

Beneficiary Open Season Frequently Asked Questions for Providers Quick Reference Guide

Key Points

- TRICARE Open Season for 2026 starts November 10, 2025, and ends December 9, 2025.
- Beneficiaries can check their current coverage on the beneficiary portal. As a provider, you can also check your patient's coverage on the provider portal.

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Contents

Introduction	3		
What is TRICARE Open Season?	3		
		How do beneficiaries review their current TRICARE plan and health coverage?	4





Introduction

As a provider, your TRICARE patients may have questions about TRICARE Open Season. This guide provides you with frequently asked questions and answers about TRICARE Open Season you can use in conversation with your patients.

What is TRICARE Open Season?

Open Season is the time of year where TRICARE beneficiaries can update their TRICARE Prime or TRICARE Select coverage for the following year. TRICARE Open Season for 2026 coverage runs from November 10, 2025, to December 9, 2025. Learn more about <u>TRICARE Open Season</u> on tricare.mil.

Do beneficiaries need to participate in TRICARE Open Season?

Beneficiaries can participate in TRICARE Open Season if they have and want to change, enroll in, or disenroll from one of these TRICARE plans: They can learn more about what plans qualify on the TRICARE Open Season Frequently Asked Questions page.

Note: TriWest Healthcare Alliance does not manage the US Family Health Plan and cannot change a beneficiary's US Family Health Plan coverage. For more information on changing US Family Health Plan coverage, visit the US Family Health Plan page.

Can beneficiaries participate in TRICARE Open Season if they are currently overseas?

Beneficiaries can if they have enrolled or plan to enroll in TRICARE Prime Overseas, TRICARE Prime Overseas Remote, or TRICARE Select Overseas. TriWest is not the regional contractor for the Overseas region and does not manage beneficiaries enrolled in overseas health plans. Learn more about these plans on the <u>Overseas</u> page.

They can contact their overseas TRICARE Service Center to participate in TRICARE Open Season.

What if beneficiaries want to change their dental or vision coverage?

Beneficiaries may be eligible to enroll in the <u>TRICARE Dental Program</u> if they meet certain criteria, though dental and vision coverage are often separate from most TRICARE plans. Instead, they may qualify to change their dental and vision benefits through the Federal Employees Dental and Vision Insurance Program (FEDVIP). Learn more about FEDVIP on <u>BENEFEDS</u>.

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How do beneficiaries review their current TRICARE plan and health coverage?

Beneficiaries can check their current coverage on the <u>beneficiary portal</u>. **Note:** As a provider, you can check your patient's coverage on the online referral management system. To check a patient's coverage:

- 1. Log in to the provider portal.
- Navigate to the TRICARE West Payer Space.
- 3. Open the online referral management system from the Payer Space's Applications tab.
- 4. Enter the beneficiary's name and their ID number (either their Department of Defense ID or their Department of Defense Benefits Number) into the Member Search box.
- 5. Select the Member ID hyperlink.
- 6. Review the Member Details dialog box that appears for more information about the beneficiary's current coverage.