TRICARE® Dental Program

MAY 2020

HANDBOOK

A guide to understanding your dental benefit

Important Information

United Concordia Online		www.uccitdp.com
Beneficiary Web Enrollment Portal on milConnect		https://milconnect.dmdc.osd.mil
United Concordia By Phone*		1-844-653-4061 (CONUS) 1-844-653-4060 (OCONUS) 1-717-888-7400 (OCONUS toll) 711 (TDD/TTY)
Paper Enrollments		United Concordia TRICARE Dental Program P.O. Box 645547 Pittsburgh, PA 15264
Claim Submissions	CONUS:	United Concordia TRICARE Dental Program P.O. Box 69451 Harrisburg, PA 17106
	OCONUS:	United Concordia TRICARE Dental Program P.O. Box 69452 Harrisburg, PA 17106 Fax: 1-844-827-9926

*United Concordia representatives can be reached by phone 24 hours a day, from Sunday at 6 pm (ET) through Friday at 10 pm (ET), except holidays. Customer service representatives are available to assist beneficiaries in the following languages: English, German, Italian, Japanese, Korean, and Spanish.

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 Dental Program contractor. More information about TRICARE, including the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices, can be found online at **www.tricare.mil**. See the inside back cover of this handbook for "TRICARE Expectations for Beneficiaries."

Keep Your DEERS Information Up To Date!

It is essential to keep information in the Defense Enrollment Eligibility Reporting System (DEERS) current for you and your family. Failure to update DEERS to accurately reflect the sponsor's or family member's residential address and/or the ineligibility of a former dependent could be considered fraud and a basis for administrative, disciplinary, and/or other appropriate action.

Welcome to the TRICARE Dental Program

Your dental health impacts your overall health. Poor dental health is linked to heart disease, respiratory infections and diabetic complications. In kids, poor dental health can lead to early gum disease, infections, and low self-esteem. Your TRICARE Dental Program (TDP) benefits can help you maintain good dental health and prevent these types of problems before they start. Besides regular dental checkups, the TDP also covers modern dental procedures that can help fix existing problems.

The TDP is simple, cost effective, and convenient, and covers services from preventive care to oral surgery. The TDP is a voluntary dental program. Your TDP benefits, administered by United Concordia Companies, Inc. (United Concordia), the TDP contractor, are designed to help you achieve better dental health.

The TDP supports your dental health around the world. You can get dental care in the continental United States (CONUS) and outside the continental United States (OCONUS) service areas. The TDP CONUS service area includes the 50 United States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. The TDP OCONUS service area includes areas not in the CONUS service area and covered services provided aboard a ship or vessel outside the territorial waters of the CONUS service area.

You can use this handbook to find details about your TDP benefits, including enrollment, eligibility, payment options, and cost-shares. You can also contact United Concordia at **1-844-653-4061** (CONUS), **1-844-653-4060** (OCONUS toll-free) or **1-717-888-7400** (OCONUS toll) with questions or to get more details on your benefits.

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Eligibility and Enrollment

WHO IS ELIGIBLE

The TRICARE Dental Program (TDP) provides coverage for members of the National Guard and Reserve and their eligible family members, as well as active duty family members (ADFMs) and their legal dependents. Active duty service members (ADSMs), retirees, and retiree family members get benefits through other plans. You can learn about other plans at **www.tricare.mil/dental**. You can also check the Defense Enrollment Eligibility Reporting System (DEERS) website to confirm your eligibility for the TDP. If you're eligible, you must enroll to have TDP coverage. Keep DEERS up to date so you can get care faster.

Note: You can use the TDP worldwide. When you move from the CONUS or OCONUS service area, you can keep coverage with the TDP.

TDP Covers You If:

You're in the National Guard and Reserve and not on active duty. This includes members of the Individual Ready Reserve and the Selected Reserve of the Ready Reserve.*

OR

You're the family member of a uniformed services sponsor. This means you are a:

- Spouse
- Unmarried dependent child, stepchild or adopted child (either pre-adopted or finalized), until at least age 21 (or age 23 if certain criteria are met).†
- Court-ordered legal dependent

Note: Your sponsor must have at least 12 months of military service commitment left for you to get TDP. Qualifying sponsors serve in one of the following:

U.S. Air Force	U.S. Coast Guard
U.S. Army	Commissioned Corps of the National Oceanic and Atmospheric Administration
U.S. Navy	U.S. Public Health Service
U.S. Marine Corps	National Guard and Reserve

* *If you're in the Selected Reserve of the Ready Reserve or the Individual Ready Reserve (IRR), you can enroll in the TDP when you're not on active duty for more than 30 days. If you're called to active duty, you get dental coverage under the Active Duty Dental Program. See the* Active Duty Dental Program Brochure *at* ***www.tricare.mil/publications*** *for more information.*

† *Coverage for children extends to the last day of the month in which he/she turns 21, unless the child is enrolled in a university or has a disability. Then, coverage will be in place until the last day of the month he/she turns 23. See "Age-Related Eligibility Rules" later in this section for more information.*

WHO ISN'T ELIGIBLE

The following groups aren't eligible for the TDP:

- ADSMs, including those National Guard and Reserve members called to active duty for more than 30 days
- Retired service members and their families
- Former spouses
- Parents and parents-in-law
- Disabled veterans
- Foreign military personnel
- Service members in the Transitional Assistance Management Program (TAMP) following activation for a contingency operation

AGE-RELATED ELIGIBILITY RULES

Eligible unmarried children are covered by the TDP until the last day of the month in which they turn age 23 if:

- They're a student enrolled full-time at an approved institution of higher learning. In addition, they must get at least 50% of their financial support from their sponsor. If the student ends their education before turning age 23, coverage ends at the end of the month in which their education ends.
- They have a disabling illness or injury that occurred:
  - Before their 21st birthday, or
  - Between ages 21 and 23 while attending an approved institution of higher learning full-time. Additionally, they must get at least 50% of their financial support from their sponsor during their schooling.

CHECKING AND UPDATING YOUR ELIGIBILITY

The TDP contractor uses DEERS to verify your eligibility. **Always keep DEERS up to date for each family member. You should update DEERS in the following situations:**

- When you have a life event, including:
  - Moving to a new address
  - Marriage
  - Divorce
  - Adoption
- When your personal information changes, such as:
  - Military career status
  - Family status
  - Phone number

Your TDP enrollment information must match what's in DEERS. If it's not the same, your enrollment may be delayed or denied. You could also face more serious consequences. If you don't update your address when you move or report when a former dependent is no longer eligible, you can face administrative, disciplinary or other action.

Sponsors and family members over age 18 can update contact information and change addresses in DEERS. Only sponsors can add or delete family members. To add or delete a family member, you'll need to show supporting documents, like a marriage certificate, divorce decree or birth certificate. Bring the documents to an ID office or upload a notarized copy into the DEERS website.

Use the table below to find details about all the ways you can update DEERS:

Figure 1.1 ***Your Options for Updating DEERS***

In Person	To add a family member or update contact information, go to a uniformed services ID card office. Find an office near you at **www.dmdc.osd.mil/rsl**. Please call ahead for hours and instructions.
Online	**https://milconnect.dmdc.osd.mil**
Phone	1-800-538-9552 1-866-363-2883 (TDD/TTY)
Fax	1-831-655-8317
Mail	Defense Manpower Data Center Support Office 400 Gigling Road Seaside, CA 93955

TYPES OF PLANS

TDP offers single and/or family plans for ADFMs, members of the National Guard and Reserve and their family members.

Single Plan

Single plans are for one eligible beneficiary. This may include:

- One ADFM
- One National Guard or Reserve sponsor or
- One National Guard or Reserve family member (separate from the sponsor)

All National Guard and Reserve individuals must enroll in their own single plan; then their family members can enroll in a plan to fit their needs. It could be another single plan if there is just the sponsor and a loved one in the family. Family plans, discussed in the following section, apply when there is more than one eligible family member.

Note: There will be one bill with a separate section for each plan.

Family Plan

Family plans are available for two or more eligible family members. As mentioned previously, a National Guard or Reserve sponsor can't be included in a family plan. Sponsors can only enroll in a separate single plan.

If one family member enrolls in TDP, all other eligible family members must also enroll in the family plan. However, exceptions apply in the following situations:

- You can choose not to enroll in TDP if you're a National Guard and Reserve sponsor. You have the option to enroll your family members but not yourself. If you and your eligible family members all enroll, you'll get one bill with two separate sections: one for your single plan and one for your family member(s).

- You can choose to enroll your child prior to reaching age 1, but he/she will be automatically enrolled at age 1. If you already have a family plan, your child will be automatically enrolled at no additional charge, upon turning age 1. If you don't have a family plan, the child will be added at age 1 and the single plan will be changed to a family plan.

- You can choose not to enroll family members who are living in a separate location, such as family members who are attending college away from home or with a custodial parent/former spouse. You have the option to enroll only the family members living in one location, or you can enroll family members in multiple locations. If you only want to enroll family members in one location, the sponsor needs to contact United Concordia. If you want to enroll your family members in all locations, the sponsor can enroll them using the Beneficiary Web Enrollment portal on milConnect.

- In cases where a family member of an active duty service member or active duty National Guard and Reserve member requires a hospital or special treatment environment (due to medical, physical handicap or mental condition) for dental care otherwise covered by the TDP, the family member may be excluded from TDP enrollment. However, they may continue to receive care from a military hospital or clinic. The sponsor must provide documentation such as a signed letter or memorandum from the provider or administrator, to the contractor attesting to this requirement for a hospital or special treatment environment. The sponsor must provide the documentation with the request for disenrollment, prior to receipt of the services.

Enrollment Notes:

- Because two sponsors can't enroll the same family member(s), one beneficiary cannot be enrolled under two TDP plans.
- If the sponsor and spouse are both active duty, they cannot enroll each other as a family member. You can only enroll a National Guard or Reserve sponsor who hasn't activated for more than 30 days as a family member under the other sponsor.

HOW TO ENROLL

There are Three Convenient Ways to Enroll

You can enroll in the TDP online, by mail or by phone. See the options for enrollment below:

Online:
Go to **https://milconnect.dmdc.osd.mil**.

Step 1: Log in with your Common Access Card, DFAS (myPay) Account, or a DoD Self-Service (DS Logon) Premium (Level 2) account.

Step 2: Select the "Benefits" tab, and then click on "Beneficiary Web Enrollment (BWE)."

Step 3: Click the "Dental" dashboard tab.

By mail:

Step 1: Download the *TRICARE Dental Program Enrollment/Change Authorization Form* from the milConnect website (**https://milconnect.dmdc.osd.mil**).

Step 2: Mail the completed form with your first monthly premium payment by check, money order or credit card to United Concordia at:
United Concordia TRICARE Dental Program
P.O. Box 645547
Pittsburgh, PA 15264

By phone:

CONUS: **1-844-653-4061**
OCONUS*: **1-844-653-4060 (toll-free)**
1-717-888-7400 (toll)

TDD/TTY: 711

*Must have AT&T access code to use toll-free option. Visit "Contact Us" at **www.uccitdp.com** to learn more.

Note: It is important that you keep your DEERS information current. Your enrollment might be denied if any information is missing from the *TRICARE Dental Program Enrollment/Change Authorization Form* or if the information doesn't match DEERS. If this happens, your premium payment will be refunded. You will then need to fill out a new *TRICARE Dental Program Enrollment/Change Authorization Form* and pay the initial premium again. Once your enrollment is processed, you'll begin coverage on the next available effective date. You will know your enrollment is confirmed when you receive notification from DMDC confirming your enrollment. You will receive either an email or a postcard confirming your enrollment. This notification will include instructions to access milConnect to obtain detailed information, such as welcome information and your TDP enrollment card. The TDP will not be responsible for paying for any dental care coverage until the beneficiary is properly enrolled.

EFFECTIVE DATE OF COVERAGE

United Concordia compares the information in your request for enrollment with the information in DEERS to make sure you're eligible for the TDP, so keep DEERS updated. Your enrollment request is complete when United Concordia confirms your eligibility in DEERS, gets your premium payment and checks that your application is complete.

Check your TDP ID card to see when your dental coverage starts. You won't be covered for any dental care you get before the date written on your TDP ID card.

If your eligibility can't be confirmed, then the enrollment application will be rejected, and United Concordia will ask you to contact the uniformed service personnel office. Your coverage won't begin until the issue is resolved and United Concordia can confirm your eligibility.

Your effective date of coverage or termination depends on the date United Concordia receives your request, not on the date you postmark it. If United Concordia receives your enrollment/termination:

- **On/Before the 20th of the month:** your enrollment/termination will take place on the first day of the next month. For example, if United Concordia processes your request between May 21 and June 20, the enrollment/termination will start on July 1.
- **After the 20th of the month:** your enrollment/termination will begin on the first day of the second month. For example, if United Concordia processes your request between June 21 and July 20, the enrollment/termination will start on August 1.

Getting Your TDP Enrollment Card

You can find your enrollment card on your milConnect account at **https://milconnect.dmdc.osd.mil** (you will get an email or postcard indicating that you have eCorrespondence):

- Step 1: Log on to milConnect
- Step 2: Select "View My Healthcare Coverage"
- Step 3: Click the "Dental Coverage" tab
- Step 4: Find your enrollment card under the "Related Links" section

You don't need to show your TDP enrollment card to obtain dental care though it will aid the dental office in completing proper TDP billing. If you've deleted your enrollment card in your milConnect account, go to **https://milconnect.dmdc.osd.mil** to ask for a new one.

PAYING PREMIUMS TO ENROLL AND STAY ENROLLED

Enrollment in the TDP begins on the effective date written on your TDP enrollment card. You're responsible for any dental care you get before the date written on your TDP enrollment card. Once enrolled, you're committed to 12 months of coverage and have to pay monthly dental premiums until your coverage ends. Premiums are collected one month in advance of dental care coverage (for example, premiums collected in June apply to July coverage). After you have been enrolled for 12 continuous months, you can continue on a month-to-month basis. Or, you may qualify for an exception to end your enrollment early. See Figure 1.2 for examples.

Initial payment: Make the payment for your first month of coverage online, by phone, or by mail. You can pay by credit card online. If you pay by mail, you can pay by credit card, check, or money order. However, online enrollment is the fastest and easiest way for most people to enroll.

