

# SoN TRICARE INSURANCE INCENTIVE PROGRAM – HR Partner

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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 verifying/approving teammate TRICARE events and entering external payroll deductions.

## 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 active Military Service.

Documentation should include:

    - i. DD214
    - ii. Retirement papers/Separation Orders
  - 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.

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- 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 INSURANCE INCENTIVE 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.

HR Partners are responsible for:

- Verifying TRICARE/Military documents.
  - Entering ID information in Workday.
- Approval / Denial of TRICARE Insurance Incentive event.
- Entering TRICARE external payroll deduction.
  - Stopping the TRICARE external payroll deduction if the teammate drops TRICARE coverage.
- Letting the teammate know he/she needs to complete the *Gain of other Eligible Group Coverage* event if they are currently enrolled in a State of Nebraska medical plan.

### REVIEW TRICARE INSURANCE INCENTIVE ENROLL/STOP EVENT

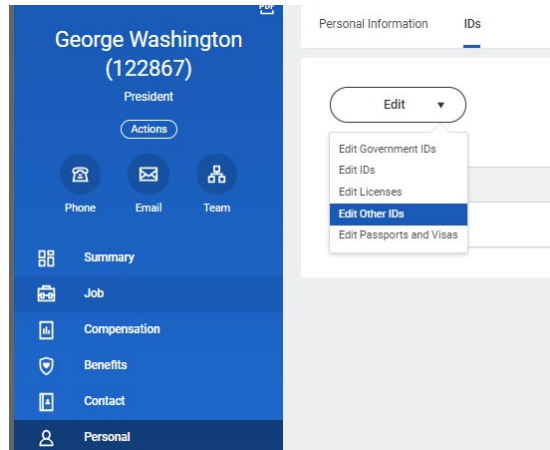
1. Log in to Workday to review the TRICARE Insurance Incentive Enroll/Stop event (in your inbox tasks).

The screenshot displays the Workday interface for reviewing a task. On the left, there is a search bar with 'Search: All Items' and a dropdown arrow. Below it is an 'Advanced Search' link. The main content area shows a task card for 'Benefit Change - TRICARE Insurance Incentive Enroll/Stop : George Washington (122867) on 06/28/2023' with a star icon and 'Effective: 06/28/2023'. To the right, a 'Review' section shows the task details: 'Benefit Change - TRICARE Insurance Incentive Enroll/Stop : George Washington (122867) on 06/28/2023', '44 minute(s) ago - Effective 06/28/2023', 'For: Benefit Event: George Washington (122867) on 06/28/2023', 'Overall Process: Benefit Change - TRICARE Insurance Incentive Enroll/Stop : George Washington (122867) on 06/28/2023', and 'Overall Status: In Progress'. Below this is a 'Details to Review' section with 'Change Reason: TRICARE Insurance Incentive Enroll/Stop' and 'Attachments: 0 items'.

2. Verify forms –
  - a. Retired from any branch of the Armed Forces
    - i) DD214
      - (1) Block 12c (net active service this period) to Block 12d (total prior active service to determine if it equals 20 years of service; and
      - (2) Block 23 should say “retirement”; and
      - (3) Block 28 should read "sufficient service for retirement"
    - ii) Retirement papers/Separation Orders
    - iii) Proof of TRICARE enrollment
      - (1) TRICARE Insurance Card
      - (2) TRICARE Eligibility Letter
  - b. Retired National Guard or Reserve

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- i) Twenty-year letter
  - ii) Retirement papers
  - iii) Proof of TRICARE coverage
    - (1) TRICARE Insurance Card
    - (2) TRICARE Eligibility Letter
3. Enter document information from teammate record.
- a. Personal > IDs > Edit Other IDs.



- b. Click on the plus sign (+) and using the drop-down arrow, select the document type.

### Edit Other IDs George Washington (122867) ⋮

Other IDs 1 item

	*Other ID Type	Organization	Description	Identification #	Issued Date	Expiration Date
	select one				MM/DD/YYYY	MM/DD/YYYY
	select one					
	Badge ID #					
enter your	DD214					

### APPROVE

1. If the teammate is missing documentation or is denied, send event back with information.
  - a. If you need to send the event back to the teammate, notify them via separate email. Workday does not send out emails.
2. If the documentation is correct, click the Approve button.

### ENTER EXTERNAL PAYROLL DEDUCTION

1. Once the event is approved, you need to enter an external DBA for the reimbursement process to begin.
  - a. On the teammate's profile:

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- i) Click on Related Actions > click Payroll Interface.

