

TRICARE Fundamentals Course
The National Guard and Reserve

4

Participant Guide

References

10 USC

32 CFR § 199.20

TRICARE Operations Manual, Chapter 17

www.tricare.mil/mmso

www.dol.gov/elaws/userra.htm



Brainteaser

Each of the 8 items below is a separate puzzle.
How many can you figure out?

1. DOX DOX	2. ##### wait	3. polmomice	4. B BA BACK
5. STEP PETS PETS	6. k c u t s	7. DDWESTDDD	8. b bow w

1 Paradox

5 _____

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Module Objectives



- **Define Line of Duty Determinations and how they are used**
- **Explain TRICARE coverage for Guard/Reserve members on active duty for more than 30 consecutive days**
- **Describe how delayed-effective-date active duty orders are used**
- **Define USERRA and how it impacts Guard/Reserve members**
- **Describe TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR)**

1.0 Introduction

The U.S. Uniformed Services National Guard/Reserve components are:

- Army National Guard
- Army Reserve
- Naval Reserve
- Marine Corps Reserve
- Air National Guard
- Air Force Reserve
- Coast Guard Reserve

The military health care options available to National Guard/Reserve members vary according to the sponsor's status and eligibility. When on federally funded orders to serve on active duty for more than 30 consecutive days, National Guard/Reserve members have the same health care benefits as active duty service members (ADSMs). When inactive, or serving on active duty for 30 days or less, Guard/Reserve members are covered for line of duty care.

2.0 Coverage for Guard/Reserve Members on Active Duty for 30 Days or Less

When Guard/Reserve members are on active duty for 30 days or less (e.g., drilling on weekends, training during the summer), they are covered for any injury, illness, or disease incurred or aggravated in the line of duty. This includes traveling directly to or from their place of duty.

2.1 Line of Duty Determination

- A Line of Duty Determination/Notice of Eligibility (LOD/NOE) is used by the Services to document, establish, manage, and request authorization for civilian health care for inactive or drilling Guard/Reserve members if injury or illness occurred in the line of duty
 - LOD is a term used by the Air Force, Army, Marine Corps, and Navy
 - NOE is the term used by the Coast Guard
- The Military Medical Support Office (MMSO) is responsible for confirming LOD/NOE issuance before authorizing civilian health care for Guard/Reserve members who are not within a 50-mile radius of a military clinic or hospital
- Documentation of LOD/NOE-related conditions must be provided to either the MTF or MMSO (as appropriate) to establish eligibility for health care
- To receive care at the nearest MTF, the Guard/Reserve member's Command or medical unit should contact the MTF's patient administration office for assistance
- If local MTF care is not available, the Guard/Reserve member's Command or medical unit may request an authorization for civilian medical care by submitting a LOD/NOE to MMSO as described below

Note: Service members receiving treatment for LOD/NOE conditions will not show as eligible in DEERS.

2.2 Submission of LOD/NOE to MMSO

Step 1: The unit medical representative completes the MMSO Medical Eligibility Verification Worksheet, MMSO Worksheet 01 (Revised 10-17-09)

Step 2: The unit medical representative submits the LOD/NOE, copy of orders, or drill attendance sheet, along with the MMSO Medical Eligibility Verification Worksheet 01

Documentation may be submitted by fax to (847) 688-6460 or 6138 or by mail to the following address:

Military Medical Support Office
Attn: Reserve Eligibility
P.O. Box 886999
Great Lakes, IL 60008-6699
Fax: (847) 688-6460

Step 3: Once received, the LOD/NOE orders and MMSO Worksheet 01 are noted in MMSO's internal system

Note: The member does not need prior authorization for an initial emergency room visit. However, if further care is needed, the member must then obtain an official LOD from their Service and prior authorization from MMSO for the injury or illness listed on the LOD by following the steps listed in the next section.

2.3 Submitting a Request for Prior Authorization for LOD/NOE Medical Care

Prior to requesting care, Guard/Reserve Members must have an official LOD/NOE on file at MMSO.

