

TRICARE Fundamentals Course

National Guard and Reserve

4

Participant Guide

References

10 USC
32 CFR § 199.20
TRICARE Operations Manual Chapter 24 ('02 version)
TRICARE Operations Manual Chapter 22 ('08 version)
www.tricare.mil/mmso
www.dol.gov/elaws/userra.htm



Brainteaser

Each of the 8 items below is a separate puzzle.
How many can you figure out?

1. DOX DOX	2. ##### wait	3. polmomice	4. B BA BACK
5. STEP PETS PETS	6. k c u t s	7. DDDWESTDDD	8. b bow w

1 _____

5 _____

2 _____

6 _____

3 _____

7 _____

4 _____

8 _____

Module Objectives



- Define Line of Duty Determinations and their use
- Explain TRICARE coverage for Guard and Reserve members on active duty for more than 30 consecutive days
- Describe how delayed-effective-date active duty orders are used
- Define USERRA and how it impacts Guard and Reserve members
- Describe TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR)

1.0 Introduction

The U.S. Uniformed Services National Guard and Reserve components are:

- Army National Guard
- Army Reserve
- Marine Corps Reserve
- Naval Reserve
- Air Force Reserve
- Air National Guard
- Coast Guard Reserve

The military health care options available to National Guard and Reserve members vary based on the sponsor's status and eligibility. When on federal orders written for more than 30 consecutive days, National Guard and Reserve members have the same health care benefits as active duty service members (ADSMs). When serving on active duty for 30 days or less, Guard/Reserve members are covered under line of duty care.

2.0 Coverage for Guard and Reserve Members on Active Duty for 30 Days or Less

When Guard and Reserve members are on active duty for 30 days or less (e.g., drilling on weekends, training during the summer), they are covered for any injury, illness, or disease incurred or aggravated in the line of duty; this includes traveling directly to or from their place of duty. They will not show as eligible in DEERS, but may receive care based on a Line of Duty (LOD)/Notice of Eligibility (NOE) determination.

2.1 Line of Duty Determination

- A LOD is used by the services to document, establish, manage, and request authorization for civilian health care for Guard/Reserve members if injury or illness occurred in the line of duty. The Coast Guard refers to an LOD as NOE.
- Guard and Reserve members who live or are stationed within a military treatment facility's (MTF) Prime Service Area should seek LOD care from that MTF. To receive care at the MTF, the Guard or Reserve member's command or medical unit should contact the MTF's patient administration office for assistance.
- If local MTF care is not available, the Guard or Reserve member's command or medical unit may request an authorization for civilian medical care by submitting a LOD determination to the Military Medical Support Office (MMSO).
- MMSO is responsible for the authorization of civilian health care for National Guard members and Reservists who are NOT in a Prime Service Area.
 - The unit medical representative submits the LOD/NOE, copy of orders or drill attendance sheet, along with the MMSO *Medical Eligibility Verification* Form. This form can be found at: tricare.mil/tma/MMSO/pdf/MMSOFormMedicalEligibility.pdf.
 - Once all appropriate documentation is received and reviewed, an authorization may be issued by the MMSO.
 - The military member doesn't need prior authorization for an initial emergency room visit. However, if additional care is needed, the member must obtain prior authorization from MMSO or the MTF for care related to the injury or illness listed on the LOD/NOE.
- Overseas Guard and Reserve members must use their respective service component's procedures for LOD/NOE care.
- Overseas:
 - For information regarding LOD/NOE care in the U.S. Virgin Islands, unit medical representatives should call the MMSO at 888-647-6676.
 - MMSO isn't involved in LOD/NOE care in any other overseas location.

2.2 LOD Coverage after Release from Active Duty

Guard and Reserve members are also covered for LOD conditions after release from qualified active duty as long as they remain a Guard or Reserve member, the condition needs continued treatment and the care is authorized.

