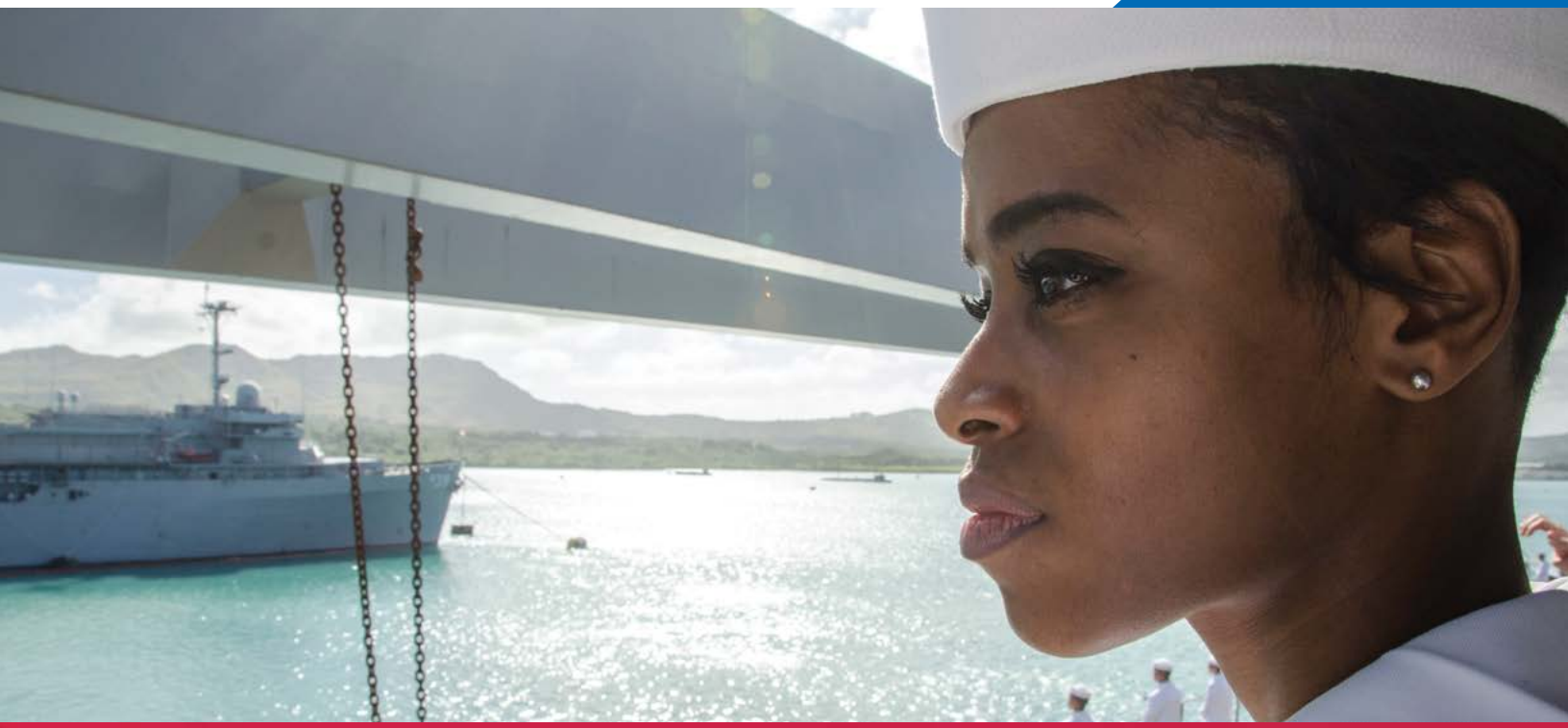
TRICARE®
Overseas Program

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**

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.

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 International SOS Government Services, Inc. (International SOS) to administer your benefit overseas. International SOS is your go-to resource for information and assistance overseas. The overseas region consists of countries outside the U.S., and includes the U.S. territories of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands.

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.

FIND MORE INFORMATION

You can get more information about your TRICARE Overseas Program (TOP) benefit from the *TRICARE Overseas Program Guide* at **www.tricare.mil/publications** or by calling International SOS.

