TRICARE® Choices in the United States

JANUARY 2021

HANDBOOK

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

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Welcome to **TRICARE**

TRICARE is the Department of Defense's premier health care program serving 9.6 million active duty service members, retired service members, National Guard and Reserve members, family members, and survivors worldwide. As a TRICARE beneficiary, you have access to the health care you need wherever you are.

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

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

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

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

Take the Publications Survey

Take the brief publications survey by using the QR code to the left or by clicking on "Publications Satisfaction Survey" at **www.tricare.mil/publications**.

KEEP YOUR DEERS INFORMATION UP TO DATE

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

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

TRICARE COVERED SERVICES

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

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

Most TRICARE plans meet the Affordable Care Act requirement for minimum essential coverage.

You can find other health care coverage options at **www.healthcare.gov**.

YOUR TRICARE OPTIONS BY SPONSOR STATUS

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

FIND MORE INFORMATION

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

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

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

NATIONAL GUARD AND RESERVE

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

Sponsor and family member options:

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

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

SPONSOR STATUS

Active Duty

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

Separated from Service

(non-retirement)

Retired

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

HEALTH CARE OPTIONS

Active Duty

Sponsor options:

- TRICARE Prime*
- TRICARE Prime Remote (TPR)

Family member options:

- TRICARE Prime*
- TPR
- US Family Health Plan (USFHP) (depending on location)
- TRICARE Select
- TRICARE Young Adult (TYA)
- TRICARE For Life (TFL) (if entitled to Medicare Part A and have Medicare Part B)

Separated from Service

Sponsor and family member options:

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

- Transitional Assistance Management Program (TAMP)
- Continued Health Care Benefit Program (CHCBP)

Retired

Sponsor options:

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

Family member options:

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

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

AUTOMATIC ENROLLMENT

If you are an ADSM, a family member of a new ADSM, a new family member of a current ADSM, or your military sponsor has been called to active duty, you will be automatically enrolled in TRICARE Prime if you live in a PSA. Otherwise, ADFMs will be automatically enrolled in TRICARE Select.

ADSMs must remain enrolled in TRICARE Prime. All others automatically enrolled have up to 90 days to change enrollment if eligible for other TRICARE plans. You may also be eligible to enroll in the USFHP if you live in an area where the plan is offered.

HELPFUL TERMS

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

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

TRICARE Prime® Options

TRICARE Prime is a health care option for active duty service members (ADSMs), retirees, family members, and certain others. It is similar to a managed-care or health maintenance organization option, which means your access to specialty care is managed by your primary care manager (PCM).

Other TRICARE Prime options include:

- TPR, a TRICARE Prime option for ADSMs living and working in remote locations (outside of a PSA) and their family members.
- USFHP, a TRICARE Prime option where care is provided through networks of community-based, not-for-profit health care systems in six areas of the U.S. For more information, go to **www.tricare.mil/usfhp**.

QUALIFYING FOR A TRICARE PRIME OPTION

To get TRICARE Prime, you must live in a PSA. You may also get TRICARE Prime if you live within 100 miles of an available PCM and waive your drive-time access standards. To find out if you live in an area where you can get TRICARE Prime, go to **www.tricare.mil/planfinder**. For more information about drive-time access standards, go to **www.tricare.mil/primeaccess**.

TPR is an option for ADSMs and active duty family members (ADFMs) living and working in remote areas.

ENROLLING IN A TRICARE PRIME OPTION

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

- ADSMs must use TRICARE Prime or TPR.
- ADFMs can choose to enroll in TRICARE Prime, TPR, USFHP, or TRICARE Select.
- Retirees and retiree family members may enroll in TRICARE Prime or USFHP. If neither is available, you can enroll in TRICARE Select.

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

You have three options to enroll in a TRICARE Prime program:

- Log in to milConnect at **https://milconnect.dmdc.osd.mil**, click on the "Benefits" tab, and then click on "Beneficiary Web Enrollment (BWE)".
- Call your regional contractor.
- Submit a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form* (DD Form 2876) to your regional contractor. You can find this form at **www.tricare.mil/forms**.

For more information on enrollment, visit **www.tricare.mil/enroll**.

GETTING CARE WITH A TRICARE PRIME OPTION

When you enroll in a TRICARE Prime option, you'll get most of your routine care from an assigned or selected PCM. Your PCM may be:

- At a military hospital or clinic
- A civilian TRICARE network provider
- A primary care provider under USFHP

Referrals and pre-authorizations may be required for certain services. For specific information, visit **www.tricare.mil/appointments**.

