August 2014

TRICARE® OVERSEAS PROGRAM
At a Glance

www.tricare.mil
www.tricare.mil/overseas

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 (DoD'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 Overseas Program: At a Glance* provides an overview of overseas medical, pharmacy, and dental options, and their associated costs. International SOS Government Services, Inc. (International SOS) administers the TRICARE Overseas Program (TOP) benefit. 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 TOP Regional Call Center. See the *For Information and Assistance* section of this brochure for contact information.

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TRICARE OVERSEAS PROGRAM OPTIONS

You are eligible for different programs based on your beneficiary category, location, and entitlement to Medicare. Use the chart below to determine your options. Additional program details are listed in this brochure. Your options may change if you move, if your sponsor changes location or status, or if you have a life event such as getting married or becoming entitled to Medicare Part A. For assistance with health care coverage when moving or traveling, contact your TOP Regional Call Center or TRICARE Service Center, or visit **www.tricare-overseas.com**.

Beneficiary Types	Program Options[1]
Active duty service members (ADSMs) (*includes National Guard and Reserve members[2] called or ordered to active service for more than 30 consecutive days*)	• TRICARE Overseas Program (TOP) Prime • TOP Prime Remote • TRICARE Active Duty Dental Program (*United States and U.S. territories of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*)
Active duty family members (ADFMs) (*includes family members of National Guard and Reserve members[2] called or ordered to active service for more than 30 consecutive days and certain survivors*)	• TOP Prime • TOP Prime Remote • TOP Standard • TRICARE For Life (TFL) (*ADFMs must have Medicare Part A and Medicare Part B to participate in TFL.*)[3] • TRICARE Dental Program (TDP)
Retired service members and eligible family members, survivors, Medal of Honor recipients, qualified former spouses, and others	• TOP Standard • TFL (*If entitled to premium-free Medicare Part A, the beneficiary must have Medicare Part B, regardless of age or place of residence, to keep TRICARE eligibility.*) • TRICARE Retiree Dental Program (TRDP)
National Guard and Reserve members[2] and their family members (*qualified, non-active duty members of the Selected Reserve, Retired Reserve, and certain members of the Individual Ready Reserve*)	• TRICARE Reserve Select (*members of the Selected Reserve*) • TRICARE Retired Reserve (*members of the Retired Reserve who have not reached age 60*) • TDP • TRDP

1. *Qualified adult-age dependents may purchase coverage through the TRICARE Young Adult (TYA) program. For more information on TYA, see the* Program Descriptions and Enrollment Costs *section of this brochure.*
2. *The National Guard and Reserve includes the Army National Guard, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and Coast Guard Reserve. For more information about benefits for the National Guard and Reserve, visit* ***http://ra.defense.gov****.*
3. *ADFMs who have Medicare Part A are not required to have Medicare Part B to remain eligible for TRICARE. ADSMs and ADFMs have a special enrollment period, which is available anytime the sponsor is on active duty or within eight months following either (1) the sponsor's termination of employment or (2) the end of TRICARE coverage, whichever is first. If you sign up for Medicare Part B after your special enrollment period, you may have to pay a premium surcharge for as long as you have Part B. The cost of Medicare Part B will go up 10 percent for each full 12-month period that you could have had Medicare Part B, but did not.* ***Note:*** *ADSMs and ADFMs with end-stage renal disease do not have a special enrollment period and, therefore, should enroll in Medicare Part B when first eligible to avoid paying the Part B premium surcharge for late enrollment.*

Continued Health Care Benefit Program: Option after TRICARE Eligibility Ends

The Continued Health Care Benefit Program (CHCBP) is a premium-based health care program available for purchase by former TRICARE-eligible members and their eligible family members, former spouses who have not remarried, emancipated children, and unmarried children by adoption or legal custody. CHCBP offers transitional coverage after TRICARE eligibility ends for up to 18 months for former service members and their family members, and up to 36 months for former spouses who have not remarried and for adult dependents. If you qualify, you can purchase CHCBP within 60 days of losing TRICARE or Transitional Assistance Management Program eligibility. CHCBP benefits and rules are similar to those under TRICARE Standard, but you must pay quarterly premiums. For fiscal year (FY) 2015 (*October 1, 2014–September 30, 2015*), quarterly premiums are $1,275 per individual and $2,868 per family. For more information, contact the CHCBP administrator, Humana Military, at **1-800-444-5445** or visit **Humana-Military.com**. **Note:** CHCBP enrollees are not legally entitled to space-available care at military hospitals or clinics.

Women, Infants, and Children Overseas Program

To locate the nearest WIC Overseas Program office, visit **www.tricare.mil/wic**.

The DoD offers the Women, Infants, and Children (WIC) Overseas Program to eligible overseas beneficiaries. The WIC Overseas Program provides participants and their families with important benefits including nutrition and health screenings, nutritious food, tips on how to prepare balanced meals, and access to other resources that help them lead healthier lives.

