

TRICARE Fundamentals Course

Dental

8

Instructor Guide

References

10 USC

32 CFR §§ 199.13, 199.22

TRICARE Operations Manual, Chapter 24, Section 10; Chapter 16, Addendum B

TRICARE Dental Program Benefit Booklet

www.trdp.org

www.addp-ucci.com



Brain teasers

What phrase is represented below?

Reverse psychology

YGOLOHCYSP

Riddle

What can run, but not walk?

A nose

Module Objectives



Show slide #2

Module Objectives

- Describe active-duty dental coverage
- Explain the TRICARE Dental Program (TDP) and who is eligible
- Explain the TRICARE Retiree Dental Program (TRDP) and who is eligible
- State how premiums are determined for the TRICARE Retiree Dental Program (TRDP)

- **Describe active duty dental coverage**
- **Explain the TRICARE Dental Program (TDP) and who is eligible**
- **Explain the TRICARE Retiree Dental Program (TRDP) and who is eligible**
- **State how premiums are determined for the TRICARE Retiree Dental Program (TRDP)**

1.0 Introduction

TRICARE covers dental care based on the scope of the dental contract:

- Active Duty Dental Coverage:
 - The Active Duty Dental Program (ADDP)
 - Active Duty Dental Care Overseas
- The TRICARE Dental Program (TDP)
- The TRICARE Retiree Dental Program (TRDP)

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2.0 Active Duty Dental Care

- Most active duty service members (ADSMs) receive dental care at uniformed service dental treatment facilities (DTFs). Prior authorization is required before seeking care from a civilian/host nation dental provider when:
 - The DTF can't provide the required care.
 - They are stationed, on temporary duty, or traveling in remote locations stateside or overseas
- **The Active Duty Dental Program (ADDP) provides ADSMs stateside private sector/civilian dental care to ensure dental health and deployment readiness.**
 - The ADDP service area includes the United States, U.S. Virgin Islands, Guam, Puerto Rico, American Samoa, and the Northern Mariana Islands.
- Overseas (all other overseas locations)
 - Some non-remote overseas locations have fixed uniformed service DTFs. Non-remote countries with fixed DTFs currently include: the Azores, Bahrain, Belgium, Diego Garcia, Germany, Iceland, Italy/Sardinia, Japan, Portugal, South Korea, Spain, and Turkey.
 - The TRICARE Overseas Program (TOP) health care contractor supports dental care services for ADSMs assigned to, on temporary or limited duty, or traveling to a designated remote location overseas (those without fixed DTFs).

Note: Throughout this module the TOP overseas health contractor is referred to as the “overseas contractor.”

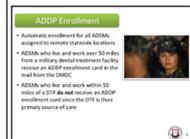
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2.1 Active Duty Dental Care Eligibility

- Active duty service members eligible for dental care include:
 - U.S. Army
 - U.S. Marine Corps
 - U.S. Navy
 - U.S. Air Force
 - U.S. Coast Guard
 - National Oceanic and Atmospheric Administration (NOAA)
 - Guard/Reserve members called or on written federal orders for more than 30 consecutive days; those who receive delayed-effective-date active duty orders
 - Certain members eligible under the Transitional Assistance Management Program (TAMP)
 - Line of Duty/Notice of Eligibility (LOD/NOE) Service Members
 - Guard/Reserve members with a dental illness or injury received during active duty status are only eligible for MTF/civilian dental care with a valid LOD/NOE determination by their service.

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2.1.1 Active Duty Dental Program (ADDP)

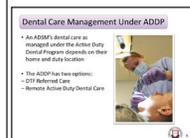
All eligible service members residing stateside or in U.S. territories are covered under the ADDP, which includes:

- DTF-referred care (for ADSMs who live and work within 50 miles of a DTF)
- Remote ADDP (R-ADDP), which covers service members when they:
 - Live in an ADDP remote location and are enrolled in TRICARE Prime Remote
 - Live within 50 miles of a military treatment facility (MTF), but there is no DTF available within the 50-mile radius
 - Are TAMP-eligible Guard/Reserve members separating from a period of active duty that was more than 30 consecutive days in support of a contingency operation (as of January 27, 2012)
 - All orthodontics, implants, and certain complex treatments require prior authorization and must be able to be completed within the TAMP period
 - Are eligible for benefits during their early eligibility period
 - Are in the NOAA
- The Defense Manpower Data Center (DMDC) mails R-ADDP eligibility letters and enrollment cards based on the service member's duty location.

2.1.2 Overseas Active Duty Dental Care

ADSMs assigned to remote locations overseas are responsible for obtaining dental care from either a DTF or the overseas contractor via their Regional or Country-specific Call Centers.

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2.2 Dentists

ADDP	Overseas
<ul style="list-style-type: none"> ● ADSMs are required to use a network dentist <ul style="list-style-type: none"> ○ If a network dentist is not available, the ADSM or the DTF must contact the ADDP contractor to receive authorization to use a non-network dentist. ○ ADSMs who use a non-network dentist without proper authorization must pay for all dental care received. ● A list of network dentists is available: <ul style="list-style-type: none"> ○ Online: www.addp-ucci.com ○ Phone: 1-866-984-2337/ADDP ○ E-mail: addpdcf@ucci.com 	<ul style="list-style-type: none"> ● ADSMs are required to use host nation dental providers. ● For assistance in finding a host nation dental provider, ADSMs should contact their Regional or Country-specific Call Center. Contact information may be found at: www.tricare-overseas.com.

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2.3 ADDP Dental Treatment Facility (DTF)-Referred Care (Stateside and Territories)

DTF-referred care authorizes ADSMs to receive care from a civilian dentist when the DTF is unable to provide the required care.

2.3.1 ADSM Dental Emergencies

- DTF emergency dental care policies and procedures apply to all non-remote ADSMs (i.e., those who live within 50 miles of the DTF). Non-remote ADSMs who are traveling (leave, duty-related) and are not within 50 miles of a DTF may receive emergency treatment from any civilian (including non-network) dentist. (See Section 2.4.1 of this module for authorization information.)
 - Non-remote ADSMs are encouraged to use an ADDP network dentist for emergency dental care because they will not be authorized to use a non-network dentist for follow-up care.

2.3.2 DTF Referrals to a Civilian Dentist

- ADSMs may only receive the services listed on the DTF referral or ADDP's contractor's authorization.
 - If the civilian dentist determines the service member needs additional services, the dentist must contact the DTF to modify the referral. If approved, the DTF submits the modified referral to the ADDP contractor.

2.3.3 Managing DTF-Referred Care Under the ADDP

- The DTF completes a referral request form online at www.addp-ucci.com, which populates a referral number and the required appointment control number (ACN).
 - The DTF prints a referral request confirmation page for the ADSM to take to the civilian dental appointment; this page displays the ACN and the procedures required/authorized.
- Once the ADDP contractor receives the referral, the appointment is scheduled by the ADDP contractor or the ADSM.
 - The ADSM is then scheduled to be seen within 21 days for routine care and 28 days for specialty care.
 - If the ADSM needs an immediate appointment, the DTF or ADSM must contact the ADDP contractor to get an ACN.
 - Immediate appointments can be made by calling the ADDP contractor's Dental Care Finder.