Stateside:

Step 1: The respective Service issues the official LOD/NOE

Step 2: The Guard/Reserve member or unit medical representative must find a TRICARE network or authorized provider who can render the care (if other than emergency care)

Step 3: The unit medical representative should complete a Prior Authorization Request for medical care, MMSO Worksheet 02 (Revised 03-19-2009), listing the specific medical care requested (e.g., orthopedic visit and 3 follow-up visits)

Step 4: The unit medical representative will submit the MMSO Worksheet 02, the official LOD and medical documentation (upon request)

Documentation may be submitted by fax to (847) 688-7394 or by mail to the following address:

Military Medical Support Office
Attn: Reserve Eligibility
P.O. Box 886999
Great Lakes, IL 60088-6999

Step 5: Once all appropriate documentation is received, an authorization may be issued by MMSO to the unit medical representative (usually within 7 working days)

Overseas:

Guard/Reserve members must use their individual Service procedures for LOD/NOE care.

For information regarding LOD/NOE care in the U.S. Virgin Islands, unit medical representatives should call MMSO at (888) 647-6676.

Note: MMSO is not involved in LOD/NOE care in any other overseas location.

2.4 LOD/NOE Coverage after Release from Active Duty

Guard/Reserve members are also covered for LOD/NOE conditions (injury, illness, or disease) after release from qualified active duty as long as they remain a Guard/Reserve member

- To obtain follow-up care after release from active duty, the member's command or medical unit should receive and retain the official LOD/NOE document prior to the Guard/Reserve member's release from active duty
- The unit may then follow the steps outlined in sections 2.2 and 2.3 in order to request LOD/NOE medical care

For more information, refer to the MMSO Web site at: www.tricare.mil/mmso.

3.0 TRICARE Coverage for Activated Guard/Reserve Members

Guard/Reserve members become TRICARE eligible when activated under federally funded orders for more than 30 consecutive days.

3.1 Registration in DEERS

- The Uniformed Services determine TRICARE eligibility and record it in the Defense Enrollment Eligibility Reporting System (DEERS)
- Guard/Reserve members and their eligible family members can make well-informed decisions by:
 - Identifying sources for obtaining TRICARE information
 - Understanding their medical and dental care options
 - Determining which option they want to use before, during, and after the sponsor's active duty service

3.2 Enrollment

Activated Guard/Reserve members must enroll in TRICARE Prime or TRICARE Prime Remote (TPR). Enrollment is not automatic; all active duty Guard/Reserve members must take action to enroll in TRICARE Prime or TRICARE Prime Remote.

- Before enrolling in TRICARE Prime or TRICARE Prime Remote, Guard/Reserve members and their eligible family members must be registered in DEERS and must complete a TRICARE Prime enrollment form (DD Form 2876, April 2007)
- Enrollment forms can be obtained at the local TRICARE Service Center (TSC) or via the TRICARE Web site at <http://tricare.mil/mybenefit/forms>
 - Online enrollment is available via the Beneficiary Web Enrollment (BWE) Web site at <https://www.dmdc.osd.mil/appj/bwe/indexAction.do>
- Guard/Reserve members and their eligible family members should submit enrollment forms to the closest TSC or mail it to their regional contractor

Overseas Enrollment

- Once activated for more than 30 consecutive days in an overseas region, Guard/Reserve members should follow directions given by their command regarding TRICARE Overseas Prime (TOP)/TOP Prime Remote enrollment
- Guard/Reserve members on active duty in combatant theaters of operation with existing or imbedded organic medical treatment and support capabilities for health care are not required to enroll in TRICARE Prime

3.3 Receiving Care

TRICARE Prime

When an activated Guard/Reserve member is enrolled to an MTF, they receive their primary medical care at the MTF, and that care is managed by an assigned Primary Care Manager (PCM).

- Prime enrollees incur no out-of-pocket costs for routine or specialty care received at the MTF
- There are no out-of-pocket costs for referred and authorized specialty care provided by TRICARE network providers
- TRICARE Prime enrollees must follow TRICARE requirements for obtaining specialty referrals and prior authorizations for non-emergency inpatient, certain outpatient services, and specialty care services

TRICARE Prime Remote

Activated Guard/Reserve members in remote locations (living and working more than 50 miles from an MTF) may be required to enroll in TPR and receive their primary care from TRICARE network providers or TRICARE-authorized providers (non-network). Guard/Reserve members enrolled in TPR should contact their regional contractor for specialty care authorization information.

