



A Publication of the McChord Field Retiree Activities Office for Air Force Retirees, their spouses or survivors. **Department of the Air Force, 100 Joe Jackson Blvd, Customer Service Mall Rm 1001, McChord Field WA 98438-1114; Phone (253) 982-3214 (Voice Mail 24 hours a day) Fax 253-982-5234. Email – [rao.mcchord@us.af.mil](mailto:rao.mcchord@us.af.mil) Web Site [www.mcchordrao.com](http://www.mcchordrao.com) Retiree Activities Office: Open 0900-1200 Monday - Friday**

## Could You Handle a 5%-20% Retired Pay Cut?

If you're following the ongoing debt ceiling/budget negotiations (and you should be), you know multiple plans have been offered by various individuals or groups to cap federal spending or require a balanced budget. Those sound reasonable in concept (how can a balanced budget not be a good thing?). But how much do you understand about how they would affect you?

In many cases, the specifics are vague...either because they have yet to be worked out, or because it's inconvenient to have constituents understand exactly what kind of pain would be involved before there's a vote. In some cases, proposals have been pretty specific. In others, impacts have to be inferred by doing some math. To start, let's look at the "Cut, Cap and Balance" legislation (H.R. 2560) that was passed by the House of Representatives on Tuesday by a vote of 234 to 190 – and then blocked in the Senate this morning by a 51 to 46 vote.

Among other things, that legislation envisioned capping federal outlays below 20 percent of Gross Domestic Product (GDP) by FY2017. For comparison, federal spending currently represents about 24% of GDP. For FY2014 and subsequent years, H.R. 2560 would explicitly exempt military personnel accounts, military (but not federal civilian) retired pay, TRICARE For Life, Medicare, Social Security and veterans' benefits from cuts.

But a separate section citing exemptions for FY2012 lists only Social Security, Medicare, veterans' benefits, and net interest. Spending on non-exempt "mandatory spending" programs for FY12 would be capped at \$680.7 billion – an apparent 21.7% cut below the \$828.6 billion requested in the Administration's FY2012 budget for those programs.

While the Senate's blocking vote rendered the issue moot, the potential for large one-time program cuts in FY2012 is still disturbing.

One of the most modest plans is the Corker-McCaskill budget cap bill (S. 245) that would phase in reductions at a more moderate pace, limiting FY2013 spending to 25% of the FY09-11 average GDP, with further reduction in later years. It would allow no exemptions.

That would require a 5% cut in FY 2013 outlays for retired pay, TRICARE For Life, and SBP, for example, with cuts escalating each year – to 19% by FY2021. Giving up COLAs for five years would be a head start to meet those goals, but more would be needed – perhaps rolling back some concurrent receipt payments. A 5% cut in TFL would require something on the order of a \$350 per person annual TFL deductible. For SBP, it would require several years of COLA forfeitures, plus maybe rolling back recent payments to SBP-DIC widows or reinstating some level of benefit reduction upon receipt of Social Security.

Initiatives that would cap spending at lower percentages of GDP would impose far more severe cuts.

For example, the balanced budget amendment (H.J. Res 1) introduced in the House would cap federal outlays at 20% of GDP. The Judiciary Committee subsequently amended it to reduce that to 18%.

Neither version would exempt any spending category, allowing the ceilings to be waived only in years when war is formally declared, or Congress passes a joint resolution if the country is engaged in armed conflict that causes "an imminent and serious military threat to national security."

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Another proposal endorsed by a group of senators calling themselves the "Gang of 6" includes initiatives similar to those proposed by last year's deficit commission.

They would dramatically reduce military retirement value for new entrants, require holders of Medicare supplement policies (including TFL) to absorb an extra \$3,000 per year (\$6,000 per couple), and raise TRICARE fees for retired military families under 65 by up to \$2,000 a year or more, and freeze military pay raises, among other things. (*Source: MOAA*)

## **Plan to Reduce Retiree COLA Gets Clearer**

Over the last two years military retirees and VA compensation recipients have complained about the lack of a cost-of-living adjustment to their pay. As reported here, the issue was not political or even deficit reduction; it was due solely to the fact that COLA is based on inflation as determined by the previous year's Consumer Price Index.

But, that may all soon change — right when retirees are looking forward to getting a COLA for the first-time since 2009. In an effort to reduce government expenses, the Senate is now considering changing the rules for how COLA is determined. The proposed changes will likely result in reducing the COLA in 2012 by up to .3 percent.

