

Welcome to the 87th Medical Group!

Medical In-Processing Brief





Location



Main Clinic

3458 Neely Road
JB MDL, NJ 08641
1-866-DRS-APPT (377-2778)



Dental Clinic

2417 McGuire Blvd
JB MDL, NJ 08641





Hours of Operation

* COVID19 Operations



- **Clinic Hours**
 - Monday – Friday from 0730 – 1630
 - Doors open at 0700 & lock at 1700
 - SICK CALL HOURS: Total Force/AD Check in 0730-0830 M-F
- **Closed on Weekends/Federal Holidays**
 - **In case of an emergency dial 911**
 - **ACTIVE DUTY MEMBERS** require authorization by a PCM, the MHS Nurse Advice Line, or appointment line prior to receiving Urgent Care services (Please reference helpful contacts at the end of the presentation)



Hours of Operation

* COVID19 Operations



Flyer Sick Call	M-F 0730-0830/1300-1330 (flyers only)
Return to Fly/Sick Call	M-F 0730-1000
Family Health	M-F 0730-1600 (limited appointments)
Pediatrics	M-F 0730-1600 (limited appointments)
Optometry	M-F 0730-1600 (acute appointments only)
Physical Therapy	M-F 0730-1600 (post op appointments only)
Pharmacy	M-F 0730-1600 (curbside services), _____, _____, _____,
Mental Health	M-F 0730-1600 (high interest, acute care, ANAMS, Family Advocacy)
Immunizations	M-F 0730 -1600 (regular schedule)
Radiology	M-F 0730 -1600 (acute cases only)
Lab	M-F 0730-1600 (acute cases/COVID19 only)
Dental	M-F 0730-1130, 1300-1630 (acute care, class IV)
Veterinary Services	M-W 0830-1600
IMR Requirements	M-F 0730-1600
Family Advocacy	M-F 0700-1600



Before Receiving Medical Care at the 87 MDG You Must:



- **Verify eligibility in DEERS**

- Go to your local ID card office (Military Personnel Flight)
 - Currently requiring appointments, please call 609-754-1592 to schedule one!

OR

- Log into MilConnect <https://milconnect.dmdc.osd.mil>

- **Enroll or Transfer to the 87 MDG**

- Call Humana Military at 1-800-444-5445 or enroll online www.HumanaMilitary.com
 - During the call the Humana team will assign you and your family their Primacy Care Manager (PCM)
 - For AD members your PCM assignment will depend on your assigned squadron
- ***Please follow steps outlined in the Medical In-Processing Packet to ensure the Patient Administration team is able complete the registration process. Email completed packet to the NCOIC of Medical Records, TSgt Castro at francisco.a.castro18.mil@mail.mil.***
- **After the Patient Administration team receives your packet, registration can take 1-2 business days and then you can begin making appointments, utilizing the pharmacy, and more!**

- **Enroll or Transfer to the TRICARE Dental Program (TDP) for Family Members**

- Call 1-855-638-8371 or visit www.tricare.mil/dental
-



Scheduling or Canceling Appointments



- Please call the Appointment Line at 866-377-2778 (between 0700 and 1600)
 - Family Health and Total Force Clinic – Option #1, #1, #1
 - Flight Medicine – Option #1, #3, #1
 - Pediatrics – Option #1, #1, #2
 - Optometry – Option #1, #2, #3
 - Women's Health – Option #1, #1, #3
 - Dental Clinic – Option #1, #2 , #4



Services



■ Medical & Specialty

- Family Health
- Flight Medicine
- Pediatrics
- Pharmacy
- Mental Health
- Women's Health
- Immunizations
- Physical Therapy – Active Duty Only
- Family Advocacy
- Optometry
- Audiology
- Health Promotions
- Public Health
- Exceptional Family Member Program (EFMP)

■ Diagnostic

- Clinical Laboratory
- Radiology

■ Dental Services

- **Active Duty Only**
- Comprehensive Dentistry
- Endodontics
- Prosthodontics
- Periodontics

■ **PLEASE NOTE DUE TO THE COVID-19 SOME SERVICES HAVE BEEN LIMITED SO PLEASE CALL AHEAD TO THE 87 MDG APPOINTMENT LINE IF YOU HAVE ANY QUESTIONS**



TRICARE Benefits Counselors and Debt Collection Assistance Officers



Have more questions about your health benefit?

Want to know more about services covered by TRICARE?

Questions about options for your family members?

Have a bill or claims issues?

Come and visit/call our Beneficiary Counselors!

Our team can help you with a range of TRICARE concerns or claims to ensure you are getting the most out of you health benefit.

Check in at the Medical Records front desk or call

609-754-9005/609-754-9082.



Medical Records



If you need a copy of your medical records, out-processing from the base, updating your records with off-base reports, want to review your records, and more come visit the Medical Records Front Desk to get assistance with records!

- Per AFMS policy, hand-carrying your original medical records is no longer an option for members, so ***if you currently have any records in possession you must turn them in.***
 - ***If you have any questions please call our front desk at 609-754-9048.***
-



Aerospace Medicine



- Members on flying status & select Active Duty members
 - *Spouses are enrolled to Family Health*
- Hours of Operation
 - Mon - Fri: 0730 – 1630
- Sick Call
 - Mon - Fri: 0730 – 0830, and 1300 – 1330
 - Only for Return To Flying Status (RTFS) & acute issues (48 hours or less of duration)
- If due for Flight Physical, contact your scheduler or Flight Medicine through Central Appointments: 1-866-DRS-APPT
- All meds & supplements not pre-approved must be reported to Flight Surgeon and documented in medical records.
 - May require DNIF/DNIC; if there is doubt, ask before taking them



Mental Health



- **Services available:**
 - Individual and group therapy, education classes, and medication management (currently available for AD members only)
 - Family Advocacy: Call (609) 754 - 9680
 - Behavioral Health Optimization
- **No referral required to make an appointment**
 - Walk-in hours for urgent, acute, or high interest concerns: 0730 - 1630
- Mental Health Clinic phone number: (609) 754 - 9324
- After hours emergency (suicidal/homicidal thoughts or behaviors) call 911



Referrals for Off-Base Care



After visiting your PCM, you may receive a referral for specialty care outside of the 87 MDG. The following steps are how your referral will be processed:

1. Your PCM team will first submit the referral to the referral management team located in the 87 MDG Medical Records section
 2. This team will review the referral along with the help of Humana Military Referral Management, to assign an off-base provider to assist in your care. The referral can take up to 6 days to process for regular visits and 2 days if it is an urgent visit.
 3. To view the completed referral and the assigned provider, you must register for a Humana Military Beneficiary account, where you can review all your referral information such as:
 - Facility Name, Address, and Phone Number
 - Please Sign up for a Humana Military Beneficiary account at:
<https://infocenter.humana-military.com/beneficiary/service/Account/Login>
-



Referrals for Off-Base Care (cont.)



