



August 2015

TRICARE® CHOICES IN THE UNITED STATES

At a Glance



www.tricare.mil
www.tricare.mil/costs

Visit the TRICARE Web site for more information on eligibility, enrollment, costs, and coverage. Enter your profile for individualized details based on your TRICARE program.

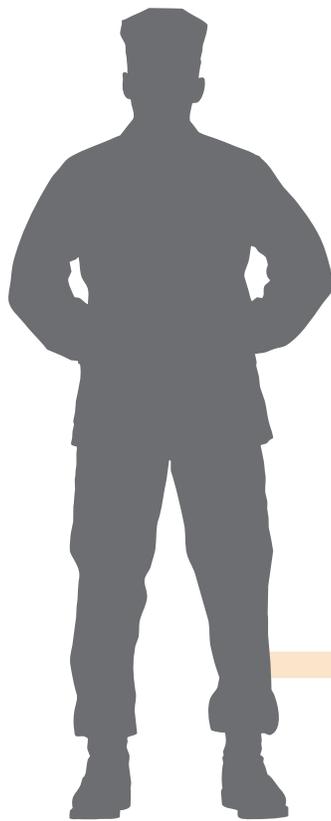
TRICARE is the Department of Defense’s worldwide health care program available to eligible beneficiaries from any of the seven uniformed services—the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Marine Corps, U.S. Coast Guard, Commissioned Corps of the U.S. Public Health Service, and the National Oceanic and Atmospheric Administration. *TRICARE Choices in the United States: At a Glance* provides an overview of TRICARE medical, pharmacy, and dental options. Eligibility for TRICARE is determined by law and the services, and information is maintained in the Defense Enrollment Eligibility Reporting System (DEERS). It is important for sponsors to keep DEERS records up to date. For eligibility, enrollment, cost, and coverage details, visit www.tricare.mil or contact your regional contractor. See the *For Information and Assistance* section of this brochure for contact information.

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PROGRAM OPTIONS BY SPONSOR STATUS

You are eligible for different TRICARE program options based on your beneficiary category, location, and entitlement to Medicare. Use this graphic to determine your options based on your sponsor's status. Additional program details are listed in this brochure. Your options may change if you move or if your sponsor changes location or status. Life events, such as getting married or becoming entitled to Medicare Part A, also affect your family's TRICARE coverage options. For assistance with TRICARE coverage when moving or traveling, contact your regional contractor.



**Uniformed
Service Member**

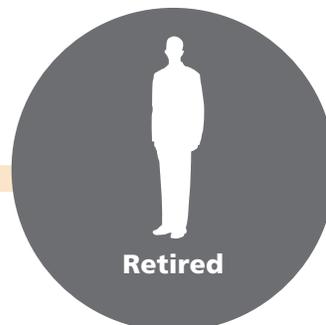


Active Duty

Includes National Guard and Reserve members called or ordered to active service for more than 30 consecutive days



**Separated
from Service**
(non-retirement)



Retired

National Guard and Reserve

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

**Sponsor and family member
TRICARE coverage options:**

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

PROGRAM OPTIONS BY SPONSOR STATUS

Find cost information for all TRICARE program options in *TRICARE Costs and Fees*, available at www.tricare.mil/smart or by visiting www.tricare.mil/costs.

Active Duty

Sponsor TRICARE coverage options	Family member TRICARE coverage options
<ul style="list-style-type: none"> • TRICARE Prime • TRICARE Prime Remote 	<ul style="list-style-type: none"> • TRICARE Prime/US Family Health Plan (USFHP) (<i>depending on location</i>) • TRICARE Prime Remote for Active Duty Family Members • TRICARE Standard and TRICARE Extra • TRICARE Young Adult (TYA) • TRICARE For Life (TFL) (<i>if entitled to Medicare Part A and have Medicare Part B</i>)

Separated from Service (*non-retirement*)

Sponsor and family member TRICARE coverage options

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

- Transitional Assistance Management Program
- Continued Health Care Benefit Program

