TRICARE® Choices for National Guard and Reserve

JUNE 2019

HANDBOOK

TRICARE offers comprehensive, affordable health care, dental, and pharmacy coverage to meet your changing needs.

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Welcome to TRICARE

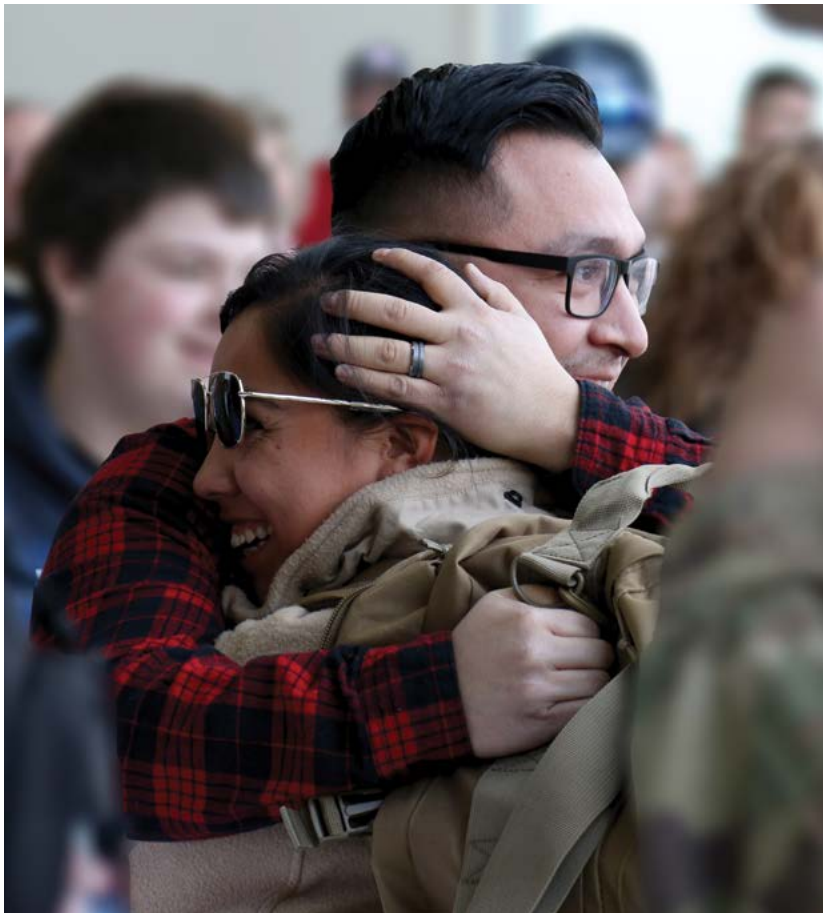
TRICARE is the Department of Defense's premier health care program serving 9.4 million active duty service members, retired service members, National Guard and Reserve members, family members, and survivors worldwide. As a TRICARE beneficiary, you have access to the health care you need wherever you are.

TRICARE brings together military hospitals and clinics with a network of civilian providers to offer you medical, pharmacy, and dental options that meet your changing needs.

TRICARE partners with civilian regional contractors to administer your TRICARE benefit in two U.S. regions (East and West) and one overseas region. Your regional contractor is your go-to resource for information and assistance.

This handbook outlines the TRICARE program options that may be available to you based on who you are, your location, and your entitlement to Medicare.

We stand ready to deliver quality health care to those who protect our country every day—our nation's finest. We are proud to serve you.



KEEP YOUR DEERS INFORMATION UP TO DATE

Eligibility for TRICARE is determined by the services and shown in the Defense Enrollment Eligibility Reporting System (DEERS). DEERS is a database of service members and dependents worldwide who are eligible for military benefits.

To use TRICARE, first make sure your DEERS record is up to date at **https://milconnect.dmdc.osd.mil**.

TRICARE COVERED SERVICES

This handbook describes the health care, dental, and pharmacy options TRICARE offers. These options differ in terms of the providers you see, how you get care, costs, and whether you file claims. Generally, you have the same covered services, including preventive, mental health, maternity, and pharmacy services, with any TRICARE program option. Copayments and/or cost-shares may apply for certain covered services depending on your program option and beneficiary status. For a full list of covered services, go to **www.tricare.mil/coveredservices**. For costs, go to **www.tricare.mil/costs**.

