

2026 Beneficiary Handbook

TRICARE Prime® Demo by CareSource Military & Veterans™





Questions? Call Beneficiary Services at **1-833-230-2080** (TTY: 711) Monday through Friday, 8 a.m. to 6 p.m. ET or visit **[MyLife.CareSource.com](https://www.mylife.caresource.com)**.

Welcome

Military life is full of change. We move often, our providers change just as we get settled and health care can feel like a maze with too many doors. Finding someone who takes the time to listen and walk alongside you can take years—years that, in military life, we don't always have. The moment we get steady, something shifts. Again.

We've lived it. We know what it's like to wonder if you're asking the right questions, to feel unsure about what's covered or discover after the fact that there was an easier way.

Why this guide is different

This handbook is built with a simple idea: **empowerment with empathy equals education**. We believe you deserve more than just instructions. You deserve care explained in a way that respects your experience and helps you take charge of your health.

That's why you'll see clear explanations and real-life insights woven throughout. We're not here to overwhelm you with jargon. We're here to give you the knowledge and confidence to navigate your health care—and to pass that knowledge along, just like many of us do in military life.

This guide looks and feels different because it's what we wish we knew years ago. It's built with care, not just to spell out rules but to help you truly understand your health care. We want you to feel confident navigating your benefits, so you can use every resource available to you and your family without second-guessing.

All throughout these pages, you'll see little notes called “**What I Wish I Knew.**” They come from lived experience, lessons many of us learned the hard way. They're here to give you back time, reduce stress and ease frustration. Think of them as a steady hand on your shoulder from someone who's walked this road before.

You deserve care that works as hard as you do and a guide that respects both your time and your journey. That's what this handbook is for. Keep it close, share it with your family and use it as your go-to reference when questions come up.

We can't take away every challenge of military life. But we can make sure that understanding and using your health care benefits isn't one of them.

From one military family to another,

The CareSource Military & Veterans Team

Military families still serving our military community



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Quick Start Guide

Welcome to CareSource Military & Veterans (CSMV). We know military life moves fast—training cycles, deployments, permanent change of station (PCS) moves, new schools and new doctors. Our job is to keep your health care steady and simple.

This handbook shows you how to use your TRICARE Prime Demo benefits and where to go when you need care. Keep it handy. Share it with your family.

Value you can count on

- Care you deserve. Choice you've earned.
- Providers who understand military health issues.
- Flexible access that fits real life.

4 Things to Do Now

1. Create your CareSource MyLifeSM account.

Start your personalized health journey with CareSource MyLife, our digital companion that makes managing your health easier. Learn about your benefits, see your digital ID card and get support tailored to you. Scan the QR code or visit **MyLife.CareSource.com**.



2. Choose your Primary Care Manager (PCM):

Pick a doctor you trust at **findadoctor.CareSource.com**.

3. Complete your Health Needs Assessment (HNA):

Tell us what you need so we can support you. Visit **MyLife.CareSource.com/Assess** or call **1-844-206-6188** (TTY: 711) Monday through Friday, 7 a.m. to 6 p.m. Eastern Time (ET).

4. Save these numbers:

Beneficiary Services: 1-833-230-2080
24-Hour Nurse Advice Line: 1-833-687-7376
Behavioral Health Crisis Line: 1-833-227-3111

Glossary

A-C

Administrative Hearing: The next step after going through the CSMV appeal process.

Advance Directive: A written record of your wishes for your future care and treatment.

Allowable Charge: The maximum amount CSMV will pay a provider for a service.

Appeal: Asking CSMV to review a denied claim or service.

Authorization/Preauthorization: Approval needed before certain services can be provided.

Balance Billing: When a provider bills you for more than CSMV allows. Network or participating providers cannot balance bill. By law, nonparticipating providers may bill up to 15 percent above the TRICARE Prime Demo allowable amount.

Behavioral Health: Care for mental health or substance use concerns.

Beneficiary: Someone eligible for TRICARE Prime Demo coverage.

CareSource MyLife: The online tool and mobile app to see your ID card, benefits and messages.

Catastrophic Cap (CatCap): The yearly limit on what you pay out-of-pocket for covered services.

Claim: A request from a provider to be paid for your care.

Coinsurance: The percentage you may pay for a service.

Copayment (Copay): A set dollar amount you pay for certain services.

Cost-Share: The total cost you pay for a covered service, including copays, coinsurance and deductibles.

Covered Services: Health care services included in your TRICARE Prime Demo plan.

D-F

DEERS (Defense Enrollment Eligibility Reporting System): The Department of Defense (DoD) database that confirms your TRICARE Prime Demo eligibility.

Deductible: The amount you pay before CSMV begins sharing costs (mostly applies to Point-of-Service).

Disenrollment: Ending your coverage in the plan.

Discount Savings: The amount you save from discounts and plan payments.

Durable Medical Equipment (DME): Medical equipment like wheelchairs, oxygen or diabetic supplies.

Emergency Care: Care for life-threatening conditions.

Enrollment: Signing up for TRICARE Prime Demo coverage.

Exclusion/Not Covered: Services not covered by TRICARE Prime Demo. This can include services above the allowable amount or those done without required preauthorization.

Explanation of Benefits (EOB): A summary of what was billed and paid—not a bill.

Fraud, Waste and Abuse:

- **Fraud:** Purposeful misuse of benefits for personal or financial gain.
- **Waste:** Overusing benefits when they are not needed.
- **Abuse:** Using health care in a way that causes unnecessary costs. Abuse can be by a provider or a beneficiary.

G-L

Grievance: A formal complaint about your care, service or provider (not about coverage decisions).

Health Needs Assessment (HNA): A short survey that helps us understand your health needs.

In-Network Provider: A provider (doctor, hospital, clinic) contracted with CSMV.

Long-Term Acute Care (LTAC): Hospital-level care for patients needing extended treatment.

M-P

Medically Necessary: Care needed to prevent, diagnose or treat an illness, injury or condition.

Negotiated Rate: A lower cost agreed upon between CSMV and providers.

Network Provider: A provider who works with CSMV at agreed rates.

Non-Participating Provider: A provider who does not accept TRICARE Prime Demo payment rates (you may owe more).

Out-of-Network Provider: A provider not contracted with CSMV.

Outpatient Care: Care you receive without staying overnight in a hospital.

Pharmacy Program (Express Scripts®): TRICARE's prescription drug coverage system.

Plan Limit: The deductible or Catastrophic Cap amount set by your plan.

Plan Paid: The amount CSMV paid for your services (may be \$0 if you haven't met your deductible or if your copay equals the allowed amount).