Retired

Sponsor TRICARE coverage options	Family member TRICARE coverage options
<ul style="list-style-type: none"> • TRICARE Prime/USFHP (<i>depending on location</i>) • TRICARE Standard and TRICARE Extra • TFL (<i>if entitled to Medicare Part A and have Medicare Part B</i>) 	<ul style="list-style-type: none"> • TRICARE Prime/USFHP (<i>depending on location</i>) • TRICARE Standard and TRICARE Extra • TYA • TFL (<i>if entitled to Medicare Part A and have Medicare Part B</i>)

TRICARE PRIME OPTIONS

Referrals

Under TRICARE Prime, your PCM provides referrals for you to receive services from specialty care providers and coordinates the referral request with your regional contractor when necessary. Some services, such as emergency care, do not require referrals.

Prior Authorizations

Prior authorization is a review of a requested health care service to determine if it is medically necessary at the requested level of care. Check for services that require prior authorization by visiting www.tricare.mil and by visiting your regional contractor's Web site.

Catastrophic Cap

The catastrophic cap is the maximum out-of-pocket amount an individual or family pays per FY for TRICARE-covered services. Beneficiaries are not responsible for any amounts above the catastrophic cap in a given FY, except for services that are not covered, charges from nonparticipating providers, or when using the POS option. For cost details, visit www.tricare.mil/costs.

Copayment

The fixed amount a TRICARE Prime beneficiary (except ADSMs or ADFMs) pays for health care services.

Enrollment Fee

The annual fee that retirees, their families, and others enrolled in TRICARE Prime are required to pay.

TRICARE Prime is a health care option that is available to active duty service members (ADSMs) and their family members, retirees and their family members, and certain other TRICARE-eligible beneficiaries. To enroll in TRICARE Prime, you must live in a Prime Service Area or, if you waive your drive-time access standards, within 100 miles of an available primary care manager (PCM). To find out if you live in an area where TRICARE Prime is available, visit www.tricare.mil/psa.

TRICARE Prime Remote (TPR) and TRICARE Prime Remote for Active Duty Family Members (TPRADFM) are TRICARE Prime options available to ADSMs living and working in remote locations and their family members. The US Family Health Plan (USFHP) is a TRICARE Prime option in which care is provided through networks of community-based, not-for-profit health care systems in six areas of the United States. For more information, visit www.usfhp.com.

When you enroll in a TRICARE Prime option, you receive most of your routine care from a PCM that you select or are assigned. Your PCM may be (1) at a military hospital or clinic; (2) a civilian TRICARE network provider; or (3) a primary care physician in the US Family Health Plan (USFHP), depending on your age, location, and sponsor's status. Where you live and military hospital or clinic capacity levels determine whether you have a military hospital and clinic or civilian PCM.

Choosing and Enrolling in a TRICARE Prime® Option

ADSMs are required to enroll in a TRICARE Prime option (*TRICARE Prime or TPR*). Active duty family members (ADFM)s may choose to enroll in a TRICARE Prime option, if available, or may choose to use TRICARE Standard and TRICARE Extra, which do not require enrollment. Depending on location, ADFMs may be able to enroll in TRICARE Prime, TPRADFM, or USFHP. Retirees and retiree family members may enroll in TRICARE Prime or USFHP (*available to retirees until reaching age 65*), if available in their area. If not, they may use TRICARE Standard and TRICARE Extra.

You must take action to enroll in a TRICARE Prime option. You may enroll by calling your regional contractor, using the Beneficiary Web Enrollment Web site at www.dmdc.osd.mil/appj/bwe, or submitting a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form* (DD Form 2876) to your regional contractor. You can find this form at www.tricare.mil/forms.

Getting Care with a TRICARE Prime Option

TRICARE Prime is similar to a managed care or health maintenance organization option. You will see your PCM for most of your routine care. In most cases, not including USFHP, your PCM is at a military hospital or clinic or within the TRICARE civilian provider network. ADSMs will almost always get care at a military hospital or clinic and must obtain a PCM referral to get care elsewhere. Referrals and prior authorizations may be required for certain services. For more details, see the "Getting Care with a TRICARE Prime Option" table that follows. For assistance with health care coverage when moving or traveling, contact your regional contractor.

