



TRICARE CHANGES FACT SHEET

Beginning in January 2018, there will be changes to the TRICARE benefit. The changes will expand beneficiary choice, improve access to network providers, simplify beneficiary copayments, and enhance administrative efficiency.

KEY HIGHLIGHTS

- This rule implements Section 701 of the 2017 National Defense Authorization Act and synchronizes it with the Department's transition to the TRICARE 2017 contracts, beginning January 1, 2018.
- This rule establishes TRICARE Select as the replacement for TRICARE Standard and Extra and sets up an automatic enrollment process so that beneficiaries will be automatically converted on January 1, 2018.
- It broadens access for beneficiaries by setting the requirement that at least 85 percent of our U.S. beneficiaries have ready access to network providers in TRICARE Select and gives Select beneficiaries access to no-cost preventive services from network providers.
- It expands TRICARE coverage of preventive care services, treatment of obesity, high-value care, and telehealth.
- It establishes the annual open season enrollment period that beneficiaries will participate in each year to choose their health plan, and the rules for qualifying life events that will allow for changes outside that open season. It also establishes 2018 as a transition year, during which enrollment changes will be available throughout the year as beneficiaries adjust to this new process.
- For Prime beneficiaries, it establishes new requirements for timely appointments and more access to care without the need for referrals, reinforcing standards for access to care. Prime beneficiaries will also have expanded access to urgent care without the need for a referral from their primary care manager.
- For Select beneficiaries, we have -- wherever practical -- converted the current cost-shares, where you pay a percentage of the total cost, to a fixed dollar amount. This simplicity and predictability will be good for patients, but more than that, the added simplicity for our providers will make it more attractive to participate in the TRICARE network.
- It preserves benefits for active duty dependents and TRICARE-for-Life beneficiaries.
- It restructures and continues authority to update TRICARE Prime retiree copayments, which have not changed since 1995.



TRICARE CHANGES FACT SHEET

KEY CHANGES

- **TRICARE Select will replace TRICARE Standard and TRICARE Extra on January 1, 2018.** TRICARE Select brings together the features of TRICARE Standard and TRICARE Extra in a single plan. Select enrollees may obtain care from any TRICARE authorized provider without a referral or authorization. Enrollees who obtain services from TRICARE network providers will pay lower cost sharing amounts for network care.
- **All current TRICARE beneficiaries will be automatically enrolled in their respective plan on January 1, 2018.** TRICARE Prime enrollees will remain in TRICARE Prime. TRICARE Standard and Extra beneficiaries will be enrolled in TRICARE Select. Appendix B outlines what actions will unfold automatically, effective January 1, 2018. Future beneficiaries, or beneficiaries wishing to change their TRICARE plan must proactively change their enrollment during enrollment eligibility periods.
- **Beneficiary out-of-pocket costs will be updated.** A detailed break-out of costs is available in *Appendix A*.
- **Beneficiaries can choose to enroll in or change their TRICARE Prime or TRICARE Select coverage during an annual open enrollment period in November-December, 2018 for coverage beginning on January 1, 2019.** Failure to enroll in TRICARE Prime or TRICARE Select results in the termination of coverage for civilian care. These beneficiaries who choose to not enroll may only receive care at a military clinic or hospital on a space available basis.
- **2018 will be a transition year with a grace period for enrollment.** To allow beneficiaries to adjust to making their health care option choices during an annual open season enrollment period or to remember to elect their coverage when a QLE occurs, beneficiaries can elect to make their coverage changes anytime during 2018 to ensure they have the right coverage in place starting in 2019.



TRICARE PROGRAM AND PLAN CHANGES

Transition from Fiscal Year to Calendar Year Administration

The TRICARE benefit will change from a Fiscal Year (October - September) period to a Calendar Year (January - December) period to align with the annual enrollment period.

There will be a transition period from October 1, 2017, to December 31, 2017, to protect beneficiaries from incurring additional costs. During this time enrollment fees will be pro-rated for the three-month period and billed accordingly for enrollees who pay on a monthly or quarterly basis. Individuals who pay enrollment fees on an annual basis will have their payments credited appropriately.