2.3.4 Cancelled and Missed Appointments Under the ADDP

- ADSMs should cancel civilian dentist appointments as soon as possible or within 24 hours of the appointment.
- ADSMs must notify the ADDP contractor of missed/cancelled appointments to reschedule. The ADSM should also inform the ADDP contractor if they receive a bill from the civilian dentist for the missed appointment.

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2.4 Dental Care for Active Duty in Remote Locations

- Remote active duty dental care is provided through:
 - ADDP contractor through its Remote-Active Duty Dental Care Program (R-ADDP) (stateside)
 - The overseas contractor
- ADSMs in remote locations must have civilian dentists complete and submit an authorization request form listing the treatment(s) that match the procedure and cost criteria listed below.
 - Dental care greater than \$750 per procedure or appointment (\$500 per procedure or episode in overseas areas)
 - Dental care with a cumulative total of more than \$1500 per treatment plan
 - Specialty care (e.g., crowns, bridges, dentures, periodontal treatment)
 - Dental care from a non-network dentist (stateside only)
- All overseas routine care is scheduled through the overseas contractor.
- ADSMs must make sure the care is authorized before getting services, otherwise they may be responsible for payment.
- Prior-authorization is obtained from either the ADDP contractor (stateside or U.S. territories) or from the overseas contractor's Regional or Country-specific Call Centers (who coordinates care authorization with the appropriate TAO Dental Consultant).

2.4.1 Managing Remote Dental Care—Routine and Specialty Care

Stateside Routine and Specialty Care

- Routine care:
 - ADSMs must fill out an appointment request form online at www.addp-ucci.com to coordinate getting a civilian dental appointment. The appointment request form provides two options for appointment scheduling: ADSMs may make their own appointment (preferred) or let the ADDP contractor's Dental Care Finder make the appointment. An ACN is required before seeking services. Information on making appointments can be found at: <https://secure.addp-ucci.com/ddpddw/adsm/care-remote.xhtml>.
- Specialty care:
 - Specialty dental care requires prior authorization from the ADDP contractor.
 - ADDP network dentists download the prior authorization request form from the ADDP contractor's website, complete it, and send it in a single package to:

United Concordia Companies, Inc
ADDP Authorization Requests
P.O. Box 69431
Harrisburg, PA 17106-9431
 - When approved, the contractor assigns an ACN and notifies the ADSM and the specialty dentist that an appointment can be scheduled; the ADSM then schedules the appointment.
 - ADSMs requesting dental implant or orthodontic services must have a command memorandum form signed by their unit commander or designated representative.
 - The command memorandum form can be downloaded from <https://secure.addp-ucci.com/ddpddw/adsm/forms.xhtml>.
 - The civilian dentist completes and submits the signed command memorandum authorization request to the contractor.
 - Civilian dentists can e-mail the command memorandum form to addpdcu@ucci.com, or mail it to the address provided above.

Note: Coast Guard members should contact 1-800-942-2422 (1-800-9HBA-HBA) for information about their dental benefits.

Overseas Routine and Specialty Care

- Routine care:
 - TOP Prime Remote enrolled ADSMs must contact the Regional Country-specific Call Center before seeking routine dental care. This ensures a cashless, claimless episode of care for the member.
 - The overseas contractor also provides access to urgent dental care services to non-enrolled ADSMs who require urgent care while on Temporary Additional Duty/Temporary Duty (TAD/TDY).
- Specialty care:
 - ADSMs should contact their Regional or Country-specific Call Centers if they, or an Embassy provider, feels they have a dental condition that needs attention, are referred for specialty care by a civilian host nation dental provider, or seek services that require prior authorization.
 - Call Center staff coordinate with the ADSM on setting up an appointment with a host nation dental provider; claims are denied when ADSMs seek care without prior authorization.
 - Call Center staff send an authorization to the host nation dentist for use in filing the claim.
- Orthodontic care (extremely limited):
 - All orthodontic care, evaluation, and treatment must have a predetermination decision; this decision is coordinated through the TOP contractor.

2.5 Payment and Claims Filing

ADDP

- Network dental providers submit claims to and are paid by the ADDP contractor.
- When ADSMs seek emergency dental services or obtain services from a non-network provider, they may have to pay up front and file the claim with the ADDP contractor.
 - If the ADSM files the claim, he/she needs to find and submit documentation (when the provider doesn't give the ADSM an American Dental Association claim form).
 - If needed, direct payments to non-network dentists must be approved by the contractor. If not approved, payment goes to the ADSM, who is required to pay the dentist.
- Claims can be filed on any standard dental claim form of the American Dental Association or on the ADDP claim form.
 - The ADDP claim form can be completed online at www.addp-ucci.com, printed, and mailed to the contractor at:

United Concordia Companies, Inc.
ADDP Claims
P.O. Box 69429
Harrisburg, PA 17106-9429
- Claims are paid at the network rate.

Overseas

- ADSMs should coordinate all dental care through their Regional or Country-specific Call Centers. If dental care is provided by a host nation dentist, ADSMs may have to pay up front and file a claim for reimbursement.
 - Claims should be filed on a *CHAMPUS Claim Patient's Request for Medical Payment* (DD Form 2642) with copies of documents reflecting all the information required as noted above. Dental claims may be submitted by the TOP Points of Contact on behalf of ADSMs.
 - When filing a claim, the ADSM must submit the following documentation with the *DD Form 2642*:
 - Date(s) of service
 - Specific dental problem
 - Procedure Code(s)
 - Specific tooth/teeth treated for each service performed
 - A complete description of the service performed, including applicable tooth/teeth numbers, if a procedure code is not provided
 - Total charges
 - A dentist's bill or statement of charges if the specific service(s) provided are not found on the claim form
 - LOD/NOE documentation, when applicable
 - **Note:** Guard/Reserve members on orders for less than 30 days may not appear eligible in DEERS. Claims for these beneficiaries must be accompanied by proof of eligibility (orders, roster).
 - Claim payment is based on billed charges.
- If dental claims are not in processing within the following timelines, the claim will be denied:
 - ADDP: within one year from the date of service
 - Overseas: within three years from the date of service

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3.1 Test question

3.0 TRICARE Dental Program (TDP)

3.1 Purpose

- The TRICARE Dental Program (TDP) provides worldwide dental coverage to enrolled beneficiaries.
- It's a voluntary, premium-based dental insurance plan administered and underwritten by the TDP contractor.
- TDP has two service areas:
 - Stateside: 50 states, District of Columbia, Puerto Rico, Guam, and U.S. Virgin Islands
 - Overseas: All other overseas locations and covered services provided on a ship or vessel outside territorial waters (regardless of the dentist's office address)

3.2 Eligibility

- The following may purchase TDP coverage:
 - Eligible **family members** of active duty and activated Guard and Reserve service members (as determined by their Service)
 - Inactive Guard or Reserve members and their families
- To be TDP eligible, the sponsor must have at least 12 months remaining on his or her service commitment at the time of enrollment.
 - In some circumstances, the TDP contractor may waive this requirement for family members of Guard/ Reserve and Individual Ready Reserve (IRR) whose sponsors are activated in support of certain contingency operations.
- The TDP contractor verifies eligibility through the Defense Enrollment Eligibility Reporting System (DEERS).

