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Find out what TRICARE pharmacy costs will for 2024

*Courtesy Story
Defense Health Agency*

FALLS CHURCH, Va. – Do you get prescription drugs through the TRICARE Pharmacy Program? Copayments for most beneficiaries are changing. The new costs will start Jan. 1, 2024.

“These new costs are part of the National Defense Authorization Act for Fiscal Year 2018,” said Melanie Richardson, a pharmacist in the Pharmacy Operations Division at the Defense Health Agency. “Most beneficiaries will pay \$1 to \$8 more per copayment. These new costs help continue to maintain high-quality delivery of your TRICARE health benefit.”

A few factors affect your pharmacy costs. Your beneficiary category is one of them.

- Active duty service members (ADSMs): You’ll pay nothing for covered drugs from military pharmacies, retail network pharmacies, and home delivery.
- Survivors of ADSMs and medically retired service members and their family members: Your copayments won’t change in 2024.
- All other beneficiaries: Your copayments will increase in 2024.

TRICARE has several categories of covered drugs. The drug category affects cost, as shown in the TRICARE Pharmacy Program Overview Fact Sheet. Generic formulary drugs are the least expensive and most widely available. This is followed by brand-name formulary drugs and non-formulary drugs.

Your costs also depend on the type of pharmacy you use. You’ll pay nothing for prescriptions from military pharmacies. See the new copayments for other pharmacy types below.

TRICARE Pharmacy Home Delivery (Up to a 90-day supply):

- Generic formulary drugs will increase from \$12 to \$13.
- Brand-name formulary drugs will increase from \$34 to \$38.
- Non-formulary drugs will increase from \$68 to \$76.

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MRDC’s Best Medic competitors put team building skills to the test

*By Paul Lagasse
Medical Research and Development Command*



Photo by Paul Lagasse

Staff Sgt. Chimaobi Umeh (left) of the U.S. Army Medical Research Institute of Infectious Diseases, participates in a ruck march with his teammate, Sgt. 1st Class Justin Montoya of the Moncrief Army Health Clinic, during the 2023 Medical Readiness Command-East and U.S. Medical Research and Development Command Best Medic Competition, which took place at Fort Eisenhower, Georgia, Nov. 5-8.

Best Medic competitions are designed to push participants to their physical and mental limits during four days of relentless skill and endurance tests. In most cases, participants go into the competition with an edge: they already know their squad mate. However, at the 2023 Medical Readiness Command-East and U.S. Medical Research and Development Command Best Medic Competition at Fort Eisenhower, Georgia, three MRDC competitors found themselves teamed up with people they had never met nor worked with – requiring them to quickly learn each other’s strengths and weaknesses while competing for the title of Best Medic.

Staff Sgt. Andy Medina, a health care specialist at the Walter Reed Army Institute of Research, and Staff Sgt. Andres Loor Ortiz, the Chemical Casualty Care Division NCOIC at the Institute of Chemical Defense, found themselves paired up when they arrived at Fort Eisenhower for the competition, which took place Nov. 5-8. It was Medina’s first competition, and only Loor’s second. Although they had not met prior to arriving at Fort Eisenhower, Loor had been on the grading cadre of two prior events at which Medina competed and was familiar with his medic skills.

“I have seen him in action, and I know he’s a great NCO,” says Loor. “So, when I heard that I was going to be teaming up with him, I was very excited.”

Likewise, Medina says the two men quickly meshed into a good team with complementary strengths.

“I think being in the military for so long, you just kind of adapt when it comes to those situations,” says Medina. “You meet new people and you’re like, ‘We’ll get to know each other a little bit and learn from each other, and then together we’re going to beat this competition.’”

Medina says that his biggest takeaway from Best Medic is that a person never knows how far they can go until they’re pushed to their limits.

“Your mind will quit a million times before your

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TRICARE retail network pharmacies (Up to a 30-day supply):

- Generic formulary drugs will increase from \$14 to \$16.
- Brand-name formulary drugs will increase from \$38 to \$43.
- Non-formulary drugs will increase from \$68 to \$76.

Note: If you aren't an ADSM, you can't refill certain maintenance drugs after two refills at retail network pharmacies unless you pay full cost for the drug. If you live in the U.S. or U.S. territories, you must refill them at a military pharmacy or through home delivery after two refills.