ENROLLMENT COSTS

ADSMs, ADFMs, and transitional survivors (surviving spouses during the first three years and surviving dependent children) have no enrollment costs. Retirees, their families, and others pay yearly enrollment fees. For cost details, go to **www.tricare.mil/costs**.

COSTS FOR COVERED CARE

ADSMs have no out-of-pocket costs for covered health care services from a PCM, or with the appropriate referral and pre-authorization. ADFMs have no out-of-pocket costs for covered health care services from a network provider in their enrolled TRICARE region, or with the appropriate referral and pre-authorization.

Retirees pay copayments or cost-shares for covered health care services from network providers in their enrolled TRICARE region. When following the rules of the TRICARE Prime program option, out-of-pocket costs are limited to the catastrophic cap amount for that calendar year (Jan. 1–Dec. 31). For more information, see **www.tricare.mil/costs**.

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

The point-of-service (POS) option allows non-ADSMs to see any TRICARE-authorized provider without a referral. This means you pay more money up front to get nonemergency health care from any TRICARE-authorized provider without a referral. Costs you pay under the POS option don't count toward your yearly catastrophic cap. For more information, go to **www.tricare.mil/pointofservice**.

HELPFUL TERMS

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

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

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

Enrollment Fee
The yearly fee that retirees, their families, and certain others pay when enrolled in TRICARE Prime or TRICARE Select.

Calendar Year
A calendar year is Jan. 1–Dec. 31.

TRICARE Select® Options

TRICARE Select is for TRICARE-eligible beneficiaries who aren't able to, or choose not to, enroll in a TRICARE Prime option and who aren't entitled to Medicare (with the exception of ADFMs). This program lets you manage your own health care and get care from any TRICARE-authorized provider without a referral.

Like TRICARE Prime options, enrollment is required. ADSMs may not use TRICARE Select.

ENROLLING IN A TRICARE SELECT OPTION

You must take action to enroll in a TRICARE Select option:

- ADFMs, retirees, and retiree family members can choose to enroll in TRICARE Select.

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

You have three options to enroll in TRICARE Select:

- Log in to milConnect at **https://milconnect.dmdc.osd.mil**, click on the "Benefits" tab, and then click on "Beneficiary Web Enrollment (BWE)".
- Call your regional contractor.
- Submit a *TRICARE Select Enrollment, Disenrollment and Change Form* (DD Form 3043) to your regional contractor. You can find this form at **www.tricare.mil/forms**.

For more information on enrollment, visit **www.tricare.mil/enroll**.

GETTING CARE WITH TRICARE SELECT

With TRICARE Select, you can get care from any TRICARE-authorized network provider without a referral or pre-authorization, in most situations. You will have lower out-of-pocket costs if you use a TRICARE-authorized network provider versus a TRICARE-authorized non-network provider. If you choose a non-authorized non-network provider, you will not be reimbursed by TRICARE.

To find a TRICARE network provider, go to **www.tricare.mil/findaprovider** or call your regional contractor.

HELPFUL TERMS

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

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

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

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

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

ENROLLMENT COSTS

There is no yearly enrollment fee for ADFMs. Retirees, their families, and others pay enrollment fees. For cost details, go to **www.tricare.mil/costs**.

COSTS FOR COVERED CARE

With TRICARE Select, you pay a yearly deductible and per-visit copayments or cost-shares. You'll fall into one of two groups based on when you or your sponsor entered the uniformed services. This group will determine your costs. When following the rules of your program option, your out-of-pocket expenses will be limited to your catastrophic cap. Nonparticipating non-network providers may charge up to 15% above the TRICARE-allowable amount, which won't apply to your catastrophic cap. You're responsible for this amount, plus your deductible and copayments or cost-shares. For costs, go to **www.tricare.mil/costs**.

FILING CLAIMS

Submit claims to the regional contractor for the area where you live. In the U.S. and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands), claims must be filed within one year of the date of service or date of inpatient discharge. You're responsible for confirming your claims are received. For assistance, call your regional contractor.

INVITE YOUR PROVIDER TO BECOME TRICARE-AUTHORIZED

If your provider isn't TRICARE-authorized, but wants to see TRICARE patients, tell your provider he or she can do so without signing a contract with your regional contractor. Most providers with a valid professional license (issued by a state or a qualified accreditation organization) can become TRICARE-authorized and then TRICARE will pay them for covered services. Go to **www.tricare.mil/findaprovider** and click "Learn more."

HELPFUL TERMS

Yearly Deductible
A fixed amount you pay for covered services each calendar year before TRICARE pays anything. You may have a deductible if you have TRICARE Select or if you have TRICARE Prime and see a provider without a referral.

Claim
A request for payment from TRICARE that goes to your regional contractor after you get a covered health care service.