To obtain follow-up care after release from active duty, members should ensure that they and their command or medical unit receive and retain the official LOD/NOE document before the Guard or Reserve member's release from active duty. For more information, refer to the MMSO Web site at: tricare.mil/mmso.

3.0 TRICARE Coverage for Activated Guard and Reserve Members

Guard and Reserve members become TRICARE eligible when activated under federally funded orders written for more than 30 consecutive days.

3.1 Registration in DEERS

- The uniformed services determine TRICARE eligibility and record it in the Defense Enrollment Eligibility Reporting System (DEERS).
- Guard and Reserve members and their eligible family members can make well-informed health care decisions by:
 - Identifying sources for obtaining TRICARE information
 - Understanding their medical and dental care options- under TRICARE and their commercial health care insurance or plan, as applicable.
 - Determining which option they want to use before, during, and after the sponsor's active duty service

3.2 Enrollment

- Once they are activated for more than 30 consecutive days, Guard and Reserve members should follow directions given by their command when they reach their final duty station regarding enrollment into TRICARE's Prime programs.
 - Commands with existing or embedded organic medical treatment and support capabilities for health care may not require activated Guard or Reserve members in combatant theaters of operation to enroll in TRICARE Prime/Prime Remote (stateside or overseas).
- Once registered in DEERS, eligible Guard and Reserve family members may use or enroll in TRICARE Prime, TRICARE Prime Remote for Active Duty Family Members (TPRADFM), or TRICARE Standard/Extra, or TRICARE Overseas Program (TOP) Prime or TOP Prime Remote if command sponsored.
- Before enrolling, Guard and Reserve members must be registered in DEERS and submit a completed *TRICARE Prime Enrollment Application and Primary Care Manager (PCM) Change Form* (DD Form 2876, Feb. 2011).
- To enroll in TPR, Guard and Reserve members must reside in a TPR zip code.

3.3 Receiving Care

TRICARE Prime-ADSMs and eligible family members

When qualified activated Guard and Reserve members are enrolled to a MTF, they receive their primary medical care at the MTF. That care is managed by an assigned primary care manager (PCM) (See *TRICARE Options*).

- These activated Guard or Reserve Prime enrollees incur no out-of-pocket costs for routine or specialty care received at the MTF.

- There are no out-of-pocket costs for referred and authorized specialty care provided by TRICARE network providers.
 - Prime enrollees must follow TRICARE requirements for obtaining specialty referrals and prior authorizations for non-emergency inpatient, certain outpatient services, and specialty care services.
 - All eligible activated Guard and Reserve service members must have prior authorization from the MTF or service/MMSO before seeking specialty care.

TRICARE Prime Remote (TPR) for ADSMs

Activated Guard and Reserve members in remote locations (living and working more than 50 miles from a MTF) may be required to enroll in TPR and receive their primary care from TRICARE network providers if available or TRICARE-authorized providers (non-network). (See *TRICARE Prime Remote*).

- The nurse consultants at MMSO review all specialty care referrals authorizations (except for those ADSMs enrolled in TRICARE Prime at a MTF).
 - If the ADSM's diagnosis or proposed treatment indicates it may impact their fitness for duty, they may be directed to seek care at a MTF.
 - If there is no impact on fitness for duty or service restriction, they may be authorized to receive care from a TRICARE-authorized civilian provider.
- MMSO may deny services not covered by TRICARE or the member's service.

TRICARE Prime Remote for Active Duty Family Members (TPRADFM)

Guard and Reserve family members in remote locations may enroll in TPRADFM and receive their primary care from TRICARE network providers or TRICARE-authorized providers (non-network). Guard and Reserve family members enrolled in TPRADFM should contact their regional contractor for specialty care authorization information (See *TRICARE Prime Remote*).

3.4 Delayed-Effective-Date Active Duty Orders

When Guard and Reserve members receive delayed-effective-date active duty orders to serve for more than 30 consecutive days in support of a contingency operation, they and their eligible family members may become TRICARE eligible on the date the delayed-effective-date order is issued or 180 days prior to being called to active duty, whichever is later.

