

TRICARE Fundamentals Course

Dental

10

Instructor Guide

References

10 USC

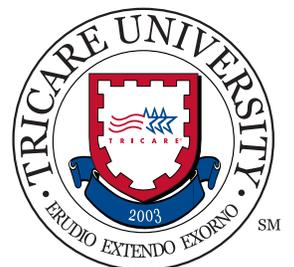
32 CFR §§ 199.13, 199.22

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*



Riddle

What can run, but not walk? *A nose*

Module Objectives



Show slides #2

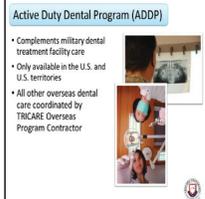
- Module Objectives
- Describe active duty dental coverage
 - Explain the TRICARE Dental Program (TDP) and who is eligible
 - Explain the TRICARE Retiree Dental Program (TRDP) and who is eligible
 - State how premiums are determined for the TRICARE Retiree Dental Program (TRDP)

Introduce
Dental

- **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)**

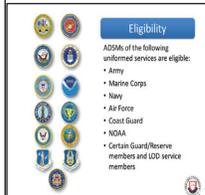
Mention that dental readiness is a major component of medical readiness which is tied to deployment readiness.

Show slide #3 for 2.0



Mention to participants that the Public Health Service does not participate in this program

Show slide #4 for 2.1



1.0 Introduction

TRICARE covers dental care in certain circumstances for eligible populations, to include the following options based on the scope of the 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)

2.0 Active Duty Dental Care

- Most active duty members receive dental care at uniformed service dental treatment facilities (DTFs). In some circumstances, they may require approval to seek care from a civilian/host nation dental provider when:
 - Dental care required is not available at the uniformed service DTF
 - Stationed, on temporary duty, or traveling in remote locations stateside or overseas
- The Active Duty Dental Program (ADDP) provides active duty service members (ADSMs) 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 where ADSMs receive dental services. 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.”

2.1 Active Duty Dental Care Eligibility

- Active duty service members eligible for dental care under the ADDP or overseas contract 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.

Show slide #5 for 2.1.1

ADDP Enrollment

- Automatic enrollment for all ADSMs assigned to remote stateside locations
- ADSMs who live and work over 50 miles from a military dental treatment facility receive an ADDP enrollment card in the mail from the DMDC
- ADSMs who live and work within 50 miles of a DTF do not receive an ADDP enrollment card since the DTF is their primary source of care



2.1.2 & 2.2 Test Question

Show slide #6 for 2.2

Dental Care Management Under ADDP

- How an active duty service member's dental care is managed under the Active Duty Dental Program depends on their home and duty location
- The ADDP has two options:
 - DTF Referred Care
 - Remote Active Duty Dental Care



- DEERS does not show LOD/NOE status; therefore, ADSMs should contact their unit's medical representative to verify eligibility for care.
- The DTF representative or unit medical representative must attach LOD/NOE documentation to any submitted claims.

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 dental treatment facility 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 must be prior authorized 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.

2.2 Dentists

ADDP	Overseas
<ul style="list-style-type: none"> ADSMs are required to use a network dentist to receive covered dental services. 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. <ul style="list-style-type: none"> 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: addpdf@ucci.com 	<ul style="list-style-type: none"> ADSMs are required to use host nation dental providers. The overseas contractor evaluates host nation dentists to determine if they meet international hygiene and clinical practice standards. 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.

Show slide #7 for 2.3



DTF stands for Dental Treatment Facility. Mention that ADSMs may be referred to civilian dentists when a DTF is unable to provide certain dental care within access to care standards.

Enrollees MUST receive a referral and an ACN before receiving care.

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 uniformed services DTF is unable to provide the required care.

2.3.1 ADSM Dental Emergencies

- Emergency dental care policies and procedures established by the uniformed service DTF apply to all non-remote ADSMs. Non-remote ADSMs who are traveling (leave, duty-related) do not require an appointment control number (ACN) or referral if they're not within 50 miles of a uniformed service DTF; they may receive treatment from any civilian (including non-network) dentist. (See Section 2.4.1 of this module for authorization information.)
- Although it's not required, non-remote ADSMs should 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

- DTFs may refer ADSMs for services not available within the DTF.
- ADSMs may only receive the services listed on the DTF referral or ADDP's contractor's authorization.
 - If the civilian dentist determines there are additional services needed, the dentist must contact the ADSM's DTF to seek approval to modify the referral. If approved, the DTF modifies the referral and submits it to the ADDP contractor online.
- ADSMs and the DTF are encouraged to let the ADDP contractor schedule appointments.

2.3.3 Managing DTF-Referred Care Under the ADDP

- The DTF completes a referral request form online at www.addp-ucci.com.
 - The referral request form automatically populates a referral number and an ACN; both the referral number and the ACN are required before an appointment is scheduled.
 - 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.
 - If the ADSM does not receive a referral ACN before getting care, the claim may be denied.
- Once the referral is received, the appointment will be scheduled.
 - The ADDP contractor should make the appointment within two business days of the request to make sure the ADSM is seen within 21 days for routine care and 28 days for specialty care.
 - If the DTF determines the ADSM needs an immediate appointment, the DTF or the ADSM can make an appointment with a network dentist directly, but must first contact the ADDP contractor to obtain an ACN.
 - Appointments can be made with a network dentist by calling a Dental Care Finder with the ADDP contractor; the contractor's online system cannot provide an immediate appointment.

