



P.O. Box 2510
Rockville, MD 20847-2510
PHONE: 301-316-0045
Toll Free: 800-638-2610 Ext. 255
Fax: 800-310-5514

On The Web @ www.asicorptricaresupp.com

TRICARE Supplement Frequently Asked Questions

Q. *Who is eligible for the TRICARE Supplement?*

A. Any TRICARE eligible current employee under the age of 65 is eligible for the TRICARE Supplement including:

- Military retirees, their spouses under age 65 and unmarried dependent children up to age 19 (or up to age 23, if a full-time student).
- Military retirees age 65 or older, who are ineligible for Medicare.
- Spouses, some former spouses and surviving spouses, and unmarried dependent children up to age 19 (or up to 23, if a full-time student).
- Active-duty spouses and unmarried dependent children up to age 19 (or up to 23, if a full-time student) who use TRICARE Standard.
- Retired Reservists and National Guardsmen at age 60 with 20 years of creditable service; spouses and unmarried dependent children also are eligible at that time.
- Reservists and National Guardsmen and family members who are enrolled in TRICARE Reserve Select (TRS).
- Spouses and dependents of disabled veterans who are eligible for CHAMPVA.
- Employees who are the eligible dependents of a military retiree or active-duty service member are eligible up to age 21.

Q. *Under what circumstances would an employee, age 65 or older, be eligible for the Supplement?*

A. There are two circumstances that would allow continuing eligibility for employees who are 65 or older:

1. The employee lives/works out of the country. He/She must be eligible for Medicare Part A and enrolled in Medicare Part B, and TRICARE must have the information on file with the Defense Enrollment Eligibility Reporting Systems (DEERS). You may contact DEERS at:

1-800-538-9552 (in the continental United States)

Fax address changes to: 1-831-655-8317

Write to:

DEERS Support Office
400 Gigling Road
Seaside, CA 93955-6771

2. An employee who is ineligible for Medicare. These employees must have received a Social Security Statement of Disallowance.

Q. *Up to what age are dependents eligible?*

A. Dependents are eligible up to age 19, and up to age 23 if a full-time student.

Q. *Are incapacitated dependents eligible for coverage?*

A. An incapacitated dependent is eligible for coverage during an open enrollment period providing he/she continues TRICARE eligibility and was covered previously under your employer sponsored health plan.

The incapacitated dependent child of a new employee is eligible if application is made within the specified eligibility period of the employee. Coverage is not available if the incapacitated child has dual coverage under TRICARE and Medicare.

Q. *Are conditions covered under the Supplement?*

A. Yes. There is no waiting period for coverage. Any medical conditions that exist prior to the effective date are covered immediately.

Q. *Can I continue the TRICARE Supplement upon termination of employment?*

A. Yes. The plan is portable. As long as you are under age 65 and still eligible for TRICARE, you can take the Supplement with you. You will be billed directly for the full premium cost. Your cost will not increase due to age. This is a key feature of this group Supplement, because individual TRICARE Supplements premiums increase as you advance from one age bracket to the next.

Q. *How does my current company plan coordinate with TRICARE Prime, Standard and Extra?*

A. Currently, your company health plan is your primary coverage, and TRICARE is secondary; thus, you cannot take full advantage of your military benefits. You must first file claims with your company sponsored plan, then submit the balance to TRICARE for Coordination of Benefits. You are still responsible for any deductible with your company sponsored plan, and for your TRICARE Standard fiscal year outpatient deductible (\$150/individuals & \$300/family). Note: You are not covered for any excess charges over the TRICARE allowable amount.

Q. How does the Supplement coordinate with TRICARE?

- A.** With the Supplement, TRICARE is the primary payer and the Supplement is secondary; thus, you are able to take full advantage of your military benefits. Your claims are filed first with TRICARE, then the TRICARE Explanation of Benefit (EOB) Statement is sent to the Supplement. The Supplement will pay for your TRICARE cost share and any applicable excess charges.

Q. How does the Supplement coordinate with TRICARE Standard/Extra?

- A.** TRICARE Standard and Extra are interchangeable. You can go to any authorized provider under TRICARE Standard or any network provider under TRICARE Extra. You have freedom of choice when visiting a doctor. TRICARE pays 75% of the TRICARE Standard allowable amount or 80% of the TRICARE Extra negotiated amount, after your \$150 individual/\$300 family deductible has been met.