The coding of "early TRICARE benefit" in DEERS is a service responsibility and may need to be addressed by the Guard or Reserve member's unit.

3.4.1 Scenarios

Scenario 1:

On January 1, a Guard or Reserve member receives delayed-effective-date active duty orders to serve for 180 consecutive days, with a reporting date of July 2. On January 1, TRICARE coverage begins for the Guard or Reserve member and their eligible family members.

Scenario 2:

On January 1, a Guard or Reserve member receives delayed-effective-date active duty orders to serve for 180 consecutive days, with a reporting date of July 2. On January 1, TRICARE coverage begins for the Guard or Reserve member and their eligible family members. On February 1, the Guard or Reserve member's orders are cancelled or rescinded. As a result, the member and their family's TRICARE coverage ends on the same day, February 1.

4.0 Uniformed Services Employment and Reemployment Rights Act

The Uniformed Services Employment and Reemployment Rights Act (USERRA) provides employment/reemployment protection to Uniformed Service members who perform military service. The law seeks to ensure that they can retain their civilian employment and benefits. Under USERRA, when a member is on active duty, their family members may continue their health care coverage under their employer-sponsored health plan for up to 24 months.

4.1 Eligibility for USERRA

- Guard and Reserve members who are activated under federal orders for more than 30 consecutive days
- Guard and Reserve members who receive delayed-effective-date active duty orders to serve for more than 30 consecutive days in support of a contingency operation
- If a Guard or Reserve member terminates their employer-sponsored health plan during the “early TRICARE eligibility,” but the orders are cancelled prior to reporting for active duty, the Guard or Reserve member is entitled to reinstatement in their employer-sponsored health plan upon return to civilian employment.

4.2 USERRA Costs and Conditions

- Prior to being ordered to active duty, Guard and Reserve members should investigate their employer's policies regarding continuing health care coverage while on active duty status.
- If continuing coverage, Guard and Reserve members must inform their employer about their desire to continue coverage so that their family members are not dropped from their plan.
- While serving on active duty, they may have to pay:
 - A percentage of the employer-sponsored health plan's premium;
 - The full amount of the premium; or
 - The full cost of the premium plus a two percent administrative fee
- Upon return from military service, civilian health insurance coverage must be reinstated without any waiting period or exclusions for preexisting conditions.
- If military members delay reinstatement in their employer-sponsored health plan upon return from military service, they may place their USERRA reinstatement protections at risk.
- In particular, members with premium-free TRICARE coverage under Transitional Assistance Management Program (TAMP) may contemplate delaying reinstatement to save paying a few months of premium for the employer's health coverage; however, they might risk having to wait until the next open season to obtain their employer's sponsored health coverage.

For comprehensive information about USERRA, visit the U.S. Department of Labor Web site, dol.gov/elaws/userra.htm or DoD's Employer Support of the Guard and Reserve (ESGR) Web site: esgr.org. See Addendum I and the Appendix of this module for another example of the role of USERRA in supporting Guard and Reserve members.

4.3 Application Exercise

Private Berry is a National Guard member who recently received delayed-effective-date active duty orders. He discontinues his employer-sponsored health coverage for himself and his family and enrolls them in TRICARE Prime. After the termination of his employer-sponsored health coverage, but before his actual active duty service began, his orders are cancelled.

Now Private Berry and his family have no medical coverage. He has returned to his civilian employment and wants his family to be reinstated in their previous employer-sponsored health plan.

Based on the scenario above and what you know about USERRA, are Private Berry and his family members entitled to reinstatement in their previous employer-sponsored health plan?

5.0 Health Care Options During Inactivation and After Deactivation

- When inactive but serving in the Selected Reserve, members and their families may qualify to purchase TRICARE Reserve Select (TRS).
- Retirees who qualify for non-regular retirement may qualify to purchase TRICARE Retired Reserve (TRR).
- Each program is premium-based and delivers the TRICARE Standard/Extra benefit to all covered individuals.