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

Most TRICARE plans meet the Affordable Care Act requirement for minimum essential coverage. You'll get an *Internal Revenue Service Form 1095* from your pay center each January listing the coverage you had during the previous tax year. You can find other health care coverage options at **www.healthcare.gov**.

YOUR TRICARE OPTIONS BY SPONSOR STATUS

As a National Guard or Reserve member or family member, your TRICARE health care options depend on your sponsor's status: not activated, pre-activation/activated, deactivated, or retired. Use the following graphic to determine your options based on sponsor status.

Note: TRICARE Prime is only available in Prime Service Areas (PSAs).

Note: Individual Ready Reserve members in a not activated status for 30 days or less don't qualify for health care coverage, but they may purchase TRICARE Dental Program coverage. See the *TRICARE Dental Options* section for more information.

FIND MORE INFORMATION

You can get more information about your TRICARE benefit at **www.tricare.mil/publications** or by calling your regional contractor.

Manage your TRICARE benefit through the TRICARE website at **www.tricare.mil**, where you can get to secure services, see what's covered, find a provider, and much more.

We encourage you to use these resources to take full advantage of the TRICARE programs available to you.

SPONSOR STATUS	
Not Activated	Includes National Guard and Reserve members on inactive duty for training, yearly training, and otherwise on active duty for 30 days or less.
Pre-Activation/ Activated	Includes National Guard and Reserve members called or ordered to active duty for more than 30 days for a federal preplanned mission or in support of a contingency operation. Pre-activation service members may be eligible for active duty health and dental benefits (early eligibility) up to 180 days before active duty begins, as shown in DEERS.
Deactivated	Includes National Guard and Reserve members released from a period of active duty and in a not activated status.
Retired	Includes retired National Guard and Reserve members.

For up-to-date cost information for all TRICARE program options, see the *Costs and Fees* sheet at **www.tricare.mil/publications** or go to **www.tricare.mil/costs**.

HEALTH CARE OPTIONS

Not Activated

Sponsor option:

- TRICARE Reserve Select (TRS)

Family member options:

- TRS
- TRICARE Young Adult (TYA)

Pre-Activation/ Activated

Sponsor options:

- TRICARE Prime
- TRICARE Prime Remote (TPR)

Family member options:

- TRICARE Prime
- TPR for Active Duty Family Members (TPRADFM)
- US Family Health Plan (USFHP) (depending on location)
- TRICARE Select
- TYA

Deactivated

Sponsor options:

- TRS
- TRICARE Prime (if in a PSA and the Transitional Assistance Management Program [TAMP])
- Continued Health Care Benefit Program (CHCBP)

Family member options:

- TRS
- TRICARE Prime (if in a PSA and TAMP)
- TYA
- CHCBP

Retired

Before sponsor reaches age 60

Sponsor option:

- TRICARE Retired Reserve (TRR)

Family member options:

- TRR
- TYA

Sponsor ages 60–64

Sponsor options:

- TRICARE Prime (depending on location)
- USFHP (depending on location)
- TRICARE Select
- TRICARE For Life (TFL) (if entitled to Medicare Part A and have Medicare Part B)

Family member options:

- TRICARE Prime (depending on location)
- USFHP (depending on location)
- TRICARE Select
- TYA
- TFL (if entitled to Medicare Part A and have Medicare Part B)

Sponsor ages 65 and up

Sponsor option:

- TFL (if entitled to Medicare Part A and have Medicare Part B)

Family member options:

- TRICARE Prime
- USFHP (depending on location)
- TRICARE Select
- TYA
- TFL (if entitled to Medicare Part A and have Medicare Part B)

Not Activated

TRS and TRR may be purchased by qualified members of the Selected Reserve or Retired Reserve who aren't in an activated status. This status includes qualified service members on inactive duty for training, yearly training, or on active duty for 30 days or less. Selected Reserve and Retired Reserve members who are eligible for or enrolled in the Federal Employees Health Benefits (FEHB) Program don't qualify to purchase TRS or TRR. National Guard and Reserve members called or ordered to active duty for more than 30 days are covered as active duty and have different options.

