

# **The Department of Defense Federal Employees Health Benefits Program (FEHBP) Demonstration Project: Frequently Asked Questions**

The three-year Department of Defense Federal Employees Health Benefits Program (FEHBP) demonstration project will end on December 31, 2002. After this date, you will no longer have health care coverage under this demonstration project, but be assured that TRICARE is here for you.

These Frequently Asked Questions were developed to help you understand the end of the FEHBP demonstration project and to provide you with information on your other health care options.

## **Q1. Why is the FEHBP demonstration project ending?**

A1. The FEHBP demonstration project is a three-year congressionally mandated demonstration project. This demonstration project began on January 1, 2000 and will end on December 31, 2002. These dates were established in the legislation that created the demonstration project.

## **Q2. Will there be any continuation of FEHBP coverage after the FEHBP demonstration project ends?**

A2. No. After December 31, 2002, you will no longer have any health care coverage under the FEHBP demonstration project. Effective, January 1, 2003 your health care eligibility through TRICARE will resume.

## **Q3. When is my last premium payment due for the FEHBP demonstration project?**

A3. Your last payment due date for December's coverage will depend on your method of payment. If you use:

- **Direct bill option:** Your payment will be due the end of November.
- **Credit Card:** You will have a payment charged to your credit card account in December.
- **Electronic Funds Transfer:** A withdrawal from your account will be processed in December.

- **Allotment:** You will have a deduction from your January 2003 check to cover the premium for December's coverage.

**Q4. Do I need to disenroll from the FEHBP demonstration project?**

A4. No. You may remain enrolled in the FEHBP Demonstration Project through December 31, 2002. However, effective 12:00 AM on January 1, 2003, you will automatically be disenrolled from the FEHBP demonstration project. There is no additional paperwork for you to complete.

If you want to disenroll from the FEHBP demonstration project before December 31, 2002:

- Complete the enclosed disenrollment form and return it to:  
Information Processing Center  
C/o IFMC  
P O Box 71547  
Clive, Iowa 50325-0547
- You may also fax the form to 1-515-440-8670.
- Be sure to include social security numbers. You must sign the form.
- Your enrollment will end at midnight on the last day of the month your request is received. For example, if you sent in your disenrollment request on the October 20, 2002 you will be disenrolled effective November 1, 2002.

**Q5. What are my health care options after the FEHBP demonstration project ends on December 31, 2002?**

A5. Your health care options will vary according to where you live and your beneficiary category. Please make sure that your military ID is current so your eligibility can be verified.

**Q6. How do I check my eligibility?**

A6. Maintaining your TRICARE eligibility is the most important step you can take to ensure you and your family members are eligible for health care. To obtain or renew an ID Card that shows your eligibility status, the sponsor must initiate the paperwork in person at the nearest ID Card facility. The sponsor needs proof of marriage or proof of divorce (if applicable) for the spouse, proof of birth for children, and proof of dependency for other dependents. More information about DEERS can be obtained online at: <http://www.tricare.osd.mil/deers/>. Questions and additional information may be obtained by calling DEERS Customer Service at 1-800-538-9552

**Q7. I am a Military Health System beneficiary and am age 65 (or older), Medicare-eligible and have Medicare Part B. What are my health care options when the FEHBP demonstration project ends?**

A7. You are eligible for TRICARE for Life. TRICARE For Life operates as a second payer to Medicare and provides comprehensive health care coverage for Uniformed Services retirees and other eligible beneficiaries who are Medicare-eligible and have purchased Medicare Part B.

There is no fee for TRICARE for Life. However, you need to:

- Pay your monthly Medicare Part B premium. This monthly premium for Medicare Part B is automatically deducted from your Social Security check once you enroll in Medicare Part B.
- Ensure your military ID card and DEERS information is current, so your eligibility can be verified and your claims processed.
- Notify us if you have other health insurance coverage and whether or not you plan on keeping this other health insurance.

**Q8. I am a Military Health System beneficiary who is over age 65 and Medicare-eligible. But I do not have Medicare Part B. What are my health care options when the FEHBP demonstration project ends?**

A8. By law, in order to be eligible for TRICARE for Life, Medicare-eligible beneficiaries must be enrolled in Medicare Part B. TRICARE for Life operates as a secondary payer to Medicare.

**Q9. How do I enroll in Medicare Part B if I did not enroll when I first became Medicare-eligible?**

A9. Beneficiaries in the FEHBP demonstration project that only have Medicare Part A will be given an opportunity to purchase Medicare Part B during a Special Enrollment Period that will be announced at a later date. Individuals who enroll in Medicare Part B during the Special Enrollment Period will have Medicare Part B coverage effective January 1, 2003 and will then be able to participate in TRICARE For Life.