6.0 TRICARE Reserve Select (TRS)

TRS is a premium-based health plan available for purchase worldwide by qualified members of the Selected Reserve for themselves and their eligible family members.

6.1 Types of Coverage

TRS offers two types of coverage:

- Member-only coverage
- Member and family coverage

6.2 Qualifying for TRS Coverage

- Each Guard and Reserve Component is responsible for validating qualified members' and recording them in DEERS.
- The Guard or Reserve member must meet **both** of the following conditions to qualify to purchase TRS coverage:
 - Must be in the Selected Reserve of the Ready Reserve throughout the entire period of coverage
 - Isn't enrolled, or eligible to enroll, in the Federal Employees Health Benefits Program (FEHB)
- To qualify for and to purchase coverage, members should log on to the DMDC *Reserve Component Purchased TRICARE Application* at: dmdc.osd.mil/appj/reservetricare. Members will need one of the following to access the application:
 - A DoD Self-Service Logon (DS Logon), DFAS *myPay* account, or DoD Common Access Card (CAC)
 - Members can obtain a DS logon by contacting the Defense Manpower Data Center Support Office (DSO) and verifying their identity by phone or in person by visiting the nearest TRICARE Service Center (TSC) or select VA Regional Hospitals
- If members qualify, they can print the *Reserve Component Health Coverage Request Form* (DD Form 2896-1), sign the completed request form and submit it with appropriate initial premium payment to the regional or overseas contractor by the deadline.

6.2.1 Continued Health Care Benefit Program (CHCBP) Eligibility

Eligibility to purchase Continued Health Care Benefit Program (CHCBP) isn't affected by TRS. If TRS ends before CHCBP eligibility expires, the TRS member and their family members may purchase CHCBP within 30 days of loss of TRS eligibility to get additional coverage.

Scenario: Read the following scenario and answer the question based on what you have learned so far about CHCBP.

PFC Dickie separated from the National Guard on November 15th. She had TRS for 24 months. Her TRS ended on November 15th. She submitted her form on the 20th of November and her CHCBP coverage began on December 5th. How many months of CHCBP coverage remain for PFC Dickie?

6.3 Purchasing Coverage

The effective date of TRS coverage varies based on how and when the benefit is purchased:

General Enrollment	The Selected Reserve member may purchase TRS coverage to begin in any month of the year. Deadline: The application form must be postmarked or received no later than the last day of the month before coverage is to begin. Effective date: TRS coverage begins on the first day of the first or second month, whichever is selected on the form. Payment for one month premium must be included.
Loss of Other TRICARE Coverage	When the Selected Reserve member loses coverage under another TRICARE health care plan and qualifies for TRS, they may purchase TRS with no break in coverage. This applies to a previous TRS member who was activated, deactivated, and TAMP coverage is ending Deadline: The application form must be postmarked or received no later than 30 days after the loss of other TRICARE coverage. Effective date: The TRS coverage begins on the day after loss of prior TRICARE coverage. Members may be able to qualify and apply up to 60 days before the end of the other TRICARE coverage.
Change in Family Composition	When the composition of the sponsor's immediate family changes (e.g., marriage, birth, adoption, death), their TRS status (single/family) changes and a new application is required. Family members must be listed in DEERS. Deadline: The application must be postmarked or received no later than 60 days after date of the change. A new form must be submitted when going from single to family or vice versa, and each time a new family member is added or deleted. Effective date: TRS coverage effective date is the same date as the date of change.
Survivor Coverage	If TRS member and family coverage is in effect when the sponsor (the TRS member) passes away, qualified survivors may purchase or continue TRS coverage for up to six months beyond the date of the sponsor's death. (See "General Enrollment" above for instructions to purchase new TRS coverage at any time). If TRS member-and-family coverage is in effect at the time of death: DEERS will automatically convert TRS member-and-family coverage to TRS survivor coverage. Deadline to opt out: If survivors don't want TRS survivor coverage, a written letter or a <i>Reserve Component Health Coverage Request Form</i> (DD Form 2896-1) must be postmarked or received no later than 60 days after the date of the sponsor's death. Premiums will be refunded if there were no claims for health care submitted during the 60-day period. If TRS member-only coverage is in effect at the time of death: Eligible survivors may qualify to purchase TRS survivor coverage. Deadline: See "Change in Family Composition" above if the survivor wants coverage to coincide with the date of the sponsor's death. Surviving family members who in their own right are eligible for or enrolled in the FEHB program may still purchase TRS. If the sponsor wasn't enrolled in TRS at the time of his/her death, surviving family members don't qualify to purchase TRS.

