



December 2014

TRICARE® CHOICES FOR NATIONAL GUARD AND RESERVE

At a Glance



www.tricare.mil
www.tricare.mil/trs
www.tricare.mil/trr

Visit the TRICARE Web site for more information on eligibility, enrollment, costs, and coverage. Enter your profile for individualized details based on your TRICARE program.

To maintain medical readiness and optimal health, National Guard and Reserve members* are encouraged to maintain continuous health and dental coverage, whether through TRICARE or other coverage for which they may be eligible. *TRICARE Choices for National Guard and Reserve: At a Glance* provides an overview of TRICARE medical, pharmacy, and dental options in the United States, and their associated costs. Your coverage will vary throughout your career depending on your uniformed service status: not activated, pre-activation/activated, deactivated, or retired. Refer to the *Coverage Options by Sponsor Status* section of this brochure to learn about the TRICARE options available to you and your family during each phase of your service. See the *For Information and Assistance* section of this brochure for contact information.

* Army National Guard, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, or Coast Guard Reserve

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TRICARE PROGRAM OPTIONS

DEERS

Sponsors and their family members must be registered in the Defense Enrollment Eligibility Reporting System (DEERS) to be eligible for TRICARE.

www.tricare.mil/deers

Line of Duty Care

Line of duty (LOD) care covers treatment of an injury, illness, or disease incurred or aggravated in the line of duty. Contact your service or Reserve component for LOD determination. LOD care is not available for family members.

You are eligible for different programs based on your beneficiary category, location, and entitlement to Medicare. Use the chart below to determine your options. Additional program details are listed in this brochure. Your options may change if you move, if your sponsor changes location or status, or if you have a life event such as getting married or becoming entitled to Medicare Part A. For assistance with health care coverage when moving or traveling, contact your regional contractor.

Beneficiary Types	Program Options ¹
National Guard and Reserve members and their family members <i>(qualified, non-active duty members of the Selected Reserve, Retired Reserve, and certain members of the Individual Ready Reserve)</i>	<ul style="list-style-type: none"> • TRICARE Reserve Select (TRS)² <i>(members of the Selected Reserve)</i> • TRICARE Retired Reserve (TRR)² <i>(members of the Retired Reserve who have not reached age 60)</i> • TRICARE Dental Program (TDP) • TRICARE Retiree Dental Program (TRDP)
Active duty service members (ADSMs) <i>(includes National Guard and Reserve members called or ordered to active service for more than 30 consecutive days)</i>	<ul style="list-style-type: none"> • TRICARE Prime • TRICARE Prime Remote • TRICARE Active Duty Dental Program (ADDP)
Active duty family members (ADFMs) <i>(includes family members of National Guard and Reserve members called or ordered to active service for more than 30 consecutive days and certain survivors)</i>	<ul style="list-style-type: none"> • TRICARE Prime • TRICARE Prime Remote for Active Duty Family Members (TPRADFM) • TRICARE Standard² and TRICARE Extra • TRICARE For Life (TFL) <i>(ADFMs must have Medicare Part A and Medicare Part B to participate in TFL.)³</i> • US Family Health Plan (USFHP) • TDP

1. Qualified adult-age dependents may purchase coverage through the TRICARE Young Adult (TYA) program. For more information on TYA, see the Coverage Options by Sponsor Status section of this brochure.
2. Authorized providers who are not part of the TRICARE network of civilian providers may charge beneficiaries using TRICARE Standard, including TRS and TRR, up to 15 percent above the TRICARE-allowable charge for services. Beneficiaries are responsible for that additional 15 percent, along with applicable deductible and cost-share amounts. Overseas, there may be no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge. Visit www.tricare.mil/overseas for more information.
3. ADFMs who have Medicare Part A are not required to have Medicare Part B to remain eligible for TRICARE. ADSMs and ADFMs have a special enrollment period, which is available anytime the sponsor is on active duty or within eight months following either (1) the sponsor's termination of employment, or (2) the end of TRICARE coverage, whichever is first. If you sign up for Medicare Part B after your special enrollment period, you may have to pay a premium surcharge for as long as you have Part B. The cost of Medicare Part B will go up 10 percent for each full 12-month period that you could have had Medicare Part B, but did not. **Note:** ADSMs and ADFMs with end-stage renal disease do not have a special enrollment period and, therefore, should enroll in Medicare Part B when first eligible to avoid paying the Part B premium surcharge for late enrollment.

