

ODCSPER RETIREMENT SERVICES OFFICE: ARMY ECHOES
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TRICARE --What Choice is Best for You?

What is TRICARE?

TRICARE is the Department of Defense managed care program designed to improve access to care and provide a choice of three plans. TRICARE is the program for those who are CHAMPUS-eligible and, like CHAMPUS, does not include Medicare-eligible retirees age 65 or older. A limited test of Medicare subvention (funding) to enable those over 65 to use TRICARE is being considered by Congress.

What are my choices?

Your choices are TRICARE Standard, TRICARE Extra or TRICARE Prime.

TRICARE Standard

Advantages

- Same as CHAMPUS, known quantity, few changes
- Greatest "choice" in health care provider
- Retain option of "Extra" or Space-A MTF
- No enrollment commitment

Disadvantages

- Most costly of TRICARE options
- May have claims forms to file
- Nonavailability statements required

TRICARE Extra

Advantages

- Lower costs 5 % less than Standard's rates
- No balance billing-network provider accepts negotiated TRICARE rate and your cost share
- Usually no claims forms to fill out
- No enrollment commitment
- Retain option of Standard or Space-A MTF

Disadvantages

- Provider choice limited to network
- More costly than Prime
- Nonavailability statements required

TRICARE Prime

Advantages

- No claims forms
- No balance billing --you pay annual enrollment fee and set fees
- May be the lowest cost (check your

Disadvantages

- Annual commitment for enrollment
- Limited choice in provider
- Less individual flexibility

current spending & compare with enrollment fee)

- Specialty care by referral only

Comparing Costs (Prime Extra Standard)

- Annual Deductibles \$0 \$150/\$300 \$150/\$300
- Annual Enrollment \$230/\$460 \$0 \$0
- Civilian Provider Copays \$12 20% of negotiated 25% of allowable Fees Charges
- Civilian inpatient \$11 \$250 per day plus \$323 per day plus 20% of 25% of negotiated provider fees

What's the best choice?

The best choice for you depends on choosing where you live (are you right next to a military installation that has plenty of space-available care or are you hundreds of miles away from any military hospital?), what other health care coverage you may have (are you already enrolled in an HMO through your current job or your spouse's job?) and your health care needs (what are you paying for care now using CHAMPUS? Would it be more or less expensive for you to pay \$460 a year to enroll in TRICARE Prime but pay lower fees for treatment?) Two points to keep in mind when you're making your decision _1) if you're enrolled in Prime, you have higher priority for care at a military medical facility than an active duty family member who is not enrolled in Prime and 2) the catastrophic cap (maximum you would pay) on most medical expenses is \$3,000 for Prime enrollees and \$7,500 for those TRICARE Standard or TRICARE Extra.

Why do I need to sign up for a program and pay for my care _ I was promised free medical care for life!

You're still eligible for space-available care at a military hospital, but base closings have closed military hospitals and clinics and downsizing has cut the number of military medical personnel, so there is less military medical care available.

I read in Echoes that one region had its TRICARE start delayed. How will I get all the details for TRICARE in my area?

You should receive a mailing from the contractor covering your area in plenty of time to choose an option.

Where else can I go for information?

Health Benefits Advisors at military hospitals are excellent sources of information on health care. And remember to check with some of your friends in areas where TRICARE has already started. Finally, using your own computer or perhaps one at a friend's home or local public library, drop in on one of the many chats on Military City Online. These chats are a good chance to get together with other retirees and family members to discuss benefits.

Survey rates TRICARE Prime High

To help determine how TRICARE is working, the TRICARE Office and Market Metrics did a telephone survey of 1,180 TRICARE Prime enrollees in Region 11 to determine satisfaction with access to care 11 months after the program's launch. TRICARE Prime is the HMO of the three TRICARE options; those who choose to enroll in Prime pay an annual fee.