- The nurse consultants at MMSO review all specialty care authorizations (except for those enrolled in TRICARE Prime at an MTF)
 - If the ADMS's diagnosis or proposed treatment indicates it may impact their fitness for duty, they may be directed to seek care at an MTF
 - If there is no impact on fitness for duty or service restriction, they will be authorized to receive care from a civilian provider
- MMSO may deny authorizations for services not covered by TRICARE

3.4 Delayed-Effective-Date Active Duty Orders

When Guard/Reserve members receive delayed-effective-date active duty orders to serve for more than 30 consecutive days in support of a contingency operation, they and their eligible family members may be TRICARE eligible on the date the delayed-effective-date order was issued or 180 days prior to being called to active duty, whichever is later.

The coding of this "early TRICARE benefit" in DEERS is a Service responsibility and may need to be addressed at the Guard/Reserve member's unit.

3.4.1 Scenarios

Scenario 1: On January 1, the Guard/Reserve member received delayed-effective-date active duty orders to serve for 90 consecutive days in support of a contingency operation, with a reporting date of July 2. On January 1, TRICARE coverage began for the Guard/Reserve member and their eligible family members.

Scenario 2: On January 1, the Guard/Reserve member received delayed-effective-date active duty orders to serve for 90 consecutive days in support of a contingency operation, with a reporting date of July 2. On January 1, TRICARE coverage began for the Guard/Reserve member and their eligible family members. On February 1, the Guard/Reserve member's orders were cancelled. As a result the member and their family's TRICARE coverage ended on the same day, February 1.

4.0 Uniformed Services Employment and Reemployment Rights Act

The Uniformed Services Employment and Reemployment Rights Act (USERRA) provides employment/reemployment protection to Uniformed Service members who perform military service. Under USERRA, when a member is on active duty, their family members may continue their coverage under their employer-sponsored health plan for up to 24 months.

- Prior to being ordered onto active duty, Guard/Reserve members should investigate their employers' policies regarding continuing health care coverage while on active duty status
- Guard/Reserve members must inform their employer about their desire to continue coverage so their family members are not dropped from their plan
- Guard/Reserve members who choose not to keep their employer-sponsored family health coverage while on active duty are entitled to reinstatement in the employer-sponsored health plan (for themselves and their families) upon their return:
 - Without a waiting period
 - Without a penalty for pre-existing conditions

4.1 Eligibility for USERRA

- Guard/Reserve members who are activated under federal orders for more than 30 consecutive days
- Guard/Reserve members who receive delayed-effective-date active duty orders to serve for more than 30 consecutive days in support of a contingency operation
 - If a Guard/Reserve member terminates their employer-sponsored health plan during their "early TRICARE eligibility," but their orders are cancelled prior to reporting for active duty, the Guard/Reserve member is entitled to reinstatement in their employer-sponsored health plan upon return to civilian employment

4.2 USERRA Costs and Conditions

- Employers can establish their own policies regarding these situations
- Guard/Reserve members on active duty who keep their employer-sponsored health coverage for their families may pay different coverage rates, depending on the length of their active duty service and their plan
- When Guard/Reserve members are on active duty for more than 30 consecutive days, they may have to pay a portion, or the full amount of the employer-sponsored health plan's premium

Note: For more information about USERRA, visit the Employer Support of the Guard and Reserve (ESGR) Web site: www.esgr.org.

4.3 Application Exercise

Private Berry is a Guard/Reserve member who recently received delayed-effective-date active duty orders. Upon receipt, he discontinued his employer-sponsored health coverage for himself and his family and enrolled them in TRICARE Prime. After the termination of his employer-sponsored health coverage, but before his actual active duty service began, his orders were cancelled.

Now Private Berry and his family have no medical coverage. He has returned to his civilian employment and wants to be reinstated in their previous employer-sponsored health plan.

Based on the scenario above and what you know about USERRA, are Private Berry and his family members entitled to reinstatement in their previous employer-sponsored health plan? Explain your answer.

Note: See the Appendix for another example of the role of USERRA in supporting Guard/Reserve members.

5.0 Health Care Options During Inactivation/After Deactivation

When inactive but serving in the Selected Reserve, members and their families may qualify to purchase TRICARE Reserve Select. Additionally, retirees under the age of 60 may qualify to purchase TRICARE Retired Reserve. Each program is premium-based and delivers the TRICARE/Extra benefit to all covered individuals.

