CHAPTER 24
SECTION 2

# TRICARE RETIRED RESERVE

## 1.0. GENERAL

*TRICARE Retired Reserve (TRR) is a premium-based TRICARE health plan available for purchase by qualified members of the Retired Reserve and qualified survivors that offers health coverage for Retired Reserve members and their eligible family members. The Reserve Components (RCs) will validate members' and survivors' qualifications to purchase TRR coverage and will identify qualified members/survivors in the Defense Enrollment Eligibility Reporting System (DEERS).*

### 1.1. Benefits/Scope Of Care

*The TRR health plan delivers the TRICARE Standard/Extra benefit to all covered individuals. TRICARE Standard and TRICARE Extra cost-shares, deductibles and catastrophic caps applicable to retirees and their eligible family members shall apply to all individuals (including Retired Reserve members themselves) covered under TRR. TRR members, their covered family members, and TRR survivors are eligible for direct care in a Military Treatment Facility (MTF), including MTF pharmacies with the same access priority as retirees, their family members and survivors who are not enrolled in TRICARE Prime. The contractor shall implement Right of First Refusal (ROFR) procedures for TRR members, family members and survivors to the same extent that the contractor is required to implement them for retirees and their eligible family members under TRICARE Standard/ Extra. The contractor shall review and modify MTF Memorandums of Understanding (MOUs) as necessary to reflect MTF requirements for accommodating and ensuring that TRR members, family members and survivors are provided the same level of service as retirees and their eligible family members under TRICARE Standard/Extra.*

### 1.2. Specific Programs Not Available Under TRR

*Specific programs not available under TRR include those listed below:*

- *TRICARE Prime Programs including the Uniformed Services Family Health Plan (USFHP)*
- *Supplemental Health Care Program (SHCP) funds, except for civilian care referred by Military Health System (MHS) Facilities as specified in Chapter 18 to the same extent that SHCP covers civilian care for MHS beneficiaries who are not Active Duty Service Members (ADSMs)*
- *Extended Care Health Option (ECHO)*

## *2.0. TRR PREMIUMS*

*TRR offers two types of coverage: TRR member-only coverage and TRR member-and-family coverage. Each year the government will determine premium rates payable monthly by the member for each type of coverage. The government will provide the premium rates to the contractor no later than (NLT) 60 calendar days prior to the effective date. Unless otherwise specified, the premium rates will be in effect for a full calendar year effective the first day of January. A surviving family member who qualifies to purchase (or continue) TRR coverage, as described in paragraph 3.2. shall pay the member-only rate if there is only one covered survivor and the member-and-family rate if there are two or more survivors to be covered.*

## *3.0. QUALIFYING TO PURCHASE TRR COVERAGE*

*The RCs will validate member's and survivor's qualifications to purchase TRR coverage and will identify qualified members/survivors in DEERS. The contractor shall rely solely upon DEERS to identify members/survivors who have been qualified to purchase TRR coverage. The contractor shall refer Retired Reserve members/survivors to their respective RC for issues concerning qualifying to purchase TRR coverage. The qualifications unique to TRR are listed below for contractor information purposes only.*

### *3.1. Retired Member Purchase*

*A member qualifies to purchase TRR coverage if the member meets both of the following conditions:*

- *is a member of the Retired Reserve of a RC of the armed forces who is qualified for a non-regular retirement under 10 U.S.C. Chapter 1223, but is not age 60; and*
- *is not enrolled, or eligible to enroll, in a health benefits plan under 5 U.S.C. Chapter 89, the Federal Employee Health Benefit Program (FEHBP).*

### *3.2. Survivor Coverage Under TRR*

*If the qualified member of the Retired Reserve dies while in a period of TRR coverage, the immediate family member(s) of such member shall remain qualified to purchase new or continue existing TRR coverage until the date on which the deceased member of the Retired Reserve would have attained age 60. For survivor qualification, there is no exclusionary criterion involving a health benefits plan under 5 U.S.C. Chapter 89, the FEHBP. If a member of the Retired Reserve is not covered by TRR on the date of his or her death, his or her surviving dependents do not qualify for TRR survivor coverage at anytime.*

