

## **TRICARE OVERSEAS: A GLOBALLY INTEGRATED HEALTH CARE DELIVERY PROGRAM**

Have you ever traveled outside the continental U.S. and wondered what you would do if you or your family members needed health care? We might not have thought about it during active service travels, but it's a topic worth revisiting. The good news is, eligible beneficiaries do have TRICARE coverage when they travel.

A few years ago, TRICARE consolidated its various overseas contract support services into one contract and awarded it to International SOS (ISOS), a global leader of health care and travel security assistance that consists of 11,000 employees operating in more than 1,000 locations in 90 countries.

ISOS' global footprint gives patients access to technical knowledge, medical evaluation, direct engagement with providers, risk mitigation, and movement, which ensures the delivery of the right care at the right time. ISOS ensures consistent, standardized quality and access across three major overseas areas with varying laws, policies, cultures, languages, and payment systems. These key elements support other military readiness related activities, and set the organization apart from the other TRICARE managed care support contractors.

MOAA had the opportunity to visit an ISOS' headquarters center in Philadelphia that supports the TRICARE program. At the time of the visit, ISOS was conducting both on-the-ground health care support and aeromedical evacuations from Hurricane Irma-stricken islands in the Caribbean. MOAA experienced firsthand how TRICARE ensures beneficiaries receive the best possible health care no matter where they are in the world, even in potentially extreme and austere environments. Needless to say, it was enlightening.

The beneficiary options for the TRICARE Overseas Program consists of TRICARE Prime and TRICARE Prime Remote for active duty and their eligible family members. Family members may enroll in the Prime option or use TRICARE Overseas Standard. Others, including retired beneficiaries under and over age 65, may use the TRICARE Overseas Standard option. The Standard option works like the stateside Standard program with similar benefits, requirements, and costs, and will evolve from TRICARE Standard to "Select" Jan. 1, 2018.

A couple of things for retired TRICARE beneficiaries to keep in mind: If you are over 65 and eligible for TRICARE for Life (TFL), you must be enrolled in Medicare Part B to obtain coverage in TRICARE Standard Overseas. Even though Medicare does not cover

care overseas, your TFL benefit will. This eligibility should show up in DEERS, so keeping that up-to-date is always important.

Additionally, there are some nuances to filing claims with the TRICARE Overseas Program. For example, claims outside U.S. territories must be filed within three years.

So as part of your travel preparations outside of the continental U.S., make it a priority to understand your benefits and take along the TRICARE Overseas Program geographical regional contact information. More information can be found at [www.tricare-overseas.com](http://www.tricare-overseas.com).

## **CRUNCH TIME FOR PAY, TRICARE, AND MORE**

It is crunch time for key issues like pay raises, health care fees, and survivor benefits. The top leaders of the House and Senate Armed Services committees met this week to outline the beginnings of a conference committee to smooth out differences in their respective versions of the FY 2018 National Defense Authorization Act (NDAA).

The defense bill carries many of MOAA's most pressing priorities every year, so this is likely the last chance to draw the line in the sand on these big issues until next year. As we continue to put the pressure on the conferees over a long list of issues, we remain steadfast in our positions on the following provisions.

## PAY RAISE

The Senate is seeking to cap the pay raise at 2.1 percent, further undoing a decade of work by Congress to eliminate a 13.5% wage gap. Pay gaps add up.

*MOAA's position:* Support the House provisions and give the troops the full 2.4% pay increase they deserve.

## BASIC ALLOWANCE FOR HOUSING (BAH)

BAH is an integral part of the military compensation package and eroding military compensations is the wrong move at the wrong time.

*MOAA's position:* Oppose the Senate provision eliminating the with-dependent rate for dual-member couples with children.

# FY18 NDAA

## TRICARE FEES

Last year, currently serving and retired beneficiaries were explicitly exempted from new fee structures with TRICARE. Now, Congress may repeal that grandfathering provision, which would cause steep fee increases for all.

*MOAA's position:* Oppose the Senate provision. Congress must live up to its commitments to the troops.

