The TRICARE Young Adult (TYA) program is a premium-based health care plan available for purchase by qualified dependent children. TYA is only available for individuals and isn’t offered as a family plan. It offers TRICARE Prime (in certain areas) and TRICARE Select coverage worldwide. TYA includes medical and pharmacy benefits. It doesn’t include dental or vision coverage.

WHO QUALIFIES?

If you’re an adult-age dependent child, your geographic location and sponsor’s status determine whether you qualify for TYA Prime and/or TYA Select. Note: You must meet certain conditions to qualify.

You can purchase TYA coverage if you’re all of the following:

- A dependent adult child of an eligible uniformed service sponsor
- Unmarried
- At least age 21 but not yet 26 years old (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% of the financial support)

You may **not** purchase TYA coverage if you’re:

- Eligible for an employer-sponsored health plan under your own employment as defined in TYA regulations
- Otherwise eligible for TRICARE program coverage
- Married

A uniformed service sponsor (for example, an active duty service member or a member of the Selected Reserve)

Adult-age dependent children should evaluate all health care coverage options after aging out of TRICARE. While you may qualify to purchase TYA coverage, it may not be your only health care coverage option. Financial assistance to purchase commercial health care coverage may be available through the health insurance marketplace. Also, you may qualify for Medicaid coverage, depending on your status and the state you live in. To check other health care coverage options before purchasing TYA, visit www.healthcare.gov.

PURCHASING TRICARE YOUNG ADULT

To enroll in TYA, you must show as eligible in the Defense Enrollment Eligibility Reporting System (DEERS). If you qualify, you can purchase TYA coverage at any time.

If you aren’t already registered in DEERS, your sponsor must add you to the system before the TYA application process can begin. For information on adding family members to DEERS, visit www.tricare.mil/deers.

Here are the ways you can purchase TYA coverage:

- **Online:** Log in to milConnect at https://milconnect.dmdc.osd.mil and click on the “Manage health benefits” button.
- **Phone:** In the U.S., call your regional contractor. Overseas, call your TRICARE Overseas Program Regional Call Center and choose option 4 to speak to a Global TRICARE Service Center representative.

This fact sheet is **not** all-inclusive. For additional information, go to www.tricare.mil.
Fax or Mail: To enroll by fax or mail, go to www.tricare.mil/forms and download the TRICARE Young Adult Application (DD Form 2947). When applying, you must verify that you aren’t married and not eligible to enroll in an employer-sponsored health plan.

Once you complete DD Form 2947, fax or mail it with the first premium payment to your TRICARE contractor.

Other things to note:

- **Premiums**: Your completed application must include the first two months of premium payments paid by personal check, cashier’s check, money order, or credit/debit card. After the initial payment, you must pay premiums in advance by monthly automated electronic payment.

- **US Family Health Plan**: If you live in a US Family Health Plan (USFHP) service area and qualify, you can enroll in USFHP for your TYA Prime option. Learn more at www.tricare.mil/usfhp.

- **Overseas**: To enroll in TYA Prime or TYA Prime Remote, you must show command sponsorship. You’ll need the sponsor’s order number and date on the orders to enroll by phone.

### Qualification to Purchase TRICARE Young Adult Coverage Based on Sponsor Status

<table>
<thead>
<tr>
<th>SPONSOR STATUS</th>
<th>TRICARE YOUNG ADULT PRIME</th>
<th>TRICARE YOUNG ADULT SELECT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TRICARE PRIME&lt;sup&gt;1&lt;/sup&gt;</td>
<td>TRICARE PRIME REMOTE&lt;sup&gt;1&lt;/sup&gt;</td>
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<td>No</td>
</tr>
<tr>
<td>Transitional Assistance Management Program (TAMP)&lt;sup&gt;4&lt;/sup&gt;</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

1. To purchase this health plan, it must be offered in your geographic area, and you must meet all other qualification criteria (e.g., command sponsorship overseas).

2. Includes National Guard and Reserve members called or ordered to active duty for more than 30 days for a preplanned mission or in support of a contingency operation.

3. If you’re an adult child of a non-activated member of the Selected Reserve or of the Retired Reserve, your sponsor must be enrolled in either TRICARE Reserve Select or TRICARE Retired Reserve for you to qualify to purchase TYA coverage.