Getting Care with a TRICARE Prime Option

(includes TRICARE Prime, TRICARE Prime Remote, USFHP, and TRICARE Young Adult Prime)

	Active duty service members	Active duty family members	Retirees and family members
Where do I get care?	<ul style="list-style-type: none"> Military hospital or clinic If traveling or between duty stations, you must receive all nonemergency care at a military hospital or clinic if one is available; if not available, you need a referral from your PCM 	<ul style="list-style-type: none"> Military hospital or clinic or civilian network provider USFHP beneficiaries will only see providers in their designated regional health care system 	<ul style="list-style-type: none"> Military hospital or clinic or civilian network provider Retirees who are not Medicare-eligible may enroll in USFHP (<i>depending on location</i>) and see USFHP providers
What do I need to do before I can get care?	<ul style="list-style-type: none"> Military hospital or clinic care: No referral or prior authorization needed Civilian network provider: Get a referral from your PCM to see a civilian network provider, and prior authorization from your regional contractor (<i>not for emergencies</i>) 	<ul style="list-style-type: none"> Routine care: See your military hospital or clinic or civilian network PCM Specialty care: Get a referral from your PCM to see a specialty care provider <ul style="list-style-type: none"> You may also need prior authorization from your regional contractor for certain types of care (<i>not for emergencies</i>) 	<ul style="list-style-type: none"> Routine care: See your military hospital or clinic or civilian network PCM Specialty care: Get a referral from your PCM to see a specialty care provider <ul style="list-style-type: none"> You may also need prior authorization from your regional contractor for certain types of care (<i>not for emergencies</i>)
What will health care cost me?	<ul style="list-style-type: none"> No enrollment costs No out-of-pocket cost when you receive covered health care services from your military hospital or clinic PCM, or when obtaining the appropriate referral and prior authorization 	<ul style="list-style-type: none"> No enrollment costs No out-of-pocket cost when you receive covered health care services from a network provider in your TRICARE region, or when obtaining the appropriate referral and prior authorization 	<ul style="list-style-type: none"> An annual enrollment fee Copayments for covered health care services received from network providers When following the rules of your program option, your out-of-pocket expenses will be limited to your catastrophic cap amount for that FY

Seeing a Non-Network Provider without a Referral: The Point-of-Service Option

The point-of-service (POS) option allows TRICARE Prime beneficiaries to pay additional out-of-pocket costs to receive nonemergency health care services from any TRICARE-authorized provider without a referral. Out-of-pocket expenses you pay under the POS option are not applied to your annual catastrophic cap. The POS option does not apply to ADSMs, emergency care, clinical preventive care received from a network provider in your enrolled TRICARE region, newborns or adopted children within the first 60 days after birth or adoption, beneficiaries with other health insurance (OHI), or the first eight mental health care outpatient visits per fiscal year (FY) (*October 1–September 30*) to a network provider for a medically diagnosed and covered condition. (*Certain types of mental health care are excluded and always require a referral or prior authorization. Contact your regional contractor for details.*)

TRICARE Provider Types and Responsibilities

TRICARE-authorized providers meet TRICARE licensing and certification requirements and are certified by TRICARE to provide care. If you see a provider that is not TRICARE-authorized, you are responsible for the full cost of care. There are two types of TRICARE-authorized providers: network and non-network. Network providers have a signed agreement with your regional contractor to provide care and file claims for you. Non-network providers do not have a signed agreement with your regional contractor and are considered out of network. Non-network providers may choose to participate on a claim-by-claim basis. When they participate on a claim, they agree to accept payment directly from TRICARE and accept the TRICARE-allowable charge as payment in full for their services.

When non-network providers do not participate on a claim, they do not agree to accept the TRICARE-allowable charge or file your claims and may charge up to 15 percent above the TRICARE-allowable charge. (*Overseas, there may be no limit to the amount that nonparticipating non-network providers may bill.*) You are responsible for paying any amount that exceeds the TRICARE-allowable charge in addition to your deductible and cost-shares.

