

## TRICARE

**Prime:** Is a HMO program for retirees in a Prime Service Area determined by Congress and Tricare Management Authority. It is a Fee Based Program. \$273.84 per year for eligible single members, \$547.68 per year for an eligible family with a \$12.00 per visit copay. West Virginia is not in a Prime Service Area with the exception of Sugar Grove WV which is a Prime Service Area.

**Prime Remote:** A required program for Active Duty members in WV. This is not a fee based program. A Primary Care Manager selection is required and that PCM is required to get approvals for all care for the member prior to getting medical care unless a medical emergency. The plan covers eye care and dental for the military member. Prime Remote is also an option but not required for the family members. One eye exam a year and no dental. Dental plan sold separately.

**Standard:** Is the only program available for Retirees and their families in WV. It is not a fee based program but there is a deductible of \$150.00 per person up to \$300.00 per family. The copay is Tricare pays 75% and the member pays 25% with a \$3000.00 catastrophic cap. Once the cap is met Tricare pays 100%. This plan covers prescription drugs with a deductible, no eye care unless directly related to a medical problem, and then only eye exam no glasses. Plan does not cover dental.

Standard is also an option for the Active Duty Family member. The difference for the active duty family member is the same which is \$150.00 per person up to \$300.00 per family, but the co-pay is Tricare pays 80% and member pays 20% with a \$1000.00 catastrophic cap . One eye exam per year. No glasses. No Dental.

**Extra:** This plan is the same as Standard with the exception, extra pays 85% and member pays 15% if they are treated by a Network provider.

**Tricare Reserve Select:** A plan that covers the Guard/Reservist and their family members. This is a fee based plan. Presently the fee for Member only is \$51.68 per month, and for Member and family the fee is \$204.29 per month. Beginning January 2015 the new monthly rates will be: Member Only \$50.75 per month; Members and Family \$205.62 per month. Enrolling in the program requires 2 months premium with application and after approval monthly payments are required to be paid by debit card, credit card, or (ACH) from checking account. The coverage and requirements are the same as Tricare Standard. This coverage required the member to access the application online and enroll. Enrolling with a Network provider is not required.

**Tricare Retired Reserve:** A plan that covers Members of the retired Reserve/Guard who are qualified for non-regular retirement and under the age of 60. This program just became effective 1 October 2010. Same basic plan as Tricare Standard. This is also a fee based program. Member only presently \$390.99 and Member and family \$956.65 per month. Beginning January 2015 the new monthly rates will be: Members only \$390.89 per month; Members and Family \$961.35 per month. New enrollees are required to pay two months payment with application and after approval the monthly payments are to be paid by credit card, debit card, or (ACH) from checking account.

**Tricare for Life:** A plan that along with enrolling in Medicare in most cases pays the balance of medical expense that Medicare doesn't pay. Tricare for Life also pays for prescription drugs after a copay which eliminates the need for purchasing Medicare Part D drug plan. This is a non fee based plan. The only fees required is the fee for Medicare Part B.

**Tricare Young Adult:** The plan is a premium-based health care plan available for purchase by qualified dependents who have “aged out” of TRICARE benefits. Premium for this program is \$152.00 a month. To enroll in the program there is a requirement to pay two months premium with application. After enrollment monthly payments are to be paid using a debit card, credit card, or direct withdrawal from checking account (ACH withdrawal). TYA includes medical and pharmacy benefits, but excludes dental coverage. Adult-age dependents may purchase TYA coverage based on their uniformed service sponsors’ status and where they live. TYA premiums are adjusted annually, effective January 1.

Qualified dependents may purchase TYA coverage if they are:

- A dependent of an eligible uniformed service sponsor
- Unmarried
- At least age 21 (or age 23 if enrolled in a full-time course of study at an approved institution of higher learning and if the sponsor provides over 50 percent of the financial support), but have not yet reached age 26
- **Not** eligible to enroll in an employer-sponsored health plan under their own employment as defined in TYA regulations
- **Not** otherwise eligible for Tricare program coverage

If individual is an adult child of a non-activated member of the Selected Reserve of the Ready Reserve or of the Retired Reserve, your sponsor must be enrolled in TRS or TRR for the individual to be eligible to purchase TYA coverage.

## **CONTINUED HEALTH CARE BENEFIT PROGRAM**

**CHCBP** is a premium-based health care program available to former ADSMs and their eligible family members, unremarried former spouses,

emancipated children, and unmarried children by adoption of legal custody. CHCBP offers 18-36 months of transitional coverage after TRICARE eligibility ends. If you qualify, you can purchase CHCBP within 60 days of losing TRICARE or Transitional Assistance Management Program eligibility. CHCBP benefits and rules are similar to those under TRICARE Standard, but you must pay quarterly premiums as follows. Currently the quarterly premiums are Individual \$1,065, and Family \$2,390. Eligible beneficiaries losing TRICARE coverage must enroll in CHCBP within 60 days following loss of entitlement to the Military Health System. Refer to the CHCBP brochure for exceptions. To enroll the following items are required to submit.

- A completed CHCBP Enrollment application form (DD Form 2837)
- Documentation as requested on the enrollment form, e.g. DD-214-Certificate of Release from Active Duty, final divorce decree: DD1172-Uniformed Services ID Card, Additional documentation may be required to confirm an applicant's eligible for CHCBP.
- A premium payment for the first 90-days of health coverage.