Tom Philpott reports that the new basis for COLA would be the Chain Consumer Price Index for All Urban Consumers (or C-CPI-U). Adopting the Chain CPI to adjust entitlements has been recommended by every group looking for ways to address the federal debt crisis.

It appears that after two years of getting a break from paying a COLA, the Federal Government is now looking to change the rules just as the COLA and inflation are about to shoot upwards.

(Source: [MilitaryAdvantage.Military.com](http://MilitaryAdvantage.Military.com), July 21, 2011 • Terry Howell)

## **Chained CPI**

One of the most frequently mentioned options by most parties at the deficit-cutting table is a "technical correction" to the CPI called the "chained CPI."

It's gone under the radar for the most part. But if implemented, it could affect the lives of almost all Americans — especially service members, federal civilian employees, Social Security recipients, and other retirees and survivors.

This isn't a new idea. It's been pushed for years by some economists who believe the CPI overstates inflation by failing to adequately recognize that consumers change their behavior when prices of some products and services rise sharply.

When that happens, economists say, people simply buy cheaper substitute products — carrots instead of peas or tea instead of coffee.

While coffee drinkers might rebel at that, the case gets even stickier with other substitutions. Is hamburger a reasonable substitute for steak? Is a compact car a reasonable substitute for a full-size one? Is pasta a reasonable substitute for fish? Is shopping at a discount store a reasonable substitute for shopping at a high-end department store?

We're not just talking about price substitution here. It's also about quality-of-life substitution, and that's where MOAA thinks a line must be drawn. Over time, this mentality leads to substantial changes in living patterns — from steak to hamburger to hot dogs to ... let's not go there.

While critics might argue this wouldn't actually happen, there's no practical safeguard to prevent it. If A can be substituted for B, then B later can be substituted for C, once you've accepted the substitution philosophy.

Let's look beyond the philosophy to the bottom line. The chained CPI would reduce retired pay and other COLAs by about one-quarter of a percentage point each year. That doesn't sound like much, until you see how that would compound over a retiree's lifetime.

Military retirees and the disabled particularly would be affected because they start drawing inflation-adjusted pay at relatively younger ages. For a military retiree, switching to a chained CPI COLA would reduce total lifetime retired pay by about 6 percent.

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That's about \$100,000 for an E-7 retiring today with 20 years of service. A newly retiring O-5 with 20 years of service would lose double that amount.

And that's for someone living an average lifespan (early 80s). Half will live longer, and expected longevity is rising every year.

Three other factors are relevant here, as well.

First, the Bureau of Labor Statistics already made a change to allow some relatively modest substitutions (of the peas and carrots variety) several years ago. Second, when COLA changes (delays) previously were proposed in the 1990s, the outcry from seniors successfully won an exemption for Social Security, leaving COLA penalties to fall disproportionately on military retirees. Third, smaller COLAs aren't the only penalty of the chained CPI, because it also would be used for tax threshold adjustments. Smaller annual tax-bracket adjustments mean ... guess what? More people shifting into higher tax brackets every year. Some think it's the lesser of the evils we might face during the coming fiscal crunch and that might well be true. But that doesn't make it right. (Source: MOAA, By Col. Steve Strobridge, USAF-Ret.)

## **Mullen Says Pay, Benefit Cuts 'On the Table'**

The Pentagon's top officer said Thursday that service members will likely see cuts in pay and benefits as the military plumbs its budget for nearly half a trillion dollars in savings over the next 12 years. Joint Chiefs of Staff Chairman Adm. Mike Mullen warned against taking the "relatively easy" choice of cutting hardware while maintaining the increasing costs of paying and providing ongoing health care to troops and retirees.

"Two of the big places the money is, is in pay and benefits," Mullen told defense reporters at a June 2 breakfast meeting in Washington. "And so when I say all things are on the table, all things are on the table."

In May, President Obama proposed sweeping budget cuts totaling \$400 billion over the next 12 years -- a fiscal hit experts say will largely come from the DoD. Defense Secretary Robert Gates has said health care costs are "eating the Department of Defense alive" -- with nearly 10 percent of the budget going to health benefits for active and retired service members.

"Sustaining ... the weapons and the Soldiers, Sailors, Airmen and Marines who use them is increasingly difficult given the massive growth of other components of the defense budget, the 'tail' if you will -- operations, maintenance, pay and benefits, and other forms of overhead," Gates said in a May 24 speech. "America's defense enterprise has consumed ever higher level of resources as a matter of routine just to maintain staff and administer itself."