Non-network pharmacies (Up to a 30-day supply):

Do you have a TRICARE Prime health plan? If so, your non-network pharmacy costs will stay the same. With a TRICARE Prime plan, you'll pay a 50% cost-share. This will hap-

pen after you meet your point-of-service deductible for covered drugs.

For other TRICARE plans, you'll pay a copayment or cost-share after you meet your annual deductible. These costs are as follows:

- Generic and brand-name formulary drugs will cost \$43 (up from \$38) or 20% of the total cost, whichever is more.
- Non-formulary drugs will cost \$76 (up from \$68) or 20% of the total cost, whichever is more.

Have questions about your TRICARE pharmacy benefit? Go to TRICARE Pharmacy to learn more.

Would you like the latest TRICARE news sent to you by email? Visit TRICARE Subscriptions, and create your personalized profile to get benefit updates, news, and more.

Right: U.S. Navy Lt. Danielle Kerr, a pharmacist assigned to Walter Reed National Military Medical Center's (WRNMMC) pharmacy department, poses for a photo at WRNMMC Bethesda, Maryland, Jan. 6. WRNMMC's pharmacists were recognized in honor of National Pharmacist Day.

DOD photo by Ricardo J. Reyes



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• Competitors (Continued from front page)

body does," says Medina. "And for sure, I wanted to quit a million times. But I told myself, 'Just keep on moving. I know it sucks. I know your feet are blistered. I know you just want to lay down. But if you stop now, it's just going to get worse. So, keep moving.'"

Staff Sgt. Chimaobi Umeh, the

Operations NCO for the Institute of Infectious Diseases, met his teammate, Sgt. 1st Class Justin Montoya of the Moncrief Army Health Clinic, for the first time at the competition. Umeh originally planned to compete in next year's Best Medic competition, but due to a shortage of candidates with either

the Expert Field Medical Badge or the Combat Medical Badge, he volunteered to step up. With little time to prepare, he felt lucky to be teamed with someone who had gone through the competition before.

"It was easy to work with Sgt. Montoya because we were both open to learning from each other," says Umeh. "He was a radiology specialist, so he relied on my medic skills for the medical portion of the competition, and I relied on his prior Best Medic experience for planning how we approached the events. He was also great at land navigation!"

Umeh says his biggest challenge was the combat water survival test, in part because he hadn't had time to learn how to swim prior to the competition. He is proud that he didn't fall out of any of the events, particularly the grueling 18-mile ruck march.

"I learned that I could adapt to conditions as they arose because I chose not to make excuses and test myself," says Umeh.

Army medics learn how to form teams quickly as part of their training. But trying to build a partnership while operating in extreme conditions under intense scrutiny and constantly battling physical and mental exhaustion, is a test all its own. For Medina, Loor and Umeh, successful team building turned out to be an opportunity to add an extra, if unofficial, point on their score sheets.



Photo by Paul Lagasse

Staff Sgt. Andres Loor Ortiz of the U.S. Army Medical Research Institute of Chemical Defense participates in the marksmanship test during the 2023 Medical Readiness Command-East and U.S. Medical Research and Development Command Best Medic Competition, which took place at Fort Eisenhower, Georgia, Nov. 5-8.

Retired sergeant major reflects on career, value of veterans in continued service

By T. T. Parish

U.S. Army Medical Materiel Development Activity (USAMMDA)

The U.S. Army Medical Materiel Development Activity (USAMMDA) is an integral component of the Department of Defense's medical readiness enterprise. A key to USAMMDA's success as the DoD's premier developer of modernized medical devices, treatments, and equipment is the knowledge and experience brought to the table by its many Veterans, who work alongside both active-duty Soldiers and non-Veteran civilians to manage the Army's medical modernization efforts to equip U.S. joint force medical providers for tomorrow's wars.

For retired command sergeant major Darryl Warren, who has been with USAMMDA for the past three years after finishing his 31-year Army career, the opportunity to continue his service as a DoD civilian is indicative of the team spirit and ethos of the entire USAMMDA team.

"I think it's important for Veterans to continue to serve in any capacity when possible because I feel they offer a wealth of knowledge that can only be gained from years of service," said Warren, a Houston native who enlisted in the U.S. Army in 1987. "The fundamentals of service such as discipline, commitment, duty, and loyalty are attributes that add value to any organization."

