

TRICARE and Other Health Insurance

Coordinating Health Coverage for Maximum Benefits

If you have other health insurance (OHI), do you know how those benefits coordinate with TRICARE? Understanding some basic guidelines can help ensure that your claims are paid correctly and without hassle.

Depending on the type of OHI plan you have, your OHI may be required to pay before TRICARE makes a payment.

Special situations arise if you are entitled to a public program, such as Medicare, Medicaid or the Indian Health Service. TRICARE pays second to Medicare, but is primary to Medicaid and the Indian Health Service.

Coordinating Referrals and Authorizations with Your OHI

When you have OHI, it is not necessary for you to obtain referrals or prior authorizations from Health Net. However, the following are a few exceptions when TRICARE does require you to obtain prior authorization:

- Adjunctive dental
- Home health services
- Hospice care
- Extended Care Health Option (ECHO) benefits
- Stem cell and organ transplants
- Behavioral health services
 - All nonemergent inpatient admissions for substance abuse or behavioral health
 - Psychotherapy after the initial eight outpatient visits
 - Psychoanalysis

- Intensive outpatient treatment programs, partial hospitalization programs and residential treatment center programs

It is critical that you follow the rules of your OHI plan to prevent claims from being denied. If your claim is denied by your primary insurance because you did not follow the rules of the OHI, TRICARE will not make a primary payment and may not make a secondary payment. If the beneficiary is able to obtain a statement from the OHI, indicating the amount it would have paid had requirements been met, then TRICARE can make a secondary payment. Without that statement from the OHI, TRICARE cannot make any payment.

If your primary insurer is a health maintenance organization (HMO), make sure your provider is an authorized provider for both your OHI and TRICARE. Otherwise, you may be required to pay out of pocket for the care.

Coordinating Your Benefits and Claims Payment

When you have OHI, claims must be coordinated with both your primary OHI and TRICARE. Here are a few simple steps for coordination.

Step 1: Your provider should submit claims to your primary insurer first. Most providers will submit the claim for you. The primary insurer pays its benefits in full as the first payer. Once the claim has been processed, the provider will receive an explanation

of benefits (EOB) indicating the amount paid by your primary insurer.

Step 2: If TRICARE is the second payer, your provider should send information from the primary insurer's EOB with the claim to TRICARE for secondary payment. TRICARE will process the claim and pay the amount that remains, up to the TRICARE allowable charge. (The allowable charge may be the amount the provider agrees to accept from TRICARE or from the OHI carrier as payment in full, or it may be the amount established by law as the maximum amount TRICARE is responsible to pay on the particular service.)

If your primary insurance is Medicare, then your claim will be processed and forwarded to TRICARE for secondary payment. If you have OHI in addition to Medicare and TRICARE, then you will need to submit a claim to TRICARE after Medicare and the OHI have paid.

TRICARE serves as primary payer when your OHI benefits have been exhausted or when a service is not covered under your OHI but is covered under TRICARE.

Submitting Health Care Claims Yourself

As stated previously, your OHI and TRICARE claims are usually submitted on your behalf by your provider. Network providers are required to submit claims for TRICARE beneficiaries. However,

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TRICARE Reference Room: Understand What's Not Covered

TRICARE covers most inpatient and outpatient care that is medically necessary and appropriate. However, there are special rules or limits on some types of care, while other services may not be covered at all. It's important to understand TRICARE's limitations and exclusions so you can avoid unnecessary out-of-pocket costs.

Services and Supplies Excluded Except Under Limited Situations

Below is a list of medical, surgical and behavioral health care services that are normally excluded under TRICARE with limited exceptions. This list is not intended to be all-inclusive.

