

Important Information about TRICARE Infertility Treatment Limitations

TRICARE strongly encourages you to seek appropriate medical care if you are pregnant or anticipate becoming pregnant. Although TRICARE provides comprehensive maternity coverage, it does **not** cover all services and supplies related to infertility treatment.

TRICARE may cover the following types of infertility assessment and testing:

- Diagnostic services to identify physical illnesses or injuries to the reproductive system, for both men and women.
- Hormonal treatment, corrective surgery, antibiotics, administration of human chorionic gonadotropin (HCG) or radiation therapy depending on the cause. **Note:** Correction of male infertility may be cost-shared, as determined on a case-by-case basis.

- Medically necessary care for erectile dysfunction due to organic causes.

The following infertility treatment services are **excluded**:

- Artificial insemination, including intrauterine insemination (IUI) and any costs related to donors and semen banks.
- In vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), tubal embryo transfer (TET) and all other non-coital reproductive procedures, including all services and supplies related to, or provided in conjunction with, those treatments.

These lists are **not** all-inclusive. For more information, visit www.tricare.mil/coveredservices or contact your TRICARE Overseas Program Regional Call Center. ★

Use the TRICARE Smart Site to Find Information about Your TRICARE Benefit

The TRICARE Smart site at www.tricare.mil/smart allows you to view, print or download copies of TRICARE brochures, fact sheets, handbooks and other publications. TRICARE beneficiary handbooks provide comprehensive information about all aspects of your TRICARE health plan, while fact sheets and brochures provide you with topic-specific information. To access tailored information about your TRICARE benefits, visit the Smart site and click on the “TRICARE Products Online” box, then select the region where you live.

Planning to travel? Use the TRICARE Smart site to download the TRICARE Overseas Program (TOP) Passport, a 24-page, passport-sized guide that provides a summary of the TOP. The TOP Passport discusses getting care while traveling, filling prescriptions and dental care, and includes contact information including TOP claims mailing addresses and medical assistance phone numbers for overseas emergency

care. You can also download the TRICARE Contact Wallet Card before you travel. The wallet card contains valuable stateside and overseas contact information, and its small size when folded makes it easy to keep with you at all times. To visit the TRICARE Smart site, go to www.tricare.mil/smart. ★

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

TRICARE Young Adult Prime and Prime Remote Now Available for Purchase

TRICARE Young Adult (TYA) Prime options (stateside and overseas) are now available for purchase, offering eligible young adult beneficiaries premium-based TRICARE Prime coverage. Monthly premiums are \$201 for 2012 and are subject to change each calendar year.

In addition to TYA Prime, young adult dependents may also be eligible for TYA Standard, which has been available since May 2011. TYA Standard offers eligible dependents the flexibility to see TRICARE-authorized network and non-network providers of their choice, wherever they live or travel. The TYA Standard monthly premium is \$176 for 2012.

Dependents may generally purchase TYA coverage if they are all of the following:

- A dependent of a TRICARE-eligible uniformed service sponsor
- Unmarried
- At least age 21 (or age 23 if previously enrolled in a full-time course of study at an approved institution of higher learning and the sponsor provided at least 50 percent of the financial support), but have not yet reached age 26

Dependents may **not** purchase TYA coverage if they are:

- Otherwise eligible for TRICARE program coverage
- Married
- Eligible to enroll in an employer-sponsored health plan as defined in TYA regulations

The sponsor's status determines a young adult's eligibility for both stateside and overseas TYA Prime and/or TYA Standard options. Please see the chart below for eligibility information.

TYA coverage includes medical and pharmacy benefits, but does not include dental. TYA enrollees are eligible for care at military treatment facilities, but TYA Standard enrollees have access only on a space-available basis. For more information on TYA, or to purchase TYA Prime or download the *TRICARE Young Adult Application (DD Form 2947)*, visit www.tricare.mil/tya. You may also visit http://www.tricare-overseas.com/tricare_young_adult.html.