TRICARE STANDARD OPTIONS

TRICARE Standard and TRICARE Extra are available to TRICARE-eligible beneficiaries who are not able to, or choose not to, enroll in a TRICARE Prime option. ADSMs may not use TRICARE Standard and TRICARE Extra. Unlike TRICARE Prime options, enrollment is not required, meaning there are no forms to fill out and no annual enrollment fees to pay. With TRICARE Standard and TRICARE Extra, you manage your own health care and have the freedom to get care from any TRICARE-authorized provider you choose without a referral.

Premium-based health care plans that work like TRICARE Standard are also available for purchase by qualified individuals. These plans include TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), TRICARE Young Adult (TYA) Standard, and the Continued Health Care Benefit Program (CHCBP) (*for more information about CHCBP, see “Transitional Coverage Options” in the Other TRICARE Options section of this brochure*). These options provide TRICARE Standard and TRICARE Extra coverage with the same cost-shares and covered services.

GETTING CARE WITH TRICARE STANDARD® AND TRICARE EXTRA

You can see any TRICARE-authorized provider for care under TRICARE Standard, but you may pay higher costs and have to file your own claims if you go outside the provider network. When you choose a provider within the TRICARE network, you are using the TRICARE Extra option, which means lower out-of-pocket costs and claims are filed for you. To find a TRICARE network provider, you can search online at www.tricare.mil/findaprovider, visit your regional contractor’s Web site, or contact your regional contractor.

Getting Care with TRICARE Standard and TRICARE Extra (includes TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Young Adult Standard)

	TRICARE Extra (network providers)	TRICARE Standard (non-network providers)
Where do I get care?	<ul style="list-style-type: none"> Receive care from TRICARE network providers 	<ul style="list-style-type: none"> Receive care from TRICARE-authorized non-network providers
What do I need to do before I can get care?	<ul style="list-style-type: none"> No referrals required Some services require prior authorization 	<ul style="list-style-type: none"> No referrals required Some services require prior authorization
What will health care cost me?	<ul style="list-style-type: none"> No enrollment costs An annual deductible and 5% discounted cost-shares apply When following the rules of your program option, your out-of-pocket expenses will be limited to your catastrophic cap Visit www.tricare.mil/costs 	<ul style="list-style-type: none"> No enrollment costs An annual deductible and cost-shares apply When following the rules of your program option, your out-of-pocket expenses will be limited to your catastrophic cap Nonparticipating non-network providers may charge up to 15% above the TRICARE-allowable amount (<i>or any amount overseas</i>); you are responsible for this amount, plus your deductible and cost-shares Visit www.tricare.mil/costs

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

Under the Affordable Care Act (ACA), you must have health care coverage that meets a minimum standard called minimum essential coverage; otherwise, you must qualify for an exemption. TRICARE coverage meets the minimum essential coverage requirement under the ACA. Most people who do not meet this provision of the law will be required to pay a fee for each month they do not have adequate coverage. The fee will be collected each year with federal tax returns. You can find other health care coverage options at www.healthcare.gov.

TRICARE must be able to verify your coverage status based on what is listed in the Defense Enrollment Eligibility Reporting System (DEERS). Your Social Security number (SSN) and the SSNs of each of your covered family members must be included in DEERS for your TRICARE coverage to be reflected accurately. For more information about TRICARE and the ACA, visit www.tricare.mil/aca.



Annual Deductible

The annual amount a beneficiary must pay for covered outpatient services before TRICARE begins to pay for or reimburse for those services.

Cost-Share

The percentage a TRICARE beneficiary must pay for covered inpatient and outpatient services (*other than the annual deductible or disallowed amounts*). The cost-share depends on the TRICARE option used and the sponsor's status (*i.e., active duty or retired*).

Premium

Regular and recurring payments that beneficiaries in premium-based TRICARE programs (*i.e., TRS, TRR, and TYA*) and CHCBP are required to make. Premium amounts are a percentage of the total cost of health care coverage.