Point-of-Service (POS): Using non-network care without approval. This costs much more.

Preventive Services: Checkups, screenings and vaccines that help keep you healthy.

Primary Care Manager (PCM): Your main doctor who coordinates your care.

Proven Care: Services, tests or treatments shown by research to be safe and effective.

Q-S

Qualifying Life Event (QLE): A major life change, like a PCS, deployment, marriage, divorce, birth, adoption, retirement or loss of coverage, which lets you update your TRICARE Prime Demo enrollment outside of Open Season (usually within 90 days.)

Referral: A recommendation to see a specialist (not required for in-network care in this Prime Demo plan).

Service: The type of care you received. Different services can share the same label (like "medical" or "facility"), which helps protect your privacy.

Skilled Nursing Facility: A place that provides 24/7 nursing and rehab after a hospital stay.

Specialist: A doctor who focuses on a specific area of care (like cardiology or dermatology).

Substance Use Disorder (SUD): Misuse of alcohol, drugs or medications that affects daily life.

T-Z

Telehealth: Getting care by phone or video instead of in person.

The Amount You Owe: What you may owe a provider after discounts and plan payments are applied.

TRICARE: The DoD health care program for service members, retirees and families.

Urgent Care: Care for illnesses or injuries that need quick attention but aren't emergencies.

Utilization Management (UM): Review of care requests to be sure they're needed, safe and appropriate.

Beneficiary Services

We're Here to Help

Do you have questions about your care plan, benefits, rights or providers? Get help finding in-network care. Call Beneficiary Services at **1-833-230-2080** (TTY: 711) Monday through Friday, 8 a.m. to 6 p.m. ET.

24-Hour Nurse Advice Line

Talk to a registered nurse anytime at **1-833-687-7376**.

Our 24-Hour Nurse Advice Line is available to you 24/7, 365 days a year, including observed holidays. If you have an immediate health care concern, you can speak with a registered nurse. They can help you decide if it's best to see your PCM, go to urgent care or head to the emergency room (ER).

Language & Accessible Formats

Need this handbook, or any of your plan documents, in another language, large print, Braille or audio format? We'll provide it at no cost. Call Beneficiary Services.

ID Cards

Your CSMV beneficiary ID card will arrive in the mail. Keep your ID card with you and show it each time you get care. You can also access it on your CareSource MyLife account.

Important Note

Your ID card is a simple way to let your provider know you are a CSMV beneficiary so they submit claims for your care to the right place. Sharing your ID card with providers helps avoid unnecessary delays in processing and payment for your medical care. Have your ID card ready when you call Beneficiary Services.

Replacement Card

If you lose your ID card, you may print it from your CareSource MyLife account at **MyLife.CareSource.com**. You can also request a replacement through this account or by calling Beneficiary Services.



CareSource MyLife

CareSource MyLife, your digital health companion

With CareSource MyLife, you can manage your health plan and get support on your unique health journey. CareSource MyLife lets you:

- Manage the care of each person in your family in one place.
- View, share or print your digital ID card and other important documents related to your care.
- Shape your unique health journey with health and wellness insights.
- Find providers near you. You can choose providers based on plan, specialty, language and more.
- Learn more about all the benefits and resources you get as a beneficiary.
- Decide how you hear from us and get important updates.
- Share your health needs and get personalized support.



Plus, it's available on any device. Create your account at **MyLife.CareSource.com** or scan the QR code to get started. You can also download the app from the App Store® or Google Play®.

Complete Your Health Needs Assessment

The HNA is confidential and helps us understand issues or concerns important to you so we can work together to meet your personal needs. We will send you a copy in the mail, but you can also fill it out online.



Visit **MyLife.CareSource.com/Assess** or scan the QR code. You can also call our Health Assessment team at **1-844-206-6188** Monday through Friday, 7 a.m. to 6 p.m. ET.

Communication from CSMV

Set Your Preference

You can always choose to get communications in print by mail. However, you can choose to get them by email or text if you prefer. When you choose email or text, we will reach out to you in that way to let you know that a document is in your CareSource MyLife account and ready to view.

Be sure to tell us how you want to hear from us in your CareSource MyLife account so you get information from us in the format you prefer.

CareSourceMilitary.com

Our website gives you general information about plans, your plan documents, benefits and how to find network providers.

Where and How to Get Care

Primary Care Manager

Your PCM is your home base. Most of your care will come through them. Seeing the same PCM each visit helps them know your history and needs, which means more consistent, better care for you.

You can see any in-network PCM or provider that you like. If you do not choose a PCM within 30 days of enrollment, a PCM will be automatically assigned to you. Finding a PCM that is right for your health care is important. Choose or change your in-network PCM any time, for any reason.

Visit **findadoctor.CareSource.com**. You can also change your PCM through CareSource MyLife.

No referral is needed to see **in-network** specialists in the TRICARE Prime Demo.

WHAT I WISH I KNEW

In military life, PCMs often move just when you finally settle in. It's tempting to rely on urgent care or the ER, but anchoring to your PCM first—whenever possible—helps build a steady record of your care. Think of your PCM like a unit leader. They see the whole-health mission, not just the quick fix in the moment of need. Staying connected to your PCM keeps your care plan on course.

Telehealth

Ask your PCM if they offer telehealth, which lets you access care virtually. With telehealth, you can be seen faster, take less time off work, reduce your exposure to other patients and more. While not all services are right for telehealth, many are. Some things you can use telehealth for include:

- Medication check-ins or refills
- Rashes
- Allergies
- Sinus issues

If your provider doesn't offer telehealth or after-hours and weekend appointments, you can use Teladoc[®] Health. Call 1-800-TELADOC (835-2362) or visit Teladoc.com/CareSource.

You can also use Teladoc Health for counseling related to mental health or substance use. Services are available from 7 a.m. to 9 p.m. ET, seven days a week.

Please Note: Teladoc Health counselors cannot prescribe medications for substance use treatment or other controlled substances, but they can connect you to ongoing care and support.

Convenience Care or “Minute Clinics”

Convenience care clinics offer an easy option when you need care for minor injuries or illness. CSMV beneficiaries can visit clinics located inside select drug and grocery stores for care. Most clinics are open evenings and weekends, and most take walk ins.

For minor illnesses and injuries (evenings/weekends, walk in), find a care clinic at **findadoctor.CareSource.com**.

Urgent Care Clinics

Use urgent care when

- You need prompt help,
- You cannot get in to see your PCM quickly enough and
- It's not an emergency.

Consider going to an urgent care clinic when you need a higher level of care than your local convenience care clinic can provide. Find the nearest urgent care clinic at **findadoctor.CareSource.com**.