6.4 Receiving Care

- TRS coverage is equal to TRICARE Standard/Extra or TRICARE Overseas Program (TOP) Standard.
- TRS is available overseas.
 - The TOP contractor handles overseas TRS enrollment, collects premium payments, billing, and customer support services.
 - TRICARE Area Offices can also provide information about accessing health care in overseas locations.

6.5 Costs

TRICARE Standard/Extra cost shares, deductibles, and catastrophic caps that apply to active duty family members (ADFM) apply to all individuals (including the Guard or Reserve member) covered under TRS. Premiums are adjusted on an annual basis, effective January 1.

Status	TRS Members (ADFM equivalent) E1–E4	TRS Members (ADFM equivalent) E5 and Up
Deductibles	\$50 individual \$100 family	\$150 individual \$300 family
Cost Shares	20% of TRICARE allowable charge	20% of TRICARE allowable charge
Catastrophic Cap	\$1,000 per family per fiscal year	\$1,000 per family per fiscal year
Civilian Inpatient Cost Share	Per diem or \$25 per admission, whichever is greater; no charge for separately billed professional charges	Per diem or \$25 per admission, whichever is greater; no charge for separately billed professional charges
Civilian Inpatient Mental Health	Per diem or \$25 per admission, whichever is greater.	Per diem or \$25 per admission, whichever is greater

6.5.1 Monthly Premium Costs

	January 1, 2012 - December 31, 2012
TRS Member-Only	\$54.35
TRS Member and Family	\$192.89

- TRS members may pay premiums to the appropriate regional or overseas contractor by personal check, money order, cashier's check, Visa® or MasterCard®.
- After the initial payment (included with the request form), the regional or overseas contractor bills the TRS member or family by the 10th of each month.
- Premium payments are due in advance of the month of coverage. Payment is due no later than the 30th day of that month.
- TRS members may contact their regional or overseas contractor to request monthly recurring credit card payments or to set up electronic funds transfer.

7.0 Disenrollment

7.1 Voluntary Disenrollment

- TRS members and families must take the following actions to end coverage:
 - Log on to the DMDC Reserve Component Purchased TRICARE Application at: dmdc.osd.mil/appj/reservetricare.
 - Complete the *Reserve Component Health Coverage Request Form*.
 - Print and mail the completed disenrollment request form to the regional/overseas contractor.
- A one-year TRS purchase lockout applies to members who voluntarily disenroll without submitting a disenrollment from coverage. TRS members or families wishing to disenroll must NOT simply stop making payments (see 7.3 for more information).

7.2 Loss of TRS Coverage

TRS members and families lose eligibility when the sponsor:

- Separates from the Selected Reserve.
- Is called to active duty.
- Retires from the Selected Reserve.
- Becomes eligible for FEHB coverage in their own right or becomes eligible for FEHB coverage under their spouse's family plan.
 - When the TRS sponsor becomes eligible for FEHB Program, they will be allowed to continue their TRS coverage for a period up to 45 days, allowing them time to transfer or change coverage as they see fit.
- Fails to pay required premiums.