TRICARE Reserve Select®

TRS is a premium-based, worldwide health care plan that qualified Selected Reserve members and qualified survivors may purchase for themselves and/or their family members. TRS offers comprehensive health care coverage similar to TRICARE Standard and TRICARE Extra. Enrollment is required. Monthly premiums, an annual deductible, and cost-shares apply. The initial two-month premium payment is due when you enroll. With TRS, you may receive care from any TRICARE-authorized provider (*network or non-network*) without a referral, though some services require prior authorization. For more information about TRS, including qualification requirements and how to purchase coverage, visit www.tricare.mil/trs.

TRICARE Retired Reserve®

TRR is a premium-based, worldwide health care plan that qualified Retired Reserve members and qualified survivors may purchase for themselves and/or their family members. TRR offers comprehensive health care coverage similar to TRICARE Standard and TRICARE Extra. Enrollment is required. Monthly premiums, an annual deductible, and cost-shares apply. The initial two-month premium payment is due when you enroll. With TRR, you may receive care from any TRICARE-authorized provider (*network or non-network*) without a referral, though some services require prior authorization. For more information about TRR, including qualification requirements and how to purchase coverage, visit www.tricare.mil/trr.

TRICARE FOR LIFE

If you are entitled to Medicare Part A, you generally must have Medicare Part B to remain TRICARE-eligible, regardless of age or place of residence. This is a requirement based on federal law governing these programs. If you are eligible for TRICARE and have Medicare Part A and Medicare Part B, you are automatically covered by TFL.

When using TFL, TRICARE is the second payer after Medicare unless you have OHI. If you have OHI, TRICARE pays last. There are no enrollment fees for TFL, but you are required to have premium-free Medicare Part A and purchase Medicare Part B, which is a premium-based plan. Visit www.medicare.gov for the current Medicare Part B premium amounts, which vary by income level. For more information about TFL, visit www.tricare.mil/tfl. You may also contact Wisconsin Physicians Service (WPS), the contractor that administers the TFL benefit. For contact information, see the *For Information and Assistance* section of this brochure. The chart below highlights your TFL out-of-pocket costs. For detailed cost information, visit www.tricare.mil/costs.

Type of service	Medicare pays	TRICARE pays	You pay
Covered by TRICARE and Medicare	Medicare-authorized amount	TRICARE-allowable amount	Nothing
Covered by Medicare only	Medicare-authorized amount	Nothing	Medicare deductible and cost-share
Covered by TRICARE only	Nothing	TRICARE-allowable amount	TRICARE deductible and cost-share
Not covered by TRICARE or Medicare	Nothing	Nothing	Billed charges (<i>which may exceed the Medicare- or TRICARE-allowable amount</i>)

TRICARE For Life and U.S. Department of Veterans Affairs Benefits

If you are eligible for both TFL and U.S. Department of Veterans Affairs (VA) benefits and elect to use your TFL benefit for non-service connected care, you will incur significant out-of-pocket expenses when seeing a VA provider. By law, TRICARE can only pay up to 20 percent of the TRICARE-allowable amount. If you receive care at a VA facility, you may be responsible for the remaining amount. When using your TFL benefit, your least expensive option is to see a Medicare-participating or Medicare-nonparticipating provider. Medicare-participating providers agree to accept the Medicare-approved amount as payment in full. Medicare-nonparticipating providers do not accept the Medicare-approved amount as payment in full. They may charge up to 15 percent above the Medicare-approved amount, a cost that will be covered by TFL. If you want to seek care from a VA provider, check with WPS to confirm coverage details.

TRICARE offers coverage options for beneficiaries whose eligibility changes. For example, TYA offers TRICARE Prime and TRICARE Standard coverage to dependents who have aged out of TRICARE (*see details below*). TRICARE also offers continued coverage for those who are separating from service through the Transitional Assistance Management Program (TAMP). Beneficiaries who have lost all TRICARE eligibility may also qualify to purchase coverage under the CHCBP.

TRICARE YOUNG ADULT

TYA is a premium-based health care plan available for purchase by qualified dependents who have aged out of TRICARE. TYA offers TRICARE Prime and TRICARE Standard coverage worldwide. TYA includes medical and pharmacy benefits, but excludes dental coverage. Coverage, provider choice, and costs for TYA Prime and TYA Standard are the same as for TRICARE Prime and TRICARE Standard. Visit www.tricare.mil/tya for more information.