Hospital Emergency Room

A hospital ER visit is only for true emergencies. It is typically the most expensive course of action for you. If your issue is not a true emergency, you may have to wait a long time to be treated, and your claim may not be covered.

Some examples of when emergency services are needed include:

- Severe chest pain
- Shortness of breath or trouble breathing
- Uncontrolled bleeding
- Major burns
- Seizures or convulsions
- Loss of consciousness
- Drug overdose
- Severe vomiting
- Psychosis
- Sexual assault or rape
- Any situation where you believe your life or health is in serious danger

If you think it's an emergency, **go to the nearest ER**—military or civilian. No referral or preauthorization is required. After your visit, contact your PCM (usually within the next business day) so your care continues smoothly.

A copayment may apply, depending on your sponsor status and group.

WHAT I WISH I KNEW

Not every late-night scare needs the ER. The 24/7 Nurse Advice Line can walk you through what to do and often save you hours of waiting. A quick call helped me figure out when it was safe to wait for my PCM and when it was really an emergency.

24-Hour Nurse Advice Line

You can call our 24-Hour Nurse Advice Line at **1-833-687-7376** (TTY: 711) 24 hours a day, seven days a week to speak with a registered nurse. They can help you:

- Learn about a health problem
- Decide when to go to your doctor, urgent care or the ER
- Find out more about the medicine you take

If You're In Crisis

For assistance during a mental health or substance use disorder event, call the CareSource Behavioral Health Crisis Line at **1-833-227-3111**.

In the event of a mental health or substance use disorder crisis, beneficiaries are encouraged to call 988, the National Suicide and Crisis Lifeline, to connect to a licensed behavioral health clinician 24/7.



Finding a Doctor

Make sure you are using network providers. Use the Find a Doctor tool to locate a provider near you. Tell us your choice of PCM through your CSMV MyLife account. You can also use the tool to find specialists. You do not need a referral from your PCM to see in-network specialists.

Visit **findadoctor.CareSource.com** for a full list of providers.

To see a list of providers in your area, scan one of the QR codes below.



View
Georgia
Providers



View
Florida
Providers

You can request a printed directory by calling Beneficiary Services. Please note that the online directory has the most up-to-date information. We are continuously reviewing and updating our network.

Explanation of Benefits

When you visit the doctor or receive other health care services, we will prepare an explanation of benefits (EOB). The EOB is not a bill; it is a summary of the claims for services that your provider submitted and what CSMV paid the provider. Your EOBs are located in the CareSource MyLife app.

Your EOB will tell you:

- The beneficiary who received the service
- The provider who billed for the service
- The date the service was received
- A description of the service
- The discount CSMV negotiated
- The amount CSMV paid for the service
- How much you need to pay

If you owe a copay or fee for a service, you will receive a bill from the provider. You should pay only the amount shown on the EOB as your responsibility.

It is important that you review your EOBs to be sure that you are being charged for the right services and the right amount. Your review can help us and your provider prevent fraud.

If you get a bill from your provider for more than the amount the EOB shows as your responsibility, or for services you did not receive, call your provider first to make sure there hasn't been a billing error. If you cannot fix the issues with your provider, call Beneficiary Services at **1-833-230-2080**.

Your Benefits

Your TRICARE Prime Demo plan covers care that is medically necessary and considered “proven” or backed by medical research as safe and effective. In other words, the care must be appropriate, reasonable and adequate for your condition and something doctors agree works and is a standard practice—not experimental or unproven. Some services have limits or may need approval (preauthorization) before you go. Coverage depends on your plan details and your health needs. Examples include:

- Preventive care (exams, immunizations, screenings)
- Primary care and specialty care
- Behavioral health (inpatient, outpatient, telehealth, substance use disorder treatment)
- Maternity and newborn care
- Pediatric services
- Vision exams (active duty family members: 1 per year; retirees/families: 1 every 2 years)
- Hearing exams as medically necessary
- Emergency and urgent care
- Pharmacy (TRICARE Pharmacy Program)

This list of covered services is not all inclusive.

Visit Covered Services for details: tricare.mil/CoveredServices

Other Services

Dental

Dental coverage is separate from TRICARE’s medical coverage. For more details, visit tricare.mil/CoveredServices/Dental

Pharmacy

Your prescriptions are covered through the TRICARE Pharmacy Program, administered by Express Scripts®. Visit Express Scripts for details at militaryrx.express-scripts.com.

You can get your prescriptions through your choice of military pharmacies, home delivery or network pharmacies.

- Visit Pharmacy Drugs for details on drug coverage, as well as which drugs have limitations, restrictions or are not covered: tricare.mil/CoveredServices/Pharmacy/Drugs
- Visit Pharmacy Eligibility for details: tricare.mil/CoveredServices/Pharmacy/Eligibility

WHAT I WISH I KNEW

Refills at the military treatment facility (MTF) pharmacy are free, but home delivery saved me during deployments and busy seasons. Having a steady supply shipped to my door meant one less thing to juggle.

Services Not Covered

Examples of services that are not covered include:

- Glasses/contacts (except when medically necessary)
- Cosmetic surgery
- Experimental or unproven services

Visit tricare.mil/CoveredServices/IsItCovered/Exclusions for details.

Preventive Care

Seeing your PCM regularly helps you stay healthy, not just get care when you're sick. Your provider may suggest tests or screenings based on your age, family history or other risk factors. Preventive care is about catching problems early when they're easier to treat and manage.

To see a full list of preventive services, go to tricare.mil/CoveredServices.

WHAT I WISH I KNEW

I thought preventive care was just a yearly checkup. What I didn't realize is that it also covers screenings, vaccines and simple tests that can catch problems early. A few minutes with my PCM can save me from bigger issues down the road.

Behavioral Health

Your mental health is at the core of your overall health. We are committed to ensuring you have easy access to essential behavioral health resources. You may self-request behavioral health services within our network without a referral from your PCM.

Behavioral Health Services

- Counseling (individual, family and group)
- Medication
- Intensive outpatient
- Partial hospitalization
- Inpatient hospitalization
- Community support services
- Intensive family intervention

Substance Use Disorder

Substance Use Disorder (SUD) includes the misuse of alcohol, tobacco, prescribed medication (like opioids or anxiety medication) or illegal drugs.

Recognizing you may need treatment takes courage and strength. And it's important that you don't try to do it alone. Treatment is different for everyone. Here are the services we offer:

- Detox
- Medication Assisted Treatment (MAT)
- Therapy
- Tobacco and Vaping Cessation Program (see page 24)

Ready for help? Here are your options:

- Talk to your PCM about treatment options.
- Call CSMV Beneficiary Services at **1-833-230-2080** (Monday through Friday, 8 a.m. to 6 p.m. ET) for help finding a provider and scheduling an appointment.
- Call the CSMV Addiction Support Line at **1-844-607-2838** for direct support.