TRICARE Select Options (continued)

Premium-based health care plans that work like TRICARE Select with the same copayments or cost-shares and a choice of providers can be purchased by those who qualify. These plans include TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), and the Continued Health Care Benefit Program (CHCBP). For more on CHCBP, see "Transitional Coverage Options" in the *Other TRICARE Program Options* section.

HELPFUL TERMS

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

TRICARE RESERVE SELECT® AND TRICARE RETIRED RESERVE®

TRS and TRR are premium-based, worldwide health care plans for certain qualified Selected Reserve or Retired Reserve members, their family members, and survivors. TRS and TRR offer comprehensive health care coverage similar to TRICARE Select.

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

Note: When your National Guard or Reserve sponsor is activated for more than 30 days for a preplanned mission or in support of a contingency operation, this coverage stops while you get active duty benefits.

PURCHASE TRICARE RESERVE SELECT OR TRICARE RETIRED RESERVE

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

TRICARE For Life

If you're entitled to Medicare Part A, you generally must have Medicare Part B to keep TRICARE, regardless of your age or where you live. This is a requirement based on federal law with an exception for ADSMs and ADFMs. If you're eligible for TRICARE and have Medicare Part A and Part B, you're automatically covered by TFL. See the following table for more information on what Medicare Part A, Part B, and TFL cover.

MEDICARE PART A (Hospital Insurance)	MEDICARE PART B (Medical Insurance)	TRICARE FOR LIFE
• Inpatient hospital care • Hospice care • Inpatient skilled nursing facility care • Some home health care	• Provider services • Outpatient care • Home health care • Durable medical equipment • Some preventive services	• Inpatient and outpatient wraparound coverage • Coverage for overseas care

TRICARE FOR LIFE COSTS

WISCONSIN PHYSICIANS SERVICE (WPS)—MILITARY AND VETERANS HEALTH

1-866-773-0404
1-866-773-0405
(TDD/TTY)

There are no enrollment fees or forms for TFL, but you must have Medicare Part A and Medicare Part B. Medicare Part B has a monthly premium. Go to **www.medicare.gov** for the current Part B premium amounts, which vary by income level. For more information about TFL, go to **www.tricare.mil/tfl**. You may also call Wisconsin Physicians Service (WPS)—Military and Veterans Health, the contractor that administers the TFL benefit. The following table highlights your TFL out-of-pocket costs. For detailed cost information, go to **www.tricare.mil/tflcosts**.

TYPE OF CARE	MEDICARE PAYS	TRICARE PAYS	YOU PAY
Covered by TRICARE and Medicare	Medicare-allowed amount	Remaining amount	Nothing
Covered by Medicare only	Medicare-allowed amount	Nothing	Medicare deductible and cost-share
Covered by TRICARE only	Nothing	TRICARE-allowable amount	TRICARE deductible and cost-share
Not covered by TRICARE or Medicare	Nothing	Nothing	Billed charges (which may be more than the Medicare- or TRICARE-allowable amount)

TRICARE FOR LIFE AND U.S. DEPARTMENT OF VETERANS AFFAIRS BENEFITS

If you're eligible for both TFL and U.S. Department of Veterans Affairs (VA) benefits and choose to use your TFL benefit for health care not related to a service-connected injury or illness, you will pay more to see a VA provider than you would pay to see a civilian Medicare provider. TRICARE will only pay up to 20% of the TRICARE-allowable amount for care you get at a VA facility and you may be responsible for the remaining amount.

With TFL, your least expensive option is to see a Medicare participating or Medicare non-participating provider. Medicare participating providers agree to accept the Medicare-allowed amount as payment in full. Medicare non-participating providers don't accept the Medicare-allowed amount as payment in full and may charge up to 15% above the Medicare-allowed amount. This additional cost may be covered by TFL. If you get care from a VA provider, check with WPS to confirm coverage details.

Other TRICARE Program Options

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

TRICARE YOUNG ADULT

TYA is a premium-based health care plan for qualified dependents who have aged out of TRICARE. TYA Prime and TYA Select are offered worldwide. Your location and sponsor's status determine whether you qualify for TYA Prime and/or TYA Select.

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

You may generally purchase TYA coverage if you're a dependent of a TRICARE-eligible sponsor; unmarried; at least age 21, but not yet age 26; and not otherwise eligible for TRICARE or employer-based coverage. TRICARE Open Season doesn't apply to TYA. TYA Prime and TYA Select offer continuous open enrollment throughout the year.
For more information, go to **www.tricare.mil/tya**.

TRANSITIONAL COVERAGE OPTIONS

TRICARE offers benefits to help certain service members and their families transition to civilian life.