TRICARE RESERVE SELECT®

Description	• Premium-based health plan • Coverage and costs for care similar to TRICARE Select for active duty family members (ADFMs)
Enrolling	• Enrollment required (see the *Qualify for and Purchase TRS or TRR* section for guidance) • Offers member-only and member-and-family coverage • Initial two-month premium payment due with enrollment request
Costs	• Monthly premiums, a yearly deductible, and applicable copayments or cost-shares • Catastrophic cap protection (limits your out-of-pocket expenses for covered services each year)
Getting care	• Get care from any TRICARE-authorized provider (network or non-network) • Get care at a military hospital or clinic if space is available • No referrals required • Some services require prior authorization

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 isn't available for family members.

HELPFUL TERMS

Premium
The amount you pay for a health care plan you purchased. Premiums apply to those using TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program.

Yearly Deductible
A fixed amount you pay for covered services each calendar year before TRICARE pays anything.

Cost-Share
A percentage of the total cost of a covered health care service that you pay.

Copayment
The fixed amount those with TRICARE Prime (who aren't active ADSMs and ADFMs) or TRICARE Select pay for a covered health care service or drug.

Prior Authorization
A review of a requested health care service done by your regional contractor to see if the care will be covered by TRICARE. Check for services that need prior authorization by going to **www.tricare.mil** or your regional contractor's website.

Calendar Year
The TRICARE calendar year is Jan. 1–Dec. 31.

Pre-Activation/Activated

National Guard and Reserve members, who are called or ordered to active duty for more than 30 days (and their eligible family members), are eligible for active duty health and dental benefits. If issued delayed-effective-date active duty orders for activations of more than 30 days for a federal preplanned mission or in support of a contingency operation, National Guard and Reserve members and their eligible family members may be eligible for early TRICARE benefits under Early Eligibility (E-ID). E-ID begins on the date the sponsor's orders are issued or 180 days before they report to active duty, whichever is later. Once eligible in DEERS, family members will be automatically enrolled in TRICARE Prime if they live in a PSA. Otherwise, they will be automatically enrolled in TRICARE Select. Family members may elect to change their coverage within 90 days of the date of the automatic enrollment.

TRICARE PRIME® OPTIONS

Description	• Includes TRICARE Prime, TPR, and USFHP (active duty service members [ADSMs] aren't eligible for USFHP) • Similar to a managed-care option, available in specific areas
Enrolling	• May only enroll with a primary care manager (PCM) at a military hospital or clinic during pre-activation and should follow command guidance when enrolling in a TRICARE Prime option at the final duty station • Enrollment required online, by phone, or by mail. Go to **www.tricare.mil/enroll.**
Costs	• ADSMs, ADFMs, surviving spouses (during the first three years), and surviving dependent children have no enrollment costs. • ADSMs and ADFMs have no premiums, no deductible, and no out-of-pocket costs (when following the rules of your TRICARE Prime option).
Getting care	• Get most care from a military hospital or clinic or civilian network PCM • Referrals and/or prior authorizations required for specialty care. • If traveling or between duty stations, you must get all nonemergency care at a military hospital or clinic if one is available, or get a referral from your PCM.

TRICARE SELECT®

Description	• Manage your own health care and get care from any TRICARE-authorized provider (network or non-network) without a referral
Enrolling	• Enrollment required online, by phone, or by mail. Go to **www.tricare.mil/enroll.**
Costs	• Enrollment costs may apply. • A yearly deductible, and applicable copayments or cost-shares • Catastrophic cap protection (limits your out-of-pocket expenses for covered services each year)
Getting care	• Get care from any TRICARE-authorized provider (network or non-network) • May get care at a military hospital or clinic if space is available • No referrals required. • Some services require prior authorization.

Deactivated

National Guard and Reserve members who separate from active duty or are deactivated, and in a not activated status, may be eligible to continue TRICARE coverage.