Support in Crisis

If you have an emergency situation and are concerned about the safety and well-being of yourself or others, call 911 or go to the nearest ER. You can also use the resources below.

CSMV Support

- Behavioral Health Crisis Line: **1-833-227-3111**
- 24-Hour Nurse Advice Line: **1-833-687-7376**

National Support

- National Suicide and Crisis Lifeline: 9-8-8
- Crisis Text Line: Text 'HELLO' to 741741
- National Domestic Violence Hotline: 1-800-799-SAFE (7233) or text 'START' to 88788
- Substance Abuse and Mental Health Services Administration (SAMHSA) National Treatment Service Locator: 1-800-662-HELP (4357).

Coverage and Enrollment

What Is Open Season?

Open Season is the period of time when you can start, stop or change your TRICARE coverage for the next calendar year.

Open Season runs every year from **mid-November to mid-December**. Exact dates are set by TRICARE and vary by year. Open Season runs from the Monday of the second full week in November through the Monday of the second full week in December. Changes you make during the TRICARE Open Season go into effect on January 1 of the following year.

Newborn and Adoption Enrollment

Unmarried biological children, adopted children and stepchildren are eligible for TRICARE Prime Demo until age 21. If you have a new addition to your family, you must first register your newborn or adopted children in the Defense Enrollment Eligibility Reporting system (DEERS) before enrolling them in TRICARE Prime Demo. You have 90 days to register your child in DEERS from the date of birth or date an adoption is finalized.

To learn more about newborn or adoption enrollment, visit: tricare.mil/LifeEvents/Baby

Utilization Management

A utilization management (UM) review happens when CSMV reviews a request for medical, behavioral health and pharmacy services before, during or after service.

Contact the UM team by:

Phone: 1-833-230-2080

Mail: CareSource Military & Veterans
P.O. Box 1307
Dayton, OH 45401-1307

Preauthorization

A **preauthorization** is advance approval you may need before getting certain services. It is CSMV's way of confirming that the care is covered under your plan and appropriate for your health needs.

The request is reviewed by qualified doctors (MD or DO) for review of physician requests and like specialties for non-physician requests. These reviewers must be in the geographic area and currently practicing. They will use clinical guidelines and criteria that are reviewed annually to determine if the service is covered.

Medical necessity means the service itself is required to diagnose, treat or prevent a condition—and that it is backed by medical research as safe and effective. Only care that meets this standard is covered.

When preauthorization is required, we will notify you and your provider in writing of our decision within the following time frames:

Type of Authorization	Time Frame
Standard	2 business days
Urgent	1 business day
Inpatient Stay	1 business day
Inpatient Continued Stay	1 business day
Retrospective (review of services already given)	30 calendar days

WHAT I WISH I KNEW

I thought “medically necessary” meant anything my doctor said I needed, but TRICARE only covers care that is a proven, standard practice. Knowing this helped me ask better questions, like “Is this covered under my plan?” or “Do I need preauthorization?” It doesn’t mean you can’t get the care. It just means you may need one extra step to be sure it’s covered.

Sometimes we need an extension of these time frames because we need more information to support your request. If we need to request an extension, we will contact you. The Time frames for extensions include:

Type of Authorization	Time Frame for Extension
Standard	15 calendar days
Urgent	48 Hours
Retrospective	15 calendar days

Review determinations are based only on appropriateness of care and service to determine coverage. We do not reward health partners or employees for not providing services to you, and we do not encourage or reward health care decisions that could reduce services to beneficiaries.

Referrals

A **referral** is when your PCM sends you to another provider for care that they don't provide.

With your TRICARE Prime Demo plan, you don't need a referral to see a network specialist. If you need care from a non-network specialist, you or your PCM can request a preauthorization from CSMV.

WHAT I WISH I KNEW

I spent weeks waiting for paperwork I didn't need. If the provider is in network, you can book directly—no extra steps required. Just bring your CSMV ID card and your military ID.

Point of Service Option: Beneficiary Choice to Obtain Care from Non-Network Providers

If you choose to receive care from a non-network provider without preauthorization, you will pay **50 percent of the allowed rate** directly to that provider. CSMV will also reduce its payment by that same amount. This means you'll pay much more out of pocket—and those costs do not count toward your catastrophic cap.

To avoid the 50 percent point of service cost share, always use a CSMV network provider or make sure a preauthorization is requested and approved before you see a non-network provider.

Visit **findadoctor.CareSource.com** for a full list of all of our network providers.

WHAT I WISH I KNEW

I thought "out-of-network" just meant a higher copay. I didn't realize it could mean paying half of the bill myself—and that those costs don't count toward my catastrophic cap. Once I learned that, I always checked to see if a provider was in network before scheduling.

Catastrophic Cap

Maximum Annual Out-of-Pocket Expenses

The catastrophic cap (CatCap) is your yearly financial ceiling. Once you reach it, you should not pay any more out-of-pocket for covered services until the next calendar year. Both individual and family maximums apply. Your medical and pharmacy copays count toward this cap.

Important: If you use the **Point-of-Service (POS)** option, those higher costs do not count toward your CatCap.

WHAT I WISH I KNEW

I didn't realize the CatCap was a yearly limit across my whole family. Once we hit it, our copays stopped—but only for in-network care. I learned to track our spending so we didn't overpay while waiting for the system to catch up.

About Your CatCap Totals:

Sometimes there may be delays in how your costs show up because:

- Claims are processed at different times by different contractors
- Family members may be in another TRICARE program
- Pharmacy claims may be tracked separately

CSMV checks CatCap amounts monthly to make sure your records are correct. If you ever pay a copay after hitting your CatCap, we'll automatically adjust or refund the overpayment—you don't need to call us. If you made the payment to your provider, the provider would issue the refund.

Managing Your CatCap

Quick tips to manage your CatCap:

- **Track your spending:** Keep a simple list of copays and pharmacy costs so you'll know when you're close to the limit.
- **Stay in network:** Only in-network costs count toward your CatCap. POS charges do not.
- **Check pharmacy totals:** Pharmacy claims may show up separately, so don't be surprised if your online totals look delayed.

Avoiding POS Costs

Quick tips to avoid POS costs

- **Always ask if the provider is in network** before scheduling care.
- **Get preauthorization first** if you need to see a provider outside the network.
- **Remember:** POS costs are much higher and do not count toward your CatCap.