3.3 TDP Enrollment

- Enrollment is required.
 - After 12 months, enrollment may be continued on a month-to-month basis. Enrollees must have a valid reason to be considered and approved for disenrollment before the end of the initial 12-month commitment period.
- There are two enrollment plans:
 - Single Plan: (one covered individual); includes one active duty family member (ADFM), one Guard or Reserve family member, or one inactive Guard or Reserve sponsor
 - Family Plan: (two or more covered individuals); includes two or more eligible ADFMs or eligible Guard/ Reserve family members
- Coverage is effective on the date on the TDP enrollment card. The 20th of the month rule applies.

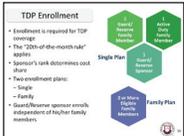
Note: Two sponsors cannot enroll the same family member(s), and the service members must decide under which sponsor the children are enrolled. When both husband and wife are service members, neither sponsor can be enrolled in the TDP as a family member.

3.3.1 Special Types of Enrollment

Under TDP family enrollment, all eligible family members must be enrolled, except in the following situations:

- **Guard and Reserve Sponsors** must enroll independent of family members.
- If the sponsor enrolls, he or she must submit a separate, single enrollment form.
 - May enroll their family members, but are not required to be enrolled themselves
 - If called to active duty on federally funded orders for more than 30 consecutive days, the sponsor is automatically disenrolled and re-enrolled upon deactivation. (See the chart later in this module for more information.)

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- **Note:** All members of the Guard and Reserve are required to have an annual dental examination.
 - TDP-participating dentists complete the *DoD Active Duty/Reserve Forces Dental Examination* form (DD Form 2813) at no cost to TDP enrollees (form is available at <https://mybenefits.metlife.com/tricare/>).
 - Guard and Reserve members are responsible for reporting their dental readiness status to their service.
- **Children under age 4** may be voluntarily enrolled at any time, but are automatically enrolled on the first day of the month following the month they turn 4, as long as other family members are enrolled. The premium rate may change from a single to a family plan.
- **Split Enrollment:** If family members reside in two or more locations, (e.g., in the case of children who are attending college away from home or living with a divorced spouse) the sponsor may choose who to enroll. Not all family members are required to be enrolled.
- **Split Enrollment for Active Duty Family Members Only:** When a family member requires a hospital or special treatment environment (due to medical, physical handicap, or mental condition) for dental care covered by the TDP, the family member may be disenrolled and receive care from a military treatment facility.
 - Before seeking services, the sponsor must provide documentation, such as a signed letter or memorandum from the MTF provider or administrator to the TDP contractor, verifying this requirement for a hospital or special treatment environment.

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3.3.2 TDP Survivor Coverage

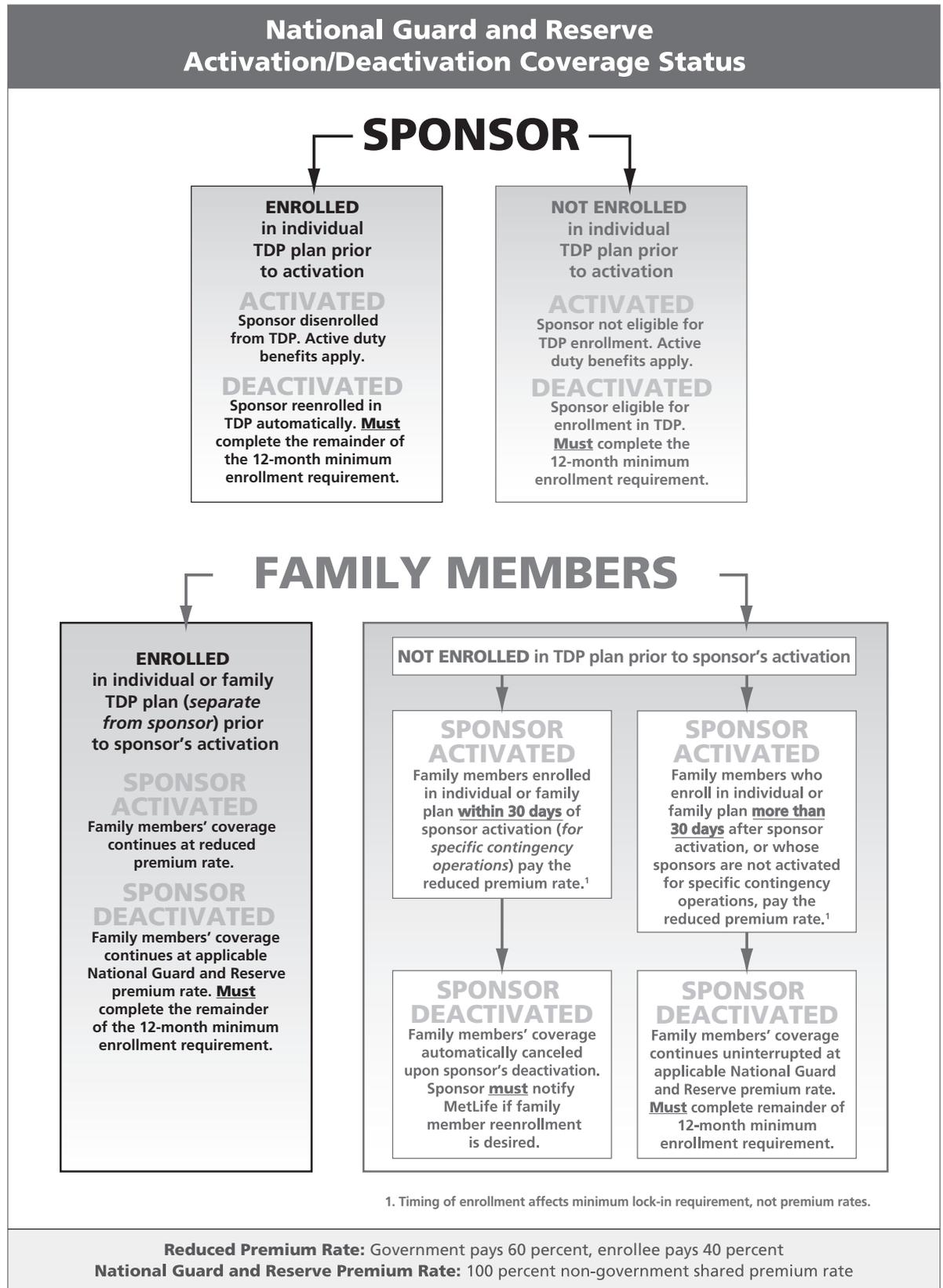
- The TDP survivor benefit entitles surviving spouses and child(ren) to receive TDP benefits, regardless of whether they were previously enrolled in the TDP.
 - The TDP survivor benefit also applies to surviving enrolled family members of the Selected Reserve (Guard or Reserve) and the IRR (special mobilization only), regardless of whether the sponsor was on active duty orders or enrolled in the TDP at the time of the sponsor's death.
- The government pays 100 percent of the TDP premium for survivors.
 - Children of the deceased sponsor are covered until they lose eligibility.
 - The benefit expires for a spouse three years from the month following the sponsor's death.
 - Family members are responsible for TDP cost-shares.
- Eligible surviving family members enrolled at the time of their sponsor's death are automatically disenrolled from TDP and enrolled in the TDP Survivor Benefit Plan. The TDP contractor notifies survivors of the disenrollment and the terms of the TDP survivor benefit.
- **Note:** The TRDP also may be available to surviving family members who do not qualify for the TDP Survivor Benefit—for specifics, check with the TRDP contractor.