Note: Dependents must be registered in the Defense Enrollment Eligibility Reporting System (DEERS) prior to enrolling in TYA. If not registered in DEERS, the sponsor must add the dependent to the system before starting the application process. For more information on adding family members to DEERS, visit www.tricare.mil/deers. ★

Eligibility to Purchase TRICARE Young Adult Coverage Based on Sponsor Status

Sponsor Status	Stateside			Overseas	
	TRICARE Prime ¹	TRICARE Standard and TRICARE Extra	Uniformed Services Family Health Plan ¹	TRICARE Overseas Program (TOP) Prime ¹	TOP Standard
Active Duty Service Member	✓	✓	✓	✓	✓
Retired	✓	✓	✓	✗	✓
Selected Reserve of the Ready Reserve ²	✗	✓	✗	✗	✓
Retired Reserve ²	✗	✓	✗	✗	✓

1. To enroll in this program, it must be offered in your geographic area, and you must meet all other eligibility criteria (such as command sponsorship overseas).

2. If you are an adult child of a non-activated member of the Selected Reserve of the Ready Reserve or of the Retired Reserve, your sponsor must be enrolled in TRICARE Reserve Select or TRICARE Retired Reserve for you to be eligible to purchase TYA coverage.

Providing TRICARE with Proof of Payment

To process your claims reimbursements quickly and efficiently, it is recommended that you submit proof of payment with all claims and the *TRICARE DoD/CHAMPUS Medical Claim Patient's Request for Medical Payment* form (DD Form 2642) to the TRICARE Overseas Program (TOP) claims processor, Wisconsin Physicians Service (WPS). Proof of payment is necessary for TRICARE to validate claims and safeguard benefit dollars.

When submitting your *DD Form 2642*, you should also include an itemized bill or invoice, diagnosis describing why you received medical care and/or an explanation of benefits from your other health insurance, if applicable. A cancelled check or credit card receipt showing payment for medical supplies or services often satisfies the proof-of-payment requirement. You may also provide records of electronic funds transfers or the provider's itemized billing statement and provider's matching official signed receipt. If you paid for your care or supplies in cash, TRICARE may ask for proof of cash withdrawal from your bank or credit union along with a receipt from your provider.

If you have questions regarding proof-of-payment requests, claims submissions or the status of a submitted claim, please contact your TOP Regional Call Center and press option 2 for claims assistance.

Additional Proof-of-Payment Requirements

Proof of payment is required for outpatient services exceeding \$5,000 U.S. dollars (USD) and inpatient services exceeding \$10,000 USD. However, in certain countries there are exceptions.

In Turkey, provider invoices are only generated when services are paid in full, so they are considered proof of payment.

In Germany, the pharmacy stamp is provided only after you have paid in full, and is considered proof of payment (for prescription charges only).

In Japan, additional proof-of-payment restrictions apply—the host nation provider will stamp invoices, but a copy of the bank account transaction or ATM receipt is also required. If a cash gift is provided for medical care, the money should be deposited in the bank so a withdrawal receipt can be provided as proof of payment. ★

Prior Authorizations Required for TRICARE Overseas Program Prime Remote Beneficiaries

TRICARE Overseas Program (TOP) Prime Remote provides TRICARE Prime benefits to active duty service members (ADSMs) and their eligible family members residing with them in remote overseas locations. While routine care does not require prior authorization, you should call your TOP Regional Call Center for help with finding a network provider in your region. For specialty care, your primary care manager or the specialist must contact your TOP Regional Call Center to obtain authorization from International SOS Assistance, Inc. for additional care.

Active Duty Service Members

ADSMs enrolled in TOP Prime Remote require prior authorization for all inpatient and outpatient specialty services. An additional fitness-for-duty review is required for maternity care, physical therapy, behavioral health care services and family counseling.

Active Duty Family Members

TOP Prime Remote active duty family members require prior authorization for the following services:

- Adjunctive dental services

- Care received in the continental United States
- Extended Care Health Option services
- Home health care services (**only** available in the United States and U.S. territories: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands)
- Hospice care (**only** in the United States and U.S. territories)
- Nonemergency inpatient admissions for substance use disorders and behavioral health care
- Outpatient behavioral health care beyond the eighth visit to a network host nation provider per fiscal year (Oct. 1–Sept. 30)
- Transplants—all solid organ and stem cell¹

This list is **not** all-inclusive. Contact your TOP Regional Call Center to learn about requirements in your region, as they may change periodically.