6.0 TRICARE Reserve Select

TRICARE Reserve Select (TRS) is a premium-based health plan available for purchase world-wide by qualified members of the Selected Reserve for themselves and their eligible family members.

6.1 Types of Coverage

- TRS offers two types of coverage:
 - Member-only coverage
 - Member and family coverage

6.2 Qualifying for TRS Coverage

- Each Guard/Reserve Component is responsible for validating qualified members and recording it in DEERS
- The Guard/Reserve member must meet **both** of the following conditions to qualify to purchase TRS coverage:
 - Must be in the Selected Reserve of the Ready Reserve throughout the entire period of coverage
 - Is not enrolled, or eligible to enroll, in the Federal Employees Health Benefits (FEHB) Program
- To qualify for and to purchase coverage, members should:
 - Log on to the DMDC Reserve Component Purchased TRICARE Application at: <https://www.dmdc.osd.mil/appj/reservetricare> and follow the instructions to qualify
 - Note that DoD Self-Service Logon (DS Logon), DFAS *myPay* login, or DoD Common Access Card (CAC) is required to log on. Members can obtain a DS logon by contacting the Defense Manpower Data Center Support Office (DSO) and verifying their identity.
- If members qualify, they can complete the Reserve Component Health Coverage Request form (DD Form 2896-1) and submit it with the initial premium payment to the appropriate contractor

6.3 Programs Not Available Under TRS

The following programs are not available to TRS enrollees:

- TRICARE Prime
- TRICARE Prime Overseas
- TRICARE Prime Remote
- TRICARE Prime Remote for Active Duty Family Members
- US Family Health Plan
- Extended Care Health Option (ECHO)

Note: Eligibility to purchase Continued Health Care Benefit Program (CHCBP) is not affected by TRS unless coverage under TRS ends before CHCBP eligibility expires. In this situation, the TRS member and their family members should purchase CHCBP within 30 days of loss of TRS eligibility.

6.4 Purchasing Coverage

The effective date of TRS coverage varies based on how and when the benefit is purchased:

<p>General Enrollment</p>	<p>The Selected Reserve member may purchase TRS coverage to begin in any month of the year.</p> <ul style="list-style-type: none"> • Deadline: Application form must be postmarked or received no later than the last day of the month before coverage is to begin • Effective date: Coverage begins on the first day of the first or second month (<i>whichever is selected on the form</i>)
<p>Loss of Other TRICARE Coverage</p>	<p>If the Selected Reserve member loses coverage under another TRICARE health care plan and qualifies for TRS, they may purchase TRS with no break in coverage. This is particularly relevant for a previous TRS member who was activated, and deactivated and TAMP coverage is ending</p> <ul style="list-style-type: none"> • Deadline: Application form must be postmarked or received no later than 30 days after the loss of other TRICARE coverage • Effective date: TRS coverage begins on the day after loss of prior TRICARE coverage
<p>Change in Family Composition</p>	<p>If the composition of the sponsor’s immediate family changes (<i>e.g., marriage, birth, adoption, death</i>), they may purchase TRS coverage.</p> <ul style="list-style-type: none"> • Deadline: Application form must be postmarked or received no later than 60 days after date of the change • Effective date: TRS coverage date coincides with the date of change
<p>Survivor Coverage</p>	<p>If TRS coverage is in effect when the sponsor (i.e., TRS member) passes away, qualified survivors may purchase or continue TRS coverage for up to six months beyond the date of the sponsor’s death. See “General Enrollment” above for instructions to purchase new TRS coverage at any time.</p> <p>If TRS member-and-family coverage is in effect at the time of death:</p> <ul style="list-style-type: none"> • DEERS will automatically convert TRS member-and-family coverage to TRS survivor coverage • Deadline to opt out: If survivors do not want TRS survivor coverage, a written letter or a <i>Reserve Component Health Coverage Request</i> form (DD Form 2896-1) must be postmarked or received no later than 60 days after the date of the sponsor’s death; premiums will be refunded if there have been no claims for health care submitted during this 60-day period <p>If TRS member-only coverage is in effect at the time of death:</p> <ul style="list-style-type: none"> • Eligible survivors may qualify to purchase TRS survivor coverage • Deadline: See “Change in Family Composition” above if the survivor wants coverage to coincide with the date of the sponsor’s death • Surviving family members who are eligible for (in their own right) or enrolled in the FEHB program may still purchase TRS <p>Survivors are not excluded from TRS coverage if they are enrolled, or eligible to enroll, in the Federal Employees Health Benefits (FEHB) Program</p>