If you are an adult-age dependent, your geographic location and sponsor's status determine whether you qualify for TYA Prime and/or TYA Standard. You may generally purchase TYA coverage if you are all of the following:

- A dependent of a TRICARE-eligible uniformed service sponsor
- Unmarried
- At least age 21, but have not reached age 26
- Not a uniformed service sponsor (*e.g., a member of the Selected Reserve*)
- Not eligible for or enrolled in an employer-sponsored health care plan based on your own employment

TRANSITIONAL COVERAGE OPTIONS

Transitional Assistance Management Program

TAMP provides 180 days of transitional health care benefits to help certain service members and their families transition to civilian life. For more information, visit www.tricare.mil/tamp.

Continued Health Care Benefit Program

CHCBP is a premium-based health care program administered by Humana Military. Though not a TRICARE program, CHCBP offers continued health coverage (*18–36 months*) after TRICARE coverage ends. Certain former spouses who have not remarried before age 55 may qualify for an unlimited duration of coverage. If you qualify, you can purchase CHCBP coverage within 60 days of loss of TRICARE or TAMP coverage, whichever is later. For more information, visit www.tricare.mil/chcbp. **Note:** Beneficiaries enrolled in CHCBP are not legally entitled to space-available care at military hospitals or clinics.

TRICARE's Covered Services

This brochure describes each TRICARE program option. These options differ in terms of the providers you see, the way you get care, the costs involved, if any, and whether you file claims. Generally, you have the same covered services, including clinical preventive, mental health care, maternity, and pharmacy services, with any TRICARE program option (*e.g., TRICARE Prime, TRICARE Standard*). Copayments and/or cost-shares may apply for certain covered services depending on your TRICARE program option and beneficiary status (*active duty sponsors and families have no out-of-pocket costs when following the rules of their program option*). For a full list of TRICARE's covered services, including limitations and exclusions, visit www.tricare.mil/coveredservices.

TRICARE PHARMACY PROGRAM

The TRICARE Pharmacy Program provides prescription drugs through military pharmacies, TRICARE Pharmacy Home Delivery, TRICARE retail network pharmacies, and non-network pharmacies. Your options for filling your prescription depend on the type of drug your provider prescribes. Some drugs are only covered through TRICARE Pharmacy Home Delivery. To learn more, search for your drug at www.express-scripts.com/tricareformulary.

