



# Yellow Ribbon

## TRICARE for Traditional Soldiers and Dependents

CW2 Stephanie Spanton

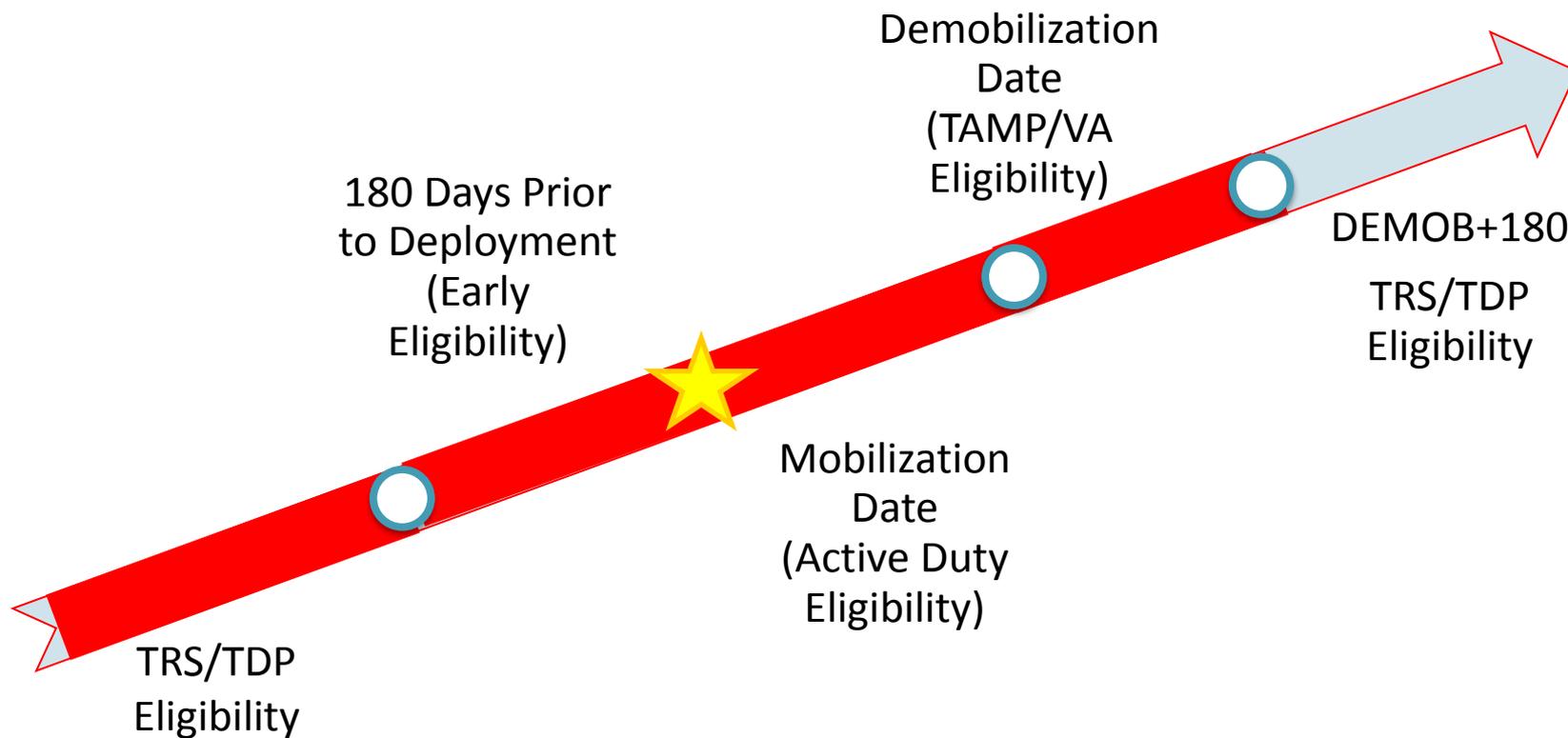


# Objectives

Inform Soldiers and Dependents on actions required to enroll and use TRICARE Reserve Select (TRS) and TRICARE Dental Program (TDP).