7.3 Failure to Make Premium Payments

- Failure to pay monthly premiums results in termination of coverage.
 - The effective date of termination is the paid-through date.
 - The regional or overseas contractor terminates coverage if the monthly premium payment is not received by the 30th calendar day following the monthly premium due date.
- A TRS purchase lockout applies to the Guard and Reserve member and/or family members for 12 months from the effective date of termination.

8.0 Application Exercise

Read the following scenario pertaining to TRS qualifications. Based on what you learned about TRS, answer the question and be prepared to explain your answer.

Captain Brown, a member in the Selected Reserve, is employed full-time at an auto parts store. His spouse works and has an active family plan under the FEHB program. Is Captain Brown qualified to purchase TRS coverage?

9.0 TRICARE Retired Reserve (TRR)

TRR is a premium-based health plan available worldwide for purchase by qualified Retired Reserve members and their eligible family members. TRR delivers the TRICARE Standard/Extra benefit to all covered individuals. This population of Guard and Reserve retirees is commonly referred to as “Gray-Area Retirees.”

9.1 Types of Coverage

TRR offers two types of coverage:

- Member-only coverage
- Member and family coverage

9.2 Qualifying for TRR Coverage

- Each Service’s Reserve Component is responsible for validating a Retired Reserve member’s qualifications for TRR and recording it in DEERS.
- Retired National Guard and Reserve members may qualify to purchase TRR coverage if they are:
 - A member of the Retired Reserve of a Reserve Component who is qualified for non-regular retirement under 10 USC, Chapter 1223
 - Under age 60
 - Not enrolled, or eligible to enroll, in the FEHB program
- To qualify for and to purchase coverage, members should log on to the DMDC *Reserve Component Purchased TRICARE Application* at: dmdc.osd.mil/appj/reservetricare. Members will need one of the following to access the application: 54
 - A DoD Self-Service Logon (DS Logon), DFAS *myPay* account, or DoD Common Access Card (CAC)
 - Members can obtain a DS logon by contacting the Defense Manpower Data Center Support Office (DSO) and verifying their identity by phone or in person by visiting the nearest TRICARE Service Center (TSC) or select VA Regional Hospitals
- If members qualify, they can print the *Reserve Component Health Coverage Request Form* (DD Form 2896-1), sign the completed request form and submit it with appropriate initial premium payment to the regional or overseas contractor by the deadline.

9.2.1 Continued Health Care Benefit Program (CHCBP) Eligibility

Eligibility to purchase Continued Health Care Benefit Program (CHCBP) isn’t affected by TRR.

9.3 Purchasing Coverage

The effective date of TRR coverage varies based on how and when the benefit is purchased:

General Enrollment	The member may purchase TRR coverage to begin in any month of the year. Deadline: The application form must be postmarked or received no later than the last day of the month before coverage is to begin. Effective date: The coverage begins on the first day of the first or second month, whichever is selected on the form. Payment for two months of premium must be included.
Loss of Other TRICARE Coverage	If a member or family loses coverage under another TRICARE health care plan and qualifies for TRR, they may purchase TRR with no break in coverage. Deadline: The application form must be postmarked or received no later than 30 days after the loss of other TRICARE coverage. Effective date: The TRR coverage begins on the day after the loss of prior TRICARE coverage. Members may be able to qualify and apply up to 60 days before the end of the other TRICARE coverage.
Change in Family Composition	If the status of the sponsor's immediate family changes (e.g., marriage, birth, adoption, death), they may purchase TRR coverage. Deadline: The application must be postmarked or received no later than 60 days after date of the change in family composition. A new application form must be submitted when going from single to family or vice versa, and each time a new family member is added or deleted. Effective date: The TRR coverage date matches the date of change.
Survivor Coverage	If TRR coverage is in effect when the sponsor passes away, qualified survivors may purchase or continue TRR coverage until the day the sponsor would have become eligible for retiree benefits (typically age 60). See "General Enrollment" above for instructions to purchase new TRR coverage at any time. If TRR member-and-family coverage is in effect at the time of death: DEERS will automatically convert TRR member-and-family coverage to TRR survivor coverage. Deadline to opt out: If survivors do not want TRR survivor coverage, a written letter or a <i>Reserve Component Health Coverage Request Form</i> (DD Form 2896-1) must be postmarked or received no later than 60 days after the date of the sponsor's death; premiums will be refunded if there have been no claims for health care submitted during this 60-day period. If TRR member-only coverage is in effect at the time of death: Eligible survivors may qualify to purchase TRR survivor coverage Deadline: See "Change in Family Composition" above if the survivor wants coverage to coincide with the date of sponsor's death. Surviving family members who are eligible for (in their own right) or enrolled in the FEHB Program may still purchase TRR. Note: If the sponsor wasn't enrolled in TRR at the time of death, surviving family members don't qualify for TRR survivor coverage at any time. When the sponsor is eligible for retiree benefits (typically at age 60), the survivors may be eligible for those benefits.