Payments that would normally count toward catastrophic caps and deductibles until October 1, 2017, will continue to count until January 1, 2018. This means that enrollees who reach their fiscal year 2017 catastrophic caps will not have additional out-of-pocket costs for authorized TRICARE covered services for the last three months of calendar year 2017. On January 1, 2018, new rules for deductibles and catastrophic caps will apply to some costs. (See Appendix A.)

Grandfathering (Group A & Group B)

Sponsor Joined BEFORE Jan 1, 2018	Sponsor Joined ON OR AFTER Jan 1, 2018
Group A	Group B

Starting January 1, 2018, enrollees will fall into one of two categories based on when their sponsor first joined the military. **These categories were established in law, and are not affected by other actions taken by the beneficiary** (i.e., switching plans or failure to pay).

- Enrollees whose military sponsor’s initial enlistment or appointment occurs before January 1, 2018 (i.e., all current eligible beneficiaries,) are in Group A, also known as “grandfathered.”
- Enrollees whose military sponsor’s initial enlistment or appointment occurs on or after January 1, 2018, are in Group B, also known as “non-grandfathered.”

Note: Effective January 1, 2018, enrollees in TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and Continued Health Care Benefit Plan have Group B cost shares, regardless of when the sponsor first joined the military.

Group A and Group B enrollees will have distinct enrollment fees and out-of-pocket cost in accordance with current law. (See Appendix A.)



Health Plan Choices

TRICARE will continue to offer a wide range of health care plans to meet the needs of beneficiaries:

- **TRICARE Prime.** A health maintenance organization-style managed plan in which enrollees receive care from an established network of doctors and other health care providers. Care is coordinated through a primary care manager (PCM) who also provides referrals for specialty care.
- **TRICARE Select.** A preferred provider plan in which enrollees can seek care from any authorized provider, but pay lower out-of-pocket costs when they receive care from the TRICARE network. This plan replaces TRICARE Standard and TRICARE Extra.
- **Premium-based plans.** Health care coverage is available for purchase by certain populations who, by law, are no longer eligible for TRICARE Prime or Select due to age or inactive military status, or who are no longer eligible for military health care.
 - **Continued Health Care Benefits Program (CHCBP).** This plan offers health coverage for 18 to 36 months (or longer for qualified former spouses) after TRICARE eligibility or premium-based plan coverage ends. CHCBP offers TRICARE Select benefits.
 - **TRICARE For Life (TFL).** TFL provides wrap-around medical coverage to beneficiaries eligible for Medicare and TRICARE who generally must pay for Medicare Part B.
 - **TRICARE Retired Reserve (TRR).** Retired Reserve members may purchase TRR for themselves and eligible family members. TRR offers TRICARE Select benefits.
 - **TRICARE Reserve Select (TRS).** Qualified Selected Reserve members may purchase TRS for themselves and eligible family members. TRS offers TRICARE Select benefits.
 - **TRICARE Young Adult (TYA).** TYA extends TRICARE to certain former dependent children under the age of 26 who lose TRICARE eligibility due to age (typically at age 21, but up to age 23). TYA offers TRICARE Prime or TRICARE Select benefits.



ENROLLMENT CHANGES AND QUALIFYING LIFE EVENTS

All current TRICARE beneficiaries will be automatically enrolled in their respective plans on January 1, 2018. TRICARE Prime enrollees will remain in TRICARE Prime. TRICARE Standard and Extra beneficiaries will be enrolled in TRICARE Select. No action is required by beneficiaries.

Beginning January 1, 2018, beneficiaries must enroll in a TRICARE plan to be covered for civilian care. Beneficiaries eligible for and/or enrolled in TRICARE coverage as of December 31, 2017, will be automatically enrolled in their respective TRICARE plans on January 1, 2018; TRICARE Standard beneficiaries will be automatically be enrolled in TRICARE Select. No action is required by beneficiaries.

Lack of enrollment means beneficiaries can only receive care at a military clinic or hospital on a space available basis. Failure to enroll or maintain enrollment results in the termination of civilian purchased health care benefits.