Ongoing payments:

- **ADSM-sponsored enrollment:** If you're enrolled in the TDP through an ADSM sponsor, you must use payroll allotment to pay your premiums.
- **National Guard and Reserve sponsor:** National Guard and Reserve sponsors can pay their premiums by credit card, electronic funds transfer or payroll allotment.
- **National Guard and Reserve-sponsored enrollment:** If you're enrolled in the TDP through a National Guard and Reserve sponsor, you can pay your premiums by credit card or electronic funds transfer.

Note: Online enrollment is the fastest and easiest way to enroll for most people. If you sign up by mail, the sponsor has to send the *TRICARE Dental Program Enrollment/Change Authorization Form* to United Concordia, the TDP contractor. Someone with power of attorney (POA) to enter into contracts can complete and sign the form if the sponsor isn't available. Send a copy of the POA when you enroll. See the contact information on the inside front cover of this handbook if you have questions about POA.

LIFE EVENTS IMPACTING CHANGES TO ENROLLMENT

The same life changes that need to be reflected in DEERS will also affect your TDP coverage.

ADDING OR REMOVING A FAMILY MEMBER

Throughout your enrollment, you may need to add a family member to your TDP plan due to:

- Marriage
- Birth
- Adoption, including pre-adoptive and finalized adoptions reflected in DEERS
- Stepchild or court-ordered ward newly eligible for TDP
- Child added before turning age 1

You may need to remove a family member from your TDP plan due to:

- Death
- Divorce (there is no former spouse coverage for this program)
- Retirement
- Loss of child's eligibility when he or she marries or turns 21 or 23 if certain conditions apply related to school enrollment and financial support. See the "Age-Related Eligibility Rules" section for details.

How to Add/Remove a Family Member or Cancel Enrollment

You can add a family member, remove a family member or end your TDP enrollment from the TDP online, by telephone, or by mail. See the front inside cover for contact information.

Note: For most people, it's most convenient to make changes online. To submit changes by mail, visit the United Concordia website at **www.uccitdp.com** and download the *TRICARE Dental Program Enrollment/Change Authorization Form*. Print, complete and mail the form to United Concordia. You can also get an enrollment/change form at your local uniformed services dental treatment facility (DTF) or TRICARE Service Center (OCONUS).

Someone with a POA on file with the TDP contractor can add/remove a family member or end TDP enrollment if the sponsor isn't available. Use the contact details on the inside front cover of this handbook to put a POA on file with United Concordia.

Automatic Enrollment of Children at Age 1

If you have a plan with the TDP, your child will be automatically enrolled on the first day of the month following his or her first birthday. If you had a single plan before your child turned one, your premium will change from the single plan rate to the family plan rate.

ENDING COVERAGE

Once enrolled in the TDP, you're committed to 12 months of coverage, unless you qualify for an exception (*See Figure 1.2*). If you want to end your TDP enrollment after 12 months, send a termination request to United Concordia. Your service will be terminated according to the date United Concordia receives your request, not on the day you postmark it. See the "Effective Date of Coverage" section for more information.

Reasons You're Allowed to End Enrollment Before You Finish the Initial 12-Month Enrollment Period

When you enroll in the TDP, you make a 12-month commitment. However, some circumstances support ending the commitment before that time is completed. Those scenarios are listed in Figure 1.2 below.

Figure 1.2 *Ending Enrollment Before Finishing the Initial 12-Month Enrollment Period*

SCENARIO	DESCRIPTION
TDP family member loses eligibility.	A sponsor or family member could lose TDP eligibility because of death, divorce, marriage, age limit of a child, or end of eligibility. See Figure 1.3 for details.
Sponsor and family move to the OCONUS service area.	You can end TDP enrollment within 90 calendar days of moving to the OCONUS service area, unless you wish to keep TDP coverage for family members. Check that the local unformed services DTF can take care of your needs before you end enrollment. Write the date you moved on the termination request when you ask to end enrollment.
Active duty service member (ADSM) gets permanent change of station orders.	ADSMs who transfer to a duty station where space-available dental care is available at the local DTF can end any of their family members' enrollments within 90 calendar days. Write the date of the transfer on the termination request when you ask to end enrollment.
National Guard or Reserve sponsor deactivates.	Family members who enrolled within 30 days of the sponsor's activation lose TDP coverage when the sponsor deactivates.
National Guard or Reserve member is transferred to Standby Reserve or Retired Reserve.	The sponsor's TDP coverage ends.

Reasons Your TDP Enrollment Could End or Change

Your enrollment will be cancelled if you don't pay your TDP monthly premium(s). Additionally, you'll be "locked out" from enrolling for 12 months after the last time you paid the premium. However, your TDP enrollment could change for other reasons, and you may or may not need to take action to keep your TDP coverage. See the list of scenarios in Figure 1.3 below.

Figure 1.3 ***Enrollment Change/Termination of Enrollment Scenario***

SCENARIO	WHAT DO I NEED TO DO TO KEEP TDP COVERAGE?	HOW WILL MY TDP ENROLLMENT CHANGE?
Two active duty service members (ADSMs) are married with TDP-enrolled children. The parent listed as the sponsor leaves active duty service.	The remaining ADSM re-enrolls the family, listing themselves as the sponsor. Re-enroll within 30 days to make sure you get continuous coverage and to continue the original 12-month commitment period.	Coverage ends at 11:59 p.m. ET on the last day of the month in which the parent who is listed as the sponsor leaves active duty. For example, if the sponsor's status changes on April 15, the last day of coverage is April 30. However, if the sponsor's status changes on the first day of the month, the last day of coverage is the last day of the previous month. For example, if the sponsor's status changes on April 1, the last day of coverage is March 31.
An ADSM transfers from active duty to the Selected Reserve of the Ready Reserve or Individual Ready Reserve (IRR) (special mobilization category).	The sponsor enrolls in the TDP and/or reenrolls family members. The family will now be enrolled under the sponsor's new status. Reenroll within 30 days to make sure you get continuous coverage and to continue the original 12-month commitment period.	
Sponsor transfers to another service branch.	The sponsor reenrolls themselves and/or family members in the TDP. Reenroll within 30 days to make sure you get continuous coverage and to continue the original 12 month "lock in" period.	
A National Guard or Reserve member (non-contingency related) transfers to the Selected Reserve of the Ready Reserve or IRR (special mobilization category).	You don't need to do anything. TDP automatically reenrolls your family members in the TDP as Selected Reserve/IRR (special mobilization category) family members. **Note:** Your premium rates will follow the rules for Selected Reserve/IRR sponsors and/or family members.	

Figure 1.3 *Enrollment Change/Termination of Enrollment Scenario (Continued)*

SCENARIO	WHAT DO I NEED TO DO TO KEEP TDP COVERAGE?	HOW WILL MY TDP ENROLLMENT CHANGE?
A Selected Reserve of the Ready Reserve or IRR sponsor and/or family have been enrolled in the TDP for more than 30 days, sponsor is called to active duty for more than 30 days, and sponsor has enrolled him or herself and family in TDP more than 30 days prior to start of the active duty orders.	**Sponsor:** You no longer have the TDP. The TDP will automatically restore your coverage the day after you deactivate. Once you deactivate, you'll be responsible for finishing any months remaining in the initial 12-month commitment period from when you last had coverage by the TDP. **Family Members:** You don't need to do anything. The TDP automatically reenrolls you as an active duty family member (ADFM). Your coverage will count toward the same 12-month commitment period. **Note:** The TDP will automatically lower your premiums when you become an ADFM. Your premiums will automatically go back up when your sponsor deactivates.	**Sponsor:** You aren't eligible for the TDP while you're an ADSM. You will receive dental care at your DTF or through the Active Duty Dental Program. **Family Members:** Coverage ends at 11:59 p.m. ET on the last day of the month in which the parent who is listed as the sponsor leaves active duty. For example, if the sponsor's status changes on April 15, the last day of coverage is April 30. However, if the sponsor's changes status on the first day of the month, the last day of coverage is the last day of the previous month. For example, if the sponsor's status changes on April 1, the last day of coverage is March 31. Coverage continues at the lower ADFM premium rate.

End-of-Eligibility Scenarios

In some scenarios, your TDP coverage is ended because you're no longer eligible. See the scenarios in Figure 1.4 below for a list of situations in which you aren't eligible for the TDP, and to find out when your coverage ends.

Figure 1.4 *End-of-Eligibility Scenarios*

SCENARIO	WHEN TDP COVERAGE ENDS
Sponsor retires or separates from active duty service.	You're covered until the last day of the month in which the sponsor retires or separates. However, if the sponsor retires or separates on the first day of the month, the last day of coverage is the last day of the previous month. For example, if the sponsor retires or separates on April 1, the last day of coverage is March 31. **Note:** Retired sponsors and family members can sign up for the Federal Employees Dental and Vision Insurance Program (FEDVIP). Go to **www.benefeds.com** for more on FEDVIP.
Unmarried child turns 21 (or 23 if certain conditions relating to their school enrollment and financial support apply. See the "Age-Related Eligibility Rules" section for details).	The child's eligibility ends at 11:59 p.m. ET on the last day of the month in which they reach the age limit or school enrollment ends.

Figure 1.4 *End-of-Eligibility Scenarios (Continued)*

SCENARIO	WHEN TDP COVERAGE ENDS
Spouse and sponsor divorce.	The spouse's eligibility ends at 11:59 p.m. ET on the last day of the month in which the divorce is final.

Surviving spouses and children are eligible for the TDP Survivor Benefit when a sponsor dies.

TDP SURVIVOR BENEFIT

Surviving spouses and children are eligible for the TDP Survivor Benefit when a sponsor dies. Spouses are eligible for three years beginning on the date of the sponsor's death. Children are eligible until age 21, or until they turn 23 if certain conditions related to their school enrollment and financial support apply. See the "Age-Related Eligibility Rules" section for more information.

You can use the TDP Survivor Benefit even if you or your family member(s) weren't enrolled in the TDP at the time of the sponsor's death. You can also use the TDP Survivor Benefit if your sponsor was in the Selected Reserve of the Ready Reserve and IRR (special mobilization category). In this case, you can use the TDP Survivor Benefit even if the sponsor wasn't on active duty orders or enrolled in the TDP at the time of death.

Note: If you had the TDP at the time of your sponsor's death, you don't need to do anything to keep your dental coverage. TRICARE automatically reenrolls eligible surviving family members in the TDP Survivor Benefit. TRICARE will notify you when it cancels your TDP coverage and reenrolls you in the TDP Survivor Benefit.

If the death of a sponsor in an active duty, Guard or Reserve status occurs, and the family was not enrolled in the TDP, DEERS will automatically notify the surviving family members of their eligibility for enrollment in the TDP and provide guidance to contact United Concordia for enrollment if desired.

The government pays 100% of the TDP Survivor Benefit premium for the:

- Surviving spouse for up to three years from the sponsor's date of death
- Surviving children until age 21, or 23 if certain conditions related to their school enrollment and financial support apply (see the "Age-Related Eligibility Rules" section for details).
- Incapacitated children for whichever is longest:
  - Three years from sponsor's date of death (not to exceed 21 years of age)
  - The date the child turns 21
  - The date the child turns 23, if certain conditions related to their school enrollment and financial support apply (see "Age-Related Eligibility Rules" for details).

Family members are still responsible for any applicable cost-shares associated with the TDP Survivor Benefit.

Surviving spouses are eligible for the Federal Employees Dental and Vision Insurance Program (FEDVIP) once the three-year TDP Survivor Benefit period ends. Surviving family members who didn't qualify for the TDP Survivor Benefit may qualify for FEDVIP. Go to **www.benefeds.com** for more information about FEDVIP.

ELIGIBILITY TO USE DENTAL TREATMENT FACILITIES

According to federal statutes and regulations, family members aren't allowed to be covered for any care they get in military dental treatment facilities (DTFs) in the CONUS service area. However, family members can use DTFs in emergencies, for certain pediatric specialty cases and to get dental care related to care they get in a military hospital or clinic. In the OCONUS service area, you can get care at a DTF if operational requirements and the DTFs resources allow. Contact your DTF to find out about your options for dental care in the OCONUS service area.

National Guard and Reserve Important Information

DENTAL READINESS ASSESSMENT FOR NATIONAL GUARD AND RESERVE

Members of the National Guard and Reserve are required to have a dental exam once per year. In addition, the Department of Defense requires you to turn in a *Department of Defense Active Duty/Reserve Forces Dental Examination* form (DD Form 2813) once each year to your service branch. *DD Form 2813* is meant to help you document your dental health. United Concordia network dentists will fill out the form at no cost to you.

Each year make sure you:

1. Contact your service branch representatives to find out service-specific requirements for *DD Form 2813*.
2. Schedule your dental exam.
3. Download *DD Form 2813* at **www.tricare.mil/forms**, and bring the form to your dentist to fill out.
4. Get at least one dental exam.
5. Give the result to your service branch.

SPONSOR'S CHANGING STATUS

Many National Guard and Reserve sponsors go on and off active duty multiple times during their careers. The TRICARE Dental Program (TDP) offers continuous coverage to National Guard and Reserve sponsors. Read this section to learn more about TDP coverage for the sponsor and their family member(s) during these transitions.

National Guard and Reserve Sponsor Coverage

If you're a National Guard and Reserve sponsor, you're eligible for the TDP when you're not on active duty for more than 30 days. However, you're not eligible once you've been called or ordered to active service for more than 30 days. If you're enrolled in the TDP before being called to active duty, you're automatically enrolled in the TDP during the periods when you're eligible. The TDP also automatically ends your enrollment when you're not eligible.

National Guard and Reserve sponsors go on and off active duty multiple times during their careers. Figure 2.1 on the next page shows how TDP coverage changes when a sponsor's status changes.

You can enroll in the TDP even if your family doesn't enroll. Whether or not your family member(s) enroll, you'll never be a part of a family plan. This means your monthly premium will always be separate from your family member(s).

National Guard and Reserve Family-Member Coverage

If you're a National Guard and Reserve family member, you can enroll in the TDP at any time even if your sponsor doesn't. You get continuous coverage when your sponsor changes between active or inactive status. If you were enrolled in the TDP before your sponsor was called to active duty, your coverage will continue automatically. However, if you were not enrolled in the TDP when your sponsor was called to active duty, continuous coverage may not be automatic when your sponsor goes on or off active duty. See Figure 2.1 on the next page for details.

