

August 2015

TRICARE® OVERSEAS PROGRAM

At a Glance



www.tricare.mil
www.tricare.mil/overseas

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.

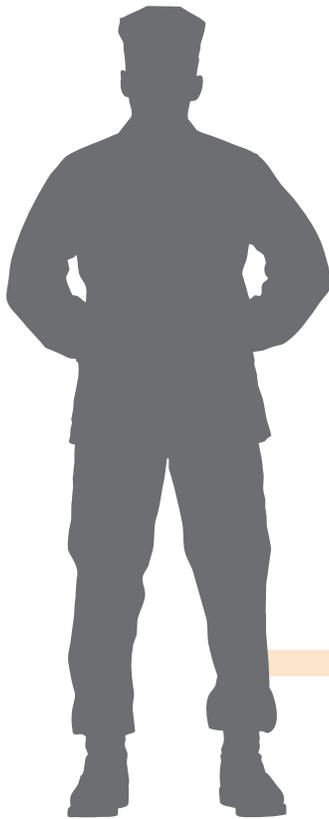
TRICARE is the Department of Defense’s worldwide health care program available to eligible beneficiaries from any of the seven uniformed services—the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Marine Corps, U.S. Coast Guard, Commissioned Corps of the U.S. Public Health Service, and the National Oceanic and Atmospheric Administration. *TRICARE Overseas Program: At a Glance* provides an overview of TRICARE medical, pharmacy, and dental options overseas. International SOS Government Services, Inc. (International SOS) administers the TRICARE Overseas Program (TOP) benefit. Eligibility for TRICARE is determined by law and the services, and information is maintained in the Defense Enrollment Eligibility Reporting System (DEERS). It is important for sponsors to keep DEERS records up to date. For eligibility, enrollment, cost, and coverage details, visit www.tricare.mil or contact your TOP Regional Call Center. See the *For Information and Assistance* section of this brochure for contact information.



Program Options by Sponsor Status	2
TOP Prime Options	4
TOP Standard Options	6
Other TRICARE Options	8
TOP Provider Types	9
TRICARE Pharmacy Program	10
TRICARE Dental Options	11
For Information and Assistance	12

PROGRAM OPTIONS BY SPONSOR STATUS

You are eligible for different TRICARE program options based on your beneficiary category, location, and entitlement to Medicare. Use this graphic to determine your options based on your sponsor's status. Additional program details are listed in this brochure. Your options may change if you move or if your sponsor changes location or status. Life events, such as getting married or becoming entitled to Medicare Part A, also affect your family's TRICARE coverage options. For assistance with health care coverage when moving or traveling, contact your TOP Regional Call Center or TRICARE Service Center, or visit www.tricare-overseas.com.



**Uniformed
Service Member**



Active Duty

Includes National Guard and Reserve members called or ordered to active service for more than 30 consecutive days



**Separated
from Service**
(non-retirement)



Retired

National Guard and Reserve

Qualified non-active duty members of the Selected Reserve and Retired Reserve

**Sponsor and family member
TRICARE coverage options:**

- TRICARE Reserve Select
- TRICARE Retired Reserve
- TRICARE Young Adult

PROGRAM OPTIONS BY SPONSOR STATUS

Find cost information for all TRICARE program options in *TRICARE Costs and Fees*, available at www.tricare.mil/smart or by visiting www.tricare.mil/costs.

Active Duty

Sponsor TRICARE coverage options	Family member TRICARE coverage options
<ul style="list-style-type: none"> • TOP Prime • TOP Prime Remote 	<ul style="list-style-type: none"> • TOP Prime (<i>command sponsorship required</i>) • TOP Prime Remote (<i>command sponsorship required</i>) • TOP Standard • TRICARE Young Adult (TYA) • TRICARE For Life (TFL) (<i>if entitled to Medicare Part A and have Medicare Part B</i>)

Separated from Service (*non-retirement*)

Sponsor and family member TRICARE coverage options

After separating from service (*non-retirement*), the sponsor and family members lose TRICARE eligibility. However, you may qualify for a period of continued coverage under the:

- Transitional Assistance Management Program
- Continued Health Care Benefit Program

Retired

Sponsor TRICARE coverage options	Family member TRICARE coverage options
<ul style="list-style-type: none"> • TOP Standard • TFL (<i>if entitled to Medicare Part A and have Medicare Part B</i>) 	<ul style="list-style-type: none"> • TOP Standard • TYA • TFL (<i>if entitled to Medicare Part A and have Medicare Part B</i>)

TOP PRIME OPTIONS

Referrals

Under TOP Prime, your PCM provides referrals for you to receive services from host nation providers and coordinates the referral request with the TOP contractor when necessary. TOP Prime Remote beneficiaries who do not have an assigned PCM may coordinate referrals with the TOP contractor. Some services, such as clinical preventive services, do not require referrals.