3.3.3 Enrollment Methods

- **Online:** Complete the *TDP Enrollment Authorization* document on the Beneficiary Web Enrollment website at <http://dmcd.osd.mil/appj/bwe> and make the initial payment using a credit or debit card. A DS Logon, Defense Finance and Accounting Services (DFAS) myPay account, or Common Access Card (CAC) is required to access the Beneficiary Web Enrollment (BWE) website.
- **By Phone:**
 - Stateside: 1-855-MET-TDP1 (1-855-638-8371)
 - Overseas: 1-855-MET-TDP2 (1-855-638-8372)
 - TDD/TTY for the hearing impaired: 1-855-MET-TDP3 (1-855-638-8373)
- **By Mail:** Complete the *TDP Enrollment Authorization* document (available on www.tricare.mil/forms) and mail it with the initial premium payment by check or money order to:

MetLife TRICARE Dental Program
Enrollment and Billing Services
P.O. Box 14185
Lexington, KY 40512

The following chart reflects how enrollment and premium costs shift as Guard/Reserve members are activated and deactivated.



3.3.4 Disenrollment

- To disenroll, TDP enrollees must complete a new *TDP Enrollment Authorization* document. The 20th-of-the-month rule applies for the disenrollment effective date.
 - **Note:** If received after the 20th of the month, the cancellation is processed for the first day of the second month and premiums are due for the one month in between.

Cancellation Example: If a beneficiary decides to cancel their TDP coverage for December, they must submit a *TDP Enrollment Authorization* document by November 20 for the cancellation to be processed December 1. The beneficiary is responsible for November’s payment. If the *TDP Enrollment Authorization* document is received after November 20, the cancellation is effective January 1. The beneficiary is responsible for payments in the months of November and December.

There are certain circumstances that allow disenrollment before the 12-month initial commitment is completed; specific information is available from the TDP contractor.

3.3.5 Exceptions to Early Disenrollment Rule

Disenrolling Before Completing the Initial 12-month Enrollment Period	
Situation	Description
Loss of eligibility	Sponsor or family member loses eligibility for the TDP due to death, divorce, marriage, age limit of the child, or end of entitlement.
Sponsor and family are relocated to the stateside service area	Sponsor may choose to disenroll and/or disenroll his or her family members from the TDP within 90 calendar days of the transfer; the date of the relocation must be included on the disenrollment request. The disenrollment is processed based on the date the <i>TDP Enrollment Authorization</i> document is received.
Active duty sponsor receives permanent change of station orders	When an active duty sponsor transfers with TDP-enrolled family members to a duty station where space-available dental care is available at the uniformed service DTF, the sponsor may elect to disenroll his or her family within 90 calendar days of the transfer. The disenrollment is processed based on the date the <i>TDP Enrollment Authorization</i> document is received.
Guard or Reserve sponsor deactivation (sponsor previously activated more than 30 consecutive days in support of specific contingency operations)	Family members will be disenrolled before the end of the mandatory 12-month initial enrollment period if initially enrolled within 30 days of sponsor activation (unless the sponsor requests re-enrollment).
Transfer to standby or retired reserve	A Guard or Reserve member will be disenrolled before the end of the mandatory 12-month enrollment period if the member is transferred to the Standby Reserve or Retired Reserve.

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TDP Premiums			
	2012	2013	2014
Individual (single)	\$15.00	\$15.74	\$16.48
Individual (family)	\$25.00	\$25.74	\$26.48
Family (single)	\$15.00	\$15.74	\$16.48
Family (family)	\$25.00	\$25.74	\$26.48
Cost-share	N/A	\$17.22	\$17.22
Enrollment fee	N/A	\$17.52	\$18.06

3.4 TDP Premiums

- TDP premiums are based on the TDP enrollment plan (single or family) and the military status of the sponsor.
- The benefit year is May 1–April 30.
- Premiums change every February (since the TDP is a pay-ahead program, changes show up in January).
- For information about current premiums and cost-shares, visit www.tricare.mil/costs.
- Enrollment lockout: TDP enrollees who fail to pay monthly premiums will be disenrolled and not allowed to re-enroll (“locked out”) for 12 months from the date the last premium was paid.

3.4.1 Initial Payments

- Credit or debit card payments for initial enrollments may be completed online via BWE, by phone, or by mail.
- If necessary, TDP enrollees may mail their initial premium payment by check or money order with their *TDP Enrollment Authorization* document.

3.4.2 Ongoing Payments

- If the sponsor has a military payroll account the government collects the premium through a uniformed services finance center.
 - If the TDP contractor can’t collect the requested premium payment from the payroll account, the premium collection transfers from the finance center payroll allotment or deduction to direct billing by the TDP contractor.
 - Premium payments for non-active duty Guard and Reserve family members are paid directly to TDP contractor.
 - Ongoing payments for Guard/Reserve members and their eligible family members may be made with a credit card, electronic fund transfer, or allotment.

3.5 TRICARE Dental Program Covered Services and Cost-Shares

3.5.1 Benefits Overview

- Services must be necessary and meet accepted standards of dental practice.
- There are coverage benefits, time and frequency limitations, and exclusions, which can be found on the TDP contractor’s website.

3.5.2 Cost-Shares

- Cost-shares are the percentage a TDP-enrollee is required to pay for covered dental services. The government and enrollee percentages are based on the treatment provided.
 - Cost-share payments are based on the established allowable charge.
- **Note:** For a complete list of cost-shares, visit www.tricare.mil/costs.

3.5.3 Provider Types and Cost-Shares

Stateside	Overseas
<p>TDP enrollees residing in the service area may visit any licensed civilian dentist. However, visiting a preferred dentist can reduce time and costs.</p> <p>Preferred Dentist Program (PDP) Dentists</p> <ul style="list-style-type: none"> • A PDP dentist signs a contractual agreement with the TDP contractor to follow TDP rules for providing care and accepting payment to include filing claims for enrollees. • The TDP access standards are that a PDP general dentist is located within 35 driving miles of an enrollee's home and that enrollees can get an appointment within 21 days of their call to the PDP's office. • Enrollees can find a PDP dentist by calling the TDP contractor. (See Section 6.0 of this module for contact information.) • Enrollees should ask PDP dentists to submit predetermination requests for high cost services. <p>Non-PDP Dentists</p> <ul style="list-style-type: none"> • If enrollees use a non-PDP (non-contracted) dentist, they are responsible for paying the difference between what the TDP contractor may pay for the service and the amount charged by the non-network dentist, in addition to their cost-share percentage. • Non-network dentists may or may not submit claim forms for TDP enrollees. • Enrollees must sign an assignment of benefits statement on the claim to have payment go directly to the non-network provider. If not signed, the payment goes to the enrollee, who is responsible for paying the dentist. 	<p>Enrollees are free to see any licensed and authorized dentist; however, it's recommended they use a TRICARE OCONUS (overseas) Preferred Dentist (TOPD). The TDP contractor maintains a directory of TOPDs at http://mybenefits.metlife.com/tricare</p> <ul style="list-style-type: none"> • TOPDs agree to: <ul style="list-style-type: none"> ○ Not require enrollees to pay their full charge at the time of service, only the applicable cost-share, if any ○ Complete and submit claim forms on an enrollee's behalf • Enrollees should ask TOPDs to submit predeterminations for procedures with a cost-share or complex and costly services exceeding \$1,300 U.S. dollars. • Enrollees using a non-TOPD provider may have to pay up front for services before receiving care and submit their own claim and other required documentation. • For orthodontic services, all enrollees may see any licensed and authorized orthodontist. A <i>Non-Availability and Referral Form (NARF)</i> for orthodontic services is required. <p>Note: Access standards for the location of a dentist are not applicable for TDP enrollees living in overseas areas.</p>