6.5 Receiving Care

6.5.1 Accessing Care

- TRS coverage is similar to TRICARE Standard and TRICARE Extra or TOP Standard
- TRS is available overseas
 - The TRICARE Overseas Program (TOP) contractor handles overseas TRS enrollment, collects premium payments, billing, and customer support services
 - TRICARE Area Offices can also provide information about accessing health care in overseas locations

6.6 Costs

TRICARE Standard/Extra cost shares, deductibles, and catastrophic caps that apply to active duty family members (ADFM) apply to all individuals (including the Guard/Reserve member) covered under TRS. Premiums are adjusted on an annual basis, effective January 1.

Status	ADFM E1–E4	ADFM E5 and Up
Deductibles	\$50 individual \$100 family	\$150 individual \$300 family
Cost Shares	20% of TRICARE allowable charge	20% of TRICARE allowable charge
Catastrophic Cap	\$1,000 per family per fiscal year	\$1,000 per family per fiscal year
Civilian Inpatient Cost Share	\$16.30 per day or \$25 per admission, whichever is greater; no charge for separately billed professional charges	\$16.30 per day or \$25 per admission, whichever is greater; no charge for separately billed professional charges
Civilian Inpatient Mental Health	\$20 per day or \$25 per admission, whichever is greater	\$20 per day or \$25 per admission, whichever is greater

6.6.1 Monthly Premium Costs

	January 1, 2011 – December 31, 2011
TRS Member-Only	\$53.16
TRS Member and Family	\$197.76

- Premiums may be paid to the appropriate regional/overseas contractor by check, money order, cashier's check, or Visa®/MasterCard®
- After the initial payment (included with the request form), the regional/overseas contractor bills the TRS member/family by the 10th day of each month and payment is due no later than the 30th day of that month
- Premium payments are due in advance of the month of coverage
 - TRS members may contact their regional/overseas contractor to request monthly recurring credit card payments or to set up electronic funds transfer

7.0 Disenrollment

7.1 Voluntary Disenrollment

- TRS members/families must take the following action to end coverage:
 - Log on to the DMDc Reserve Component Purchased TRICARE Application at: www.dmdc.osd.mil/appj/reservetricare
 - Complete the Reserve Component Health Coverage Request form
 - Print and mail the completed request form to the regional/overseas contractor
- A one year TRS purchase lockout will apply to members who voluntarily disenroll from coverage
Note: TRS members/families wishing to disenroll must NOT simply stop making payments.

7.2 Loss of TRS Coverage

- TRS members/families lose eligibility when the sponsor:
 - Leaves the Selected Reserve
 - Is called to active duty
 - Retires
 - Becomes eligible for Federal Employees Health Benefits (FEHB) Program coverage in their own right or becomes eligible for FEHB coverage under their spouse's family plan
 - When the TRS sponsor becomes eligible for FEHB Program, they will be allowed to continue their TRS coverage for a period up to 45 days, allowing them time to transfer/change coverage as they see fit
 - Fails to pay

7.3 Failure to Make Premium Payments

- Failure to pay monthly premiums results in termination of coverage
 - The effective date of termination is the paid-through date
 - The regional/overseas contractor terminates coverage if the monthly premium payment is not received by the 30th calendar day following the monthly premium due date
- A TRS purchase lockout applies to the Guard/Reserve member and/or family members for 12 months from the effective date of termination

8.0 Transitioning from TRICARE Prime/Prime Remote and TAMP to TRS

- The TRICARE Prime/Prime Remote benefit ends on the last day of the TAMP period for members/families enrolled in Prime; TRS coverage begins the following day
- Members may submit the *Reserve Component Health Coverage Request Form* up to 60 days before the end of TAMP for TRS coverage to begin the day after TAMP ends without a break in coverage.
- Members must inform their providers that their coverage has changed (from TRICARE Prime to TRICARE Reserve Select)

The above is also applicable for transitioning from TOP Prime or TOP Prime Remote to TRS.

