

SoN TRICARE INSURANCE INCENTIVE PROGRAM – Teammate

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PURPOSE

The State of Nebraska provides a monthly reimbursement to full-time, permanent teammates who have enrolled in TRICARE medical coverage in lieu of the State offered medical healthcare coverage. This document is to assist you in “enrolling in or stopping” this reimbursement program.

TRICARE REIMBURSEMENT PROGRAM QUALIFICATIONS

Teammate must meet all the criteria below to be eligible for this program.

1. Teammate must be Permanent and Full time with State of Nebraska.
 - a. Temporary, On-Call, Part-Time and Senators do not qualify.
2. Teammate must be within one of the following Workday Benefit Groups.
 - a. Full-time Bi-Weekly.
 - b. Full-time Monthly.
 - c. Full-time FOP.
 - d. Full-time State Patrol Monthly (not SLEBC).
 - e. Law Clerks.
 - f. SLEBC.
3. Teammate must be
 - a. Retired from a branch of one of the Armed Forces with twenty years of Military Service. Documentation should include:
 - i. DD214
 - ii. Retirement papers/Separation Orders

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- b. Retired from the National Guard or Reserves with twenty years of service and over 60 years of age. Documentation should include:
 - i. Notification of Eligibility for Retired Pay for Non-Regular Service (20 Years), which is commonly referred to as a 20-Year Letter.
 - ii. Retirement papers.
4. Teammate must be enrolled in TRICARE. Proof of TRICARE enrollment could include:
 - a. TRICARE Medical Card.
 - b. Proof of TRICARE coverage from milConnect.
5. Teammate must be the primary member on TRICARE (teammate does not qualify if on spouse’s TRICARE).

TRICARE REIMBURSEMENT PROCESS

Teammate works with their HR Partner to enroll in the program. In the event the teammate has SoN Medical coverage, the teammate will work with the Benefits Team to stop SoN Medical coverage. Teammate cannot have both TRICARE and SoN Medical coverage.

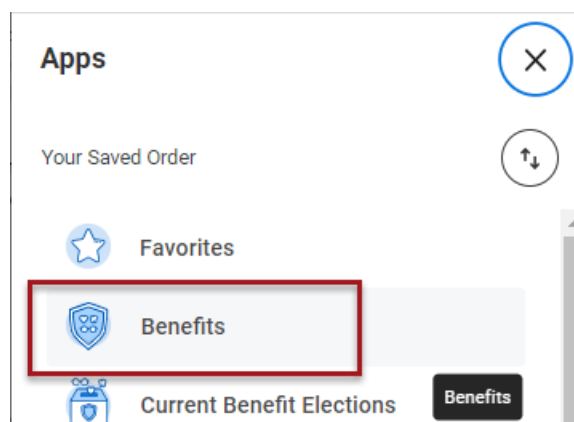
TEAMMATE PROCESS: ENROLL IN THE TRICARE INSURANCE INCENTIVE PROGRAM

LOG IN TO WORKDAY (EMPLOYEE WORK CENTER)

1. Log in to Workday (Employee Work Center) from this page, <http://link.nebraska.gov/>.
 - a. **If you have an @nebraska.gov email**, click the first link that says, “Log in with your @nebraska.gov email.” On the next screen, type your email address and your email address password.
 - b. **If you do NOT have an @nebraska.gov email**, click the second link that says, “Log in with your User Name / Workday password.” On the next screen, type your User Name and Workday password.
2. Click Sign In (or press Enter).

LAUNCH TRICARE INSURANCE INCENTIVE BENEFIT EVENT

1. Click the Menu icon in the upper left-hand corner of the screen; that will open a list of Apps. Click Benefits.



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- On the left hand of the screen, in the Change column, click Benefits.



- In the Benefit Event Type dropdown, scroll to and select “TRICARE Insurance Incentive Enroll/Stop.”

Change Benefits George Washington (122867) ⋮

Change Reason * TRICARE Insurance Incentive Enroll/...

Benefit Event Date * 06/26/2023

Submit Elections By 07/05/2023

Benefits Offered TRICARE Insurance Incentive

- In the Benefit Event Date field, click the calendar and select the date you become eligible for TRICARE. If you are currently enrolled in TRICARE, please select today's date.