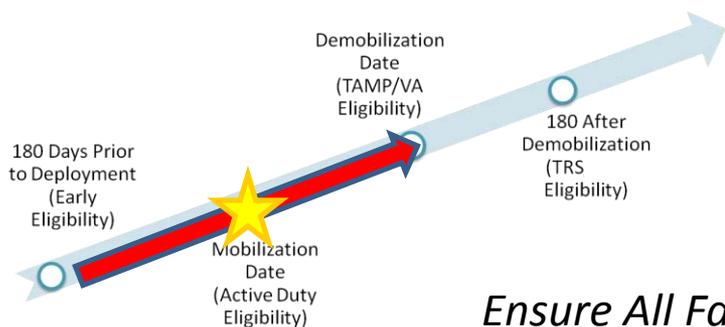
# Eligibility Dates





# Health Net Plans

TRICARE PLAN	Deductibles	Cost Shares	Primary Care Manager
Standard	Yes*	20%	No
Extra	Yes*	15%	No
Prime**	None	None	Yes
Prime-Remote**	None	None	Yes



*Deductibles	E1 – E4	E5 And Up
Single	\$50	\$150
Family	\$100	\$300

*Ensure All Family Members Are Enrolled in DEERS and Dependent ID Cards Will Not Expire Until After Deployment*

**\*\*Requires Enrollment (Mandatory for Active Duty Soldiers)**



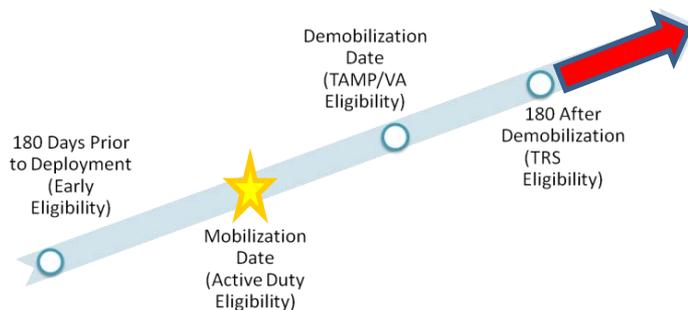
# TRICARE Reserve Select

Great Benefit Available to Every Traditional Soldier\*

Enrollee	Cost/Month
Soldier	\$51.62
Soldier and Family	\$195.81

Same Cost Shares and Deductibles as TRICARE Standard

\* Not Available to Federal Technicians or Federal Employees





# Costs

- Premium
- Deductible
- Cost Share
  - 15/20% of the TRICARE allowable amount
  - Catastrophic cap
  - Civilian inpatient cost



# Pharmacy Costs

TRICARE PLAN	Covered Drugs*		Not Covered Drugs**
	Generic	Brand Name	
Military Treatment Facility	\$0	\$0	NA
Mail Order Pharmacy***	\$0	\$13	\$43
Retail Network Pharmacy	\$5	\$17	\$44

(Rates are subject to change.)

\*Covered – A list of prescriptions that are TRICARE authorized.

\*\*Not Covered– Requires Pre- Authorization

\*\*\*Express Scripts (up to a 90 day supply)



# Enrolling in TRS

- To enroll in TRS, you must have a computer with CAC card access, DFAS Account or DS Logon.

[www.dmdc.osd.mil/appj/reservetricare](http://www.dmdc.osd.mil/appj/reservetricare)



# Applying for TRS

The screenshot shows a web browser window titled "RCPTA: Select Login - Internet Explorer provided by New York National Guard". The address bar shows the URL "https://www.dmdc.osd.mil/appj/trs/index.jsp". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The page header features the DMDC logo and the slogan "Information and Technology for Better Decision Making". The main heading is "DMDC Reserve Component Purchased TRICARE Application (RCPTA)" with a "View User Manual" link on the right. Below the heading is a "Welcome to RCPTA!" section, followed by a paragraph explaining that RCPTA is a premium-based health plan for qualified National Guard and Reserve members and their families. A red arrow points to a selection box containing two radio button options: "RC Member (CAC, DFAS Account, DS Logon)" and "Verifying Officer". A "Continue" button is located below these options. At the bottom of the page, there is a paragraph of contact information for TRICARE Reserve Select eligibility, including a link to "http://ra.defense.gov/html/tricare.html" and a phone number "1-800-477-8227". The version number "4.1.08" is also displayed. The browser's status bar at the bottom shows "Trusted sites | Protected Mode: Off" and a zoom level of "100%".