9.0 Application Exercise

Read the following scenario pertaining to TRS qualifications. Based on what you have learned about TRS, answer the question and be prepared to explain your answer.

Captain Brown, a member in the Selected Reserve, is employed full-time at an auto parts store. His spouse works and has an active family plan under the FEHB program. Is Captain Brown qualified to purchase TRS coverage?

10.0 TRICARE Retired Reserve

TRICARE Retired Reserve (TRR) is a premium-based, health plan available worldwide for purchase by qualified Retired Reserve members and their eligible family members. TRR delivers the TRICARE Standard/Extra benefit to all covered individuals. This population of Guard retirees is commonly referred to as “Gray-Area Retirees.”

10.1 Types of Coverage

- TRR offers two types of coverage:
 - Member-only coverage
 - Member and family coverage

10.2 Qualifying for TRR Coverage

- Each Reserve Component is responsible for validating a Retired Reserve member’s qualifications for TRR and recording it in DEERS
- Retired National Guard and Reserve members may qualify to purchase TRR coverage if they are:
 - A member of the Retired Reserve of a Reserve Component who is qualified for non-regular retirement under 10 USC, Chapter 1223
 - Under the age of 60
 - Not enrolled, or eligible to enroll, in the Federal Employees Health Benefits (FEHB) Program
- To qualify for and to purchase coverage, members should:
 - Log on to the DMDC Reserve Component Purchased TRICARE Application at: <https://www.dmdc.osd.mil/appj/reservetricare> and follow the instructions to qualify
 - Note that DoD Self-Service Logon (DS Logon), DFAS *myPay* login, or DoD Common Access Card (CAC) is required to log on. Members can obtain a DS logon by contacting the Defense Manpower Data Center Support Office (DSO) and verifying their identity.
- If members qualify, they can print the Reserve Component Health Coverage Request form (DD Form 2896-1)
- Sign the completed request form and submit it with appropriate initial premium payment to the regional or overseas contractor by the deadline

10.3 Programs Not Available Under TRR

The following programs are not available to Retired Reserve members, family members, or survivors who are enrolled in TRR:

- TRICARE Prime
- TRICARE Prime Overseas
- TRICARE Prime Remote
- TRICARE Prime Remote for Active Duty Family Members
- US Family Health Plan
- Extended Care Health Option

Note: Eligibility to purchase Continued Health Care Benefit Program (CHCBP) is not affected by TRR.

10.4 Purchasing Coverage

The effective date of TRR coverage varies based on how and when the benefit is purchased:

<p>General Enrollment</p>	<p>The member may purchase TRR coverage to begin in any month of the year.</p> <ul style="list-style-type: none"> • Deadline: Application form must be postmarked or received no later than the last day of the month before coverage is to begin • Effective date: Coverage begins on the first day of the first or second month (<i>whichever is selected on the form</i>)
<p>Loss of Other TRICARE Coverage</p>	<p>If a member/family loses coverage under another TRICARE health care plan and qualifies for TRR, they may purchase TRR with no break in coverage.</p> <ul style="list-style-type: none"> • Deadline: Application form must be postmarked or received no later than 30 days after the loss of other TRICARE coverage • Effective date: TRR coverage begins on the day after the loss of prior TRICARE coverage
<p>Change in Family Composition</p>	<p>If the composition of the sponsor’s immediate family changes (<i>e.g., marriage, birth, adoption, death</i>), they may purchase TRR coverage.</p> <ul style="list-style-type: none"> • Deadline: Application form must be postmarked or received no later than 60 days after date of the change in family composition • Effective date: TRR coverage date coincides with the date of change
<p>Survivor Coverage</p>	<p>If TRR coverage is in effect when the sponsor passes away, qualified survivors may purchase or continue TRR coverage until the day the sponsor would have become eligible for retiree benefits (typically age 60). See “General Enrollment” above for instructions to purchase new TRR coverage at any time.</p> <p>If TRR member-and-family coverage is in effect at the time of death:</p> <ul style="list-style-type: none"> • DEERS will automatically convert TRR member-and-family coverage to TRR survivor coverage • Deadline to opt out: If survivors do not want TRR survivor coverage, a written letter or a <i>Reserve Component Health Coverage Request</i> form (DD Form 2896-1) must be postmarked or received no later than 60 days after the date of the sponsor’s death; premiums will be refunded if there have been no claims for health care submitted during this 60-day period <p>If TRR member-only coverage is in effect at the time of death:</p> <ul style="list-style-type: none"> • Eligible survivors may qualify to purchase TRR survivor coverage • Deadline: See “Change in Family Composition” above if the survivor wants coverage to coincide with the date of sponsor’s death • Surviving family members who are eligible for (in their own right) or enrolled in the FEHB Program may still purchase TRR

10.5 Receiving Care

10.5.1 Accessing Care

TRR follows TRS procedures. See Section 6.5.1 for more details on accessing care.