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

Manage your TRICARE benefit through the TRICARE overseas website at **www.tricare-overseas.com**, where you can find a provider, get information on claims filing, sign up for direct deposit, and more.

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

Your TRICARE health care options can change if you move, have a life event like getting married, or have a status change like a sponsor retiring from service. Use the following graphic to determine your options based on sponsor status.

SPONSOR STATUS	HEALTH CARE OPTIONS	
Active Duty 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	**Sponsor options:** • TOP Prime • TOP Prime Remote	**Family member options:** • TOP Prime (command sponsorship required) • TOP Prime Remote (command sponsorship required) • TOP Select • TRICARE Young Adult (TYA) • TRICARE For Life (TFL) (if entitled to Medicare Part A and have Medicare Part B)
Separated from Service (non-retirement)	**Sponsor and family member 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 (TAMP) • Continued Health Care Benefit Program (CHCBP)	
Retired	**Sponsor options:** • TOP Select • TFL (if entitled to Medicare Part A and have Medicare Part B)	**Family member options:** • TOP Select • TYA • TFL (if entitled to Medicare Part A and have Medicare Part B)

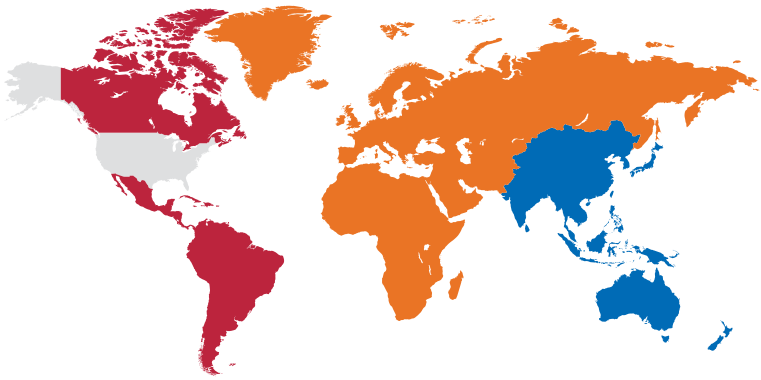
NATIONAL GUARD AND RESERVE

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

Sponsor and family member options: TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Young Adult

See the *TRICARE Choices for National Guard and Reserve Handbook* for more information at **www.tricare.mil/publications**.

TOP Areas



Latin America and Canada
Canada, the Caribbean Basin, Central and South America, Puerto Rico, and the U.S. Virgin Islands

Eurasia-Africa
Africa, Europe, and the Middle East

Pacific
American Samoa, Asia, Australia, Guam, India, Japan, New Zealand, the Northern Mariana Islands, South Korea, and Western Pacific remote countries

TOP Prime and TOP Prime Remote

TOP Prime and TOP Prime Remote are health care options for active duty service members (ADSMs) and their eligible, command-sponsored family members. They are similar to a managed-care or health maintenance organization option, which means you get most of your care from a primary care manager (PCM).

ENROLLING IN A TOP PRIME OPTION

You must take action to enroll in a TOP Prime option:

- ADSMs stationed overseas must use TOP Prime or TOP Prime Remote.
- Eligible command-sponsored active duty family members (ADFMs) can enroll in TOP Prime, TOP Prime Remote (based on your location), or TOP Select. Enrollment is required for TOP Select.

! You can only enroll in or change enrollment to TOP Prime or TOP Prime Remote following a Qualifying Life Event (QLE) or during the annual fall TRICARE Open Season.

You have two options to enroll in TOP Prime or TOP Prime Remote:

- Contact your Global TRICARE Service Center by calling your TOP Regional Call Center and choosing menu option 4.
- Submit a completed *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form* (DD Form 2876) and a copy of your orders to your TOP Regional Call Center or TRICARE Service Center (TSC). For TSC contact information, visit **www.tricare.mil/tsc**.

Your coverage is effective on the date the enrollment request and proof of command sponsorship are received.

HELPFUL TERMS

Qualifying Life Event
A certain change in your life, such as marriage, birth of a child, or retirement from active duty, which may mean different TRICARE options are available to you. A QLE opens a 90-day period for you and your family 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**.