RCPTA: Select Login - Internet Explorer provided by New York National Guard

https://www.dmdc.osd.mil/appj/trs/index.jsp

File Edit View Favorites Tools Help

RCPTA: Select Login

DMDC Information and Technology for Better Decision Making

**DMDC Reserve Component Purchased TRICARE Application (RCPTA)** [View User Manual](#)

**Welcome to RCPTA!**

DMDC Reserve Component Purchased TRICARE Application (RCPTA) is a premium-based health plan for qualified National Guard and Reserve members and their families.

**Please select an authentication type and click on the Continue button**

- RC Member (CAC, DFAS Account, DS Logon)
- Verifying Officer

[Continue](#)

If you have questions regarding your TRICARE Reserve Select eligibility, please contact your Reserve Representative at <http://ra.defense.gov/html/tricare.html>. For technical assistance or to report system problems with this site please call the DMDC Support Center at 1-800-477-8227.

Version: 4.1.08

/appj/trs/login/ProcessLoginSelect.do;jsessionid=4yTQ0gc4nJKfTJmGQ4X2L5NB3ppGhYGHj0v2BSZWmysv2165B71-585290382

Trusted sites | Protected Mode: Off 100%



# Applying for TRS

A screenshot of an Internet Explorer browser window. The address bar shows the URL: https://www.dmdc.osd.mil/appj/trs/beneficiary/consent?continueToUrl=%2Fappj%2Ftrs%2Fbeneficiary%2Findex.jsp. The browser title is "RCPTA: Consent to Monitor - Internet Explorer provided by New York National Guard". The page content includes a header for "DMDC Information and Technology for Better Decision Making" and a main heading "DMDC Reserve Component Purchased TRICARE Application (RCPTA)". Below this is a section titled "Self-Service Consent to Monitor". The text reads: "You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG beneficiary self-service-authorized use only. By using this IS (which includes any device attached to this IS), you consent to the following conditions:" followed by a bulleted list of terms and conditions. A large red arrow points to an "OK" button at the bottom right of the consent text area. The browser status bar at the bottom shows "Trusted sites | Protected Mode: Off" and "100%".



# Applying for TRS

The screenshot shows the DMDc website interface for the Department of Defense Self-Service Logon (DS Logon). The browser window title is "My Access Center - Login - Internet Explorer provided by New York National Guard". The URL is "https://www.dmdc.osd.mil/identitymanagement/authenticate.do;jsessionid=T2VJQ0jZDk8pQrTnLwIPvsTWH0Y4BYT2PC8cTx4v9pGTxGg6wRk!1699468690?execution=e1s1". The page header includes the DMDc logo and the slogan "Serving Those Who Serve Our Country". Below the header, there are three tabs: "DS Logon", "CAC", and "DFAS". A red arrow points to the "DS Logon" tab. The main content area is titled "Department of Defense Self-Service Logon (DS Logon)". It contains a login form with fields for "Username" and "Password", each with a "Forgot" link. Below the fields are "Login" and "Manage Account" buttons. To the right of the form, there are three sections: "Don't have a DS Logon?" with a link to "Create a Basic / Premium DS Logon account", "Got a code in the mail?" with a link to "Use an Activation Code", and "How do I upgrade?" with a link to "Find out how to upgrade". A red arrow points to the "Create a Basic / Premium DS Logon account" link. Below the form, there is a link to "How to" Guides. At the bottom, there is a footer with a grid of links for "About DS Logon", "Sign Me Up!", "Contact Us", and "Security & Privacy".

Logon can either be DS LOGON, CAC, OR DFAS PIN

Request a DS Logon.



# Applying for TRS

RCPTA - Member Information - Internet Explorer provided by New York National Guard

https://pki.dmdc.osd.mil/apps/trs/memberInfo.jsp

DMDC Information and Technology for Better Decision Making

## DMDC Reserve Component Purchased TRICARE Application (RCPTA)

USER GUIDE | HELP | LOGOUT

**Member Info** | Purchase Coverage

[Access Member](#)

To qualify to purchase TRS/TRR coverage, a Reserve Component member must:

1. Be a member of the Selected Reserve (coverage will automatically enroll you).
2. Member is neither:
  - Eligible for Federal Employee Health Benefits (FEHB) in the current year.
  - Currently covered under FEHB (either under their own or a spouse's plan).

