

Getting Health Care for Foreign Force Members and Their Family Members

An Overview of the U.S. Military Health System

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Note to Presenter

Prior to your presentation, delete this slide after filling in local military hospital or clinic contact information in the notes section for slides titled:

- Step 1: Register in DEERS and Get a DOD ID Card.
- Step 2: Register at a Military Hospital or Clinic.
- Direct Care—Getting Care at a Military Hospital or Clinic

Today's Agenda

- Eligibility
- Getting Care in the Direct Care System
- Getting Care in the Civilian Healthcare System
- Pharmacy
- Dental
- Resources
- Back-Up Slides

Audience

This briefing applies to foreign force members and their family. The foreign force member must be in the U.S. by official invitation or on official military business.

Eligibility for health care depends on the type of agreement between your country and the U.S. Department of Defense:

1. North Atlantic Treaty Organization countries with a Status for Forces Agreement
2. Partnership for Peace countries with a SOFA or without a SOFA
3. Countries with Reciprocal Health Care Agreements
4. Countries without a health care agreement with DOD

For more information, visit www.tricare.mil/plans/eligibility/ffmandfamilies.

What Is TRICARE?



- TRICARE is the health care program for the U.S. Department of Defense. It consists of:
 - Direct care
 - Civilian care
- TRICARE® is the brand name for the U.S. Military Health System.

Eligibility

Direct Care and Civilian Care

Direct Care:

Military hospitals and clinics operated by DOD or the U.S. Coast Guard

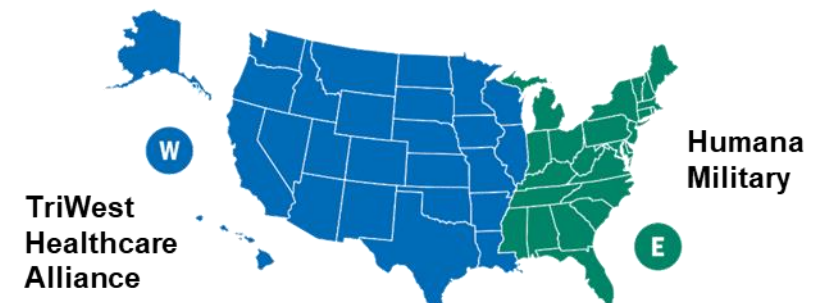
- May be used by all foreign forces
- Find the nearest military hospital and clinic at www.tricare.mil/mtf.
- Countries with no agreement are responsible for paying for the cost of **military hospital and clinic and civilian** health care services.
 - Direct care might be available, but you would have to pay full cost for services.

Eligibility for health care depends on the type of agreement between your country and the U.S. DOD.

Civilian Care paid by TRICARE:

Civilian outpatient providers

- For NATO and PfP countries with a SOFA and RHCA agreement
- Limits on covered civilian health services; no inpatient services
- Administered by TRICARE regional contractors



Eligibility for Care in the U.S. MHS

- To get civilian care and care in military hospitals and clinics, the foreign force member and their family members must be registered in the Defense Enrollment Eligibility Reporting System.
 - DEERS is the official system of record for eligibility and enrollment for the U.S. Military Health System.
- Eligibility ends when a foreign force service member's assignment ends.
 - Tour of duty beginning and end dates are stated in the FMP Invitational Travel Order.
- There are a couple of steps you need to take to show as eligible for health services in the MHS.

Step 1: Register in DEERS and Get a DOD ID Card

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- Visit DOD ID card office with a completed DD Form 1172.
 - a. To register in DEERS – DOD shows MHS eligibility in DEERS
 - b. To get ID cards
 - c. To update DEERS profile of the foreign service member and their family member
- You may go to the local office or call them to set up an appointment.
 - Bring a copy of your official orders/document to confirm official business.
 - Spouses and children should be listed on Invitational Travel Orders.
 - Let the DOD ID card office know if you were previously assigned in the U.S.
- Common Access Card – Foreign force members
- Uniformed Services ID card – spouses, and eligible children aged 10 or older, up to age 21, or age 23 if full-time student

www.tricare.mil/deers

www.tricare.mil/Plans/Eligibility/IDCards

Your ID Card (Next Generation)

The member's CAC or the family member's USID card shows:

- A DOD Identification Number
 - This 10-digit number is unique to each individual.
 - The hospitals and clinics and civilian providers use it to confirm eligibility for care.
- A DOD Benefit Number – This 11-digit number is found on the back of the ID card. It is used to verify eligibility and file claims.