2.3.4 Cancelled and Missed Appointments Under the ADDP

- ADSMs who are unable to keep an appointment with the civilian dentist should cancel it as soon as possible or within 24 hours of the appointment.
- ADSMs must notify the ADDP contractor of the cancelled appointment to reschedule.
 - When circumstances prevent ADSMs from cancelling within 24 hours of the appointment, ADSMs must contact the ADDP contractor to reschedule. The ADSM should also inform the ADDP contractor if they receive a bill from the civilian dentist for the missed appointment.

Show slide #8 2.4

Remote ADDP Dental Care

- Allows remote ADSMs to coordinate their own routine dental care
- Treatment must be less than:
 - \$750 per procedure or appointment, or
 - A total of \$1,500 within a consecutive 12-month period
- Offers options for accessing routine dental care



2.4 Dental Care for Active Duty in Remote Locations

- Remote active duty dental care is provided through:
 - ADDP contractor as R-ADDP
 - 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.
 - ADSMs must ensure 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).

ADDP	Overseas
<p>All remote assigned ADSMs must receive prior authorization before receiving the following:</p> <ul style="list-style-type: none"> • Dental care greater than \$750 per procedure or appointment • Dental care with a cumulative total more than \$1500 per treatment plan • Specialty care (e.g., crowns, bridges, dentures, periodontal treatment) • Dental care from a non-network dentist 	<p>All remote assigned ADSMs must receive prior authorization before receiving the following:</p> <ul style="list-style-type: none"> • Dental care greater than \$500 per procedure or episode • Dental care with a cumulative total more than \$1500 per treatment plan <p>Note: All overseas routine care is scheduled through the overseas contractor.</p>

An example of a remote ADSM would be a rural area recruiter.

2.4.1 Managing Remote Dental Care—Routine and Specialty Care

Routine Care under the ADDP

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:

Option 1:

The contractor's Dental Care Finders make the appointment, choosing from the list of network dentists, while considering the ADSM's request for a preferred network provider as noted on the form.

Option 2:

- Remote ADSMs may make their own network dental appointment by filling out the appointment request form online (noting a preferred network provider's contact information if so desired) and indicating they will schedule the appointment.
- Within two days, the ADDP contractor provides the ADSM with a list of three dentists, including the preferred dentist (if possible) and the ACN.
- The ADSM provides the ACN to the dentist before receiving care.
- As soon as possible, ADSMs are to provide the dentist's name, date, and time of the appointment to the ADDP contractor so the member's records may be updated. This can be done by:
 - E-mail: addpdcf@ucci.com
 - Phone: 1-866-984-2337/ADDP
- ADSMs who experience problems getting an appointment within 21 days of their request should contact the ADDP contractor.
 - If the ADSM's preferred network dentist is not available, the ADSM can waive his/her right to an appointment within 21 days and schedule a later appointment with that dentist.

Note: It's important for stateside and U.S. territory remote ADSMs to remember that they must wait to receive an ACN from the ADDP contractor before making their appointments.

Routine Remote Care Overseas

- The overseas contractor arranges and provides access to dental care on a cashless, claimless basis to TOP Prime Remote enrolled active duty service members (except ADSMs in U.S. territories).
 - 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).
- ADSMs must contact the Regional Country-specific Call Center before seeking routine dental care.

Specialty Care under the ADDP

- Specialty dental care requires prior authorization from the ADDP contractor.
- ADDP network dentists may 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
- The authorization determination may take up to five business days.
- When approved, the contractor assigns an ACN and notifies the ADSM and the specialty dentist that an appointment can be scheduled using the assigned ACN.
 - The ADSM is responsible for scheduling the appointment with the dentist.
- 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.

Specialty Care Overseas

- 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.
 - The overseas contractor ensures that all documentation for prior authorization is provided to the TAO Dental Consultant for review.
 - The Consultant sends referral request determinations to the overseas contractor.
 - If the ADSM does not receive an authorization before getting care, the claim will be denied. The contractor may coordinate with the TAO dental consultant for a retroactive authorization under extenuating circumstances.
- Call Center staff coordinate with the ADSM on setting up an appointment with a host nation dental provider.
- Call Center staff send an authorization to the host nation dentist for use in filing the claim with the TOP overseas claim processor.
- Prior authorization is not required for emergency dental care services. However, ADSMs are encouraged to contact the Regional or Country-specific Call Centers for assistance before or immediately after receiving services.

Orthodontic Care (Extremely Limited)

- All orthodontic care, evaluation, and treatment must have a predetermination decision.
- Contact the overseas contractor Regional or Country-specific Call Center for assistance. (See Section 6.0 of this module for contact information.)

2.5 Payment for Services

ADDP

- Network dental providers complete all treatment documentation and submit claims to the ADDP contractor.
 - Network dentists receive direct payment from the 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 ADSMs seeks dental care without the proper prior authorization, they may be responsible for payment for those services.
 - If the ADSM files the claim, they need to find and submit documentation (when the provider doesn't give the ADSM an American Dental Association claim form). (See Section 2.6 of this module for information about where to find and send documents.)
- The ADDP contractor may pay for dental services in areas that do not have network dentists; however, when approved to see a non-network dentist, ADSMs are responsible for paying up front and filing a claim for reimbursement.
 - 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.