Eligibility dates are based on Selected Reserve status in the current year. FEHB is confirmed when purchasing new coverage or requesting enrollment changes.

Sponsor Information				SSN:		
Name	Rank	Service	Category			
John Collins	SSG	Army	National Guard			

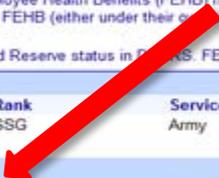
Enrollment Information						
Name	Relation	Date of Birth	Status	Coverage Start	Coverage End	Eligibility Dates
John Collins	Sponsor		Not Enrolled			10-08-2010 - 09-15-2014
Tracey Collins	Spouse		Not Enrolled			10-08-2010 - 09-15-2014

Periodic validation of eligibility for a health plan under 5 U.S.C. 89 (FEHB) will be conducted. Should you become eligible for a health coverage plan under 5 U.S.C. 89 (FEHB), you are required to terminate coverage using this application.

Federal Employees Health Benefits (FEHB) Status	
Reporting Source	Effective Date
N/A	N/A

Trusted sites | Protected Mode: Off | 100%

Verify information of dependents to include date of birth and eligibility information.





# Applying for TRS

RCPTA - Purchase Coverage (Verify FEHB) - Internet Explorer provided by New York National Guard

https://pki.dmdc.osd.mil/appj/trs/purchaseCoverage.jsp?whichTab=1

File Edit View Favorites Tools Help

Unvalidated Soldiers RCPTA - Purchase Cover... x

Member Info Purchase Coverage Access Member

### Verify Federal Employees Health Benefits

TRS or TRR eligibility requires that members are not enrolled or eligible to enroll in Federal Employees Health Benefits (FEHB). Members eligible for FEHB include the following (subject to 5 USC Ch. 89). If you meet any of the conditions listed below, you are included in the FEHBP exclusion.

- An Employee under Chapter 89, United States Code Title V, section 2105
- A Member of Congress (10 USC 2106)
- A Congressional Employee (10 USC 2106)
- An Employee of Gallaudet College
- Annuitants with FEHB eligibility including retired federal employees, certain survivors and certain former spouses
- An employee of a county committee established under 16 USC 590h(b)
- Others in accordance with 5 USC Ch. 89

1. If you are eligible for FEHB (regardless whether or not you are currently enrolled):
  - You **DO NOT** qualify to purchase TRS/TRR coverage
2. If you are **NOT** eligible for FEHB, and your spouse is enrolled in FEHB, and you are covered under (enrolled in) your spouse's FEHB:
  - You **DO NOT** qualify to purchase TRS/TRR coverage
3. If you are **NOT** eligible for FEHB, and your spouse is enrolled in FEHB, but you are **NOT** covered under (enrolled in) your spouse's FEHB:
  - You **DO** qualify to purchase TRS/TRR coverage

If you are FEHB eligible, and depending on your qualifying status in DEERS, you may be eligible to enroll in TRS/TRR until your FEHB eligibility begins.

I am Not Eligible for FEHB.

- I certify that I am not eligible for a health coverage plan under 5 U.S.C. 89 (FEHB).
- I understand that should I become eligible for a health coverage plan under 5 U.S.C. 89 (FEHB) I am required to terminate TRS/TRR coverage.
- I understand that periodic validation of my eligibility for a health plan under 5 U.S.C. 89 (FEHB) will be conducted.

I am Eligible for FEHB.

Federal funds are involved in this program and any false claims, statements, comments, or concealment of a material fact may be subject to fine and imprisonment under applicable Federal and State laws.

Verify Federal Employee Health Benefits Eligibility (FEHB). FEHB eligible Soldiers or dependents do not qualify to enroll in TRS.