Foreign force members are also provided a Foreign Identification Number that can be used to verify eligibility.



CAC



USID



www.cac.mil

Your ID Card (Legacy)

The member's CAC or the family member's USID card shows:

- A DOD Identification Number – for care in military hospitals or clinics
 - This 10-digit number is unique to each individual.
 - The hospital/clinics uses it to confirm eligibility for care.
- A DOD Benefit Number – for authorized civilian health care. This 11-digit number is found on the back of the ID card. It is used by civilian providers to file claims.

CAC



USID



www.cac.mil

Your CAC/USID Card

- Show your CAC/USID card whenever you get care or fill a prescription.
- Providers, clinics, hospitals are allowed to make a copy of your CAC/USID card.
- Go to www.tricare.mil/eligibility for eligibility, DEERS, and ID card information.

Keep DEERS Information Up To Date



Being able to use TRICARE depends on keeping DEERS up to date. Update DEERS after you have a life event, like getting married or divorced, moving, giving birth, adopting a child, retiring, and other changes.



Go to an ID Card Office (<https://idco.dmdc.osd.mil/idco>)

Note: You must use this option to add family members in DEERS.



Log on to <https://milconnect.dmdc.osd.mil>.

You need a CAC or myAuth for yourself and your family members to get into DEERS. Directions for myAuth are on the website. Use this to view eligibility, enrollment, and update contact information.



Call **800-538-9552**.

Use this if you have questions about your DEERS record or getting a DS Logon.



Fax **800-336-4416**.

Step 2: Register at a Military Hospital or Clinic

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- 1–2 days after you register in DEERS, visit the military hospital or clinic and request registration of yourself and your family members in the facility's MHS GENESIS portal.
- Bring the following with you:
 - DOD ID card and copy of your official orders/business document
 - Documentation of any other health insurance
 - Dates and locations, if previously stationed within the U.S.
 - Immunization records



Getting Care in the Direct Care System

Direct Care—Getting Care at a Military Hospital or Clinic

- Direct Care = care at military hospitals and clinics
- You and your family members get priority access to military hospitals and clinics, the same as a U.S. active duty service member and their family members.
- Hospitals and clinics may offer a range of outpatient services:
 - Routine, primary, urgent, and preventive care/immunizations
 - Maternity and well-baby visits
 - Laboratory tests, X-rays
 - Physical or occupational therapy
 - Vision exams
- You use the military pharmacy to get prescription drugs.
- Request information on the military hospital;/clinic's process for accessing/scheduling primary/same day, emergency, urgent, or specialty care appointments.

Direct Care—Getting Care at a Military Hospital or Clinic (cont.)

- To schedule an appointment, you may:
 - Call the centralized appointment line.
 - Call the appropriate clinic; get a referral or order as needed.
 - Go online using the MHS GENESIS Patient Portal (myAuth required).
- To sign up for a myAuth account:
 - Visit the self-service site at <https://myaccess.dmdc.osd.mil/identitymanagement>.
 - Call the DMDC Support Center at 800-372-7437.