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.
- When filing a claim, the ADSM must submit the following documentation with the claim form (*CHAMPUS Claim Patient's Request for Medical Payment [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

2.6 Claims Filing Information

ADDP	Overseas
<ul style="list-style-type: none"> ● Claims can be filed on any standard dental claim form of the American Dental Association or on the ADDP claim form. <ul style="list-style-type: none"> ○ The ADDP claim form can be completed online at www.addp-ucci.com, printed, and mailed to the contractor. ● Submit claims to: <p style="text-align: center;">United Concordia Companies, Inc. ADDP Claims P.O. Box 69429 Harrisburg, PA 17106-9429</p> ● Claims are paid at the network rate. 	<p>Claims should be filed on a <i>DD Form 2642</i> 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.</p> <ul style="list-style-type: none"> ● Find claim forms at www.tricare.mil/forms ● 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 shall be denied:
 - ADDP: within one year from the date of service
 - Overseas: within three years from the date of service

Note: It's recommended that ADSMs submit claims as soon as possible after receiving services and confirm the claim is processed by receipt of an explanation of benefits (D-EOB or overseas EOB) or contacting the contractor.

Show slide #9 for 3.0

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 beneficiary categories may purchase TDP coverage:
 - Eligible family members of active duty and activated Guard and Reserve service members (as determined by their Service)
 - Guard or Reserve members on inactive status 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 12-month minimum enrollment requirement may be waived for family members of Guard/Reserve and Individual Ready Reserve (IRR) whose sponsors are activated in support of certain contingency operations.
- Enrollment eligibility is verified through the Defense Enrollment Eligibility Reporting System (DEERS).



3.1 Test Question

3.2 Test Question

Show slide #10
for 3.3



3.3 TDP Enrollment

- Enrollment and a 12-month commitment is required for TDP coverage.
 - 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 types of 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

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

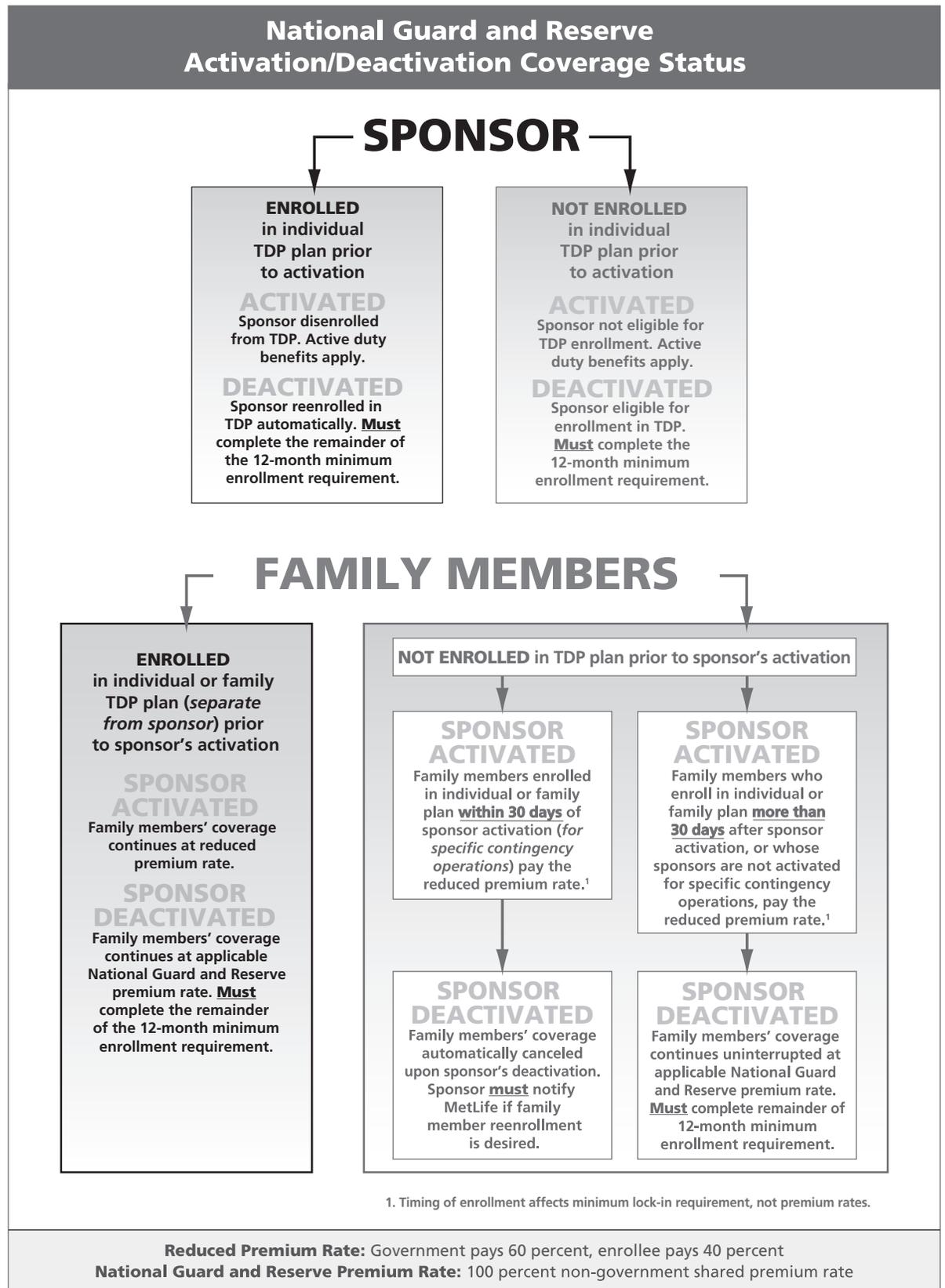
Under TDP family enrollment, all eligible family members must be enrolled, except in the following situations:

- **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 a TDP-enrolled Guard or Reserve sponsor is 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 on the following page for more information.)
 - **Note:** All members of the Guard and Reserve are required to have an annual dental examination. *DD Form 2813, DoD Active Duty/Reserve Forces Dental Examination*, is used to document the member's dental health, available online at www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2813.pdf.
 - TDP-participating dentists complete the *DD Form 2813* at no cost to TDP enrollees. Guard and Reserve members who are not enrolled in TDP are encouraged to contact their service branch for service specific requirements.
 - Guard and Reserve members are responsible for obtaining the examination, providing the form to the dentist, and reporting their dental readiness status to their service.
- **Children under age 4** may be voluntarily enrolled at any time. However, a sponsor may choose not to enroll these children if there is only one member of the family age 4 or older enrolled. Children are automatically enrolled on the first day of the month following the month they turn 4, as long as other family members are enrolled. This may result in the premium rate changing from a single plan to a family plan.
- **Split Enrollment:** If a sponsor has family members residing 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 to enroll only the family members residing in one location. This does not mean the family members cannot be enrolled; it simply means that the sponsor is not required to enroll them. Contact the TDP contractor if this applies so the enrollment status is reflected appropriately.
- **Split Enrollment for Active Duty Family Members Only:** In instances where a family 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 disenrolled and may continue to receive care from a military treatment facility.
 - 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.
 - The sponsor must provide the documentation with the request for disenrollment before the family member seeks services.

Mention that when non-active duty Guard/Reserve members are called to active duty for more than 30 consecutive days, they are disenrolled from TDP and become eligible to receive dental care at the DTF or through the ADDP.

Mention that enrollment in TDP may make it easier for non-active duty Guard/Reserve members to get the annual dental readiness assessment required by their service.

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



3.3.2 Enrollment Methods

- **Online:** Complete the *TDP Enrollment Authorization* document on the Beneficiary Web Enrollment website at <http://dmdc.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 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 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

- **Enrollment authorization documents** are available at:
 - The Beneficiary Web Enrollment website at <http://dmdc.osd.mil/appj/bwe>
 - www.tricare.mil/forms
 - The TDP contractor's website at <https://mybenefits.metlife.com/tricare>
 - The local TRICARE Service Center or uniformed service DTF

3.3.3 Enrollment Effective Date

- Once the completed *TDP Enrollment Authorization* document is received, eligibility confirmed, and the appropriate initial premium payment received, the TDP contractor enrolls the family and/or eligible Guard or Reserve sponsor. Coverage is effective on the date on the TDP enrollment card.
 - If the *TDP Enrollment Authorization* document and the initial payment are received by the 20th of the month, coverage begins the first day of the following month.
 - If the *TDP Enrollment Authorization* document and initial premium payment are received after the 20th of the month, coverage begins the first day of the second month.

3.3.4 Disenrollment

- To disenroll, TDP enrollees must complete a new *TDP Enrollment Authorization* document.
 - If the *TDP Enrollment Authorization* document is entered into the BWE, or received by the 20th of the month, the cancellation is processed for the first day of the following month.
 - 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 that one month.

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.

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.

Show slide #11 for 3.4

	Active Duty	Net (Guard/Reserve)	Net
Sponsor Only	N/A	\$10.80	\$26.74
Single person family member including costshare	\$10.80	\$26.74	\$26.74
Family member that cost share member including costshare	\$10.80	\$77.22	\$77.22
Sponsor and family	N/A	\$87.52	\$102.96

Info based on effective May 1, 2012

Emphasize that with TDP, premiums are based on the sponsor's rank.

Note: During this first period, May 1, 2012 to January 30, 2013, the rates are changed from the previous contractor. Current enrollees may question the rates being changed in less than a 12-month period come February 2013

3.4 TDP Premiums

- TDP premiums are determined by the TDP enrollment plan (single or family) and the military status of the sponsor. Monthly premiums must be paid in full because partial payments are not accepted.
- The benefit year is May 1 to April 30.
- Premiums change every February but since this is a pay-ahead program, changes show up in January to be in effect by February.
- If the Guard or Reserve sponsor's status changes, premiums and cost-shares change accordingly.
 - The sponsor and family member(s) must pay separate premiums for each plan, one for the sponsor and one for the family member(s).
- 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 and sufficient funds are available at the time of collection, the government collects the sponsor's share of the premium in advance through a uniformed services finance center.
 - If for any reason the TDP contractor is unable to obtain the requested premium payment from the member's uniformed service payroll account, the sponsor is responsible for paying the premium directly. When this occurs, premium collection transfers from the uniformed services finance center payroll allotment or deduction to direct billing by the TDP contractor.
 - Only premiums for ADFMs, active Guard/Reserve family members, and non-active duty Guard/Reserve members may be taken from the sponsor's uniformed service payroll account. 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.
 - A Guard/Reserve sponsor's enrollment in TDP ends when the sponsor is activated; the sponsor is automatically re-enrolled in the TDP when deactivated.

3.5 TRICARE Dental Program Covered Services and Cost-Shares

3.5.1 Benefits Overview (Not a Complete List)

- Services must be necessary and meet accepted standards of dental practice.
- Services should be reported using the American Dental Association current dental procedures and terminology.
- Covered services include, but are not limited to, diagnostic and preventive services, orthodontics, endodontics, periodontics, oral surgery and implants for all pay grades and command sponsored TDP enrollees.
 - There are coverage benefits and exclusions, which can be found on the TDP contractor's website.
- Many dental services have time limitations and can only be offered at specific times.
 - These time periods are based on the date of the current service and most recent previous service (calendar months/years, not plan years).
- Some specific services require additional documentation. The TDP contractor will work with the dental provider to get the required information.

