



STATE OF MARYLAND  
MILITARY DEPARTMENT  
FIFTH REGIMENT ARMORY  
BALTIMORE, MARYLAND 21201-2288

MDNG-AG-HRO (310-1q)

1 September 2001

HRO POLICY/GUIDANCE LETTER #14

SUBJECT: TRICARE Medical/Dental Treatment for Active Guard Reserve (AGR) Title 32 USC 502(f) Soldiers

SEE DISTRIBUTION

1. MEDICAL CARE: AGR members will receive all medical care from an Active Armed Forces Medical Treatment Facility (MTF). This care includes medical and dental. AGR members are automatically enrolled into Tricare PRIME. Dependents have the option to enroll in Tricare PRIME, EXTRA or STANDARD. Tricare enrollment procedures are provided to each AGR member upon initial entry into the program. The enrollment package contains forms necessary to enroll the AGR member and dependents into the Tricare health care program. IT IS THE NEW AGR MEMBERS RESPONSIBILITY TO ENSURE FAMILY MEMBERS ARE ENROLLED IN DEERS AND TRICARE. Upon verification of enrollment, all medical appointments must be scheduled with the Primary Care Manager at 1-888-999-5195. Specified copayments are made directly to the provider at the same time the service is given. All copayment cost are identified in the Guide to Tricare Benefits Brochure provided in the enrollment package.

2. MEDICAL EMERGENCY: AGR members and their family members enrolled in Prime are permitted to use the nearest medical facilities only in an emergency when it is a life or death situation or to relieve undue suffering. Enclosure #1 must be filled out in its entirety and faxed to the HRO AGR Branch within 24 hours of the event if the emergency involves the AGR member. Emergency care does not require a prior authorization, however, you (or someone acting on your behalf) must call your Primary Care Manager within 24 hours after receiving care to ensure maximum coverage.

This HRO/Policy Guidance Letter supersedes HRO Policy/Guidance Letter #14 dated 1 July 1997, same subject

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3. DENTAL CARE: AGR members and dependents are offered low cost dental coverage through the United Concordia Tricare Dental Program. The coverage is provided by any dentist who has signed a contractual agreement to follow United Concordia rules for providing care and accepting payments. A non participating dentist may be used, however, receiving treatment from a United Concordia participating dentist can save money, time and paperwork. This dental coverage can be elected at any time and will result in a monthly premium being withheld from the AGR members active duty pay. Benefit Booklets and Enrollment/Change Forms are available from the Human Resource Office upon request. After submission of enrollment forms to United Concordia Tricare Dental Program, the AGR member will see monthly deductions in the specified amount on the reverse side of the form. AGR members should refrain from scheduling dependent dental appointments until the deductions show up on their monthly Leave and Earning Statement. ADDITIONALLY, VERIFICATION OF ENROLLMENT MUST BE DONE IMMEDIATELY PRIOR TO ANY DENTAL APPOINTMENTS. Contact United Concordia 1-800-866-8499 for eligibility verification. It is possible for family member coverage to stop for various reasons. Verification of enrollment prior to going to the scheduled dental appointment will eliminate any unforeseen dental coverage problems.

4. DEFENSE ENROLLMENT ELIGIBILITY REPORTING SYSTEM (DEERS):

a. AGR members and their dependents must be enrolled in DEERS in order to receive TRICARE health and dental care. Failure to enroll and maintain enrollment through periodic DEERS check may result in denial of health care benefits. The member and his/her dependents are enrolled in DEERS by the active component installation MPF (ANG) or PSB (ARNG) issuing ID Cards. PSB phone number for ARNG members: (410) 576-6080  
MPF phone number for ANG members: (410) 918-6624

b. AGR members who have claims returned by TRICARE indicating no enrollment should do the following:

(1) Check ID Cards to make sure that they have not expired. (Dependent ID cards are only valid for 4 years)

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(2) Call 1-800-538-9552 (DEERS) to verify that dependents are/are not enrolled.

(3) For TRICARE inquiries call 1-888-999-5195.

(4) If ID Cards are valid, resubmit claim to TRICARE with a copy of AGR Orders, copies of your ID Card, and a copy of DD Form 1172 verified by the Personnel Service Branch.


c. It is very important that members act promptly in TRICARE related matters. AGR members should complete tour renewal actions well in advance to prevent non-enrollment from the DEERS Program.

5. Point of contact for any questions pertaining to Tricare Health and/or dental coverage beyond numbers cited herein may be directed to CPT Jeff Teller Q (410) 576-6114 or MSG Marie Plummer C (410) 576-6111.

FOR THE ADJUTANT GENERAL:

Encls

DISTRIBUTION:  
All Full-Time Support Managers/  
Supervisors (Army Only)

  
ANNETTE M. DEENER  
COL, GS, MDARNG  
Human Resource Officer

MEDICAL EMERGENCY CHECKLIST

a. SOLDIER IDENTIFICATION:

NAME: RANK: SSAN: DOB:  
AGE: RACE: SEX: UNIT OF ASSIGN:  
DUTY ASSIGN: OFFICE/UNIT PHONE:  
HOME ADDRESS: NEXT OF KIN:  
HOME PHONE: DATE OF INITIAL AGR TOUR:  
YEARS SERVICE: BASD: ETS:  
PEBD: RELIGION:

b. HOSPITAL INFORMATION:

HOSPITAL NAME: ADDRESS:  
HOSPITAL PHONE: DATE/TIME ADMITTED:  
DATE/TIME RELEASED: PHYSICIAN'S NAME:  
PHYSICIAN'S PHONE: DIAGNOSIS:  
NAME AND DISTANCE OF NEAREST MILITARY TREATMENT FACILITY:  
CIRCUMSTANCES RESULTING IN HOSPITALIZATION:

c. UNIT INFORMATION:

DATE/TIME SOLDIER NOTIFIED UNIT:  
DATE/TIME HRO (AGR BRANCH) NOTIFIED:

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(TO BE FILLED IN BY AGR BRANCH)

d. HRO INFORMATION:

DATE/TIME MEDDAC WAS NOTIFIED:  
NAME OF TREATMENT FACILITY AND POC:

NAME OF MILITARY PHYSICIAN (IF KNOWN):

DATE OF ANTICIPATED EVACUATION TO MTF (IF KNOWN):

2. POCs are MSG PLUMMER, or CPT TELLER,  
DSN 496-6114/6111 or Commercial: (410) 576-6114/6111  
FAX commercial (410) 576-6176