In most cases, the Supplement reimburses 100% of the eligible charges not paid by TRICARE. It pays 100% of your TRICARE Standard deductible, plus your 20% cost share under Extra or your 25% cost share under Standard and 100% of applicable excess charges when providers do not accept assignment or when nonparticipating providers are used.

Q. How does the Supplement coordinate with TRICARE Prime?

- A.** TRICARE Prime is a strict HMO plan, and requires a referral to see any doctor other than your primary care physician (PCM). As long as you use the military facilities under TRICARE Prime, you have no out of pocket expenses. When you use civilian doctors in the TRICARE Prime network of providers, you are responsible for co-payments.

The Supplement will reimburse all TRICARE Prime co-payments.

If you see an out-of-network doctor without a referral, you are using the Point of Service (POS) option under TRICARE Prime. Under the POS option, you may have large out of pocket expenses. You first have to pay a \$300 individual/\$600 family deductible. After the deductible is met, TRICARE pays 50% of the allowable amount. You are responsible for the other 50%, and for any applicable charges that exceed the TRICARE Prime POS allowed amount.

The Supplement will pay half the POS deductible, the 50% cost share, plus 100% of applicable excess charges.

Q. *If I currently have TRICARE Prime, and would like to take the Supplement, can I change from Prime to the Standard/Extra option?*

- A.** Yes. When you have TRICARE Prime, the Supplement is offered as a transitional benefit. The supplement will coordinate with TRICARE Prime while you have Prime. Once you transition to TRICARE Standard/Extra, the Supplement will coordinate with Standard/Extra.

The Department of Defense recommends that beneficiaries enrolling in TRICARE Prime pay the enrollment fee on a quarterly basis. If a beneficiary decides to drop out of TRICARE Prime, he/she can stop making payments at the end of the quarter. The beneficiary will be given a 30-day grace period to make the payment. If payment is made after 30 days then coverage will automatically revert to TRICARE Standard.

If the TRICARE Prime enrollment fee is paid for the entire year and the beneficiary drops out of Prime prior to the end of the enrollment year, the portion of the unused enrollment fee will not be refunded.

Q. *How are prescription drugs covered under the Supplement?*

- A.** Most pharmacies are in the TRICARE network and are linked electronically to TRICARE. When a network pharmacy is used, you will pay a co-payment of \$3 for generic and \$9 for brand name drugs. Your prescription drug co-pay receipt (showing the name of the drug, date filled, and co-payment amount) should be sent to the Association & Society Insurance Corporation (ASI) for reimbursement.

If an out-of-network or nonparticipating pharmacy is used under TRICARE Standard, you will pay the TRICARE Standard deductible plus \$9 or 20% of the cost, whichever is greater. If used under TRICARE Prime POS, you will pay the POS deductible plus the 50% POS cost share. The TRICARE Explanation of Benefit (EOB) Statement should be sent to ASI for reimbursement of \$150 individual or \$300 family deductible plus \$9 or 20% of the cost or the 50% cost share.

Q. *How are claims filed with the Supplement?*

- A.** With the Supplement, claims are filed first with TRICARE. When you receive an Explanation of Benefits Statement (EOB), simply write your certificate number on the EOB and mail or fax the EOB to ASI. If you prefer benefits be paid directly to the provider, also write "Pay Provider" on the EOB form; otherwise, benefits will be paid directly to you and you will be responsible for reimbursing the provider.

Claims may be mailed or faxed to:

ASI
P.O. Box 2510
Rockville, MD 20847
Fax: 301-816-1125 or 800-310-5514
Phone: 800-638-2610, ext. 255

If the provider submits claims to ASI for the Supplemental coverage, there is no need for you to submit your claim.

Q. Do most providers submit claims to TRICARE and ASI?

A. According to TRICARE, 98% of providers submit claims directly to TRICARE. Most providers will also submit claims directly to ASI for the Supplemental coverage. You should always ask your provider to file your supplemental claim for you.

Some providers do not participate with TRICARE because they do not want to accept the TRICARE allowable amount as payment in full. With the Supplement as secondary coverage, this is not an issue. The Supplement will pay 100% of applicable excess charges over the TRICARE allowable amount when you use out-of-network providers.

Q. What happens when I reach age 65.

A. At age 65, the TRICARE Supplement ends. You must be eligible for Medicare Part A and enrolled in Medicare Part B. TRICARE turns into TRICARE for Life and becomes the secondary payer to Medicare.

If you are not eligible for Medicare or live out of the country, the TRICARE Supplement will continue past age 65, but you must notify your employer.

What about those 65+ people who continue working?