Mullen went further, saying savings should be found in pay and benefits costs before cuts to programs and personnel. "We need to avoid just making the relatively easy decision [to] just cash in force structure," Mullen said. "We have to go through everything else -- and 'force structure' are platforms and people -- before we get to that point, because that's why we're here."

He added that these cuts will likely need to be made in the next few years in order to "start to generate cash in the out years."

The U.S. doesn't face the same world it saw after the Vietnam War, Mullen argued, when Congress and the Pentagon slashed defense by nearly 40 percent. The threats to U.S. security are real and growing, so gutting aircraft and ship programs would undercut American defense, he said.

"I'm not satisfied with the idea that 'let's just be the best counterinsurgency force we can be in the future,' and that's it," he said. "We still have high-end war fighting requirements that we're going to have to resource, and those are important programs."

Mullen, who's due to leave his post this fall, said the Pentagon is still working out the options on where to find the \$400 billion in savings. And while he wasn't sure where the White House would come down on the issue, he was firm in his belief that preserving future hardware is a top priority for the DoD.

"We're at the point where ... we have to present 'here are options to execute this,' and those are then decisions that the president has to make," Mullen explained. "So we haven't gotten to the specifics of [whether] the White House supports X, Y and Z." (Source: Military.com|by Christian Lowe)

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Read More: <http://www.dfas.mil/dfas/retiredmilitary/newsevents/newsletter/customercommitment.html>

### **Fast Forms Coming Soon!**

DFAS.mil will soon feature automated versions of the forms retirees often use when communicating with us. The new forms will allow you to submit account changes to DFAS online, eliminating the tedious process of filling forms out by hand.

More Information: <http://www.dfas.mil/dfas/retiredmilitary/newsevents/newsletter/fastformssoon.html>

### **What You Need to Know About Your Survivor Benefit Plan**

Although providing for your loved ones' futures may not seem immediately necessary, the decisions you make regarding your Survivor Benefit Plan (SBP) can impact your family's financial future.

Learn More about SBP: <http://www.dfas.mil/dfas/retiredmilitary/newsevents/newsletter/knowsbp.html>

### **When Your Disability Rating Changes**

If you are rated by the Department of Veterans Affairs (VA), please check your Retiree Account Statement to make sure your disability rating on file with DFAS is correct.

Read More: <http://www.dfas.mil/dfas/retiredmilitary/newsevents/newsletter/ratingchanges.html>

### **What DFAS, the VA, and Your Branch of Service Do for You**

While you may not always see it happening, your Branch of Service, the Department of Veterans Affairs (VA) and DFAS work together to make sure you are paid accurately and on time.

Find Out How: <http://www.dfas.mil/dfas/retiredmilitary/newsevents/newsletter/whattheydoforyou.html>

### **What a Separation Recoupment Means for Your Retired Pay**

If you separated from your Branch of Service under one of these programs, and you later become eligible for retired pay, there are a few things to keep in mind.

Get the Details: <http://www.dfas.mil/dfas/retiredmilitary/newsevents/newsletter/separationrecoupment.html>

### **How to Update Your Direct Deposit Information**

Have you recently switched banks? Have you changed bank accounts? Or maybe you just want your retired pay sent to a different account. No matter what the reason, it's important to inform us of any changes to avoid misrouted payments.

Find Out How: <http://www.dfas.mil/dfas/retiredmilitary/newsevents/newsletter/updatedirectdeposit.html>

### **How to Update Your Mailing Address**

Summer is finally upon us, which means moving season is here. If you have moved to a new home, or you're just not sure the address we have on file for you is current, it's important to update us.

Learn more: <http://www.dfas.mil/dfas/retiredmilitary/newsevents/newsletter/updatesmailingaddress.html>

### **How to Update Your Arrears of Pay Beneficiary**

Retired pay earned but not paid in the final month of your life goes to whoever is listed as your Arrears of Pay (AOP) beneficiary. It is vital to keep this information up to date and accurate.

Find Out More: <http://www.dfas.mil/dfas/retiredmilitary/newsevents/newsletter/updatearrears.html>

### **How to Start, Stop or Change an Allotment**

Got an allotment? Want to stop, start, or change one? There are two ways to do it.