Scenario:

Private Flourido, an inactive Reservist, enrolled in TDP gets her routine cleanings. TDP covers two cleanings in a 12-month time period. If Private Flourido receives a cleaning on May 13, 2012 and January 21, 2013, both cleanings are covered. However, if Private Flourido receives a cleaning on May 13, 2012, January 21, 2013, and April 13, 2013, the third cleaning would not be covered.

Note: During pregnancy, a third dental cleaning is covered in a 12-month period.

3.5.2 Non-Covered Services

The following services may not be covered under the TDP:

(**Note:** This is not a complete list and does not include services outside established time limits.)

- Those not listed as covered
- Not provided or supervised by a dentist (some state exceptions)
- Experimental or investigative (unproven)
- Provided beyond the coverage period (i.e., the enrollee had authorization for services but voluntarily disenrolled; therefore, the authorization no longer applies)

3.5.3 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 type of treatment provided.
 - Cost-share payments are based on the established allowable charge.
- **Note:** For a complete list of cost-shares based on provided services visit www.tricare.mil/costs.

3.5.4 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. • Enrollees using a PDP dentist do not have to pay more than the applicable cost-share percentage for covered services, subject to established limitations and maximums. • PDP dentists file claims with the TDP contractor on behalf of an enrollee. • The TDP access standard is that a PDP general dentist is located within 35 driving miles of an enrollee’s home and that enrollees are able to arrange an appointment within 21 days of their call to the dental office. • PDP dentists complete <i>DD Form 2813</i>. • 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"> • Dentists who have not signed a contract with the TDP contractor are considered non-network dentists. • Non-network dentists may bill enrollees their full fee. • Enrollees are responsible for paying the difference between the TDP contractor’s allowance and the amount charged by the non-network dentist, in addition to the applicable 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. A sample <i>NARF</i> is located in <i>Appendix A</i> of this module. <p>Note: Access standards for the location of a dentist are not applicable for TDP enrollees living in overseas areas.</p>

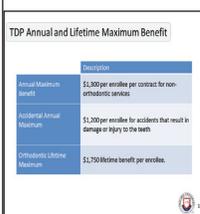
3.5.5 Overseas Cost-Share Information

- The government will pay for services above the maximum allowable charge up to the billed amount, except for Guard and Reserve family members (in the Selected Reserve) and Individual Ready Reserve family members and ADFMs who are not command-sponsored.
 - Coverage for non-command sponsored family members residing in overseas areas is the same as stateside coverage. Accordingly, the government does not pay for any enrollee cost-shares for these populations. All cost-shares are the responsibility of the enrollee.
- Command-sponsored TDP enrollees who reside in overseas areas will pay stateside cost-shares for services received in the stateside service area.

3.5.6 Annual and Lifetime Maximum Benefit

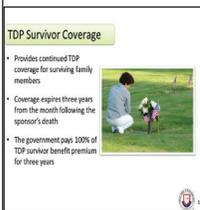
The annual and lifetime maximums for the TDP are based on the allowable charge less the enrollee's cost-share.

Show slide #12
3.5.6



Maximum	Description
Annual Maximum Benefit	<ul style="list-style-type: none"> • The annual maximum is \$1,300 per enrollee per plan year (May 1 to 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.

Show slide #13
for 3.6



3.6 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 Survivor Benefit Premium.
 - Children of the deceased sponsor are covered until they lose eligibility. (See the *DEERS* module for more information.)
 - 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 their current TDP coverage plan and enrolled in the TDP Survivor Benefit Plan. The TDP contractor notifies survivors of the disenrollment and the terms of the TDP survivor benefit.
- Contractual lock-in and lockout provisions do not apply to the TDP Survivor Benefit.
- Surviving spouses are eligible for the TRICARE Retiree Dental Program (TRDP) once the three-year TDP Survivor Benefit period ends. **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.

Advise students that surviving family members who were not enrolled in the TDP qualify to enroll in TDP following the sponsor's death and are also entitled to the TDP survivor benefit.

Mention that TDP survivor coverage is separate from Survivor coverage under the medical benefit.

Show slide #14
for 3.7.1 and
3.7.2

TDP Portability

Moving/Traveling within U.S. <ul style="list-style-type: none">Enrollees can visit any TDP participating dentistCan find participating network dentist by phoning TDP contractor or visiting web site	Traveling to Overseas Area <ul style="list-style-type: none">Stateside enrollees are covered while traveling overseasResponsible for all cost sharesResponsible for difference between TDP maximum allowable charge and provider's actual charge for covered services
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3.7 Traveling and Moving with the TRICARE Dental Program

When relocating, enrollees should try to obtain copies of their dental records to avoid repeating and paying for procedures at their new location.

3.7.1 Within the United States, Puerto Rico, Guam, and the U.S. Virgin Islands

When traveling or moving within the stateside coverage area, enrollees can visit any licensed and authorized dentist. However, enrollees are highly encouraged to use PDP dentists (this saves money and time). They can call the TDP contractor or visit its website to find a PDP dentist. (See Section 6.0 of this module for contact information.)

3.7.2 From Stateside to Overseas

- **Traveling:** TDP-enrollees who reside in stateside areas are also covered while traveling in overseas areas; however, they're responsible for stateside cost-shares and the difference between the maximum the TDP pays for covered services and what the dentist bills.
- **Moving:** TDP-enrollees may elect to disenroll from the TDP within 90 calendar days of relocation to an overseas area. TDP recommends that enrollees do not disenroll before their move until they determine if and what dental care is available in the nearest overseas military dental treatment facility.

3.7.3 Within Overseas areas

Enrollees are covered while traveling and continue to pay the overseas cost-shares.