# Applying for TRS

RCPTA - Purchase Coverage (Select Begin Date) - Internet Explorer provided by New York National Guard

https://pki.dmdc.osd.mil/appj/trs/purchaseCoverage.do

DMDC Reserve Component Purchased TRICARE Application (RCPTA)

Member Info | Purchase Coverage

Select TRS/TRR Coverage Begin Date

Members may choose the start date of coverage based on multiple criteria including:

- Continuously Open Enrollment (beginning on the first day of either of the next 2 months)
- Qualifying Life Event (up to 60 days after marriage, birth, etc. is recorded in DEERS)
- TRR: Continuation Coverage (90 days before or 30 days after Loss of Active Duty TRICARE coverage)
- TRS: Continuation Coverage (90 days before or 30 days after Loss of Active Duty TRICARE coverage)
- Survivor Coverage (Up to 30 days after sponsor's death)

Based on your data in DEERS, you are eligible to enroll on the dates listed below. Please choose the date you wish to start TRS/TRR coverage.

Continuously Open Enrollment: 12-01-2012

Continuously Open Enrollment: 01-01-2013

Submit

Access Member

- Choose start date for benefits to begin.
- The completed signed form and initial premium of two months must be postmarked or received no later than the last day of the month before the coverage begins.
- Soldiers transferring from another form of TRICARE (Prime/TAMP, etc) can process this request up to 30 day prior or 30 days after the end of their previous eligibility.



# Applying for TRS

RCPTA - Enrollment Form (Purchase Coverage) - Internet Explorer provided by New York National Guard

https://pki.dmdc.osd.mil/appj/trs/purchaseCoverage.do

File Edit View Favorites Tools Help

Unvalidated Soldiers RCPTA - Enrollment Form...

**Residential Address:**

Address Line 1:

Address Line 2:

City:

State:

Zip Code:  -

Country:

**Billing Address:**

Same as Residential Address

Address Line 1:

Line 2:

City:

State:

Zip Code:  -

Country:

\* Country is the required field. City, State and Zip Code are also required if United States is selected.

Allow correspondence via E-mail:

**Premium Payment Method:**

Please select a payment method for your initial month's premium. You may also choose to use a credit/debit card (Visa/Mastercard) for initial and ongoing, automatic monthly payments.

For TRS enrollees, if your enrollment takes effect on or after October 1, 2012, you are required to pay an initial two month's premiums.

Effective 1 January 2013, all TRR and TRS enrollees must pay ongoing premium payments in advance on a monthly basis either by credit/debit card or via an Electronic Funds Transfer (EFT). To initiate an EFT, please contact the appropriate Managed Care Support Contractor (MCSC).

If paying by credit/debit card, your card information will only be printed on your request form, and is not being stored.

Check / Money Order / Cashiers Check Initial Payment

VISA / MasterCard Initial Payment

VISA / MasterCard Automatic Payment

Number

**Dependent(s)**

Name	Relation	D.O.B
<input type="text"/>	Sponsor	<input type="text"/>

Confirm address and billing information.



# Applying for TRS

DMDC Information and Technology for Better Decision Making

## DMDC Reserve Component Purchased TRICARE Application (RCPTA)

[Member Info](#) | [Purchase Coverage](#) | [Access Member](#)

### Print and Mail Form

Your FEHB status has been updated in DEERS.

Member must contact the regional contractor to confirm the retroactive enrollment and the actual total premiums due for retroactive effective dates since RCPTA will not calculate retroactive premiums but rather will present amounts based on the full monthly premium.

Please [Click Here](#) for printable version of your form.

If you have problems printing a PDF version of the form, please [Click Here](#) to print an HTML version of the form.

Print your form and mail it to your regional contractor. Should your FEHB status change at any time while you are enrolled in TRS/TRR, you must return to this application and update your FEHB status on DEERS. This application will facilitate your disenrollment at that time.

If your coverage ends because you gain other TRICARE coverage, you will be required to re-enroll in TRS/TRR using this application if you wish to restart your coverage. You must meet all eligibility requirements at that time, including Selected Reserve and FEHB status. You will be able request enrollment 60 days prior to the end of your Active Duty TRICARE benefits. You have 30 days after your TRICARE benefits end to enroll with continuous coverage. If don't request enrollment within 30 days of the end of your active duty benefits, you can enroll under the Continuously Open Enrollment option thereafter.



# Applying for TRS

CONFIRM ALL INFORMATION IS CORRECT INCLUDING PAYMENT METHOD IN BLOCK 6.