Beneficiaries wishing to change their plans may do so during an open enrollment period or following a qualifying life event (QLE).

Exception: Qualified beneficiaries who fail to enroll in TRICARE Prime or TRICARE Select or are disenrolled from TRICARE Prime or TRICARE Select during calendar year 2018 may elect to enroll or re-enroll at any time during 2018.

Starting January 1, 2019, eligible beneficiaries will only be able to enroll in TRICARE Prime or TRICARE Select during the annual open enrollment season or for up to 90 days following a QLE.

Enrollees may disenroll from any TRICARE plan at any time. Enrollees who voluntarily disenroll from TRICARE Prime or TRICARE Select cannot re-enroll in a TRICARE plan unless a QLE occurs or until the next annual open enrollment period. They remain eligible to receive covered care at a military hospital or clinic on a space available basis.

Annual Open Enrollment Season Begins in November 2018

For all beneficiaries eligible to enroll in TRICARE Prime or TRICARE Select, the annual open enrollment period runs from Monday of the second full week in November to Monday of the second full week in December. In 2018, this timeframe is November 12 - December 10, 2018. This timeframe coincides with the Federal Employee Health Benefits (FEHB) program open enrollment season.

During this period, eligible beneficiaries can enroll in or change their TRICARE Prime or TRICARE Select coverage, or choose to do nothing and remain enrolled in their current TRICARE Prime or Select coverage for the next calendar year.



Prior to each annual open enrollment season, the Defense Health Agency (DHA) will share known changes coming to the plans for the next calendar year and dates these changes will take effect.

Qualifying Life Events

Qualifying life events (QLE) are defined events that trigger a 90-day window for eligible beneficiaries to enroll in or change TRICARE purchased care coverage for the rest of the calendar year. They can enroll in a plan if they weren't enrolled before the QLE or transfer their enrollment to a different plan. If one member of the family has a QLE, other members of the family can also elect to enroll or change their current enrolled TRICARE coverage during the 90-day window.

Most QLEs require an update in the Defense Enrollment Eligibility Reporting System (DEERS). The 90-day window begins from the date of the QLE.

QLEs are likely to include the following:

- Marriage, divorce, or annulment
- Birth or adoption of a child
- Placement of a child by a court in a member's home
- Change in sponsor status (e.g., active duty to retiree)
- Loss of eligibility (e.g., due to age, Medicare, etc.)
- Move to a new ZIP code
- Loss/gain of other health insurance
- Death of a sponsor, spouse, or child
- Change in eligibility status (e.g., a dependent child marries an active duty service member)

The effective coverage date for TRICARE coverage initiated as a result of a QLE is always the date of the QLE.



APPENDIX A: TRICARE Prime and TRICARE Select Costs

See tables below for TRICARE Prime and TRICARE Select out-of-pocket expenses that take effect January 1, 2018. Group A beneficiaries are service members who enlisted or were commissioned in a Uniformed Service before January 1, 2018 and their dependents. Group B are service members who enlisted or were commissioned in a Uniformed Service on or after January 1, 2018 and their dependents.



APPENDIX B: Choosing a TRICARE Health Plan Chart

Choosing a TRICARE Health Plan in 2018		
I'm In	I want to have	Then I will
TRICARE Prime	TRICARE Prime	Do Nothing (auto-enrollment)
	TRICARE Select	Disenroll from Prime, enroll in TRICARE Select
	No benefit	Disenroll
TRICARE Extra/Standard	TRICARE Select	Do Nothing (auto-conversion from Standard)
	TRICARE Prime	Enroll in TRICARE Prime
	No Benefit	Disenroll from Select
TRICARE Young Adult	TRICARE Young Adult	Do Nothing (auto-renewal) / Keep premiums paid
	No benefit	Disenroll from TYA
TRICARE Reserve Select	TRICARE Reserve Select	Do Nothing (auto-renewal) / Keep premiums paid
	No benefit	Disenroll from TRS
TRICARE For Life	TRICARE For Life	Do Nothing (and purchase Medicare Part B if required)