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5. You will then reach out to the facility to schedule an appointment with that off-base provider
 6. During your treatment and after it's completion, all records associated to your visit will be sent back to the MTF to be uploaded into your medical record
- If you have any questions or concerns about your referral you can call Humana Military at (800) 444-5445 or visit our Medical Records Front Desk to speak to our in-person Referral Management team
 - If your medical care requires travel out of the area of care, our patient travel team can assist with any questions, concerns, and DTS processing for your travel
 - **This team can be contacted at 609-754-9056.**
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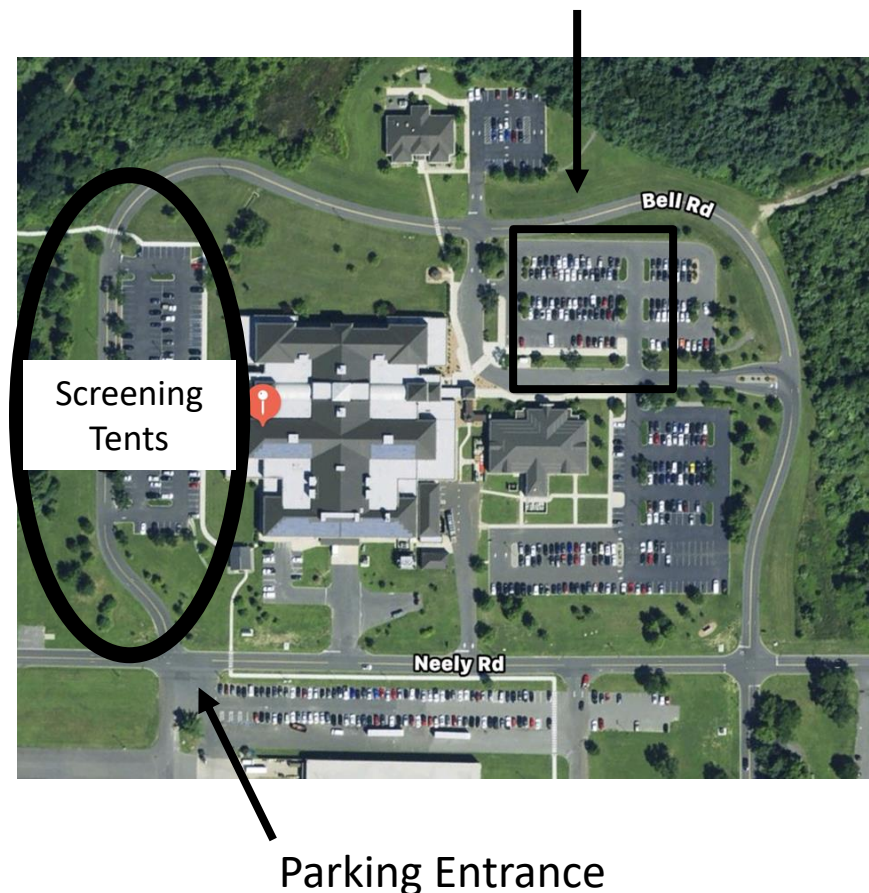


COVID-19 Operations and Services



Patient Parking

- Accessing the Medical Group
 - All beneficiaries accessing the clinic will first be screened at an outdoor ECP check-point where they will be asked questions regarding symptomology and travel
 - After the initial screening, members will be dispositioned to enter the MTF or proceed through additional screening tents located in the West parking lot





COVID-19 Operations and Services



- Requirements to Receive Medical Service
 - It is imperative to adhere and enforce the Centers for Disease Control and Prevention guidance to both physically distance and wear cloth face coverings to slow the spread of COVID-19.
 - Effective immediately, all beneficiaries seeking services inside the medical group are required to:
 - At the point of entry, report any COVID-19 symptoms and honestly answer screening questions
 - Wear a face covering and ensure covering extends beyond the chin to cover the mouth and nostrils completely. Patrons without a face covering will not be allowed to enter.
 - Maintain physical distancing of 6 feet to the greatest extent possible



COVID-19 Operations and Services



- If you are experiencing flu like symptoms to include fever, cough, or shortness of breath, and have visited areas with known community spread of came in contact with known persons with COVID-19 please dial the *87th MDG COVID Hotline* at 609-754-9050.
- ***You must call the hotline before arrival to the 87 MDG to avoid any possible contamination or spread to others.***

Do you have **COVID-19 Symptoms?**

Fever? Cough? Shortness of breath?

Stay at home and contact the MHS Nurse Advice Line

A registered nurse can virtually help assess your symptoms. If needed, they can coordinate a virtual visit with a health care provider.



U.S. and U.S. Territories

1-800-TRICARE (874-2273), Option 1



Overseas

Visit www.mhsnurseadvice.com to find your country-specific phone number.

The MHS Nurse Advice Line is not for emergencies. If you reasonably think that you have an emergency, go to the nearest emergency room or call 911 immediately. Let the emergency room or 911 dispatcher know if you have COVID-19 symptoms.