## *4.0. COVERAGE-RELATED PROCEDURES*

*The contractor shall process coverage-related transactions through the Defense Online Enrollment System (DOES) (TRICARE Systems Manual (TSM) Chapter 3, Section 1.5, paragraph 1.2.8.2.). Premium-related transactions shall be reported through the enrollment fee payment interface (see the TSM Chapter 3, Section 1.5, paragraph 1.2.8.2.). The contractor shall perform all premium and billing functions in accordance with paragraph 5.0. and its subordinate paragraphs. The TRICARE Overseas Program (TOP) contractor shall perform these services for TRR members/*

survivors residing outside of the 50 United States or the District of Columbia. See the TSM Chapter 2, Addendum M for a full list of TRR Health Care Delivery Program (HCDP) Coverage Code Values. The TRICARE South Region contractor shall perform these services for TRR members residing outside the 50 United States or the District of Columbia until such time specified in the transition schedule to the new overseas contractor.

### 4.1. Purchasing Coverage

To purchase TRR coverage, Retired Reserve members and qualified survivors must complete the prescribed form using the appropriate online web application and submit it, along with an initial payment of the appropriate two months premium, within deadlines specified in the following paragraphs. *The initial payment may be made with a personal check, cashier's check, money order, or credit/debit card (i.e., Visa/MasterCard).* No handwritten TRR requests are to be accepted by the contractor except in accordance with requirements in paragraph 4.5. The contractor shall collect completed TRR requests submitted at TRICARE Service Centers (TSCs), by mail, and by other means determined by the contractor. If a lockout is in place, the contractor may accept and process requests up to 45 days before the end of the 12 month lockout period for new coverage to begin after the 12 month lockout period ends. The contractor shall not process new coverage transactions into DOES unless the initial payment received for the first two months of coverage is the correct amount for the type of coverage purchased. The procedures for determining the effective date of coverage are specified in the following paragraphs.

#### 4.1.1. Continuation Coverage

A qualified Retired Reserve member or qualified survivor may purchase TRR coverage with an effective date immediately following the termination of coverage under another TRICARE program. The TRR request required by paragraph 4.1. must be either received in the TSC or postmarked NLT 30 days after the termination of other TRICARE coverage.

#### 4.1.2. Qualifying Life Events

A qualified Retired Reserve member may purchase TRR coverage in connection with a Qualifying Life Event (QLE) that results in a change of family composition. First, qualified members are responsible to report all changes in family composition to military personnel officials with Real-Time Automated Personnel Identification System (RAPIDS) access to appropriately update DEERS. Second, the request form, identifying the QLE required by paragraph 4.1., must be either received in the TSC or postmarked NLT 60 days after the date of the QLE. The following QLEs are processed through DEERS and are recognized by TRR. The effective date of coverage is the date the QLE occurred (i.e., date of marriage, date of birth, etc.).

- Marriage;
- Birth or adoption of child;
- Placement of a child in the legal custody of the member by an order of the court for a period of at least 12 months;
- Divorce or annulment;
- Death of a spouse, family member, or survivor; or

- Last family member/survivor becomes ineligible (e.g., child ages out).

### 4.1.3. Open Enrollment

A qualified Retired Reserve member or qualified survivor may purchase TRR coverage throughout the year. If the request and premium payment required by paragraph 4.1. are received in the TSC or postmarked by the last day of the month, the effective date of TRR coverage shall either be the first day of the next month or the first day of the second following month as indicated on the request form.

