

VFW Advocacy Helps Lower New TRICARE Program Costs

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WASHINGTON – The Defense Health Agency (DHA) this week lowered co-payments on its new TRICARE Select health benefit plan thanks entirely to the advocacy efforts of the Veterans of Foreign Wars of the United States and other veteran, military and family service organizations.

The fiscal year 2017 National Defense Authorization Act (NDAA) directed an extensive overhaul of the military's health benefit program, effective Jan. 1, 2018, that principally merged TRICARE Standard and Extra into a new TRICARE Select category, and created two new beneficiary groups: Group A, individuals who served prior to Jan. 1, 2018; and Group B, individuals who began their military service after that date.

Group B co-payments were outlined in the NDAA, but DHA calculated new Group A co-pays based on past costs, instead of adopting the percent-of-services-used model employed by the former TRICARE Standard and Extra plans. This caused great concern in the military and veteran communities, because the flat-rate system increases costs for many military retirees enrolled in the plan, as well as the families of currently serving active-duty military.

TRICARE Select co-payments for Group A primary care visits have now been reduced from \$27 to \$21 for active-duty military families, and from \$35 to \$28 for retirees. Similar reductions will be seen in specialty care, urgent care, emergency room visits, and ambulance service.

"The VFW is pleased that DHA listened to our concerns and took a second look at their calculations," said VFW National Commander Keith Harman. "Many TRICARE beneficiaries, especially junior enlisted families, live off fixed incomes or from paycheck to paycheck, so every reduction – especially in health care costs – can help make a big

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difference in household budgets and their overall quality of life.”

The new co-pay amounts are included in the “Notice of TRICARE Prime and TRICARE Select Plan Information for Calendar Year 2018.” The document also includes details on new covered care, enrollment requirements, and a change in the urgent care referral requirements. Full details are available [here](#).