COVID-19 Operations and Services



- **General questions or concerns about what to do?** *Call the Nurse Advice Line at 1-800-874-2273, Opt 1*
- **Please visit TRICARE.mil for more updates!**
<https://www.tricare.mil/coronavirus>

Do you have **COVID-19 Symptoms?**

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TRICARE Online

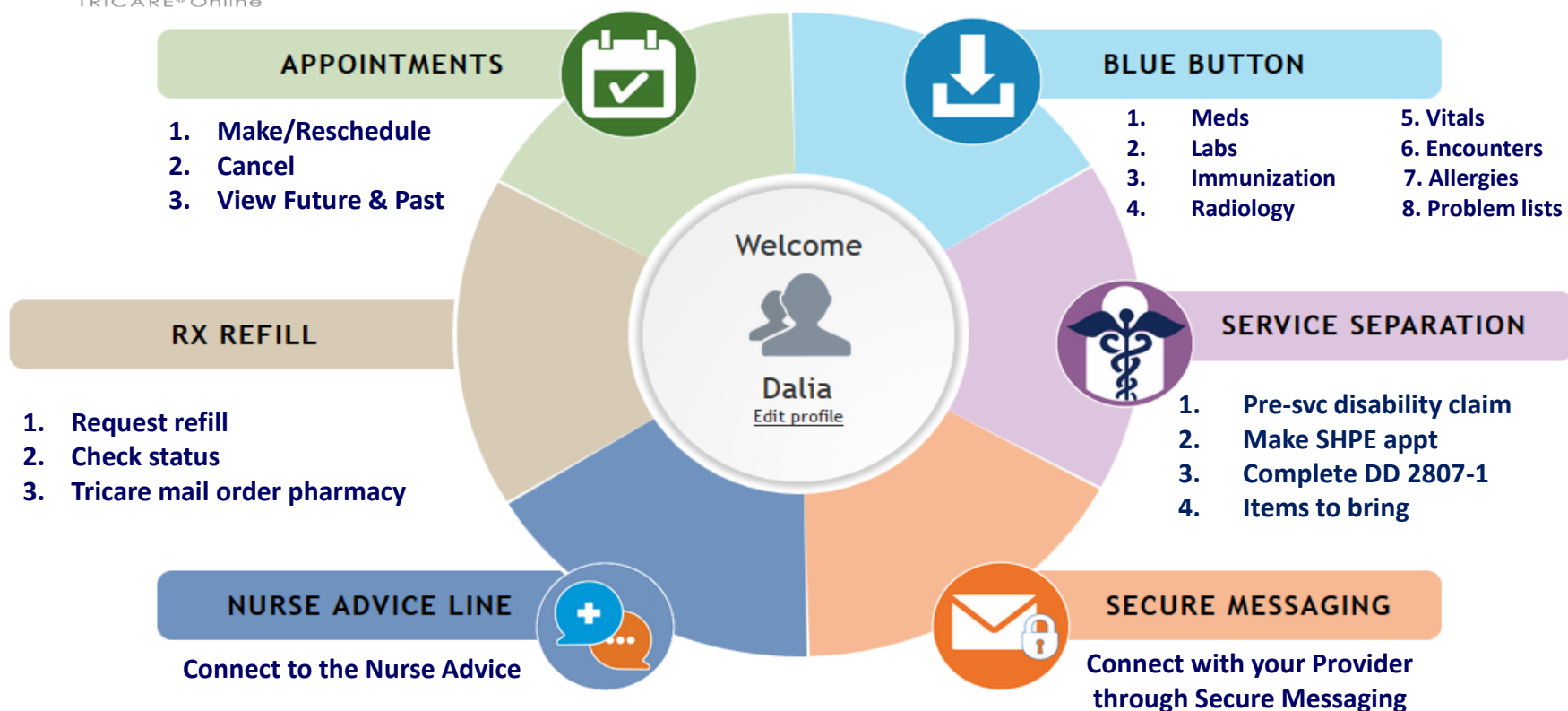


- During the COVID19 pandemic and limited face-to-face operations, this site allows for seamless communication and service from your PCM team!
- Please register for TRICARE Online account if you do not have one! This secure site allows you to:
 - Manage Appointments
 - Access Medical Records
 - Manage your medications
 - Secure message your PCM team when you sign up for secure messaging



TRICARE Online

Sign up here: www.tricareonline.com





Pharmacy Services



- Hours of Operation
 - Monday- Friday – 0730 to 1600
 - Closed on weekends, federal holidays, and family/down days*
 - Two options:
 - TRICARE Online – Electronically sends refill requests to us
 - Automated Refill Line – Used by calling 609-754-9470,
 - Option 1: Refill prescription
 - Option 4: Speak to pharmacy representative
 - Refill availability
 - May be called in 7 days early (except controlled medications)
 - Highly encouraged for special purchase medications
- * Hours are subject to change.*



Sick Program



- **Purpose**

- To provide quick relief from mild symptoms with our pharmacists as an alternative to waiting/scheduling a clinic appointment.

- **Eligibility**

- Active Duty, spouses, children, and retirees (<65)

- **Ineligible**

- Flyers, PRP, Arming/Use of Force, pregnant/breastfeeding, retirees (>65)
- Relief for allergies, cough/cold, heartburn, pain, acne/skin rashes, and more.
- Review symptoms with pharmacy staff, receive up to 3 medications.
- Check-in at pharmacy if in Clinic or call ahead and we will process the form for you.



Pharmacy Check-In



- All patients check-in for pharmacy services who just came out of a appointment in the clinic will proceed to the Pharmacy Window to start the filling process.
- All patients who were seen either off base or got a renewal from a doctor in the clinic will call ahead to start the filling process of there medications at (609) 754-9470 and follow the prompts to speak to a Pharmacy Team Member.
- At this moment we are not currently accepting Hard Copy Prescriptions due to COVID-19 Risks for our staff to remain safe. We ask that your doctor fax or Electronically send your medication to us.



Curbside Pick Up Service



- In order to provide the highest quality care to you as well as our other patients, the 87th Medical Group requests that you stay inside your vehicle at all times and do not enter the Medical Group.
- Please **TEXT** the following information to **609-331-9739** and a pharmacy staff member will assist you.

The number of your parking spot (1-20)

Patient's Full name

Patient's Date of Birth (MM/DD/YYYY)

Number of prescriptions you are trying to pick up

Patient's DOD ID number

- Please look for a response from this number for your next steps. A team member will either bring your medications to you now, or you will be instructed to return at a later time. If you have additional questions please **call 609-754-9470, option 4.**
- If you need assistance in the parking lot, please turn on your hazard lights on.



