

*YOUR
MILITARY
HEALTH
BENEFITS!*

MILITARY RETIREE MEDICAL BENEFITS

1. MILITARY TREATMENT FACILITY



2.

- TRICARE Website www.tricare.mil
- Region North – Health Net Federal Services Website
<https://www.hnfs.net/bene/home>
- Your choices are....
 - TRICARE Standard
 - TRICARE Extra
 - TRICARE Prime



TRICARE STANDARD

1. If you have Other Insurance, you can use this as a free Secondary...**if there is anything left to pay, after the 75% is paid by your other insurance!**
2. If you choose TRICARE Standard as your Primary Insurance a Supplemental Insurance is recommended
 3. No Enrollment Fee...It's Free!
 4. Good ID Card...You're Eligible!
5. Annual Deduction of \$150 for Single Person...\$300 for Family!
6. 75/25 Type of Policy... TRICARE Pays Up To 75% Of What Is Allowable...You Pay The Rest!
7. Go To Any Doc...So Long As They Are Willing To Do The Paperwork!
8. Catastrophic Cap Is \$3000... You Pay \$3000 Per Year...TRICARE Pays The Rest...So Long As It Is Allowable!

TRICARE EXTRA

1. If Your Doc Is A TRICARE Prime Doc...But You Don't Want TRICARE PRIME or the Doc only sees Active Duty & Family Members under Prime Remote!
2. No Enrollment Fee...It's Free!
3. 80/20 Type Of Policy... TRICARE Pays Up To 80% Of What Is Allowable...You Pay The Rest!
4. Annual Deduction Of \$150 For Single Person...\$300 For Family!
5. Catastrophic Cap Is \$3000...You Pay \$3000 Per Year...TRICARE Pays The Rest...So Long As It Is Allowable!

TRICARE PRIME

1. Annual Cost Is \$230 For Single Person Or \$460 For Family
2. Must Use A TRICARE Participating Doc & Medical Facilities
3. No Deductibles...Only Co-pays Like Regular Doc \$12, Specialist \$25, Hospital Overnight \$11-\$15 per day
4. Everything Must Be Pre-Approved...So You Must Be Very Proactive Instead Of Reactive!
5. If You Use A Military Facility...You Do Not Have To Pay The Co-pays.
6. If You Use A Civilian Doc/Facility...You Pay The Co-pays!
7. Catastrophic Cap Of \$3000 Applies...If You Pay \$3000 In One Year For Medical Care...TRICARE Picks Up The Rest If Allowable.

DOD Tricare Retail-Scripts

- **NEW! Can be used if you have other insurance that allows you Local Pharmacy Privilege if the pharmacy participates! You will be charged the TRICARE cost!**

- Through Your Local Pharmacy (Wal-Mart, Kmart, Giant, Weis, Target, CVS, Rite-Aid, Medicine Shoppe, and many smaller town pharmacies too!)

- Check for Pharmacies in your zip code area

<http://member.express-scripts.com/web/pharmacyLocator/openPharmacyLocator.do?portal=dodCustom&net=1991>

- Costs \$3 (Generic) Or \$9 (Brand) or \$22 (Non-formulary)

- Scripts For 30 Days Or Less

- May Use For Long Term Scripts But Need To Get Monthly Refills

- For More Info 1-866-363-8779 or

- Website: <http://member.express-scripts.com/dodCustom/home.do>

TRICARE MAIL ORDER PHARMACY (TMOP)

- You **may not** use TMOP if you have Other Health Insurance with a Mail-Order Pharmacy benefit; **unless** the other plan doesn't cover the medication needed or you have exceeded the dollar limit of coverage under that other plan!
 - Through Express Scripts 1-866-363-8667
 - Costs \$3 (Generic), \$9 (Brand) or \$22 (Non-formulary)
- Long Term Maintenance Prescriptions..(Diabetes, Cholesterol, Heart Disease, Ect...)
 - 90 Day Supply For Non-Narcotic Scripts
 - 30 Day Supply For Narcotic Scripts
- For More Info, Call 1-866-363-8667 or check the website at <http://member.express-scripts.com/dodCustom/welcome.do>