Balance Billing

If a provider tries to charge you more than TRICARE Prime Demo allows, it's called balance billing.

- **Network or participating providers** (those who accept TRICARE Prime Demo payment directly) cannot bill you for anything beyond your copay or cost share shown on your EOB.
- **Nonparticipating providers** (those who do not accept payment directly) may bill you, but by law, they can charge no more than **15 percent above the TRICARE Prime Demo allowable amount**. If you ever get a bill higher than this, call us right away.

WHAT I WISH I KNEW

When I called a provider and asked, "Do you take TRICARE?" they almost always said yes. What I didn't realize is that some were out-of-network, which meant I could be billed more. Asking the right questions saved me from surprise bills.

What to Ask a Provider

Asking these questions helps you avoid surprise bills and know exactly what to expect before your visit. When you call a doctor or clinic, don't just ask, "Do you take TRICARE?" Instead, ask:

- Are you in network for TRICARE Prime Demo with CSMV?
- Will you bill CSMV directly or do I need to pay up front?
- Can you confirm what my copay or cost share will be?

Your Current Treatments and Continuing Care

We want to make sure your care continues without interruption when you join the TRICARE Prime Demo plan. If you are already receiving treatment, we will help make your transition smooth and simple. If you enroll in the plan and find your providers are not in our network, call us. We can work with them to authorize continued care or find another provider.

We can help you keep your care if:

- Your provider has left the network, and you still need treatment for a chronic or acute health condition or if you are pregnant. If this happens, we will send you a letter as soon as possible or within 30 calendar days from receipt of termination notification from the provider.
- You disenroll from TRICARE Prime Demo to go to another plan.
- You transfer between settings, like an inpatient hospital back to your home or community.

When You're Outside Our Service Area

You can't always plan when you get sick or hurt—and sometimes it happens when you're away from home. If you have an emergency while traveling outside our service area, you can see **any provider** and receive medically necessary covered services. Your care will be covered even if the provider is not in our network.

WHAT I WISH I KNEW

I thought being out of town meant I had to find a military hospital or wait until I got home. Knowing I could go to the nearest ER for covered services gave me peace of mind while traveling.

Care Management

We work closely with you, your family and care team to assess your health care needs and create a care plan. This plan combines your goals with the benefits and resources available through your plan.

We can help:

- Coordinate care and benefits.
- Provide education and resources on your health condition and self-care.
- Avoid gaps in your care.
- Find community support services.
- Ensure smooth transitions when events or life changes happen.

A Care Manager may contact you if you or your doctor requests or if we feel our services might be helpful to you or your family. A Care Manager is a nurse or social worker who serves as your single point of contact at CSMV. You can view your Care Manager in your CareSource MyLife app and contact them directly with any questions or concerns.

CSMV offers Care Management for conditions that include, but are not limited to:

- | | |
|--|---|
| • Asthma | • Depression |
| • Bipolar disease | • Heart failure/coronary artery disease |
| • Chronic obstructive pulmonary disease (COPD) | • High blood pressure |
| • Controlled substance management | • Pain management |
| • Diabetes | • Pregnancy |

The Care Management program is voluntary, and you can opt out at any time. You can view your Care Manager in your CareSource MyLife account. If you have questions or feel you would benefit from Care Management services, call us at **1-844-206-6188** (TTY: 711).

Transitions of Care

If you need to stay in the hospital, we can help you when you are discharged. Our Transitions of Care (TOC) program helps coordinate your care, so you have a clear path to recovery. We can help:

- Make sure you know when and how to take your medications
- Set up delivery of supplies to your home, as needed
- Set up home care
- Set up follow-up visits
- And more!

Have other questions about what to do after being released from the hospital? Call us at **1-844-206-6188**.

Disease Management

Disease Management can help you find a path to better health through information, resources and support. This free program is open to beneficiaries of all ages with specific conditions, including asthma, hypertension and diabetes.

We can help through:

- Digital health education and self-management tools to help manage chronic conditions
- One-to-one care management (if qualified)

These digital resources are available to help you manage a long-term health condition or build healthy habits:

- **MyHealth** is used to set and track wellness goals. It also includes **Journeys**, a tool that helps you take a larger goal and break it down into small, easy-to-manage steps.
- The **Interactive Health Library** is an online library that has articles, videos and quizzes about many health conditions. You can also find recipes and other wellness tips.

You may self-refer or be referred into the Disease Management program by your PCM. The Disease Management program is voluntary, and you can opt out at any time.

Tobacco and Vaping Cessation

We want you to stay healthy. If you use tobacco or vape and are ready to quit, we have resources to help you! For adults 18 years and older, contact TRICARE's Commit to Quit Line at 1-877-414-9949, Monday through Friday, 8 a.m. to 5 p.m. to speak with a nicotine cessation specialist.

For adolescents ages 13 to 17 years old, contact your state's quit line today to speak to a youth quit coach.

- Georgia: 1-877-270-7867
- Florida: 1-877-822-6669

You can also access online resources to help you quit today at **www.ycq2.org**.

If you have any questions about taking the next steps to quit, you can chat with someone today by visiting **MyLife.CareSource.com** or calling Beneficiary Services.

Mom & Baby Beginnings™ Program

For additional support during your pregnancy, enroll in our Mom and Baby Beginnings program. This program was created to support you through your pregnancy and after you deliver. Our dedicated team includes nurses, nurse practitioners, social workers, behavioral health specialists and lactation consultants, all specializing in maternity care. Our team of experts will also make sure you have the knowledge you need to make the best treatment decisions for you and your baby.

We can also help arrange care if you have a baby in the NICU. We can help you:

- Keep in touch about your health care needs.
- Set up care and benefits.
- Find support services in your community.

These services are free and will not change your benefits.

Our goal is to help you have a healthy pregnancy, postpartum experience and newborn. We will make a care plan with you, your family and your medical team. We will also teach you about caring for yourself and your baby.

To learn more, call **1-844-206-6188** (TTY: 711).



Grievance and Appeals

Our goal is for you to feel confident and supported in your care with CSMV. Most of the time, issues can be solved quickly with a phone call or conversation. But if something doesn't feel right, you have the right to take the next step.

Grievance	Appeal
About how you were treated or the quality of your care .	About a coverage or benefit decision .
Examples: poor customer service, concerns with provider behavior, dissatisfaction with care environment.	Examples: denial of a service, ending a service early or a claim that was not paid.
Can be filed anytime if you are unhappy with care or services.	Must be filed within a set time frame.
Goal: To improve your experience and resolve your concerns.	Goal: To have a coverage decision reviewed and possibly changed.