You will have different premiums while your sponsor is on and off active duty. Premiums are lower when your sponsor is on active duty because they're active duty service members (ADSMs).

The following coverage flowchart demonstrates how TDP coverage changes when a National Guard or Reserve sponsor's status changes.

Figure 2.1 *National Guard and Reserve Activation/Deactivation Coverage Status*

SPONSOR

Enrolled
In individual TDP plan before activation

Activated
Sponsor disenrolled from TDP. Active duty benefits apply.

Deactivated
Sponsor reenrolled in TDP automatically. Must finish what's left of the 12-month minimum enrollment period.

Not Enrolled
Not in individual TDP plan before activation

Activated
Sponsor not eligible for TDP enrollment. Active duty benefits apply.

Deactivated
Sponsor eligible for enrollment in TDP. Must finish what's left of the 12-month minimum enrollment period.

FAMILY MEMBERS

Enrolled
In individual or family TDP plan (which is separate from the sponsor) before the sponsor was activated

Sponsor Activated
Family members' coverage continues at reduced premium rate.

Sponsor Deactivated
Family members' coverage continues at applicable National Guard and Reserve premium rate. The family member(s) must finish what's left of the 12-month minimum enrollment period.

Not Enrolled
Not in TDP plan before the sponsor was activated

≤30 Days — **Within 30 days of sponsor activation**

Sponsor Activated
Family members pay the reduced premium rate. The government pays 60% and the beneficiary pays 40%. Timing of enrollment affects lock-in requirement, not premium rates.

Sponsor Deactivated
Family members' coverage is automatically cancelled when the sponsor deactivates. The sponsor must contact United Concrodia if family members want to reenroll.

>30 Days — **More than 30 days after sponsor activation**

Sponsor Activated
Family members pay the reduced premium rate. The government pays 60% and the beneficiary pays 40%. This also applies to family members whose sponsors are not activated for a specific contingency operation. Timing of enrollment affects lock-in requirement, not premium rates.

Sponsor Deactivated
Family members' coverage continues uninterrupted at applicable National Guard and Reserve premium rate, which is a 100% non-government shared premium rate. The family member must finish what's left of the 12-month minimum enrollment period.

Choosing a Dentist

CHOOSING CONUS DENTISTS

You can go to any licensed and authorized dentist you choose in the CONUS service area, but staying in-network saves you money and paperwork.

Network Dentists

The United Concordia network dentists have agreed to use the TRICARE Dental Program (TDP) rules and costs for care.

If you use a United Concordia network dentist:

- The amount you pay is based on United Concordia's negotiated fee for covered services. The negotiated fee is usually lower than the normal rate in your local area. Using United Concordia's network dentists saves you money.
- You won't have to pay more than the applicable cost-share for covered services. However, you may have to pay more than the cost-share if you've reached your maximum or if limitations or exclusions apply.
- You don't have to pay the dentist for the full cost of care and wait for reimbursement. The United Concordia network dentists work directly with United Concordia to get its part of the payment.*
- You don't have to fill out claims or give information to United Concordia to determine coverage and payments. The United Concordia network dentists do this for you.
- Your dentist will fill out the *Department of Defense Active Duty/Reserve Forces Dental Examination* form (DD Form 2813) for you, if you're in the National Guard and Reserve at no cost.

* *If you choose not to sign an assignment of benefits statement on the claim form when you see your dentist, the dentist may ask you to pay United Concordia's portion of the bill. In this case, United Concordia will send the reimbursement to you instead of to the dentist.*

Go to **www.uccitdp.com** to find a network dentist. If you're using a dentist you've seen before, make sure to check that they're still in United Concordia's network.

Predetermination of Payment

Before you get care that you or your dentist estimate might include expensive procedures, ask your dentist to submit a payment review, known as a predetermination of payment, to United Concordia. This way, you'll know approximately what your care is going to cost before you get it. See "Predetermination Requests" in the "TRICARE Dental Program Claim Filing" section to learn how to submit a predetermination.

Commitment to Timely Appointments in the CONUS Service Area

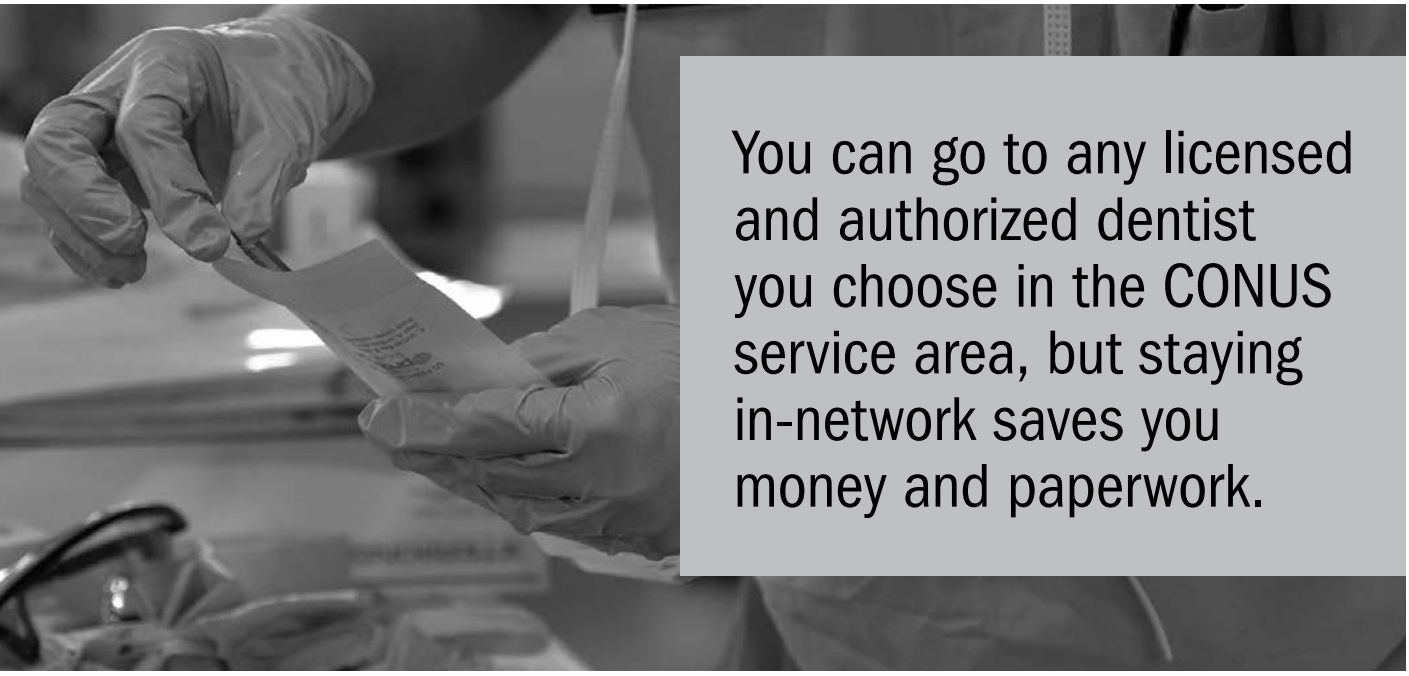
United Concordia is committed to helping you find a timely general dentistry appointment within a 35 mile drive of your home. A timely appointment in CONUS is an appointment that you're able to schedule within 21 days of your call to the dentist's office. In most CONUS locations, there will be at least one TDP network general dentist within a 35 mile drive of your home and you'll be able to schedule a timely appointment.

If the first available appointment with a general dentist isn't within 21 days and within a 35 mile drive of your home, contact United Concordia to get help. If United Concordia can't schedule a timely appointment, and the ZIP code in which the member resides has been deemed non-compliant, it will pay the difference for you to see a non-network dentist so that your costs are about the same as what you would have paid to see a TDP contractor network dentist.

Non-network Dentists

Non-network dentists haven't agreed to use the TDP rules and costs for care. If you use a non-network dentist:

- You may have to pay the full fee for your care up front.
- You must pay the cost-share as well as the difference between United Concordia's allowance and whatever the dentist bills. You may also have to submit claim documents to United Concordia on your own.



You can go to any licensed and authorized dentist you choose in the CONUS service area, but staying in-network saves you money and paperwork.

- You must sign an assignment of benefits statement on the claim form so that United Concordia can send payment to the dentist. Unlike United Concordia network dentists, non-network dentists don't have to take payment directly from United Concordia. If you don't sign the form, or the non-network dentist does not take payment directly from United Concordia, United Concordia will send the payment directly to you. Then you'll have to coordinate passing United Concordia's part of the payment along to the dentist.
- Your out-of-pocket costs may be higher.

If your dentist is interested in joining the United Concordia network, have them call United Concordia customer service at **1-844-653-4061** or go to **www.uccitdp.com**.

CHOOSING OCONUS DENTISTS

In OCONUS locations, dentists may ask you to pay for covered services up front. If you use a TRICARE OCONUS Preferred Dentist (TOPD):

- The most you should pay at the time of your visit is the member cost-share portion, if any, of the covered service (maximums, limitations and exclusions apply).
- Your dentist will file claims for you.

Note: The 35 mile/21 day rule does not apply for OCONUS appointments.

Go to **www.uccitdp.com** to see a list of TOPDs. You can get care from any licensed and authorized dentist; however, you might find it easier to see a TOPD, particularly since they will file claims for you.

For all procedures, it's a good practice to discuss the services you'll be getting and the anticipated cost with your dentist. Be sure to ask your dentist to submit a payment review, known as a predetermination of payment, to United Concordia before you get extensive or costly treatment, especially for treatment that may be expensive. See "Predetermination Requests" in the "TRICARE Dental Program Claim Filing" section to learn how to submit a predetermination.

Note: Before you get orthodontic care in the OCONUS service area, you have to submit a *Non-Availability and Referral Form (NARF)*. See "OCONUS Orthodontic Treatment" in the "Orthodontic Services" section for more information on the *NARF* and steps to getting orthodontic care in the OCONUS service area.

Your Costs and Fees

PREMIUMS

A premium is the amount you have to pay each month to get dental coverage by the TRICARE Dental Program (TDP). The amount of the premium you pay is based on your sponsor's status. To figure out your premium:

1. Go to **www.tricare.mil/costs** to find your premium cost. Keep in mind that premiums change each year on May 1.
2. See Figure 4.1 below to find your share of the premium payment.

Making Your Payments

Initial payment: You can make the payment for your first month of coverage online, by phone or by mail using direct billing. To pay online with a credit or debit card, go to **https://milconnect.dmdc.osd.mil** or call **1-844-653-4061**. You also have the option to mail a check, money order or your credit or debit card information. However, online enrollment is fastest and easiest for most people.

Ongoing payments: Your options for making ongoing premium payments depend on your type of enrollment. See Figure 4.1 below to learn your payment options.

Paying Your Premiums Using Payroll Allotment

If you're a sponsor with a uniformed service payroll account, the government will take your premium directly from your account. If there isn't enough money in your account to pay the premium, United Concordia will bill you directly. Once direct billing begins, sponsors may not return to payment by allotment. Sponsors without enough money in their uniformed service payroll account have the following payment options:

- **Initial payment:** by credit card, debit card, check, or money order. To pay by credit or debit card, go to **https://milconnect.dmdc.osd.mil** or call **1-844-653-4061**.

Figure 4.1 *TDP Beneficiary Premium Amounts*

Premium Shares

If you're a(n) ...	You pay ...
• **Family member of an active duty service member (ADSM)** • **Family member of an active duty National Guard or Reserve sponsor** • **Selected Reserve of the Ready Reserve and Individual Ready Reserve (IRR) (special mobilization category) sponsor**	**40%** 40% of the premium. The government pays the remaining 60% for you.
• **IRR (non-special mobilization category) sponsor** • **Selected Reserve family member** • **IRR family member**	**100%** 100% of the premium
• **Eligible survivor**	**0%** The government pays 100% for you.

Your Choices For Making Payments

Type of Enrollment	Payment Option
ADSM-sponsored	Must use payroll allotment to pay your premiums
National Guard and Reserve sponsor	If the sponsor has a military payroll account, payroll allotment will be attempted first. If payroll allotment is not consistently available, or does not have sufficient funds, you may use credit card, debit card or electronic funds transfer
National Guard and Reserve-sponsored	May use credit card or electronic funds transfer

Go to **www.tricare.mil/costs** to find your premium cost.

- **Ongoing payments:** by credit card, debit card or electronic funds transfer. You can set up or change your ongoing payment method. You can make payments online by signing in to *My Account* at **www.uccitdp.com**.

MAXIMUMS

A maximum is the most the TDP will pay for a beneficiary's care within a certain amount of time. TDP maximums are per beneficiary. Unused maximums don't carry over to the next plan year. The TDP has three types of maximums:

- **Yearly maximum benefit:** the most TDP will pay for the beneficiary's dental care per plan year.
- **Lifetime maximum benefit for orthodontic treatment:** the most the TDP will pay for orthodontic care during the beneficiary's lifetime.
- **Accidental yearly maximum benefit:** the most the TDP will pay for any dental care a beneficiary gets because of an accident per plan year.

Yearly Maximum Benefit

The yearly maximum benefit is $1,500 per beneficiary per plan year (May 1–April 30), and applies to non-orthodontic dental services.

Some diagnostic and preventive services don't count toward your yearly maximum. See the "TRICARE Dental Program Benefits and Exclusions" section for more information. Services that don't count toward your yearly maximum may also be viewed at **www.uccitdp.com**. You may contact United Concordia customer service for details about services that don't count toward the yearly maximum, as well as questions about TDP benefits and exclusions.

Lifetime Maximum Benefit for Orthodontic Treatment

The Orthodontic Lifetime Maximum is $1,750 per eligible beneficiary during their lifetime. The TDP has a $1,750 lifetime maximum for orthodontic services. Orthodontic diagnostic services will be applied to the TDP's $1,500 annual maximum.

Accidental Yearly Maximum Benefit

The accidental yearly maximum is $1,200 per beneficiary per plan year (May 1–April 30). The accidental yearly maximum benefit goes toward any dental care you get because of an accident.