### 4.1.4. Survivor Coverage Under TRR

If a Retired Reserve member dies while in a period of TRR coverage, the surviving family members may purchase (or continue) TRR coverage until the date on which the deceased member of the Retired Reserve would have attained age 60. Except for automatic transfers specified in paragraph 4.1.4.1., effective dates and deadlines specified in paragraphs 4.1.1., 4.1.2., and 4.1.3. apply. Applicable premium rates are specified in paragraph 2.0.

**4.1.4.1.** If TRR member-and-family coverage was in effect on the date of the member's death, DEERS will automatically transfer covered family members to TRR survivor coverage with an effective date of the day after the date of death and establish an end-eligibility date in DEERS that is the date on which the deceased member of the Retired Reserve would have attained age 60. The Defense Manpower Data Center (DMDC) will issue letters to survivors advising them of their continued coverage and their option to terminate coverage, if so desired, by completing a TRR request form via the appropriate online web application or in a written letter to the appropriate Managed Care Support Contractor (MCSC). The DMDC generated survivor letter will include instructions on how to obtain a DoD Self-Service Logon (DS Logon) to access the TRR Web Portal or the option to terminate coverage via a written letter.

**4.1.4.2.** If TRR member-only coverage was in effect on the date of the member's death, DEERS will terminate coverage with an effective date coinciding with the date of death. Eligible family members may purchase coverage by completing a TRR request. DMDC will issue letters to survivors advising them of the option to purchase coverage.

## 4.2. Changes in TRR Coverage

Once TRR coverage is in effect, TRR members, which include TRR-covered survivors, may request the following types of changes.

### 4.2.1. Type of Coverage Changes

A TRR member/survivor may change TRR type of coverage following procedure for a QLE specified in paragraph 4.1.2. or procedures for open enrollment specified in paragraph 4.1.3. The contractor shall follow procedures specified in paragraph 5.5. for premium adjustments resulting from changes in coverage.

**4.2.2. Addition of Family Members to TRR Member and Family Coverage**

TRR members/survivors may request to add eligible family members to an existing TRR member-and-family coverage plan at any time, once eligibility for the family is established. Eligibility is established by going to a military personnel office with RAPIDS capability to appropriately update DEERS. The effective date of coverage for the added family member(s) shall follow procedures specified in paragraphs 4.1.2. or 4.1.3. The TRR request must be either received in the TSC or postmarked NLT 60 days after that date.

**4.2.3. TRR Newborn/New Child Policy**

**4.2.3.1.** A newborn/new child will be covered from the date of birth/custody only if, (a) the TRR member registers the newborn/new child in DEERS within 60 days of birth/custody, and (b) the TRR request is either received in the TSC or postmarked NLT 60 days after the date of birth/custody. The contractor shall handle claims associated with the child as specified in paragraph 6.2. The contractor shall make adjustments in premiums as specified in paragraph 5.5.

**4.2.3.2.** TRR members who reside overseas may have difficulty in obtaining the documentation required to register a newborn/new child in DEERS. As with all other late submissions of completed TRR request forms, the member may submit a request for reconsideration to the appropriate TRICARE Regional Director (RD) (or their designee), or the TRICARE Area Office (TAO) Director consistent with paragraph 4.5.1.

**4.3. Processing**

**4.3.1.** The contractor shall process all TRR transactions through DOES for members or survivors with a DEERS residential address in the contractor's jurisdiction. The contractor shall process TRR requests received along with two months premium payment (as required) NLT 10 *calendar* days after receipt.

**4.3.2.** If the contractor is unable to enroll the member/survivor in DOES due to (a) a 90-day future enrollment limitation, (b) DEERS not reflecting eligibility, (c) the application being incomplete, (d) a missing initial premiums payment, or (e) an underpayment of the initial premium payment; the contractor shall return a copy of the original application and any premium payments to the member, within 10 business days, with an explanation of what is needed for the contractor to accept the application for processing.