11.0 Costs

TRICARE Standard/Extra cost shares, deductibles, and catastrophic caps that apply to active duty family members (ADFMs) apply to all individuals (including the Guard/Reserve member) covered under TRS. Premiums are adjusted on an annual basis, effective January 1.

Status	Retirees, Retiree Family Members, and Survivors
Deductibles	\$150 individual \$300 family
Cost Shares	25% of TRICARE allowable charge
Catastrophic Cap	\$3,000 per family per fiscal year
Civilian Inpatient Cost Share	\$535 per day or 25% of the total charge, whichever is less, plus 25% of the TRICARE allowable charge for separately billed professional services
Civilian Inpatient Mental Health	<p>High Volume Hospitals: 25% of hospital specific charges</p> <p>Low Volume Hospitals: \$202 per day or 25% of the billed charges, whichever is less</p> <p>Partial Hospitalization: 25% of the TRICARE allowable charge, plus 25% of the TRICARE allowable charge for separately billed professional services</p>

11.1 Monthly Premium Cost

	January 1, 2011 – December 31, 2011
TRR Member-Only	\$408.01
TRR Member and Family	\$1020.05

- Premiums may be paid to the appropriate regional/overseas contractor by money order, cashier's check, or Visa®/MasterCard®
- After the initial two month premium payment (included with the Reserve Component Health Coverage Request form), the regional/overseas contractor bills the TRR member, family member, or survivor by the 10th day of each month; payment is due no later than the 30th day of that month
- Premium payments are due in advance and apply to the chosen month of coverage
 - Recurring monthly payments may also be scheduled using a credit card at the time the initial payment is submitted
 - Electronic funds transfer may be set up after the member receives their first bill by contacting their regional contractor

12.0 Disenrollment

12.1 Voluntary Disenrollment

TRR follows TRS procedures. See Section 7.1 for more details on voluntary disenrollment.

12.2 Loss of TRR Coverage

- Members lose TRR eligibility when the sponsor:
 - Turns 60 years of age
 - Becomes eligible for or obtains Federal Employees Health Benefits (FEHB) Program coverage
 - Fails to pay

13.0 Application Exercise

Read the following statements about TRR. Answer True or False, and be prepared to explain your answer.

True/False. A retired member of the National Guard just celebrated her 60th birthday. She is now eligible for TRR.

True/False. A retired member that has FEHB is also eligible for TRR.

14.0 Distinguishing Between TRS and TRR

TRS and TRR are two distinct, separate premium-based health plans. It is important to understand the differences between TRS and TRR. The following table lists key features of each plan.

	TRICARE Reserve Select (TRS)	TRICARE Retired Reserve (TRR)
Qualifying	<p>Must be a member of Selected Reserve of the Ready Reserve throughout entire period of coverage</p> <p>Must not become eligible for or obtain coverage under FEHB</p>	<p>Must be a retired member of the Retired Reserve of a Reserve Component who has not reached age 60</p> <p>Must not become eligible for or obtain coverage under FEHB</p>
Premium Rates (updated annually)	<p>Monthly rate: \$53.16 for member-only \$197.76 for member and family</p> <p>Minimum 1 month initial premium payment required</p>	<p>Monthly Rate: \$408.01 for member-only \$1020.05 for member and family</p> <p>Minimum 2 months initial premium payment required</p>
Survivor Coverage	<p>If sponsor dies while covered under TRS, the surviving family member(s) may purchase new or continue existing TRS coverage for up to six months beyond the date of the sponsor's death</p>	<p>If sponsor dies while covered under TRR, the surviving family member(s) may purchase new or continue existing TRR coverage until the date on which the deceased member would have turned 60 years of age</p>

15.0 Contact Information

Stateside:

TRO—North

Health Net Federal Services, Inc.
TRS Enrollment or TRR Enrollment
P.O. Box 870162
Surfside Beach, SC 29587-9762
1-800-555-2605
www.hnfs.net

TRO—South

Humana Military Healthcare Services, Inc.
P.O. Box 105389
Atlanta, GA 30348-5389
1-800-298-3408
www.humana-military.com

TRO—West

TriWest Healthcare Alliance
P.O. Box 42048
Phoenix, AZ 85080-2048
1-888-TRIWEST (1-888-874-9378)
www.triwest.com

TRICARE Overseas:

TRICARE Eurasia-Africa, TRICARE Latin America & Canada, and TRICARE Pacific
International SOS Assistance, Inc.
TOP TRS/TRR Enrollments
PO Box 11689
Philadelphia, PA 19120

TRS/TRR customer support and information is available from International SOS by calling toll free from the U.S. at 1-877-451-8659. For country-specific contact information visit:
www.tricare-overseas.com/trs.htm or www.tricare-overseas.com/trr.htm

16.0 Guard/Reserve Points of Contact for TRS and TRR

For Reserve Component Points of Contact for Eligibility Questions concerning TRICARE Reserve Select, visit <http://ra.defense.gov/html/tricare.html>.

To get more information about TRR as it becomes available, sign up to receive benefit updates via email at https://service.govdelivery.com/service/multi_subscribe.html?code=USMHSTMA.

Appendix: USERRA Example

U.S. OFFICE OF SPECIAL COUNSEL ANNOUNCES FAVORABLE SETTLEMENT OF CASE FOR ARMY RESERVE MAJOR INJURED DURING OVERSEAS MILITARY SERVICE

FOR IMMEDIATE RELEASE - 10/9/01

Today, the U.S. Office of Special Counsel (OSC) announced the favorable settlement of a complaint filed by Mr. John L. Ashford, a Major in the U.S. Army Reserve, who alleged that the U.S. Postal Service (USPS) violated his reemployment rights under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA).

Mr. Ashford alleged that he lost his job with the Postal Service due to injuries suffered while he was performing military duty overseas in Bosnia. According to Mr. Ashford, as a result of injuries to his back and shoulder, he could no longer perform his job as a Letter Carrier, a job he had held for eight years. The Postal Service permitted Mr. Ashford to request a change in position but the only position open in the Chicago area, where he worked, was a Flat Sorter Machine Operator. Mr. Ashford could also not perform the duties of this position due to his injuries. The Postal Service, therefore, put him on disability retirement.

Under USERRA, an employer has special obligations to an employee who has a disability that occurred as a result of military service. First, the employer must make a reasonable effort to accommodate the disability, to permit the employee to remain in his position. If accommodations cannot be made, the employer must reemploy the employee in another position that the person is qualified to perform or would become qualified to perform with reasonable efforts by the employer. The position must be equivalent or the nearest approximation to equivalent in terms of seniority, status, and pay, with the employee's former position.

In accordance with USERRA, Mr. Ashford initially filed his complaint with the Department of Labor, Veterans Employment and Training Service (VETS). After VETS notified him that it had been unable to resolve the matter, he requested that his case be referred for litigation before the Merit Systems Protection Board (MSPB). Because the complaint had been filed against a federal employer (rather than a State or private employer), the Secretary of Labor transferred the matter to OSC for it to review to consider possible prosecution before the MSPB. In this case, such prosecution was unnecessary because the Postal Service agreed to provide Mr. Ashford with full relief.

Under the terms of the settlement, Mr. Ashford will be reemployed by the Postal Service as a Customer Service Representative at the same pay and seniority level he would have received had he not lost his job. Both the Postal Service and Mr. Ashford agreed that the new position was the "nearest approximation" in terms of status to his former position. Mr. Ashford also received compensatory damages for the time he was unemployed following his separation from the Postal Service.

Special Counsel Elaine Kaplan said, "In this case, USERRA afforded protection to an employee who suffered a disability while performing military duty. But for his service to his country, the claimant would not have found himself unable to perform the duties of his position. Reemploying the serviceman to a similar position, without loss of pay or seniority, is exactly what Congress intended."

Kaplan also thanked the USPS for diligently working with OSC to find a suitable new position for Mr. Ashford.