3.5.4 Overseas Cost-Share Information

- The government pays up to the billed amount, except for Guard and Reserve family members (in the Selected Reserve), Individual Ready Reserve family members, and ADFMs who are not command-sponsored.
 - Non-command sponsored family members pay enrollee cost-shares; the government doesn't cover the entire bill.
- Command-sponsored TDP enrollees who reside in overseas areas pay stateside cost-shares when they receive services stateside.

3.5.5 Annual and Lifetime Maximum Benefit

The annual and lifetime maximums are the most the government will pay for specific services. The enrollee is responsible for his/her cost shares.

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Maximum	Description
Annual Maximum Benefit	<ul style="list-style-type: none"> The annual maximum is \$1,300 per enrollee per plan year (May 1–April 30). <ul style="list-style-type: none"> The government will not pay for any services once the maximum is reached. Payments for certain diagnostic and preventive services do not apply towards the annual maximum.
Accidental Annual Maximum	<ul style="list-style-type: none"> Accidental annual maximum benefit is \$1,200 per enrollee. (This is in addition to the \$1,300 annual maximum benefit.) <ul style="list-style-type: none"> An accident is defined as an injury that results in the physical damages or injury to the teeth and/or supporting hard or soft tissue from external oral blunt forces; this does not include chewing or biting forces.
Orthodontic Lifetime Maximum	<ul style="list-style-type: none"> Maximum orthodontic <u>lifetime</u> benefit per enrollee is \$1,750. Orthodontic diagnostic services are applied to the \$1,300 annual maximum, not the orthodontic maximum.

3.6 TDP Claims

3.6.1 Stateside

- The provider type determines who is responsible for filing a TDP claim—either a PDP dentist (in the TDP network) or non-participating (outside of the TDP network).

Provider	Who Submits Claim	TDP Contractor Pays
Participating Dentist	Dentist	Dentist
Non-participating Dentist	Enrollee	Enrollee

- Non-participating dentists may leave it up to TDP enrollees to file their own claims since non-participating dentists aren't required to file for the enrollee. In this case, enrollees are responsible for paying the dentist and the TDP contractor reimburses enrollees directly, minus the enrollee's cost-share. The TDP contractor pays non-participating dentists directly when TDP enrollees indicate on the claim form that the dentist is to receive the payment (referred to as "assignment of benefit" on the claim form).

3.6.2 Overseas

- For the TDP contractor to process an overseas claim the following needs to be submitted:
 - A completed claims form (*DD Form 2642*)
 - A dentist bill or statement of charges. If the specific service(s) provided is repeated on the claim form, a separate office bill is not needed. (See the table in Section 3.6.3 of this module for more information.)
 - TDP enrollees who receive dental care in overseas areas should obtain a detailed receipt from the dentist.
- A *Non-availability Referral Form (NARF)* for orthodontia indicates services aren't available through the uniformed services. A *Non-availability Referral Form (NARF)* is issued by the TRICARE Area Office, overseas dental treatment facility, or overseas POCs.

- Additional overseas claim payments information:
 - Enrollees typically pay up front for covered services and submit a claim.
 - The TDP contractor issues a Dental Explanation of Benefits (DEOB) to the dentist or enrollee, depending on which party sent the claim.
 - If the TDP contractor can't determine which party forwarded the claim, the contractor pays the dentist.
 - Payments issued to overseas dental providers are paid in foreign currency (if the currency is available through recognized U.S. banking institutions). One exception is Turkey, where claims are paid in U.S. dollars.
 - TDP pays all claims submitted by enrollees in U.S. dollars, based on the exchange rate on the date of service, unless the enrollee requests payment in local currency.

3.6.3 Claims: Finding and Submitting Forms

Note: For information on where to send claims see Section 6.0 of this module.

Stateside	Overseas
<ul style="list-style-type: none"> ● The TDP contractor accepts claims submitted on any standard American Dental Association claim form. ● A separate claim form must be submitted for each TDP enrollee receiving services. For example, if a family of four is treated by the same dentist on the same day, four separate claim forms should be submitted. ● Submission documents and instructions may be found on www.tricare.mil/tdp. 	<ul style="list-style-type: none"> ● The TDP claim submission document may be found on the TDP contractor's website. ● Claim forms are also available from TRICARE Area Office (TAO), overseas dental treatment facility (ODTF), designated overseas TRICARE points of contact (POCs), or by calling the TDP contractor. ● Claims documents should include the following if an American Dental Association claim form is not used: <ul style="list-style-type: none"> ○ Date(s) of service ○ Provider name, address, and phone number ○ Specific problem encountered ○ Procedure code(s) (If a procedure code is not provided on the claim form, a complete description of the service performed, including applicable tooth number(s), must be provided.) ○ Specific tooth/teeth treated for each, where appropriate ○ Total charges

3.6.4 Deadline for Filing Claims

Claims should be filed as soon as possible after the dental service. Stateside claims must be submitted within one year of the date of service and overseas claims must be submitted within three years of the date of service.

3.6.5 Claim Denial

- In general, a claim may be denied if:
 - Premiums are not up to date
 - The claim isn't timely filed
 - Charges are for non-covered services
 - Claims submission forms or packages are incomplete

Note: This list does not cover all specific situations. For detailed information, view the *TRICARE Dental Program Benefit Booklet*, available at www.tricare.mil/dental.

Show slide #14



3.6.6 Dental Explanation of Benefits (DEOB)

The TDP contractor issues DEOBs to the beneficiary explaining how a dental claim processed. It reflects what services were provided, which were covered, and the government's and beneficiary's cost-shares.

3.7 Exercise

Use the DEOB below to answer the following questions:

Q1. How many procedures did the dentist perform on 05/15/11?

Q2. What is the procedure code for comprehensive evaluation?

Q3. How much did the dentist charge for the procedure?

Q4. What are the TDP allowable charges for the procedure performed?

99995 99986 00000146001201307515990 - 006



MetLife®

Explanation of Dental Benefits

GROUP # 146001 TRICARE DENTAL PROGRAM CLAIM YEAR: 2011 08

This is not a bill. It is an explanation of how MetLife computed the payment for your recent dental services.