2. Maintain External Payroll Input for Worker pop up box will appear – no need to enter dates.
3. Click OK.

### Maintain External Payroll Input for Worker

Worker \*

Start Date

End Date

Batch ID

4. Click on the plus sign (+) to add a new row.
  - a. Enter appropriate DBA (see table below).
  - b. Enter the Name of the DBA -\*Earning/Deduction box, hit enter button.
  - c. Start date is always the first of the month following the approval date.
  - d. Scroll over and enter the amount in Input Value box.
  - e. Click OK.

### Maintain External Payroll Input for Worker

Worker George Washington (122867)

Warning Payroll interface does not include deleted lines in the payroll extract. Change the amount to \$0 or enter an end date to end the earning or deduction so that the payroll vendor will be informed of the change.

7 items

+	Payroll Input	*Earning/Deduction	*Start Date	End Date	Position	Worktag	Comment	Batch	*Currency	Input Value
-		x BW EE TC	08/01/2023	MM/DD/YYYY					x USD	250.00

## SoN TRICARE INSURANCE INCENTIVE PROGRAM – HR Partner

DBA (*Earning/Deduction)	DBA	Frequency	Coverage Type	Amount
TC BW EE	6901	Bi-Weekly	Single Coverage	\$250
TC BW FAM	6902	Bi-Weekly	Family Coverage	\$500
TC MO EE	6903	Monthly	Single Coverage	\$500
TC MO FAM	6904	Monthly	Family Coverage	\$1000

### REVIEW FOR STATE OF NEBRASKA MEDICAL PLAN

Teammates cannot be enrolled in both the TRICARE Insurance Incentive Program and a State of Nebraska medical plan.

1. After you approve the TRICARE Insurance Incentive Enroll/Stop event, check to see if the teammate is currently enrolled in a State of Nebraska medical plan.
  - a. If no, the enrollment process is complete.
  - b. If yes, then contact the teammate to instruct them to complete the *Gain of Eligibility for other Group Coverage* event to drop their enrollment in the State of Nebraska medical plan.

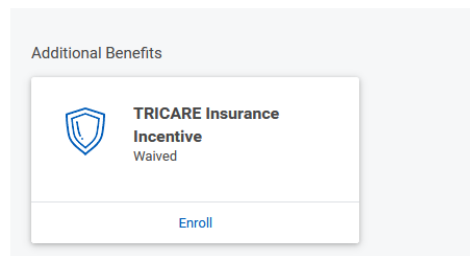
### TEAMMATE DROPS TRICARE COVERAGE

If the teammate notifies you that he or she has dropped their TRICARE medical coverage, they must complete the same event they did to enroll in the TRICARE Insurance Incentive Program.

1. Once that is done, review the TRICARE Insurance Incentive Enroll/Stop event.
  - a. If the teammate selected WAIVE, then approve.
  - b. If the teammate is still enrolled, send the event back to the teammate. She/he will have to edit the event appropriately.

### TRICARE Insurance Incentive Enroll/Stop

Projected Total Cost (Semi-monthly)  
\$0.00



2. Once you approve the event, edit the external deduction (see process above).
  - a. Enter an End Date on the TRICARE external deduction (

#### Maintain External Payroll Input for Worker 0/0

Worker George Washington (122867)

Warning Payroll interface does not include deleted lines in the payroll extract. Change the amount to \$0 or enter an end date to end the earning or deduction so that the payroll vendor will be informed of the change.

7 items

+	Payroll Input	*Earning/Deduction	*Start Date	End Date	Position	Worktag	Comment	Batch	*Currency	Input Value
-		X BW EE TC	08/01/2023	MM/DD/YYYY					X USD	250.00

3. If the teammate expresses interest in enrolling in a State of Nebraska medical plan, they need to complete the *Loss of other credible group coverage event*.

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## QUESTIONS?

If you have questions about anything included in this document, or about the process overall, please send an email to: [as.employeebenefits@nebraska.gov](mailto:as.employeebenefits@nebraska.gov)

## 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	
<b>CERTIFICATE OF UNIFORMED SERVICE</b>					
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		YEAR(S)	MONTH(S)
		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		b. DATE (YYYYMMDD)	24. OFFICIAL AUTHORIZED TO SIGN		c. DATE (YYYYMMDD)
			a. NAME, GRADE AND TITLE		
			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 \_\_\_\_\_

# SoN TRICARE INSURANCE INCENTIVE PROGRAM – HR Partner

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://mileconnect.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](http://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](http://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](http://www.tricare.mil). You can also visit the Health Net Federal Services, LLC website at [www.tricare-west.com](http://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](http://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.*



# SoN TRICARE INSURANCE INCENTIVE PROGRAM – HR Partner

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 – HR Partner  
 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:		General, USAF Chief, National Guard Bureau		
Colonel, USA Executive Assistant to the Chief of the National Guard Bureau				

NGB FORM 0123E  
26 MAR 1999

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