## SPECIAL SURVIVOR INDEMNITY ALLOWANCE (SSIA)

The House stated they wish to completely eliminate the SBP-DIC offset, but the Senate offered to permanently extend SSIA by increasing pharmacy fees.

*MOAA's position:* The Senate's provision doesn't go far enough. Maintaining the current SSIA level is insufficient progress. The offset must be eliminated by means other than increased fees for other benefits.

### **Pay Raise: Support the House provision granting the 2.4 percent military pay increase.**

Military pay raises are appropriately tied to the civilian sector's Employment Cost Index (ECI). Capping the military pay raise beneath ECI, even by one-third of a percent, results in significant financial losses to a servicemember over time and into retirement.

For example, the annual impact of the proposed pay raise cap for an E-6 with 14 years of service is \$135 a year, which may seem inconsequential to some budgeters. But when

you factor in pay caps going back to 2013, the cumulative impact is substantial, totaling more than \$1,300 a year for the same individual.

**Basic Allowance for Housing (BAH): Oppose the Senate provision eliminating the with-dependent rate for dual-member couples with children**

A Senate provision would eliminate the with-dependent housing allowance rate for military couples stationed together with children. This unfairly reduces earnings even as servicemembers continue to face the demands of repeated deployments and the recruiting environment worsens. BAH is part of the military compensation package, and eroding military compensation is the wrong move at the wrong time.

If the Senate proposal passes, an O-3 in a dual-military marriage with dependents stationed at Fort Hood, Texas, would stand to lose \$2,628 annually. Couples should not be penalized for marrying another servicemember; no other employer levies a marriage penalty.

**TRICARE Fees: Oppose the Senate provisions repealing the grandfathering clause for current beneficiaries and increasing pharmacy copayments.**

Congress made it clear military health care reform would be coming after revisions of the retirement system. The Senate's latest proposals, however, go too far in raising fees without recognition of the impact on current beneficiaries.

Last year, currently serving and retired beneficiaries were explicitly exempted from new fee structures with TRICARE. Now, Congress may repeal that grandfathering provision, resulting in steep fee increases for all without any commensurate increase in health care access or quality.

**Special Survivor Indemnity Allowance (SSIA): At a minimum, and absent full repeal of the SBP-DIC offset this year, SSIA should be extended 10 years, with incremental increases to the monthly amount to assist affected survivors.**

In 2007, Congress recognized the unfairness of the Survivor Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) offset and authorized the Special Survivor Indemnity Allowance (SSIA) as a vehicle to repeal the offset gradually.

SSIA will expire in 2018 if nothing is done. The Senate has a proposal to address the issues, but MOAA has serious concerns: It extends the benefit at current levels, with increases indexed to COLA. This would remove any incentive for lawmakers to go back to fix the financial penalty 65,000 survivors face.

And the proposal is paid for by increasing pharmacy fees for everyone. MOAA has consistently said the offset must be completely eliminated by means other than increased fees for other benefits.

Singling out beneficiaries instead of cutting costs within DoD or other programs is wrong. There are other ways to save money before turning to beneficiaries' wallets.

**Hospice Services for Children: Support the Senate provision allowing hospice care coverage for children also receiving curative care.**

Children diagnosed with terminal illness on TRICARE are not currently eligible for hospice services while receiving curative healthcare treatments because Medicare laws prohibit it. Curative care can include important quality of life services like physical therapy for children who are still be mobile despite facing the end of life. Legislation is needed to allow DoD to provide the two essential services concurrently.

The messages you send your legislators make a difference in what will happen. Each time an office hears from you, the chance for a favorable outcome for servicemembers and their families' increases.

As noted in last week's article, “[MOAA Compares House and Senate Versions of NDAA 2018](#),” Congress is short on time to get things done. We need your help now! Make sure your voice is heard on these critical issues before final decisions are made.

[Send your legislators this MOAA-suggested message](#) urging them to pass a bill commensurate with the service and sacrifice of those who serve.