TRICARE Open Season
The annual period when you can enroll in or change your health care coverage plan for the following year. To learn more, visit **www.tricare.mil/openseason**.

TOP Prime and TOP Prime Remote (continued)

Split Enrollment

Sponsors stationed overseas who have family members in the U.S. can have a split enrollment. This means the sponsor and family members will have different TRICARE Prime options. If you choose not to enroll in a TRICARE Prime option, you can enroll in TRICARE Select.

If the ADSM and their command-sponsored ADFMs are enrolled in TOP Prime or TOP Prime Remote and the sponsor is reassigned on unaccompanied permanent change of station orders to a location that does not permit command-sponsored family members, the family members may retain their TOP enrollment at their current location.

ENROLLMENT COSTS

There are no enrollment costs for TOP Prime or TOP Prime Remote.

COSTS FOR COVERED CARE

You have no out-of-pocket costs when you get covered health care services from your PCM or when you have a referral and prior authorization for care from a purchased care sector provider, also called a civilian provider.

When seeing nonparticipating non-network providers, expect to pay the full cost of care up front and file a claim to get money back. Outside the U.S. and U.S. territories, 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 up-to-date costs, go to **www.tricare.mil/costs**.

SEEING A PROVIDER WITHOUT A REFERRAL: THE POINT-OF-SERVICE OPTION

The point-of-service (POS) option allows TOP Prime and TOP Prime Remote family members to see any TRICARE-authorized provider without a referral. This means you pay more up front to get nonemergency health care from any TRICARE-authorized provider without a referral. Costs you pay under the POS option don't count toward your yearly catastrophic cap.

HELPFUL TERMS

Referral
When your primary care manager (PCM) sends you to another provider for care. If you have TOP Prime or TOP Prime Remote and see a provider other than your PCM for nonemergency care without a referral, you will pay more.

Prior Authorization
A review of a requested health care service done by International SOS to see if the care will be covered by TRICARE. Check for services that need prior authorization by going to **www.tricare.mil** or **www.tricare-overseas.com**.

Retroactive Authorization
A referral for care given to TOP Prime family members up to three business days after a health care visit. If you aren't able to get a referral from your primary care manager within three business days of when you got care, your claim will process under the point-of-service option.

Catastrophic Cap
The most you or your family will pay for covered health care services each calendar year.

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

TOP Select

TOP Select is an option for eligible non-ADSMs living overseas. TOP Select works like the stateside TRICARE Select program with similar benefits, requirements, and costs. Other plans that work like TRICARE Select are also available: TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR), which are discussed later.

TOP Select may be used by:

- ADFMs
- Retired service members and their families
- Family members of activated National Guard and Reserve members
- Those in TAMP
- Retired National Guard and Reserve members (at least age 60) and their familiy members
- Survivors
- Medal of Honor recipients and their family members
- Qualified former spouses

ENROLLING IN TOP SELECT

You must take action to enroll in TOP Select:

- Call your TOP Regional Call Center and choose option 6 to reach the TOP Select customer service team.
- Submit a completed *TRICARE Select Enrollment, Disenrollment, and Change Form* (DD Form 3043) to the TOP Select customer service team or TRICARE Service Center (TSC). For TSC contact information, visit **www.tricare.mil/tsc**.

Your coverage is effective on the date the enrollment request is received.

! You can only enroll in or change enrollment to TOP Select following a QLE or during the annual fall TRICARE Open Season.

GETTING CARE WITH TOP SELECT

Under TOP Select, you can get care from any provider, unless TOP requirements or local country restrictions apply (such as in the Philippines). Other things to keep in mind are:

- No referrals are required.
- You can get care at certain military hospitals or clinics if space is available.
- Certain services require prior authorization. For more details, go to **www.tricare.mil/authorization** or call International SOS.

Health Care Costs

TOP Select requires enrollment costs, a yearly deductible, and copayments. You should expect to pay up front for care and file your own claims to get money back. **Note:** Outside the U.S. and U.S. territories, nonparticipating non-network providers can charge any amount for care. You're responsible for paying any amount that is above the TRICARE-allowable charge in addition to your deductible and cost-shares. For costs, go to **www.tricare.mil/costs**.