**4.4. Termination Of TRR Coverage**

The contractor shall initiate return of any excess premium amounts paid prorated to the day as indicated NLT 10 business days after the effective date of the termination or after receipt of a Policy Notification Transaction (PNT) notifying the contractor of a termination, whichever is later. The contractor shall also update DEERS with any premium amount refunded within 30 calendar days. The contractor shall include an explanation for the premium refund. If the contractor uses DEERS to determine an address and it is determined that the mailing address is invalid, it shall not be used. Invalid addresses are noted by an updated Mail Delivery Quality Code (MDQC), which indicates that mail is

undeliverable to that address. See the TSM, Chapter 3, Section 1.5, paragraph 1.3.1., Addresses.

**4.4.1. Loss of TRR Eligibility**

The effective date of termination for a member or survivor covered under TRR shall be the effective date of the loss of his or her qualification for TRR coverage. No lockout shall be applied for termination due to loss of TRR eligibility.

**4.4.1.1. Sponsor Loss of Eligibility**

When a sponsor's eligibility is terminated at a date other than the anticipated end date, DEERS will send the contractor an unsolicited PNT advising the contractor of the terminated coverage. When a sponsor's eligibility is terminated at the anticipated end date, DEERS will not send the contractor an unsolicited PNT advising the contractor of the terminated coverage.

**4.4.1.2. Individual Family Member or Survivor Loss of Eligibility**

In the case of a family member or survivor losing eligibility in DEERS, DEERS will send the contractor an unsolicited PNT advising the contractor to terminate coverage for that individual. When an individual family member's or survivor's eligibility is terminated at the anticipated end date, DEERS will not send the contractor an unsolicited PNT advising the contractor of the terminated coverage. The contractor shall update the fee system based on the terminated coverage for the family member(s) or survivor(s) as appropriate.

**4.4.2. Member Gains Other TRICARE Coverage**

No lockout shall be applied for termination due to a gain of other TRICARE coverage.

**4.4.2.1.** If a TRR member gains other TRICARE coverage for a period of 30 days or less, TRR coverage will continue unchanged.

**4.4.2.2.** If a TRR member or survivor gains other TRICARE coverage for a period of more than 30 days; DEERS will terminate TRR coverage in accordance with paragraph 4.4.1.1. The contractor must be aware of the fact that DEERS may reflect Active Duty Service Member (ADSM) and Active Duty Family Member (ADFM) TRICARE coverage before the service member actually reports for active duty.

**4.4.2.3.** If a TRR member gains other TRICARE coverage via a family member, the member and family members may terminate coverage under TRR without incurring a lockout.

**4.4.3. Failure to Make Payment**

**4.4.3.1.** Failure to pay monthly premiums in accordance with the procedures in this chapter shall result in termination of coverage. The effective date of termination is the paid-through date. The contractor shall automatically terminate coverage of the TRR member, all

covered family members and survivors if the monthly premium payment is not received by the last day of the month following the due date for the monthly premium payment. After the last day of the month, the contractor shall terminate coverage with a termination effective date retroactive to the paid-through date. DMDC sends written notification to the beneficiary of the termination and the reason for the termination. Until the termination action is processed, the contractor may pend any claims received for health care furnished to the retired member, family members and/or survivors during the period for which premiums have yet to be paid, to avoid creating recoupment of health care costs for ineligible beneficiaries. The TRR member, family members and/or survivors will be responsible for the cost of any health care received after the termination date following retroactive termination of coverage. If claims are not pended, the contractor shall initiate recoupment of health care costs following the procedures in Chapter 11, Section 4.

**4.4.3.2.** A contractor shall apply a TRR purchase lockout to the Retired Reserve member, family members, and/or survivors. The lockout shall be for a period of 12 months from the effective date of termination. The DMDC written notification of termination (see paragraph 4.4.3.1.) includes notice of the 12 month lockout period.