Read more: <http://www.dfas.mil/dfas/retiredmilitary/newsevents/newsletter/startstopchangeallot.html>

For A downloadable PDF version of the newsletter:

<http://www.dfas.mil/dfas/retiredmilitary/newsevents/newsletter.html>

## **Tom Coburn's Cuts: Military's Tricare Prime Health Care Program Targeted**

Sen. Tom Coburn (R-Okla.) wants to cut taxpayer funding for non-military elements of the Defense Department, starting with making retired, uninjured service members pay more for what he described as "extremely low-cost health care for life" for themselves, their spouses and dependents under the Tricare Prime system. For military retiree's eligible for Medicare, he also wants to raise the co-payments that they are charged to be in Tricare for life, the second payer for health care after Medicare. In addition, he wants to increase low fees that Tricare beneficiaries pay for pharmaceuticals purchased at their local drugstores.

Former defense secretary Robert M. Gates proposed raising Tricare Prime enrollment fees for single retirees from \$230 a year to \$260 a year and fees for retiree families from \$460 a year to \$520 a year. Coburn wants the fees to be much higher and more in line with private-sector health plans. Part of his concern is fairness, first for uninjured veterans who, for example, served in Iraq and/or Afghanistan but "leave the military without serving 20 years [and] are not entitled to any of these health-care benefits." They represent some 70 percent of those serving, according to Pentagon officials. Another comparison he makes is to other federal government workers whose plans are not as cheap. A medical doctor, Coburn told reporters last Monday: "Nobody in the country, as a single person working 20 years for the government, should be able to get health care for \$250 a year. Nobody was ever promised that, and nobody should be able to do that." Instead, he wants to increase the enrollment fee for single retirees to "approximately \$2,000 per year and \$3,500 for a family." At the same time he would limit out-of-pocket expenses at \$7,500 for those retirees with families. He thinks these changes could save \$11.5 billion a year.

His Tricare for life would require retirees to pay up to \$550 for half the initial cost not covered by Medicare and then up to \$3,025, after which all costs would be paid by Tricare. This change could save \$4.3 billion a year. Coburn wants to reduce the \$8 billion annual government share of the cost of drugs that Tricare beneficiaries purchase from their local private retail pharmacies rather than buying them at lower cost by mail order or at military base facilities. Where the price is now \$3 for a 30-day supply of a generic drug and \$9 for a brand-name from private pharmacies, Coburn would raise that to \$15 for generic and \$25 for brand names and save some \$2.6 billion a year.

Coburn told reporters he has no doubt about the reaction to his Tricare ideas. There's no question," he said, retired military; they won't like what I've done. But the fact is nobody's going to like what we've done, because everybody gets a pinch - everybody. "

Beyond health care, Coburn has several other proposals that will rattle the Pentagon. He wants to eliminate most of the \$1.3 billion-a-year subsidy that supports the Defense Commissary system of 252 grocery stores on military bases worldwide. Prices at commissaries are much lower than at civilian supermarkets; they are listed at cost plus a 5 percent surcharge. That money goes to offset costs of new commissaries or to repair and maintain old ones. It does not pay for salaries and benefits of the roughly 18,000 people who work at the commissaries.

Coburn supports a Congressional Budget Office proposal that would reduce the taxpayer subsidy over five years and see a gradual raise in prices so commissaries could become self-sufficient. The increase in cost, according to the CBO, would amount to \$400 per service family per year and save the government about \$900 million annually.

He also wants to close down the Congressionally Directed Medical Research Program, which for more than 20 years has added around \$200 million a year primarily for breast, lung and prostate cancer projects that have to be managed primarily by contractors. Coburn's option is to "transfer funding for cancer research that affects the general population back to [the National Institutes of Health] and reduce the administrative costs of administering this research for savings." (*SOURCE: Stars and Stripes by Walter Pincus, Published: July 24*)

## **VA Outreach to Women Vets**

The Department of Veterans' Affairs has stepped up its outreach efforts to women veterans to increase their awareness of the comprehensive array of VA benefits and programs. Women veterans are entitled to the same benefits and medical care as their male counterparts. In addition, the VA also has a multitude of gender specific services and programs that respond to the unique needs of women Veterans, including pap smears, mammography, general reproductive health care, counseling for substance abuse, sexual trauma, depression, and evaluation and treatment for Post-Traumatic Stress Disorder (PTSD). For more information about the VA visit the website at [www.va.gov](http://www.va.gov) and its Center for Women Veterans webpage at [www.va.gov/womenvet](http://www.va.gov/womenvet).