Prescription Transfers



- If medications with refills remain at your prior assignment/civilian pharmacy:
 - Call us at 609 754 9470 and a Pharmacy Team Member will fill out transfer form for you.
 - Transfer requests will be completed in 2-3 duty days.
- We cannot transfer medications from PACCOM bases, except Air Force facilities
- Recommendation to see providers for new scripts to ensure continuity of care and quicker access to medications

Medication Disposal

- Pharmacy cannot take back medications after they have been dispensed from the pharmacy
- A secured, private medication drop box is available in the Security Forces building on McGuire AFB (Tuskegee Airman Ave)



EFMP Medical Support Services



- EFMP-M the medical component of the Exceptional Family Member Program
 - Proactively identifies families with special needs
 - Ensure medical/educational service at the member's current or gaining location
 - Provide healthcare coordination



EFMP Enrollment Criteria



- Enrollment is mandatory based on DoDI 1315.19, Enclosure 4
- Applies to members in both CONUS and OCONUS locations
- Applies to Reg AF, Guard, and Reserve members
- Enrolled for required care/services, not diagnosis
- Four types of criteria
 - Medical/Mental Health
 - Educational
 - Other (assistive/adaptive)
- Disenrollment happens when the special need no longer exists, or the family member is no longer a beneficiary
- Documentation is required



New EFMP Process



- EFMP- EFM will initiate their own EFM application clearance package
- Members can go to <https://efmpandme.militaryonesource.mil/> or <https://www.afspecialneeds.af.mil> and register to start the process



Special needs Coordinators Role



- Program Manager for EFMP-Medical
- Located in every AF MTF
- Primary functions:
 - ☐ Identification
 - ☐ Enrollment
 - ☐ Family Member Relocation Clearance (Q-coded and OCONUS)
 - ☐ Case Management
 - ☐ Information and Medical referrals



EFMP Medical Staff



Special Need Coordinator:

Crystal Mettrock, Located at 87th MDG

Phone: 609-754-9752 Email:
crystal.r.mettrock.ctr@mail.mil

Special Needs Technician

Jeanette Villard , Located at the 87th MDG

Phone: 609-754-9197 Email:
jeanette.d.villard.ctr@mail.mil



JB MDL

Family Advocacy Program



Family Advocacy Program

Locations and Hours of Operation:

McGuire/Dix - 87th Medical Clinic (2nd floor)
Mon-Fri, 0730-1630
(609) 754-9680

Lakehurst – MFSC Annex
Mon-Fri, 0730-1630
(732) 323-5330

Our Mission: To provide a continuum of services designed to build healthy communities and resiliency in support of family, community and mission readiness

Services are FREE for all branches; Active Duty and Dependents



JB MDL

Family Advocacy Program



SERVICES

- Family & Intimate Partner Treatment: Clinical assessment, evaluation, and treatment for victims and offenders involved in adult partner or child maltreatment
 - Please remember
 - Shaken Baby Syndrome: “Is the collection of signs and symptoms resulting from the violent shaking of an infant or small child. It is a form of child abuse.” Never Shake a Baby!
 - NJ Child Abuse Reporting Law-requires ALL individuals to report any suspected abuse or maltreatment
 - NJ Child Abuse Immunity Law-provides protection when reporting
-



JB MDL

Family Advocacy Program



- DAVA (Domestic Abuse Victim Advocacy): Victim advocacy, crisis intervention, emergency shelter, safety planning and information/referral services offered
 - FAP Providers & DAVA can accept Restricted and Unrestricted Reports*
- *Exceptions exclude imminent harm
- For Domestic Violence Crisis Services or if you or someone you know are in an abusive relationship, please call
609-283-5015 Available 24/7
- FAST (Family Advocacy Strength-Based Therapy): Brief/short-term therapy and/or supportive interventions
 - Available for Individuals, Families & Couples
-



JB MDL

Family Advocacy Program



- New Parent Support: Education and support for families expecting a child OR with a child under the age of 3.
 - Pregnancy classes & One-on-one appointments with a Registered Nurse (In home or office)
 - Outreach & Prevention
 - Briefings & Classes provided on Relationships, Parenting, Anger Management & Much More!
 - Due to COVID-19, many services and offerings are being provided virtually. For questions or more information, please call Family Advocacy at 609-754-9680.
-



TRICARE BRIEFING



Intro to TRICARE



What Is TRICARE?



- Uniformed services health care program
- Worldwide network
 - Military hospitals and clinics
 - Civilian health care providers



Health Care Options



Active Duty

Includes National Guard
and Reserve members called or ordered to
active service for more than 30 days

Sponsor options:

- TRICARE Prime
- TRICARE Prime Remote (TPR)

Family member options:

- TRICARE Prime
- TPR
- US Family Health Plan (USFHP) (depending on location)
- TRICARE Select
- TRICARE Young Adult (TYA)
- TRICARE For Life (TFL) (if entitled to Medicare Part A and have Medicare Part B)

Active Duty



Separated from Service

(non-retirement)

Sponsor and family member options:

After separating from service (non-retirement), the sponsor and family members lose TRICARE eligibility. However, you may qualify for a period of continued coverage under the:

- Transitional Assistance Management Program (TAMP)
- Continued Health Care Benefit Program (CHCBP)

Separated from Service



Retired

Sponsor options:

- TRICARE Prime
- USFHP (depending on location and age)
- TRICARE Select
- TFL (if entitled to Medicare Part A and have Medicare Part B)

Family member options:

- TRICARE Prime
- USFHP (depending on location and age)
- TRICARE Select
- TYA
- TFL (if entitled to Medicare Part A and have Medicare Part B)