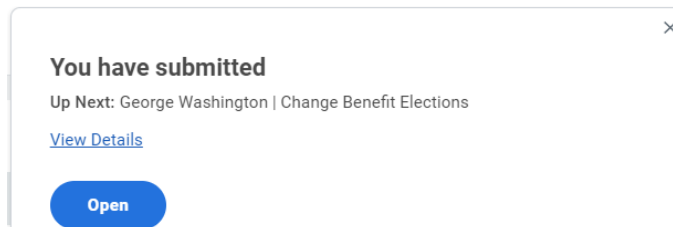
Change Reason * TRICARE Insurance Incentive Enroll/...

Benefit Event Date * MM/DD/YYYY

Submit Elections By * MM/DD/YYYY

June 2023						
SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	31	1	2	3
4	5	6	7	8	9	10

- At the bottom of the page, click Submit.
- Once you initiate the event, you must complete the enrollment event. Click the Open button.



- On the next page, click Let's Get Started.

Change Benefit Elections

Initiated On 06/26/2023

Submit Elections By 07/05/2023

Let's Get Started

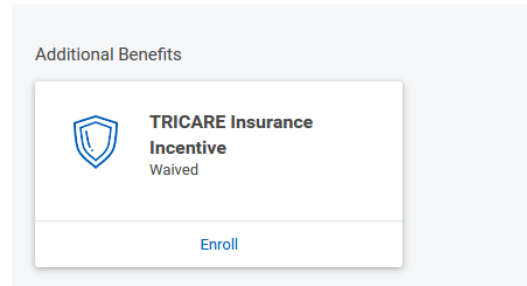
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ENROLL IN THE TRICARE INSURANCE INCENTIVE PROGRAM

1. On the next screen:
 - a. If you are not currently enrolled, the tile shows TRICARE Insurance Incentive Waived with Enroll below.
 - b. If you ARE currently enrolled, the tile shows TRICARE Insurance Incentive with Manage below.

TRICARE Insurance Incentive Enroll/Stop

Projected Total Cost (Semi-monthly)
\$0.00



2. Select Coverage to Enroll.
 - a. Click Select to the left of Single Coverage if you are the only person covered by TRICARE.
 - b. Click Select to the left of Family Coverage if your family is covered under TRICARE.

TRICARE Insurance Incentive

Projected Total Cost (Semi-monthly)
\$0.00

Plans Available

Select a plan or Waive to opt out of TRICARE Insurance Incentive.

2 items

*Selection	Benefit Plan Details	Company Contribution (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	TRICARE Insurance Incentive Program Single Coverage	\$250.00
<input type="radio"/> Select <input checked="" type="radio"/> Waive	TRICARE Insurance Incentive Program TRICARE - Family Coverage	\$500.00

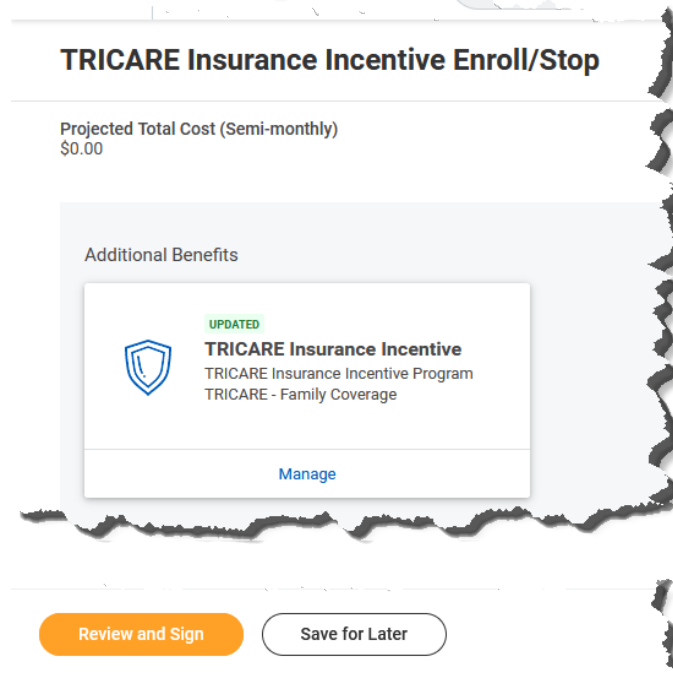
Confirm and Continue

Cancel

3. Click Confirm and Continue.
4. Please read the General Instructions on the right side of the page before proceeding.
5. Click Save.