(Source: *Veterans Report, Military.com*)

## **TRICARE Survivors Benefits**

The loss of a loved one can bring tremendous grief and sadness to surviving family members. It's comforting to know that TRICARE continues to provide coverage for family members if a sponsor dies. ("Sponsor," refers to the person who is serving or who has served on active duty or in the National Guard or Reserves.)

TRICARE options and costs will vary based on: The sponsor's military status when he or she dies. If the surviving beneficiary is a spouse or child

If a beneficiary is the spouse of an active duty service member (ADSM) who died while on active duty, the beneficiary remains eligible for TRICARE as a "transitional survivor" for three years following his or her death and will have active duty family member (ADFM) benefits and costs. After three years, a beneficiary remains eligible, as a "survivor," for TRICARE Standard and TRICARE Extra, and may purchase TRICARE Prime at the retiree rates. If a beneficiary is overseas, he or she remains eligible for TRICARE Overseas Program TOP Standard once the transitional survivor status ends.

If a beneficiary is the child of an ADSM who died while on active duty, he or she remains eligible for TRICARE benefits as an ADFM. Their transitional survivor status ends at age 21 or 23 if the beneficiary is enrolled in a full-time course of study.

In the United States and U.S. territories, pharmacy benefit remains the same regardless of the TRICARE program option the beneficiary uses. Beneficiaries may fill prescriptions through a military treatment facility, TRICARE Pharmacy Home Delivery (<http://www.tricare.mil/homedelivery>), TRICARE retail network pharmacies or a non-network pharmacy.

The TRICARE Dental Program (TDP) Survivor Benefit Plan is a three-year benefit for transitional survivors offering the same coverage as the regular TDP plan.

The beneficiary will have no monthly premiums but is responsible for paying applicable cost-shares for covered services. If enrolled in the TDP at the time of his or her sponsor's death, the beneficiary will be dis-enrolled from the TDP and enrolled in the TDP Survivor Benefit Plan. When the TDP Survivor Benefit Plan ends, the beneficiary is eligible for the TRICARE Retiree Dental Program (TRDP). The TRDP may also be available if the beneficiary doesn't qualify for the TDP Survivor Benefit Plan because he or she was not enrolled in the TDP at the time of his or her sponsor's death.

It is important that all information in the Defense Enrollment Eligibility Reporting System

(<http://www.tricare.mil/deers>) is up-to-date for this process to move quickly and smoothly. For more detailed information of TRICARE Survivor Benefits and other TRICARE programs, beneficiaries can go to TRICARE's website

(<http://www.tricare.mil>) or talk with their regional health care manager. (SOURCE: TRICARE News Release)

## **How TRICARE Works with Other Health Insurance**

The coordination of benefits between TRICARE and other health insurance (OHI) can be confusing. If a beneficiary has health care coverage through an employer, public or private insurance program, including government programs such as

Medicare, he or she is considered to have OHI.

If a beneficiary has OHI, he or she should tell his or her provider and regional health care contractor.

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Beneficiaries should also fill out the OHI form located on their regional health care contractor's website (<http://www.tricare.mil/contactus>). Keeping the regional health care contractor informed about the OHI will allow TRICARE to better coordinate benefits and will help ensure that there is no delay in payment of claims. TRICARE is the secondary payer when a beneficiary has OHI. Before TRICARE considers the claim, the beneficiary's OHI must pay first. The exceptions are Medicaid and TRICARE supplemental plans. Please go to TRICARE's website to learn more <http://www.tricare.mil/mybenefit/home/Medical/OHI>. (Continued on next page)

After the other insurer pays, TRICARE will pay what is left up to the TRICARE allowable charge, which is the maximum amount TRICARE will authorize for medical and other services furnished in an inpatient or outpatient setting. There is no change in benefit limits when TRICARE is the secondary payer.

Beneficiaries need to be sure to submit all claims to TRICARE because deductibles may be applied to their annual catastrophic cap. The beneficiary's provider may submit secondary claims as well.

To reduce pharmacy costs, a beneficiary's best option is to use a TRICARE retail network pharmacy that is also covered by their OHI. After the OHI pays, TRICARE may reimburse the beneficiary for part or all of their out-of-pocket costs, including copayments. Beneficiaries are not eligible to fill prescriptions via home delivery if they have OHI with a prescription plan, including a Medicare Part D prescription program, unless they meet one of the following requirements:

- . The medication they need is not covered by their OHI.
- . They have met their OHI's benefit cap.