**4.4.4. Member/Survivor Request for Voluntary Termination**

**4.4.4.1. Termination of Existing Plan(s)**

The contractor shall accept requests for termination of coverage from TRR members/survivors at anytime. The effective date of termination is either (a) the last day of the month in which the request was postmarked or received in the TSC or (b) the last day of a future month as specified in the request given that the request was postmarked or received in the TSC in the month preceding the requested month of termination. The contractor shall apply a TRR purchase lockout to all beneficiaries covered by the TRR plan for a period of 12 months from the effective date of terminations initiated by the TRR member or survivor. The DMDC written notification of termination (see paragraph 4.4.3.1.) includes notice of the 12 month lockout period.

**4.4.4.2. Termination of an Individual's Coverage**

The contractor shall accept requests for termination of coverage for individual family members or survivors from TRR members/survivors at anytime. The effective date of termination is either (a) the last day of the month in which the request was postmarked or received in the TSC, or (b) the last day of a future month as specified in the request given that the request was postmarked or received in the TSC in month preceding the requested month of termination, or (c) as otherwise specified. The contractor shall apply a TRR purchase lockout to individual family members or survivors whose TRR coverage was terminated upon request for a period of 12 months from the effective date of terminations initiated by the TRR member or survivor. The DMDC written notification of termination (see paragraph 4.4.3.1.) includes notice of the 12 month lockout period.

**4.4.4.3. Cancelled Eligibility and Enrollment**

When the contractor receives a PNT for a cancelled enrollment, the contractor will generate a letter notifying the covered member/survivor of the cancellation and refund any

unused portion of the premium payment. The contractor shall update DEERS with any premium amount refunded within 30 calendar days. No lockout shall be applied for a cancelled enrollment.

### 4.4.5. TRR Survivor Coverage Termination

If TRR coverage is continued as described in paragraph 4.1.4.1. and the survivors do not wish to keep the coverage, the survivors must submit a request in writing in accordance with procedures described in paragraph 4.1.4.1. for receipt by the contractor NLT 60 days after the date of death in order to terminate coverage retroactive to the day after the member's death and no lockout is applied. Alternatively, the survivor may request to terminate coverage in accordance with paragraph 4.4.4. Otherwise, DEERS will terminate TRR survivor coverage on the date on which the deceased member of the Retired Reserve would have attained age 60. Refunds of premiums will be handled as specified in paragraph 4.4.

## 4.5. Exceptions

### 4.5.1. Reconsiderations of Member's and Survivor's Actions

The contractor shall advise TRR members/survivors that all reconsideration requests for a (a) refusal of a late submission of a TRR request or (b) lockouts shall be submitted to the appropriate TRICARE RD or their designee or TAO Director for determination. The TRICARE RD or their designee or the TAO Director will issue decisions within ten calendar days of receipt for all reconsideration requests. If changes are to be made to a member's/survivor's coverage as a result of a reconsideration determination, the TRICARE RD, or their designee or the TAO Director will send instructions to the contractor. The contractor shall carry out such instructions NLT 10 days after receipt from the TRICARE RD or their designee or TAO Director. The TRICARE RD or their designee, or the TAO Director may authorize an "override" of information contained on DEERS, pending a system update, based on appropriate documentation regarding eligibility under the law, regulation and policy.

### 4.5.2. Administrative Issues

The TRICARE RD, or their designee or TAO Director will notify the contractor when the government determines that an administrative situation occurred that prevented a retired member's or survivor's request from being accepted for processing according to submission deadlines specified in this section.

## 5.0. PREMIUM BILLING AND COLLECTION

The contractor shall perform all premium and billing functions required for TRR. Retired Reserve members or survivors are responsible for all premium payments for the type of coverage elected (i.e., TRR member-only or TRR member-and-family). All applicable billing will be monthly; neither annual nor quarterly billings are authorized. Premium-related transactions shall be reported through the enrollment fee payment interface (see the TSM, Chapter 3, Section 1.5, paragraph 1.2.8.2.).