COVERAGE OPTIONS BY SPONSOR STATUS

TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR) are available for purchase by qualified sponsors who are not activated. Selected Reserve and Retired Reserve members do not qualify to purchase TRS or TRR if they are eligible for or enrolled in the Federal Employees Health Benefits (FEHB) Program. National Guard and Reserve members called or ordered to active service for more than 30 consecutive days are covered as ADSMs, and their family members are covered as ADFMs. For more information on enrolling in a TRICARE program option, visit www.tricare.mil/enroll.

Not Activated

Includes service members on inactive duty for training, annual training, and otherwise on active service for 30 days or less.

TRICARE Reserve Select®

Description	<ul style="list-style-type: none"> Premium-based health care plan that qualified Selected Reserve members may purchase for themselves and/or their family members Coverage and costs for care similar to TRICARE Standard for ADFMs
Enrolling	<ul style="list-style-type: none"> Enrollment required Offers member-only and member-and-family coverage Must qualify for and purchase TRS to participate Initial two-month premium payment due with enrollment form
Costs	<ul style="list-style-type: none"> Monthly premiums, annual deductible, and cost-shares apply Calendar year (CY) 2014 TRS member-only monthly premium: \$51.68 CY 2014 TRS member-and-family monthly premium: \$204.29
Getting Care	<ul style="list-style-type: none"> Receive care from any TRICARE-authorized provider (<i>network or non-network</i>) No referrals required Some services require prior authorization

Pre-Activation/Activated

National Guard and Reserve members called or ordered to active service for more than 30 consecutive days in support of a contingency operation may be eligible for active duty health and dental benefits (*early eligibility*) up to 180 days before active duty begins, as shown in DEERS.

TRICARE Prime®

Description	<ul style="list-style-type: none"> Similar to a managed care or health maintenance organization option, available in specific geographic areas
Enrolling	<ul style="list-style-type: none"> Enrollment required Retired service members, their families, survivors, and qualifying former spouses pay annual enrollment fees¹ Offers lowest out-of-pocket costs
Costs	<ul style="list-style-type: none"> ADSMs, ADFMs, surviving spouses (<i>during the first three years</i>), and surviving dependent children: no enrollment costs Fiscal year (FY) 2015 (<i>October 1, 2014–September 30, 2015</i>) annual fee for retired service members, their families, surviving spouses (<i>after the first three years</i>), eligible former spouses, and others: \$277.92/individual; \$555.84/family
Getting Care	<ul style="list-style-type: none"> Receive most care from primary care manager (PCM) at a military hospital or clinic or within the TRICARE network² Referrals and/or prior authorizations required for specialty care

1. Active duty survivors and medically retired uniformed service members have their TRICARE Prime enrollment fees frozen at the rate in effect at the time they are classified in either category and enrolled.
2. Another TRICARE Prime option is the USFHP, available in six areas of the United States. For more information, see the "US Family Health Plan" section on the following page.

COVERAGE OPTIONS BY SPONSOR STATUS

Pre-Activation/Activated (Continued)

Eligible family members are automatically covered under TRICARE Standard and TRICARE Extra when the sponsor's eligibility is shown as active duty in DEERS (*purchased TRS coverage automatically ends*). Family members may choose to enroll in an available TRICARE Prime option. For family members whose sponsor is activated in support of a contingency operation, the TRICARE Standard and TRICARE Extra deductible is waived and TRICARE will pay up to 115 percent of the TRICARE-allowable charge for care received from providers who are not part of the TRICARE network of civilian providers.

Note: Non-active duty beneficiaries may seek care at military hospitals and clinics on a space-available basis. Additionally, TRICARE Plus is a program that allows beneficiaries who normally are only able to get care at military hospitals and clinics on a space-available basis, and who are not enrolled in a TRICARE Prime option, to enroll and receive primary care appointments at military hospitals and clinics within the same primary care access standards as beneficiaries enrolled in a TRICARE Prime option.

TRICARE Prime Remote and TRICARE Prime Remote for Active Duty Family Members

Description	<ul style="list-style-type: none"> • Similar to TRICARE Prime for ADSMs living and working in remote locations and the eligible family members residing with the sponsor
Enrolling	<ul style="list-style-type: none"> • Enrollment required
Costs	<ul style="list-style-type: none"> • No enrollment costs
Getting Care	<ul style="list-style-type: none"> • Receive care from TRICARE network providers (<i>or a TRICARE-authorized non-network provider if a network provider is unavailable</i>) • Referrals and/or prior authorizations required for specialty care