9.4 Receiving Care

TRR is the TRICARE Standard benefit with pharmacy coverage.

10.0 Costs

TRICARE Standard/Extra cost shares, deductibles, and catastrophic caps that apply to regular retirees apply to all Guard and Reserve retirees covered under TRR. Premiums are adjusted on an annual basis, effective January 1.

Status	Retirees, Retiree Family Members, and Survivors
Deductibles	\$150 individual \$300 family
Cost Shares	25% of TRICARE allowable charge
Catastrophic Cap	\$3,000 per family per fiscal year
Civilian Inpatient Cost Share	TRICARE Extra-Per diem or 25% of the negotiated charge, whichever is less, plus 20% of the TRICARE allowable charge for separately billed professional services TRICARE Standard- Per diem or 25% of negotiated charge, whichever is less, plus 25% of the TRICARE allowable charge for separately billed professional services
Civilian Inpatient Mental Health	High Volume Hospitals: 25% of hospital specific charges Low Volume Hospitals: \$708 per day or 25% of the billed charges, whichever is less Partial Hospitalization: 25% of the TRICARE allowable charge, plus 25% of the TRICARE allowable charge for separately billed professional services

10.1 Monthly Premium Cost

	January 1, 2012 - December 31, 2012
TRR Member-Only	\$419.72
TRR Member and Family	\$1,024.43

- Pay premiums to the appropriate regional or overseas contractor by personal check, money order, cashier's check, Visa® or MasterCard®.
- After the initial two-month premium payment (included with the *Reserve Component Health Coverage Request Form*), the regional or overseas contractor bills the TRR member, family member, or survivor by the 10th day of each month. Payment is due no later than the 30th day of that month.
- Premium payments are due in advance and apply to the chosen month of coverage
 - Members may also schedule recurring monthly credit card payments when they submit the initial payment.
 - After members receive their first bill, they may set up electronic funds transfer by contacting their regional or overseas contractor.

11.0 Disenrollment

11.1 Voluntary Disenrollment

TRR follows TRS procedures. See Section 7.1 for more details on voluntary disenrollment.

11.2 Loss of TRR Coverage

Members lose TRR eligibility when the sponsor:

- Turns 60, or becomes eligible for health benefits as a retiree as per the Service
- Becomes eligible for or obtain FEHB coverage
- Fails to pay premiums

12.0 Application Exercise

Read the following statements about TRR. Answer True or False, and prepare to explain your answer.

True or False: A retired member of the National Guard just celebrated her 60th birthday. She is now eligible for TRR.

True or False: A retired member who has FEHB is also eligible for TRR.

13.0 Distinguishing Between TRS and TRR

TRS and TRR are two distinct, separate premium-based health plans. It's important to understand the differences between TRS and TRR. The following table lists key features of each plan.