SPONSOR'S NAME	SPONSOR'S ID	SERVICES RENDERED BY
FIDEL BISHOO SR	XXXXXXXXXXXX	DR. HARRY JONES

BENEFICIARY/PATIENT NAME	RELATIONSHIP	DATE PROCESSED	FILE REFERENCE
STELLA BISHOO	DEPENDENT	FEBRUARY 1, 2012	2013075159 9 DCN: 120130075160

DATE SERVICE PERFORMED	TOOTH # /AREA	PROCEDURE CODE	FEE CHARGED	PDP FEE (If Applicable)	COVERED EXPENSE	PLAN BENEFIT	DESCRIPTION OF SERVICE/ COMMENTS
05/15/11		D0150	80.00	35.00	35.00	100%	35.00 COMPREHENSIVE ORAL EVALUATION
TOTALS			80.00	35.00	35.00	35.00	

METLIFE DENTAL CLAIM FORMS ARE AVAILABLE THROUGH THE FOLLOWING SOURCES:
1) 1-855-638-8371, 2) www.metlife.com/dental

YOUR GROUP PARTICIPATES IN METLIFE'S PREFERRED DENTIST PROGRAM (PDP). AS A PARTICIPATING PDP PROVIDER, YOUR DENTIST HAS AGREED TO ACCEPT A MAXIMUM ALLOWABLE CHARGE FOR EACH SERVICE. THIS "PDP FEE" IS TYPICALLY LESS THAN THE NORMAL "FEE CHARGED" BY THE DENTIST AND YOU SHOULD BE BILLED ONLY THE DIFFERENCE BETWEEN THE "PDP FEE" FOR ACTUAL SERVICES PROVIDED AND YOUR "PLAN BENEFIT".

TO RECEIVE A LISTING OF PDP DENTISTS IN YOUR ZIP CODE AREA, OR TO OBTAIN A DENTAL CLAIM FORM, CALL 1-855-MET-TDP1 OR 1-855-MET-TDP3 TDD/TTY.

YOU AND YOUR PLAN SAVED \$45.00 BY UTILIZING A DENTIST IN THE PDP NETWORK.

\$35.00 WILL BE PAID TO HARRY W JONES DDS ON 02/08/12

FIND INFORMATION ON YOUR AVAILABLE DENTAL BENEFITS, CLAIMS DETAILS AND MORE ONLINE AT WWW.TRICARE.MIL OR HTTP://MYBENEFITS.METLIFE.COM/TRICARE
IF YOU HAVE ANY QUESTIONS ABOUT THIS CLAIM PLEASE CALL 1-855-MET-TDP1 (1-855-638-8371) OR 1-855-MET-TDP3 (1-855-638-8373) TDD/TTY.
CUSTOMER SERVICE HOURS ARE SUNDAY 6PM TO FRIDAY 10PM EST.

3.8 TDP Appeals

There are three levels of appeal for denial of TDP claims: reconsideration, formal review, and hearing. All initial denials and appeal denials explain how, where, and by when to file for the next level of review.

3.8.1 Reconsideration

- Enrollees and dentists may formally request that the TDP contractor review an initial payment determination to evaluate whether the initial payment decision was correct.
 - The request should include the reason for reconsideration, supporting documentation, and a copy of the initial determination.
- The request must be in writing and must be postmarked or received by the TDP contractor within 90 calendar days of the DEOB issue date. If supporting records will be submitted later, the appeal letter should contain the expected date of submission.
- The instructions and timelines for filing an appeals are on the DEOB. Requests for reconsiderations must be submitted separately from dental claim forms.
- The reconsideration may result in full or partial approval of the claim or support the initial denial determination. A decision is delivered within 60 days of receipt of the reconsideration request.
- The reconsideration requests must be submitted to:

	Stateside	Overseas
For dates of service on or after May 1, 2012	MetLife TRICARE Dental Program Appeals P.O. Box 14183 Lexington, KY 40512 Fax: 1-855-763-1335	MetLife TRICARE Dental Appeals P.O. Box 14183 Lexington, KY 40512
For dates of service before May 1, 2012	United Concordia TDP Customer Service P.O. Box 69410 Harrisburg, PA 17106-9410	United Concordia TDP OCONUS Dental Unit P.O. Box 69418 Harrisburg, PA 17106-9418 USA

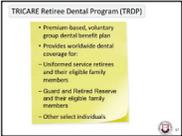
3.8.2 Formal Review

- Enrollees may request a formal review from the TRICARE Management Activity (TMA) if they disagree with the TDP contractor's reconsideration decision and if the amount remaining in dispute is \$50 or more.
- The formal review process is the same as the Factual Determination appeal process for medical claims.

3.8.3 Hearing

- Enrollees may request a hearing with TMA if they disagree with the formal review decision from TMA and the amount in dispute is \$300 or more.
- The hearing process is the same as the Factual Determination appeal process for medical claims. See the *Claims and Appeals* module for more information.

Show slide #15



4.0 TRICARE Retiree Dental Program (TRDP)

- The TRDP offers premium-based, voluntary group benefit dental coverage. It is a fee-for-service/preferred provider program offers enrollees access to any licensed dentist. Dental coverage is offered through the following group plans:
 - Enhanced TRDP (group plan #4601)—Covers services provided within the service area (all the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, and Canada). If traveling outside the Enhanced TRDP service area, enrollees are only covered for emergency dental care.
 - Enhanced-Overseas TRDP (group plan #4602)—Covered services are available worldwide; available for purchase by beneficiaries whose permanent address (in DEERS) is outside the Enhanced TRDP service area.
 - Basic Program (group plan #4600)—There is a separate benefit booklet for this program, which closed to new enrollees in 2000. Information is available through the TRDP contractor.

4.1 Eligibility

TRDP purchase is voluntary and open to the following:

- Former members of the uniformed services who are entitled to uniformed services retired pay, includes those who are 65 years of age or older, and their eligible family members
- Guard and Reserve Retired Reserve (includes those who are not yet 60 years old, aka “Gray-Area Retired Reservists”) and their eligible family members
- An unremarried surviving spouse or eligible child of a deceased member who: (a) died on retired status; or (b) died while on active duty for a period of more than 30 days and whose eligible family members are no longer eligible for dental benefits under the TRICARE Dental Program (Surviving spouses who remarry are not eligible.)
- Medal of Honor (MOH) recipients and their eligible family members, or an unremarried surviving spouse and eligible family members of a deceased MOH recipient
- Current spouses and/or eligible children of certain non-enrolled members (They must have documented proof the non-enrolled member is: [a] eligible to receive ongoing comprehensive dental care from the Department of Veterans Affairs; [b] enrolled in a dental plan through employment but the plan is not available to family members; or [c] unable to obtain benefits through the TRDP due to a current and enduring medical or dental condition.)

Note: Those not eligible are former spouses of eligible sponsors, remarried surviving spouses of deceased service members, and family members of non-enrolled retirees who don’t meet the above criteria.