3.7.4 From Overseas to Stateside

TDP-enrollees who reside in overseas areas are covered when traveling in stateside areas, but are subject to stateside dental benefits cost-shares and payment rules (even if command-sponsored). Enrollees are encouraged to use PDP dentists who understand benefit coverage and claim filing.

3.8 Predetermination Requests

Predetermination requests allow the dentist and enrollee to know, before receiving treatment, if a service is covered and anticipated payments and costs.

- Predetermination requests are recommended for onlays, crowns, implants, prosthodontics, periodontics, orthodontics, and oral surgery.
- Predetermination request process
 - Dentist or enrollee submits a dental claim submission document and indicates on that document that a predetermination is requested.
 - The request is reviewed and benefit and payment determination is made. The TDP contractor notifies the dentist and enrollee by issuing a Dental Estimate of Benefit Notification. (This is not a guarantee of payment or coverage, but an indication of how much would be payable based on the information provided).
 - If the predetermination service is approved, the dentist or enrollee must return the Dental Estimate of Benefit Notification, with the date of service noted on it, when submitting the claim.
- Predeterminations are valid for 12 months from the date of final approval. Services provided after this date will be reviewed to see if payment can still be made.

Show slide #15
3.7.2 and 3.7.4

TDP Portability

Moving to Overseas Area <ul style="list-style-type: none">Enrollees may disenroll within 90 calendar days of relocation to an overseas areaShould not disenroll until they determine if and what dental care is available in overseas military DTAs	Traveling to U.S. <ul style="list-style-type: none">Enrollees who reside overseas are covered statesideSubject to stateside dental benefits claims processing procedures
---	--

3.9 TDP Claims

3.9.1 Stateside

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

- 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).
- PDP dentists handle all of the paperwork, including filing claims.
- The TDP contractor reimburses the network dentist directly for covered services, minus the cost-share paid by the TDP 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).

3.9.2 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 3.9.3 of this module for more information.)
 - TDP enrollees who receive dental care in overseas areas and must pay the full amount up front at the time of service should obtain a detailed receipt from the dentist.
- A *NARF* for orthodontia indicates services aren't available through the uniformed services. A *NARF* is issued by the TRICARE Area Office, overseas dental treatment facility, or overseas POCs. A sample *NARF* is located in *Appendix A* of this module.
- Additional overseas claim payments information:
 - Enrollees typically pay up front for covered services and submit a claim.
 - The TDP contractor makes payment for covered services and issues a Dental Explanation of Benefits (DEOB) to the dentist or enrollee, depending on which party sent the claim.
 - If the TDP contractor is unable to determine which party forwarded the claim, the contractor will pay the dentist.
 - All payments issued to a dentist for the overseas service area 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.

3.9.3 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. (See Section 6.0 of this module for a list of overseas contacts.) ● Claims documents originating from an overseas dental provider should include the following if an ADA claims document 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

3.9.4 Deadline for Filing Claims

Claims should be filed as soon as possible after the dental service. Claims must be submitted within one year of the date of service or payment will be denied. Prompt submission is vital for orthodontic care because the banding date is used to determine the filing time line.

3.9.5 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.

Mention that just as for TRICARE medical claims, dental claims must be submitted within one year of the date of service (or three years for overseas, except Puerto Rico).

Show slide #16

Dental EOB Exercise

Q1. How many procedures did the dentist perform on 02/02/12?

Q2. What are the procedure codes for comprehensive services?

Q3. How much did the dentist charge for procedures?

Q4. What are the TDF allowable charges for the procedures performed?

99995 99986 00000146001201307515990 - (



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

BENEFICIARY/PATIENT NAME STELLA BISHOO **RELATIONSHIP** DEPENDENT **DATE PROCESSED** FEBRUARY 1, 2012 **FILE REFERENCE** 2013075159 9
DCN: 12013007516

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.

GDENE0B08

If benefits are denied in whole or part, see "Notice to Beneficiary" on reverse side.
Please save this statement for your tax records.

T5836A.SCR (0)

Metropolitan Life Insurance Company
P.O. BOX 14181
LEXINGTON KY 40512

99995

STELLA BISHOO
CARE OF 333 BOULEVARD SOUTHWEST
333 BOULEVARD SOUTHWEST
WASHINGTON MD 00820

Walk participants through this exercise as time allows.

3.9.6 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.

3.10 Exercise

Use the DEOB on the previous page to answer the following questions:

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

A1: One procedure

Q2. What is the procedure code for comprehensive evaluation?

A2: DO 150

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

A3: \$80

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

A4: \$35

3.11 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.

3.11.1 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.
- These instructions, as well as the patient's right to appeal, are provided 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

3.11.2 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.

3.11.3 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.

4.0 TRICARE Retiree Dental Program (TRDP)

- The TRDP offers premium-based, voluntary group benefit dental coverage to eligible retired members of the uniformed services and their family, unmarried surviving spouses, children of deceased members, and other select individuals.
- This 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 beneficiary categories:

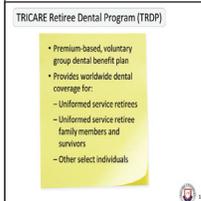
- Former members of the uniformed services who are entitled to uniformed services retired pay, includes those who are 65 years of age or older, and their eligible family members
- Guard and Reserve Retired Reserve (includes those who are not yet 60 years old, aka “Gray-Area Reservists”) and their eligible 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: 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.

4.2 Enrollment

- New enrollees must commit to remain enrolled in the TRDP for an initial 12-month period. Following the initial enrollment commitment period, enrollment in the TRDP is continued automatically on a month-to-month basis.

