



National Guard and Reserve *Briefing FAQ Guide*

Last updated Aug. 1, 2019

Early Eligibility/TAMP

Q1: When does early eligibility kick in?

A1: Eligibility begins up to 180 days before the sponsor reports for active duty or the date when the orders are issued, whichever is later. The coding of “early eligibility” in DEERS, is the responsibility of the branch of service. The sponsor needs to address eligibility issues with their Unit’s point of contact. All activating National Guard and Reserve sponsors and their eligible family members become eligible for TRICARE purchased care coverage as soon as they show as eligible in DEERS. Depending on where they live, family members will be automatically enrolled in TRICARE Prime or TRICARE Select. The family should contact the regional contractor to confirm enrollment.

For those with other health insurance (OHI), TRICARE becomes primary for the active duty sponsor once early eligibility starts. If the family has OHI, TRICARE becomes secondary.

If the orders are rescinded prior to the report date, then TRICARE coverage ends on the effective date the orders are rescinded. You may qualify to purchase TRS or you may wish to talk to your employer about getting an employer-based health plan reinstated.

Q2: When early eligibility ends and the orders start, do I need to re-enroll my family members into TRICARE Prime/Select?

A2: You do not have to re-enroll family members; however, it’s important to always verify coverage when status or eligibility changes. We recommend the spouse/family member log in to [milConnect](#) to verify enrollment is how they want it.

Q3: Do the orders have to be “cut and in hand” or published for the service member and family members to have early-eligibility TRICARE coverage?

A3: It depends on when and how the branch of service enters the orders into DEERS. Some get the full 180 days, others only a week. The sponsor needs to address eligibility issues with their Unit’s point of contact.

Q4: Does the Guard/Reserve service member get notified when early eligibility (or Transitional Assistance Management Program [TAMP]) begins?

A4: They should be notified of such changes based on orders provided by their branch of service; however, it is ultimately the beneficiary’s responsibility to ensure eligibility is recorded/updated correctly in DEERS based on branch of service orders.

HF0819x006 (08/19)



Q5: What do I do when my Command did not get our coverage activated for early eligibility (orders were not in DEERS system)? How do I get coverage or bills paid prior to activation?

A5: Eligibility begins on the date the branch of service issues the orders or up to 180 days before the sponsor reports for active duty, whichever is later. The coding of “early eligibility” in DEERS is a branch of service responsibility and the sponsor needs to address eligibility issues with their Unit’s point of contact. Our claims systems pull eligibility and plan enrollment information from DEERS, so once DEERS is up to date, claims can be processed for reimbursement. Claims must be submitted to the regional contractor within one year (CONUS)/within two years (OCONUS).

Q6: What does a Guard/Reserve soldier or family member do when he/she is auto-enrolled during early eligibility or TAMP and the plan the family members are placed into is not the plan they wanted?

A6: As this enrollment is based on a status change, it qualifies as a qualifying life event (QLE). When auto-enrolled to a plan, beneficiaries then have 90 calendar days to request a change to their enrollment.

Q7: TAMP – When transitioning from ADSM to Reserves, who determines eligibility, the losing Unit or gaining Unit?

A7: Eligibility is determined by the orders for that service time frame. While on ADSM orders, the active duty Unit determines eligibility. The active duty Unit must properly code TAMP in the service member’s DEERS record. Once transitioned to Reserves, the Reserve Unit determines eligibility. There must be no break in service dates. Eligibility issues must be addressed with the Unit.

Enrollment

Q1: Am I automatically enrolled into TRICARE when I go to boot camp?

A1: For activated members of the Selected Reserve, refer to the Early Eligibility FAQs on p. 1. Non-activated members of the Selected Reserve may qualify to purchase TRS for themselves and their family members. Non-activated service members may also have line-of-duty coverage, which is limited to injuries, illnesses and diseases incurred when drilling or called or ordered to service for 30 days or less.



Q2: Is my family eligible while I am in boot camp?

A2: For activated members of the Selected Reserve, refer to the Early Eligibility FAQs. Non-activated members of the Selected Reserve may qualify to purchase TRS for themselves and their family members.

Q3: Do I need to re-enroll in TRS after boot camp?

A3: Non-activated members of the Selected Reserve may qualify to purchase TRS for themselves and their family members. For activated members, once active duty ends, sponsors and family members may become eligible for transitional benefits. Transitional benefits include the premium-free Transitional Assistance Management Program (TAMP) and the premium-based Continued Health Care Benefit Program (CHCBP). TAMP eligibility is determined by the services, so eligibility questions should be directed to each Unit's personnel.

When released from active duty, the sponsor's status in DEERS changes. You may elect to re-enroll in TRS, if eligible. You have 90 days from last date on active duty to re-enroll in TRS.

Q4: Do I have to re-enroll myself or my family into TRICARE Prime/TRICARE Select when I activate? Do we have to re-enroll in TRS when I deactivate?

A4: When a reservist is activated and showing activated in DEERS, the sponsor is automatically enrolled in Prime (or TPR) and the family members are automatically enrolled in Prime or Select based on where they live. Once the sponsor knows his/her deactivation date and it's recorded in DEERS, he/she will need to re-enroll sponsor and family in TRS to avoid any lapse in coverage.

Q5: Can I just enroll my child or spouse in TRS?