4. TAMP provides 180 days of transitional health care benefits to help certain members of the uniformed services and their families transition to civilian life. For more information, visit www.tricare.mil/tamp.
ENROLLMENT IN TRICARE YOUNG ADULT

When you purchase TYA Prime or TYA Select coverage, your coverage begins on the date the completed application is received by the TRICARE contractor or on a date up to 90 days in the future that you specify.

Note: You may qualify for the Continued Health Care Benefit Program (CHCBP) after TYA coverage ends, unless you’re locked out of TYA coverage. Visit www.tricare.mil/chcbp for more information.

OBTAINING A UNIFORMED SERVICES IDENTIFICATION CARD

After receiving notification from your TRICARE contractor that your TYA application processed, you and your sponsor will need to visit a Uniformed Services ID card-issuing facility to obtain your ID card. Visit https://idco.dmdc.osd.mil/idco to find a facility near you and to verify if an appointment is required. If your sponsor can’t accompany you, call your local ID card office to verify what documentation you need.

COVERED SERVICES

The TYA benefit includes TRICARE Prime or TRICARE Select coverage. TYA coverage includes medical and pharmacy benefits, but excludes dental and vision coverage. TYA Prime beneficiaries have TRICARE Prime access to care through their assigned primary care manager. All TYA beneficiaries are eligible for care at military hospitals and clinics, but TYA Select beneficiaries only have access if space is available. For more information on covered services, visit www.tricare.mil/coveredservices.

Note: Expectant mothers enrolled in TYA receive maternity care for the duration of their pregnancy. However, the newborn won’t be covered by TRICARE unless the newborn’s other parent is a sponsor or the newborn is adopted by a sponsor.

TRICARE YOUNG ADULT COSTS AND FEES

TYA premiums are adjusted annually, effective Jan. 1. Ongoing premiums must be paid in advance by automated electronic payment. Premiums don’t count toward your deductible or catastrophic cap.

TRICARE has two cost groups, Group A and Group B, that determine your costs. When enrolled in TYA, CHCBP, or other premium-based plans, you follow Group B cost-shares, deductibles, and catastrophic caps. Visit www.tricare.mil/groups to learn more.

Copayments and cost-shares count toward your family’s catastrophic cap. For TYA Select, TYA cost-shares contribute to individual and family deductibles, which vary based on your sponsor’s group.

For current premiums and costs, visit www.tricare.mil/costs.

ENDING TRICARE YOUNG ADULT COVERAGE

Choosing To End Coverage

You may end TYA coverage at any time. Complete the fields related to terminating coverage on DD Form 2947 and submit it to your TRICARE contractor. If you end TYA coverage, you’ll be locked out from purchasing TYA coverage for 12 months from the date of termination. There’s no lockout if you end coverage because you gain access to an employer-sponsored health plan or you gain other TRICARE coverage.
Nonpayment

Your premium payment is due no later than the last day of the month for the next month’s coverage. Failure to pay total premium amounts due and any insufficient funds or fees owed will result in a termination of coverage. A 12-month TYA purchase lockout will go into effect.

Change in Status

Your sponsor must always report all family and status changes to DEERS.

Your TYA coverage ends when any of the following occurs:

- You reach age 26
- You get married
- You become eligible for an employer-sponsored health plan under your own employment as defined in regulations
- You gain or are otherwise eligible for TRICARE program coverage
- You no longer qualify because your sponsor no longer establishes your eligibility for TYA

CHANGING TRICARE YOUNG ADULT OPTIONS

If you're currently enrolled in TYA and want to change your TYA option (TYA Prime or TYA Select), you can do this online, by phone, by fax, or by mail. Refer to the Purchasing TRICARE Young Adult section for your options. Note: If you switch your TYA option by fax or mail, you must submit a new DD Form 2947 to your TRICARE contractor.

If you switch plans within the same region, your regional contractor doesn’t change. However, your regional contractor will adjust future premium payments by (1) applying any overages to future premium payments and (2) adjusting the automated electronic payments so you aren’t overcharged or undercharged for the coverage requested.

If you want to change your TYA plan option and you’re also transferring to a new region, you can only do so if you’re current in your monthly premium payments. After you submit your transfer request with recurring premium payment information, your coverage transfers within 10 calendar days. Your future automated electronic payments will be adjusted accordingly.
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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