4.0: Test question

Show slide #16



4.2 Enrollment

- New enrollees must commit to an initial 12-month enrollment period; after that, enrollment is continued automatically on a month-to-month basis.
- Types of plans available: single-person, two-person, and family (three or more persons)
- Beneficiaries may enroll:
 - Online: www.trdp.org (may use a major credit card)
 - “Family member(s) only” enrollment applications are not accepted online. Applications are submitted by mail because specific documentation is required.
 - By phone: 1-888-838-8737, option #2
 - By mail: Download application from www.trdp.org/pro

Delta Dental of California
Federal Government Programs
P.O. Box 537008
Sacramento, CA 95853-7008
United States of America

Show slide #17



4.3: Test question

4.3 Premiums

- Premiums are based on where the enrollee lives (residential zip code) and the number of family members enrolled.
- Premiums are adjusted on October 1 of each benefit year (October 1 through September 30) and are accepted in U.S. dollars only.
- To view the premium rate for a specific region, visit the TRDP website at www.trdp.org/pro/premiumSrch.html and enter a five-digit zip code.
 - Beneficiaries living in Canada should enter “99999” as their zip code.
 - Beneficiaries living outside of the United States and Canada who do not have a U.S. postal code should enter “00000” as their zip code.
- Enrollees can also get premium information by calling the TRDP customer service toll-free number at 1-888-838-8737.
- As mandated, the TRDP collects premium payments through retired pay allotment. Enrollees must send in a two-month pre-payment with their application to cover their premiums until the allotment is established.
 - The TRDP contractor refunds any unused prepayment portion if the allotment goes into effect before the third month. If there aren't enough funds for an automatic allotment, the TRDP contractor notifies the enrollee about other payment options.

4.4 Disenrollment and Lockout

- A 30-day grace period for TRDP disenrollment begins on the coverage effective date.
 - During the grace period, enrollees may voluntarily end their enrollment as long as they didn't receive dental benefits during that time.
- If TRDP enrollees want to be disenrolled at the end of their 12-month commitment, the TRDP contractor needs to receive their disenrollment request no less than 30 days before the first day of the 13th month.
 - For example, for a 12-month commitment of March 1 to April 30, the enrollee must request disenrollment no later than March 31 for an effective end date of May 1.
- Once on a month-to-month enrollment status, the TRDP contractor needs to receive the enrollee's disenrollment request 30 days before the month coverage is to end.
 - For example, if the disenrollment request is received June 15, disenrollment is effective August 1.
- Enrollees who fail to complete their initial 12-month commitment are locked out for 12 months before they can re-enroll.

4.5 New Retiree Enrollment Opportunity in TRDP

- ADSMs and eligible family members may send in an enrollment form during the month before the sponsor's retirement effective date.
- Retirees, including retired Guard and Reserve members and eligible family members, who enroll within four months of their retirement date are eligible for a waiver of the 12-month waiting period for the full scope of benefits.
 - They must submit a copy of their retirement orders with the enrollment form.

4.6 Covered Services

- Coverage begins the first day of the month after the TRDP contractor processes a complete enrollment package.
- TRDP covers services that are necessary, appropriate, and provided by a licensed dentist within the Enhanced TRDP service area.
- Some TRDP services are subject to a 12-month waiting period. For a listing of these services, covered services, and cost-shares visit www.tricare.mil/costs.

Show slide #18

TRDP Annual and Lifetime Maximum Benefit	
Annual Maximum per enrollee	\$1,200
Accidental Annual Maximum per enrollee per benefit year	\$1,000
Lifetime Maximum Orthodontic for Procedures per enrollee per lifetime	\$1,500

- The maximum benefit amount is the dollar limit the TRDP can pay towards covered services.
 - When an enrollee uses any or all of the maximum benefit for orthodontics allowed under the TDP, he or she may still receive up to the maximum benefit available under the TRDP for in-progress orthodontic treatment.

Maximum	Description
Annual Deductible* (per benefit year, October 1–September 30)	\$50 per individual, not to exceed \$150 for the family
Annual Maximum Benefit	\$1,200 per enrollee—The maximum amount TRDP pays per enrollee per benefit year
Accidental Annual Maximum	\$1,000 per enrollee—The maximum TRDP pays for procedures as the result of a dental accident
Lifetime Maximum Orthodontic for Procedures	\$1,500 per enrollee (includes children and adults)—The maximum TRDP pays per enrollee per lifetime for covered orthodontic procedures

* *Diagnostic, preventive, orthodontic, and dental accident procedures don't apply to the deductible.*

4.7 TRDP-Dental Providers

- Enrollees may receive care from any licensed dentist in their local service area; they're encouraged to seek treatment from a TRDP network dentist.
 - Only emergency care is covered when received from host nation dentists by stateside TRDP enrollees.
- The Enhanced TRDP encourages enrollees to seek treatment from Delta Dental Select and Delta Dental PPO/DPO network dentists.

4.8 TRDP-Network Providers

- Network dentists:
 - Are responsible for submitting claims for TRDP enrollees
 - Have payments sent directly to their office
 - Are reimbursed based on local TRDP negotiated reimbursement rates
 - Cannot charge TRDP enrollees the difference between the negotiated fees and billed charges
 - Agree to adhere to the processing policies for TRDP covered services

4.9 Non-Network Providers

- Non-network dentists:
 - Are U.S. dentists who do not belong to a Delta Dental network, and includes those who practice outside the 50 United States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, and Canada.
 - Are allowed to collect payment in full, up to the billed charge, from the enrollee at the time services are rendered.
 - The TRDP sends payment to the enrollee, who is responsible for paying the dental provider.
 - The TRDP contractor pays the same percentage for covered services as if the enrollee had gone to a network dentist. The TRDP enrollee remains responsible for the difference between the TRDP-allowed amount and billed charges (if applicable).

4.10 Overseas Dentists

- Under the Enhanced Overseas TRDP, enrollees may use any host nation or stateside network or non-network dentist.
- To locate an overseas dentist, enrollees should call the TRDP international referral service toll-free number from inside the United States at 1-888-558-2705 or collect anywhere in the world at 1-312-356-5971. (Dial the international country code, then the country code for the United States [1], and then the collect number.) Multilingual customer service staff are available 24/7.
- There is a host nation dental provider listing on the web at www.trdp.org.

4.11 TRDP Claims

- An advantage of using a network dentist is that he/she submits the claim and receives payment directly from the TRDP contractor (less the enrollee's copayment/cost-share).
- Non-network dentists (non-Delta or non-participating) may, but are not required to file a claim. Instead, they may give the enrollee a standard dental claim form to complete and submit.
 - Claims may be completed using any standard dental claim form; enrollees can download dental claim forms at www.trdp.org.
- Mail TRDP claim forms to:

Delta Dental of California
Federal Government Programs
P.O. Box 537007
Sacramento, CA 95853-7008
United States of America

- Claims must be in processing within one year from the date of service or will be denied.
- An enrollee who files the claim receives the claim payment; however, the enrollee can choose to authorize payment directly to the dentist on the claim form.
- Enrollees needing assistance with completing the claim form may contact customer service staff at 1-888-838-8737 or international toll-free at +866-721-8737.
- Beneficiaries can review their benefits, verify deductibles, and check on the status of claims by visiting the self-service Customer Toolkit at www.trdp.org.

4.11.1 Dental Explanation of Benefits (DEOB)

The TRDP contractor sends a DEOB to the enrollee to show how a claim processed. Services covered and enrollees cost-share/copayment DEOBs are sent to network providers.