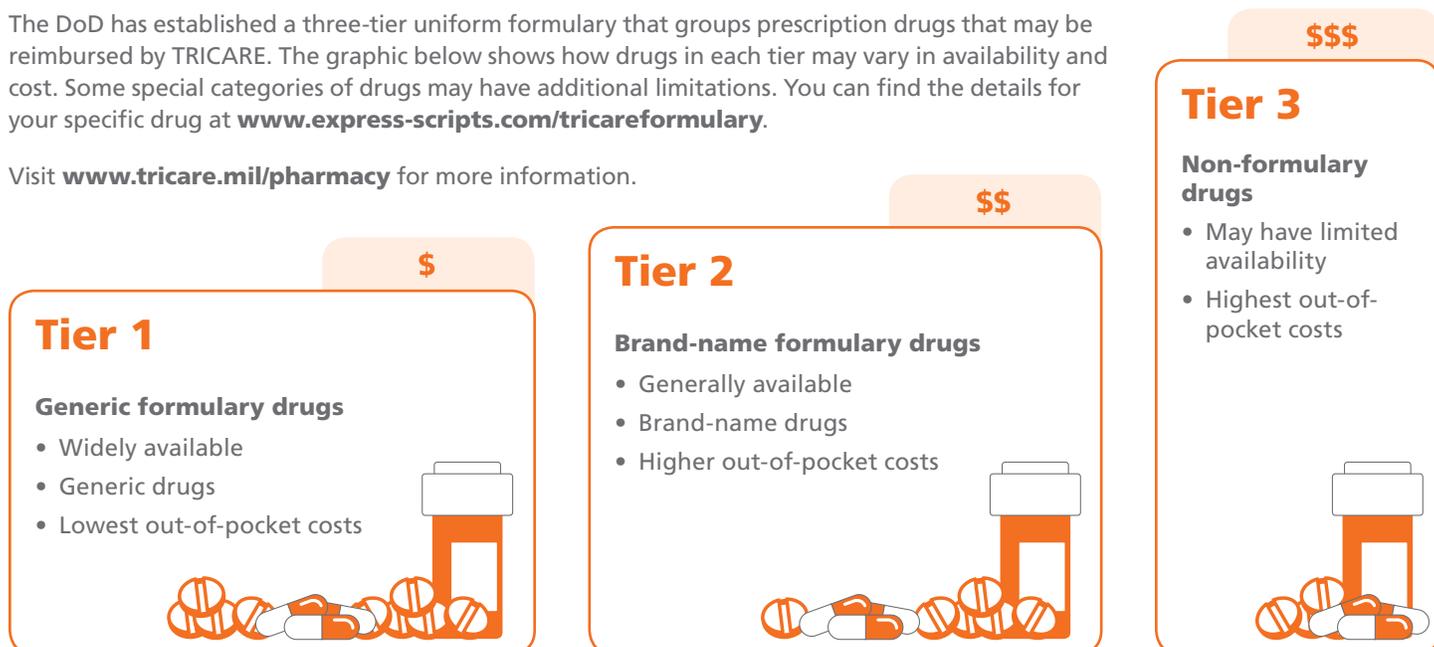
The TRICARE Pharmacy Program is available to all TRICARE-eligible beneficiaries registered in DEERS, except beneficiaries enrolled in USFHP. Express Scripts, Inc. administers the TRICARE pharmacy benefit. For more information, visit www.express-scripts.com/TRICARE.

Options for filling prescriptions	Description of options
Military pharmacies	<ul style="list-style-type: none"> • Receive up to a 90-day supply of most medications at no cost • Most accept prescriptions from both civilian and military providers, regardless of whether you are enrolled at a military hospital or clinic; call your local military pharmacy to ensure it carries your medication
TRICARE Pharmacy Home Delivery	<ul style="list-style-type: none"> • No cost for ADSMs • For all others, no cost to receive up to a 90-day supply of generic formulary drugs; copayments apply for brand-name and non-formulary drugs (<i>up to a 90-day supply</i>) • Prescriptions delivered with free standard shipping, and refills can be easily ordered online, by phone, or by mail
TRICARE retail network pharmacies	<ul style="list-style-type: none"> • Fill your prescriptions without having to submit a claim • Pay one copayment for each 30-day supply when you present your prescription along with your uniformed services identification card to the pharmacist • Visit one of the more than 57,000 TRICARE retail network pharmacies in the United States and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands; currently, there are no TRICARE retail network pharmacies in American Samoa
Non-network pharmacies	<ul style="list-style-type: none"> • Pay full price for your medication and file a claim for reimbursement • Reimbursements are subject to deductibles, out-of-network cost-shares, and TRICARE-required copayments • All deductibles must be met before any reimbursement can be made

Formulary and Non-Formulary Drugs

The DoD has established a three-tier uniform formulary that groups prescription drugs that may be reimbursed by TRICARE. The graphic below shows how drugs in each tier may vary in availability and cost. Some special categories of drugs may have additional limitations. You can find the details for your specific drug at www.express-scripts.com/tricareformulary.

Visit www.tricare.mil/pharmacy for more information.



TRICARE Offers Dental Coverage Options with Worldwide Portable Coverage



This section highlights your dental program options when using the TRICARE Active Duty Dental Program (ADDP), the TRICARE Dental Program, or the TRICARE Retiree Dental Program. ADSMs generally receive care at military dental clinics, but may sometimes use the ADDP, described below. These dental options are separate from TRICARE health care options. For more information, visit www.tricare.mil/dental.