TRICARE Standard®

Description	<ul style="list-style-type: none"> • A fee-for-service option available worldwide to eligible non-ADSMs
Enrolling	<ul style="list-style-type: none"> • No enrollment required
Costs	<ul style="list-style-type: none"> • No enrollment costs • Annual deductible and cost-shares apply
Getting Care	<ul style="list-style-type: none"> • Receive care from TRICARE-authorized non-network providers • No referrals required • Some services require prior authorization

TRICARE Extra

Description	<ul style="list-style-type: none"> • A preferred provider option in areas with established TRICARE networks
Enrolling	<ul style="list-style-type: none"> • No enrollment required • Not available overseas
Costs	<ul style="list-style-type: none"> • No enrollment costs • Annual deductible and discounted cost-shares apply
Getting Care	<ul style="list-style-type: none"> • Receive care from TRICARE network providers • No referrals required • Some services require prior authorization

US Family Health Plan¹

Description	<ul style="list-style-type: none"> • TRICARE Prime option available through networks of community not-for-profit health care systems in six areas of the United States
Enrolling	<ul style="list-style-type: none"> • Enrollment required
Costs	<ul style="list-style-type: none"> • Enrollment costs are the same as TRICARE Prime
Getting Care	<ul style="list-style-type: none"> • Receive care from primary care providers in the health care system where you are enrolled • Primary care providers will refer you for specialty care

1. If you choose to enroll in USFHP, you may not access space-available care at military hospitals and clinics or use military pharmacies. Additionally, you are not eligible to use the other program options listed in this brochure. If you decide to disenroll from USFHP or move out of one of its designated services areas, you may regain eligibility for other TRICARE programs.

COVERAGE OPTIONS BY SPONSOR STATUS

TRICARE Young Adult

A parent who is a member of the Selected Reserve or of the Retired Reserve may be a TRICARE Young Adult (TYA) sponsor if he or she is either eligible for premium-free TRICARE (early eligibility, called or ordered to active service for more than 30 consecutive days, or in the Transitional Assistance Management Program [TAMP]) or covered by a premium-based TRICARE program (TRS or TRR). TYA Standard coverage is available to dependents of sponsors in the Selected Reserve or the Retired Reserve. For CY 2014, TYA Standard monthly premiums are \$156 and TYA Prime monthly premiums are \$180. For more information, visit www.tricare.mil/tya.

TYA coverage is available for purchase by qualified young adult dependents if they are **all** of the following:

- A dependent of a TRICARE-eligible sponsor
- Unmarried
- At least age 21 (or age 23 if previously enrolled in a full-time course of study at an approved institution of higher learning and if the sponsor provided over 50 percent of the financial support), but have not yet reached age 26
- Not eligible to enroll in an employer-sponsored health plan
- Not otherwise eligible for TRICARE program coverage

Deactivated

Released from a period of activation.

TRICARE Reserve Select

Description	<ul style="list-style-type: none">• Premium-based health care plan that qualified Selected Reserve members may purchase for themselves and/or their family members• Coverage and costs for care similar to TRICARE Standard for ADFMs
Enrolling	<ul style="list-style-type: none">• Enrollment required• Offers member-only and member-and-family coverage• Must qualify for and purchase TRS to participate• Initial two-month premium payment due with enrollment form
Costs	<ul style="list-style-type: none">• Monthly premiums, annual deductible, and cost-shares apply• CY 2014 TRS member-only monthly premium: \$51.68• CY 2014 TRS member-and-family monthly premium: \$204.29
Getting Care	<ul style="list-style-type: none">• Receive care from any TRICARE-authorized provider (network or non-network)• No referrals required• Some services require prior authorization

Transitional Assistance Management Program

The Transitional Assistance Management Program (TAMP) provides 180 days of transitional health care benefits to help certain uniformed service members and their families transition to civilian life. For more information, visit www.tricare.mil/tamp.

Extended TRS and TDP Coverage Following Involuntary Separation

Certain members who are involuntarily separated from the Selected Reserve under other than adverse conditions may have access to extended TRS and TDP coverage up to 180 days from their separation date. For more information, contact your service personnel department.

Continued Health Care Benefit Program

The Continued Health Care Benefit Program (CHCBP) offers transitional coverage available for purchase after TRICARE eligibility ends for up to 18 months for former service members and their family members, and up to 36 months for former spouses who are not remarried and for adult dependents. If you qualify, you can purchase CHCBP within 60 days of losing TRICARE or TAMP eligibility. CHCBP benefits and rules are similar to TRICARE Standard, but you must pay quarterly premiums. For FY 2015, quarterly premiums are \$1,275 per individual and \$2,868 per family. For more information, contact the CHCBP administrator, Humana Military, at **1-800-444-5445** or visit **Humana-Military.com**. **Note:** CHCBP enrollees are not legally entitled to space-available care at military hospitals and clinics.