What Is a Grievance?

A grievance is a formal written complaint about the care or service you received. It can be about things like:

- Quality of care
- How a provider or facility treated you
- Customer service or other concerns

A grievance is not about coverage or benefit decisions — those are handled through the appeals process.

How and When to File a Grievance

You or your authorized representative may file a grievance **at any time** if you are unhappy with your care or service.

To file a grievance:

Mail: CareSource Military & Veterans
Attn: Beneficiary Appeals
P.O. Box 1947
Dayton, OH 45401-1947

Need Help?

If you need help filing a grievance, you can:

- Visit **MyLife.CareSource.com**
- Call **1-833-230-2080**

What Is an Appeal?

An appeal, sometimes called a reconsideration, is a request for us to take another look at a benefit decision. You can file an appeal if:

- We denied a service, or
- We approved only part of your claim, or
- We ended a service that was previously approved.

How and When to File an Appeal

You must file an appeal within 180 days from the date of the denial notification. You have the right to ask for an appeal of an adverse benefit determination.

Requirements for Requesting an Appeal

Your appeal must include:

- The reason you are appealing the decision.
- Any clinical or other information that supports your request.
- A written appeal, submitted by mail, email or through CareSource MyLife.

Who can file:

- You may file the appeal yourself.
- With your written consent, your provider or another authorized representative may file on your behalf.

To file an appeal:

Mail: CareSource Military & Veterans
Attn: Beneficiary Appeals
P.O. Box 1947
45401-1947

Need help?

If you need help filing an appeal, you can:

- Visit **MyLife.CareSource.com**
- Call **1-833-230-2080**

We will send a letter within three business days of receiving your appeals request to acknowledge receipt

of your appeal. This is not a determination letter.

Non-Appealable Issues

Some issues cannot be appealed. The list below includes issues that will not be accepted for reconsideration.

- **Allowable charge:** Payment rates allowed under TRICARE Prime Demo reimbursement methods.
- **Eligibility:** Beneficiary must be eligible for TRICARE on DEERS. Contact DEERS if an eligibility issue needs correction.
- **Sanctioned provider:** Claim denial due to provider being sanctioned under federal guidelines.
- **Provider not authorized:** Provider must have a current, valid state license.
- **POS cost share:** When a beneficiary chooses to obtain care from a non-network provider without obtaining preauthorization from CSMV, the 50 percent beneficiary cost share is not appealable.
- **Late appeals:** Appeals submitted after timely filing limit.

You can request an administrative review from us if you believe one of the non-appealable issues is due to an error.

Appeal Decision

Step	What Happens	Time Frame
Submit Appeal	You or your provider on your behalf submit a written or verbal appeal.	Within 90 days of the denial notice. Expedited appeals must be submitted within three calendar days.
Our Review (Standard Appeal)	We review your request and send a written decision.	Within 30 calendar days.
Our Review (Expedited Appeal)	We must receive your appeal within 3 business days of receipt of notice for it to be considered expedited.	3 business days.
Independent Review*	<p>You may ask for an independent review if you don't agree with our appeal decision.</p> <p>We may allow you to continue your previously approved care pending the outcome of the internal appeal of a concurrent care decision. You must specifically indicate this in your appeal request and provide any additional supporting documentation.</p>	Must request within 90 calendar days of standard appeal decision.

DHA Hearing	A DHA hearing is available for medical necessity denials where the amount in dispute is greater than \$300.	Only after the standard appeal and second level, independent review are complete. We will compile the records for DHA review and request the hearing for you.
Appeal Time Frame Extension	<p>You can ask us to extend the time frame for a standard or expedited appeal.</p> <p>We can also request an extension if we need more time to make the decision. If we ask for an extension, we will notify you in writing.</p>	An extension can be up to 14 days.

Advance Directives

An advance directive is a written plan for the health care you would want for yourself or your dependent child if you cannot speak for yourself. Having this in place makes sure your wishes are known and followed. It also gives comfort to your loved ones during difficult times.

TRICARE Prime Demo beneficiaries have several resource options for legal advice about advance directives.

Military Resources

- Installation Legal Assistance Office (Judge Advocate General, or JAG): Free legal advice and document preparation for eligible beneficiaries, including active duty, retirees and family members. JAG can review state-specific requirements, help draft documents and provide notarization. Find your nearest office using the Legal Services Locator on Military OneSource.
- Department of Veterans Affairs (VA): The VA provides information and forms for veterans who wish to set up advance directives. Visit va.gov or talk with your VA health care provider.
- Military OneSource: Offers 24/7 access to legal resources, including free consultations by phone, educational materials and referrals to local legal resources. Call 1-800-342-9647 or visit [Military OneSource – Legal Help](#).

Resource If You're Not Near a Base

- Local legal aid organizations
- Veteran service organizations (VSOs), such as the American Legion, VFW or DAV
- Caringinfo.org (or call 1-800-658-8898) for free state-specific guidance

After you complete your advance directive:

- Make sure your family and health care providers know your wishes.
- Keep your forms in a safe place and let a trusted family member know where to find them.
- You may change or cancel these forms at any time via any of the resources above.

For more information on advance directives, visit: <https://www.nia.nih.gov/health/advance-care-planning/advance-care-planning-advance-directives-health-care>.

This information is general and does not replace legal advice. Always consult a qualified legal professional if you have questions.

Notice of Privacy Practices

The Notice of Privacy Practices describes how medical information about you may be used and disclosed. To read and review the Notice of Privacy Practices, visit [CareSource.com/about-us/legal/hipaa-privacy-practices/](https://www.caresource.com/about-us/legal/hipaa-privacy-practices/).

Fraud, Waste and Abuse

Our Program Integrity department handles cases of managed care fraud, waste and abuse.

- **Fraud** means purposeful misuse of — or for gain of — benefits.
- **Waste** means overusing benefits when they are not needed.
- **Abuse** is an action that causes unneeded costs to CSMV. Abuse can be caused by a provider or a beneficiary. Provider abuse could be actions that do not make good fiscal, business or medical sense.