The Prime enrollees interviewed were 418 active duty sponsors, 508 eligible adult family members of active duty sponsors, 101 retiree sponsors and 153 eligible adult family members of retiree sponsors. They were asked to compare access to care before and after Prime.

A third said Prime has vastly improved their overall access; only 15 percent said access had declined. Respondents also said that access to primary and specialty care had gotten better. Some said office waiting time and continuity of care had improved.

Enrollees who have civilian primary care managers (PCMs) or who have seen a civilian specialist are more likely to note improved access. Enrollees are satisfied with Prime's primary access standards and generally unsure of what they think of Prime's specialty care access standards.

Subvention Status

As we go to press, no legislation has yet passed calling for a Medicare subvention test although such a test is currently part of the proposed DOD Authorization bill. Medicare subvention would permit the Health Care Financing Administration (HCFA) to reimburse DOD for care provided to Medicare recipients. TRICARE and HCFA are working together to make plans for a test of subvention so that they can be ready when legislation is passed and a starting date for the test is set.

Highlights from Headquarters

Recent world events _ the tragic death of the Chief of Naval Operations, Admiral Mike Boorda; the helicopter crash at Fort Campbell; the terrorist bombing in Saudi Arabia _ are sobering reminders that we never know when our loved ones might become our survivors. There is a sad but all too often true proverb that goes _ "Some people want to wait until the 11th hour to settle their estates _ unfortunately they die at 10:30." Dealing with the death of a loved one is a difficult issue for all of us but our experience shows that it becomes most difficult for those who don't want to prepare and consequently aren't prepared. On pages 11 and 12, we're rerunning our survivors' checklist. Use it as the basis for getting your estate planning started. Take a few moments to fill it out and discuss it with your loved ones. As a minimum, make sure they know where it will be maintained should they need to refer to it. It will be time well invested.

We attempted to send the last issue of Echoes to all active duty soldiers with 19(+) years of service to help them start their pre-retirement planning. If you know of a soldier who falls in that category who didn't receive Echoes, encourage them to contact their personnel office to update their mailing addresses to ensure they'll receive future issues. On page 8 is some information on the Survivor Benefit Plan (SBP) for the consideration of active duty soldiers. I'd also suggest you active duty soldiers contact your Retirement Services Officer, listed on page 9, and ask for a Pre-retirement Counseling Guide and some of our recently developed trifold brochures that address military retirement issues. Whether your retirement is six months or six years away, I think you'll find this information helpful. Start that retirement planning early. Seek out already retired soldiers and their family members and ask them for tips that can make your retirement transition smoother. Our retired community members are proud to be "Still Serving" and they'll welcome the opportunity to help you. Thanks for your support.

GARY F. SMITH
Chief, Army Retirement Services

NIH seeks Men for Prostate Clinical Trial

Seventeen medical centers throughout the U.S. are looking for 2,800 men to take part in a National Institutes of Health study, "A Clinical Trial for Medical Therapy in Benign Prostatic Hyperplasia (BPH)". BPH affects about 25 to 40 percent of all men and is characterized by difficulty with urination.

For the study, the centers are looking for 2,800 men who are at least 50 years of age and who have not had any prior treatment for this condition. Prior treatment is defined as any type of prostate surgery or medications for voiding symptoms. Two FDA approved medications plus a placebo or "sugar pill" will be studied.

Two military medical centers are participating in this study: The Urology Clinic at Walter Reed Army Medical Center, Washington, DC, and the Urology Clinic at Brooke Army Medical Center, San Antonio, TX. If you don't live in the Washington, DC or San Antonio area, you may be able to enroll, at no cost to you, at one of the 15 civilian medical centers participating in this study. If you are interested, you are urged to call the BPH national hotline at 1-800-274-1221 for the phone number of a participating medical center near you.

New TRICARE Processor Announced

The TRICARE contractor for Department of Defense Health Service Regions 3 and 4 has announced its mailing addresses for claims, correspondence and appeals, as well as toll-free telephone numbers for all states in the regions, and commercial phone numbers for overseas areas.