**Q10. Will I have to pay a penalty if I enroll in Medicare Part B during this Special Enrollment Period?**

A10. Your Medicare Part B premium may increase 10 percent for each 12 month period that you could have had Medicare Part B, but did not take it. For example, in 2002, the Medicare Part B premium is \$54 per month. If you delayed enrolling in Medicare Part B for 24 months from the time you first could have had Medicare Part B, your premium in 2002 would be \$64.80 per month.

For more information on the Special Enrollment Period, please call the FEHBP Customer Care Center at 1-877-363-3342 (English) or 1-866-363-3342 (Spanish).

**Q11. I am a Military Health System beneficiary who is under age 65 but Medicare-eligible due to disability. What are my health care options when the FEHBP demonstration project ends?**

A11. Beneficiaries who are under age 65 and Medicare eligible because of disability must be enrolled in Medicare Part B in order to be eligible for TRICARE coverage. If you do not have Medicare Part B, refer to Questions 9 & 10 above for more information about a Special Enrollment Period for you to enroll in Medicare Part B.

Your health care options vary and are affected by where you live. Your options may include:

TRICARE Prime: This is a health maintenance organization model where you are assigned (or select) a primary care physician at the nearest military treatment facility (MTF) or a civilian provider, depending on capacity within the MTF. Your primary care physician will oversee all of your health care needs and provide you with referrals if necessary.

Note: TRICARE Prime is not available at all locations; contact the regional managed care support contractor (MCSC) to determine whether Prime is available where you live.

TRICARE Extra: This option functions like a preferred provider organization that allows you to choose your physicians as long as they are part of the TRICARE provider network. Note, TRICARE Extra is not available at all locations; contact the regional managed care support contractor (MCSC) to determine whether Extra is available where you live.

TRICARE Standard: This is a fee-for-service program that allows you to see any TRICARE authorized provider. You will be required to file claims for services provided by a non-network provider. You will have higher out of pocket cost shares with the Standard option than you would have under TRICARE Prime or TRICARE Extra. Some outpatient procedures, certain specialized or expensive treatments may require beneficiaries to obtain non-availability statements from nearby military treatment facilities (MTFs) before using TRICARE Standard.

**Q12. I am a Military Health System beneficiary who is under age 65 and not Medicare-eligible. What health care options do I have when the FEHBP demonstration project ends?**

A12. Your health care options vary by the plan selected, beneficiary category and your location. Your options may include:

TRICARE Prime: This is a health maintenance organization model where you are assigned (or select) a primary care physician at the nearest military treatment facility. Your primary care physician will oversee all of your health care needs and provide you with specialty care referrals as necessary.

Note: TRICARE Prime is not available at all locations; contact the regional managed care support contractor (MCSC) to determine whether Prime is available where you live.

TRICARE Extra: This option functions like a preferred provider organization that allows you to choose your physicians as long as they are part of the TRICARE provider network. Note: TRICARE Extra is not available at all locations; contact the regional managed care support contractor (MCSC) to determine whether Extra is available where you live.

TRICARE Standard: This is a fee-for-service program that allows you to see any TRICARE authorized provider. You will be required to file claims for services provided by a non-network provider and you will have higher out of pocket cost shares with the Standard option than you would have under TRICARE Prime or TRICARE Extra. Some outpatient procedures, certain specialized or expensive treatments may require beneficiaries to obtain non-availability statements from nearby military treatment facilities (MTFs) before using TRICARE Standard

**Q13. Am I eligible for Pharmacy benefits when the FEHBP demonstration project ends?**

A13. Yes. TRICARE offers several convenient ways for you to have prescriptions filled depending on your specific needs. You must be registered in the Defense Enrollment Eligibility Reporting System (DEERS) to use the TRICARE Pharmacy benefit.

NOTE: Beneficiaries who were age 65 before April 1, 2001, do NOT have to enroll in Medicare Part B to use the mail order or retail pharmacy benefits. Those who turned age 65 on or after April 1, 2001, MUST be enrolled in Medicare Part B in order to use the mail order and retail pharmacy benefits.