COVERAGE OPTIONS BY SPONSOR STATUS

Retired

TRICARE Retired Reserve®

Description	<ul style="list-style-type: none"> Premium-based health care plan that qualified Retired Reserve members may purchase for themselves and/or their family members until reaching age 60¹ Coverage and costs for care similar to TRICARE Standard for retirees
Enrolling	<ul style="list-style-type: none"> Enrollment required Offers member-only and member-and-family coverage Must qualify for and purchase TRR to participate Initial two-month premium payment due with enrollment form
Costs	<ul style="list-style-type: none"> Monthly premiums, annual deductible, and cost-shares apply CY 2014 TRR member-only monthly premium: \$390.99 CY 2014 TRR member-and-family monthly premium: \$956.65
Getting Care	<ul style="list-style-type: none"> Receive care from any TRICARE-authorized provider (<i>network or non-network</i>) No referrals required Some services require prior authorization

1. Upon reaching age 60 and collecting retirement pay, TRR members will be disenrolled from TRR and will be eligible for other premium-free TRICARE programs as a retiree.

TRICARE For Life

Description	<ul style="list-style-type: none"> TRICARE's Medicare-wraparound coverage available to TRICARE beneficiaries entitled to Medicare Part A and who have Medicare Part B, regardless of age or place of residence
Enrolling	<ul style="list-style-type: none"> No enrollment required Must be entitled to premium-free Medicare Part A and have Medicare Part B
Costs	<ul style="list-style-type: none"> No enrollment costs If you are entitled to Medicare Part A, you must pay Medicare Part B premiums to maintain your TFL coverage
Getting Care	<ul style="list-style-type: none"> Receive care from Medicare-participating, nonparticipating, or opt-out providers¹ Note: Out-of-pocket expenses will be incurred if you receive services from opt-out providers² Includes TRICARE pharmacy benefits

1. If you are eligible for both TFL and Department of Veterans Affairs (VA) benefits and elect to use your TFL benefit for non-service connected care, you will incur out-of-pocket expenses when seeing a VA provider. By law, TRICARE can only pay up to 20 percent of the TRICARE-allowable amount. If you receive care at a VA facility, you may be responsible for the remaining amount. If you want to seek care from a VA provider, check with Wisconsin Physicians Service (WPS), which administers the TFL benefit, to confirm coverage details and to determine what will be covered by TRICARE. For contact information, visit www.tricare.mil/contactus.

2. Providers who opt out of Medicare enter into private contracts with patients and are not allowed to bill Medicare. Therefore, Medicare does not pay for health care services received from opt-out providers. When you see an opt-out provider, TFL generally pays the amount it would have paid if Medicare had processed the claim (normally 20 percent of the allowable charge), and you are responsible for paying the remainder of the billed charges.

For additional information about TFL, visit www.tricare.mil/tfl.

QUALIFY AND PURCHASE TRS OR TRR

Step 1: Qualify

To qualify for TRS or TRR:

- Log on to the Defense Manpower Data Center (DMDC) Reserve Component Purchased TRICARE Application at www.dmdc.osd.mil/appj/reservetricare. To use the Web site, you will need a DoD Common Access Card, DFAS myPay PIN, or a DoD Self-Service Logon (DS Logon). For more information on signing up for a DS Logon, visit <https://myaccess.dmdc.osd.mil>.

- Select “Purchase Coverage” and follow the instructions.
- Print and sign the completed *Reserve Component Health Coverage Request* form (DD Form 2896-1)*. Those who do not qualify will not be able to complete or print the form.

Sponsors or survivors who qualify to purchase TRS or TRR will be able to proceed to *Step 2: Purchase*.

* *If you experience a technical problem, contact the DMDC Support Center at 1-800-477-8227.*

Step 2: Purchase

Mail the completed and signed *DD Form 2896-1* with the premium payment amount printed on the form to your regional contractor (see the For Information and Assistance section of this brochure) by the applicable deadline.

General Enrollment

You may purchase TRS or TRR coverage to begin in any month of the year.

- **Deadline:** Application form must be postmarked or received no later than the last day of the month before coverage is to begin.
- **Effective date:** Coverage begins the first day of the next month or the first day of the second month as indicated on *DD Form 2896-1*.

Two months of premiums are required when initially purchasing TRS or TRR. Payment may be made with a personal check, cashier’s check, money order, or credit/debit card (*i.e.*, *Visa/MasterCard*). After the initial payment, all monthly premium payments must be made by either automated electronic funds transfer or recurring automated credit/debit card payment.