The states in Region 3 are: Florida, except for the Panhandle region; Georgia, and South Carolina. Region 4 consists of: the Florida Panhandle, Alabama, Mississippi, Tennessee, and the eastern third of Louisiana, including New Orleans.

The two TRICARE regions began operations under the new contractor, Humana Military Healthcare Services, on July 1, 1996. Humana uses current TRICARE Standard (CHAMPUS) contractors, Palmetto Government Benefits Administrators (PGBA), and Wisconsin Physicians Service (WPS) to process claims.

Claims addresses for Regions 3 and 4 are:

- P.O. Box 202000 (Claims); ZIP: 29502-2000
 - P.O. Box 202001 (Correspondence); ZIP: 29502-2001
 - P.O. Box 202002 (Appeals); ZIP: 29502-2002
 - P.O. Box 202003 (Active-Duty Program); ZIP: 29502-2003
 - P.O. Box 202004 (Provider File Operations); ZIP: 29502-2004
 - P.O. Box 202005 (Medical Review); ZIP: 29502-2005
 - P.O. Box 202006 (Resource Sharing); ZIP: 29502-2006
- Palmetto Government Benefits Administrators (PGBA)
P.O. Box (see side)
Florence, SC ZIP (see side)

Claims from overseas areas should be addressed as follows:

from EUROPE, AFRICA, MID-EAST

WPS, P.O. Box 8976
Madison, WI USA 53708-8976

from PUERTO RICO, CANADA, MEXICO, CENTRAL AMERICA, BERMUDA, WEST INDIES

WPS, P.O. Box 7985
Madison, WI USA 53707-7985

from PACIFIC AREA (China, Thailand, Korea, Australia, Japan, etc.) WPS, P.O. Box 7985
Madison, WI USA 53707-7985

Telephone numbers for Regions 3 and 4 are:

- 1-800-403-3950 (Routine Claims)
- 1-800-661-4315 (Region 3 Participating Provider Locator)
- 1-800-661-4325 (Region 4 Participating Provider Locator)
- (608) 259-4847 (All Foreign Claims Service)
- 1-800-333-4040 (Health Care Finder)
- 1-800-444-5445 (Beneficiary Services)
- 1-800-333-5331 (Health Care Information Line)
- 1-800-700-8646 (Mental Health Care Advance Authorization)
- 1-800-700-8603 (Appointments _Keesler Air Force Base, MS)
- 1-800-700-8607 (Appointments _ Naval Hospital, Millington, TN).

Active Duty Info--Preparing for Retirement

As we announced in the last issue, we're sending Echoes to those with 19+ years of service to help you prepare for retirement. Following is a preretirement timeline that might be helpful.

When you decide to retire...

Contact your Retirement Services Officer (RSO) to arrange for a retirement and Survivor Benefit Plan (SBP) briefing.

Contact the Army Career & Alumni Program (ACAP) office for job transition and resume help.

4 months before transition leave or retirement...

Arrange for a retirement physical.

3 months before...

Study TRICARE; consider buying CHAMPUS supplement.
Make appointment with staff judge advocate for will.

2 months before...

Contact Transportation for household good shipment
Complete DD Form 2656, Data for Payment of Retired Personnel
Complete VA Form 21-526, Application for Compensation from Department of Veterans Affairs

1 month before...

Get SF 1199A for electronic transfer of retired pay to financial institution (only if changing financial institution)

1 week before...

Apply for retired ID cards

After retirement...

Convert SGLI to VGLI within 120 days, if desired
Join military associations and remain active in support of Army issues.

Making Medicare Decisions at age 65

Retirees and family members about to celebrate your 65th birthdays have another retirement to consider and an important health care decision to make.

You may have to decide whether to continue working or sign up for Social Security and begin collecting benefits. Even if you decide to continue working and not collect retirement benefits, you should sign up for Medicare and decide if you want Medicare Medical Insurance. When deciding, remember, your TRICARE/CHAMPUS eligibility ends when you become eligible for Medicare at age 65.