Prior Authorizations

Prior authorization is a review of a requested health care service to determine if it is medically necessary at the requested level of care. Check for services that require prior authorization by visiting www.tricare.mil or www.tricare-overseas.com.

TRICARE Overseas Program (TOP) Prime is similar to a managed care or health maintenance organization option and is available to active duty service members (ADSMs) and their eligible family members who live with them near a military hospital or clinic. With TOP Prime, you receive most of your care from an assigned primary care manager (PCM) at a military hospital or clinic. Your PCM refers you for specialty care when necessary.

ADSMs stationed overseas must enroll in TOP Prime or TOP Prime Remote. Eligible, command-sponsored active duty family members (ADFM)s may choose to enroll in TOP Prime or TOP Prime Remote, or they may use TOP Standard.

Choosing and Enrolling in a TOP Prime Option

To enroll in either TOP Prime or TOP Prime Remote, call your Global TRICARE Service Center (*select option 4 from the TOP Regional Call Center menu*), or submit a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form* (DD Form 2876) to your TOP Regional Call Center or TRICARE Service Center (TSC). TOP Prime and TOP Prime Remote coverage begins when your enrollment request is received. There are no enrollment fees for TOP Prime or TOP Prime Remote. Visit www.tricare.mil/costs for current cost information.

Split Enrollment

TOP Prime allows split enrollment when sponsors are stationed overseas but their family members live in the United States (*e.g., spouses who do not accompany sponsors on overseas tours of duty, children attending college in the United States*).

Eligible ADFMs may enroll in stateside TRICARE Prime in the regions where they live. If they are currently enrolled in TRICARE Prime Remote for Active Duty Family Members (TPRADFM) and the sponsor receives unaccompanied orders, they can remain in TPRADFM in their current location. If they choose not to enroll in TRICARE Prime or TPRADFM, if eligible, they are automatically covered under TRICARE Standard and TRICARE Extra. **Note:** TRICARE Extra is not available overseas.

Getting Care with a TOP Prime Option

TOP Prime works like the stateside TRICARE Prime program with similar benefits, requirements, and costs. Referrals and prior authorizations may be required for certain services. For more details, see the “Getting Care with a TOP Prime Option” table that follows. For assistance with health care coverage when moving or traveling, contact your TOP Regional Call Center.

Getting Care with a TOP Prime Option (includes TOP Prime and TOP Prime Remote)

	Active duty service members	Active duty family members
Where do I get care?	<ul style="list-style-type: none"> • Routine care: Receive most care from an assigned PCM at a military hospital or clinic. TOP Prime Remote beneficiaries may see network host nation providers. If no PCM is assigned, your TOP Regional Call Center will coordinate your care. • Specialty care: Your PCM or TOP Regional Call Center may refer you to a specialty care provider. • If traveling or between duty stations, you must receive all nonemergency care at a military hospital or clinic if one is available; for urgent care, if a military hospital or clinic is not available, prior authorization is required. 	<ul style="list-style-type: none"> • Routine care: Receive most care from an assigned PCM at a military hospital or clinic or with a network host nation provider. If no PCM is assigned, your TOP Regional Call Center will coordinate your care. • Specialty care: Your PCM may refer you to a specialty care provider.
What do I need to do before I can get care?	<ul style="list-style-type: none"> • Military hospital or clinic: No referral or prior authorization needed. • For specialty care or care with host nation providers: <ul style="list-style-type: none"> • Get a referral from your PCM or TOP Regional Call Center. • Get a prior authorization from your TOP Regional Call Center (<i>not for emergencies</i>). 	<ul style="list-style-type: none"> • Military hospital or clinic: No referral or prior authorization needed. • For specialty care or care with host nation providers: <ul style="list-style-type: none"> • Get a referral from your PCM or TOP Regional Call Center. • You may need prior authorization from your TOP Regional Call Center for certain types of care (<i>not for emergencies</i>).
What will health care cost me?	<ul style="list-style-type: none"> • No enrollment costs. • No out-of-pocket cost when you receive covered health care services from your military hospital or clinic PCM, or when obtaining the appropriate referral and prior authorization for other care from host nation providers. • When seeing nonparticipating non-network host nation providers: Expect to pay the full cost of care up front and file a claim for reimbursement. 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. For more information about provider types, see the <i>TOP Provider Types</i> section of this brochure. 	