Transitional Assistance Management Program

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

Continued Health Care Benefit Program

CHCBP is a premium-based health care program managed by Humana Military. Though not a TRICARE program, CHCBP offers continued health coverage (18–36 months) after TRICARE coverage ends. Certain former spouses who haven't remarried before age 55 may qualify for an unlimited duration of coverage. If you qualify, you can purchase CHCBP coverage within 60 days of loss of TRICARE or TAMP coverage, whichever is later. TRICARE Open Season doesn't apply to CHCBP. CHCBP offers continuous open enrollment throughout the year. For more information, go to **www.tricare.mil/chcbp**.

Note: While in CHCBP, you're not eligible to receive care at a military hospital or clinic, except in a medical emergency.

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

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

PHARMACY OPTIONS

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

FOUR CATEGORIES OF DRUGS

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

Generic formulary drugs

$

- Widely available
- Lowest out-of-pocket costs

Brand-name formulary drugs

$ $

- Generally available
- Moderate out-of-pocket costs

Non-formulary drugs

$ $ $

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

Non-covered drugs

$ $ $ $

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

DENTAL AND VISION OPTIONS

VISION COVERAGE

Retirees, their eligible family members, and active duty family members enrolled in a TRICARE health plan may qualify to purchase vision coverage through the Federal Employees Dental and Vision Insurance Program (FEDVIP), offered by the U.S. Office of Personnel Management. When eligible, you can enroll during the fall Federal Benefits Open Season or following a FEDVIP QLE.

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

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

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

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

TRICARE Active Duty Dental Program

(Managed by United Concordia Companies, Inc.)

www.addp-ucci.com

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

TRICARE Dental Program

(Managed by United Concordia Companies, Inc.)

www.uccitdp.com

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

Federal Employees Dental and Vision Insurance Program

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

www.benefeds.com

- Retired service members and their eligible family members
- Retired National Guard and Reserve members and their eligible family members
- Certain survivors
- Medal of Honor recipients and their immediate family members and survivors

TRICARE Offers Dental Coverage Options with Worldwide, Portable Coverage

ADDP

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

TDP

Voluntary enrollment

Single and family plans

Monthly premiums

Coverage for most preventive and diagnostic services

FEDVIP

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

For Information and Assistance

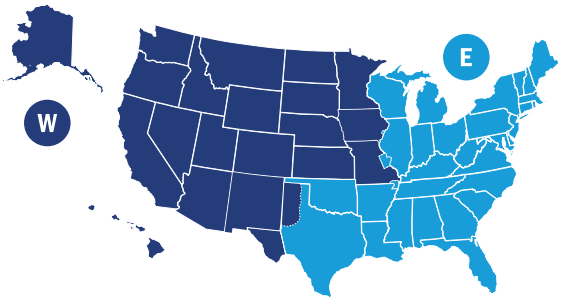
www.tricare.mil

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

TRICARE Stateside Regions

TRICARE is available worldwide and managed regionally. There are two TRICARE regions in the U.S.: TRICARE East and TRICARE West.

Your TRICARE benefit is the same regardless of where you are, but there are different customer service contacts for each region.



TRICARE East Region

Humana Military
1-800-444-5445
HumanaMilitary.com
www.tricare-east.com

TRICARE West Region

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

TRICARE For Life

www.tricare.mil/tfl

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

TRICARE Young Adult

www.tricare.mil/tya

US Family Health Plan

1-800-74-USFHP (1-800-748-7347)
www.tricare.mil/usfhp

TRICARE Reserve Select

www.tricare.mil/trs

TRICARE Retired Reserve

www.tricare.mil/trr

Reserve Affairs

www.people.mil

Defense Enrollment Eligibility Reporting System (DEERS)

1-800-538-9552
www.tricare.mil/deers

milConnect (Enroll, update DEERS, or get eCorrespondence)

https://milconnect.dmdc.osd.mil

TRICARE Pharmacy Program

www.tricare.mil/pharmacy

Express Scripts, Inc.
1-877-363-1303
https://militaryrx.express-scripts.com

TRICARE Active Duty Dental Program

www.tricare.mil/addp

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

TRICARE Dental Program

www.tricare.mil/tdp

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

Federal Employees Dental and Vision Insurance Program

www.tricare.mil/fedvip
www.benefeds.com

Transitional Assistance Management Program

www.tricare.mil/tamp

Continued Health Care Benefit Program

Humana Military
1-800-444-5445
www.tricare.mil/chcbp

Military Health System Website

www.health.mil

An Important Note About TRICARE Program Information
At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. ***Military hospital and clinic guidelines and policies may be different than those outlined in this publication.*** *For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic.*

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