TRANSITIONAL ASSISTANCE MANAGEMENT PROGRAM

TAMP offers 180 days of premium-free TRICARE coverage to certain service members and their families so they have ample time to make arrangements for ongoing health care coverage while transitioning to civilian life. For more information, go to **www.tricare.mil/tamp**.

TRICARE RESERVE SELECT

Description	• Premium-based health plan • Coverage and costs for care similar to TRICARE Select for ADFMs
Enrolling	• Enrollment required (see the *Qualify for and Purchase TRS or TRR* section for guidance). • Offers member-only and member-and-family coverage • Up to two months of premium payment due with enrollment request
Costs	• Monthly premiums, a yearly deductible, and applicable copayments or cost-shares • Catastrophic cap protection (limits your out-of-pocket expenses for covered services each year)
Getting care	• Get care from any TRICARE-authorized provider (network or non-network) • Get care at a military hospital or clinic if space is available • No referrals required. • Some services require prior authorization.

HELPFUL TERMS

Referral
When your primary care manager (PCM) sends you to another provider for care. If you have TRICARE Prime and see a provider other than your PCM for nonemergency care without a referral, you will pay more. Certain benefits, such as the Comprehensive Autism Care Demonstration, require a referral and continued authorizations.

TRICARE-Authorized Provider
A provider approved by TRICARE to give health care services to beneficiaries. A provider must be TRICARE-authorized for TRICARE to pay any part of your claim.

Network Provider
A provider that has agreed to accept the contracted rate as payment in full for covered health care services and files claims for you.

Non-Network Provider
A provider that doesn't have an agreement with TRICARE and may not file claims for you. There are two types of non-network providers: participating providers and nonparticipating providers.

Other TRICARE Options

TRICARE offers other coverage options for those who have eligibility changes, such as children aging out of regular TRICARE coverage or sponsors separating from service. If you have lost all TRICARE eligibility, you may qualify to buy coverage under CHCBP, discussed below.

TRANSITIONAL COVERAGE OPTION

Continued Health Care Benefit Program

CHCBP is a premium-based health plan managed by Humana Military. Though not a TRICARE program, CHCBP offers continued health coverage (18–36 months) after TRICARE coverage ends. Certain former spouses who haven't 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, go to **www.tricare.mil/chcbp**. **Note:** By law, you're no longer entitled to space-available care at military hospitals or clinics while in CHCBP.

TRICARE YOUNG ADULT

TYA is a premium-based health plan available for purchase by qualified dependents who have aged out of TRICARE. A parent who is a member of the Selected Reserve or Retired Reserve may be a TYA sponsor if he or she is either eligible for premium-free TRICARE or covered by a premium-based TRICARE program (TRS or TRR). Your location and sponsor status determine whether you qualify for TYA Prime and/or TYA Select.

TYA includes medical and pharmacy benefits, but not dental coverage. Coverage, provider choice, and costs for TYA are the same as for TRICARE Prime and TRICARE Select.

You may generally purchase TYA coverage if you're a dependent of a TRICARE-eligible sponsor; unmarried; at least age 21, but not yet age 26; and not otherwise eligible for TRICARE or employer-based coverage. For more information, go to **www.tricare.mil/tya**.

Retired

After retirement, your options change as you age.

Up to age 60

TRICARE RETIRED RESERVE®

Description	• Premium-based health plan for qualified Retired Reserve members and/or their family members until the sponsor turns age 60
Enrolling	• Enrollment required • Offers member-only and member-and-family coverage • Initial two-month premium payment due with enrollment request
Costs	• Monthly premiums, a yearly deductible, and applicable copayments or cost-shares • Catastrophic cap protection (limits your out-of-pocket expenses for covered services each year)
Getting care	• No referrals required • Some services require prior authorization • Get care from any TRICARE-authorized provider (network or non-network) • Get care at a military hospital or clinic if space is available

Ages 60-64

If you are entitled to premium-free Medicare Part A and have Medicare Part B, you may use TFL as early as age 60.

