U.S. Reserve Component members
WHY: These Congressionally-mandated provisions are part of the 2004 National Defense Authorization Act (NDAA).

QUESTIONS & ANSWERS

(more on page 4)

Q: *What do Reserve Component members need to do?*

A: Members of the Reserve Component need to save receipts, Explanations of Benefits (EOB) and other claim-related information for health care services that they and/or their family members obtain from *Nov. 6, 2003 onward*. This information is necessary in order to obtain retroactive reimbursement for the temporary provisions.

Q: Can RC members file claims retroactively back to Nov. 6, 2003 for all three programs?

A: RC members can file claims retroactively for the TAMP and 30-day programs. However, Ready Reserve members cannot file claims retroactively for the Ready Reserve program.

Q: *Are all of the programs now implemented?*

A: Only the temporary TAMP program has been implemented to date. As of March 17, 2004, eligible sponsors and family members who were saving their receipts may apply for TRICARE reimbursement.

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TRICARE Europe Beneficiary Feedback

The information in this column features frequently asked questions from beneficiaries and answers provided by the TRICARE Europe Office staff.

Q: ***How can I check the status of my claim without placing a long distance call?***

A: If you would like to check the status of your claims or obtain a copy of your TRICARE Europe Explanation of Benefits, visit Wisconsin Physician's Service online (WPS is the TRICARE Europe claims processor) . This site provides quick, cofidential, and secure access to TRICARE beneficiary claims status and other caims-related information. Log on at *www.tricare4u.com*. Of course, you can also write to or call WPS if you don't have web access. Their contact information is available through your local TRICARE Service Center. You'll also find this contact information in the back of the TRICARE Europe "Passport."

Q: ***Can active duty family members enroll in TRICARE Prime when they PCS overseas if they voluntarily disenrolled from Prime when they left their last location?***

A: We advise TRICARE Prime enrollees to stay enrolled during PCS moves. This will ensure that family members are covered should they need medical care during the PCS. However, all DEERS eligible active duty family members are eligible to re-enroll in TRICARE Prime overseas if they reside with their sponsor near an MTF. Once enrolled, family members will be assigned a Primary Care Manager (PCM).

Q: ***I will be traveling in Europe during "Spring break" with my children. If we need medical care, what do we need to do?***

A: If you are visiting Europe from the U.S., please visit or call your local TRICARE Service Center in the states for information about your medical care while traveling outside of your region. If you and your family members are enrolled in TRICARE Prime at an overseas location, you may get emergency care without TRICARE authorization. However, we ask that you contact your TRICARE Service Center back home as soon as possible to let them know about the incident. Bear in mind that you may be asked to pay for the care you or your family member receives up-front. When you return home, visit your TSC for help filing the claim. If you would like to get routine care while traveling, you must first contact your Primary Care Manager for authorization. In general, it is best to wait until you get back home for routine care. See your TRICARE Europe "Passport" or visit *www.europe.tricare.osd.mil* for more information.

Help Your Dependents Avoid Health Care Access Problems

Troy Kitch
TRICARE Europe Public Affairs & Marketing

If you are a TRICARE beneficiary with a dependent who does not have a Social Security number, TRICARE Europe officials recommend that you apply for one as soon as possible to ensure continued access to the Military Health System for your son or daughter.

While all U.S. citizens need to get a Social Security number, there are cases of military children as old of five or six who still do not have one because parents never applied. If you do not take steps to get a Social Security Number for your dependent child, you may experience problems receiving care for your child at your military clinic or hospital.

TRICARE officials use Social Security numbers to verify eligibility in the Defense Enrollment Eligibility Reporting System (DEERS), a database used by the DoD to manage sponsor and dependent information.

When a dependent child is born, the military issues a temporary identification number to serve as a 'place holder' in DEERS until a permanent Social Security number can be entered into the system.

This temporary number is only valid for a limited period of time (270 days), based on when your newborn's DEERS record is first accessed. For example, when you arrange the first appointment for your baby at a Military Treatment Facility, you then have 270 days from that point to update your child's DEERS record with a permanent Social Security number.

If you applied for a Social Security number and are nearing the 270-day mark and are still waiting, you may request a 90-day extension at your Personnel or DEERS office.

If you do not take steps to get a Social Security number for your child and you pass the allotted deadlines, you may experience delays and inconveniences when you try to arrange for care for your child at a military clinic or hospital.

Once you receive a new number from the Social Security Administration, visit the ID card-issuing facility (Personnel office) on your installation to update DEERS.

Of course, ensuring you and your dependents have unimpeded access to your TRICARE benefits is just one of many reasons that a Social Security Number is important. Visit the Social Security Administration online at *www.ssa.gov* for application details, as well as information about the Social Security system.

An Explanation of New Medicare Options

Courtesy U.S. Medicare

Medicare is an essential health care program for people age 65 and older, people with certain disabilities, and people with End-Stage Renal Disease.

Recently, President Bush and Congress worked together to pass a new law to bring people with Medicare more choices in health care coverage and better health care benefits.

This new law preserves and strengthens the current Medicare program, adds important new prescription drug and preventive benefits, and provides extra help to people with low incomes. You will still be able to choose doctors, hospitals and pharmacies.

If you are happy with the Medicare coverage you have, you can keep it.

Or, you can choose to enroll in new options described below. No matter what you decide, you are still in the Medicare program.

2004: DRUG DISCOUNT CARDS START

Medicare-Approved Drug Discount Cards will be available in 2004 to help you save on prescription drugs. Medicare will contract with private companies to offer new drug discount cards until a Medicare prescription drug benefit starts in 2006. A discount card with Medicare's seal of approval can help you save 10- 25% on prescription drugs.