- Abortions
- Cardiac and Pulmonary Rehabilitation
- Cosmetic, Plastic or Reconstructive Surgery
- Cranial Orthotic Device or Molding Helmet
- Dental Care and Dental X-rays
- Dental Anesthesia and Facility Charges
- Education and Training
- Eyeglasses or Contact Lenses
- Food, Food Substitutes, or Supplements or Vitamins
- Gastric Bypass
- Genetic Testing
- Intelligence Testing
- Marital Therapy and/or Couples Counseling
- Private Hospital Rooms
- Weight Reduction

Exclusions

In general, TRICARE excludes services and supplies that are not medically or psychologically necessary for the diagnosis

or treatment of a covered illness (including behavioral health disorder), injury, pregnancy or well-child care.

The following specific services are excluded from TRICARE under any circumstance. This list is not intended to be all-inclusive.

- Acupuncture
- Artificial insemination
- Autopsy services or postmortem examinations
- Care that is not medically or psychologically necessary
- Birth control (nonprescription)
- Camps (such as for weight loss)
- Care or supplies furnished or supplied by an immediate family member
- Diagnostic admissions
- Experimental or unproven procedures
- Laser/LASIK/Refractive corneal surgery
- Psychological testing for learning disabilities
- Megavitamins and orthomolecular psychiatric therapy
- Mind expansion and elective psychotherapy
- Naturopaths
- Sex changes or sexual inadequacy treatment
- Telephone counseling consultation

If you choose to obtain services that are not covered by TRICARE, you will be responsible for the full cost of the care.

Visit www.healthnetfederalservices.com and view the Exclusions and Limitations List for more information and detailed descriptions. Click the Beneficiary Portal and choose the "Benefits" tab to access the list. You may also call 1-877-TRICARE if you have additional questions. ■

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if your provider does not submit the claims to TRICARE for secondary payment, you will need to send a completed DD 2642 Form (TRICARE claim form), all itemized bills and a copy of your EOB statement to Health Net/PGBA, LLC.

For your convenience, Health Net has the DD 2642 Form and details about filing claims available online at www.healthnetfederalservices.com or at www.tricare.osd.mil/claims. It is important to submit all claims to TRICARE because deductibles may

be applied to your annual TRICARE catastrophic cap.

Understanding how your OHI coordinates with TRICARE and following these basic guidelines will help to ensure that your claims are paid without delay. ■

TRICARE's Pharmacy Benefit

So Many Affordable Choices

While prescription drug costs are on the rise, TRICARE beneficiaries continue to enjoy robust pharmacy benefits for minimal out-of-pocket expenses. You have four low-cost options for filling your prescriptions:

1. Military Treatment Facility (MTF) Pharmacy

After an appointment with your provider at the MTF, you can go to the MTF pharmacy to pick up your prescriptions. You can also bring a prescription from your civilian TRICARE network or non-network provider to be filled at the MTF pharmacy. MTF pharmacies can accept most written prescriptions as long as the prescription drug is on the local MTF formulary (list of approved medications). Contact your MTF pharmacy to see what is on its formulary. You can fill up to a 90-day supply of most medications.

Beneficiary Cost: \$0

Advantage: Most affordable option; available worldwide

2. TRICARE Mail Order Pharmacy (TMOP)

Administered by Express Scripts, Inc. (ESI), TMOP lets you fill up to a 90-day supply of most medications through the mail. To use TMOP, simply complete a registration form, available online at www.express-scripts.com/TRICARE. Then, mail your written prescription and the appropriate copayment to ESI. New prescriptions may also be faxed or called in by your provider. Within 10–14 days, the medications are sent directly to you. For more information about how to use TMOP, visit the ESI Web site or call TMOP member services at 1-866-DoD-TMOP (1-866-363-8667).

Beneficiary Cost:

\$3 for generic drugs

\$9 for brand-name drugs

\$22 for non-formulary drugs

Advantage: Affordable and convenient; medications delivered to your door

3. TRICARE Retail Pharmacy (TRRx) Network

Also administered by ESI, TRRx lets you use an expanded, nationwide network of more than 54,000 retail pharmacies to fill prescriptions. You can fill up to a 30-day supply of most medications. To find a network pharmacy anywhere in the 50 United States, Puerto Rico, the U.S. Virgin Islands and Guam, visit the pharmacy locator online at www.express-scripts.com/TRICARE or call 1-866-DoD-TRRx (1-866-363-8779).