Loss of Other TRICARE Coverage

If you lose coverage under another TRICARE option due to your sponsor’s change in status and qualify for TRS or TRR, you may purchase TRS or TRR with no break in coverage.

- **Deadline:** Application must be postmarked or received no later than 30 days after the loss of other TRICARE coverage.
- **Effective date:** Coverage begins the day after you lose your prior TRICARE coverage.

Survivor Coverage

(If you qualify for and want to purchase survivor coverage, see “General Enrollment” above.)

If **TRS coverage** is in effect when the sponsor passes away, qualified survivors may purchase or continue coverage under TRS for up to six months from the date of the sponsor’s passing. If **TRR coverage** is in effect when the sponsor passes away, qualified survivors may purchase or continue TRR coverage until the day the sponsor would have turned 60.

If TRS or TRR member-and-family coverage is in effect at the time of the sponsor’s passing:

- DEERS will automatically convert member-and-family coverage to survivor coverage.
- **Deadline to opt out:** If survivors do not want TRS or TRR survivor coverage, a written letter or a *DD Form 2896-1* must be postmarked or received no later than 60 days after the date of the sponsor’s passing. Premiums will be refunded if no claims were submitted during this 60-day period. To access the *DD Form 2896-1*, log on to the Defense Manpower Data Center (DMDC) Reserve Component Purchased TRICARE Application at www.dmdc.osd.mil/appj/reservetricare.

If TRS or TRR member-only coverage is in effect at the time of death:

- Eligible survivors may qualify to purchase TRS or TRR survivor coverage. Purchased TRS survivor coverage may continue for up to six months from the date of the sponsor’s passing, while purchased TRR survivor coverage may continue until the date the sponsor would have turned 60.
- **Deadline to purchase coverage:** The TRS survivor coverage request must be postmarked or received no later than 60 days after the date of the sponsor’s passing. TRR survivors may purchase coverage anytime after the sponsor’s death, provided the sponsor would not have turned 60 at the time of purchase.

Note: Surviving family members who are eligible for or enrolled in the FEHB Program may purchase TRS or TRR.

COSTS OF COVERED SERVICES

TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Standard and TRICARE Extra, and TRICARE Young Adult Standard

TRICARE Prime¹ (includes TRICARE Prime Remote, TRICARE Prime Remote for Active Duty Family Members, and TRICARE Young Adult Prime)

	ADFM's and TRS	Retirees, Their Families, TRR, and All Others	ADSM's and ADFM's	Retirees, Their Families, and All Others
Annual Deductible	Pay grades E-4 and below: \$50 (<i>individual</i>); \$100 (<i>family</i>) Pay grades E-5 and above: \$150 (<i>individual</i>); \$300 (<i>family</i>) Family members of National Guard and Reserve members called or ordered to active service for more than 30 consecutive days in support of a contingency operation: \$0	\$150 (<i>individual</i>); \$300 (<i>family</i>)	\$0	\$0
Outpatient Visits² (including mental health care)	Standard: 20% after the annual deductible is met Extra: 15% after the annual deductible is met	Standard: 25% after the annual deductible is met Extra: 20% after the annual deductible is met	\$0 copayment per visit	\$12 copayment per visit
Clinical Preventive Services	Standard: ³ 20% after the annual deductible is met Extra: ³ 15% after the annual deductible is met	Standard: ³ 25% after the annual deductible is met Extra: ³ 20% after the annual deductible is met	\$0 copayment per service	\$0 copayment per service
Hospitalization (non-military hospital or clinic)	Standard: \$17.65 per day (\$25 minimum charge) Extra: \$17.65 per day (\$25 minimum charge)	Standard: \$744 per day or 25% of billed charges for institutional services, whichever is less, plus 25% cost-share for separately billed services Extra: \$250 per day or 25% of billed charges for institutional services, whichever is less, plus 20% cost-share for separately billed services	\$0 per day	\$11 per day (\$25 minimum charge)
Ambulance Services	Standard: 20% of the allowable charge Extra: 15% of the allowable charge	Standard: 25% of the allowable charge Extra: 20% of the allowable charge	\$0 copayment per occurrence	\$20 copayment per occurrence

1. In addition to the costs listed above, point-of-service (POS) charges may apply if TRICARE Prime beneficiaries seek nonemergency care from a TRICARE-authorized provider without a referral from the PCM.