Seeing a Non-Network Provider without a Referral: The Point-of-Service Option

The point-of-service (POS) option allows TOP Prime beneficiaries to pay additional out-of-pocket costs to receive nonemergency health care services from any TRICARE-authorized provider without a referral. Out-of-pocket expenses you pay under the POS option are not applied to your annual catastrophic cap. The POS option does not apply to ADSMs, emergency care, clinical preventive care received from a network provider, newborns or adopted children within the first 120 days after birth or adoption, beneficiaries with other health insurance (OHI), or the first eight mental health care outpatient visits per fiscal year (FY) (October 1–September 30) to a network provider for a medically diagnosed and covered condition. (*Certain types of mental health care services are excluded and always require a referral or prior authorization. Contact your TOP contractor for details.*)

TRICARE Meets the Minimum Essential Coverage Requirement under the Affordable Care Act

Under the Affordable Care Act (ACA), you must have health care coverage that meets a minimum standard called minimum essential coverage; otherwise, you must qualify for an exemption. TRICARE coverage meets the minimum essential coverage requirement under the ACA. 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. You can find other health care coverage options at www.healthcare.gov.

TRICARE must be able to verify your coverage status based on what is listed in the Defense Enrollment Eligibility Reporting System (DEERS). Your Social Security number (SSN) and the SSNs of each of your covered family members must be included in DEERS for your TRICARE coverage to be reflected accurately. For more information about TRICARE and the ACA, visit www.tricare.mil/aca.

TOP STANDARD OPTIONS

TOP Standard is a fee-for-service option available to eligible non-ADSMs living overseas. TOP Standard works like the stateside TRICARE Standard program with similar benefits, requirements, and costs. Enrollment is not required; coverage is automatic as long as you are shown as eligible in DEERS and you are not enrolled in TOP Prime or TOP Prime Remote. **Note:** TRICARE Extra is not available overseas.

Premium-based health care plans that work like TRICARE Standard, with the same benefits, requirements, and costs (*plus premiums*), are also available for purchase by qualified individuals worldwide. These plans include TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), and TRICARE Young Adult (TYA) Standard.

GETTING CARE WITH TOP STANDARD

Under TOP Standard, you may generally seek care from any host nation provider without a referral, unless local country restrictions apply (*such as in the Philippines*). No referrals are necessary with TOP Standard, but prior authorization is required for some services. When you see a host nation provider, be prepared to pay up front for care and file claims, including proof of payment, with the TOP claims processor for reimbursement. For claims-filing instructions, visit www.tricare.mil/overseasclaims.

Where To Get Care

Receive care from any provider, unless local TOP restrictions require seeing certified providers only. If you are not located near a military hospital or clinic, TSC, or U.S. Embassy Health Unit, visit www.tricare-overseas.com for a list of providers or contact your TOP Regional Call Center for assistance.

Before Getting Care

No referrals are required, but some services, including nonemergency inpatient mental health care, require prior authorization. For prior authorization requirements, call your TOP Regional Call Center.

Health Care Costs

TOP Standard has no enrollment costs, but an annual deductible and cost-shares apply. You should expect to pay up front for care and file claims for reimbursement. 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 in addition to your deductible and cost-shares. For more information about provider types, see the *TOP Provider Types* section of this brochure. For more information about costs, visit www.tricare.mil/costs.