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6. Click Review and Sign



TRICARE Insurance Incentive Enroll/Stop

Projected Total Cost (Semi-monthly)
\$0.00

Additional Benefits

TRICARE Insurance Incentive
TRICARE Insurance Incentive Program
TRICARE - Family Coverage

Manage

Review and Sign Save for Later

7. View Summary Screen – This screen shows you the TRICARE option you have selected.

8. Scroll down to the Attachments Section - Attach required documentation

a. This event will not be approved unless the appropriate documents are attached.

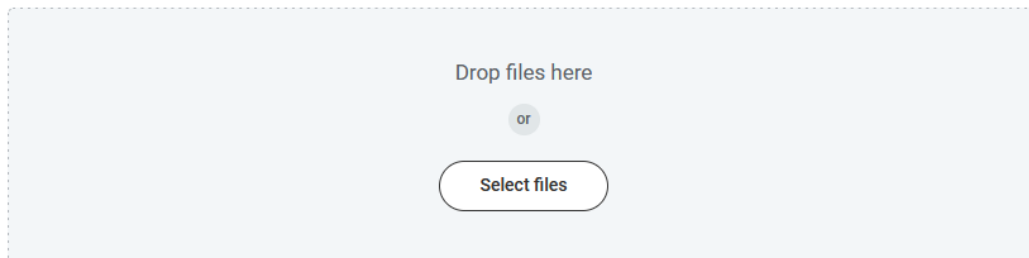
National Guard/Reserve Retired –

- Twenty-Year Letter,
- Retirement papers and
- Proof of TRICARE enrollment

Retired from Armed Forces –

- DD214,
- Separation Orders and
- Proof of TRICARE enrollment

Attachments



Drop files here

or

Select files

9. Scroll to the bottom of the page and click the *I Accept* checkbox.

10. Click Submit.

11. The next screen shows your View 2023 Benefits Statement. To View and/or Print the statement, click the statement button.

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IMPORTANT


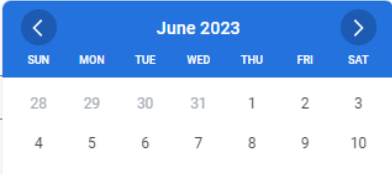
If you are currently enrolled in a State of Nebraska Medical Plan, you must also complete the event: *Gain Eligibility for other Group Coverage*. This is a separate Benefit Change event and will need to have a Benefit Event Date one day AFTER the TRICARE Enrollment Event.


TEAMMATE PROCESS: WAIVE (STOP) TRICARE INSURANCE INCENTIVE PROGRAM

If you are currently enrolled in the State of Nebraska’s TRICARE Insurance Incentive Program and drop TRICARE coverage, you must inform your HR Partner or the Wellness & Benefits team immediately. In addition, you must complete the TRICARE Insurance Incentive Enroll/Stop event to stop the program. This is the same event you selected to enroll in the program. However, you will Waive coverage in this event to cancel your TRICARE reimbursement.

1. Complete the same event you did to enroll in the program: TRICARE Insurance Incentive Enroll/Stop (see steps above).
2. Click the calendar icon. Select the date your TRICARE coverage ends. If your coverage has already ended, select today’s date.

Change Reason * TRICARE Insurance Incentive Enroll/... ▼


Benefit Event Date * MM/DD/YYYY  

Submit Elections By * MM/DD/YYYY 

June 2023						
SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	31	1	2	3
4	5	6	7	8	9	10

3. Click Submit
4. Click Let’s Get Started
5. If you are currently enrolled, the tile shows Manage.

Additional Benefits






TRICARE Insurance Incentive
TRICARE Insurance Incentive Program TRICARE - Single Coverage

[Manage](#)

6. Click Manage.
7. On the next screen, to stop enrollment in the TRICARE Insurance Incentive Program, click the Waive radio button.

Plans Available

Select a plan or Waive to opt out of TRICARE Insurance Incentive.

2 items   

*Selection	Benefit Plan Details	Company Contribution (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	TRICARE Insurance Incentive Program Single Coverage	\$250.00
<input type="radio"/> Select <input checked="" type="radio"/> Waive	TRICARE Insurance Incentive Program TRICARE - Family Coverage	\$500.00

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8. Click Confirm and Continue.
9. Click Review and Sign.
10. Click Submit. This event is complete.

