

TRICARE East Region: Beneficiary Eligibility FAQs

What action do I need to take when relocating?

You and your covered dependents will remain covered by your current plan while in route to your new location. Once you arrive at your new location, contact your regional contractor for your new location for [eligibility and enrollment](#) assistance.

What are Qualifying Life Events (QLE)?

A [QLE](#) is a certain change in your life, such as marriage, birth of a child, moving or retirement from active duty, which may mean different TRICARE health plan options are available to you. A QLE opens a 90-day period for you to make eligible enrollment changes. A QLE for one family member means all family members may make enrollment changes.

How do I check my TRICARE eligibility status?

Eligibility can be verified through beneficiary self-service, our mobile app, milConnect or calling us.

Why are my eligible TRICARE plan options limited?

Your benefits and plan options will vary depending on whether you are a sponsor (active duty, retired or National Guard and Reserve) or a family member (spouse or dependent) enrolled in the Defense Enrollment Eligibility Reporting System (DEERS).

Is it OK for a provider to photocopy military ID cards?

Yes. Providers are permitted to make a copy of both sides of the ID card for their office patient file.

Note: A DoD ID number is **not acceptable** for claims submissions.

How do I show my eligibility?

To show TRICARE eligibility, present either a Common Access Card (CAC), military ID card or eligibility letter at the time of service.

How do I update my information?

You should use the [Defense Enrollment Eligibility Reporting System](#) to keep all information accurate and up-to-date to use your TRICARE benefits.

Who can I contact with my medical coverage concerns (claims, referral/authorization, change provider, etc.)?

Chat and secure messaging is available through your beneficiary self-service account. Or, call us at (800) 444-5445 open Monday – Friday, 8AM – 6PM. Review the [Phone Menu Shortcut Guide](#) to improve your call experience.

How can I cover my newborn or adopted child in TRICARE?

Register your child in DEERS and enroll your child in a TRICARE plan. See [Giving Birth or Adopting](#).

How do I add or remove family members from TRICARE?

Adding or removing family members is processed through DEERS. See [How to Update DEERS](#).

How long will my children remain covered under TRICARE?

Dependent children are eligible for TRICARE until age 21, or age 23 if enrolled full-time in college. A dependent child who does not meet the criteria above may qualify to purchase TRICARE Young Adult (TYA) – up to age 26. See [Children](#) for more information.

How long can my child be covered if he or she has disabilities?

If your child is severely disabled or incapacitated, contact your service branch's Exceptional Family Member Program (EFMP) representative or visit [Military One Source Special Needs](#).

Does a former spouse qualify for TRICARE under the "20-20-20" or "20-20-15" rule?

Scenarios for maintaining TRICARE coverage under the unmarried former spouses rule are outlined at [TRICARE.mil](#) under the Former Spouses section.

What are the reasons for a beneficiary losing TRICARE eligibility?

To review how eligibility may be lost, see [Reasons You May Lose Eligibility](#).



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What does Direct Care Only (DCO) eligibility mean?

If not enrolled in a plan, you will have DCO. Direct care is care received at a military hospital/clinic on a space-available basis only. Until you are enrolled in a plan, you will not be eligible for any civilian care to include, using a Retail Network Pharmacy or Express Scripts Home Delivery.

What is the Continued Health Care Benefit Program (CHCBP)?

The CHCBP is a premium-based plan that offers temporary transitional coverage after TRICARE eligibility ends, acting as a bridge between military health benefits and your new civilian health plan. Visit [Continued Health Care Benefit Program \(CHCBP\)](#) for more information regarding qualification, enrollment, cost and getting care.

Who is eligible for Supplemental Health Care Program (SHCP)?

[Supplemental Health Care Program \(SHCP\)](#) provides coverage for services provided by civilian doctors. Active Duty Service Members (ADSM) whose duty assignment is within 50 miles of a military hospital or clinic may be eligible for care under SHCP.

What is the Transitional Assistance Management Program (TAMP)?

The [Transitional Assistance Management Program \(TAMP\)](#) provides 180 days of health care benefits after regular TRICARE benefits end. These benefits help with your transition.

How do I enroll in a TRICARE plan?

You can enroll through [Beneficiary Web Enrollment \(BWE\)](#) if you are a new enrollee or have had a QLE.

Be sure to confirm your eligibility and ensure your information is up-to-date by visiting DEERS before enrolling.

What other features does BWE have?

You can also make changes to your Primary Care Manager (PCM), pay enrollment fees and add Other Health Insurance (OHI) if applicable. Please note that a Common Access Card (CAC), DFAS (MyPay) Account, or a DoD Self-Service Logon is required to log in to BWE.



