



Tricare Benefits Guide



Health Benefits Advisor (HBA)

Do you have a question(s) about your health care including a bill you received or you want to change your provider? The Coast Guard Health Safety Work-Life Service Center staffs a Health Benefits Advisor to assist Coast Guard beneficiaries with navigating through the process of understanding their healthcare.

Please give us a call: 1-800-9-HBA- HBA (800-942-2422)

Hours of Operation: Monday – Friday 0800-1600 est.

Access to Healthcare

	Urgent Care	Routine Care	Referred/ Specialty Care	Wellness/ Preventive Care
Appointment Wait Time	Not to exceed 24 hours	Not to exceed 7 Days	Not to exceed 4 weeks	Not to exceed 4 weeks
Drive Time	N/A	Within 30 min. from home	Within 60 min. from home	N/A
Wait Time in Office	N/A	Not to exceed 30 minutes for non-emergency situations.		

Note:

If your access to care is outside of these standards, please call the Coast Guard Health Benefits Advisor (above)

Nurse's Advice Line*

If you are in need of health care after hours and this care is not emergent, please contact the Nurse's Advice Line at

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

You can call the Nurse Advice Line 24/7, at no cost to you, to talk to a registered nurse who can:

- Answer your urgent care questions
- Give you health care advice
- Help you find a doctor
- Schedule next-day appointments at DOD hospitals and clinics

Note:

*If you access urgent care, you **must** obtain a referral from your doctor within a 24 hour period.

*Information on this page is applicable to all TRICARE plans.

Express Scripts (Tricare Pharmacy)

Prescription Delivery to your home for chronic medications (90 day supply).

Type of Drug	Retail Network Copayment	Home Delivery Copayment
Formulary Generic	\$30	\$0
Formulary Brand	\$72	\$20
Non-formulary	\$150	\$49

NOTE:

- Active Duty is \$0 copayment
- Chart does not factor non-network retail pharmacies.

During the processing of your first order, having a 30-day supply of medication on hand is recommended.

Benefits of Home Delivery

- Free formulary generics
- Automatic refills
- Delivery to the address of your choice with no cost of standard shipping
- Access to a pharmacist 24/7
- Order online or by mail: www.express-scripts.com
- Phone: 877-363-1296

Updating your TRICARE COVERAGE:

Congratulations on your newborn! **Within 60 days** of your child's birth, you will need to enroll you child into Tricare Prime. For this and another other updates (mailing address, email address and/or phone numbers), you have several options:

- Update Defense Enrollment Eligibility Reporting System (DEERS)* through a scheduled appointment with your local ID Card office
- Log into MilConnect - milconnect.dmdc.mil
- Call: 800-538-9552 or Fax: 831-655-8317
- Mail: Defense Manpower Data Center Support Office
Attn: COA
400 Gigling Road,
Seaside, CA 93955-6771

*Reference - Tricare.mil



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TRICARE Prime

What are the main features?

- Enrollment required
- Enhanced vision coverage and preventive services
- Most care received from your primary care manager (PCM)
- Time and distance access standards
- Fewer out-of-pocket costs
- No claims to file (in most cases)

How do I get care?

Get most care from your assigned PCM.

- Military or network provider
- Refers you to specialists for care he or she can't provide

Will I have to file my own claims?

- Your provider will file claims for you (in most cases).

How much do I pay for an outpatient visit?

Network Provider:

- Active duty service members: \$0
- Active duty family members: \$0
- All others: \$12 per visit

Non-network Provider:

- With PCM referral: Same as network provider costs
- Without PCM referral: [Point-of-service](#) fees apply

What's the maximum I'll pay out-of-pocket?

- Active duty families: \$1,000 per family, per fiscal year
- National Guard and Reserve families: \$1,000 per family, per fiscal year
- Retired families (and all others): \$3,000 per family, per fiscal year

How do I enroll myself or my family in TRICARE Prime?

Enroll on line at:

<https://www.dmdc.osd.mil/appj/bwe/indexAction.do>

*If you take no enrollment action, active duty family members are automatically enrolled in TRICARE standard and you will have out of pocket copay costs.

TRICARE Standard

What are the main features?

- Enrollment not required
- Get care from any TRICARE-authorized provider, network or non-network
- Referrals not required, but some care may require prior authorization
- You may have to pay for services up front and file your own claims for reimbursement

How do I get care?

- Get care from any TRICARE-authorized provider, network or non-network.
- Referrals not required.
- Some services may require prior authorization.

Will I have to file my own claims?

- Network providers will file claims for you. If you get care from a non-network provider, you may have to file your own claims.

How much do I pay for an outpatient visit?

Network Provider (Extra option)

- Active duty family members: 15% of negotiated fee after the annual deductible is met
- All others: 20% of negotiated fee after the annual deductible is met

Non-network Provider (Standard option)

- Active duty family members: 20% of allowable charges after the annual deductible is met
- All others: 25% allowable charges after the annual deductible is met

What's the maximum I'll pay out-of-pocket?

- Active duty families: \$1,000 per family, per fiscal year
- National Guard and Reserve families: \$1,000 per family, per fiscal year
- Retired families (and all others): \$3,000 per family, per fiscal year

How do I get more information about TRICARE Standard?

Visit: www.TRICARE.mil