SIGN BLOCK 6 AND 7a.

FAX OR MAIL FORM TO ADDRESS LISTED IN BLOCK 6.

RESERVE COMPONENT HEALTH COVERAGE REQUEST	
PRIVACY ACT STATEMENT	
<b>AUTHORITY:</b> 10 U.S.C. 1076d and 1076e. <b>PRINCIPAL PURPOSE(S):</b> This form is used by certain Reserve Component members and retired members to purchase or make changes to coverage under the TRICARE Reserve Select and TRICARE Retired Reserve (TRR) health plan. Please see 32 CFR 199.24(c) and 199.25(b) for a list of eligible beneficiaries. <b>ROUTINE USE(S):</b> In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, disclosures may be made to Federal, State, local and foreign government agencies, private business entities, and individual providers of care on matters relating to entitlement, fraud, program abuse, program integrity, or civil and criminal litigation related to the operation of the TRICARE Reserve Select and TRICARE Retired Reserve programs. <b>DISCLOSURE:</b> Voluntary; however, failure to furnish all requested information will result in the applicant being unable to obtain TRICARE Reserve Select or TRICARE Retired Reserve health plan coverage.	
<b>INSTRUCTIONS</b> Please review the information in Block 1 for accuracy and provide corrections in Block 2. Then, verify the information printed in Blocks 3 - 6 and sign Block 6 if paying initial payment by Visa or Mastercard. Finally, sign in Block 7 and submit to address in Block 6 along with correct payment. Submission of this form does not automatically result in a requested action. You must meet all qualifications and follow all procedures. <b>POLICY PREMIUMS:</b> Premiums are updated annually. Obtain current premium rates from <a href="http://www.tricare.osd.mil">www.tricare.osd.mil</a> .	
<b>MEMBER INFORMATION:</b> If any of this information is incorrect, please make corrections on this form. If you have family members not listed below you want covered, please contact a RAPIDD Office (Military Identification Card Issuing Office) to determine their eligibility status in DEERS. Visit <a href="http://www.dmd.osd.mil/deers/home">www.dmd.osd.mil/deers/home</a> to locate your nearest RAPIDD office. If there are family members listed below that you do not wish covered, please draw a single line through their names. Failure to provide accurate information in DEERS may result in delays in enrollment, treatment, or claims processing.	
<b>1. INFORMATION IN DEERS</b> Sponsor's SSN: Sponsor's Name: Sponsor's DOB: Affected Family Members: Christopher Anthony	<b>2. CORRECTIONS AND UPDATES TO DEERS INFORMATION</b> Home Address:  Billing Address: same as home address.
<b>3. REQUESTED EFFECTIVE DATE (YYYYMMDD)</b>	12-01-2012
<b>4. PROGRAM QUALIFIED FOR</b>	TRS
<b>5. REQUESTED ACTION</b>	Purchase TRS Member-Only Coverage
<b>6. INITIAL PREMIUM PAYMENT METHOD:</b> (select one if purchasing coverage in Block 5) HNFS Enrollment Department PO Box 105402 Atlanta, GA 30348-5402 Fax: 1-888-299-4114 <b>PREMIUM AMOUNT DUE NOW:</b> \$ 105.97	
<input checked="" type="checkbox"/> CHECK / MONEY ORDER / CASHERS CHECK. (Enclose applicable premium payable to.) <input type="checkbox"/> VISA/MASTERCARD INITIAL PAYMENT ONLY (NOT monthly payments). <input type="checkbox"/> VISA/MASTERCARD INITIAL AND AUTOMATIC MONTHLY PAYMENTS. VISA/MASTERCARD Number: _____ Exp. Date: _____ Cardholder Signature: _____	
<b>7. APPLICANT'S SIGNATURE AND DATE:</b> By signing this form, the applicant understands that it is his/her responsibility to comply with all TRICARE Reserve Select or TRICARE Retired Reserve procedures. The applicant certifies that the information provided on this form is true, accurate, and complete. <input checked="" type="checkbox"/> I certify that I am not eligible for a health coverage plan under 5 U.S.C. 89 (FEHB) (not applicable to surviving family members). <input checked="" type="checkbox"/> I understand that should I become eligible for a health coverage plan under 5 U.S.C. 89 (FEHB) I am required to terminate TRS or TRR coverage (not applicable to surviving family members). <input checked="" type="checkbox"/> I understand that periodic validation of my eligibility for a health plan under 5 U.S.C. 89 (FEHB) will be conducted (not applicable to surviving family members). Federal funds are involved in this program and any false claims, statements, comments, or concealment of a material fact may be subject to fine and imprisonment under applicable Federal and State laws.	
<b>a. SIGNATURE</b>	<b>b. DATE</b>

FORM 2896-1, JUL 2010

PREVIOUS EDITION IS OBSOLETE.