For the purpose of the accidental yearly maximum benefit, the TDP defines an accident as an injury you get to your teeth and/or to the hard and soft tissues that support the teeth. The injury must be caused by a blunt extraoral force, in other words a force situated or occurring outside the mouth or that isn't caused by chewing or biting actions.

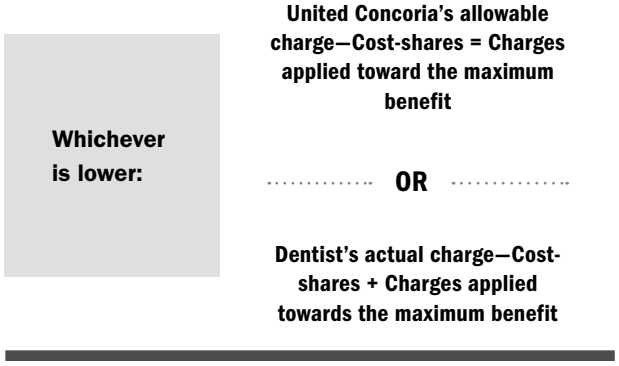
If you reach the $1,200 accidental maximum, the TDP will continue to pay for benefits up to your $1,500 yearly maximum. Benefit limitations and cost-shares apply.

Maximums in the OCONUS Service Area

The TDP maximums are the same whether you're in the OCONUS or the CONUS service area.

In the OCONUS service area, the government pays the difference between United Concordia's allowed fee and the billed charge. This doesn't apply to Selected Reserve family members, Individual Ready Reserve (IRR) family members, IRR (other than special mobilization category) members and/or those who aren't active duty command-sponsored. However, the government won't pay for any part of the maximum that United Concordia already paid, or for any other costs once you've met the maximum.

For covered dental services, charges that count toward the maximum are calculated as follows:



The allowable charge is the amount United Concordia will pay the dentist for a certain service. In the United Concordia network, the allowable fee is a negotiated fee, a standard charge that's already been agreed on by the dentist and by the TDP. The allowable charge is the same for non-network dentists, but you may be responsible for paying the difference between the allowable charge and the dentist's bill if you see a non-network dentist.

OCONUS areas have a separate allowable charge. The cost-share is the portion of the allowable charge that you, the beneficiary, have to pay. The amount you pay never counts toward the maximum. Only the amount that TDP pays to you or your dentist counts against the maximum. There are some limitations and exclusions. See the "TRICARE Dental Program Benefits and Exclusions" section for details.

WHAT WILL I PAY?

In addition to making your premium payments, you also have to pay cost-shares for dental care. A cost-share is the portion of the allowable charge that you, the beneficiary, have to pay for the dental care services you get. United Concordia pays the remainder of the allowable charge.

Note: You can often reduce your out-of-pocket costs by seeing a United Concordia network dentist.

What Percentage Will I Pay As A Cost-Share?

The type of dental service you're getting and the sponsor's pay grade affect the percentage of the cost-share you and United Concordia each pay. See Figure 4.2 below for details.

Figure 4.2 ***Beneficiary Cost-Shares Summary Chart***

COVERED SERVICES	COST-SHARE FOR PAY GRADES E-1–E-4	COST-SHARE FOR PAY GRADES E-5 AND ABOVE	COST-SHARE FOR OCONUS COMMAND SPONSORED BENEFICIARIES*
Diagnostic	0%	0%	0%
Preventive†	0%	0%	0%
Emergency Services	0%	0%	0%
Sealants	0%	0%	0%
Basic restorative	20%	20%	0%
Endodontic	30%	40%	0%
Periodontic	30%	40%	0%
Oral surgery	30%	40%	0%
Miscellaneous services (occlusal guard, athletic mouth guard)	50%	50%	0%
Other restorative	50%	50%	50%
Implant services	50%	50%	50%
Prosthodontic	50%	50%	50%
Orthodontic‡	50%	50%	50%

* *If your sponsor is in the Selected Reserve of the Ready Reserve and Individual Ready Reserve (IRR) or if you're in the IRR (other than special mobilization category), cost-shares for command-sponsored beneficiaries don't apply to you. Find your cost-shares using the middle two columns above based on sponsor pay grade.*

† *You're fully covered for space maintainers on the back teeth through age 18. Sealants are fully covered for permanent molars through age 18.*

‡ *See "Who Is Eligible" in the "Orthodontic Services" section of this handbook for restrictions.*

Additional Considerations On Cost-shares

The following policies also apply to Figure 4.2 on the previous page:

- Anyone eligible for the TDP can get care in the CONUS and OCONUS service areas. However, you only pay the OCONUS cost-shares if you're an OCONUS command-sponsored beneficiary. If you're not command-sponsored, you'll pay your cost-share by pay grade.
- If you're a command-sponsored beneficiary who gets care in the CONUS service area, you pay cost-shares based on the percentage for your pay-grade. This is the case even if you're only temporarily in the CONUS service area.
- If you're not a command-sponsored beneficiary, Selected Reserve and IRR family member or IRR (other than special mobilization category) member who got dental care in the OCONUS service area, you pay CONUS cost-shares based on the percentage for your pay grade. You also pay any difference between the dentist's actual charge and United Concordia's allowed fee.

TRICARE Dental Program Benefits and Exclusions

GENERAL TRICARE DENTAL PROGRAM (TDP) POLICIES

- United Concordia will only pay your claims if your premium payments are current.
- United Concordia doesn't cover certain services. See the "Not-Covered Services" section, or call United Concordia customer service for more information.
- When you or your dentist file claims in the CONUS service area, you have to use the current American Dental Association® (ADA) Current Dental Terminology (CDT) code and term for any care you get.
- The start and/or end date of certain types of treatment are important for insurance purposes, such as crowns, inlays, onlays, buildups, posts and cores, and fixed prostheses. Contact United Concordia with any questions about start and end dates or coverage for your treatment.
- Dentists cannot bill you for non-covered services unless you agree to receive and pay for the services prior to treatment.
- Medical procedures are not covered by the TDP. Medical and dental insurance programs are separate programs.
- Claims must be submitted within 12 months of the date of service in order to be paid by the TDP.
- Some services are routinely performed with or as part of another service. These are considered integral. Network dentists cannot bill you for integral services.
- Network dentists may not bill you to complete your claims.

TIME INTERVALS FOR COVERED SERVICES

The TDP covers a wide range of services, including: diagnostic, endodontic, general, implant, orthodontic, periodontal, preventive, prosthodontic and restorative services, as well as oral surgery and sealants.

In some cases, you're limited to a certain number of services performed within set amounts of time: every consecutive 12 months, 24 months, 36 months, or 5 years. You and your dentist don't need to consider United Concordia's plan year (May 1–April 30) when scheduling the frequency of these types of visits, including routine care, recurring care, X-rays, oral exams, and more. Your consecutive 12-month calendar for recurring services is individual to you. Go to **www.uccitdp.com** for specific guidance and benefit information.

Every 12 months

The following procedures are available during each consecutive 12-month period at varying levels of frequency and coverage. Contact United Concordia for details on coverage amounts.

- 2 oral evaluations or 3 if the third is from a different dental office from the other two. This also applies to children under age 1.
- 1 comprehensive gum evaluation
- 1 limited oral evaluation or 1 consultation
- 1 set of bitewing X-rays or 1 set of vertical bitewings
- A second set of bitewing X-rays, if you're relocating at least 40 miles from home for a permanent change of station and can show proof
- 2 routine teeth cleanings, or 3 routine teeth cleanings, when noted on the claim form that the patient is pregnant or has a registered, covered chronic medical condition.
- 2 topical fluoride applications
- Up to 4 periodontal maintenance procedures or routine teeth cleanings, or mixture of the two
- Interim, complete and partial dentures

Every 24 months

Every 24 months, the TDP covers one full-mouth debridement to enable comprehensive evaluation and diagnosis, as needed.

Every 36 months

Every 36 months, the TDP covers:

- 1 full-mouth X-ray
- 1 sealant per molar or 1 preventive resin restoration on the first and second permanent molars, through age 18 (tooth must be caries-free)
- 1 reline/rebase
- 1 interim silver diamine fluoride

Every Five Years

Every five years the TDP covers replacement of all teeth and acrylic on a cast-metal framework, as needed.

SERVICES

This section provides information on covered services. For comprehensive information on covered services, including exclusions and limitations, visit **www.uccitdp.com**.

Diagnostic Services

The TDP covers a range of diagnostic services, such as certain oral evaluations, periodontal evaluations and X-ray films.

Most patients get routine oral evaluations. However, you can get a comprehensive evaluation, which is more detailed and takes more time, if any of the following apply:

- You're a new patient
- You haven't had an oral evaluation in the past 36 months from the same office
- On an exception basis, such as in unusual circumstances or after your health has changed significantly

Note: TDP network dentists can't charge you for X-rays that aren't covered or done for diagnostic purposes.

Endodontic Services

The TDP covers many endodontic services, such as certain root canal procedures related to the pulp of the tooth, root canals, open and drain procedures, oral surgeries, root amputation, and placements of final restoration.

General Services

The TDP covers many general services, such as certain emergency treatment of pain, general anesthesia, IV sedation, consultations, office visits, medications, care after surgery, mouth guards, and teeth bleaching after certain endodontic procedures.

Implant Services

The TDP covers certain implant services, such as certain recementation, dental implants, and implant-supported prosthesis repair.

Integral Services

Many services are integral, which means they're included within other procedures. An integral service can't be charged separately by your dentist when

it's done with another procedure. Some common examples of integral services are listed below. For more information, call United Concordia customer service. United Concordia customer service contact information is listed on the front inside cover of this handbook. Integral services include, but are not limited to:

- Reevaluations, certain repairs, and restorations of the same tooth
- Recementations and adjustments to dentures
- X-rays taken to diagnose root canals and the root canal treatment, pulpotomies done within 45 days of a root canal, and root canal obstruction treatment
- Diagnostic casts
- Gum evaluations in certain situations
- Pulp vitality tests
- Space maintainer removal
- The charge for a crown or onlay and all charges for work related to its placement
- Charges for related services, such as necessary wires and splints, adjustments, and follow-up visits

Other examples of integral services include: certain routine teeth cleanings and periodontal scaling, root planing, periodontal maintenance, gingivectomy, gingivoplasty, gingival flap procedure, mucogingival surgery or osseous surgery, tissue conditioning procedures, posts and restorative procedures, temporary fixed partial dentures, sealants and restorations, direct pulp caps and restorations, gingival flap procedures, osseous surgeries, full mouth debridement, diagnostic casts, surgical revision procedure, and incision and drainage wires.

Oral Surgery Services

The TDP covers many oral surgeries, such as certain surgical procedures related to the gums and jawbone, erupted or partial tooth removal, biopsies, routine postoperative care, and impacted third molar (wisdom tooth) removal.

Orthodontic Services

The TDP covers a variety of orthodontic services, including diagnostic casts; certain limited, interceptive, and comprehensive treatments; certain appliances and retention. You have a 50% cost-share for diagnostic casts. Diagnostic casts count toward the yearly maximum. See the "Orthodontic Services" section for more details.

Periodontal Services

The TDP covers many periodontal services related to gum care, such as certain procedures involving gum tissue, crown lengthening, periodontal maintenance, root planing and grafts. X-rays and periodontal charting, or in some cases just X-rays, are required for some procedures.

Preventive Services

The TDP covers certain preventive services such as teeth cleanings, fluoride treatments, space maintainers, and space maintainer care.

There is no cost-share for space maintainers if you're under 19. If you're under 19, space maintainers are fully covered for teeth in the back of your mouth only.

Prosthodontic Services

The TDP covers some prosthodontic services, such as certain procedures related to dentures, retainers, inlays, onlays, and crowns. Contact United Concordia customer service for more information.

Restorative Services

The TDP covers many restorative services, such as certain amalgam fillings, resin-based composite fillings, crowns, onlays, pin retention procedures, recementations, and veneers in some instances. You can get coverage for restorative services needed because of tooth decay, tooth fracture, attrition, erosion, abrasion, or congenital or developmental defects, but not for cosmetic reasons. The type of restoration you get depends on the number of tooth surfaces involved.

Sealants

The TDP covers sealants and preventive resin in certain situations. You can get sealants on your permanent molars if you're under 19, your teeth don't have any decay or cavities and if certain surfaces of your teeth haven't had restoration work. You can only get sealants on molars. Interim, silver diamine fluoride is covered through age 18.

NOT-COVERED SERVICES

There are some services the TDP doesn't cover. Always talk to your dentist before getting any major dental procedures to make sure you understand whether

recommended procedures are covered, and in what amounts. The TDP doesn't cover:

- Anything not listed as covered
- Services a dentist didn't prescribe or directly supervise (except in states where dental hygienists are allowed to practice without the supervision of a dentist)
- The same service on the same day by another dentist, duplicate services
- Experimental services
- Work-related accidents that your employer covers, services covered through winnings in a lawsuit and services covered by the government or payments you wouldn't be liable for making
- Services you get outside (before or after) your effective dates of TDP coverage
- Services you don't need for a medical reason and aren't recommended to you and services that aren't up to standard or services that don't meet acceptable dental practices
- Services you need because you didn't follow your dentist's prescribed treatment plan, charges from any appointments you need to reschedule or don't cancel on time, and certain procedures you need for reasons caused by your dentist
- Phone consultations
- Cosmetic services or gold foil restorations
- Motor vehicle injuries, hospital costs or adjunctive services
- Charges for copies of charts
- Nitrous oxide (with some exceptions) or oral sedation
- Taxes (state or territorial)
- Certain surgeries, retreatments, specialized procedures, implant procedures, diagnostic services, inlays, onlays, procedures to the same area of the mouth within certain time limits, dentures, and repairs
- Adjunctive dental care (see "Adjunctive Services" on the next page for details)
- Repair for damaged space maintainers
- Services related to diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD or TMJ pain)
- Plaque control programs, oral hygiene and dietary instruction
- Services performed by a dentist who is your close relative, including spouse, children, adopted and step-relatives, sisters and brothers, parents, and grandparents
- Services you receive from a dental facility maintained by your employer

Adjunctive Services

The TDP doesn't cover adjunctive dental care. Adjunctive dental care is dental care that is one or more of the following:

- Medically necessary to treat an otherwise covered medical (not dental) condition
- An integral part of the treatment of the medical condition
- Required in preparation for, or as a result of, dental trauma
- Caused by medically necessary treatment of an injury or disease

TRICARE may cover these adjunctive dental services as medical (not dental) services.

