

Update your other health insurance on line!

WPS offers all our Overseas beneficiaries access to a secure account to manage your healthcare online, at any time. Visit www.TRICARE-Overseas.com to set up your account. Already registered? Login and update your information online.

TRICARE Other Health Insurance Questionnaire	
Sponsor	
Name: _____	
Sponsor SSN: ___ ___ / ___ ___ / ___ ___ or 11-digit DoD Benefits Number (DBN): ___ - ___ - ___ - ___ - ___ - ___	
Sponsor's Date of Birth: ___ / ___ / ___	
Sponsor's Mailing Address: _____	
City: _____ State: _____ ZIP Code: _____	
Sponsor's Home Phone: (____) _____ - _____ Sponsor's Work Phone (____) _____ - _____	
Have you or any family member been covered by health insurance other than TRICARE within the past 3 years? () Yes () No	
If you answered yes above, complete the remainder of this questionnaire. Regardless of answer above, please read, sign on page 2 and return the questionnaire to the address indicated on page 3 of this questionnaire.	
TRICARE pays after commercially purchased health care plans and Medicare but is primary payer over State Medical Assistance plans (Medicaid) and policies specifically sold as TRICARE Supplemental plans. You or your provider should submit health care claims to any primary payers BEFORE submitting claims to TRICARE with proof of what the primary insurance paid and your remaining liability.	

Reference (enter claim number, if applicable):

***Use the following Coverage Types when completing the questionnaire:**

1 = Employer-Sponsored Health Plan	2 = TRICARE Supplement	3 = Private-not through employment	6 = Medicaid/State Medical Assistance Plan	7 = Student Plan
8 = Medicare Supplement	R = Pharmacy	C = Medicare	H = Medicare HMO/Medicare Advantage Plan	

OHI INFORMATION					
Covered Beneficiary 1: EXAMPLE	First Name	Last Name	Year of Birth	DoD Benefits Number	
	<i>Jane</i>	<i>Doe</i>	<i>1964</i>	<i>xxxxxxxx-01</i>	
Health Insurance Carrier Name	Phone	Policy Number	*Coverage Type	Original Start Date of Policy	Expiration Date (if applicable)
1. Blue Cross	<i>800-555-1234</i>	<i>Xhjxxx6789a</i>	<i>1</i>	<i>1/1/2009</i>	<i>N/A</i>
2. M.O.A.A.	<i>800-555-1234</i>	<i>Xxxxxx1234</i>	<i>2</i>	<i>1/1/2005</i>	<i>N/A</i>

Covered Beneficiary 1:	First Name	Last Name	Year of Birth	DoD Benefits Number	
Health Insurance Carrier Name	Phone	Policy Number	*Coverage Type	Original Start Date of Policy	Expiration Date (if applicable)
1.					
2.					
Covered Beneficiary 2:	First Name	Last Name	Year of Birth	DoD Benefits Number	
Health Insurance Carrier Name	Phone	Policy Number	*Coverage Type	Original Start Date of Policy	Expiration Date (if applicable)
1.					
2.					
Covered Beneficiary 3:	First Name	Last Name	Year of Birth	DoD Benefits Number	
Health Insurance Carrier Name	Phone	Policy Number	*Coverage Type	Original Start Date of Policy	Expiration Date (if applicable)
1.					
2.					
Covered Beneficiary 4:	First Name	Last Name	Year of Birth	DoD Benefits Number	
Health Insurance Carrier Name	Phone	Policy Number	*Coverage Type	Original Start Date of Policy	Expiration Date (if applicable)
1.					
2.					

If you have more covered beneficiaries, please use an additional sheet of paper.

Are any of these policies limited to a specific coverage such as cancer, nursing home, dental, vision, pharmacy, etc? ()Yes ()No

If yes, please list the insurance name and specific coverage: _____

Do any of these insurance have any exclusions(s)? ()Yes ()No If yes, please list the name of the insurance and the exclusion(s): _____

The statements made in this questionnaire are true and correct to the best of my knowledge.

****Important Definitions and Information included****

Name: _____
Please Print

Relationship to Sponsor: _____

Signature _____

Sponsor SSN or DoD Benefits Numbers _____

Date _____

**Important Definitions and Information

Sponsor

The uniformed Service member-either active duty, retired or deceased whose relationship to you (spouse, parent, etc. as reflected in DEERS) makes you eligible for TRICARE.

Beneficiary

Active duty military personnel, military retirees, survivors and family members who are eligible for TRICARE benefits.

Employer-Sponsored Health Plan

A policy purchased by an employer that is offered to eligible employees of the company (and often to the employees' family members) as a benefit of working for that company.

TRICARE Supplement

Coverage plans specifically designed to cover any co-pay, cost shares or deductibles that are not covered by TRICARE. Unlike other health insurance plans, TRICARE supplemental plans are always secondary payers on TRICARE claims. These plans are frequently available from military associations and other private organizations and firms.

Private-not through employment

Health insurance plans purchased by individuals directly from an Insurer. Coverage of specific types of medical services can vary. Plan types may be hospital indemnity policies which pay a fixed daily, weekly or monthly benefit.

Medicaid

A public health care program, administered by states, for certain people and families with low incomes and resources.

Student Plan

A school-sponsored individual policy covering students meeting eligibility requirements.

Medicare supplement

Medicare supplemental insurance, also called a Medigap policy, is a health insurance policy sold by private insurance companies to cover expenses not covered by the Original Medicare Plans (Medicare part A and B).

Pharmacy

A policy that covers the costs of prescription drugs purchased from a pharmacy.

Medicare

The national health program that pays certain medical and hospital expenses. The program is open to individuals over the age of 65 and individuals with permanent disabilities. Learn more about Medicare at Medicare.gov. If you are eligible for Part A, you must purchase Part B to retain TRICARE eligibility unless your sponsor is active duty. When you are eligible for TRICARE and have Medicare Part A and Part B, you are using TRICARE For Life (TRICARE4u.com)

Medicare HMO/Medicare Advantage Plan

A Medicare health plan choice you may have as part of Medicare. Medicare Advantage Plans, sometimes called "Part C" or "MA Plans", are offered by private companies approved by Medicare.

DoD Benefits Number (DBN): An 11-digit number that will be used to determine benefits eligibility. The first nine digits are common to the sponsor but is not their Social Security Number; the last two digits identify the specific person, much like with a commercial benefit plan.

Privacy Act Statement

Authority: 10 U.S.C. Section 1086(d); 10 U.S.C. Section 1095; and E.O. 9397.

Purpose: Information provided is used to update your entitlement in the TRICARE program and to check or correct our records with respect to your Medicare and other health insurance coverage.

Routine Use(s): To the Social Security Administration to verify an applicant's eligibility; to the Department of Health and Human Services consistent with their statutory responsibilities for monitoring Government health care programs; and, to health insurance providers for coordination of coverage benefits.

Disclosure: Voluntary, however, failure to provide requested information may cause delay in payment of your medical claims.

If you have any questions about this questionnaire, please call WPS-TRICARE Customer Service at our toll free number 1-877-451-8659, Option #2.

RETURN COMPLETED Questionnaire to:

TRICARE Overseas

P.O. Box 7992

Madison, WI 53707