<u>Place of Service</u>	<u>Your Cost</u>	<u>Your Cost</u>
	<u>Generic Drugs</u>	<u>Brand Name</u>
<b>Military Treatment Facility (MTF)</b>	\$0	\$0
<b>National Mail Order Pharmacy (up to a 90-day supply)</b>	\$3	\$9
<b>TRICARE Retail Networks (up to a 30-day supply)</b>	\$3	\$9
<b>Non-Network Pharmacies</b>	20% or \$9 (whichever is greater). Annual deductibles apply and point of service fees apply: <u>TRICARE Prime:</u> Prime \$300 person/600 family. Prime POS fee is 50% of the cost. <u>TRICARE Extra:</u> \$150 person/\$300 family <u>TRICARE Standard:</u> \$150 person/\$300 family	

**Q14. Am I eligible for Dental benefits when the FEHBP demonstration project ends?**

A14. Yes. You are eligible for comprehensive dental benefits under the TRICARE Retiree Dental Program (TRDP) but you need to enroll in the program and pay the premiums. Benefits include diagnostic services, preventive services, basic and major restorative services, endodontic and periodontic services, prosthodontic services, orthodontics, oral surgery, anesthesia, drugs and post-surgical services, and emergency services.

Beneficiaries enrolled in the dental plan are responsible for paying the full cost of the premiums in order to obtain the dental insurance. For more information on the Dental program, please call Delta Dental Customer Service at 1-888-336-3260 or check their website at [www.ddpdelta.org](http://www.ddpdelta.org)

**Q15. Where can I go if I have questions about Medicare supplement (Medigap) insurance?**

A15. Medicare supplement insurance, also called Medigap policies, generally pays for some or all of the Medicare's coinsurance and copayment amounts, and some or all deductibles. Some Medigap policies also pay for services not covered by Medicare.

Since the FEHBP demonstration project is ending, if you are age 65 or over, you have a temporary right to buy Medigap policies A, B, C or F, if they are sold in your state. You must apply for a Medigap policy no later than 63 calendar days after your health coverage under the FEHBP demonstration project ends. For more information on Medigap policies or Medicare, please call Medicare at 1-800-633-4227. For specific information on Medigap policies sold in your area, the Medicare helpline can direct you to your local State Health Insurance Assistance Program (SHIP).

NOTE: If you are under age 65 but Medicare-eligible due to disability, you will be able to purchase Medigap policies A, B, C, or F, if these policies are sold to Medicare-eligible beneficiaries under the age of 65 in your state.

**Q16. Will I need a supplemental insurance policy if I am eligible for TRICARE For Life?**

A16. The Department of Defense cannot instruct beneficiaries to keep or drop Medicare supplemental insurance; however, TRICARE For Life essentially provides wraparound health care coverage similar to supplemental policies, yet TRICARE For Life has no premium costs.

**Q17. What if I have questions?**

A17. There are number resources available to get your questions answered:

- If you have questions regarding the **FEHBP Demonstration Project**, please call the FEHBP Customer Care Center from 9:00 am-7:30 pm Eastern Standard Time at 1-877-363-3342 (English) or 1-866-363-3342 (Spanish). Or visit the web site at [www.tricare.osd.mil/fehbp/](http://www.tricare.osd.mil/fehbp/)

- If you have general questions regarding the **TRICARE for Life Program**, please call DoD Life at 1-888-363-5433 (English) or 1-866-363-5433 (Spanish). Or visit the web site at [www.tricare.osd.mil/tfl/](http://www.tricare.osd.mil/tfl/)
- For **general TRICARE information**, please call your regional Managed Care Support Contractor (MCSC), the local TRICARE Service Center (TSC) or TRICARE at 1-800-874-2273. Or visit the web site at [www.tricare.osd.mil/beneficiary/](http://www.tricare.osd.mil/beneficiary/)
- For questions regarding your **DEERS record or military ID card**, please call DEERS at 1-800-538-9552. Or visit the web site at <http://www.tricare.osd.mil/deers/>.
- For **pharmacy** questions, please call DoD Meds at 1-877-363-6337 (English) or 1-866-363-6337 (Spanish). Or visit the web site at [www.tricare.osd.mil/pharmacy/](http://www.tricare.osd.mil/pharmacy/)
- For information regarding the **DoD Mail Order Pharmacy Program**, please call Merck Medco at 1-800-903-4680. Or visit the web site at [www.tricare.osd.mil/pharmacy/nmop.cfm](http://www.tricare.osd.mil/pharmacy/nmop.cfm)
- For questions on the **TRICARE Retiree Dental Program**, please call Delta Dental Customer Service at 1-888-336-3260 Or visit the web site at [www.ddpdelta.org](http://www.ddpdelta.org)
- For **MEDICARE** questions, please call 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048 Or visit the web site at [www.medicare.gov](http://www.medicare.gov)