Providers, pharmacies or beneficiaries can commit fraud, waste and abuse. Examples of fraud, waste and abuse are:

Providers who:

- Order prescriptions, equipment or services that are not medically necessary
- Do not give medically necessary services due to lower reimbursement rates
- Bill for tests or care they do not provide
- Use wrong medical coding on purpose to get more money
- Plan more visits than are needed
- Bill for more expensive care than provided
- Unbundle services to get a higher repayment

Pharmacies that:

- Do not fill prescriptions as written by your provider
- Send claims for a brand-name drug that costs more but give you a generic or less expensive drug
- Give less than the prescribed amount and do not let you know to get the rest of your medication

Beneficiaries who:

- Sell prescribed medication or try to get controlled drugs from more than one doctor or drugstore
- Change or forge prescriptions
- Use pain medications they do not need
- Share their ID card with someone else
- Do not tell us that they have other health insurance
- Get care or medication using someone else's ID card

- Give wrong symptoms to get treatment, prescriptions and other care
- Have too many ER visits for problems that are not an emergency

If you are proven to have misused your covered benefits, you might:

- Have to pay back money that was paid for a benefit misuse
- Be charged with a crime
- Lose your benefits

If You Suspect Fraud, Waste or Abuse

Report suspected cases of fraud, waste or abuse:

Online: secure.ethicspoint.com/domain/media/en/gui/78536/index.html

By phone: **1-844-415-1272**

By mail: CareSource Military & Veterans
Attn: Program Integrity
P.O. Box 1940
Dayton, OH 45401-1940

You do not have to give us your name when you write or call. If you don't mind giving your name, you can report:

By fax: 1-800-418-0248

By email: Fraud@CareSource.com

Please give us as many facts as you can, including names and phone numbers. This will be kept private as allowed by law.

Rights & Responsibilities

Your Rights

As a TRICARE Prime Demo beneficiary, you have the right to:

- **Respect & Privacy:** Be treated with dignity, have your information kept private, and get care in a safe, respectful setting.
- **Information:** Learn about your plan, providers, treatment options and costs in a way you can understand. Request records, corrections, incentive plan details and plan operations information at no cost.
- **Choices:** Pick your provider when possible, get a second opinion, see a women's health provider or go out of network if services aren't available in network.
- **Decisions:** Take part in your care decisions, accept or refuse treatment and make advance directives.
- **Access & Support:** Receive needed covered services, language/translation help, sign language, and alternative formats within five business days at no cost.
- **Appeals & Complaints:** File appeals or grievances without retaliation.
- **Protections:** Not be held responsible for plan debts, extra provider charges or payments beyond your required copays/cost shares.

Your Responsibilities

You are responsible for:

- **Using your plan correctly.** See network providers, carry your ID card and don't let others use it.
- **Your appointments and care.** Be on time and cancel at least 24 hours ahead. Follow the treatment plan you agree on with your providers and update your PCM after urgent or behavioral health visits.
- **Your information.** Keep your contact details current, tell us about other insurance, provide needed health information and report suspected fraud.
- **Engaging with your health plan.** Learn about your health and work with your provider toward agreed goals.

Disenrollment

You have the right to request disenrollment from the plan when you experience a qualifying life event.

You must disenroll through the DEERS system using Beneficiary Web Enrollment (BWE) through milConnect (milconnect.dmdc.osd.mil). Learn more about how to disenroll at tricare.mil/PatientResources/Forms/Disenrollment/PrimeOptions.

In rare cases, CSMV may ask that you be disenrolled if:

- You wish to join a TRICARE demonstration or program that CSMV cannot offer
- Your use of services is fraudulent or abusive
- You no longer meet the requirements to participate in the plan

Re-Enrollment Checklist

You must re-enroll in your TRICARE Prime Demo plan each year during Open Season to keep your coverage.



Step 1: Know the Dates

This is your window to renew, change or end coverage. Outside of Open Season, you can only make changes for qualifying life events (QLEs) like PCS, retirement, marriage and birth/adoption.

Dates: Open Season runs every year from **mid-November to mid-December**

Exact dates are set by TRICARE and vary by year. Open Season runs from the Monday of the second full week in November through the Monday of the second full week in December. Changes you make during Open Season go into effect on January 1 of the following year.



Step 2: Use the New EEE System

This year, TRICARE is using a new system called **EEE (Eligibility, Enrollment and Encounter)** to check eligibility, handle enrollment and track your medical claims.

You can re-enroll online at enrolltricare.com or by phone.

WHAT I WISH I KNEW

I thought my TRICARE coverage just kept rolling without me doing anything. It doesn't. Open Season is the one time each year to lock in your choice for health care. If you miss it, you may be stuck waiting until the next year unless you have a major life change. Knowing the dates and re-enrolling on time saves a lot of stress.



Step 3: Get Support If You Need It

Call CSMV Beneficiary Services at **1-833-230-2080** (TTY: 711). We can answer your questions and, when you're ready, connect you directly with EEE to complete enrollment.



Step 4: Alternate Options

You can also use **Beneficiary Web Enrollment (BWE)** through **milConnect** (milconnect.dmdc.osd.mil).



Step 5: Confirm Your Enrollment

Always check DEERS (milConnect) or your EEE account to confirm your enrollment went through.

Once active, you'll see your CSMV ID card and benefits in **MyLife.CareSource.com**

Notice of Availability

Get free help in your language with interpreters and other written materials. Get free aids and support if you have a disability. Call **1-833-230-2080 (TTY: 711)**.



Obtenga ayuda gratuita en su idioma a través de intérpretes y otros materiales en formato escrito. Obtenga ayudas y apoyo gratuitos si tiene una discapacidad. Llame **1-833-230-2080 (TTY: 711)**.

احصل على مساعدة مجانية بلغتك من خلال المترجمين الفوريين والمواد المكتوبة الأخرى. إذا كنت من ذوي الاحتياجات الخاصة، ستحصل على المساعدات والدعم مجاناً. اتصل على الرقم **1-833-230-2080 (TTY: 711)** للصم وضعاف السمع أو الهاتف النصي **1-833-230-2080 (TTY: 711)**

通过口译员和其他书面材料，获得您所使用语言的免费帮助。如果您有残疾，可以获得免费的辅助设备和支持。请致电：**1-833-230-2080 (TTY: 711)**。

Erhalten Sie kostenlose Hilfe in Ihrer Sprache durch Dolmetscher und andere schriftliche Unterlagen. Beziehen Sie kostenlose Hilfsmittel und Unterstützung, wenn Sie eine Behinderung haben. Rufen Sie folgende Telefonnummer an: **1-833-230-2080 (TTY: 711)**.

Obtenez une aide gratuite dans votre langue grâce à des interprètes et à d'autres documents écrits. Si vous souffrez d'un handicap, vous bénéficiez d'aides et d'assistance gratuites. Appelez le **1-833-230-2080 (TTY: 711)**.

Nhận trợ giúp miễn phí bằng ngôn ngữ của quý vị với thông dịch viên và các tài liệu bằng văn bản khác. Nhận trợ giúp và hỗ trợ miễn phí nếu quý vị bị khuyết tật. Gọi **1-833-230-2080 (TTY: 711)**.