Filing Claims

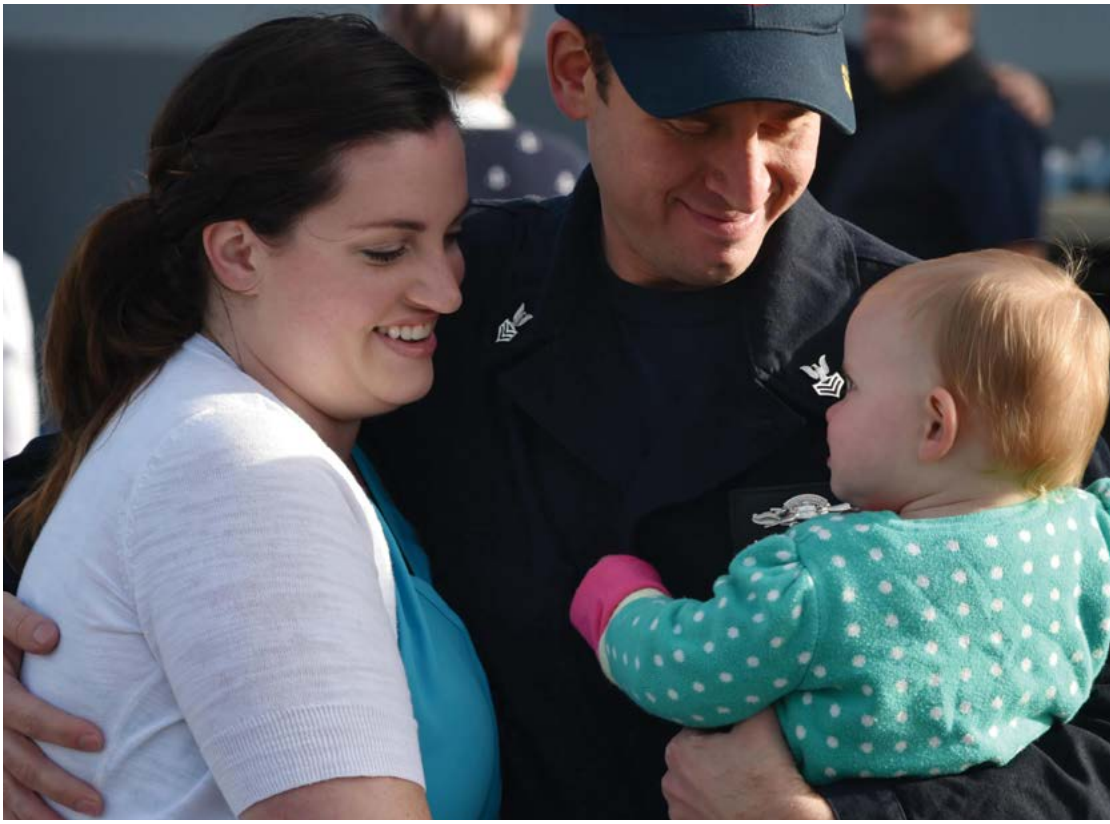
Outside the U.S. and U.S. territories, claims must be filed within three years of getting care. Claims for care you get in the U.S. and U.S. territories must be filed within one year of getting care. You are responsible for confirming your claims are received. For more information, call International SOS or go to **www.tricare-overseas.com**.

HELPFUL TERMS

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.

Options for National Guard and Reserve



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.

TRS and TRR are premium-based health care plans for certain qualified Selected Reserve or Retired Reserve members, family members, and survivors. TRS and TRR offer comprehensive health care coverage similar to TOP Select. **Note:** When your National Guard or Reserve sponsor is activated for more than 30 days for a preplanned mission or in support of a contingency operation, this coverage stops while you get active duty benefits.

- Enrollment is required.
- TRICARE Open Season doesn't apply to TRS and TRR. These plans offer continuous open enrollment throughout the year.
- An initial two-month premium payment is due when you enroll.
- Monthly premiums, a yearly deductible, and cost-shares apply.
- Get care from any civilian provider, without a referral.
- Certain services require prior authorization.