## 5.1. Jurisdiction For Premium Billing And Collection

**5.1.1.** The particular contractor servicing the address for the TRR member or survivor shall perform premium billing and collection functions for the TRR member/survivor. The contractor shall identify the financially responsible individual for survivor plans from the survivors actually covered by TRR in descending order of precedence:

- Spouse
- Oldest Enrolled Child (or Legal Guardian as applicable)

**5.1.2.** As part of each applicable monthly bill, the contractor shall provide the opportunity for the TRR member/financially responsible survivor to submit a change of address to the servicing contractor. At any time the servicing contractor notices that a new residential address is in the servicing area of another TRICARE contractor, the contractor shall initiate the actions necessary in DOES to transfer premium collection and other applicable administrative services to the new servicing contractor. The jurisdiction shall be based on the TRR member's or financially responsible survivor's reported new address. Any TRR member/financially responsible survivor may transfer regions at any time. The gaining contractor shall perform the premium collections for overdue and future payments.

**5.1.3.** All unsolicited PNTs for TRR members/survivors will be evaluated to determine if residential address changes require a transfer of premium collection and other applicable administrative services to another contractor for servicing. If a transfer is indicated, the contractor will follow requirements specified in paragraph 5.1.2.

## 5.2. Issuance Of Bills

All applicable bills for premium payments shall be issued on the 10th calendar day of each month, or the next business day, for the following month. All direct bills shall be for full month premiums and/or prorated amounts, if applicable, and shall reflect a due date of the last day of each billing month. Bills shall reflect all payments received through no less than the fifth day of the month. The following statement will appear on all bills: Retired Reserve members (but not survivors) eligible for a health plan under 5 USC 89, the FEHBP, do not qualify for TRR and must submit a request to terminate TRR coverage.

## 5.3. Premium Collection

The contractor shall credit the TRR member or survivor for premium payments received. All bills shall specify that the premium payment is due for receipt by the contractor NLT the last calendar day of the current month for the following month of coverage. In the case of a start date of coverage at anytime other than the first of a month, the first bill generated by the contractor shall include the prorated amount on a daily basis necessary to synchronize billing to the first of the month. The daily prorated amount shall be equal to 1/30th of the appropriate premium (rounded to the penny) regardless of how many days are actually in the month. The amount of the initial premium payment due may be printed on the prescribed form. For enrollments effective on or after October 1, 2012, DEERS will prorate the premium due for the mid-month enrollments from the effective date of coverage to the end of that first enrollment month, e.g., from the 18th of the month to the 31st.

**5.3.1.** The contractor shall accept payments by personal check, cashier's check, money order, credit/debit card (i.e., Visa/MasterCard), and Electronic Funds Transfer (EFT). (Effective January 1, 2013, all premium payments (after the initial payment required in paragraph 4.1.) must be made by either recurring EFT or Recurring Credit/Debit Card (RCC) (i.e., Visa/Mastercard).) An EFT payment or a RCC payment shall be processed on the first five business days of the month of coverage. The contractor shall not generate monthly bills on or after January 1, 2013, when EFT or RCC payment is required, except when having to correct a problem establishing or maintaining the EFT or RCC payment. The contractor shall advise member/survivors at the time of EFT/RCC election that an insufficient-funds fee of up to $20 U.S. may be assessed, if sufficient funds are not available.

**5.3.2.** The contractor shall be responsible for initiating EFTs and automatic credit/debit card payments with the member's/survivor's financial institution upon request, or when required, to do so by the TRR member/survivor.

**5.3.3.** The contractor shall directly bill the TRR member/survivor when a problem occurs in initially setting up the EFT or RCC payments when there are insufficient funds to process a monthly EFT. The contractor may apply a fee of up to $20 U.S. for insufficient funds. The contractor shall include notice of the fee of up to $20 U.S. when billing the member/survivor. If the contractor is unable to obtain the requested premium payment from the TRR member's/survivor's account for any reason after an EFT or RCC payment is established, the TRR member/survivor will be responsible for paying the overdue premiums and any insufficient-funds fee by means of direct billing.