Today, Warren, a Veteran of the Gulf War and Operations Iraqi Freedom and New Dawn, serves as an operations program analyst, ensuring USAMMDA's diverse team is trained and ready for any and all medical development missions it receives. Because of the varied roles of USAMMDA's staff – with active-duty Soldiers working alongside both DoD civilians and contractors – the expertise Veterans bring to the table helps the entire USAMMDA team function more effectively, given their practical knowledge gained through real-world experience, said Warren.

His years as a senior enlisted leader, mentor to Soldiers, and technical expert with various commands across the world have helped shape Warren's approach to USAMMDA's mission.

"I think having Veterans on staff is important because of the unique composition of USAMMDA's staff," said Warren. "Veterans can share their experiences on how the Army operates, communicates, and functions at different levels. I try to apply lessons learned from my military service and I try to meet people where they are in terms of their career, life, and professional development. And I always try to be approachable and a good



U.S. Army Photo by T. T. Parish/Released
Retired U.S. Army command sergeant major Darryl Warren is an operations program analyst with the U.S. Army Medical Materiel Development Activity (USAMMDA) at Fort Detrick, Maryland, a job he has held since shortly after retiring from the Army after a 31 year career.

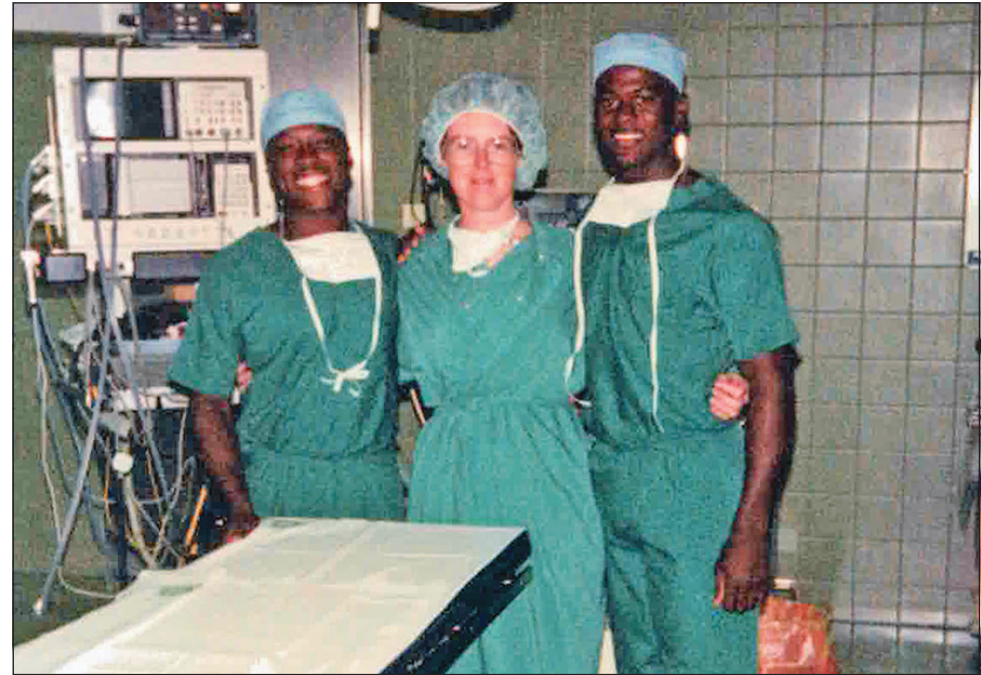
listener."

Warren enlisted for the same reasons young people today join the military: college tuition, travel, technical and trade skills. After 31 years in uniform, with duty stations across the United States and the world and tours as operating room specialist, recruiter, platoon sergeant, operations chief, deployment planner, chief medical noncommissioned officer, and command sergeant major, Warren knows the value of both teamwork and mission focus. Each individual is responsible for their assigned missions and the mission of the entire team.

Warren's continued service is testament to the Army's high standards of excellence, and the value of serving for a greater purpose.

"Although I no longer wear the uniform, I'm still part of a 'team of teams,'" said Warren. "I realize that everyone's mission overlaps or is intertwined with the overall mission here at USAMMDA. I feel everyone's job is important and everyone adds value to the organization, so I try to assist in any capacity where help is needed."

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U.S. Army Photo by provided by Darryl Warren/Released

Undated photo of retired U.S. Army command sergeant major Darryl Warren, left, during his 31 year career in U.S. Army medicine. Today, Warren is an operations program analyst with the USAMMDA. Warren served in a variety of positions across Army medicine and served in both the Gulf War and Operations Iraqi Freedom and New Dawn.

Physician



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Physician



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