2. If laboratory or X-ray services are performed by an office visit provider on a date different from the office visit or performed by a different provider (e.g., an independent laboratory or radiology facility), even if performed on the same day as the related office visit, the beneficiary owes a separate applicable copayment or cost-share for those services. Copayments and cost-shares will not apply for laboratory or X-ray services when they are provided for certain clinical preventive services.

3. Certain clinical preventive services do not have cost-shares (e.g., well-woman exam). Call your regional contractor for more information.

COSTS OF COVERED SERVICES

TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Standard and TRICARE Extra, and TRICARE Young Adult Standard

TRICARE Prime¹ (includes TRICARE Prime Remote, TRICARE Prime Remote for Active Duty Family Members, and TRICARE Young Adult Prime)

	ADFM's and TRS	Retirees, Their Families, TRR, and All Others	ADSM's and ADFM's	Retirees, Their Families, and All Others
Emergency Services	Standard: 20% after the annual deductible is met Extra: 15% after the annual deductible is met	Standard: 25% after the annual deductible is met Extra: 20% after the annual deductible is met	\$0 copayment per visit	\$30 copayment per visit
Ambulatory Surgery	Standard: \$25 Extra: \$25	Standard: 25% after the annual deductible is met Extra: 20% after the annual deductible is met	\$0 copayment	\$25 copayment
Outpatient Mental Health	Standard: 20% after the annual deductible is met Extra: 15% after the annual deductible is met	Standard: 25% after the annual deductible is met Extra: 20% after the annual deductible is met	\$0 copayment per visit	\$25 (<i>individual visit</i>), \$17 (<i>group visit</i>)
Inpatient Mental Health	Standard: \$20 per day (\$25 <i>minimum charge</i>) Extra: \$20 per day (\$25 <i>minimum charge</i>)	Standard: <ul style="list-style-type: none"> High-volume hospital: 25% of the hospital-specific per diem Low-volume hospital: \$218 per day or 25% of the billed charges, whichever is less Extra: 20% of allowed charges for institutional services, plus 20% cost-share for separately billed services	\$0 per day	\$40 per day
Inpatient Skilled Nursing²	Standard: \$17.65 per day (\$25 <i>minimum charge</i>) Extra: \$17.65 per day (\$25 <i>minimum charge</i>)	Standard: 25% of allowed charges for institutional services, plus 25% cost-share for separately billed services Extra: \$250 per day or 20% of billed charges for institutional services, whichever is less, plus 20% cost-share for separately billed services	\$0 per day	\$11 per day (\$25 <i>minimum charge</i>)

1. In addition to the costs listed above, POS charges may apply if TRICARE Prime beneficiaries seek nonemergency care from a TRICARE-authorized provider without a referral from the PCM.

2. TRICARE does not cover purely custodial care. Skilled nursing facility care is only available in the United States and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands).

Catastrophic Cap

The TRS catastrophic cap is \$1,000 and the TRR catastrophic cap is \$3,000. The catastrophic cap is the maximum out-of-pocket amount you will pay for health care each FY. The cap applies to all TRICARE-covered services—annual deductibles, outpatient and inpatient cost-shares, and pharmacy copayments based on TRICARE-allowable charges. Monthly premiums, payments above the TRICARE-allowable charge, point-of-service charges, and payments for non-covered services are **not** applied toward the catastrophic cap.

TRICARE PHARMACY PROGRAM

The TRICARE pharmacy benefit, administered by Express Scripts, Inc., provides prescription medications for all eligible beneficiaries. Costs for prescriptions are based on the category under which the drug is classified—formulary or non-formulary and generic or brand name—and where the prescription is filled: a military pharmacy, TRICARE Pharmacy Home Delivery, a TRICARE retail network pharmacy, or a non-network pharmacy. The chart below summarizes the costs for prescription drugs. Use the formulary search tool at www.tricare.mil/pharmacyformulary to find costs for specific medications, required forms, and medication limitations. If medical-necessity criteria are met, non-formulary prescriptions may be filled at the formulary costs. The Department of Defense Pharmacy and Therapeutics Committee may set quantity limits on some medications. You can convert prescriptions for medications you take on a regular basis from a retail pharmacy to home delivery by calling the Express Scripts Member Choice Center. See the *For Information and Assistance* section of this brochure for contact information. For more information, visit www.tricare.mil/pharmacy.

TRICARE retail network pharmacies are only available in the United States and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. Currently, there are no retail network pharmacies in American Samoa. Overseas, you will be required to pay up front at host nation pharmacies and file a claim for reimbursement with the TRICARE Overseas Program claims processor.