**5.3.4.** Premium payments shall be made payable to the contractor servicing the member's or survivor's coverage as specified in paragraph 5.1.

### 5.4. Annual Premium Adjustment

**5.4.1.** Contractors shall include advance notification of any annual premium adjustments on the October, November and December monthly bills. (The October notification may not include the actual premium rates for the new year.) The notification shall include the new amount for member-only and member-and-family coverage. For those members/survivors not receiving a monthly bill, the contractor shall issue a notice advising the member/survivor of the adjusted premium amount at the same time the October, November, and December bills are mailed and shall initiate all actions required to allow the continuation of the EFT transaction or RCC payment with the adjusted premium amount.

**5.4.2.** For premium adjustments that go into effect at any time other than January the first, the government will provide instructions about notification of members/survivors.

### 5.5. Premium Adjustments From Changes Associated With QLEs

**5.5.1.** When a QLE is processed that changes the premium, the effective date of the premium change shall be the date of the QLE.

**5.5.2.** If the change from a QLE results in an increase in the premium, the contractor shall adjust the next bill or electronic payment, to include any underpaid amount (prorated to the day as specified in paragraph 5.3.), to the effective date of the change.

**5.5.3.** If the change from a QLE results in a decrease in the premium, the contractor shall retain any overpaid amount and apply it to subsequent bills or electronic payments until all of the overpayment is exhausted.

**5.6. Terminations**

The contractor shall initiate the process to refund any premium amounts applied for coverage after the date of termination as specified in paragraph 4.4.

**5.7. Online Transactions**

In addition to requirements specified in paragraph 5.0. and its subordinate paragraphs, the contractor may provide online capability for TRR members/survivors to conduct business related to premium collection and other applicable administrative services through secure access to the contractor's web site.

## 6.0. CLAIMS PROCESSING

**6.1.** The contractor shall process TRR claims under established TRICARE Standard and TRICARE Extra retiree cost-sharing rules and guidance. Normal TRICARE Other Health Insurance (OHI) processing rules apply to TRR.

**6.2.** The contractor shall pend all claims for health care provided to a newborn/new child of a TRR member until the member completes the process specified in paragraph 4.2.3.1. If the contractor becomes aware that a TRR member has an unregistered newborn/new child, the contractor shall notify the TRR member of the requirement to register the new child in DEERS and submit a request form for the newborn/new child NLT 60 days after birth/custody. When the member completes the process specified in paragraph 4.2.3.1., the contractor shall process any claims associated with the child's health care. If the member fails to complete the process as specified in paragraph 4.2.3.1., the contractor shall deny any claims associated with the child's health care.

**6.3.** Premium payments made for TRR shall not be applied to the fiscal year deductible or catastrophic cap limit.

**6.4.** Non-Availability Statement (NAS) requirements shall apply to TRR members, family members, and survivors in the same manner as for retirees under TRICARE Standard/Extra.

**6.5.** If a Retired Reserve member purchases TRR during the same calendar year that the member had a TRICARE Reserve Select plan in effect, the catastrophic cap, deductibles and cost shares shall not be recalculated.

**6.6.** Medicare is the primary payer for TRICARE beneficiaries who have Medicare eligibility. Claims under the TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC) will be adjudicated under the rules set forth in Chapter 22, Section 3. The MCSCs shall follow procedures established in the TRICARE Reimbursement Manual (TRM), (Chapter 4, Section 4) regarding dual-eligibles' claims processing.

**6.7.** If the contractor receives a PNT notifying them of a retroactive TRR disenrollment the contractor shall initiate recoupment of claims paid if appropriate as specified in Chapter 11.