Adobe Designer 8.0

(Autosaved).... | Inbox - Microsoft ... | Blank Page - Inter... | Unvalidated Soldie... | generatePdf.pdf



# Submitting the Form

- Faxing- Ensure you keep a copy of the fax confirmation to show what date it was sent over.
- Failure to provide forward form or provide accurate payment will delay the enrollment.



# Loss of TRS Eligibility

- Separates from the National Guard or enters ING.
- Is called to active duty (including ADOS over 30 days).
- Becomes eligible for FEHB.
- Failure to pay monthly premiums.



# Disenrollment

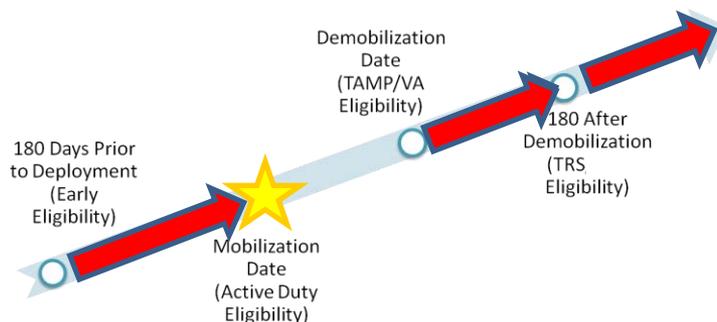
- Voluntary disenrollment
  - Must logon to DMDC website and complete the disenrollment form.
  - Must be submitted to TRICARE.
- One year Purchase Lockout
  - Failure to pay premiums.
  - Failure to complete disenrollment process.



# TRICARE Dental Program

## Traditional Soldier Premiums:

Enrollee	Cost/ Month
Soldier	\$10.66
One Family Member, Not Soldier	\$26.64
Two or more Family Members, Not Soldier	\$79.91
Soldier and Family	\$90.57





# TRICARE Dental Program

- Met Life program
- Active or inactive status
- How to enroll:
  - Online: Beneficiary Web Enrollment site
  - By Mail: Enrollment/change authorization document
  - By Phone: 1-855-MET-TDP1 (1-855-638-8371)
- Cost Shares



# Other TRICARE Programs

- TRICARE Young Adult
  - Not married, over 21 but under 26
  - Not eligible for other TRICARE or employee sponsored Health Benefits
  - Sponsor must be enrolled in TRICARE
- TRICARE Retired Reserves
- TRICARE Retiree Dental Program
  - Delta Dental



# Yellow Ribbon

# Questions?



# References

CW2 Stephanie Spanton- 518-272-6469

SFC David Glidden 518-272-6416

SSG John Collins- 518-272-6446

SSG Scott St. Onge - 518-272-6444

SSG Nathan Williams- 518-272-6466

SGT Brad Provost- 518-272-6452

SGT Paul Croteau- 518-272-6481

CPL Brendan Hewson- 518-272-6470

MNP Webportal: <https://www.us.army.mil/suite/page/553732>

MNP-LOD Webportal <https://www.us.army.mil/suite/page/555483>

Health Services milWiki:

[https://www.milsuite.mil/wiki/Portal:NYARNG\\_MNP\\_Procedural\\_Guide/MNP-HS](https://www.milsuite.mil/wiki/Portal:NYARNG_MNP_Procedural_Guide/MNP-HS)

Military One Source [www.militaryonesource.com](http://www.militaryonesource.com)

Health Net: 1-877-TRICARE

US Family Health Plan: 1-888-241-4556

TRICARE Dental(MetLife): 1-855-638-8371

United Concordia: 1-888-622-2256