Many vaccines are covered under the TRICARE pharmacy benefit when administered by the pharmacist at a TRICARE retail network pharmacy. There is no copayment for covered vaccines. For more information, visit www.tricare.mil/vaccines. TRICARE covers smoking-cessation medications including prescription and over-the-counter medications, available at no cost through military pharmacies and TRICARE Pharmacy Home Delivery. Smoking-cessation medications are not covered when purchased at retail pharmacies. For more information, visit www.tricare.mil/tobaccocessation.

Note: Copayments are subject to change. There are no pharmacy costs for ADSMs. US Family Health Plan (USFHP) enrollees must fill prescriptions through USFHP pharmacies.

Pharmacy Copayments

Pharmacy Types	Formulary Drug Costs		Non-Formulary Drug Costs (Tier 3) ¹
	Generic (Tier 1)	Brand Name (Tier 2)	
Military Pharmacy (up to a 90-day supply)	\$0	\$0	Not available
TRICARE Pharmacy Home Delivery (up to a 90-day supply)	\$0	\$13	\$43
TRICARE Retail Network Pharmacy (up to a 30-day supply)	\$5	\$17	\$44
Non-Network Pharmacy (up to a 30-day supply)	<p>TRICARE Prime/TRICARE Prime Remote for Active Duty Family Members (TPRADFM): 50% cost-share applies after the point-of-service (POS) deductible is met</p> <p>TRICARE Standard and TRICARE Extra: \$17 or 20% of the total cost (<i>whichever is greater</i>) after the annual deductible is met</p>	<p>TRICARE Prime/TPRADFM: 50% cost-share applies after the POS deductible is met</p> <p>TRICARE Standard and TRICARE Extra: \$17 or 20% of the total cost (<i>whichever is greater</i>) after the annual deductible is met</p>	<p>TRICARE Prime/TPRADFM: 50% cost-share applies after the POS deductible is met</p> <p>TRICARE Standard and TRICARE Extra: \$44 or 20% of the total cost (<i>whichever is greater</i>) after the annual deductible is met</p>

1. Approval is required for active duty service members (ADSMs). Non-formulary drugs may be obtained free of charge by ADSMs only if medical necessity is established. All other beneficiaries will pay the copayments listed above. Medical-necessity information should be submitted along with the prescription. For more information, visit www.tricare.mil/pharmacy.

TRICARE DENTAL OPTIONS

This section highlights your dental program options and costs when using TRICARE’s dental coverage options. For more information, visit www.tricare.mil/dental. Your out-of-pocket expenses for any of the costs listed in this section are **not** applied to the TRICARE catastrophic cap.

Dental Program Options	Beneficiary Types	Description of Program Options
TRICARE Dental Program¹	<ul style="list-style-type: none"> Eligible ADFMs Survivors National Guard and Reserve members and their family members Individual Ready Reserve members and their family members 	<ul style="list-style-type: none"> Benefit administered by MetLife Voluntary enrollment and worldwide portable coverage Single and family plans with monthly premiums Lower specialty care cost-shares for pay grades E-1 through E-4 Comprehensive coverage for most dental services 100% coverage for most preventive and diagnostic services
TRICARE Active Duty Dental Program	<ul style="list-style-type: none"> ADSMs National Guard and Reserve members called or ordered to active service for more than 30 consecutive days 	<ul style="list-style-type: none"> Benefit administered by United Concordia Companies, Inc. For ADSMs who are either referred for care by a military dental clinic to a civilian dentist or have a duty location and live greater than 50 miles from a military dental clinic
TRICARE Retiree Dental Program	<ul style="list-style-type: none"> Retired service members and their eligible family members Retired National Guard and Reserve members and their eligible family members Certain survivors Medal of Honor recipients and their immediate family members and survivors 	<ul style="list-style-type: none"> Benefit administered by Delta Dental of California Voluntary enrollment and worldwide, portable coverage Single, dual, and family plans Monthly premiums vary regionally by ZIP code; deductible and cost-shares apply Comprehensive coverage for most dental services; visit any dentist within the TRDP service area 100% coverage for most preventive and diagnostic services

1. The TDP is divided into two geographical service areas: stateside (or CONUS) and overseas (or OCONUS). The TDP stateside service area includes the 50 United States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. The TDP overseas service area includes areas not in the stateside service area and covered services provided aboard a ship or vessel outside the territorial waters of the stateside service area, regardless of the dentist’s office address.

TRICARE Dental Option Premiums, Cost-Shares, and Annual Maximums

TRICARE Active Duty Dental Program Costs

There are no out-of-pocket costs when using the ADDP. However, for services that require prior authorization, ADSMs may be responsible for the cost of care if they do not obtain prior authorization. Visit www.addp-ucci.com for more information.