60 61 62 63 64

RETIRED RESERVISTS UPON REACHING AGE 60

Upon reaching age 60, qualified Retired Reserve members and their family members must enroll in TRICARE Prime (where available locally) or TRICARE Select. If not enrolled, they may only be eligible for care at a military hospital or clinic if space is available. Don't delay upon reaching age 60; enroll online or call your TRICARE regional contractor within 90 days of turning age 60.* Copayments or cost-shares apply when getting care with a civilian provider. In addition, those who are entitled to Medicare Part A must have Medicare Part B to be eligible for TRICARE For Life or TRICARE Prime. For more information, go to **www.tricare.mil/enroll**.

***Retroactive Enrollment Exception**: Retired Reserve members may also qualify to enroll up to 12 months after turning age 60. Coverage is effective from the date the sponsor turned age 60. If applicable, enrollment fees would need to be paid back to the date the sponsor turned age 60. Visit **www.tricare.mil/lifeevents** and click on "Turning age 60 (Retired Reserve)" for details.

Age 65 and up

65

TRICARE FOR LIFE

TFL is Medicare-wraparound coverage for TRICARE beneficiaries who are entitled to Medicare Part A and who have Medicare Part B. TFL beneficiaries are also eligible for TRICARE Pharmacy benefits. See **www.tricare.mil/tfl** for details.

Enrolling	• TFL coverage is automatic and effective the first date that Medicare Part A and Medicare Part B are effective • Must be entitled to premium-free Medicare Part A and have Medicare Part B
Costs	• No enrollment fees or monthly TFL premiums • Required Medicare Part B premiums are payable to Medicare
Getting care	Get care from: • Medicare participating providers • Medicare non-participating providers • Military hospitals and clinics if space is available

QUALIFY FOR TRICARE RESERVE SELECT OR TRICARE RETIRED RESERVE

Certain National Guard and Reserve members may qualify to purchase TRS or TRR at various points in their careers. To qualify for TRS or TRR, you must not be:

- On active duty orders for more than 30 days
- In TAMP
- Eligible for or enrolled in the FEHB Program

PURCHASE TRICARE RESERVE SELECT AND TRICARE RETIRED RESERVE

For more information, including how to purchase TRS or TRR coverage, go to **www.tricare.mil/trs** or **www.tricare.mil/trr**.

LOSS OF OTHER TRICARE COVERAGE

If you lose coverage under another TRICARE option due to your sponsor's change in status, you may qualify for TRS or TRR. Submit the *Reserve Component Health Coverage Request Form* (DD Form 2896-1) within 90 days of losing other TRICARE coverage to avoid a break in coverage. TRS or TRR coverage begins the day after you lose your prior TRICARE coverage.

SURVIVOR COVERAGE

The table below lists coverage options for qualified survivors of sponsors who were covered by TRS or TRR on the day of their death.

COVERAGE IN EFFECT AT TIME OF SPONSOR'S DEATH	WHAT HAPPENS TO COVERAGE	SURVIVOR OPTIONS	LENGTH OF SURVIVOR COVERAGE
TRS or TRR member-and-family coverage	Automatically changes to member-and-family survivor coverage	Do nothing and keep coverage **or** Opt out in writing, over the phone, or by submitting a *DD Form 2896-1* no later than 90 days after sponsor's death	**TRS survivor coverage** may continue for up to six months from the date of sponsor's death.
TRS or TRR member-only coverage	Eligible survivors may purchase TRS or TRR survivor coverage	**TRS:** Purchase coverage no later than 90 days after sponsor's death **TRR:** Purchase coverage anytime up until sponsor would have turned age 60	**TRR survivor coverage** may continue until the date sponsor would have reached age 60.

Note: Surviving family members who are eligible for or enrolled in the FEHB Program are not excluded from holding TRS or TRR coverage. Surviving children remain eligible until the end of the survivor coverage period or until they age out or otherwise lose TRICARE coverage (for example, marriage), whichever is first.

HELPFUL TERMS

Qualifying Life Event
A certain change in your life, such as marriage, birth of a child, or loss of a family member, which may mean different TRICARE options are available to you. A QLE opens a 90-day period for you to make eligible enrollment changes. A QLE for one family member means all family members may make enrollment changes. To learn more, visit **www.tricare.mil/lifeevents**.