To find out more about TRS and TRR, including how to purchase coverage, go to **www.tricare.mil/trs** or **www.tricare.mil/trr**.

TRICARE For Life

TFL is Medicare-wraparound coverage for those who are entitled to Medicare Part A (hospital insurance) and have Part B (medical insurance), regardless of age or where you live. You must have Medicare Part A and Part B to get TFL coverage overseas, even though Medicare doesn't cover care outside the U.S., U.S. territories, or aboard ships outside U.S. territorial waters. This is a requirement based on federal law governing these programs.

TFL COSTS

Medicare covers health care in the U.S. and U.S. territories. In these locations, Medicare pays first and TFL pays second; however, TFL pays last if you have other health insurance (OHI). Medicare also pays before TRICARE when TFL beneficiaries get care aboard ships in territorial waters adjoining the land areas of the U.S. and U.S. territories.

Eligible TFL beneficiaries may receive covered services and supplies from a network provider or any TRICARE-authorized provider. You will be subject to the applicable catastrophic cap, deductibles, and cost-shares. If a TFL beneficiary receives covered services from a network provider, the beneficiary's out-of-pocket costs will generally be lower. Prior authorization may be required (except for emergency care). When seeking care from a civilian provider, area- or country-specific requirements may also apply. For TFL deductibles and cost-shares, visit **www.tricare.mil/tflcosts**.

To get reimbursement for overseas care, submit a claim, a copy of your provider itemized bill with a diagnosis explanation, proof of payment, and any OHI explanation of benefits to the TOP claims processor. For more information, go to **www.tricare-overseas.com**.

If you have Medicare Part A and Part B, you have TFL

Other TOP 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.

TRICARE YOUNG ADULT

TYA is a premium-based health care plan for qualified dependents who have aged out of TRICARE. TYA offers TRICARE Prime and TRICARE Select worldwide. Your location and sponsor's 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 TOP Prime and TOP 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. TRICARE Open Season doesn't apply to TYA. TYA Prime and TYA Select offer continuous open enrollment throughout the year. For more information, go to **www.tricare.mil/tya**.

TRANSITIONAL COVERAGE OPTIONS

TRICARE offers benefits to help certain service members and their families, so they have ample time to make arrangements for ongoing health care coverage while transitioning to civilian life.

Transitional Assistance Management Program

TAMP offers 180 days of premium-free TRICARE coverage after your sponsor separates from the military. If you're eligible, TAMP starts the day after the sponsor separates from service. For more information, go to **www.tricare.mil/tamp**.

Continued Health Care Benefit Program

CHCBP is a premium-based health care program 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. TRICARE Open Season doesn't apply to CHCBP. CHCBP offers continuous open enrollment throughout the year. For more information, go to **www.tricare.mil/chcbp**.

Note: You're not legally entitled to space-available care at military hospitals or clinics while in CHCBP.

GETTING CARE IN THE PHILIPPINES

If you live or travel in the Philippines, you are required to see a certified provider for care. Additionally, TOP Select beneficiaries who reside in the Philippines and who seek care within designated Philippine locations are encouraged to see a TRICARE-preferred provider. For the most up-to-date information and to find a provider in the Philippines, go to **www.tricare-overseas.com/philippines.htm**.

EXTENDED CARE HEALTH OPTION

The Extended Care Health Option (ECHO) provides supplemental services beyond those offered by a TRICARE program option to qualifying ADFMs with mental or physical disabilities.

To get ECHO, you must first enroll in the appropriate service's Exceptional Family Member Program (EFMP) (unless waived in specific situations) and register for ECHO with International SOS. For more information about EFMP, contact your service branch's EFMP representative or go to **www.militaryonesource.mil/special-needs**. To download the *TRICARE Overseas Program (TOP) Extended Care Health Option (ECHO) Registration Form*, visit **www.tricare-overseas.com**, hover over the "Beneficiaries" tab and click on "Beneficiary Forms."