Documentation Required for Specific Services

Some services are only covered if you submit supporting materials to United Concordia, such as charts and X-rays. Generally, United Concordia network dentists will submit this information for you when they process your claims. However, if your claim reads "report required" or "periodontal charting required," you need to submit supporting documents to United Concordia to be covered. Call United Concordia customer service for details.

Note: If you're a command-sponsored beneficiary who receives care in an OCONUS service area, reports are not required unless specifically requested by United Concordia.

Alternative/Optional Methods of Treatment

Sometimes you can choose between several options to get treatment for your dental needs. When there are different choices for the same treatment, the TDP covers the cost of the least expensive professionally accepted treatment option. If you choose a more expensive option, you may be able to get an allowance in the amount of the cost of the least expensive procedure applied toward your care.

To get the allowance, your treatment has to be a generally accepted dental practice, and has to be a generally accepted alternative to the procedure actually performed.

The existence of an alternative treatment doesn't necessarily mean it's recommended. You and your dentist should decide which treatment is best for you. If you choose the more expensive option, you have to pay the difference between the dentist's fee for the more expensive treatment and the cost of the alternative treatment.

Note: You can only use this option when United Concordia covers the service you're getting. If you're getting a service that isn't covered, United Concordia won't pay toward an alternative benefit.

Dental Anesthesia Performed in a Facility Setting

The TRICARE medical plan covers institutional and general anesthesia services for non-covered or non-adjunctive dental treatment, as long as it's medically necessary and it is either:

- For patients with developmental, mental or physical disabilities
- For pediatric patients age 5 or younger

You need to get prior authorization to get this service. For details on how to get prior authorization, contact your TRICARE regional contractor. Go to **www.tricare.mil/contactus** for contact information. For more information, go to **www.tricare.mil/dental**.

Orthodontic Services

The TRICARE Dental Program (TDP) covers orthodontic services. Read this section to learn who is eligible, what's covered, maximum coverage amounts, and how to get and pay for orthodontic care.

WHO IS ELIGIBLE

The TDP covers:

- National Guard and Reserve sponsors under age 23
- Spouses of active duty or National Guard and Reserve sponsors, who are under age 23
- Children under age 21, or under age 23 if meeting conditions related to school enrollment

Keep the Defense Enrollment Eligibility Reporting System (DEERS) updated; your family member can get coverage for orthodontic care if they show as eligible in DEERS. See "Orthodontic Services" in the "TRICARE Dental Program Benefits and Exclusions" section for more information.

Note: If you're a sponsor in the National Guard and Reserve, check with your unit commander before getting orthodontic care to make sure it's allowed. Otherwise, you may have to leave active duty, or pay for the removal of your orthodontic appliance if it makes you ineligible for certain assignments.

Your coverage lasts until the last day of the month in which you reach your age limit. If you reach the age limit for orthodontic care coverage during your treatment, the TDP contractor, will reimburse you for only the months that you were covered. You have to pay any costs for treatment received after you reached the age limit.

WHAT'S COVERED?

The TDP covers a wide variety of services, such as casts, appliances (braces), and retainers.

ORTHODONTIC LIFETIME MAXIMUM

United Concordia will pay for orthodontic care until you reach your orthodontic lifetime maximum (OLM). See the "Your Costs and Fees" section for information about your yearly maximum.

ORTHODONTIC TREATMENT IN THE CONUS SERVICE AREA

Orthodontic Cost-Share (CONUS)

United Concordia pays 50% of the allowable charge of orthodontic care and you pay the other half, until reaching your benefit maximum. Once you reach the lifetime maximum, you pay the full cost of care.

If you use a network dentist, your fee will be 50% of the TDP's allowance. If you use a non-network dentist, your fee will be 50% of the allowance, plus the difference between the TDP allowance and the dentist's billed charge.

Orthodontic Treatment Plan (CONUS)

Work with your dentist to get a pretreatment (predetermination) estimate before starting your orthodontic treatment. The pretreatment estimate lets you and your dentist know what and how much United Concordia covers and when you and/or United Concordia will make payments.

Once your orthodontist submits an orthodontic treatment plan, you and your dentist will each get a notice of the treatment plan payment schedule from United Concordia. The treatment plan should state the type and length of treatment and the total charge. If the length of treatment is missing, United Concordia may figure it out based on the reported charge.

Orthodontic Payment Schedule (CONUS)

United Concordia makes payments for orthodontic treatment that is still in progress based on the amount of time your dentist plans for your treatment to take:

THE TREATMENT IS EXPECTED TO TAKE...

LESS THAN 6 MONTHS

United Concordia makes one lump sum payment

MORE THAN 6 MONTHS

<$500

United Concordia's liability is less than $500

→ United Concordia makes one lump sum payment

≥$500

United Concordia's liability is more than $500

→ **When braces are put on:** United Concordia pays 25% of the payable amount

Monthly: United Concordia pays the remaining 75% of the payable amount in equal, automatically calculated payments based on the estimated length of treatment.

Note: The member must be in the TDP during each month that United Concordia makes a payment. United Concordia's total payments won't exceed the OLM of $1,750. If you turn 21 (or 23 if certain conditions apply) during the course of orthodontic treatment, United Concordia's payment will be calculated based on the months of eligibility.

United Concordia will mail you and your dentist a new payment schedule any time changes to your treatment plan affect the payment schedule. Your orthodontist should share any changes that happen during the course of your treatment so that United Concordia can create and send the new payment schedule.

Note: You or your dentist should submit your claims right after orthodontic treatment starts; don't wait to submit claims until after the orthodontic treatment is finished.

Learning by Example:

Payment Calculations

Sample Payment Calculation for Eligible Treatment (CONUS)

Here is an example of how your orthodontic payment might be calculated in the CONUS service area. The example below is only meant to show you how payments are calculated; actual fees, duration of treatment, and payments will vary.

Scenario: A network dentist (orthodontist) charges an allowed fee of $4,000. No previous orthodontic lifetime maximum (OLM) was used. The orthodontic payment would be calculated as shown below:

INSURANCE PAYMENT = $1,750	1. $4,000 allowed fee x 50% cost-share = $2,000 insurance cost-share 2. $2,000 insurance cost share - $1,750 OLM = $250 balance chargeable to member. (The insurance payment is subject to a $1,750 OLM) **Note:** The member has to pay the amount left unpaid by the TDP after applying the OLM. In this example, this is calculated as: $2,000 insurance cost-share - $1,750 OLM = $250
MEMBER OUT-OF-POCKET COST = $2,250	1. $4,000 allowed fee x 50% cost-share = $2,000 member cost-share 2. $2,000 insurance cost-share - $1,750 OLM = $250 (see the note to step 2 of the insurance payment calculation above) 3. $2,000 member cost-share + $250 = $2,250

Sample Payment Calculation for Command-sponsored Beneficiary (OCONUS)

Scenario: The total fee charged by a dentist (orthodontist) is $5,000 and the TDP allowed fee is $4,000:

INSURANCE PAYMENT = $3,000*	1. $4,000 allowed fee x 50% = $2,000 insurance cost-share **Note:** OCONUS, the government reimburses United Concordia for the portion of charges that exceeds the OLM for command-sponsored members. In this example, this is $2,000 - $1,750 = $250. 2. $5,000 dentist fee - $4,000 allowed fee = $1,000 **Note:** OCONUS, the government reimburses United Concordia for the portion of charges that exceed the allowed fee for command-sponsored members. In this example, this is $1,000. 3. $2,000 insurance cost-share + $1,000 = $3,000
BENEFICIARY OUT-OF-POCKET COST = $2,000	$4,000 allowed fee x 50% = $2,000 member cost-share

* *OCONUS, United Concordia pays the dentist directly in one lump sum. The government later reimburses United Concordia for the portion of the charges that exceed the allowed fee and the OLM for command-sponsored members.*

OCONUS ORTHODONTIC TREATMENT

OCONUS Orthodontic Services

To get orthodontic services in the OCONUS service area, you must have a *Non-Availability and Referral Form* (*NARF*). You can ask for this form from your TRICARE Area Office (TAO), overseas uniformed services dental treatment facility (ODTF) or designated OCONUS points of contact (POC). You can get care from any licensed and authorized orthodontist. Go to www.uccitdp.com to see a list of TRICARE OCONUS Preferred Dentists (TOPDs).

OCONUS Orthodontic Cost-Share

In the OCONUS service area, dentists may ask you to pay for covered services up front. If you use a TOPD, you should only have to pay the member cost-share portion of the cost of the care.

Command-Sponsored Family Members

Your claims for orthodontic services are paid as follows:

- You pay a cost-share based on whichever is less: the dentist's actual charge or TRICARE's allowed fee.
- The TDP pays the other part of the appropriate billed charges. The government reimburses United Concordia for charges it pays over the allowed fee (for command-sponsored members only).

Selected Reserve and Individual Ready Reserve Family Members

If you're not in a special mobilization category or not command-sponsored, you will pay CONUS cost-shares and have a $1,750 OLM. You also have to pay any fees that the dentist or orthodontist charges above the TDP's allowed fee.

Orthodontic Payment Schedule for Command-Sponsored Beneficiary OCONUS

If you're command-sponsored and get your orthodontic treatment in the OCONUS service area, United Concordia will make your payment in one lump sum as long as the overseas orthodontist's treatment plan is approved. United Concordia's payment also includes any part of the claim that will be reimbursed by the government (the government reimburses United Concordia for charges it pays over the allowed fee for command-sponsored members only). You have to pay the amount of the claim that United Concordia doesn't cover. The amount you owe should at most be a 50% cost-share of the allowed fee.

Note: The lump sum payment for orthodontic care in the OCONUS service area could use your entire $1,750 OLM. If this is the case, you will have to pay out of pocket for additional care, including if you return to the CONUS service area before the treatment is done.

United Concordia pays the orthodontist directly for services when you use a TOPD. Only pay the applicable cost-share when you use a TOPD.

TRANSFERRING ORTHODONTISTS

CONUS to CONUS

If you change orthodontists, your new orthodontist will be the one to file claims. Your payments will depend on your OLM balance. You must notify United Concordia if you stop getting orthodontic treatment, or if your treatment finishes early. Contact information is available on the front inside cover of this book.

CONUS to OCONUS

Before you transfer to an orthodontist in the OCONUS service area, you have to get a *NARF* from the TAO (or designee). The TDP will make a lump sum payment for your orthodontic care in the OCONUS service area based on your OLM balance once the *NARF* and the OCONUS treatment plan is issued.

OCONUS to CONUS

United Concordia usually pays for orthodontic care in the OCONUS service area up front in one lump sum. If the total payments met or exceeded the OLM, you won't be able to get coverage for claim payments by the TDP when you move to an orthodontist in the CONUS service area. If you reached your OLM, you'll also have to pay to continue care that was not completed in the OCONUS service area.

Still not sure how to get orthodontic care overseas? See the next page for a step-by-step guide ...

Figure 6.1 OCONUS Referral Procedures for Orthodontic Services

Follow these steps to get orthodontic care:

1

Step 1: Get an initial *Non-Availability and Referral Form* (*NARF*).
You can get a *NARF* from your TAO, ODTF or OCONUS POC. It should authorize you for an orthodontic exam and treatment plan that allows you to get orthodontic care in the OCONUS service area.

2

Step 2: Find an OCONUS orthodontist.
Go to **www.uccitdp.com** for a list of TOPDs in your area. You can go to any licensed and authorized dentist (orthodontist) you choose, but using a TOPD saves you money and paperwork.

3

Step 3: Go to your initial exam.

4

Step 4: Send required documents to United Concordia and ask for a predetermination. If you use a TOPD, the TOPD will send the required documents for you.

After your initial exam, send the following documents to United Concordia:

- The *NARF*
- The claim form
- The provider's bill for the initial exam and treatment plan

Ask United Concordia for a predetermination of payment:

Fill out a claim submission and include a statement from the orthodontist that shows the total cost of all the treatment you need. United Concordia will review the request and give you a summary of the covered costs.

5

Step 5: Make sure you have an approved *NARF*.
You need an approved *NARF* to get treatment. Use the guide below to figure out if you need to submit another *NARF*:

DO I NEED TO SUBMIT A SECOND *NARF*?

I (or my TOPD) submitted an approved *NARF* and the necessary information for the rest of my treatment when I got the predetermination of payment.

NO

My provider didn't mention future treatment with the exam/workup documents.

YES

Submit a second *NARF*, the claim submission document and the dentist's bill for the full orthodontic treatment to United Concordia.

6

Step 6: Get treatment.

TRICARE Dental Program Claim Filing

For every service used, there is a process for documenting and filing a claim. This section describes that process for claim filing, whether in the CONUS or OCONUS service area, and provides more information on predetermination.

Note: Your premium payments have to be current for the TRICARE Dental Program (TDP) to pay your claims. If your premium payments aren't current, the TDP will delay or deny your claim.

PREDETERMINATION REQUESTS

A predetermination request is when you ask United Concordia for a quote for the cost of dental care based on the terms of your insurance policy before you get the dental care.

Get a predetermination of payment before a procedure that might be expensive. Talk with your dentist first if you're not sure whether you should make a predetermination request.

You and your dentist can use a predetermination of payment to find out:

- What your insurance will cover
- How much United Concordia will pay for a certain dental service

These steps explain the predetermination process:

Step 1: Submit a claim form

You or your dentist can submit the claim. Write on the claim form that you want to get a predetermination of payment.

Step 2: Get the result

United Concordia will contact you when your request is ready. United Concordia will use a Dental Estimate of Benefit Notification to let you and your dentist know the result of your request.

Step 3: Once Treatment is completed, return the Dental Estimate of Benefit Notification to United Concordia

Write the date you got treatment on the form. You or your dentist can do this.

Note: You can send the Dental Estimate of Benefit Notification to United Concordia as soon as you've gotten any service listed on the form, even if there are services listed on the form that you haven't had.

Your predetermination of payment is good for six months from the date listed on the Dental Estimate of Benefit Notification. After six months, you have to redo the predetermination request.

CONUS CLAIMS

Go to **www.uccitdp.com** for United Concordia's form and instructions. You can also use any standard dental claim form of the American Dental Association® when you submit a claim to United Concordia in the CONUS service area.