CHANGES TO YOUR FAMILY

When you experience a Qualifying Life Event (QLE) that changes your family, such as getting married, having or adopting a child, or losing a family member, you may request changes to your TRS or TRR coverage:

- Update your family information in DEERS to reflect the change. For more information, go to **www.tricare.mil/deers**.
- To add a family member to your coverage, follow the instructions listed under *"Purchase TRICARE Reserve Select or TRICARE Retired Reserve"* on the previous page in this handbook. Adding a family member must be done within 90 days of the QLE.

NONPAYMENT OF PREMIUMS

If your servicing TRICARE contractor doesn't receive your TRS or TRR premium payment by the end of the current month a premium is due, your coverage may be terminated, and you may be subject to a 12-month lockout.

Note: If your TRS or TRR coverage is terminated due to a premium payment not made, call your regional contractor for information about possibly getting your coverage reinstated.

CHANGE IN STATUS

When activated for more than 30 days for a federal preplanned mission or in support of a contingency operation, your TRS or TRR coverage automatically ends and unused premiums already paid will be refunded to you if there are no pending claims. The 12-month purchase lockout doesn't apply.

If you want TRS or TRR coverage to continue after your other TRICARE coverage ends, you must qualify for and purchase TRS or TRR coverage again no later than 90 days after the other TRICARE coverage ends.

Note for TRS members: Your TRS coverage will also automatically end if you leave the Selected Reserve. You may purchase TRS coverage again if you requalify and a purchase lockout won't apply.

CHANGE IN FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM ELIGIBILITY OR ENROLLMENT

The sponsor must take action to disenroll from TRS or TRR if he or she becomes eligible for or enrolls in the FEHB Program. No purchase lockout will go into effect. If you don't end coverage as required, your Reserve component may terminate your coverage and you will be responsible for any health care costs after the effective termination date.

The TRICARE Pharmacy Program provides prescription drugs through military pharmacies, TRICARE Pharmacy Home Delivery, TRICARE retail network pharmacies, and non-network pharmacies. Your options for filling your prescription depend on the type of drug your provider prescribes. Express Scripts, Inc. manages the TRICARE pharmacy benefit for all TRICARE-eligible beneficiaries. If you're in USFHP, you have different pharmacy coverage.

For more information about the TRICARE pharmacy benefit, see the *TRICARE Pharmacy Program Handbook* at **www.tricare.mil/publications** or go to **www.tricare.mil/pharmacy**.

PHARMACY OPTIONS

OPTIONS FOR FILLING PRESCRIPTIONS	DESCRIPTION OF OPTIONS
Military pharmacies	• No cost for up to a 90-day supply of most covered drugs • Usually don't carry non-formulary drugs
TRICARE Pharmacy Home Delivery	• No cost for ADSMs. For all other beneficiaries, copayments apply. • Drugs are mailed to you with free standard shipping.
TRICARE retail network pharmacies	• Pay one copayment for each 30-day supply of covered drugs. • No need to file a claim • Located in the U.S. and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands.
Non-network pharmacies	• Pay full price and file a claim to get money back on covered drugs. • The amount of money you get back depends on deductibles, out-of-network cost-shares, and copayments.

FOUR CATEGORIES OF DRUGS

TRICARE groups prescription drugs into four categories. This grouping is based on medical effectiveness and cost of a drug compared to other drugs of the same type. The following graphic shows how drugs in different categories may cost more and be harder to get.

Generic formulary drugs

$

- Widely available
- Lowest out-of-pocket costs

Brand-name formulary drugs

$ $

- Generally available
- Moderate out-of-pocket costs

Non-formulary drugs

$ $ $

- May have limited availability
- Higher out-of-pocket costs

Non-covered drugs

$ $ $ $

- Not covered by TRICARE
- Highest out-of-pocket costs (You pay 100 percent of the drug's cost)

DENTAL AND VISION OPTIONS

VISION COVERAGE

Retirees, their eligible family members, and active duty family members enrolled in a TRICARE health plan may qualify to purchase vision coverage through the Federal Employees Dental and Vision Insurance Program (FEDVIP), offered by the U.S. Office of Personnel Management.

For information about FEDVIP, visit **www.tricare.mil/fedvip**.