Proof-of-Payment Requirements Overseas

You must submit proof of payment with all overseas claims. Proof of payment is necessary for TRICARE to validate claims and safeguard benefit dollars. Proof of payment may include a receipt, canceled check, credit card statement, or invoice from the provider that clearly states payment was received. If you have questions regarding proof-of-payment requests, claims submissions, or the status of a submitted claim, contact your TOP Regional Call Center and select option 2 for claims assistance or visit www.tricare.mil/claims.

Annual Deductible

The annual amount a beneficiary must pay for covered outpatient services before TRICARE begins to pay or reimburse for those services.

Cost-Share

The percentage a TRICARE beneficiary must pay for covered inpatient and outpatient services (*other than the annual deductible or disallowed amounts*). The cost-share depends on the TRICARE option used and the sponsor's status (*i.e., active duty or retired*).

Premium

Regular and recurring payments that beneficiaries in premium-based TRICARE programs (*i.e., TRS, TRR, and TYA*) and CHCBP are required to make. Premium amounts are a percentage of the total cost of health care coverage.

Catastrophic Cap

The catastrophic cap is the maximum out-of-pocket amount an individual or family pays per FY for TRICARE-covered services. Beneficiaries are not responsible for any amounts above the catastrophic cap in a given FY, except for services that are not covered, charges from nonparticipating providers, or when using the POS option. Visit www.tricare.mil/costs for cost information.

TRICARE Options for Purchase for National Guard and Reserve Families

TRICARE Reserve Select®

TRS is a premium-based, worldwide health care plan that qualified Selected Reserve members and qualified survivors may purchase for themselves and/or their family members. TRS offers comprehensive health care coverage similar to TOP Standard. Enrollment is required. Monthly premiums, an annual deductible, and cost-shares apply. The initial two-month premium payment is due when you enroll. With TRS, you may generally receive care from any host nation provider without a referral. However, certain services, including inpatient nonemergency mental health care, require prior authorization. For more information about TRS, including qualification requirements and how to purchase coverage, visit www.tricare.mil/trs.

TRICARE Retired Reserve®

TRR is a premium-based, worldwide health care plan that qualified Retired Reserve members and qualified survivors may purchase for themselves and/or their family members. TRR offers comprehensive health care coverage similar to TOP Standard. Enrollment is required. Monthly premiums, an annual deductible, and cost-shares apply. The initial two-month premium payment is due when you enroll. With TRR, you may receive care from any TRICARE-authorized provider (*network or non-network*) without a referral, though some services require prior authorization. For more information about TRR, including qualification requirements and how to purchase coverage, visit www.tricare.mil/trr.

TRICARE For Life

If you are entitled to Medicare Part A, you generally must have Medicare Part B to remain TRICARE-eligible, regardless of age or place of residence. This is a requirement based on federal law governing these programs. If you are eligible for TRICARE and have Medicare Part A and Medicare Part B, you are automatically covered by TRICARE For Life (TFL).

Medicare covers health care received in the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*). In these locations, Medicare pays first and TFL pays second; however, TFL pays last if you have OHI. Medicare also pays before TRICARE when TFL beneficiaries receive care aboard ships in territorial waters adjoining the land areas of the United States and U.S. territories. For more information, visit www.tricare.mil/tfl.

Medicare does not provide coverage outside the United States and U.S. territories, or aboard ships outside U.S. territorial waters. Therefore, TFL is your primary payer for health care received in all other overseas locations, unless you have OHI. Overseas, TFL works like TOP Standard for retirees, with the same annual deductible and cost-shares. To seek reimbursement for overseas care, submit a claim, a copy of your provider's itemized bill with a diagnosis explanation, proof of payment, and, if applicable, your OHI's explanation of benefits (EOB) to the TOP claims processor. For more information, visit www.tricare-overseas.com or contact your TOP Regional Call Center.

OTHER TRICARE OPTIONS

TRICARE offers coverage options for beneficiaries whose eligibility changes. For example, TYA offers TRICARE Prime and TRICARE Standard coverage to dependents who have aged out of TRICARE (*see details below*). TRICARE also offers continued coverage for those who are separating from service through the Transitional Assistance Management Program (TAMP). Beneficiaries who have lost all TRICARE eligibility may qualify to purchase coverage under the Continued Health Care Benefit Program (CHCBP).