TRICARE Dental Program Monthly Premiums (February 1, 2014–January 31, 2015)

Sponsor Status	Sponsor-Only Premium	Single Premium ¹ (one family member, excluding sponsor)	Family Premium (more than one family member, excluding sponsor)	Sponsor-and-Family Premium
Selected Reserve	\$10.96	\$27.40	\$82.23	\$93.19
Individual Ready Reserve	\$27.40	\$27.40	\$82.23	\$109.63
Active Duty	N/A	\$10.96	\$32.89	N/A

1. If both the sponsor and a single family member are enrolled, the premium due is the total of the sponsor-only premium and the single premium.

TRICARE Retiree Dental Program Monthly Premiums

Monthly premiums for the TRDP vary depending on your location and type of plan (*single, dual, or family*). The premium year is January 1–December 31. To view the premium rate for your region, visit www.trdp.org.



FOR INFORMATION AND ASSISTANCE

You can sign up to receive TRICARE news and publications via e-mail at www.tricare.mil/subscriptions. To sign up for benefits correspondence by e-mail, visit <http://milconnect.dmdc.mil>. The Affordable Care Act, also known as the health care reform law, requires that individuals maintain health insurance or other health coverage that meets the definition of “minimum essential coverage” beginning in 2014. The TRICARE program meets the minimum essential coverage requirement. Most people who do not meet this provision of the law will be required to pay a fee for each month they do not have adequate coverage. The fee will be collected each year with federal tax returns. For more information, visit www.tricare.mil/aca. You can also find other health care coverage options at www.healthcare.gov.

<p>TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com</p>	<p>TRICARE South Region Humana Military, a division of Humana Government Business 1-800-444-5445 Humana-Military.com</p>	<p>TRICARE West Region UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcmmilitarywest.com</p>
<p>TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa¹ +44-20-8762-8384 (overseas) 1-877-678-1207 (stateside) tricarelon@internationalsos.com</p>	<p>TOP Regional Call Center—Latin America and Canada¹ +1-215-942-8393 (overseas) 1-877-451-8659 (stateside) tricarephl@internationalsos.com</p>	<p>TOP Regional Call Centers—Pacific¹ Singapore: +65-6339-2676 (overseas) 1-877-678-1208 (stateside) sin.tricare@internationalsos.com Sydney: +61-2-9273-2710 (overseas) 1-877-678-1209 (stateside) sydticare@internationalsos.com</p>
<p>TRICARE Reserve Select www.tricare.mil/trs</p> <p>TRICARE Retired Reserve www.tricare.mil/trr</p> <p>Reserve Affairs http://ra.defense.gov</p>	<p>Defense Manpower Data Center Reserve Component Purchased TRICARE Application www.dmdc.osd.mil/appj/reservetricare</p> <p>My Access Center (obtain a DS Logon account) https://myaccess.dmdc.osd.mil</p>	<p>milConnect Web Site http://milconnect.dmdc.mil</p>
<p>TRICARE Active Duty Dental Program www.tricare.mil/addp United Concordia Companies, Inc. 1-866-984-ADDP (1-866-984-2337) www.addp-ucc.com</p>	<p>TRICARE Dental Program www.tricare.mil/tdp MetLife 1-855-MET-TDP1 (1-855-638-8371) (stateside) 1-855-MET-TDP2 (1-855-638-8372) (overseas) 1-855-MET-TDP3 (1-855-638-8373) (TDD/TTY) www.metlife.com/tricare</p>	<p>TRICARE Retiree Dental Program www.tricare.mil/trdp Delta Dental of California 1-888-838-8737 (stateside) AT&T USADirect® Access Number plus +866-721-8737 (overseas) www.trdp.org</p>
<p>TRICARE Pharmacy Program 1-877-363-1303 www.tricare.mil/pharmacy www.express-scripts.com/TRICARE</p>	<p>Transitional Assistance Management Program www.tricare.mil/tamp</p>	<p>Continued Health Care Benefit Program Humana Military 1-800-444-5445 www.tricare.mil/chcbp</p>
<p>US Family Health Plan 1-800-74-USFHP (1-800-748-7347) www.tricare.mil/usfhp</p>	<p>TRICARE Young Adult www.tricare.mil/tya</p>	<p>TRICARE For Life www.tricare.mil/tfl</p>

1. For toll-free contact information, visit www.tricare-overseas.com.

An Important Note About TRICARE Program Information

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.

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