There are three dental options that are separate from TRICARE health care options:

- TRICARE Active Duty Dental Program (ADDP)
- TRICARE Dental Program (TDP)
- Federal Employees Dental and Vision Insurance Program (FEDVIP)

ADSMs generally get care at military dental clinics, but may sometimes use the ADDP. For more information and for dental costs, go to **www.tricare.mil/dental**.

TRICARE Active Duty Dental Program

(Managed by United Concordia Companies, Inc.)

www.addp-ucci.com

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

TRICARE Dental Program

(Managed by United Concordia Companies, Inc.)

www.uccitdp.com

- ADFMs
- National Guard and Reserve members and their family members
- Individual Ready Reserve members and their family members
- Survivors

Federal Employees Dental and Vision Insurance Program

(Offered by the U.S. Office of Personnel Management)

www.benefeds.com

- 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

TRICARE Offers Dental Coverage Options with Worldwide Portable Coverage

ADDP

For ADSMs who are either referred for care by a military dental clinic to a civilian dentist or have a duty location and live more than 50 miles from a military dental clinic

TDP

Voluntary enrollment

Single and family plans

Monthly premiums

Coverage for most preventive and diagnostic services

FEDVIP

FEDVIP is a voluntary dental program that offers eligible TRICARE participants a choice among a number of dental carriers, with some plans offering both high and standard options.

GLOBAL

For Information and Assistance

www.tricare.mil

You can sign up to get TRICARE news and publications by email at **www.tricare.mil/subscriptions**. For TRICARE fact sheets, brochures, and other benefit resources, go to **www.tricare.mil/publications**.

TRICARE East Region
Humana Military
1-800-444-5445
HumanaMilitary.com
www.tricare-west.com

TRICARE West Region
Health Net Federal Services, LLC
1-844-866-WEST (1-844-866-9378)
www.tricare-west.com

TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa[1]
+44-20-8762-8384 (overseas)
1-877-678-1207 (stateside)
tricarelon@internationalsos.com

TOP Regional Call Center—Latin America and Canada[1]
+1-215-942-8393 (overseas)
1-877-451-8659 (stateside)
tricarephl@internationalsos.com

TOP Regional Call Centers—Pacific[1]
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)
sydtricare@internationalsos.com

Defense Enrollment Eligibility Reporting System (DEERS)
1-800-538-9552
www.tricare.mil/deers

milConnect (Enroll, update DEERS, and get eCorrespondence)
https://milconnect.dmdc.osd.mil

My Access Center (get a DS Logon account)
https://myaccess.dmdc.osd.mil

TRICARE Reserve Select
www.tricare.mil/trs

TRICARE Retired Reserve
www.tricare.mil/trr

Reserve Affairs
www.people.mil

TRICARE For Life
www.tricare.mil/tfl

Wisconsin Physicians Service—
Military and Veterans Health
(U.S. and U.S. territories)
1-866-773-0404
1-866-773-0405 (TDD/TTY)
www.TRICARE4u.com

US Family Health Plan
1-800-74-USFHP (1-800-748-7347)
www.tricare.mil/usfhp

TRICARE Young Adult
www.tricare.mil/tya

TRICARE Pharmacy Program
www.tricare.mil/pharmacy

Express Scripts, Inc.
1-877-363-1303
www.express-scripts.com/TRICARE

TRICARE Active Duty Dental Program
www.tricare.mil/addp

United Concordia Companies, Inc.
(U.S. and U.S. territories)
1-866-984-ADDP (1-866-984-2337)
www.addp-ucci.com

TRICARE Dental Program
www.tricare.mil/tdp

United Concordia Companies, Inc.
1-844-653-4061 (CONUS)
1-844-653-4060 (OCONUS)
711 (TDD/TTY)
www.uccitdp.com

Federal Employees Dental and Vision Insurance Program
www.tricare.mil/fedvip
www.benefeds.com

Transitional Assistance Management Program
www.tricare.mil/tamp

Continued Health Care Benefit Program
Humana Military
1-800-444-5445
www.tricare.mil/chcbp

Military Health System Website
www.health.mil

1. *For toll-free contact information, go to **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.*

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