If the OHI provides only medical coverage, not pharmacy coverage, he or she still may be eligible to use home delivery (<http://www.tricare.mil/homedelivery>) as their prescription benefit. Beneficiaries can go to <http://www.tricare.mil/mybenefit/home/Prescriptions/OHI> for pharmacy questions or contact Express Scripts, Inc. at (877) 363-1303. Finally, active duty service members, including activated National Guard and Reserve members, cannot use OHI. TRICARE is their primary payer. (Source: TRICARE News Release)

**TRICARE Expands Retail Pharmacy Vaccine Program:** TRICARE is expanding the number of preventive vaccines covered at retail network pharmacies. Until now, the majority of vaccines were only covered when obtained through a physician's office. "Vaccines are a critical part of every family's preventive health program," said Rear Adm. Christine Hunter, TRICARE Management Activity deputy director. "We are very pleased to offer this expanded convenience to our beneficiaries and, best of all, there's no copay."

TRICARE covers age-appropriate vaccines recommended by the Centers for Disease Control and Prevention, including the high-demand shingles vaccine, Zostavax. Since late 2009, TRICARE has covered seasonal flu, H1N1 flu and pneumococcal vaccines at retail pharmacies with nearly 300,000 vaccines administered to date. The expanded program covers immunizations for measles, mumps, shingles and many other preventable diseases. To see the expanded list of vaccines available from authorized TRICARE retail pharmacies visit [www.tricare.mil/vaccines](http://www.tricare.mil/vaccines).

TRICARE officials strongly recommend that beneficiaries check ahead before making a trip to their pharmacy to make sure it's part of the TRICARE network and authorized to offer the vaccines. Ensuring that the pharmacy has the needed vaccine is also advised as some, such as shingles, may be in short supply.

In addition, while all 50 states and the District of Columbia allow pharmacists to administer vaccines, individual state laws can restrict which vaccines pharmacists may administer, or may restrict based on licensing or by age of the recipient.

Beneficiaries who obtain vaccines through their regular physician do not pay copayments for preventive care such as immunizations and recommended screenings, but usual cost shares and copayments for office visits may apply.

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“Expanded access to a wide variety of recommended vaccines makes it easier for beneficiaries to make good health care choices,” said Hunter. “Whether we choose a military clinic or hospital, a retail pharmacy or our regular doctor, getting immunized is one of the easiest things we can do to help protect the health of our families and our community.”

## **There’s An APP for That**

TRICARE and Express Scripts, Inc. (ESI) have announced the launch of the TRICARE Express Rx mobile app and mobile-optimized website. These tools allow TRICARE beneficiaries to manage their prescriptions and access important health information safely and securely from anywhere using their smart phone.

The Express Rx app and mobile-optimized website will allow beneficiaries to register for TRICARE pharmacy home delivery and switch current prescriptions over to home delivery. Beneficiaries can also order home delivery refills and check order status. Another feature allows beneficiaries to look up information on their current prescriptions. On GPS-enabled smart phones, the app can direct beneficiaries to the closest retail pharmacy in their network.

“Improving convenience for our beneficiaries and broadening access to necessary services like prescription information is a key focus for TRICARE,” said Rear Adm. Thomas J. McGinnis, chief of TRICARE Pharmacy Operations. “Express Rx is yet another way for beneficiaries to use their benefit wisely and conveniently, anytime and anywhere.”

To ensure security and data protection, beneficiaries must register through the member portal at [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE) before logging in to the Express Rx app or mobile-optimized site. Once registered, the same username and password allow access to the Express Rx app and mobile-optimized website. ESI is the TRICARE Pharmacy contractor.

Smartphone users can download the app for free by going to [www.express-scripts.com/mobile](http://www.express-scripts.com/mobile) or by using services like the Apple App Store or Android Marketplace. The mobile-optimized pharmacy website can be accessed at <http://m.esrx.com>. TRICARE beneficiaries in the South Region can also make use of the mobile Humana Military website, <https://m.humana-military.com/>.

For more information about TRICARE pharmacy, visit [www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy). To learn about the TRICARE pharmacy home delivery, go to [www.tricare.mil/homedelivery](http://www.tricare.mil/homedelivery). (Source: TriCare Media Center)