Direct Care—Foreign Force Service Member

Outpatient Care	Inpatient Care
<ul style="list-style-type: none"><input type="checkbox"/> For primary/routine care – schedule an appointment.<input type="checkbox"/> Lab, X-ray, pharmacy, etc. – doctor’s order needed specialty care (for example, physical therapy, orthopedics, dermatology, etc.)<ul style="list-style-type: none"><input type="checkbox"/> Get a referral from primary care.<input type="checkbox"/> Contact the clinic 1-2 days later to schedule appointment.<input type="checkbox"/> Costs:<ul style="list-style-type: none"><input type="checkbox"/> With a RHCA – no costs<input type="checkbox"/> Others - pay military hospital/clinic costs	<ul style="list-style-type: none"><input type="checkbox"/> Available at military hospitals<input type="checkbox"/> Follow the specialty clinic’s direction for admission.<input type="checkbox"/> Costs:<ul style="list-style-type: none"><input type="checkbox"/> The foreign service member and family members will only pay inpatient subsistence charges if written into the RHCA; otherwise, the foreign service member and family members are responsible for all costs.<input type="checkbox"/> The military hospital will send the bill to the foreign service member’s embassy if they don’t have private insurance.

Direct Care—Foreign Force Family Member

Outpatient Care	Inpatient Care
<ul style="list-style-type: none"><input type="checkbox"/> For primary/routine care – schedule an appointment.<input type="checkbox"/> Specialty care (e.g., physical therapy, orthopedics, dermatology, etc.) – get a referral; contact the specialty clinic 1-2 days after the provider entered the referral to schedule an appointment.<input type="checkbox"/> Lab, X-ray, pharmacy - you need a doctor's order; usually you don't need an appointment.<input type="checkbox"/> Costs:<ul style="list-style-type: none">▪ With a RHCA – no cost▪ Others - pay military hospital/clinic costs	<ul style="list-style-type: none"><input type="checkbox"/> Available at military hospitals<input type="checkbox"/> Follow the specialty clinic's direction for admission.<input type="checkbox"/> Costs:<ul style="list-style-type: none"><input type="checkbox"/> NATO/PFP pay full hospital charges.<input type="checkbox"/> RHCAs pay a daily “subsistence” charge.<input type="checkbox"/> Others - pay military hospital cost

Getting Care in the Civilian Healthcare System

Civilian Care: Only Available to NATO/PfP with SOFA

The term “Civilian Care” refers to civilian care and services.

- Your eligibility for MHS-covered care depends on the type of agreement DOD has with your country and what services are available at the military hospital or clinic.

Step 1: You must get a referral from a military hospital or clinic provider or remote civilian provider for civilian care, which is usually for specialty services.

- Family members don’t need a referral and may choose to seek care directly from any TRICARE-authorized provider. (Note: You may have higher out-of-pocket costs if you see a non-network provider.)

Step 2: After your military or civilian provider submits the referral to the TRICARE East or West Region contractor, you’ll receive an approval or disapproval notification.

Step 3: Check on the status of the referral or authorization and find out which civilian provider you are to see:

- Contact the military hospital/clinic Referral Management Center.
- Contact the military hospital/clinic Beneficiary Counseling and Assistance Coordinator or Health Benefits Advisor.
- Log into the regional contractor’s secure portal or opt out of electronic notification on the secure portal to get hard copies of approvals mailed to you.
- Contact your TRICARE regional contractor.
- Don’t seek services until you know your civilian care is approved.

Civilian Outpatient Care: Only Available to NATO/PfP with SOFA

Foreign Force Member	Family Members
<ul style="list-style-type: none"><input type="checkbox"/> You must get a referral from a military provider and authorization from the regional contractor or DHA Great Lakes (locations remote from a military hospital or clinic).<input type="checkbox"/> Do not seek care until your care is authorized.<input type="checkbox"/> Go to the provider listed. If you don't want that provider or can't get in, contact the regional contractor for assistance in changing or finding a provider.	<ul style="list-style-type: none"><input type="checkbox"/> No referral required<input type="checkbox"/> Get documentation from the military provider to share with the civilian provider.<input type="checkbox"/> Follow TRICARE Select rules (with Group B copayments) when getting care.<ul style="list-style-type: none"><input type="checkbox"/> Remember, you are to use a TRICARE network (preferred) or non-network TRICARE-authorized provider.<ul style="list-style-type: none"><input type="checkbox"/> Note: You may have higher out-of-pocket expenses if you see a non-network provider.