If you're already receiving benefits under Social Security or railroad retirement, about three months before your 65th birthday, you'll receive a Medicare enrollment package in the mail telling you that you're automatically enrolled for both Hospital Insurance (Part A) and Medical Insurance (Part B). If you want both, sign the Medicare card and keep it with you.

Coverage & costs

Part A is free. However, Part B costs money and is optional. If you decide you don't want Part B, you must return the card in the envelope provided and you'll receive a new card showing that you have Hospital Insurance only.

Some people delay signing up for Part B because they don't want to pay the monthly premium. If you or your spouse continues to work and the employer's group health plan satisfies your health care needs, this decision may be appropriate. For others, this choice could be expensive because the premium increases if they delay enrollment.

The two parts of the Medicare program

Part A (Hospital Insurance) helps pay for inpatient care in a hospital or skilled-nursing home and for some health and hospice care. If you're working, Part A can supplement your employer's health plan.

Part B (Medical Insurance) helps pay for doctors' services, outpatient hospital care, and other medical services and supplies.

Although most people don't pay a monthly premium for Part A coverage, enrollees do pay deductible and coinsurance amounts. In 1996, for the first 60 days of a hospital stay the deductible is \$736; for days 61-90, you'll pay \$184 per day and for days 91 through 150, you'll be responsible for \$368 per day.

Part B enrollees pay a monthly premium plus the deductible and coinsurance amounts. The premium amounts are set each year by law. For 1996, the monthly premium for Part B is \$42.50.

Enrollment periods

A seven month "initial enrollment period" for Part B coverage begins three months before your 65th birthday. If you enroll during those first three months of your enrollment period, your medical

insurance protection will start the first month you are eligible. If you enroll during the last four months, your protection will start one to three months after you enroll. If you don't enroll during this period, each year you are given another chance to sign up during a general enrollment period. Once you're enrolled for Part A, you'll receive the Medicare Handbook explaining what the program includes. Information about changes in premiums, deductibles, and coinsurance costs is mailed to Social Security beneficiaries.

If you don't sign up for Part B when you're first eligible because you're covered by a group health plan based on your or your spouse's current employment, you may be eligible for a seven-month "special enrollment period" for Part B. It will begin with the month you or your spouse stops working or are no longer covered by the plan, whichever comes first. You won't pay a premium surcharge for delayed enrollment.

If neither you nor your spouse is working and covered by a group health plan, you need to know what to expect if you don't sign up for Part B as soon as you're eligible. Your private insurance company may convert your coverage to a Medicare supplement policy because it expects you to sign up for Part B. As a result, you may be without full health care coverage until you can sign up for Part B during the "general enrollment period," and you'll pay a higher monthly premium for this delayed enrollment.

VA Starts Mammography Helpline

The VA has a toll-free number for women veterans to get information about its mammography services. The number is 1-888-492-7844. The line is staffed from 8 am to 4:30 pm, Eastern Time, Monday through Friday. Callers can get information on VA mammography policies and the locations of all VA and VA-certified mammography facilities within their geographic area. Callers may also comment on these services. During non-business hours, messages may be left on a recorder for response the next business day. Currently, 42 VA medical facilities have in-house mammography units. VA uses community facilities to obtain these services elsewhere.

Insurance Hoax Goes Online

The VA's annual insurance nightmare has gone high-tech. Every year someone circulates the rumor that everyone who has ever held a Servicemen's Group Life Insurance policy, whether still an active policy or not, is entitled to a refund. This is not true, nevertheless, this rumor is surfaced at least once a year through flyers and newspaper articles. This year the rumor has hit e-mail so VA is now being inundated with e-mail requests for the non-existent refund. Please help spread the true word to your fellow veterans!!! Those whose policies earn dividends will receive them automatically --- there is no need to apply!