**6.8.** If at anytime the contractor discovers that the Retired Reserve member may be eligible for or enrolled in the FEHBP, the contractor shall report the discovery to the appropriate TRICARE RD or their designee or TAO Director NLT one business day after discovery. As applicable, the contractor shall follow paragraph 4.4.1. and its subordinate paragraphs for loss of TRR eligibility. If any other actions are to be taken by the contractor as a result of this discovery, the TRICARE RD or their designee or TAO Director will send instructions to the contractor.

## 7.0. COMMUNICATIONS AND CUSTOMER SERVICE (C&CS)

In addition to C&CS functions specified throughout this chapter, the contractor shall perform C&CS functions to the same extent as they do for TRICARE Standard and TRICARE Extra.

### 7.1. Customer Education

**7.1.1.** Materials (i.e., public notices, flyers, informational brochures, web site etc.) will be developed and distributed centrally by Department of Defense (DoD), TRICARE Management Activity (TMA), Office of C&CS. The contractor shall distribute all informational materials associated with the TRR program to the same extent and through the same means as TRICARE Standard materials are distributed. Copies of the TRR handbook and other information materials may be obtained through the usual TMA C&CS process.

**7.1.2.** Upon start of coverage under TRR each contractor shall mail one copy of the TRR handbook to each TRR member/survivor with TRR member-only coverage and one copy to the household of each TRR member/survivor with TRR member-and-family coverage. The member/survivor's servicing contractor shall send additional handbooks upon request, such as when covered family members live in different locations (split locations).

### 7.2. Customer Service

The contractor shall provide all customer service support in a manner equivalent to that provided TRICARE Standard beneficiaries. When the contractor receives an inquiry involving TRR eligibility or qualifications, the contractor shall refer the individual to the appropriate RC.

## 8.0. ANALYSIS AND REPORTING

TRR workload shall be included, but not separately identified, in all reports.

## 9.0. PAYMENTS FOR CONTRACTOR SERVICES RENDERED

### 9.1. Claims Reporting

The contractor shall report TRR program claims according to Chapter 3. The contractor shall process payments on a non-financially underwritten basis for the health care costs incurred for each TRR claim processed to completion according to the provisions of Chapter 3.

### 9.2. Fiduciary Responsibilities

**9.2.1.** The contractor shall act as a fiduciary for all funds acquired from TRR premium collections, which are government property. The contractor shall develop strict funds control processes for its collection, retention and transfer of premium funds to the government. All premium collections received by the contractor shall be maintained in accordance with these procedures.

**9.2.2.** Either a separate non-interest bearing account shall be established for the collection and disbursement of TRR premiums or the account used for TRICARE Reserve Select (TRS) premium collections shall be used for TRR premiums as well. The contractor shall deposit premium collections to the established account within one business day of receipt.

**9.2.3.** The contractor shall wire-transfer the premium collections, net of refund payments, monthly to a specified government account as directed by the TMA Contract Resource Management (CRM) Finance and Accounting Office (F&AO). The government will provide the contractor with information for this government account. The contractor shall notify the TMA CRM F&AO, by e-mail, within one business day of the deposit, specifying the date and amount of the deposit as well as its purpose (i.e. TRR premiums). Premiums for TRS and TRR may be sent as a single wire as long as CRM is notified of the amounts of each type of premium. Collections for delinquency cases that have been transferred to TMA Office of General Counsel-Appeals, Hearings & Claims Collection Division (OGC-AC) shall be wire-transferred separately. The contractor shall notify TMA CRM F&AO and TMA OGC-AC by e-mail within one business day of the day of deposit, specifying the sponsor name, sponsor Social Security Number (SSN) (last four digits), payment amount, payment date, date case was transferred to TMA OGC-AC and the date and amount of the deposit.

**9.2.4.** The contractor shall maintain a system for tracking and reporting premium billings, collections, and starts of coverage. The system is subject to government review and approval.

**9.2.5.** The contractor shall electronically submit monthly reports of premium activity supporting the wire transfer of dollars to the Contracting Officer (CO).