IMPORTANT NOTES:

- If you wish to enroll in a State of Nebraska Medical plan, please launch and complete this event: **Loss of other group coverage**. This is a Benefit Change event that is separate from the TRICARE event.
- The Benefit Event Date for that follow-up event will have to be one day AFTER the Benefit Event Date for the TRICARE Enroll or Stop event.
- **If, after canceling the TRICARE Incentive Program with the above event, you need to re-Enroll in a SLEBC Benefit Plan, reach out to your Agency HR staff for assistance; do NOT use the Benefit Event shown above.**

QUESTIONS?

If you have questions about anything included in this document, or about the process overall, please reach out to an HR person in your Agency.

OBTAIN PROOF OF COVERAGE FROM MILCONNECT

To obtain Proof of TRICARE coverage is via online request,
<https://www.tricare.mil/Plans/Eligibility/DEERS/milConnect/Proof>

1. Log in to [milConnect](#).
2. Click on the "Obtain proof of health coverage" button.
3. Or click on Correspondence/Documentation and choose "Proof of Coverage."
4. Your coverage letter will be generated and available for download.

The letter will only reflect current TRICARE eligibility for all family members selected.

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DOCUMENTATION EXAMPLES

DD214 (blank)

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF UNIFORMED SERVICE			
When completed, this form contains personally identifiable information and is protected in accordance with the Privacy Act of 1974, as amended, and DoD 5400.11-R, DoD Privacy Program.			
1. NAME (Last, First, Middle)		2. BRANCH AND COMPONENT	
3. DOD ID NUMBER		4. SERIAL NUMBER:	
5a. GRADE, RATE OR RANK		b. PAY GRADE	
6. DATE OF BIRTH (YYYYMMDD)			
7a. MILITARY SERVICE OBLIGATION TERMINATION DATE (YYYYMMDD)		b. RESERVE STATUS FOR OBLIGATION (SELRES/IRR)	
c. CONTACT PHONE NUMBER (Civilian)		d. CONTACT EMAIL ADDRESS (Civilian)	
8a. PLACE OF ENTRY INTO ACTIVE DUTY		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)	
9a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND		b. STATION WHERE SEPARATED	
10. COMMAND TO WHICH TRANSFERRED			11. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$
12. SPECIALITY (List number, title, and years and months in specialties involving periods of one or more years.)		13. RECORD OF SERVICE	
		a. DATE ENTERED AD THIS PERIOD	
		b. SEPARATION DATE THIS PERIOD	
		c. NET ACTIVE SERVICE THIS PERIOD	
		d. TOTAL PRIOR ACTIVE SERVICE	
		e. TOTAL ACTIVE SERVICE	
		f. TOTAL INACTIVE SERVICE	
		g. FOREIGN SERVICE	
		h. SEA SERVICE	
		i. INITIAL ENTRY TRAINING	
j. EFFECTIVE DATE OF PAY GRADE			
14. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)		15. UNIFORMED SERVICE EDUCATION (Course title, number of weeks, and month and year completed)	
16. DAYS ACCRUED LEAVE PAID		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
18. RETIREMENT SYSTEM OPTION <input type="checkbox"/> FINAL <input type="checkbox"/> HIGH-3 <input type="checkbox"/> REDUX <input type="checkbox"/> BRS		19. DD214-1 (Accompanies this DD214) <input type="checkbox"/> YES <input type="checkbox"/> NO	
20. REMARKS			
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.			
21a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)		21b. NEAREST RELATIVE (Name and address - include ZIP code)	
22. MEMBER REQUESTS DATA SHARE WITH (Specify state/locality)		OFFICE OF VETERANS AFFAIRS <input type="checkbox"/> YES <input type="checkbox"/> NO	
23a. MEMBER SIGNATURE		24. OFFICIAL AUTHORIZED TO SIGN	
b. DATE (YYYYMMDD)		a. NAME, GRADE AND TITLE	
		c. DATE (YYYYMMDD)	
		b. SIGNATURE	
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)			
25. TYPE OF SEPARATION		26. CHARACTER OF SERVICE	
27. SEPARATION AUTHORITY		28. SEPARATION CODE	29. REENTRY CODE
30. NARRATIVE REASON FOR SEPARATION			
31. DATES OF TIME LOST DURING THIS PERIOD			

DD FORM 214, FEB 2022

PREVIOUS EDITION IS OBSOLETE.