TOP PROVIDER TYPES

TRICARE-authorized providers meet TRICARE licensing and certification requirements and are certified by TRICARE to give you care. If you see a provider that isn't TRICARE-authorized, you're responsible for the full cost of care. The following table lists different types of TRICARE-authorized providers.

PROVIDER TYPES	DESCRIPTIONS	KEY FEATURES
Network provider (files claims for you)	Has entered into a formal agreement with International SOS, the TOP contractor, to provide medical care or services for those in TOP Prime and TOP Prime Remote	• Assurance of quality care: institutional network providers' credentials and medical capabilities are reviewed at least once every three years • Guarantee that the provider can directly or indirectly communicate in English • Cashless/claimless services • Provider's performance is monitored on an ongoing basis to help ensure your satisfaction and quality of care
Participating non-network provider (may file claims for you)	Hasn't entered into a formal agreement with International SOS, but agrees to provide cashless/ claimless care to those in TOP Prime	• Verified and licensed to practice in the country where he or she operates • Hasn't completed the full International SOS credentialing process
Certified provider (Philippines)	Meets TRICARE required on-site verification and provider certification requirements	• Can charge TRICARE for your claims • There may be no limit to the billed amount that certified providers charge in the Philippines. You're responsible for paying any amount above the TRICARE-allowable charge in addition to your deductible and cost-shares.
Nonparticipating non-network civilian provider	Hasn't agreed to participate in TOP	• May not provide cashless/claimless service; you may be required to pay up front and file a claim to get money back

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. Over-the-counter (OTC) drugs are not covered overseas (except in U.S. territories). This includes drugs that are considered OTC in the U.S., even when they require a prescription in a foreign country. 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**.

OVERSEAS PHARMACY COSTS

In some locations, you may have to pay for your drugs up front and file claims to get money back on covered drugs. Your options for getting your prescriptions depend on the type of drug your provider prescribes and other restrictions.

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 (not available in Germany)	• No cost for ADSMs. For all other beneficiaries, copayments apply. • Must have an APO/FPO address or be assigned to a U.S. Embassy or Consulate
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
Overseas pharmacies	• Pay full price and file a claim to get money back on covered drugs • With TOP Prime and TOP Prime Remote, you get 100% of your money back if using an overseas pharmacy to fill prescriptions covered by TRICARE. • With TOP Select, you pay a deductible and cost-shares.

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.

ADSMs in TOP Prime locations get dental care at military dental clinics. ADSMs in TOP Prime Remote locations will have all dental care coordinated by the TOP contractor. ADSMs getting care in the U.S. and U.S. territories will use the Active Duty Dental Program (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 in TOP in U.S. territories or traveling in the U.S. or U.S. territories
- National Guard and Reserve members called or ordered to active duty for more than 30 days for a preplanned mission or a contingency operation in U.S. territories or traveling in the U.S. or U.S. territories

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

Only available to ADSMs while in the U.S. or U.S. territories

ADSMs can get care from civilian dentists

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.

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**.

TOP Regional Call Center—Eurasia-Africa[1]
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tricarelon@internationalsos.com

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tricarephl@internationalsos.com

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TRICARE Reserve Select
www.tricare.mil/trs

TRICARE Retired Reserve
www.tricare.mil/trr

Reserve Integration
www.people.mil

TRICARE Young Adult
www.tricare.mil/tya

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

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

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

TRICARE Pharmacy Program
www.tricare.mil/pharmacy

Express Scripts, Inc.
(U.S. and U.S. territories)
1-877-363-1303
www.express-scripts.com/TRICARE

Compliments, Grievances and Appeals
www.tricare-overseas.com/beneficiaries/resources/compliments-grievances-and-appeals

TOPGlobalQualityAssu@internationalsos.com

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

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/TYY)
www.uccitdp.com

Federal Employees Dental and Vision Insurance Program
www.tricare.mil/fedvip
www.benefeds.com
1-877-888-3337 (Stateside)
1-571-730-5942 (Overseas. Dial your country code first)

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**. Only call Medical Assistance numbers to coordinate overseas emergency care.*
2. *For access numbers and assistance with overseas dialing instructions, go to **www.att.com/esupport/traveler.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.*

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