Beneficiary Cost:

\$3 for generic drugs

\$9 for brand-name drugs

\$22 for non-formulary drugs

Advantage: Affordable and flexible; fill prescriptions close to home and while traveling

4. Non-Network Pharmacies

A “non-network pharmacy” is a retail pharmacy that is not part of the TRICARE network. Filling prescriptions at a non-network pharmacy is the most expensive option and is not recommended. You may have to pay for the total amount first and file a claim to receive a partial reimbursement. Beneficiaries enrolled in TRICARE Prime and TRICARE Prime Remote for Active Duty Family Members (TPRADFM) will be using the point-of-service

(POS) option if they choose to fill a prescription through a non-network pharmacy. You can fill up to a 30-day supply of most medications.

Beneficiary Cost:

50% cost-share of total amount after POS deductibles (\$300 individual/\$600 family) have been met

Advantage: Allows you to fill prescriptions when no other pharmacy choice is available ■

Benefit At a Glance

TRICARE beneficiaries can fill prescriptions in one of four ways:

1. At any MTF pharmacy, free of charge.
2. Through the TMOP for a small copayment.
3. At any TRRx network pharmacy for a small copayment. There are more than 54,000 network pharmacies in the United States and its territories.
4. At any TRICARE-certified/authorized non-network pharmacy. Non-network pharmacies will cost more, but in a pinch, it's good to know you have that option.



Health Net Federal Services, Inc.
P.O. Box 2890
Rancho Cordova, CA 95741

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CONTACTS

Health Net Federal Services, Inc.
1-877-TRICARE
www.healthnetfederalservices.com

Pharmacy Customer Service
1-866-DoD-TRRx (retail)
1-866-DoD-TMOP (mail order)
www.express-scripts.com/TRICARE

National TRICARE Web Sites
www.tricare.osd.mil
www.tricareonline.com

Update DEERS
1-800-538-9552
www.tricare.osd.mil/DEERSAddress



Get Ready for Flu Season

Military Health System Flu Vaccine Priorities

The Military Health System (MHS) is gearing up for the flu season, and priorities are being established to ensure that the vaccine will be available to those in the “at-risk” population.

Vaccinations will be given to those who are considered highest risk first and will be available to other groups once those at highest risk have received the vaccine. These new priorities for vaccinations follow the guidelines recently published by the Centers for Disease Control and Prevention (CDC). Additional doses of the Live Attenuated Influenza vaccine (FluMist) are also being made available to low-risk individuals.

The MHS will not deny the influenza vaccine to any beneficiary who meets the CDC criteria for being at high risk, although you may be asked to return to the clinic at a later date when sufficient supply is available. This

includes those who do not regularly go to military treatment facilities (MTFs) for their care.

Priority Groups

The MHS and the uniformed services are taking steps to ensure that beneficiaries are taken care of and that those who are most vulnerable receive the vaccine first.

The following priority groups for vaccination are all considered to be of equal importance:

- All children age six months to 23 months
- Adults age 65 years and older
- Those age two to 64 years with underlying chronic medical conditions
- All women who will be pregnant during the influenza season
- Residents of nursing homes and long-term care facilities

- Children age six months to 18 years on chronic aspirin therapy
- Health care workers involved in direct patient care
- Out-of-home caregivers and household contacts of children less than six months old
- Deployed or deploying service members
- Active duty recruits

Healthy Habits

Now is a good time to be aware of your health habits and do what you can to stop the spread of germs. For example, when you cough or sneeze, cover your mouth, then wash your hands. This simple precaution will help to keep you and your family healthy this winter. For more health and wellness tips, visit Health Net’s Web site at www.healthnetfederalservices.com and choose the Healthy Living tab. ■