SERVICE
Page _____ of _____

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TRICARE Member Letter



DEPARTMENT OF DEFENSE
MANPOWER DATA CENTER
400 GIGLING ROAD
SEASIDE, CALIFORNIA 93955-6771

Jul 08, 2023

Dear

This letter is regarding coverage for TRICARE administered programs such as TRICARE Select, TRICARE Prime, TRICARE For Life, TRICARE Reserve Select, etc. Military health care benefits are provided to active duty, retired and Reserve Service members, as well as authorized family members. This includes Service members who have separated from the military that are entitled to Transitional Assistance.

The Defense Enrollment Eligibility Reporting System reflects that the following individual(s) are currently covered by one of the TRICARE administered programs:

Name	Effective Date*
------	-----------------

This letter may be used as proof of current coverage under a TRICARE administered program.** Any change in the sponsor's status or the family member's status/relationship to the sponsor may impact medical benefits. Loss of coverage may occur for various reasons such as: the sponsor separating from military service or change in active status, divorce, a child marrying or reaching the maximum age for benefits, etc. If changes occur, the information in this letter may no longer be valid.

For questions related to deductibles, specific coverage information, or claims, please contact your TRICARE regional contractor. For information regarding medical care while traveling overseas, please contact the TRICARE overseas contractor. You may find TRICARE's contact information at <https://tricare.mil/About/Regions>.

For further assistance, visit our Web site at <http://milconnect.dmdc.mil> or contact the Defense Manpower Data Center Contact Center at (800) 538-9552. Our hours of operation are 5:00 a.m. to 5:00 p.m. (Pacific Time) Monday through Friday.

Sincerely,

Client Services
Defense Manpower Data Center

**The Effective Date above reflects a maximum of six (6) years in the past.*

***If you are entitled to Medicare for any reason regardless of age or place of residence, federal law requires most TRICARE beneficiaries who are entitled to Medicare Part A to have Medicare Part B to remain TRICARE-eligible. For more information about how Medicare affects TRICARE coverage, please visit www.tricare.mil/tfl.*

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TRICARE Beneficiary, Page 1



Health Net Federal Services, LLC
Enrollment Department
2025 Aerojet Road
Rancho Cordova, CA 95742



Jul 08, 2023

Dear TRICARE Select Beneficiary:

Welcome to TRICARE Select, the health care program for active duty family members, retired service members and their families, and other eligible beneficiaries. TRICARE Select is a preferred provider organization-styled plan that provides access to both network and non-network TRICARE-authorized providers. You do not need a referral before seeking specialty care, but we highly encourage establishing a relationship with a primary care physician for easier access to routine care and to specialty providers and hospital of your choice. Your out-of-pocket costs may be less when using a network provider.

TRICARE Select beneficiaries also have access to space-available care at any military hospital or clinic, including access to the pharmacy. A provider directory of network and non-network providers is available on the Health Net Federal Services, LLC website at www.tricare-west.com, or you can call their Customer Service Center for assistance with locating a provider at **844-866-WEST (9378)**.

You will need to sign up to gain access to your regional contractor's secure portal. You must go online to view care authorizations or get access to claims information and Explanation of Benefits. If you prefer hard copies of these documents, the regional contractor can tell you what you need to do to "opt out" of electronic notifications.

If you have a valid email address in the Defense Enrollment Eligibility Reporting System, you can receive email messages directing you to milConnect to get TRICARE-related correspondence. Sign up to receive these emails at <https://milconnect.dmdc.osd.mil>.

To learn more about TRICARE Select, we encourage you to visit the TRICARE website at www.tricare.mil. You can also visit the Health Net Federal Services, LLC website at www.tricare-west.com or call **844-866-WEST (9378)**.

Beginning January 1, 2019, individuals eligible for TRICARE Retiree Dental Program (TRDP) may participate in the Federal Employees Dental and Vision Insurance Program (FEDVIP). FEDVIP offers a choice between 10 dental carriers and 4 vision carriers. Enrollment in FEDVIP is not automatic. To take advantage of this coverage, you must enroll during the Federal Benefits Open Season, which runs from the Monday of the second full workweek in November through the Monday of the second full workweek in December. Your coverage will begin the following January 1. Visit tricare.benefeds.com for more information and to sign up for notifications about this change.