Submitting Claims

You can go to any authorized or licensed dentist. However, United Concordia TDP network dentists handle paperwork and claims filing for you. If you don't see a United Concordia network dentist, you might have to file your own claims.

Submit a separate claim for each person who gets a service. Submit the sponsor's Social Security Number or the individual's Department of Defense Benefits Number with any supporting documents you send to United Concordia.

Claim-Filing Deadline

You must submit claims to United Concordia within 12 months after the date of service. Please submit your claims to United Concordia as soon as possible, especially for any claims related to orthodontic care.

Claims submitted more than 12 months after services were performed will be denied. (TDP network dentists can't bill you for services that are denied for this reason).

Claim Payments

The claims payment process is different if you see a network or a non-network dentist:

- **Network dentist:**
  - United Concordia makes its insurance payment directly to the dentist. Its payment doesn't cover your part of the cost-share.
  - You pay your cost-share. Your cost-share bill will usually come from the dentist's office.
- **Non-network dentist:**
  - United Concordia only pays the dentist directly if you request it on the claim form. This is called an assignment of benefit. Otherwise, United Concordia sends the payment to you, then you pay the dentist.
    - If you don't make an assignment of benefit on the claim form, the non-network provider may request payment from you up to the provider's billed charge, at the time of service. If you're eligible for any reimbursement, you'll get it from United Concordia.
  - You pay your cost-share and also any part of the dentist's fee that goes over United Concordia's allowed charge.

Note: You usually save money by seeing a network dentist.

OCONUS CLAIMS

The quickest and easiest way to get a claim form is online at **www.uccitdp.com**. If online access isn't convenient for you, you can get a claim form from the nearest TRICARE Area Office (TAO), overseas uniformed services dental treatment facility (ODTF), or from a designated OCONUS point of contact (POC). Contact United Concordia customer service if you need details about any of these options.

Submitting Claims

Make sure the claim form provides the following information. If not, make sure you give United Concordia the:

- Date(s) of service
- Provider name, address and phone number
- Specific problem encountered
- Procedure code(s) (If a procedure code isn't on the claim submission document, provide a complete description of the service performed, including applicable tooth number(s), where appropriate)
- Specific tooth/teeth treated for each service performed, where appropriate
- Total charges

United Concordia also needs the following to process your claim:

- A completed claim form
- If the service provided isn't on the claim form, then a copy of the dentist bill or statement of charges
- *Non-Availability and Referral Form* (*NARF*) for orthodontic care

Claim-Filing Deadline

You have to submit claims to United Concordia within 12 months after the date of service. Submit your claims to United Concordia as soon as possible, especially for any claims related to orthodontic care. If the claim is submitted more than 12 months after the service was performed, the claim will be denied.

OCONUS Claim Payments

You may need to pay for your dental care up front in the OCONUS service area, especially for orthodontic work. You or your dentist will need to file a claim to get reimbursement.

Except for orthodontic care, United Concordia submits its payment to whoever submitted the claim: you or your dentist. In either case, United Concordia will give you a Dental Explanation of Benefits (DEOB). United Concordia will send its payment to your dentist if you request it using the applicable part of the claim form. Your dentist will get the payment if United Concordia cannot determine who submitted the claim.

You will get reimbursement from United Concordia in U.S. dollars, and United Concordia submits its payments to your dentist in the OCONUS service area's local currency, when available from a recognized U.S. bank. United Concordia uses the exchange rate in use the day you got your care. Once United Concordia draws

a payment in a foreign currency, it can't be changed to U.S. dollars.

OCONUS POINT-OF-CONTACT PROGRAM

If you have general OCONUS questions or questions about OCONUS claims submission, contact United Concordia customer service.

If you have questions about orthodontics in the OCONUS service area or completing the *NARF*, contact the TAO Dental POC.

DENTAL EXPLANATION OF BENEFITS

The Dental Explanation of Benefits (DEOB) is a document that explains what was covered and in what amount for your dental services. The DEOB breaks down the costs for the procedures, and helps you understand how much you have to pay in cost-shares, if any. The amount you have to pay the dentist is written on the DEOB. If you wrote on the claim submission document that you want United Concordia's payment to go straight to your dentist, then your dentist will also receive a copy of the DEOB.

Understanding Your DEOB

The information described in Figure 7.1 will appear at the top of the DEOB.

You can see your DEOB electronically at **www.uccitdp.com**.

Note: The DEOB you get for treatment in the OCONUS service area might have additional information you would not see on a DEOB for treatment in the CONUS service area. If you have any questions, contact United Concordia's customer service.

Questions about the DEOB

Contact United Concordia customer service if you have any questions about the DEOB. When you call, have the following information ready:

- Your name and date of birth
- Patient's dental benefit number and/or sponsor's Social Security number
- Beneficiary/patient name
- Internal Control Number (ICN) from the DEOB

Figure 7.1 ***Understanding the Dental Explanation of Benefits***

DATA FIELD	DESCRIPTION
Sponsor's name	Name of the uniformed service member
Beneficiary's identification number	Department of Defense Benefits Number
Beneficiary name	Name of the beneficiary who got the services—must match what's in DEERS
ICN (Internal Control Number)	The unique number given to the image of your claim in United Concordia's database. Use this number when you have questions about the DEOB.
Date processed	Date United Concordia finalized the DEOB
Provider	Name of dentist who provided the service or treatment
Procedure description/ Procedure code	Procedure code identifying the service performed (D + a four digit number). Includes tooth number/range, if applicable.
Service date	Date you got treatment
Provider's charge	Amount charged by the dentist
Allowance	Maximum amount United Concordia will consider reimbursing for the service. It includes adjustments for limitations and exclusions.
Amount paid	Amount United Concordia will pay for the treatment. It includes adjustments for cost-shares and maximums.
Amount not paid	Amount not covered by the plan. You may be held responsible for some of the amounts in the "amount not paid" column
Remarks	Special messages and/or message references explaining claim payments

Learning by Example:

Payment Calculations

Sample Payment Calculation: Other Dental Insurance, Coordinating Benefits with TDP

Scenario: You submit a claim for a $35 exam to your primary insurer and to the TRICARE Dental Program (TDP). In this example, your primary insurer covers up to $28 for the exam and the TDP covers up to $30 for the exam.

1

	$35	(claim)
–	**$28**	(insurance payment)
	$7	(remaining balance)

First, your primary insurance plan paid $28 when you submitted your claim for the $35 exam. This means your remaining balance after the primary insurance payment is $7 for the exam.

2

$7 ≤ **$30** (UCCI allowable charge)

UCCI pays $7, you pay nothing
(remaining balance)

Next, you submit a secondary claim to UCCI as a TDP beneficiary. Your remaining balance of $7 is less than UCCI's allowable charge of $30, so UCCI will pay the remaining $7 charge. **As a result, you have no out-of-pocket costs.**

Sample Payment Calculation: Other Dental Insurance, Coordinating Benefits with TDP

Scenario: You submit a claim for a $95 restoration to your primary insurer and to the TRICARE Dental Program (TDP). In this example, your primary insurer covers up to $80 for the restoration and you have to pay a 20% cost-share. The TDP covers up to $70 for the restoration and you have to pay a 20% cost-share.

1

	$80	(amount insurance covers of $95)
x	**80%**	(insurance responsibility)
	$64	(insurance payment)

First, your primary insurance plan paid $64 when you submitted a claim for a $95 restoration. This is because your primary insurance agrees to pay 80% up to $80, or $64.

	$80	(amount insurance covers)
x	**20%**	(your responsibility)
	$16	(your payment, 20% of claim)

	$95	(total claim)
–	**$80**	(amount insurance covers)
	$15	(your payment, remaining balance)

	$16	(your payment, 20% of claim)
+	**$15**	(your payment, remaining balance)
	$31	**(your total remaining balance)**

You owe the remaining 20% on the first $80 of the bill, or $16. You also owe the portion of the dentist's charge of $95 that exceeds the allowable charge of $80, or $15. **This means you owe $31 after your primary insurance payment.**

2

	$70	(amount UCCI covers of $95)
x	**80%**	(UCCI responsibility)
	$56	(UCCI max payment)

$31 ≤ **$56** (UCCI max payment)

UCCI pays $31, you pay nothing
(remaining balance)

Next, you submit a secondary claim to UCCI as a TDP beneficiary. When you submit a secondary claim to UCCI, UCCI will pay the remaining $31, since $31 is less than the TDP's allowable charge for the procedure. **As a result, you have no out-of-pocket costs.**

OTHER DENTAL INSURANCE—COORDINATING BENEFITS WITH THE TDP

If you have other dental insurance, United Concordia will work with your other insurance company to determine the coordination-of-benefits rules. These rules decide which plan is primary and which plan is secondary when paying for care.

The primary plan pays first; the secondary plan pays second. You should always file claims with the primary plan first. After the primary plan has paid, you can file a claim with the secondary plan.

When is the TDP the Primary or Secondary Plan?

- TDP is the primary plan when your spouse or child doesn't have his or her own dental plan. Submit the claim first to United Concordia. If your spouse or child has a medical insurance plan that includes a dental benefit, submit the claim to that company only after United Concordia has processed the claim and paid.

- TDP is the secondary plan when your spouse or child has his or her own dental plan. Submit the claim first to the other insurance company; submit it to United Concordia only after the other insurance company has processed the claim and paid. When you submit a secondary claim to United Concordia, you need to include a copy of the primary insurance plan's DEOB.

The following situations are exceptions involving children:

- If you and your spouse both have dental plans, the "birthday rule" usually determines the primary plan for your child's coverage: the primary plan belongs to the parent whose birthday falls earlier in the year. For example, if the mother's birthday is January 2 and the father's birthday is January 12, the mother's dental plan is primary.

- For some insurance companies, the "gender rule" may determine the primary plan for your child's coverage instead. According to the gender rule, the male parent's dental plan is always the primary plan. If your other insurance company uses this rule, United Concordia will, too.

- If you and your child's other parent are not married and both have dental plans, the insurance plan of the parent with custody is the primary plan. If the parent with custody has remarried, the stepparent's plan will provide secondary coverage before the plan of the parent without custody. If there is a court decree declaring which parent is responsible for insurance coverage, the decree takes precedence. You can send any custody agreements to United Concordia through the online form available at **www.uccitdp.com**

How Does the TDP Work as a Secondary Plan?

The primary plan pays benefits without regard to the secondary plan. If TDP is your secondary plan, it will pay up to the usual allowable charge for any TDP-covered services not paid for by your primary plan. See the "Coordination of Benefits Scenarios" section for examples of how this works.

When TDP is your secondary plan, it will never pay more than your dentist charges, or more than it would have paid as the primary insurance plan. Together, your primary and secondary coverage can never exceed the dentist's charge.

Learning by Example:

Payment Calculations

Sample Payment Calculation: Other Dental Insurance, Coordinating Benefits with TDP

Scenario: You submit a claim for a $800 crown to your primary insurer and to the TRICARE Dental Program (TDP). In this example, your primary insurer covers up to $700 for the crown and you have to pay a 50% cost-share. The TDP covers up to $650 for the crown and you have to pay a 50% cost-share.

1

$700	(amount insurance covers of $800)
x 50%	(insurance responsibility)
$350	(insurance payment)

First, your primary insurance plan paid $350 when you submitted a claim for an $800 crown. This is because your primary insurance agrees to pay 50% of the bill up to $700.

$700	(amount insurance covers)
x 50%	(your responsibility)
$350	(your payment, 50% of claim)

$800	(total claim)
– $350	(amount insurance covers)
$450	(your payment, remaining balance)

You owe the remaining 50% on the first $700 of the bill, or $350. You also owe the portion of the dentist's charge of $800 that exceeds the allowable charge of $700, or $100. **This means you owe $450 after your primary insurance payment.**

$350	(your payment, 50% of claim)
+ $100	(your payment, remaining balance)
$450	**(your total remaining balance)**

2

$650	(amount UCCI covers of $800)
x 50%	(UCCI responsibility)
$325	(UCCI max payment)

$450 ≥ **$325** (UCCI max payment)

UCCI pays $325

$450	(remaining balance)
–$325	(UCCI payment)
$125	**(your total out-of-pocket costs)**

UCCI pays $325, you pay $125
(remaining balance)

Next, you submit a secondary claim to UCCI as a TDP beneficiary. When you submit a secondary claim to UCCI, UCCI will pay the remaining $325, since $450 is more than the TDP's allowable charge for the procedure. **As a result, you must pay $125 out of pocket.**

Note: Remember that the TDP, as a secondary plan, will never pay more than it would have as the primary plan. If the TDP plan had been primary in this case, UCCI would have paid 50% of the allowable $650 charge, which is $325. Since the remaining balance of $450 is greater than $325, UCCI will only cover $325 of your remaining $450 bill.

Traveling and Moving with the TRICARE Dental Program

If you're a TRICARE Dental Program (TDP) beneficiary, you're covered worldwide, whether you're traveling on leave or moving to a new duty location.

TRAVELING

Use the chart below to find out about your TDP coverage when traveling worldwide:

Figure 8.1 ***TDP Coverage When Traveling Worldwide***

I LIVE IN THE...	I'M TRAVELING TO THE... CONUS SERVICE AREA	I'M TRAVELING TO THE... OCONUS SERVICE AREA
CONUS Service Area	You can visit any licensed, authorized dentist for care. You'll probably save time and money; however, by visiting a dentist in the TDP network. To locate a TDP network dentist, go to **www.uccitdp.com** and click on "Find a Dentist." You can also call United Concordia customer service for help. **Note:** The online directory is updated daily, and you can search for a dentist by specialty, last name, city or ZIP code.	You're covered in the OCONUS service area (areas not in the stateside service area, including a ship or vessel outside the territorial waters of the stateside service area). You'll pay CONUS cost-shares, and United Concordia will handle your claims as though you were visiting an out-of-network dentist.
OCONUS Service Area	You're covered in the CONUS service area. You'll pay CONUS cost-shares and follow CONUS payment rules, regardless of command sponsorship status.	You're covered when you travel throughout the OCONUS service area or move to a new OCONUS location. If you're command-sponsored, you'll have reduced cost-shares and claim payment rules.