4.12 TRDP Appeals

There are two levels of appeal for denied claims: reconsideration and formal review. There must be a disputed question of fact, which, if resolved in favor of whomever is filing the appeal, would result in the authorization of dental benefits. All initial denials and appeal denials explain how, where, and by when to file for the next level of review.

- Benefits are services determined to be necessary and furnished in a manner consistent with generally acceptable standards of practice.
- Requests must be in writing, state the issue in dispute, include a copy of all supporting documentation necessary for the review, and may include the DEOB (though this is not required).

4.12.1 Reconsideration

- The appealing party must file the request within 90 calendar days after the date on the notice of the initial denial determination, usually the dental explanation of benefits.

4.12.2 Formal Review

- Enrollees may request a formal review from the TRICARE Management Activity (TMA) if they disagree with the TRDP contractor's reconsideration decision and the amount remaining in dispute is \$50 or more, or there is a question of dental necessity.
- The formal review process is the same as the factual determination appeal process for medical claims. See the *Claims and Appeals* module for more information.

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5.0 General Anesthesia for Dental Treatment

- General anesthesia is a TDP/TRDP-covered benefit when administered by a dental provider. In these instances, the enrollee has a cost-share.
- The TRICARE medical benefit covers general anesthesia services for dental treatment provided to beneficiaries with developmental, mental, or physical disabilities and to children age 5 or under. Although this relates to dental procedures, it's administered through the TRICARE **medical** benefit.
 - Payment for general anesthesia and institutional costs are based on the beneficiaries' selected TRICARE program option and paid by the regional or overseas claims processor. If beneficiaries qualify to use their medical benefit for anesthesia services, costs are not counted against their TRDP \$1,200 annual maximum benefit. Qualifying beneficiaries should contact their regional contractor for authorization before seeking anesthesia services associated with dental services.

6.0 Resources

6.1 Active Duty Dental Program Resources

United States and U.S. Territories	Overseas
<ul style="list-style-type: none"> • Website: www.addp-ucci.com • E-mail: addpdcf@ucci.com • Phone: 1-866-984-ADDP (1-866-984-2337) • Mail: United Concordia Companies, Inc. ADDP Unit P.O. Box 69430 Harrisburg, PA 17106-9430 	<ul style="list-style-type: none"> • Contact the overseas contractor Regional or Country-specific Call Center for assistance. • For contact information, see Section 6.2 below.

6.2 TRICARE Overseas Program Contractor Regional Call Centers

Eurasia-Africa	Latin America and Canada	Pacific
Africa, Europe, and the Middle East	Canada, the Caribbean Basin, Central and South America, Puerto Rico, and the U.S. Virgin Islands	Asia, Guam, India, Japan, Korea, New Zealand, and Western Pacific remote countries
<p>TOP Regional Call Center 1-877-678-1207 (stateside) +44-20-8762-8384 (overseas) tricarelon@internationalsos.com</p>	<p>TOP Regional Call Center 1-877-451-8659 (stateside) 1-215-942-8393 (overseas) tricarephl@internationalsos.com</p>	<p>TOP Regional Call Centers Singapore: 1-877-678-1208 (stateside) +65-6339-2676 (overseas) sin.tricare@internationalsos.com</p> <p>Sydney: 1-877-678-1209 (stateside) +61-2-9273-2710 (overseas) sydricare@internationalsos.com</p>

* For toll-free and country-specific contact information, visit www.tricare-overseas.com. Toll-free lines may not be available for all mobile phone carriers overseas.

6.3 TRICARE Dental Program Resources (for Dates of Service After May 1, 2012)

Stateside	Overseas
<p>Customer Service Phone: 1-855-MET-TDP1 (1-855-638-8371) TDD/TTY: 1-855-MET-TDP3 (1-855-638-8373) Sunday 6 PM to Friday 10 PM, Eastern Time Representatives are available to assist members in English, German, Italian, Korean, Japanese, and Spanish</p> <p>Online: http://mybenefits.metlife.com/tricare</p>	<p>Customer Service Phone: 1-855-MET-TDP2 (1-855-638-8372) TDD/TTY: 1-855-MET-TDP2 (1-855-638-8372) Sunday 6 PM to Friday 10 PM, Eastern Time Representatives are available to assist members in English, German, Italian, Korean, Japanese, and Spanish</p> <p>Online: http://mybenefits.metlife.com/tricare</p>
<p>Claims MetLife TRICARE Dental Program P.O. Box 14181 Lexington, KY 40512</p> <p>Phone: 1-855-638-8371 Fax: 1-855-763-1333</p>	<p>Claims MetLife TRICARE Dental Program P.O. Box 14182 Lexington, KY 40512</p> <p>Phone: 1-855-638-8372 E-mail: OCONUSDentalClaims@metlife.com Fax: 1-855-763-1334</p>

6.4 TRICARE Dental Program Resources (for Dates of Service Before May 1, 2012)

Stateside (Before May 1, 2012)	Overseas (Before May 1, 2012)
<p>Claims TDP Claims Processing P.O. Box 69411 Harrisburg, PA 17106-9411</p>	<p>Claims TDP OCONUS Dental Unit P.O. Box 69418 Harrisburg, PA 17106-9418</p>

6.5 TRICARE Retiree Dental Program Resources

- Online: www.trdp.org
- Phone: 1-888-838-8737 or international toll-free at +866-721-8737 (24 hours a day)
- Mail written inquiries (stateside or overseas) to:

Delta Dental of California
 Federal Government Programs
 P.O. Box 537008
 Sacramento, CA 95853-7008
 United States of America

Module Objectives



Show slide #20



Summary:

- Describe active duty dental coverage
- Explain the TRICARE Dental Program (TDP) and who is eligible
- Explain the TRICARE Retiree Dental Program (TRDP) and who is eligible
- State how premiums are determined for the TRICARE Retiree Dental Program

Test Questions

- 27) The _____ provides authorized civilian dental care to active duty service members to ensure dental health and deployment readiness.
- A. TRICARE Dental Program (TDP)
 - B. Active Duty Dental Program (ADDP)
 - C. TRICARE Management Activity (TMA)
 - D. TRICARE Orthodontic and Implant Program
- 28) The _____ is a voluntary, premium-based dental insurance plan that provides worldwide dental coverage to eligible, enrolled beneficiaries.
- A. TRICARE Dental Program (TDP)
 - B. TRICARE American Dental Plan
 - C. TRICARE Adjunctive Dental Care Plan
 - D. Active Duty Dental Program (ADDP)
- 29) Which of the following is a premium-based, voluntary group dental benefit program for retired members of the Uniformed Services and their eligible family members?
- A. TRICARE Retired American Dental Program
 - B. TRICARE Retiree Dental Program
 - C. TRICARE Retired Extended Health Care Option
 - D. Retired Duty Dental Program
- 30) TRICARE Retiree Dental Program premiums vary depending upon:
- A. The enrollee's retired rank and number of family members enrolled
 - B. The enrollee's income and number of family members enrolled
 - C. The enrollee's retirement pay and number of family members enrolled
 - D. The enrollee's residence and number of family members enrolled