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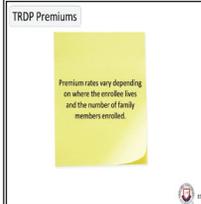


Show slide #18
for 4.2



- Types of plans available: single-person, two-person, and family (three or more persons)
- Beneficiaries may enroll by using one of the following methods:
 - 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.
 - Phone: 1-888-838-8737, option #2
 - Mail: Download application from www.trdp.org/pro/enroll

Show slide #19
for 4.3



4.3 Premiums

- Premium rates for the TRDP vary based on where the enrollee lives (residential zip code) and the number of family members enrolled.
- Premium rates 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.
 - Send complete application along with premium prepayment to:

Delta Dental of California
Federal Government Programs
P.O. Box 537008
Sacramento, CA 95853-7008
United States of America
- As mandated, the TRDP collects premium payments through retired pay allotment. A two-month premium prepayment must accompany the enrollment application to cover monthly premium payments until a monthly payment plan is established.
 - The TRDP contractor refunds any unused prepayment portion to the enrollee during the third month of enrollment, if the allotment went into effect before the third month. If there aren't enough funds to allow the automatic allotment, TRDP notifies the enrollee about other payment options.

4.3 Test question

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 without obligation as long as they didn't receive dental benefits during that time.
 - After the grace period, enrollees must remain enrolled for the duration of the 12-month enrollment commitment period and must pay all premiums, unless they meet certain disenrollment criteria.
- 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 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 request 30 days before the month coverage is to end.
 - If the disenrollment request is received June 15, disenrollment is effective August 1.

- Enrollees who fail to complete their 12-month commitment are locked out for 12 months before they can re-enroll.

4.5 New Retiree Enrollment Opportunity

- ADSMs and eligible family members may enroll 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 receives a complete enrollment package.
- TRDP covers services that are necessary, appropriate, and provided by a licensed dentist within the Enhanced TRDP service area.
 - TRDP covers diagnostic and preventive services, basic restorative services, endodontics, periodontics, and oral surgery.
- Some TRDP benefits are subject to time limitations that specify how often the benefit can be paid. These are services that are covered no more than once or twice within a specified number of months.
 - Example: Two cleanings per 12-month period. The second cleaning is covered as long as it's within 12 months from the first cleaning. If the first is on October 15 and the second is on April 15, they both can be covered. Another cleaning on September 30 won't be covered.
- 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.
- 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.

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TRDP Annual and Lifetime Maximum Benefit

Annual Maximum per patient	\$1,200
Orthodontic Maximum per patient, per lifetime	\$1,500
Dental Accident Maximum per patient, per benefit year	\$1,000

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 outside the stateside service area.

- The Enhanced TRDP is structured as a Delta Dental preferred provider organization/dental provider organization (PPO/DPO) that 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 for all treatment provided
 - 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 based on national TRDP contractor processing policies

4.9 Non-Participating 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.
 - Will not receive direct payment
 - Payment is sent 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 participating network dentist. The TRDP enrollee remains responsible for the difference between the TRDP-allowed amount and billed charges (if applicable).

4.10 Overseas Dentists

- Enhanced Overseas TRDP—Enrollees may use any host nation dentist 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 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 provider listing on the web at www.trdp.org.

4.11 TRDP Claims

- Predeterminations are not required but are recommended for more complex, major procedures, such as crowns, bridges, and dentures.
 - The predetermination is submitted as a claim, noting the request for predetermination, and should include procedure codes, treatment plans, and x-rays.
 - The TRDP contractor issues a predetermination estimate. If approved, the dentist returns the claim with dates of service and the predetermination notice from the TRDP contractor.
- An advantage of seeking treatment from a participating network is that the dentist 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 claims. Alternatively, they may give the enrollee a standard dental claim form to complete and submit.

4.11: Mention that TRDP claims must be received by TRDP contractor within 12 months of the date of service.

- Dentists and enrollees submit claims using the retired sponsor's social security number.
- 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
- Enrollees needing assistance with completing the claims 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.
- 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 claims form.

4.11.1 Dental Explanation of Benefits (DEOB)

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

4.12 TRDP Appeals

There are two levels of appeal for denial of TRDP claims: reconsideration and formal review. There must be a disputed question of fact, which if resolved in favor of the appealing party, would result in the authorization of TRICARE 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 (DEOB) 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.
- Send requests to:

Delta Dental of California
Federal Government Programs Appeals Department
P.O. Box 537015
Sacramento, CA 95853-7015
United States of America

4.12.2 Formal Review

- The enrollee must request a review within 60 calendar days from the reconsideration determination date.
- 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.

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 for 5.0



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 member 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 (e.g., TRICARE Prime, TRICARE Standard, TRICARE Extra) 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 or overseas 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: addpdf@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 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 Online: http://mybenefits.metlife.com/tricare</p>
<p>Claims MetLife TRICARE Dental Program P.O. Box 14181 Lexington, KY 40512 Phone: 1-855-638-8371 Fax: 1-855-763-1333</p>	<p>Claims MetLife TRICARE Dental Program P.O. Box 14182 Lexington, KY 40512 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 #22

Module Summary

- Describe active duty dental coverage
- Explain the TRICARE Dental Program 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)

Show slide #23

Questions?



Show slide #24



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

Appendix A: Sample Overseas Non-Availability and Referral Form (NARF)

TRICARE® Dental Program

Form to be used beginning May 1, 2012
(Form also located at <https://mybenefits.metlife.com/tricare>)



NOTE: This form is only necessary for OCONUS orthodontic care. This complete form, along with the TDP OCONUS Claim Submission Document, and the provider's total bill should be sent to MetLife for processing. Additional information can be found in the TDP Benefit Booklet.