Dental program	Beneficiary category	Description of program
TRICARE Active Duty Dental Program	<ul style="list-style-type: none"> • ADSMs enrolled in TRICARE Prime or TPR • National Guard and Reserve members called or ordered to active service for more than 30 consecutive days 	<ul style="list-style-type: none"> • Benefit is administered by United Concordia Companies, Inc. • For ADSMs who are either referred for care by a military dental clinic to a civilian dentist or have a duty location and live more than 50 miles from a military dental clinic
TRICARE Dental Program	<ul style="list-style-type: none"> • Eligible ADFMs • Survivors • National Guard and Reserve members and their family members • Individual Ready Reserve members and their family members 	<ul style="list-style-type: none"> • Benefit is administered by MetLife • Voluntary enrollment and worldwide portable coverage • Single and family plans with monthly premiums • Lower specialty care cost-shares for pay grades E-1 through E-4 • Comprehensive coverage for most dental services • 100% coverage for most preventive and diagnostic services
TRICARE Retiree Dental Program	<ul style="list-style-type: none"> • Retired service members and their eligible family members • Retired National Guard and Reserve members and their eligible family members • Certain survivors • Medal of Honor recipients and their immediate family members and survivors 	<ul style="list-style-type: none"> • Benefit is administered by Delta Dental of California • Voluntary enrollment and worldwide portable coverage • Single, two-person, and family (<i>three or more persons</i>) plans • Premium rates vary by location • Comprehensive coverage for most dental services • 100% coverage for most preventive and diagnostic services



FOR INFORMATION AND ASSISTANCE

You can sign up to receive TRICARE news and publications via e-mail at www.tricare.mil/subscriptions. To sign up for benefit correspondence by e-mail, visit <http://milconnect.dmdc.osd.mil>.

<p>TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com</p>	<p>TRICARE South Region Humana Military, a division of Humana Government Business 1-800-444-5445 Warrior Navigation and Assistance Program: 1-888-4GO-WNAP (1-888-446-9627) HumanaMilitary.com</p>	<p>TRICARE West Region UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcilitarywest.com</p>
<p>TRICARE For Life www.tricare.mil/tfl Wisconsin Physicians Service 1-866-773-0404 1-866-773-0405 (TDD/TTY) www.TRICARE4u.com</p>	<p>TRICARE Young Adult www.tricare.mil/tya</p>	<p>US Family Health Plan www.tricare.mil/usfhp 1-800-74-USFHP (1-800-748-7347) www.usfhp.com</p>
<p>TRICARE Reserve Select www.tricare.mil/trs</p> <p>TRICARE Retired Reserve www.tricare.mil/trr</p> <p>Reserve Affairs http://ra.defense.gov</p>	<p>Defense Enrollment Eligibility Reporting System (DEERS) 1-800-538-9552 www.tricare.mil/deers</p> <p>MilConnect (update DEERS, get eCorrespondence) http://milconnect.dmdc.osd.mil</p> <p>My Access Center (obtain a DS Logon account) https://myaccess.dmdc.osd.mil</p>	<p>TRICARE Pharmacy Program www.tricare.mil/pharmacy Express Scripts, Inc. 1-877-363-1303 www.express-scripts.com/TRICARE</p>
<p>TRICARE Active Duty Dental Program www.tricare.mil/addp United Concordia Companies, Inc. 1-866-984-ADDP (1-866-984-2337) www.addp-ucci.com</p>	<p>TRICARE Dental Program www.tricare.mil/tdp MetLife 1-855-MET-TDP1 (1-855-638-8371) (stateside) 1-855-MET-TDP2 (1-855-638-8372) (overseas) 1-855-MET-TDP3 (1-855-638-8373) (TDD/TTY) www.metlife.com/tricare</p>	<p>TRICARE Retiree Dental Program www.tricare.mil/trdp Delta Dental of California 1-888-838-8737 (stateside) Dial the AT&T USA Direct Access Number followed by 866-721-8737 (overseas) www.trdp.org</p>
<p>Transitional Assistance Management Program www.tricare.mil/tamp</p>	<p>Continued Health Care Benefit Program Humana Military 1-800-444-5445 www.tricare.mil/chcbp</p>	<p>TRICARE Web Site www.tricare.mil</p> <p>Military Health System Web Site www.health.mil</p>

An Important Note About TRICARE Program Information

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.

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