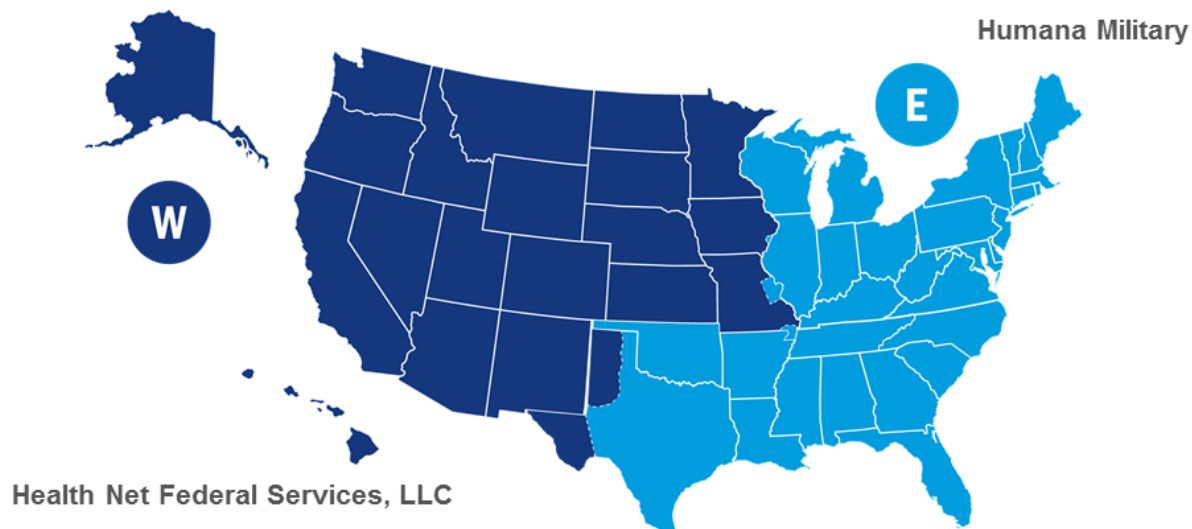
Retired



TRICARE Regions



TRICARE Stateside Regions





TRICARE Terms



Health Benefit Terms

- **Sponsors:** Active duty service members, retired service members and National Guard and Reserve members.
- **Provider:** A person, business or institution that provides health care.
- **Prior authorization:** A review of a requested health care service, done by your regional contractor, to see if the care will be covered by TRICARE.
- **Referral:** When your primary care manager or network specialty provider sends you to another provider for care. Certain benefits, such as the Comprehensive Autism Care Demonstration, require a referral and continued authorizations.
- **Claim:** A request for payment from TRICARE that goes to your regional contractor after you get a covered health care service.



TRICARE Terms (cont.)



Health Benefit Terms (continued)

- **Cost-share:** A percentage of the total cost of a covered health care service that you pay.
- **Premium:** The amount you pay for a health care plan you purchased.
- **Deductible:** A fixed amount you pay for covered services each calendar year (CY) before TRICARE pays anything.
- **Copayment:** The fixed amount those with TRICARE Prime (who are not active duty) and TRICARE Select pay for a covered health care service; or the amount paid for a prescription.
- **Catastrophic cap:** The most you or your family will pay for covered health care services each CY.



TRICARE: Determining eligibility



Those Eligible for TRICARE

- Active duty service members (ADSMs)
- Active duty family members (ADFMs)
- Retired service members (including Retired Reserve members who have reached age 60) and their family members
- National Guard and Reserve members and their family members
- Medal of Honor recipients and their family members
- Survivors and eligible former spouses





TRICARE: Program Options



TRICARE Program Options

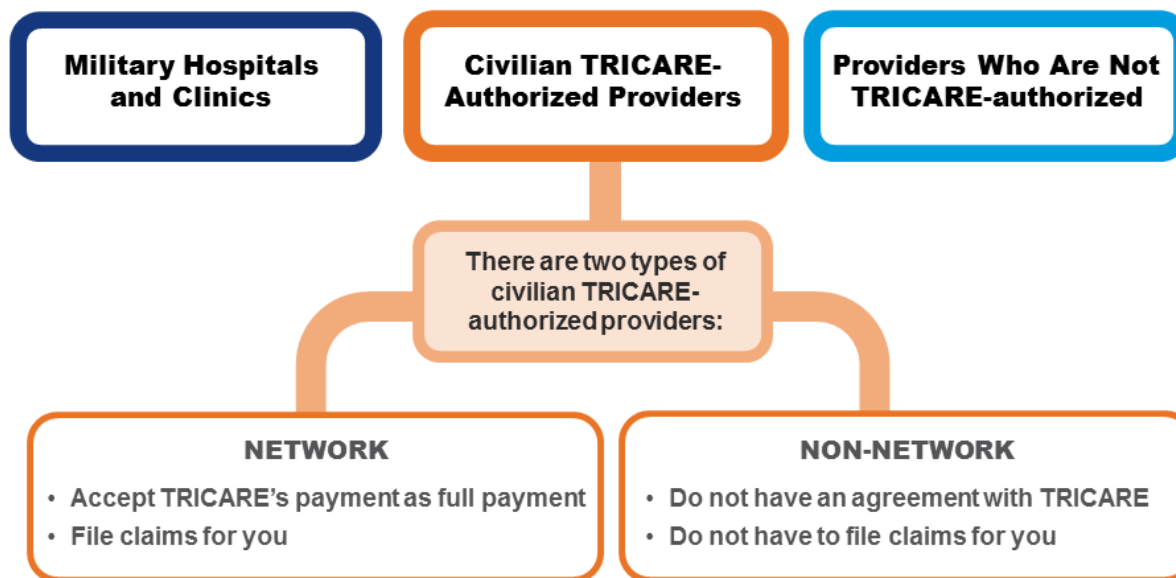
Those Eligible for TRICARE	TRICARE Program Options
Active duty service members	<ul style="list-style-type: none">• TRICARE Prime• TRICARE Prime Remote
Active duty family members and family members of National Guard and Reserve (NGR) members, NGR members on active duty orders for more than 30 days	<ul style="list-style-type: none">• TRICARE Prime• TRICARE Prime Remote• TRICARE Select• TRICARE For Life (TFL)• US Family Health Plan (USFHP)• TRICARE Young Adult (TYA)
NGR members, retired Reservists, and their family members	<ul style="list-style-type: none">• TRICARE Reserve Select• TRICARE Retired Reserve• TYA
Retired service members and their family members, retired Reservist (at age 60) and their family members, Medal of Honor recipients and their family members, survivors and eligible former spouses	<ul style="list-style-type: none">• TRICARE Prime• TRICARE Select• TFL• USFHP• TYA



TRICARE: Provider Categories



Provider Types





TRICARE Plans



TRICARE Prime®

- Available in specific areas
- Must enroll
- No claims to file





TRICARE Prime



- To get TRICARE Prime, you need to live:
 - Inside a Prime Service Area, or PSA. Typically, PSAs are near military hospitals or clinics.
 - Within 100 miles of an available primary care manager, also called a PCM.
- ADSMs must enroll in a TRICARE Prime option. ADFMs can choose to enroll in TRICARE Prime, TRICARE Prime Remote (TPR), US Family Health Plan (USFHP) or TRICARE Select. Information on these programs will appear later on in this presentation.
- There are three ways to enroll in TRICARE Prime:
 - Online: Use the Beneficiary Web Enrollment, or BWE, website at www.dmdc.osd.mil/appj/bwe.
 - Phone: Call your regional contractor.
 - Mail: Download a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form*, which is *DD Form 2876*, at www.tricare.mil/forms. Mail the completed form to your regional contractor.
- ADSMs, ADFMs, eligible surviving spouses, surviving dependent children and those with Medicare Part B do not have enrollment fees. All others pay yearly enrollment fees.