TRICARE YOUNG ADULT

TYA is a premium-based health care plan available for purchase by qualified dependents who have aged out of TRICARE. TYA offers TRICARE Prime and TRICARE Standard coverage worldwide. TYA includes medical and pharmacy benefits, but excludes dental coverage. Coverage, provider choice, and costs for TYA Prime and TYA Standard are the same as for TRICARE Prime and TRICARE Standard. Visit www.tricare.mil/tya for more information.

If you are an adult-age dependent, your geographic location and sponsor's status determine whether you qualify for TYA Prime and/or TYA Standard. You may generally purchase TYA coverage if you are a dependent of a TRICARE-eligible uniformed service sponsor, unmarried, at least age 21 but have not yet reached age 26, not a uniformed service sponsor (*e.g., a member of the Selected Reserve*), and not eligible for or enrolled in an employer-sponsored health care plan based on your own employment.

TRANSITIONAL COVERAGE OPTIONS

Transitional Assistance Management Program

TAMP provides 180 days of transitional health care benefits to help certain service members and their families transition to civilian life. For more information, visit www.tricare.mil/tamp.

Continued Health Care Benefit Program

CHCBP is a premium-based health care program administered by Humana Military. Though not a TRICARE program, CHCBP offers continued health coverage (*18–36 months*) after TRICARE coverage ends. Certain former spouses who have not remarried before age 55 may qualify for an unlimited duration of coverage. If you qualify, you can purchase CHCBP coverage within 60 days of loss of TRICARE or TAMP coverage, whichever is later. For more information, visit www.tricare.mil/chcbp. **Note:** Beneficiaries enrolled in CHCBP are not legally entitled to space-available care at military hospitals or clinics.

Philippine Demonstration

If you reside in the Philippines and use TOP Standard, TFL, TRS, TRR, or TYA Standard, you are eligible to participate in the TRICARE Philippine Demonstration. Eligibility is determined by your physical address listed on health care claims, regardless of the address listed in DEERS. TOP Standard beneficiaries who use a Philippine APO/FPO address when filing claims are required to follow the rules of the Philippine Demonstration to ensure that TRICARE cost-shares their claims.

When seeking care within designated demonstration areas, you are required to see approved demonstration providers who have agreed to comply with TRICARE requirements and business processes in order for TRICARE to cost-share your health care claims. Within designated demonstration areas, you will be responsible for the full cost of care if you do not seek care from an approved demonstration provider or if you do not request and receive a waiver. If you get care outside the Philippine Demonstration areas, TRICARE will only cost-share the claim if the provider is certified.

If you travel to the Philippines, you must see a certified provider. The Philippine Demonstration does not apply to pharmacy or dental services. For the most up-to-date information and to find an approved demonstration provider or a certified provider in the Philippines, visit www.tricare-overseas.com/philippines.htm.

TRICARE-authorized providers meet TRICARE licensing and certification requirements and are certified by TRICARE to provide care to TRICARE beneficiaries. If you see a provider that is not TRICARE-authorized, you are responsible for the full cost of care. The table below lists different types of TRICARE-authorized providers.

Provider types	Descriptions	Key characteristics
Network provider (files claims for beneficiaries)	Has entered into a formal agreement with International SOS Government Services, Inc. (International SOS), the TOP contractor, to provide medical care or services to TOP beneficiaries	<ul style="list-style-type: none"> Assurance of quality care, as network providers' credentials are reviewed and institutions are site-audited at least once every three years Guarantee that provider can directly or indirectly communicate in English Cashless/claimless services for TOP Prime beneficiaries Performance is monitored on an ongoing basis to help ensure beneficiary satisfaction and quality of care
Participating non-network provider (may file claims for beneficiaries)	Has not entered into a formal agreement with International SOS, but agrees to provide cashless/claimless care to TOP Prime beneficiaries	<ul style="list-style-type: none"> Verified and licensed to practice in the country in which he or she operates Has not undergone the full International SOS credentialing process
Approved demonstration provider (Philippines) (files claims for beneficiaries)	Agrees to comply with specific TRICARE requirements and business processes in certain designated areas under the Philippine Demonstration; International SOS and its subcontractor, Global 24 Network Services, administer the benefit under the Philippine Demonstration	<ul style="list-style-type: none"> Accepts established reimbursement rates, so you will be responsible only for your deductible and cost-shares Deductible and cost-shares may be paid up front If payment is not made up front, approved demonstration providers will collect only the applicable deductible and cost-shares after receiving the TRICARE EOB
Certified provider (Philippines)	Meets TRICARE required on-site verification and provider certification requirements. However, certified providers within a Philippine Demonstration area do not agree to the additional conditions necessary to be approved demonstration providers.	<ul style="list-style-type: none"> Can invoice TRICARE for beneficiary claims There may be no limit to the billed amount that certified providers (<i>who do not participate in the Philippine Demonstration</i>) charge in the Philippines. You are responsible for paying any amount that exceeds the TRICARE-allowable charge in addition to your deductible and cost-shares.
Nonparticipating non-network host nation provider	Has not agreed to participate in TOP	<ul style="list-style-type: none"> May not provide cashless/claimless service; beneficiaries may be required to pay up front and file a claim for reimbursement