Civilian Care—Outpatient Costs: Only Available to NATO/PfP with SOFA

Foreign Force Member	Family Members
<ul style="list-style-type: none"><input type="checkbox"/> No costs as long as there is a referral and authorization in place<input type="checkbox"/> Ask your provider to file a claim with TRICARE.<input type="checkbox"/> Without an authorization, you're responsible for 100% of the costs for civilian care.<input type="checkbox"/> For all other countries:<ul style="list-style-type: none"><input type="checkbox"/> File to your private or country-sponsored commercial insurance plan.<input type="checkbox"/> Submit to home country for national reimbursement.<input type="checkbox"/> Contact your commercial plan or your embassy for assistance.	<ul style="list-style-type: none"><input type="checkbox"/> You pay TRICARE Select active duty family member Group B copayments and cost-shares.<input type="checkbox"/> You're usually billed for your copayment amount at the time of visit.<ul style="list-style-type: none"><input type="checkbox"/> Make sure the provider files a claim, or file a claim yourself if the provider bills you.<input type="checkbox"/> For all other countries:<ul style="list-style-type: none"><input type="checkbox"/> File to your private or country-sponsored commercial insurance plan.<input type="checkbox"/> Submit to home country for national reimbursement.<input type="checkbox"/> Contact your commercial plan or your embassy for assistance.

TRICARE costs are subject to change. Go to www.tricare.mil/costs for current cost information.

Civilian Care: Only Available to NATO/PfP with SOFA (cont.)

- If eligible for civilian care, you must use a TRICARE network or TRICARE-authorized non-network provider.
- The name and address for the approved provider should be listed on the notice of approval/authorization.
- Contact your regional contractor if you have problems getting an appointment with the provider listed on the referral/authorization notice.
- We suggest you or your family members take a copy of the referral to the civilian provider.
- You may want to research providers in your local area who you may want to see if the listed provider isn't available. Though you can't enroll in a TRICARE Prime option, you may:
 - Log on to the online provider link at www.tricare.mil/FindDoctor.
 - Choose "TRICARE Prime" if you get your care at a military hospital or clinic.
 - Choose "TRICARE Prime Remote" if you're in a remote location.
 - First, search "network provider," as network providers are more familiar with TRICARE benefits.
 - If there are no network providers in your area, choose a non-network as your second choice.

Civilian Care—Inpatient Care: Not Covered by U.S. DOD

Inpatient Care

- U.S. DOD does **NOT** cover civilian inpatient care (e.g. hospitalization, labor and delivery, ambulance transfers) in civilian hospitals or centers for **any** foreign force member or eligible family members.
- NATO/PfP/RHCA: You're responsible for 100% of the cost of civilian care.
 - File to your private or country-sponsored commercial insurance plan.
 - Submit to home country for national reimbursement.
 - Contact your plan or your embassy for assistance.
- Follow up to make sure the inpatient facility submits a bill and gets paid.

Pharmacy

Pharmacy Options

- NATO/PfP/RHCA: You and your family members can fill prescriptions at the military hospital or clinic pharmacy.
 - To fill your prescription, you need a prescription and your valid uniformed services ID card.
 - Your provider may enter your prescription online or give you a hard copy.
 - You may be able to go online or call in prescription refills.
 - Visit www.tricare.mil/militarypharmacy to learn more.
- NATO/PfP family members: You may be able to fill prescriptions at TRICARE civilian retail network pharmacies.
 - You'll have to pay up front, then file for reimbursement through the TRICARE Pharmacy Program contractor, Express Scripts.
- Visit www.tricare.mil/pharmacy for more information.



Dental

Dental Coverage—Foreign Force Member

- Foreign force members obtain dental care from a military dental clinic.
 - Access care closest to your duty station.
 - Covered dental care focuses on medically indicated treatment, not elective treatment to improve appearance.
 - Call the dental clinic for appointment scheduling.
 - Civilian dental care may be covered if you are referred out by the military dental clinic.
 - Coordinate civilian dental care services with the military dental clinic or the Active Duty Dental Program contractor, United Concordia.
- If you seek civilian dental services without a referral, you are responsible for the costs.
 - File to your private or country-sponsored commercial insurance plan.
 - Submit to home country for national reimbursement.
 - Contact your plan or your embassy for assistance.