You can enroll beginning as early as May 2004 and continuing through Dec. 31, 2005. Enrolling is your choice. Medicare will send you information soon with details about how to enroll.

People in the greatest need will have the greatest help available to them. If your income is no more than $12,569 for a single person, or no more than $16,862 for a married couple, you might qualify for a $600 credit on your discount card to help pay for your prescription drugs. These income limits change every year. Different rules may apply if you live in Puerto Rico or a U.S. territory. (You can't qualify for the $600 if you already have drug coverage from Medicaid, TRICARE for Life or an employer group health plan.)

Also new in 2004, "Medicare Advantage" is the new name for "Medicare +Choice" plans.

Medicare Advantage rules and payments are improved to give you more health plan choices and better benefits. Plan choices might have improved already in your area. To find out more, call 800-MEDICARE (800-633-4227).

2005: NEW AND IMPROVED PREVENTIVE BENEFITS START

New Preventive Benefits will be covered, including:

- A one-time initial wellness physical exam within 6 months of the day you first enroll in Medicare Part B.
- Screening blood tests for early detection of cardiovascular (heart) diseases.
- Diabetes screening tests for people with Medicare at risk of getting diabetes.

These benefits add to the preventive services that Medicare already covers, such as cancer screenings, bone mass measurements and vaccinations.

2006: PRESCRIPTION DRUG PLANS STARTS

Prescription Drug Benefits will be added to Medicare in 2006. All people with Medicare will be able to enroll in plans that cover prescription drugs. Plans might vary, but in general, this is how they will work:

- You will choose a prescription drug plan and pay a premium of about $35 a month.
- You will pay the first $250 (called a "deductible").
- Medicare then will pay 75% of costs between $250 and $2,250 in drug spending. You will pay only 25% of these costs.
- You will pay 100% of the drug costs above $2,250 until you reach $3,600 in out-of-pocket spending.
- Medicare will pay about 95% of the costs after you have spent $3,600.

Some prescription drug plans may have additional options to help you pay the out-of-pocket costs.

Extra Help Will be Available for people with low incomes and limited assets. Most significantly, people with Medicare in the greatest need, who have incomes below a certain limit won't have to pay the premiums or deductible for prescription drugs. The income limits will be set in 2005. If you qualify, you will only pay a small co-payment for each prescription you need.

Other people with low incomes and limited assets will get help paying the premiums and deductible. The amount they pay for each prescription will be limited.

Medicare Advantage plan choices will be expanded to include regional preferred provider organization plans (PPOs). Regional PPOs will help more people with Medicare have multiple choices for Medicare health coverage, no matter where they live. PPOs can help you save money by choosing from doctors and providers on a plan's "preferred" list, but usually don't require you to get a referral. PPOs are among the most common and popular plans right now for working Americans.

All of these options are voluntary. You can choose to remain in the traditional Medicare plan you have today.

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Q: What happens to TAMP benefits on Jan. 1, 2005?

A: On Jan. 1, 2005, TRICARE eligibility under the transitional program for active and Reserve Component sponsors who separate from active duty and have fewer than six years of total active federal service and their family members returns to 60 days upon the sponsor's separation. TRICARE eligibility for active and Reserve Component sponsors who separate from active duty and have six years or more of total active federal service and their family members returns to 120 days upon separation of the sponsor.

Q: What about dental care under the TAMP program?

A: Former active duty and Reserve Component members who are eligible for transitional benefits may receive dental care at military dental treatment facilities on a space-available basis only. Family members are not eligible for dental care at these facilities. Civilian dental care is not a covered benefit for sponsors or family members under the transitional program. Certain members of the Reserve Component and their family members may, however, receive dental care by enrolling in the TRICARE Dental Program (TDP).

Q: When will TRICARE Management Activity (TMA) implement the 30-day provision?

A: TMA will soon be able to implement the second temporary provision (703). This provision authorizes TRICARE medical and dental benefits for Reserve Component sponsors activated in support of a contingency operation for more than 30 days and for their family members. TRICARE eligibility under this provision begins the day the sponsor receives delayed effective date active duty orders or 90 days before the date the active duty period begins, whichever is later. The effective date for benefits under this program was Nov. 6, 2003. However, until TRICARE is able to make payments for claims under this provision, Reserve Component sponsors and eligible family members who receive medical and dental care from Nov. 6, 2003, to the present, are encouraged to pay those bills and save their receipts. Beneficiaries may apply for reimbursement once implementation begins and claims filing procedures are announced.

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Expansion of Time Period Reservist is Considered to be on Active Duty for the Purpose of TRICARE Eligibility — Section 703

Reserve Member Eligibility for Transitional Assistance Medical Program (TAMP) — Section 704

Q: When will TMA implement the Ready Reserve program?

A: TMA anticipates that this effort cannot be completed for several months. This provision is limited to Reserve Component sponsors who are either unemployed or employed but not eligible for employer-sponsored health coverage and their family members. This provision will pay for medical care only. Claims under this benefit are not eligible for payment retroactive to Nov. 6, 2003. This provision, when it is implemented, will require an enrollment application and payment of a premium. TRICARE is working now to develop this provision, which requires many contract and personnel system changes.

Q: When do these programs end?

A: The authority for all three temporary provisions will expire on Dec. 31, 2004.

Q: Where can I get the latest updates?

A: Future updates on the three temporary programs for Reserve Component families will be posted to the TRICARE Web site at *www.tricare.osd.mil* and the Reserve Affairs Web site at *www.defenselink.mil/ra/*.

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