**INPATIENT SERVICES – OUTSIDE MILITARY TREATMENT
FACILITY (MEDICARE PART A)**

		Medicare Pays	TRICARE Pays	What you Pay
Inpatient Hospitalization (Major Medical)	Days 1 -150	All but the Deductible	The Deductible	Nothing
	Days 151+	Nothing	The DRG allowed minus your copay/cost share	\$250/day or 25% of charges whichever is less plus 20% of professional charges if in a TRICARE network hospital \$417/day or 25% of charges, whichever is less, plus 25% for professional charges if in Non-network hospital.
Inpatient Mental Health (Psychiatric)	Days 1-150	All but Deductible	The Deductible	Nothing
	Days 151+	Nothing	80% if in network hospital 75 % if non-network hospital	20% of institutional charges + 20% of professional charges See TRICARE Reimbursement Manual Chap 2.
Skilled Nursing Facility - Rehab type	Days 1 - 100	All but Deductible	The Deductible	Nothing
	Days 101+	Not Covered	80% of Network Hospital 75% if Non-network hospital	20% of allowable charges 25% of allowable charges
Hospice Care	All	95%	5%	Nothing

**OUTPATIENT SERVICES – MEDICARE PART B –
OUTSIDE MILITARY TREATMENT FACILITY**

	Medicare Pays	Tricare Pays	You Pay
Doctors Visits	80%	20%	Nothing
Emergency Room	80%	20%	Nothing
Mental Health Visit	50%	50%	Nothing
Lab Services	100% for approved services	Remaining Liability (if any)	Nothing
Radiology (X-rays)	80%	20%	Nothing
Home Health Care	100% for approved services	Remaining Liability (if any)	Nothing
Durable Med Equip	80%	20%	Nothing
Outpatient Hospital Services	80%	20%	Nothing
Blood	Nothing for 1 st 3 pints	100%	Nothing
	80% for additional pints	20%	Nothing
Chiropractor Services	80%	Not Covered	20%
Healthcare Outside	Of the United States	& it's Territories	- outside MTF
Inpatient Services	Not Covered	75%	25%
Outpatient Services	Not Covered	75%	25%

Prescriptions – same as before Age 65

Military Pharmacy (Up to 3 Month Supply)	Local Pharmacy (Up to 1 month Supply)	Mail Order Pharmacy (3 month Supply)
Free if they Carry what you need	\$3 – Generic \$9 – Brand \$22 – Non Formulary	\$3 – Generic \$9 – Brand \$22 – Non Formulary



Administered Through Delta Dental
Call 1-888-838-8737 or Check Out
<http://www.trdp.org/>

Benefits Overview: Enhanced

This chart provides an overview of coverage under the *enhanced* TRICARE Retiree Dental Program for patients who visit a **participating network dentist**.

Benefits available during the first 12 months of enrollment:	* Delta Pays:
Diagnostic & Preventive services (exams & cleanings)	100%
Basic Restorative services (fillings)	80%
Endodontics (such as root canals)	60%
Periodontics (such as gum treatment)	60%
Oral Surgery (such as extractions)	60%
Dental Accident Coverage	100%
Additional services available after 12 months of continuous enrollment:	
Cast Crowns & Onlays	50%
Bridges and Partial/Full Dentures	50%
Orthodontics	50%
Implants	50%
Deductibles & Maximums	
Annual Deductible	\$50 per person, limit \$150 per family
Annual Maximum (per person, per benefit year)	\$1200
Orthodontic Maximum (per person, per lifetime)	\$1500
Dental Accident Maximum (per person, per benefit year)	\$1000
Benefit Year: October 1- September 30	

*The percentage paid by Delta is based on the allowed amount for each procedure. Your out-of-pocket costs may be higher if care is received from a non-participating provider.