MOVING

The TDP makes moving easy: You don't have to fill out new enrollment applications when you move, because your coverage remains in place. Just be sure to update your address in the Defense Enrollment Eligibility Reporting System (DEERS) at **https://milconnect.dmdc.osd.mil**. The TDP doesn't cover copying records for a sponsor's permanent change of station. You should get copies of your dental records before you move, so that you don't have to pay for them at your new location.

After you've moved, go to **www.uccitdp.com** and click on "Find a Dentist" to find a new TDP network dentist near you. You can also call United Concordia customer service for help. Their contact information is on the inside front cover of this handbook.

If you relocate within the OCONUS service area, you can choose, within 90 calendar days of your relocation, to terminate enrollment from the TDP. Go to **www.tricare.mil/coveredservices/dental/tdp/disenroll** for more information.

Appeals, Grievances, Fraud and Abuse

If you have an issue that you haven't been able to resolve by talking to United Concordia customer service or by speaking to your dentist, you can file an appeal or grievance. Read this section to find out how to file an appeal or grievance and how to report suspected fraud or abuse.

TRICARE DENTAL PROGRAM APPEALS PROCESS

You can submit an appeal if you don't agree with a decision United Concordia made about your benefit. Your network dentist or your representative may also be able to submit an appeal.

Can I Ask For An Appeal?

See Figure 9.1 to find out if you're eligible to submit an appeal:

Figure 9.1 ***Who Can Make An Appeal***

YOU CAN MAKE AN APPEAL IF YOU'RE...	YOU CAN'T MAKE AN APPEAL IF YOU'RE...
• The network dentist, non-network dentist, or other person who has the beneficiary's written permission to act as a representative* • The patient who received the dental services • A sponsor, parent or guardian of a beneficiary who is under age 18 or mentally incompetent	• A dentist who has been disqualified or excluded from being authorized • A network dentist or non-network dentist who doesn't have the beneficiary's written permission to act as a representative* • A beneficiary who received care or wants to get care from a dentist who has been excluded, suspended or terminated as an authorized dentist • A third party, such as an insurance company

* *If you want to name a representative to make an appeal, you have to fill out a copy of The Appointment of Individual to Act as Appeal Representative Form. Go to the "Forms and Materials" section of* ***www.uccitdp.com*** *to submit the form online. You can also download the form and submit it by mail.*

What Can and Can't Be Appealed?

To file an appeal, there must be a dollar amount you owe that you want to reduce. There are two issues you can appeal:

- The amount United Concordia has decided you owe. To determine the maximum amount you can dispute in an appeal, remember to subtract your cost-share from your bill. For example:

Provider Charges You:	$300
Your Cost-Share Is:	$75
Maximum Amount You Can Dispute in an Appeal Is:	$225

  If you have any other dental insurance, you need to subtract their payment from your bill, as well. For example:

Provider Charges You:	$300
Your Cost-Share Is:	$75
Your Other Dental Insurance Pays:	$125
Maximum Amount You Can Dispute in an Appeal Is:	$100

- Adverse decisions on predetermination requests (such as a cost estimate from United Concordia you don't agree with for dental work you haven't received yet)

You cannot appeal the following issues:

- Disputes regarding requirement of law or regulation
- The amount United Concordia decides is the allowable charge for the service
- Plan eligibility rules
- Dentists who have been excluded or suspended by a government agency or state or local licensing authority
- Amounts exceeding your plan year or lifetime maximum
- Services that are denied due to timely filing limitation

APPEAL LEVELS

There are three levels of appeal: reconsideration, formal review and hearing.

Level I: Reconsideration

Reconsideration is a formal request that you or your representative makes to United Concordia. This request asks United Concordia to reevaluate your bill to be sure that it's correct.

How to Request Reconsideration

1. You can only make a reconsideration request in writing, not over the phone. Be sure to include:
   - An appeals letter stating the reason for the request and the specific dollar amount you're disputing
   - All supporting documentation (for example, X-rays; dated periodontal charting; clinical narratives; permanent change of station orders, if applicable; progress notes; treatment records)
   - A copy of United Concordia's initial determination
2. Submit the reconsideration request online at **www.uccitdp.com** or mail it to United Concordia:

   CONUS/OCONUS:
   United Concordia - TRICARE Dental Program
   P.O. Box 69450
   Harrisburg, PA 17106

   Fax:
   1-717-635-4565 (CONUS)
   1-844-827-9926 (OCONUS)

3. Make sure that your request arrives on time. Find the issue date (claim year and month) in the upper right corner of your Dental Explanation of Benefits (DEOB). Your request has to be postmarked or received by United Concordia within 90 calendar days of that date.
4. Because you need to file within 90 days, don't wait to get copies of any supporting documentation that you don't have readily at hand. Submit the request, and explain in your appeals letter what else you plan to submit and when you plan to submit it.

Note: You need to submit your reconsideration request separately from any submission documents for other dental claims. For example, if you're filing a claim for your daughter and disputing a claim for your son, you

can't mail everything in one envelope. If you submit separate claims documents with your reconsideration request, United Concordia will process the request as a claim and deny it as a duplicate.

Note: You can also find these instructions, along with information about your right to appeal, on the DEOB that you received from United Concordia.

What Happens During Reconsideration?

United Concordia will review everything you or your representative submits. They may contact you, your representative or your dentist for additional information. In some cases, they may refer your claim to a United Concordia dentist consultant.

Within 60 days of receiving your reconsideration request, the TRICARE Dental Program (TDP) contractor should notify you and your dentist, in writing, of their decision. They will either cover the disputed cost, partially or in full, or confirm their original decision about what you owe.

Level II: Formal Review

If you disagree with the TDP contractor's reconsideration decision and owe $50 or more, you can request a formal review from the Defense Health Agency (DHA).

How to Request a Formal Review

1. You can only make your request for a formal review in writing, not over the phone. Be sure to include the following:
   - An appeals letter stating the reason for the request and the specific dollar amount you're disputing
   - Copies of the letter and included information United Concordia sent about their reconsideration decision
   - Any other information not supplied in your original reconsideration request
2. Mail your request to the DHA at this address:

   Defense Health Agency
   Appeals, Hearings, and Claims
   Collection Division
   16401 E. Centretech Parkway
   Aurora, CO 80011
3. Be sure your request arrives on time. Find the date on the letter United Concordia sent you about their reconsideration decision. Your request has to be postmarked within 60 days of that date.
4. Because you need to file within 60 days, don't wait to get copies of any additional information you don't have readily at hand. Submit the request, and explain in your appeals letter what else you plan to submit and when you plan to submit it.

Note: You can also find these instructions, as well as information about your right to a formal review, on the letter United Concordia sent you about their reconsideration decision.

Level III: Hearing

If you disagree with the formal review decision from DHA and owe $300 or more, you may request a hearing with DHA.

1. You can only make your request for a hearing in writing, not over the phone. Include the following:
   - An appeals letter stating the reason for the request and the specific dollar amount you're disputing
   - Copies of the formal review decision from DHA
   - Any other information not supplied with your previous reconsideration and review requests.
2. Mail your request to DHA at this address:

   Defense Health Agency
   Appeals, Hearings, and Claims
   Collection Division
   16401 E. Centretech Parkway
   Aurora, CO 80011
3. Be sure your request arrives on time. Find the date on the letter DHA sent you about their formal review decision. Your request has to be postmarked within 60 days of that date.
4. Because you must file within 60 days, don't wait to get copies of any additional information that you don't have readily at hand. Submit the request, and explain in your appeals letter what information you plan to submit and when you plan to submit it.

GRIEVANCES

United Concordia continuously monitors its network dentists to be sure that they're providing you with quality care and billing you correctly. If you have any questions concerning the quality of your care, discuss them first with your dentist. If you still have concerns after this conversation, get in touch with United Concordia. Go to the "Forms and Materials" section at **www.uccitdp.com** to submit your concerns online, or write to United Concordia at the following address:

United Concordia
TDP Grievances
1800 Center Street, 2AL4
Camp Hill, PA 17089

Fax: 1-717-635-4560

You should include the following information:

- The sponsor's name and Social Security number or the patient's Department of Defense Benefits Number
- The patient's name and relationship to the sponsor
- The dentist's name and address
- An explanation of the concern

United Concordia will investigate, resolve your concerns as appropriate and notify you of the results.

Neither the government, United Concordia nor any of its agents or representatives controls the quality of OCONUS dentists. If you have any complaints or concerns about overseas dental service or quality of care, send them to United Concordia at the address listed above.

FRAUD AND ABUSE

Fraud and abuse can take many forms. Examples of fraudulent and/or abusive practices include, but are not limited to, the following:

- Submitting claims for services not performed
- Submitting claims for non-covered services disguised as covered benefit services
- Identity thefts—submitting claims for a non-eligible individual as a covered beneficiary
- Duplicate claims submissions
- A dentist misrepresenting his or her credentials or concealing information about business practices that disqualifies him or her as an authorized TDP provider
- Improper billing practices—submitting claims for unnecessary dental services
- Routine waiver of beneficiary cost-share
- You can guard against fraud by always carefully reviewing your DEOB. Make sure that the information on it is correct.
- Check the date of service
- Check the type of services you received
- Check that the payment issued was for the actual services you received

Reporting Fraud and Abuse

If you suspect fraud, report it immediately to the Special Investigations Unit (SIU) by phone or mail.

- Call the toll-free "Fraud Hotline" at **1-877-968-7455**, and choose option 2. The SIU maintains a 24-hour confidential voice mailbox for reporting suspected fraud.
- Submit written complaints directly to this address:

  United Concordia
  Special Investigations Unit—TDP
  4401 Deer Path Road, DP3B
  Harrisburg, PA 17110

Glossary of Terms

adjunctive dental care

Dental care that is one or more of the following:

- Medically necessary to treat an otherwise covered medical (not dental) condition
- An integral part of the treatment of the medical condition
- Required in preparation for, or as a result of, dental trauma
- Caused by medically necessary treatment of an injury or disease.

TRICARE may cover these adjunctive dental services as medical (not dental) services.

allowable charge/allowance/allowed fee

The maximum amount United Concordia will pay for a particular service you receive. The allowable charge for services from the TRICARE Dental Program (TDP) nework dentists is whichever is lower: the dentist's normal charge, or negotiated fee. The allowable charge is the same for network and non-network dentists. You may be responsible for paying the difference between the allowable charge and the dentist's billed charges if you see a non-network dentist. TDP limitations and exclusions may impact how much of the allowable charge United Concordia covers.

amalgam

A mixture of metals (usually mercury, silver, tin, copper and sometimes other metallic elements) that your dentist uses in direct dental restorations (fillings). Your dentist uses these mixtures because they work better for your teeth than any of the metals alone.

American Dental Association® (ADA)

The professional association of dentists (a non-federal entity). The ADA maintains the Current Dental Terminology (CDT) Code, which is used when processing dental claims and populating electronic health records. CDT is one of the code sets outlined in federal HIPAA regulations.

appeals/reconsiderations

Procedures for you or your dentist to argue against claims and coverage decisions you disagree with.

assignment of benefits

A statement you can sign on your claim form that lets United Concordia send payment directly to the dentist. If you don't sign the assignment of benefits provision, United Concordia will send the payment to you, and you will then need to pay the dentist.

authorized dentist

A licensed dentist or dental hygienist who provides services within the scope of his or her license or registration and has not been excluded, suspended or sanctioned from providing service under the TDP. Licensed dentists always have a degree, either a DDS or DMD.

authorized provider

Any fully licensed provider—including dentists and certified registered nurse anesthetists—approved to provide either dental care or covered anesthesia benefits in his or her state. Dental hygienists practicing within the scope of their licensure are also authorized providers, unless they have official restrictions on their status. Dentists currently sanctioned by U.S. Department of Health and Human Services aren't authorized providers under the TDP network.

beneficiary (member)

A beneficiary is anyone who is eligible to enroll in the TDP. Depending on your circumstances, you may be a sponsor, a family member, or a survivor.

benefits

The dental services that the TDP authorizes and pays (partially or in full) for you to get.

bridge

A false tooth that replaces a missing tooth or a row of false teeth that replaces a row of missing teeth. Called a prosthetic, a bridge fits between two of your teeth. The bridge may be removable or fixed in place.

by-report procedures

Any procedure you can only get with a written explanation of your need from your dentist. Your dentist may need to include medical documentation with the report.

claim

The paperwork you or your dentist submits to United Concordia to ask them to pay for a dental service you got.

claim form

The document you use to request either payment or a predetermination. If using it to submit a claim (a request for payment), be sure to write the date of service (the date on which you got your dental care). If you don't write the date of service, United Concordia will always assume that the claim submission document is a predetermination request.

command-sponsored

A privilege granted by the uniformed service that allows the service member's family to accompany him or her.

CONUS Service Area

The TDP service area, including the 50 United States, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.

ccomposite restoration

Composite restoration (filling) refers to resin based materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases, and curing are included as part of the restoration. May be more aesthetically pleasing, but generally don't last as long as amalgam restorations.

coordination of benefits

The rules that say which insurance plan pays benefits first and which insurance plan pays benefits second, if you're covered by more than one plan.

cost-share

Your share of payment for your dental care.

crown

A porcelain, metal, or gold cover for a decayed, damaged, brittle, or discolored tooth.

Defense Enrollment Eligibility Reporting System (DEERS)

The Department of Defense website where you can find your health care eligibility information. Keep DEERS updated with your personal information to ensure accuracy.

Defense Health Agency (DHA)

The government office responsible for overseeing the TDP contract.

dental estimate of benefits

See "predetermination."

Dental Explanation of Benefits (DEOB)

The notice United Concordia sends to you and your dentist that explains the following:

- The type of service you got
- TDP's allowable charge for the service
- The amount your dentist billed for the service
- The amount United Concordia will pay
- The amount you may owe

dental treatment facility (DTF)

A facility operated by the military that provides dental care to eligible TRICARE beneficiaries.

denture

A removable set of artificial teeth. Partial dentures replace only a section of teeth; full dentures replace the entire upper or lower sections of teeth.

diagnostic services

Services your dentist offers to help determine what type of dental care you need. Examples include plaster or stone models of teeth and X-rays.

eligibility

The federal rules that determine who can enroll in the TDP.

endodontic exclusion

The treatment of diseases of the dental pulp (nerve tissue) or injuries that affect the root tip or nerve of the tooth (apex). The most common procedure in this category is a root canal.

enrollee

An enrollee is a beneficiary (member) enrolled in the TDP.

exam

The evaluation your dentist performs to check the condition of your mouth. An exam can be either an initial evaluation (comprehensive oral evaluation) or a periodic one.

exclusion

A service that the TDP doesn't cover and that United Concordia won't pay for.