TRICARE Prime (cont.)



TRICARE Prime (continued)

- Referrals needed for specialty care
- Referrals are not required for urgent care visits for TRICARE Prime enrollees except for ADSMs
- Military hospitals and clinics first option for specialty care
- Most care from PCM
- Lowest costs
- Portable coverage
- Annual announcement of health plan changes



TRICARE Prime Remote



TRICARE Prime Remote

- Available in remote locations
- Must meet eligibility requirements
- Must enroll
- Most care from civilian network provider





TRICARE Select



TRICARE Select

- TRICARE Select is a self-managed, preferred-provider option for eligible beneficiaries (except ADSMs and TFL beneficiaries) not enrolled in TRICARE Prime.
- With TRICARE Select you have the freedom to choose providers.
- Referrals are not needed for most services.
- Yearly deductible and cost-shares apply. Copayments apply for TRICARE-authorized providers.
- Enrollment in TRICARE Select is required. Enrollment fees may apply.
- Some services require prior authorization.
 - Contractor referrals and preauthorization of specific services/treatments are sometimes required. Visit your regional contractor's website for services to learn more. .



TRICARE Programs



Program Comparisons

TRICARE Prime	TRICARE Select
A health maintenance organization (HMO)-style plan	A preferred-provider plan (PPO)-style plan
Get most care from a PCM	Choose your provider
Referrals for specialty	Referrals not needed for most services
Prior authorization for some services	Prior authorization for some services
Receive care from an established network of doctors and other healthcare providers	Receive care from any provider, but pay higher out-of-pocket costs when you receive care outside the established network of providers
No deductible applies, copayments apply for all beneficiaries except ADSM	Deductible/copayments/cost shares apply



TRICARE Cost Comparison



TRICARE PRIME® (JAN. 1–DEC. 31, 2020)

Includes TRICARE Prime, TRICARE Prime Remote, the US Family Health Plan (USFHP), and TYA Prime plans.

Annual Enrollment Fees (TRICARE Prime, TRICARE Prime Remote, and USFHP only)

No yearly enrollment fee for active duty service members (ADSMs), active duty family members (ADFMs), and transitional survivors (surviving spouses during the first three years and surviving dependent children) worldwide.

For retirees, their families, and most others:

- **Group A:** \$300 per individual/\$600 per family
- **Group B:** \$366 per individual/\$732 per family

Annual Deductible

There is no annual deductible.

TRICARE Prime Out-of-Pocket Costs

ADSMs, ADFMs, and transitional survivors		
Covered service	Group A	Group B
All covered services	\$0	\$0
Retirees, their families, and all others		
Covered service	Group A	Group B
Preventive Care Visit	\$0	\$0
Primary Care Outpatient Visit	\$20	\$20
Specialty Care Outpatient Visit	\$31	\$31
Urgent Care Center Visit	\$31	\$31
Emergency Room Visit	\$62	\$62
Inpatient Admission (Hospitalization)	\$156/ admission	\$156/ admission

TRICARE SELECT® (JAN. 1–DEC. 31, 2020)

Includes TRICARE Select, TRICARE Overseas Program (TOP) Select, TRS, TRR, TYA Select, and CHCBP plans.

Annual Enrollment Fees (TRICARE Select and TOP Select only)

No yearly enrollment fee for ADFMs. For retirees, their families, and others:

- **Group A:** No yearly enrollment fee
- **Group B:** \$471 per individual/\$942 per family

Annual Deductible

You must spend your deductible amount before TRICARE cost-sharing begins:

ADFMs and TRS members			
Pay grades E-4 and below			
Group A		Group B and TRS members	
Individual	Family	Individual	Family
\$50	\$100	\$52	\$104
Pay grades E-5 and above			
Group A		Group B and TRS members	
Individual	Family	Individual	Family
\$150	\$300	\$156	\$313
Retirees, their families, TRR members, and all others			
Group A		Group B and TRR members	
Individual	Family	Individual	Family
\$150	\$300	Network ¹ : \$156	Network ¹ : \$313
		Out-of-Network ¹ : \$313	Out-of-Network ¹ : \$626



TRICARE Cost Comparison



TRICARE Prime Point-of-Service Option

When you see a TRICARE-authorized provider other than your primary care manager for any nonemergency services without a referral, you pay:

- A yearly deductible before TRICARE cost-sharing will begin: \$300 per individual/\$600 per family.
 - For services beyond this deductible, you pay 50% of the TRICARE-allowable charge.
 - These costs do not apply to the catastrophic cap.
-



TRICARE Cost Comparison



TRICARE Select Out-of-Pocket Costs: Network and Out-of-Network*

Covered Services	ADFM's and TRS members		Retirees, their families, TRR members, and all others	
	Group A	Group B and TRS members	Group A	Group B and TRR members
Preventive Care Visit	\$0	\$0	\$0	\$0
Primary Care Outpatient Visit	Network: \$22 Out-of-Network: 20%†	Network: \$15 Out-of-Network: 20%†	Network: \$30 Out-of-Network: 25%†	Network: \$26 Out-of-Network: 25%†
Specialty Care Outpatient Visit	Network: \$33 Out-of-Network: 20%†	Network: \$26 Out-of-Network: 20%†	Network: \$45 Out-of-Network: 25%†	Network: \$41 Out-of-Network: 25%†
Urgent Care Center Visit	Network: \$22 Out-of-Network: 20%†	Network: \$20 Out-of-Network: 20%†	Network: \$30 Out-of-Network: 25%†	Network: \$41 Out-of-Network: 25%†
Emergency Room Visit	Network: \$89 Out-of-Network: 20%†	Network: \$41 Out-of-Network: 20%†	Network: \$118 Out-of-Network: 25%†	Network: \$83 Out-of-Network: 25%†
Inpatient Admission (Hospitalization)	\$19.55 per day or \$25 per admission (whichever is more) Network and Out-of-Network	\$62 per admission Network	\$250 per day or up to 25% hospital charge (whichever is less); plus 20% separately billed services Network	\$182 per admission Network
		20%† Out-of-Network	\$953 per day [§] or up to 25% hospital charge (whichever is less); plus 25% separately billed services Out-of-Network	25%† Out-of-Network
		\$19.55 per day (subsistence charge)† Military Hospital or Clinic		

* Network means a provider in the TRICARE network. Out-of-network means a TRICARE-authorized provider not in the TRICARE network.