A5: TRS enrollment for any family member requires that the sponsor be enrolled.

Q6: When can I re-enroll? I had a unique circumstance that caused my payment to not process. Is there any way I can dispute this?

A6: Depending on the unique circumstance and how much time has elapsed, re-enrollment may be allowed. Contact your region's TRICARE contractor to determine if the unique circumstance would allow re-enrollment. Usually you have 90 calendar days to correct the situation and pay enough to cover the back premiums missed and the two-month re-enrollment premiums.

Q7: Do I have to pay Group B Select enrollment fees when on TRS?

A7: Yes. TRS enrollment premiums/fees are based on Group B rates even if you enlisted prior to Jan. 1, 2018.



Q8: Upon activation, do I have to initiate a refund for my TRS premiums or will it occur automatically?

A8: The refund should occur automatically within 30 calendar days; however, it is ultimately the beneficiary's responsibility to ensure it has been initiated.

Q9: Can I opt for the regional TRICARE contractor to hold my premiums so I can use them to re-enroll upon my deactivation?

A9: At time of deactivation, your region's TRICARE contractor is required to refund all overpayments greater than \$1.

Q10: Am I locked in for 12-months when I enroll in TRS?

A10: There is no "lock-in" requirement.

Q11: Who do I call if Beneficiary Web Enrollment (BWE) says I am not eligible or I make a mistake enrolling online?

A11: For eligibility issues, contact your Unit's point of contact. You can also contact the DEERS Support Office to ensure the branch of service has updated your eligibility information. For assistance with TRICARE plan enrollment, visit your region's website (www.tricare-west.com) or contact the MCSC, if needed.

Q12: Can I make payments on the initial enrollment fee?

A12: The full two-month enrollment fee is required at time of initial enrollment.

Benefits

Q1: How/where do I find a provider? Can I keep my same doctor?

A1: Use the online network provider directory at www.tricare-west.com to locate providers in the West Region. Humana Military (East Region) offers its network provider directory at www.tricare-east.com.

Q2: How do I know what is and isn't covered?

A2: Refer to the "Is it Covered" wizard at www.tricare.mil.



Q3: Do I have to go through the military for mental health?

A3: No, but active duty service members must have a referral from their primary care provider for all civilian mental health services, except for services authorized under Military OneSource, prior to receiving services from a TRICARE-authorized provider.

Q4: How do I get my family member on the ECHO benefit?

A4: Health Net Federal Services, LLC (HNFS) offers ECHO enrollment information at www.tricare-west.com. On the beneficiary portal, look for “Care Management Programs” on the Wellness tab. HNFS also offers an ECHO enrollment flyer on the “Handbooks and Brochures” resources page.

Q5: Can I use a Dental Treatment Facility (DTF) while on United Concordia (UCCI) for myself or family?

A5: It depends.

TAMP: Guard/Reserve members eligible for TAMP and who served for more than 30 consecutive days for a federal preplanned mission or in support of a contingency operation, keep ADDP benefits during TAMP and may use the DTF or UCCI network providers based on DTF availability. This coverage is only for the sponsor and all orthodontics, implants and certain complex treatments require prior approval AND treatment has to be completed within the TAMP period.

Guard/Reserve not on TAMP (and TRICARE-eligible), ADFMs, Transitional Survivors and Guard/Reserve family members: These populations may purchase the TRICARE Dental Program thru UCCI). TDP users would not be using the DTF.

Q6: Can I use an MTF pharmacy while on TRS?

A6: All TRICARE eligible and direct care beneficiaries have access to the MTF pharmacy. As with all MTF care, ADSM are treated first, then beneficiaries on Prime, then ADFM Select and TRS, then retirees and their families on Select, then all other beneficiaries, i.e., non-TRICARE covered Direct Care beneficiaries.



Retirement

Q1: Do I have to wait until my 60th birthday to receive retirement benefits?

A1: The retired Guard/Reserve member may qualify to receive retired pay prior to age 60 based on hours worked and where those hours were worked as an ADSM; however, the retiree benefits (TRICARE Prime or Select) begin on the sponsor's 60th birthday.

Q2: When a reservist is coming off an activation (a TAMP-qualifying deployment) and the date for retirement is during the 180 days, which benefit supersedes ... TAMP or retirement?

A2: The retirement date should supersede the TAMP date. The service member must enroll in TRICARE Retired Reserve within 90 days of the end of active service date for no break in coverage.

Briefings

Q1: How come HNFS can only be onsite at Yellow Ribbon events for one or two hours when the event lasts eight hours?

A1: The TRICARE Health Plan (THP) oversees the Guard/Reserve briefing hours allotted. THP has set a standard of one hour per Yellow Ribbon, National Guard or Reserve brief for the regional contractor to follow. Additional hours may be requested, but are subject to review by THP for final determination. Visit www.tricare.mil/briefings >TRO Briefing Request to request a briefing.

Q2: Why doesn't HNFS conduct the early eligibility or TAMP briefing at the beginning of those benefit periods as opposed to the end of those benefit periods?

A2: HNFS provides briefing requests as requested by the Unit or Command. Yellow Ribbon events are generally combined events (pre-, during and post-deployment), and the briefings are delivered accordingly in breakout sessions. Visit www.tricare.mil/briefings >TRO Briefing Request to request a briefing.