We are committed to improving your TRICARE benefit, providing access to the best health care possible. We look forward to serving your health care needs.

Sincerely,
Enrollment Department
"Health Net Federal Services, LLC"

In 2018, the Affordable Care Act requires that individuals maintain health insurance or other health coverage that meets the definition of minimum essential coverage. Most TRICARE plans meet this requirement. Due to tax law changes, beginning January 1, 2019, you'll no longer be required to have minimum essential coverage. You'll still get an Internal Revenue Service Form 1095 from your pay center in January each year listing the coverage you had during the previous tax year.

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20 Year Retirement Letter, Page 1

MILITARY DEPARTMENT OF NEBRASKA
Nebraska Army National Guard
2433 Northwest 24th Street
Lincoln, Nebraska 68524-1801

NGNE: [REDACTED]

07 December 2016


MEMORANDUM THRU Commander, ARNG ELMT, JFHQ-NE,
LINCOLN, NE 68524-1801

FOR LTC [REDACTED],
OMAHA, NE 68135

SUBJECT: Notification of Eligibility for Retired Pay for Non-Regular Service (20 Years)

1. You have completed the required years of service and will be eligible for retired pay upon your application at age 60 unless you qualify for a reduced eligibility age in accordance with Title 10, U.S. Code, Section 12731(f). Your eligibility is based upon the enclosed NGB Form 23A, Army National Guard Current Annual Statement.
2. You are not entitled to retired pay under Title 10, U.S. Code, Section 12731 if you are now or later become entitled to retired pay from an armed force under any other provision of law or to retainer pay as a member of the Fleet Reserve or Fleet Marine Corps Reserve.
3. Your eligibility for retired pay may not be denied or revoked on the basis of any error, miscalculation, misinformation, or administrative determination of years of creditable service performed unless it resulted directly from fraud or misrepresentation on your part. However, the number of years of creditable service on which your retired pay is computed may be adjusted to correct any error, miscalculation, misinformation, or administrative determination. When such correction is made you will be eligible for retired pay according to the number of years of creditable service, as corrected, from the date retired pay is granted.
4. You are eligible to participate in the Reserve Component Survivor Benefit Plan (RCSBP). The RCSBP will provide an annuity based on your retired pay to a surviving spouse, spouse and dependent child or children, child or children only, or a person with an insurable interest in you.
 - a. Upon receipt of this Notification of Eligibility, if you are married, or have a dependent child you will automatically be enrolled in accordance with Title 10, U.S.C. Section 1448(a)(2)(B) in the RCSBP under option C (Immediate Annuity), Spouse and Child(ren), based on full retired pay unless you elect different or no coverage within 90 days after the date you receive this notification. If you are married on the date of your election, and you elect less than full and immediate coverage, your spouse's concurrence is required by law. That concurrence will be recorded in section IX of DD Form 2656-5 (Reserve Component Survivor Benefit Plan (RCSBP) Election Certificate), and the signature must be notarized.

SoN TRICARE INSURANCE INCENTIVE PROGRAM – Teammate
 Army National Guard Retirement Form

SPECIAL ORDERS		DATE	DEPARTMENTS OF THE ARMY AND THE AIR FORCE	
NUMBER			NATIONAL GUARD BUREAU	
			WASHINGTON, D.C. 20310 2500	
			EXTRACT	
40 Announcement is made of change of federally recognized status as indicated, in the Army National Guard of TFN individuals.				
NAME, GRADE, BRANCH SN(MOS IF WO)		UNIT & STATE	EFFECTIVE DATE	CHANGE
LTC AR		HQS AND HQS NE	(TRF TO USAR/RET)	FED RECOG WD
////////// NOTHING FOLLOWS //////////				
BY ORDER OF THE SECRETARIES OF THE ARMY AND AIR FORCE:				
OFFICIAL:				
Colonel, USA Executive Assistant to the Chief of the National Guard Bureau		General, USAF Chief, National Guard Bureau		

NGB FORM 0123E
 26 MAR 1999

(Replaces NGB FORM 0123, dated 25 MAR 97, which is obsolete)