Dental Coverage—Foreign Force Family Member

- Family member dental care from a military dental clinic if space is available.
- If available, care focuses on medically indicated treatment, not elective treatment to improve appearance.
 - Appointments are offered only if there are open appointments available.
- TRICARE Dental Program (civilian care) – not eligible
- If you seek civilian dental services, you are responsible for the costs.
 - File to your private or country-sponsored commercial insurance plan.
 - Submit to home country for national reimbursement.
 - Contact your plan or your embassy for assistance.



Resources

Patient Portals

- MHS GENESIS **offers** a secure patient portal **for you**.
- You have to register to access the portal used at your military hospital or clinic. On these portals, you can:
 - View your health information.
 - Exchange secure messages with your care team.
 - Request prescription refills.
 - View notes from your clinical visits and certain lab/test results, such as blood tests.
 - Schedule, change, view, or cancel medical and active duty dental appointments.
 - Complete a pre-visit active duty dental health questionnaire online.
 - Access information related to your health concerns and medications.



Looking for Information?

- **TRICARE Resources**
 - TRICARE Website – www.tricare.mil
 - Foreign Force Members and Their Families – www.tricare.mil/plans/eligibility/ffmandfamilies
 - TRICARE Covered Services – www.tricare.mil/coveredservices
 - TRICARE Costs – www.tricare.mil/costs
- **Military Hospitals and Clinics**
 - Find a military hospital or clinic – www.tricare.mil/mtf

Contact Information

Regional Contractors

- TRICARE East Region
Humana Military
800-444-5445
www.tricare.mil/east
- TRICARE West Region
TriWest Healthcare Alliance
888-TRIWEST (888-874-9378)
www.tricare.mil/west
- TRICARE Overseas Region
International SOS Government
Services, LLC
www.tricare-overseas.com/contact-us

Dental Contractor

- TRICARE Active Duty Dental Program
United Concordia Companies, Inc.
CONUS: 866-984-2337
OCONUS: 844-653-4058 (using country-specific access codes)
www.addp-ucci.com
- TRICARE Dental Program
United Concordia Companies, Inc.
CONUS: 844-653-4061
OCONUS: 844-653-4060
www.uccitdp.com

Resources

- TRICARE Website: www.tricare.mil



- TRICARE Publications: www.tricare.mil/publications
- milConnect: <https://milconnect.dmdc.osd.mil/>

Back-Up Slides

Health Benefit Terms (Part 1)

- **Ancillary Services** – Services that usually don't require an appointment: pharmacy, laboratory, X-ray
- **Billed Amount** – The total charge(s) submitted to TRICARE by the civilian provider or charge(s) by the military hospital or clinic
- **Claim** – A request for payment from TRICARE that goes to your regional contractor after you get a covered health care service
- **Copayment** – The fixed amount you pay for a covered health care service or drug. A copayment for an appointment also covers your costs for tests and other ancillary services you get as part of that appointment
- **Cost-share** – A percentage of the total allowed cost of a covered health care service that you pay

Health Benefit Terms (Part 2)

- **Explanation of benefits** – A statement explaining the treatments and services paid by TRICARE or other health insurance
- **Inpatient care** – Care received in a hospital setting/facility setting for a period normally exceeding 23 hours. Billing is based on the cause of the admission and the providers delivering care.
- **Outpatient Care** – Care for a medical condition within one day. Includes routine and urgent care and preventive care services
- **Pre-authorization** – A review of a requested health care service by your regional contractor to see if TRICARE will cover the care

Health Benefit Terms (Part 3)

- **Procedure code** – A number used to identify specific surgical, medical, or diagnostic exam/test. TRICARE uses this number to determine what to pay on a claim
- **Provider** – A person, business, or institution that provides health care
- **Referral** – When your primary care or network specialty provider sends you to another provider for care in accordance with TRICARE program rules
- **Sponsors** – Foreign force military members on assignment to the U.S.
- **TRICARE-allowable charge** – The most TRICARE pays for a covered service. Includes what the government pays and what the individual may pay