	TRICARE Reserve Select (TRS)	TRICARE Retired Reserve (TRR)
Qualifying	Must be a member of the Selected Reserve or the Ready Reserve throughout entire period of coverage Must not become eligible for or obtain coverage under FEHB	Must be a retired member of the Retired Reserve of a Reserve Component who has not reached age 60 Isn't eligible for or enrolled in FEHB program
Premium Rates (updated annually)	Monthly rate: \$54.35 for member-only \$192.98 for member and family Minimum 1 month initial premium payment required	Monthly Rate: \$419.72 for member-only \$1,024.43 for member and family Minimum 2 months initial premium payment required
Survivor Coverage	If the sponsor dies while covered under TRS, the surviving family member(s) may purchase new or continue existing TRS coverage for up to six months beyond the date of the sponsor's death	If the sponsor dies while covered under member and family TRR, the surviving family member(s) may purchase new or continue existing TRR coverage until the date the deceased member would have turned 60

14.0 Contact Information

Stateside:

North Region

Health Net Federal Services, Inc.
TRS Enrollment or TRR Enrollment
P.O. Box 870162
Surfside Beach, SC 29587-9762
1-877-874-2773
www.hnfs.net

South Region

Humana Military Healthcare Services, Inc.
P.O. Box 105389
Atlanta, GA 30348-5389
1-800-444-5445
www.humana-military.com

West Region

TriWest Healthcare Alliance
P.O. Box 42048
Phoenix, AZ 85080-2048
1-888-TRIWEST/1-888-874-9378
www.triwest.com

Overseas (All Areas):

International SOS Assistance, Inc.
TOP TRS/TRR Enrollments
PO Box 11689
Philadelphia, PA 19120
1-877-451-8659.
www.tricare-overseas.com

Module Objectives



Summary

- Define Line of Duty Determinations and their use
- Explain TRICARE coverage for Guard and Reserve members on active duty for more than 30 consecutive days
- Describe how delayed-effective-date active duty orders are used
- Define USERRA and how it impacts Guard/Reserve members
- Describe TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR)

Addendum I: Uniformed Services Employment and Reemployment Rights Act (USERRA)

The Uniformed Services Employment and Reemployment Rights Act (USERRA) is intended to minimize the disadvantages to an individual that occur when that person must be absent from his or her civilian employment to serve in this country's uniformed services. USERRA makes major improvements in protecting service member rights and benefits by clarifying the law and improving enforcement mechanisms. It also provides employees with Department of Labor assistance in processing claims.

USERRA covers virtually every individual in the country who serves in, or has served in, the uniformed services (including Guard and Reserve members) and applies to all employers in the public and private sectors, including federal employers.

It is administered by the United States Department of Labor, through the Veterans' Employment and Training Service (VETS). VETS provides assistance to those persons experiencing service-connected problems with their civilian employment and provides information about the Act to employers.

Continuation of Employer-Sponsored Health Coverage

USERRA requires that service members provide advance written or verbal notice to their employers for all military duty unless giving notice is impossible, unreasonable, or precluded by military necessity. An employee should provide notice as far in advance as is reasonable under the circumstances.

Under USERRA, when a member is on active duty, their family members may continue their health care coverage under their employer-sponsored health plan for up to 24 months.

Under USERRA, when a member is on active duty, their family members may continue their health care coverage under their employer-sponsored health plan. The person may elect to continue that coverage for up to 24 months after the absence begins, or for period of absence, whichever is shorter. During this time, the person may be required to pay the full insurance premium, plus 2% of the premium amount for administrative costs. The person cannot be required to pay more than 102% of the full premium for the coverage. When the uniformed service was for 30 or fewer days, the person cannot be required to pay more than the normal employee share of any premium.

If a person terminates their employer-sponsored health plan coverage because of an absence due to uniformed service, upon their return from military service, health insurance coverage must be reinstated without any waiting period or exclusions for preexisting conditions, other than waiting periods or exclusions that would have applied even if there had been no absence for uniformed service. This rule does not apply to the coverage of any illness or injury determined by the Secretary of Veterans' Affairs to have been incurred in, or aggravated during, performance of service in the uniformed service. (See 20 CFR Part 1002.168).