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Who is eligible for Extended Care Health Option (ECHO)?

Certain beneficiaries who are diagnosed with moderate or severe intellectual disability, a serious physical disability or an extraordinary physical or psychological condition may qualify for ECHO.

Visit [Extended Care Health Option](#) for additional eligibility requirements.

Where can I find TRICARE enrollment fees, premiums and other cost information?

Visit [Costs](#) to find copayments, fees and payment options.

How do I request a proof of insurance or letter of eligibility?

Through "Proof of Insurance" on [milConnect](#), you can generate, save and print an Eligibility Letter that provides proof of current TRICARE coverage.

- Sponsors can access Eligibility Letters for themselves and for their eligible family members
- Family members can only access their own Eligibility Letters

You may also submit a request via mail or fax with the following information:

- Sponsor's name and Social Security Number
- Name of all family members to be included on the letter
- Name and address of the person the request should be sent to
- Signature of the requestor

Fax the request to (800) 336-4416 or (502) 335-9980 or mail it to the Defense Manpower Data Center (DMDC) at the following address:

DMDC Support Office
400 Gigling Road
Seaside, CA 93955

Who is eligible for Prime travel reimbursement?

Non-active duty beneficiaries who are enrolled in TRICARE Prime or Prime Remote and were referred by their PCM for non-emergent, medically-necessary specialty care at a location more than 100 miles (one way) from their PCM's office, may be entitled to the TRICARE Prime Travel Benefit (PTB).

Visit [Prime Travel Benefit](#) for additional information.

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How do I report or remove Other Health Insurance (OHI) from my record?

You can report and update your OHI to minimize any delay in processing claims through the following methods:

Phone: (800) 444-5445

In person: Visit your uniformed services identification card-issuing facility.

Email: TRICAREOHIUpdate@humanamilitary.com

Mail: TRICARE East Region

PO Box 8923

Madison, WI 53708-8923

Fax: (608) 221-7536

[OHI questionnaire](#)

Failure to update OHI details with your provider(s) or Humana Military may result in TRICARE denying your claims.

When is TRICARE Open Season this year?

Open Season (TRICARE's annual open enrollment period) begins each year on the Monday of the second full week in November to the Monday of the second full week in December for beneficiaries enrolled in or eligible for Prime or Select.

Can I access my enrollment card on the mobile app or self-service?

Yes. Mobile app: choose Coverage tab on the Eligibility screen. Once on this screen, the enrollment card can be found in the Your Information section at the bottom.

Self-service: under eligibility, Print enrollment card will pull up a print ready version.

Note: This option is plan specific and may not show for all beneficiaries.

What features are found through self-service and the mobile app?

Through beneficiary self-service, you can:

- Make a payment
- View claims
- Verify eligibility and program details
- View program deductible and catastrophic cap
- View or change PCM (if applicable)
- View Care Management Dashboard (if applicable)
- Check referral status (real-time)
- Find a provider / telemedicine options
- Update communication preferences
- Manage account settings
- Start a chat or send a secure message with our customer service representatives – features are not available on mobile app (Chat available Monday – Friday 8AM – 6PM; secure messaging can be utilized 24 hours a day, seven days a week)

Note: Visit [Tutorials](#) and [Mobile application FAQ](#) for more information.

How does TRICARE work with Medicare?

In most cases TRICARE is secondary coverage for beneficiary's eligible for Medicare Part A and B coverage. Visit [Beneficiaries Eligible for TRICARE and Medicare](#) and [Becoming Medicare-Eligible](#) for more information.

Who is eligible for TRICARE for Life (TFL)?

TRICARE-eligible beneficiaries who have both Medicare Part A and B are eligible for TFL. For TFL inquiries, please call (866) 773-0404 TDD (866) 773-0405.



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What are the eligibility guidelines for dual eligible beneficiaries?

Dual eligibility requires enrollment with Medicare Part A and/or B coverage:

- Dual-eligible beneficiaries under age 65 (retirees and their dependents who have Medicare Parts A and B) have TRICARE for Life (TFL) coverage but may elect to enroll in TRICARE Prime
- Dual-eligible beneficiaries who are Active Duty Family Members (ADFM) regardless of age, also have TFL but may elect to enroll in TRICARE Prime or TRICARE Select

Beneficiaries who are Active Duty Family Members (ADFM) regardless of age, also have TFL but may elect to enroll in TRICARE Prime or TRICARE Select.

What happens to my TRICARE eligibility/coverage after I retire?

You have 90 days after your retirement date to enroll in a TRICARE health plan with no break in coverage. See [Life Events-Retiring](#) for more information.

Retiring Reservists should refer to [Retiring from the National Guard or Reserve](#) for more information.



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