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Offered by the U.S. Office of Personnel Management, FEDVIP offers a choice of premium-based dental plans for retired service members and their family members, survivors, and Medal of Honor recipients and their family members. Vision plans are available for those enrolled in certain TRICARE health plans.

filling

Amalgam, metal, porcelain, or composite resin used to restore lost tooth structure. Your dentist uses fillings to treat cavities.

fluoride treatment

Application of fluoride (as a liquid, paste, foam or tablet) to strengthen the tooth enamel. Your dentist uses fluoride treatment to prevent dental cavities.

general anesthesia

IV drugs and/or inhaled gasses that put you into a controlled state of unconsciousness, or "deep sleep." Under general anesthesia, you don't respond to pain and your reflexes don't work. You also won't know when someone is speaking to you or touching you, and your doctor will need to help you keep breathing.

gingivectomy

The excision, or removal, of gingiva. Gingiva are the soft tissues covering the crowns of unerupted teeth (those that are still hidden in your gums and haven't yet come in) and surrounding the necks of those that have already erupted

implant

A device an oral surgeon can place within or on your upper or lower jawbone in order to make your mouth ready for dental replacements.

Individual Ready Reserve (IRR)

Members of the Ready Reserve who are not in the Selected Reserve or Inactive National Guard. See "Other than Special Mobilization Category" and "Special Mobilization Category" in this glossary.

inlay and onlay

Custom-made cast gold or porcelain alloy that your dentist cements to a previously prepared cavity in your tooth. These are stronger and longer lasting alternatives to an amalgam or composite filling.

in-process orthodontic treatment

Any orthodontic treatment you began before you enrolled in the TDP under United Concordia.

integral

A procedure that's considered a necessary part of another billable procedure. When one dental procedure is considered integral to another, TDP won't pay for the integral procedure separately, because it should be included in the bill for the other service.

lock-in period

The initial 12-month period during which you have to stay enrolled in the TDP.

lock-out period

The 12-month period during which you won't be able to reenroll in the TDP if you lose coverage because you didn't pay your monthly premium(s), or voluntarily disenrolled for other than an authorized reason, during the initial lock-in period. It begins the month following the last month that you paid your premium(s).

maximum

The total dollar amount United Concordia will pay for all your dental services under the TDP, per beneficiary. Each year United Concordia will pay up to $1,500, which is the yearly maximum; the exception is orthodontic treatment, which has a lifetime maximum of $1,750. United Concordia will pay up to an additional $1,200 for dental care you may need because of an accident.

member (beneficiary)

The member (beneficiary) is any individual eligible to enroll in the TDP. Depending on your circumstances, you may be a sponsor, a family member, or a survivor.

military hospital or clinic

A medical facility operated by the military that may provide you with inpatient and/or outpatient care. Military hospital and clinic capabilities vary from limited acute care clinics to teaching and tertiary care medical centers.

military treatment facility (MTF)

See "military hospital or clinic."

National Guard and Reserve

Members of the Army National Guard, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve and U.S. Coast Guard Reserve. (As a group, they are referred to as the "Reserve Component")

network dentist

An authorized dentist who has signed a contract with United Concordia. As part of this contract, he or she accepts United Concordia's allowable charge as full payment for any service covered by the TDP. Network dentists agree to provide services to you at discounted fees that are usually 10 to 35% lower than what other dentists in their communities charge. Because of these lower charges, seeing a TDP network dentist can increase the value of your benefit plan.

Non-Availability and Referral Form (NARF)

An OCONUS form that you need to submit to your TRICARE Area Office, overseas uniformed services dental treatment facility, or designated OCONUS point of contact before you can start your orthodontic treatment.

non-network dentist

A dentist who hasn't signed a contract with United Concordia to become a network dentist.

occlusion

The relationship between the teeth in the upper and lower arches at rest position. Your dentist often calls it your "bite."

OCONUS Service Area

The TDP service area, including areas not in the CONUS service area and covered services provided on a ship or vessel outside the territorial waters of the CONUS service area, regardless of the dentist's office address.

oral exam

An initial evaluation or periodic check on the condition of your mouth.

oral surgery

Surgical services you may get to treat diseases, injuries, deformities, defects, and aesthetic aspects of the oral and maxillofacial regions (such as your mouth, jaws and face).

orthodontic services

Services you may get to treat issues related to occlusion (your "bite") and speech.

osseous surgery

Surgery associated with periodontal (gum) disease.

other dental insurance

Additional dental coverage you may have through an employer, association or private insurer. See "Coordination of Benefits" in this glossary.

Other than Special Mobilization Category (Individual Ready Reserve)

A category that covers the majority of the individuals in the Individual Ready Reserve. Usually these members are trained and have previously served on active duty or in the Selected Reserve of the Ready Reserve. Members of this category also include some untrained individuals, personnel participating in officer training programs and personnel awaiting initial active duty.

overseas uniformed services dental treatment facility (ODTF)

An overseas facility operated by the military that provides you with dental care when you live overseas.

periodontal services

Services you may get to treat diseases of the supporting and surrounding tissues of the teeth.

permanent change of station (PCS)

A move from one official duty station to another official duty station. PCS can provide an exception to certain limitations of the TDP. PCS doesn't include relocation to the home of record or place of selection under separation or retirement orders.

plan year

May 1–April 30. Your yearly maximum ($1,500) applies to this 12-month period.

predetermination (dental estimate of benefits)

The written estimate United Concordia provides when you or your dentist asks how much United Concordia will pay for a specific dental service you need, but have not yet received. A predetermination is valid for six months from the date it's issued.

premium

The United Concordia charges in exchange for its promise to pay for covered dental services.

procedure code

A code your dentist and United Concordia use to identify and define specific dental services.

prophylaxis

The cleaning and removal of plaque, stains and calculus on the teeth. Also referred to as "prophy," it's a service you should ideally get from your dentist or dental hygienist every six months.

prosthetic

Professional placement or maintenance of artificial teeth, either fixed or removable.

prosthodontic services

Professional placement or maintenance of artificial teeth, either fixed or removable.

provider

Dentists legally able to practice dentistry, certain certified dental hygienists authorized by law to provide specified dental services, anesthesiologists and certified registered nurse anesthetists.

pulpotomy

A procedure that removes damaged or infected pulp (the soft tissue inside the teeth) to preserve the healthy pulpal tissue that remains. Your dentist will usually then restore the tooth with a crown or filling.

Ready Reserve

Composed of the National Guard and Reserve, organized in units or as individuals. The Ready Reserve consists of the Selected Reserve, the Individual Ready Reserve and the Inactive National Guard.

reconsideration

First level of the appeals process. If you or your dentist disagrees with the amount United Concordia decides you owe, you can request that United Concordia review your bill to make sure that it's correct. If you or your dentist disagrees with a decision United Concordia made about a predetermination authorization, you can request that United Concordia reconsider its decision.

resin

A type of dental restorative material not made from metal.

root canal

Procedure your dentist uses to save an abscessed (infected) tooth. He or she will clean out the tooth's pulp, disinfect it and repair it with a permanent filling or crown.

sealant

A resinous material your dentist may put on the tops of the teeth in the back of your mouth (usually the molars) to prevent cavities. Dentists generally reserve sealants for children.

Selected Reserve of the Ready Reserve

Members in the Selected Reserve designated as essential to initial wartime missions who have priority over all other Reserves. All Selected Reserve members are on active status.

space maintainer

Fixed or removable appliance your dentist uses to preserve the space created in your mouth by the premature loss of a tooth.

Special Investigations Unit (SIU)

United Concordia's fraud and abuse investigation department.

Special Mobilization Category (Individual Ready Reserve)

The category of members within the Individual Ready Reserve who may be ordered to active duty involuntarily. The service unit selects volunteer members based on its needs and on the service member's grade and military skills.

sponsor

The uniformed service member whose status determines eligibility in the TDP.

student

A beneficiary up to age 23 who is enrolled in a full-time course of study at an approved institution of higher learning, and for whom the sponsor provides over 50% of the financial support.

TRICARE Dental Program Enrollment/Change Authorization Form

The form you use to enroll in the TDP, to add or remove family members from a policy, to cancel a policy, and to update your address and telephone number, or those of your family members. Only the uniformed services sponsor, or an individual to whom the sponsor has assigned power of attorney, can submit this form.

Temporomandibular Joint Dysfunction (TMD)

TMD is an acute or chronic inflammation of the temporomandibular joint—the "hinges" between the lower jawbone and the bones of the skull.

TRICARE Area Office (TAO)

TAOs are located in certain overseas areas to assist you if you live or are traveling overseas. A TAO completes *Non-Availability and Referral Forms* for orthodontic treatment in OCONUS areas and submits claims to United Concordia for reimbursement for you.

TRICARE Dental Program (TDP)

Dental plan offered by the Department of Defense through the Defense Health Agency and administered by United Concordia.

TRICARE OCONUS Preferred Dentist (TOPD)

TOPDs are OCONUS dentists who have signed an agreement with United Concordia to participate in the TDP. TOPDs will invoice United Concordia directly for the TDP's share of the bill and will provide English services and appropriate sterilization practices. TOPDs are provided to you as a convenience, but you may choose to see any licensed and authorized dental provider you choose.

TRICARE Service Center (TSC)

OCONUS service centers. They're staffed by service representatives who can explain the different TRICARE options and help you choose the plan that suits you best.

uniformed services

The U.S. Army, U.S. Marine Corps, U.S. Navy, U.S. Air Force, , U.S. Coast Guard, Commissioned Corps of the National Oceanic and Atmospheric Administration, and U.S. Public Health Service.

United Concordia, Inc. (United Concordia)

The administrator and underwriter of the TDP.

United Concordia Dentist Consultant

Dentists that United Concordia employs to review claim submissions, predetermination requests and appeals.

X-rays

Radiation your dentists uses to photograph the bone tissue of the tooth above and below the gum line in order to evaluate the condition of your mouth.

Notes

Notes

TRICARE Expectations for Beneficiaries

According to the Department of Defense (DoD), as a TRICARE beneficiary, you should expect to have the following abilities and support:

- **Get information:** You should expect to receive accurate, easy-to-understand information from written materials, presentations, and TRICARE representatives to help you make informed decisions about TRICARE programs, medical professionals, and facilities.
- **Choose providers and plans:** You should expect a choice of health care providers that is sufficient to ensure access to appropriate high-quality health care.
- **Emergency care:** You should expect to access medically necessary and appropriate emergency health care services as is reasonably available when and where the need arises.
- **Participate in treatment:** You should expect to receive and review information about the diagnosis, treatment, and progress of your conditions, and to fully participate in all decisions related to your health care, or to be represented by family members or other duly appointed representatives.
- **Respect and nondiscrimination:** You should expect to receive considerate, respectful care from all members of the health care system without discrimination based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information or source of payment.
- **Confidentiality of health information:** You should expect to communicate with health care providers in confidence and to have the confidentiality of your health care information protected to the extent permitted by law. You also should expect to have the ability to review, copy, and request amendments to your medical records.
- **Complaints and appeals:** You should expect a fair and efficient process for resolving differences with health plans, health care providers, and institutions that serve you.

Additionally, the DoD has the following expectations of you as a TRICARE beneficiary:

- **Maximize your health:** You should maximize healthy habits, such as exercising, not smoking, and maintaining a healthy diet.
- **Make smart health care decisions:** You should be involved in health care decisions, which means working with providers to provide relevant information, clearly communicate wants and needs, and develop and carry out agreed-upon treatment plans.
- **Be knowledgeable about TRICARE:** You should be knowledgeable about TRICARE coverage and program options including covered benefits; limitations; exclusions; rules regarding use of network providers; coverage and referral rules; appropriate processes to secure additional information; and appeals, claims and grievance processes.
- **You also should:**
  - Show respect for other patients and health care workers.
  - Make a good-faith effort to meet financial obligations.
  - Follow the claims process and to use the disputed claims process when you have a disagreement concerning your claims.
  - Report any wrongdoing or fraud to the appropriate resources or legal authorities.

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Directory of Resources

Online

Visit www.tricare.mil/dental or
www.uccitdp.com

CONUS

Claim Submissions

United Concordia TRICARE Dental Program
P.O. Box 69451
Harrisburg, PA 17106
Fax: 1-717-635-4565

Customer Service

1-844-653-4061 (*toll-free*)
Sunday 6 p.m.–Friday 10 p.m. (ET),
except holidays
United Concordia TDD/TTY service
for the hearing impaired: 711

OCONUS

Claim Submissions

United Concordia TRICARE Dental Program
P.O. Box 69452
Harrisburg, PA 17106
Fax: 1-844-827-9926

Customer Service

1-844-653-4060 (*toll-free*)
1-717-888-7400 (*toll*)
Representatives are available to assist beneficiaries in English, German, Italian, Japanese, Korean, and Spanish, Sunday 6 p.m.–Friday 10 p.m. (ET), except holidays
United Concordia TDD/TTY service for the hearing impaired: 711

Quality of Care

Inquiries

United Concordia
TDP Grievances
1800 Center Street 2AL4
Camp Hill, PA 17089
Fax: 1-717-635-4560

Enrollment and Billing Services

Enrollment Forms

United Concordia
TRICARE Dental Program
P.O. Box 645547
Pittsburgh, PA 15264

CONUS: 1-844-653-4061 (*toll-free*)
OCONUS: 1-844-653-4060 (*toll-free*)
United Concordia TDD/TTY service
for the hearing impaired: 711

Billing Payments

United Concordia Companies, Inc.
P.O. Box 645534
Pittsburgh, PA 15264

Fraud and Abuse Issues

Inquiries

United Concordia
Special Investigations Unit—TDP
4401 Deer Path Road DP3B
Harrisburg, PA 17110

Fraud Hotline

1-877-968-7455 (*toll-free*)

Other TRICARE-Related Listings

Defense Manpower Data Center Support Office

Defense Manpower Data Center Support Office
400 Gigling Road
Seaside, CA 93955-6771
Verify Eligibility: 1-800-538-9552

Dental Provider Listings

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