TRICARE's Covered Services

This brochure describes each TRICARE program option available overseas. These options differ in terms of the providers you see, the way you get care, the costs involved, if any, and whether you file claims. Generally, you have the same covered services, including clinical preventive, mental health care, maternity, and pharmacy services, with any TOP option (e.g., *TOP Prime*, *TOP Standard*). Copayments and/or cost-shares may apply for certain covered services depending on your TRICARE program option and beneficiary status (*active duty sponsors and families have no out-of-pocket costs when following the rules of their program option*). For a full list of TRICARE's covered services, including limitations and exclusions, visit www.tricare.mil/coveredservices.

TRICARE PHARMACY PROGRAM

TRICARE offers comprehensive prescription drug coverage and several options for filling prescriptions. You may fill prescriptions at military pharmacies, through TRICARE Pharmacy Home Delivery, at TRICARE retail network pharmacies, or at host nation pharmacies. Host nation pharmacies are non-network; therefore, you will pay the full cost up front and file a claim for reimbursement with International SOS. Your options for filling your prescription depend on the type of drug your provider prescribes. To learn more, search for your drug at www.express-scripts.com/tricareformulary.

You need a prescription and a valid uniformed services identification card or Common Access Card to fill prescriptions in all overseas locations, including the U.S. territories. For information about the TRICARE pharmacy benefit, visit www.tricare.mil/pharmacy. Use the formulary search tool at www.express-scripts.com/tricareformulary to find costs for specific medications or www.tricare.mil/costs for other cost information.

MILITARY PHARMACIES

- Receive up to a 90-day supply of most medications at no cost.
- Most accept prescriptions from both civilian and military providers, regardless of whether you are enrolled at a military hospital or clinic. Call your local military pharmacy to ensure it carries your medication.

TRICARE PHARMACY HOME DELIVERY

- No cost for ADSMs. For all others, no cost to receive up to a 90-day supply of generic formulary drugs. Copayments apply for brand-name formulary and non-formulary drugs (*up to a 90-day supply*).
- Prescriptions delivered with free standard shipping, and refills can be easily ordered online, by phone, or by mail.
- TRICARE Pharmacy Home Delivery is only available overseas if you have an APO/FPO address or are assigned to a U.S. Embassy or Consulate. You must have a prescription from a U.S.-licensed provider. Refrigerated medications cannot be shipped to APO/FPO addresses.
- Beneficiaries residing in Germany cannot use the home delivery option due to country-specific legal restrictions. If you live in Germany, fill prescriptions at military pharmacies or host nation pharmacies.

TRICARE RETAIL NETWORK PHARMACIES

- 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.
- Fill your prescriptions without having to submit a claim and pay one copayment for each 30-day supply.

HOST NATION PHARMACIES

- Pay full price for your medication and file a claim for reimbursement.
- TOP Prime and TOP Prime Remote beneficiaries are reimbursed by TRICARE for 100 percent of their out-of-pocket costs when they use host nation pharmacies.
- TOP Standard beneficiaries pay the applicable deductible and cost-shares when using host nation pharmacies.