† Percentage of TRICARE maximum-allowable charge after deductible is met.



TRICARE Cost Comparison



Catastrophic Cap

The catastrophic cap is the most you or your family may pay out of pocket for covered TRICARE health care services each calendar year (including enrollment fees but excluding premiums). It protects you by limiting the amount of out-of-pocket expenses you pay for TRICARE covered medical services. **Note:** A TYA member's catastrophic cap is based on the sponsor's status but follows Group B. The CHCBP catastrophic cap follows Group B.

Sponsor or Beneficiary Type	Group A	Group B
ADFMs	\$1,000/family	\$1,044/family
Retirees, their families, and others	\$3,000/family	\$3,655/family
TRS members	(Follow Group B)	\$1,044/family
TRR members	(Follow Group B)	\$3,655/family



TRICARE Cost Comparison



PHARMACY COSTS (JAN. 1, 2020–DEC. 31, 2021)

ADSMs have no prescription drug costs when using a military pharmacy, TRICARE Pharmacy Home Delivery, or a TRICARE retail network pharmacy for covered drugs. Costs for all others are shown below.

At TRICARE retail network and non-network pharmacies, you may get up to a 30-day supply of your covered prescription. With all other pharmacy options, you may get up to a 90-day supply. Your options for filling your prescription depend on the type of drug your provider prescribes. Some drugs are only covered through TRICARE Pharmacy Home Delivery. Overseas, some limitations may apply.

To learn more, visit www.express-scripts.com/TRICARE or call Express Scripts, Inc., which administers the TRICARE pharmacy benefit, at 1-877-363-1303.

Pharmacy types	Formulary drug costs		Non-formulary drug costs	Non-covered drug costs
	Generic	Brand-name		
Military pharmacy Up to a 90-day supply	\$0	\$0	Generally not available without medical necessity	Not available
TRICARE Pharmacy Home Delivery Up to a 90-day supply	\$10	\$29	\$60	Not available
TRICARE retail network pharmacy Up to a 30-day supply	\$13	\$33	\$60	Full cost of drug
Non-network pharmacy (in the U.S. and U.S. territories: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands)	TRICARE Prime options: 50% cost-share applies after the point-of-service (POS) deductible is met All other beneficiaries: You pay for formulary drugs (\$33 or 20% of total cost, whichever is more, after you meet your annual deductible) and non-formulary drugs (\$60 or 20% of total cost, whichever is more, after you meet your annual deductible).			Full cost of drug
Overseas pharmacy (outside the U.S. and U.S. territories) Visit www.tricare.mil/overseas-pharmacy for more information.	ADSMs and ADFMs using TOP Prime or TOP Prime Remote: \$0 (you may have to pay the full cost up front and file a claim for reimbursement) ADFMs using TOP Select and TRS members: 20% cost-share after yearly deductible is met Retirees, their families, TRR members, and all others enrolled in TOP Select: 25% cost-share after the yearly deductible is met			Full cost of drug



TRICARE Young Adult



TRICARE Young Adult

- Qualified young adult dependents not yet age 26
- TRICARE Prime and TRICARE Select options
- No dental coverage
- Monthly premiums





TRICARE Reserve Programs



TRICARE Reserve Select® and TRICARE Retired Reserve®

- Must enroll
- Visit any TRICARE-authorized provider
- No referrals
- Some services need prior authorization
- Monthly premiums, cost-shares and a yearly deductible apply
- Coverage is similar to TRICARE Select



TRICARE



Priority for Access to Military Hospitals and Clinics

- 1 ADSMs
- 2 ADFMs in TRICARE Prime
- 3 Retired service members, their family members and all others in TRICARE Prime and TRICARE Plus (primary care)
- 4 ADFMs not enrolled in TRICARE Prime and TRS members
- 5 Retired service members, their family members, TRR members and all others not in TRICARE Prime and TRICARE Plus (specialty care)



TRICARE: Dental



Dental Program Options

- Military dental clinics for ADSMs
- TRICARE Active Duty Dental Program (ADDP)
- TRICARE Dental Program (TDP)
- Federal Employees Dental and Vision Insurance Program (FEDVIP)
- Enrollment needed for the TDP and FEDVIP





TRICARE: Pharmacy



Pharmacy Options

Military Pharmacy



- Usually inside military hospitals and clinics
- Get up to a 90-day supply

TRICARE Pharmacy Home Delivery



- Must use this option for some drugs
- Get up to a 90-day supply

TRICARE Retail Network Pharmacy



- Fill prescriptions without submitting a claim
- Get up to a 30-day supply

Non-Network Pharmacy



- Pay full price up front and file a claim to get a portion of your money back
- Get up to a 30-day supply



TRICARE: Vision



Vision Options

Federal Employees Dental and Vision Insurance Program (FEDVIP)

- Retirees, their eligible family members, and active duty family members enrolled in a TRICARE health plan may qualify to purchase vision coverage through FEDVIP.
- Eligible beneficiaries include those enrolled in or using:
 - TRICARE Prime, including USFHP
 - TRICARE Select
 - TRS
 - TRR
 - TFL

Visit www.benefeds.com for eligibility, plan, and enrollment information.



TRICARE: Retiring or Separating soon?



Transitional Coverage



- Transitional Assistance Management Program (TAMP)
- Continued Health Care Benefit Program (CHCBP)



TRICARE: Managing your Care



TRICARE Self-Service Options Online

- There are websites available to help you manage your TRICARE benefit, which include:
 - TRICARE Website: www.tricare.mil
 - Beneficiary Web Enrollment: www.dmdc.osd.mil/appj/bwe
 - milConnect Website: <http://milconnect.dmdc.osd.mil>
- Each regional contractor offers other options to help you.



