



DEPARTMENT OF THE ARMY  
HEADQUARTERS, EIGHTH UNITED STATES ARMY  
UNIT #15236  
APO AP 96205-0009

REPLY TO  
ATTENTION OF:

EAMC

04 OCT, 2006

*BAB 16 Oct '06*  
MEMORANDUM THRU ~~Commander~~, US Forces Korea

FOR Director, TRICARE Management Activity (TMA)

SUBJECT: Recommended Changes to TRICARE Prime Policies for Korea

1. One of the top 10 strategic issues for the U.S. Forces Korea (USFK) is our desire and intent to make Korea the assignment of choice for our service members. In order to make Korea a more "normal" assignment, we have implemented initiatives that allow Soldiers additional money for extending their tour lengths as well as access to community services for their non-command sponsored family members. In support of these initiatives, the 121st General Hospital and the 168th Medical Battalion (Area Support) are expanding their access for non-command sponsored family members.

2. In support of our desire to make Korea a more normal assignment, I am requesting a change to current TRICARE policy such that non-command sponsored family members receive the same benefits as TRICARE Prime family members while they are in Korea. Currently, non-command sponsored family members are not allowed to enroll in TRICARE Prime, so their default health insurance plan is TRICARE Standard while they are in Korea. This means they must pay "up front" costs for health care they receive from host nation Memorandum of Understanding (MOU) health care facilities when that service is not available from the 121<sup>st</sup> General Hospital. This requirement creates a financial hardship for many of our young service members. Allowing non-command sponsored family members to enroll in TRICARE Prime will eliminate the out-of-pocket expenses these families pay when receiving health care services from our host nation MOU health care facilities.

3. Additionally, it is our desire to offer "TRICARE Prime-like" health benefits for other USFK personnel who support US service members in Korea. These USFK personnel include GS, NAF and DoDDS employees. Military retirees and their family members are another group that have earned the opportunity to choose TRICARE Prime, but that opportunity is not afforded to retirees that live in Korea. Both of these groups are required to arrange their own Host Nation medical care utilizing medical insurance that does not always favorably compare with TRICARE Prime. I recommend TMA explore options and implement procedures that would allow eligible beneficiaries to enroll in TRICARE Prime, or establishment of Third Party Billing capability of the medical insurance carried by GS/NAF/DoDDS employees, or a combination of both.

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4. Our US medical treatment facilities are currently resourced to care for active duty personnel and command sponsored family members. In order to expand our direct health care services to include these additional beneficiary populations, we would require additional resources in space, manpower, funding, and equipment. A viable alternative to increasing our direct care medical resources is for the TMA to establish a managed care contractor for the Pacific Region that would include Korea – this contractor could manage these issues through the expansion of TRICARE Prime availability, and the establishment of TRICARE provider networks. I believe the establishment of a managed care contractor is the most viable and fiscally responsible alternative to providing healthcare to our entire beneficiary population, and I strongly recommend the TMA implement this alternative as soon as possible.

5. These recommended changes to current TRICARE policies and medical services for Korea will certainly enhance the quality of life for our active duty service members and their families; it will demonstrate our commitment to our civilian workforce who transferred to Korea to serve service members and their families; and it will allow retirees the opportunity to choose TRICARE Prime. I strongly recommend approval of these recommendations in support of our efforts to make Korea the assignment of choice.

6. My POC for this recommendation is COL Greg Jolissaint, Commander, 18<sup>th</sup> Medical Command and the 121<sup>st</sup> General Hospital, DSN 315-736-7389 or [james.jolissaint@us.army.mil](mailto:james.jolissaint@us.army.mil)



DAVID P. VALCOURT  
Lieutenant General, US Army  
Commanding

CF:  
Army Surgeon General (LTG Kiley)