Grick Hilfe mitaus Koscht in dei Schprooch mit Iwwersetzer un annere schriftliche Dinge. Grick Aids un Hilfe mitaus Koscht wann du en Behinderung hoscht. Ruf **1-833-230-2080 (TTY: 711)**.

आपकी भाषा के इंटरप्रेटर तथा आपकी भाषा में अन्य लिखित सामग्रियों संबंधी शी मदद पाएं। यदि आपको कोई डिसेबिलिटी हो, तो मु त सहायता और सपोर्ट प्राप्त करें। कॉल करें **1-833-230-2080 (TTY: 711)**.

통역사와 기타 서면 자료의 도움을 귀하의 언어로 무료로 받으세요. 장애가 있을 경우, 보조와 지원을 무료로 받으세요. **1-833-230-2080 (TTY: 711)** 로 문의하세요.

በአስተርጓሚዎች እና በሌሎች የጽሑፍ ቁሳቁሶች በቋንቋዎ ከክፍያ ነፃ እርዳታ ያግኙ። የአካል ጉዳት ካለብዎት ከክፍያ ነፃ እርዳታ እና ድጋፍ ያግኙ። ወደ **1-833-230-2080 (TTY: 711)** ይደውሉ።

Gba ìrànlọ́wọ́ọ̀fẹ́ ní èdè rẹ̀ pẹ̀lú àwọn ògbìfọ̀ àti àwọn ohun èlò mírán tí a kọ sílẹ̀. Gba àwọn ìrànlọ́wọ̀ àti àtìlẹ́yìn ọ̀fẹ́bì o bá ní àìlera kan. Pe **1-833-230-2080 (TTY: 711)**.

Makakuha ng libreng tulong sa wika mo gamit ang mga interpreter at mga ibang nakasulat na materyales. Makakuha ng mga libreng pantulong at suporta kung may kapansanan ka. Tumawag sa **1-833-230-2080 (TTY: 711)**.

مور کولی شو ستاسو د روغتیا پاملرنې په اړه ستاسو په ژبه کې او د نورو ښو (یعنې فارمیټونو) له لارې له تاسو سره وړیا مرسته وکړو. آیا زموږ د موادو لوستلو لپاره ملاتړ یا مرستې ته اړتیا لرئ؟ آیا تاسو له مور سره خبرو کولو لپاره د ژبې خدمتونه غواړئ؟

زنګ یا ووهی په **1-833-230-2080 (TTY: 711)**

ವ್ಯಾಖ್ಯಾನ ಮತ್ತು ಇತರ ರಾತ್ನಪೂರ್ವಕ ಮೆಟೀರಿಯಲ್‌ಗಳ್ಗೆ ಮಿ ಭಾಷಣ್ ಡಚಿತ್ ಸಹಾಯಾನ್ವಿಷ್ಟಾಂದಂಡಿ. ಒಕವೆಳ ಮಿಕ್ಕು ವೈಕಲ್ಯಾ ಡಂತೆ, ಡಚಿತ್ ಡಪಕರಣಾಲು ಮರಿಯು ಮಧ್ಯತು ಪಾಂದಂಡಿ. ಕಾಲ್ ಡೆಯಂಡಿ: **1-833-230-2080 (TTY: 711)**.

दोभाषे र अन्य लिखित सामग्रीह को माध्यमद्वारा आ नोभाषामा निशुल्क मददत प्राप्त ग्नुहोस् । तपा लाई अशक्तता छ भने निशुल्क सहायता र स फ्मथराप्त ग्नुहोस् । **1-833-230-2080 (TTY: 711)** मा कल ग्नुहोस् ।

သင့်ဘာသာစကားအတွက် စကားပြန်များနှင့် အခြားပိုမိုစာရွက်များကို အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ ဖုန်းခေါ်ရန် - **1-833-230-2080 (TTY: 711)**.

Jwenn èd gratis nan lang ou ak entèprèt ansanm ak lòt materyèl ekri. Jwenn èd ak sipò gratis si w gen yon andikap. Rele **1-833-230-2080 (TTY: 711)**.

Bök jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bök jeralin jibañ ko ilo an ejjelok wōnāer im jibañ ko ñe ewōr am nañinmejın utamwe. Kalle **1-833-230-2080 (TTY: 711)**.

CSMV-TRICARE-M-4316464

Contact Information

CSMV RESOURCES

Resource	Information	Hours
Beneficiary Services	1-833-230-2080 (TTY: 711) MyLife.CareSource.com findadoctor.CareSource.com	Monday through Friday, 8 a.m. to 6 p.m. ET
24-Hour Nurse Advice Line	1-833-687-7376 (TTY: 711) MyLife.CareSource.com	24 hours a day, 365 days a year
Telehealth	1-800-TELADOC (835-2362) MyLife.CareSource.com	24 hours a day, 365 days a year
Health Assessment Team	1-844-206-6188 (TTY: 711) MyLife.CareSource.com	Monday through Friday, 7 a.m. to 6 p.m. ET
CSMV Behavioral Health Crisis Line	1-833-227-3111 (TTY: 711) MyLife.CareSource.com	24 hours a day, 365 days a year
Addiction Support Line	1-844-607-2838 (TTY: 711) MyLife.CareSource.com	24 hours a day, 365 days a year
Care Management	1-844-206-6188 (TTY: 711)	Monday through Friday, 8 a.m. to 5 p.m. ET
Utilization Management	1-888-230-2080 (TTY: 711) CareSource Military & Veterans Attn: UM P.O. Box 1307 Dayton, OH 45401-1307	Monday through Friday, 8 a.m. to 6 p.m. ET

Fraud, Waste or Abuse Reporting	<p>Online Reporting: secure.ethicspoint.com/domain/media/en/gui/78536/index.html</p> <p>Phone: 1-844-415-1272 Fax: 1-800-418-0248</p> <p>CareSource Military & Veterans Attn: Program Integrity P.O. Box 1940 Dayton, OH 45401-1940</p> <p>Email: Fraud@CareSource.com</p>	24 hours a day, 365 days a year
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TRICARE RESOURCES

Eligibility Assistance from DEERS	<p>1-800-538-9552</p> <p>DEERS Support Office 400 Gigling Rd. Seaside, CA 93955-677</p>	Monday through Friday, 8 a.m. to 8 p.m. ET
TRICARE Prime Demo Enrollment or Disenrollment	<p>1-877-996-9333</p> <p>enrolltricare.com/welcome</p>	Monday through Friday, 8 a.m. to 6 p.m. ET