TRICARE



The Affordable Care Act

TRICARE meets the minimum essential coverage requirement under the Affordable Care Act (ACA).



Each tax year, you will get an Internal Revenue Service (IRS) Form 1095 from your pay center. It will list your TRICARE coverage for each month.



Your Social Security number (SSN) and the SSNs of each of your covered family members should be included in DEERS for your TRICARE coverage to be reflected accurately.



TRICARE Customer Service



LOOKING FOR **More Information?**

GO TO **www.tricare.mil/contactus**



Stateside Regional Contractors

E

TRICARE East Region

Humana Military
1-800-444-5445
HumanaMilitary.com
www.tricare-east.com

W

TRICARE West Region

Health Net Federal Services, LLC
1-844-866-WEST (1-844-866-9378)
www.tricare-west.com



Overseas Regional Contractor

O

TRICARE Overseas Program

International SOS
Government Services, Inc.
www.tricare-overseas.com



TRICARE Pharmacy Program

Express Scripts, Inc.
1-877-363-1303
www.express-scripts.com/TRICARE



Dental Programs

TRICARE Active Duty Dental Program

United Concordia Companies, Inc.
1-866-984-2337
www.addp-ucci.com

TRICARE Dental Program

United Concordia Companies, Inc.
1-844-653-4061 CONUS
1-844-653-4060 OCONUS
www.uccitdp.com

Federal Employees Dental and Vision Insurance Program

U.S. Office of Personnel Management
www.benefeds.com

Additional Contacts

TRICARE For Life

Wisconsin Physicians Service—
Military and Veterans Health
1-866-773-0404
www.TRICARE4u.com

US Family Health Plan

1-800-74-USFHP (1-800-748-7347)
www.tricare.mil/usfhp

More Resources

TRICARE Website
www.tricare.mil

Publications
www.tricare.mil/publications

Connect with TRICARE



www.tricare.mil/media

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TRICARE Customer Service

Humana Military



TRICARE customer service

We have customer service representatives available to assist you with any questions you may have, including inquiries about claims, TRICARE programs, behavioral health matters and more. Find us online, via chat, by phone or US Mail at your convenience.



(800) 444-5445

Monday - Friday

8 AM - 6 PM

(Beneficiary/Provider time)

If you're a beneficiary calling about	Say
A bill from your doctor, a claim, the amount you owe from a doctor's visit	Claims
A referral or authorization status, information on an existing referral, who you have been referred to	Authorization
Changing the provider on your referral	Change provider
What your benefits are, if you've met your cat cap or deductible, how much your copay is	Benefits
Finding a doctor, if a doctor is in the network	Find a provider
Changing your PCM, getting a PCM assigned	Change PCM
Enrolling in a plan, adding a family member to your plan	Enrollment
Making a payment on your TRICARE	Make a payment
What plan you are enrolled in, if you are currently enrolled, your eligibility	Eligibility



Final Remarks



Know Your Responsibilities



- Active Duty members **must** receive pre-authorization for all medical care received off-base unless it is for an Emergency Department visit due to loss of life, limb, or eyesight
 - Visit your PCM for referrals to off-base care
 - Call the Nurse Advice Line at 1-800-TRICARE (874-2273) if you require to visit an urgent care or require any medical advice

- All other TRICARE Prime members must receive pre-authorization for all medical care received from someone other than their PCM to minimize medical costs. However, *ADFM can go to Urgent Care without a referral and there is no limit on the number of Urgent Care visits.*



Know Your Responsibilities



ACTION REQUIRED

You **must** register with Humana Military at www.HumanaMilitary.com for self-service.

- Registering for a Humana Military Beneficiary account will allow you to view your referrals to off-base providers when you receive specialty care. Humana Military will no longer be mailing referrals out and can only be accessed via this website.
-



TJC (Joint Commission)



****If your concerns cannot be resolved by the 87 MDG, patients, staff, and families may contact the Joint Commission in writing to report patient safety and quality of care concerns using one of the following methods:**



- On The Joint Commission's website:

https://www.jointcommission.org/report_a_complaint.aspx

- By fax to: 630-792-5636
- By mail to: The Office of Quality and Patient Safety,
The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181



TJC (Joint Commission)



- Individuals may sign a waiver giving permission to have their name shared with the organization or can elect to have their name withheld.
- TJC only keeps contact information on file in case there's a need at a later time for more information and to update individuals who file patient safety reports on the final outcome.
- TJC policy forbids accredited organizations from taking retaliatory actions against employees for having reported quality of care concerns to The Joint Commission.
- In the course of evaluating a report, The Joint Commission may share the reported information with the organization that is the subject of the report in order to attain more information, although individuals will not be named without a signed waiver.





Useful Contact Information!



- **87th ABW ID Facility (Requires an Appointment)**
 - 609-754-1592
- **87th MDG TRICARE Operations and Patient Administration**
 - Medical Records: 609-754-9056
 - Registration: 609-754-9048
- **87th MDG TRICARE Benefits Counselors**
 - 609-754-9005 or 609-754-9082
- **87th MDG Appointment Line (Open from 0700-1630)**
 - 866-377-2778
- **MHS TRICARE Nurse Advice Line (24/7 Service)**
 - 1-800-874-2273



Questions?



**For updates, closures, & health tips:
Like us on Facebook!**

<https://www.facebook.com/87mdg>

Link to the 87th MDG Patient Handbook:

[https://www.jbmdl.jb.mil/Portals/47/Patient%20Handbook%20-%202020%20\(Single-Sided\).pdf?ver=2020-03-10-091622-243](https://www.jbmdl.jb.mil/Portals/47/Patient%20Handbook%20-%202020%20(Single-Sided).pdf?ver=2020-03-10-091622-243) < Caution-
[https://www.jbmdl.jb.mil/Portals/47/Patient%20Handbook%20-%202020%20\(Single-Sided\).pdf?ver=2020-03-10-091622-243](https://www.jbmdl.jb.mil/Portals/47/Patient%20Handbook%20-%202020%20(Single-Sided).pdf?ver=2020-03-10-091622-243)