Overseas Pharmacy Costs

TOP Standard beneficiaries pay cost-shares for filled prescriptions. There are no copayments or cost-shares for TOP Prime beneficiaries. However, you may have to pay for your prescriptions up front in some locations and file claims for reimbursement. Over-the-counter (OTC) drugs are not covered overseas. This includes drugs that are considered OTC in the United States, even when they require a prescription in a foreign country. **Note:** Beneficiaries in the Philippines must use a TRICARE-certified pharmacy to ensure that their claims will be reimbursed. To locate a TRICARE-certified pharmacy, visit www.tricare-overseas.com/philippines.htm. For cost information, visit www.tricare.mil/costs.



This section highlights your dental program options when using the TRICARE Active Duty Dental Program (ADDP), the TRICARE Dental Program, or the TRICARE Retiree Dental Program. ADSMs in TOP Prime locations receive dental care at military dental clinics, and the TOP contractor coordinates all dental care for ADSMs in TOP Prime Remote locations. ADSMs getting care in the United States will use the ADDP, described below. These dental options are separate from TRICARE health care options. For more information, visit www.tricare.mil/dental.

Dental program	Beneficiary category	Description of program
TRICARE Active Duty Dental Program	<ul style="list-style-type: none"> • ADSMs enrolled in TOP Prime or TOP Prime Remote obtaining care in the United States or U.S. territories • National Guard and Reserve members called or ordered to active service for more than 30 consecutive days 	<ul style="list-style-type: none"> • Benefit is administered by United Concordia Companies, Inc. • ADSMs may receive emergency care from civilian dental providers
TRICARE Dental Program	<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 is administered by MetLife • Voluntary enrollment and worldwide portable coverage • Single and family plans with monthly premiums • Lower cost-shares for command-sponsored members overseas (<i>all enrolled beneficiaries are eligible for dental care in both stateside and overseas service areas</i>) • Comprehensive coverage for most dental services • 100% coverage for most preventive and diagnostic services
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 is administered by Delta Dental of California • Voluntary enrollment and worldwide portable coverage • Single, two-person, and family (<i>three or more persons</i>) plans • Premium rates vary by location • Comprehensive coverage for most dental services • 100% coverage for most preventive and diagnostic services



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 benefit correspondence by e-mail, visit <http://milconnect.dmdc.osd.mil>.

<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>Medical Assistance¹ +44-20-8762-8133</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>Medical Assistance¹ +1-215-942-8320</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) sydrtricare@internationalsos.com</p> <p>Medical Assistance¹ Singapore: +65-6338-9277 Sydney: +61-2-9273-2760</p>
<p>Quality Assurance, Grievances, Appeals, and Compliments/Commendations www.tricare-overseas.com/Beneficiaries_Grievances_Appeals.htm TOPGlobalQualityAssu@internationalsos.com</p>	<p>TRICARE Young Adult www.tricare.mil/tya</p>	<p>TRICARE For Life www.tricare.mil/tfl Wisconsin Physicians Service <i>(United States and U.S. territories)</i> 1-866-773-0404 1-866-773-0405 (TDD/TTY) www.TRICARE4u.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 Enrollment Eligibility Reporting System (DEERS) 1-800-538-9552 www.tricare.mil/deers</p> <p>MilConnect (update DEERS, get eCorrespondence) http://milconnect.dmdc.osd.mil</p> <p>My Access Center (obtain a DS Logon account) https://myaccess.dmdc.osd.mil</p>	<p>TRICARE Pharmacy Program www.tricare.mil/pharmacy Express Scripts, Inc. <i>(United States and U.S. territories)</i> 1-877-363-1303 www.express-scripts.com/TRICARE</p>
<p>TRICARE Active Duty Dental Program www.tricare.mil/addp United Concordia Companies, Inc. <i>(United States and U.S. territories)</i> 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-TDP2 (1-855-638-8372) (overseas) 1-855-MET-TDP1 (1-855-638-8371) (stateside) 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 Dial the AT&T USA Direct Access Number followed by 866-721-8737 (overseas)² 1-888-838-8737 (stateside) www.trdp.org</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>TRICARE Web Site www.tricare.mil</p> <p>Military Health System Web Site www.health.mil</p>

1. For toll-free contact information, visit www.tricare-overseas.com. Only call Medical Assistance numbers to coordinate overseas emergency care.
2. For access numbers and assistance with overseas dialing instructions, visit www.usa.att.com/traveler/index.jsp.

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 the TRICARE Overseas Program contractor, your TRICARE Service Center, or your local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.

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