For more information, visit www.tricare-overseas.com. To learn more about covered services or exclusions, visit www.tricare.mil/coveredservices. ★

1. Medicare certification for organ transplant centers is only required for transplants performed in the United States and U.S. territories where Medicare is available. TRICARE may cover organ transplants in overseas locations when medically necessary, reasonable and commonly accepted in the country where the transplant is performed.

Enrolling in TRICARE Reserve Select and TRICARE Retired Reserve

TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR) are premium-based, worldwide health plans available to qualified members of the Selected Reserve of the Ready Reserve, members of the Retired Reserve, their families and survivors. Overseas TRS and TRR coverage is similar to TRICARE Overseas Program (TOP) Standard.

To enroll in TRS or TRR, you first need to make sure you qualify. Selected Reserve members may qualify to purchase TRS coverage if they are not eligible for, or enrolled in, the Federal Employees Health Benefits (FEHB) program. Retired Reserve members may qualify to purchase TRR coverage if they are members of the Retired Reserve of a Reserve component who are qualified for non-regular retirement, under age 60 and not eligible for, or enrolled in, the FEHB program. Take the following steps to check qualification status and enroll:

1. Log on to the Defense Manpower Data Center (DMDC) Reserve Component Purchased TRICARE Application at www.dmdc.osd.mil/appj/reservetricare.
Note: To use the website, you will need to use a Department of Defense (DoD) Common Access Card (CAC), myPay Login ID (DFAS), or a DoD Self-Service Logon (DS Logon). You may visit a TRICARE Service Center or a Veterans Affairs Regional Office to complete the required in-person proofing process to request a DS Logon. For more information, go to “Frequently Asked Questions” at www.dmdc.osd.mil/dsaccess. If you need a new uniformed services identification (ID) card, you can visit an ID-issuing facility and request a DS Logon at the same time you are getting a new ID card.
2. Select “Purchase Coverage” and follow the instructions.
3. Select a start date and covered family members. If you certify that you are not eligible for or enrolled in FEHB, you will be guided through the process of selecting a start date and electing which family members you want covered. Print and sign the completed *Reserve Component Health Coverage Request form (DD Form 2896-1)*.¹ (Members who do not qualify will not be able to complete or print the form.) Sponsors or survivors who qualify will be able to proceed to purchase TRS or TRR. Mail the completed and signed *DD Form 2896-1* by the applicable deadline, and include the premium payment amount printed on the form, to:

International SOS Assistance, Inc.
TOP TRS/TRR Enrollments
P.O. Box 11689
Philadelphia, PA 19116
USA

Once enrolled, remember to submit premium payments on time. Sending payments late or not making payments at all can jeopardize coverage for you and your family. ★

1. If you experience a technical problem, contact the DMDC Support Office at +1-800-538-9552.

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TRICARE OVERSEAS PROGRAM CONTACT INFORMATION

International SOS Assistance, Inc.

www.tricare-overseas.com

Eurasia-Africa

TOP Regional Call Center¹
+44-20-8762-8384 (overseas)
1-877-678-1207 (stateside)
tricarelon@internationalsos.com

Medical Assistance¹
+44-20-8762-8133

Latin America and Canada

TOP Regional Call Center¹
+1-215-942-8393 (overseas)
1-877-451-8659 (stateside)
tricarephl@internationalsos.com

Medical Assistance¹
+1-215-942-8320

Pacific

TOP Regional Call Centers¹
Singapore:
+65-6339-2676 (overseas)
1-877-678-1208 (stateside)
sin.tricare@internationalsos.com

Sydney:
+61-2-9273-2710 (overseas)
1-877-678-1209 (stateside)
sydtricare@internationalsos.com

Medical Assistance¹
Singapore: +65-6338-9277
Sydney: +61-2-9273-2760

1. For toll-free contact information, visit www.tricare-overseas.com. Only call Medical Assistance numbers to coordinate overseas emergency care.