OCONUS NON-AVAILABILITY AND REFERRAL FORM (NARF)			
PATIENT INFORMATION	1) PATIENT'S NAME LAST FIRST MI		2) DATE OF BIRTH MO DAY YEAR
			3) SEX M F
			4) RELATIONSHIP TO SPONSOR SPOUSE CHILD OTHER
PATIENT INFORMATION	5) SPONSOR'S NAME LAST FIRST MI		6) SPONSOR'S SOCIAL SECURITY NUMBER OR DEPARTMENT OF DEFENSE BENEFITS NUMBER
	7) PATIENT'S ADDRESS (APO/FPO or Street, City, Country, Postal Mailing Code)		8) SPONSOR AND PATIENT'S PHONE NUMBER
REFERRAL INFORMATION	9) REFERRING OVERSEAS DENTAL TREATMENT FACILITY/ TRICARE AREA OFFICE (Name and Location)		10) PRIMARY REASON FOR REFERRAL: <input type="checkbox"/> a) Proper facilities or professional capability are temporarily not available at this facility <input type="checkbox"/> b) Proper facilities or professional capability are permanently not available at this facility
	11) ORTHODONTIC REFERRED SERVICE (Description of Service—include CDT code(s) if possible) <input type="checkbox"/> Diagnostic <input type="checkbox"/> Extensive CDT Codes: <input type="checkbox"/> Limited <input type="checkbox"/> Retainer (If possible)		12) COMMAND SPONSORSHIP/TIME ON STATION (OCONUS): a) Command Sponsored: Yes or No b) Date Sponsor reported to OCONUS duty station c) Time (years/months) Sponsor has left on OCONUS orders
	13) REMARKS		
	14) NAME AND TITLE (Type or Print)		
SPONSOR/FAMILY MEMBER CERTIFICATION	15) APPROVAL SIGNATURE		16) DATE OF ISSUANCE*
	*NOTE: FORM VALID FOR 120 DAYS FROM DATE OF ISSUANCE		
SPONSOR/FAMILY MEMBER CERTIFICATION	17) SPONSOR/FAMILY MEMBER CERTIFICATION I have confirmed my enrollment in the TDP. If I am not enrolled, I am responsible for the full cost of any dental care received. I confirm that, as of the date of this referral, I have not exceeded the appropriate lifetime orthodontic maximum. I understand that, if I have exceeded my maximum (\$1,750 for orthodontic services), I am responsible for the full cost of any additional orthodontic services received. I understand that, if I receive services for dental care not covered under this referral, I am responsible for the full cost of any dental care received outside the scope of this referral. SIGNATURE (Sponsor/Family Member) _____ DATE _____		
	18) I have received confirmation from the sponsor/family member that the above is true and that the sponsor/family member agrees to these certifications as of the date of this referral. INITIALS (Referring Party) _____ DATE _____	19) ODTF/TRICARE AREA OFFICE TRACKING NUMBER	

Module Review Sheet

Question 1:

Name the two distinct components of the Active Duty Dental Program.

Answer 1:

- 1) Dental Treatment Facility (DTF) Referred Care, which authorizes dental coverage for ADSMs referred to a civilian dentist by the DTF.
- 2) Remote Active Duty Dental Care, which provides private sector/civilian dental coverage for ADSMs who reside and work (duty location) greater than 50 miles from a military DTF.

Question 2:

What is the purpose of the ADDP?

Answer 2:

The ADDP is designed to augment, not replace, dental care provided in military DTFs.

Question 3:

Who is eligible for the TRICARE Dental Program?

Answer 3:

- 1) Family members of active duty service members (ADSMs)
- 2) Spouses
- 2) Children under age 21 (or under 23 if enrolled full-time at an accredited college or university and more than 50% dependent on the sponsor for financial support)
- 4) National Guard and Reserve service members not on active duty status
- 5) Family members of National Guard or Reserve members, including the Individual Ready Reserve (IRR).

Question 4:

How are TRICARE Retiree Dental Program premiums determined?

Answer 4:

Premiums vary depending upon where the enrollee lives and the number of family members enrolled.

Exam Questions and Answers: Dental

41) **Active Duty Dental Care overseas is coordinated through the overseas contractor; overseas dental care is provided by a dental treatment facility or _____.**

- A. Network provider
- B. Contracted provider
- C. Participating provider
- D. Host nation dental provider

Answer: [D] Reference: Participant Guide, Dental, Sections 2.1.2 and 2.2

42) **How many months must a sponsor have remaining on his or her service commitment at the time of enrollment in the TRICARE Dental Program?**

- A. Six months
- B. One year
- C. Two years
- D. Three years

Answer: [B] Reference: Participant Guide, Dental, Section 8.0

43) **The _____ is a voluntary, premium-based dental insurance plan that provides worldwide dental coverage to eligible, enrolled beneficiaries.**

- A. TRICARE Dental Program
- B. TRICARE American Dental Plan
- C. TRICARE Adjunctive Dental Care Plan
- D. Active Duty Dental Program

Answer: [A] Reference: Participant Guide, Dental, Section 3.2

44) **TRICARE Retiree Dental Program premiums vary depending upon:**

- A. The enrollee's residence and number of family members enrolled
- B. The enrollee's retired rank and number of family members enrolled
- C. The enrollee's monthly income and number of family members enrolled
- D. The enrollee's status in Medicare Part B

Answer: [A] Reference: Participant Guide, Dental, Section 4.3