The WIC Overseas Program is available to eligible participants living overseas including active duty service members (ADSMs) and their family members, DoD civilian employees and their family members, and DoD contractors and their family members.

Those who may be eligible for the WIC Overseas Program include:

- Pregnant women—during pregnancy and throughout the first six weeks after giving birth
- Mothers—until the infant is 6 months old if bottle-feeding or 1 year old if breast-feeding
- Infants and children—until the end of the month in which they turn age 5

Contact your local WIC Overseas Program office to determine if you and your children are eligible for the WIC Overseas Program. WIC Overseas Program counselors determine eligibility by evaluating income, family size, and other criteria. If you are eligible, the counselor will help you get started and determine how long you can participate in the program. Visit **www.tricare.mil/wic** to locate the nearest WIC Overseas Program office.

Philippine Demonstration

For the most up-to-date information and to find an approved demonstration provider or a certified provider in the Philippines, visit **www.tricare-overseas.com/philippines.htm**.

If you reside in the Philippines and use TOP Standard, TRICARE For Life (TFL), TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), or TRICARE Young Adult (TYA) Standard, you are eligible to participate in the Philippine Demonstration. Eligibility is determined by your physical address listed on health care claims, regardless of the address listed in DEERS. TOP Standard beneficiaries using a Philippine APO/FPO address on the *TRICARE DoD/CHAMPUS Medical Claim—Patient's Request for Medical Payment* form (DD Form 2642) for medical care received in Phase I–III designated demonstration areas are required to follow the rules of the Philippine Demonstration to ensure that TRICARE cost-shares their claims.

When seeking care within designated demonstration areas, you are required to see approved demonstration providers who have agreed to comply with TRICARE requirements and business processes in order for TRICARE to cost-share your health care claims. Within designated demonstration areas, **you will be responsible for the full cost of care** if you do not seek care from an approved demonstration provider or if you do not request and receive a waiver. If you get care outside the Philippine Demonstration areas, TRICARE will only cost-share the claim if the provider is certified.

If you travel to the Philippines, you must see a certified provider. The Philippine Demonstration does not apply to pharmacy or dental services. For the most up-to-date information and to find an approved demonstration provider or a certified provider in the Philippines, visit **www.tricare-overseas.com/philippines.htm**.

PROGRAM DESCRIPTIONS AND ENROLLMENT COSTS

TRICARE program descriptions and enrollment costs are covered in the following chart. For more information on enrolling in a TRICARE program option, visit **www.tricare.mil/enroll**. TRICARE costs are subject to change. Visit **www.tricare.mil/costs** for the most up-to-date cost information.

Program	Description	Enrolling	Program Costs	Getting Care[1]
TRICARE Overseas Program (TOP) Prime	• Similar to a managed care or health maintenance organization option • Available to active duty service members (ADSMs) and command-sponsored active duty family members (ADFMs) overseas	• Enrollment required • Priority access for military hospitals and clinics • No claims to file (*in most cases*) • Offers lowest out-of-pocket costs	• No enrollment costs	• Receive most care from an assigned primary care manager (PCM) at a military hospital or clinic • Referrals and/or prior authorizations required for specialty care
TOP Prime Remote	• Benefit similar to TOP Prime for ADSMs and their command-sponsored family members living with them in remote overseas locations	• Enrollment required • See host nation providers • No claims to file (*in most cases*) • Offers same low out-of-pocket costs as TOP Prime	• No enrollment costs	• Receive most care from an assigned PCM, if available. If no PCM is assigned, your TOP Regional Call Center will coordinate your care. • Referrals and/or prior authorizations required for certain services
TOP Standard[2]	• Fee-for-service option available worldwide to eligible non-ADSMs living overseas	• No enrollment required	• No enrollment costs • Annual deductible and cost-shares apply[3]	• Receive care from any provider, unless local TOP restrictions require only certified providers • No referrals required • Some services require prior authorization
TRICARE Reserve Select (TRS)	• Premium-based health care plan that qualified Selected Reserve members may purchase for themselves and/or their family members • Coverage and costs for care similar to TRICARE Standard for ADFMs[3]	• Enrollment required • Available worldwide • Offers member-only and member-and-family coverage • Must qualify for and purchase TRS to participate • Initial two-month premium payment due with enrollment form	• Monthly premiums, annual deductible, and cost-shares apply[3] • Calendar year (CY) 2014 TRS member-only monthly premium: $51.68 • CY 2014 TRS member-and-family monthly premium: $204.29	• Receive care from any TRICARE-authorized provider, unless local TOP restrictions require only certified providers • No referrals required • Some services require prior authorization

1. If you live or travel in the Philippines, you are required to see a certified provider for care. Additionally, TOP Standard beneficiaries who reside in the Philippines and who seek care within designated Philippine Demonstration areas must see approved demonstration providers to ensure TRICARE cost-shares their claims.

2. TRICARE Extra is not available overseas.

3. You should expect to pay up front for care and submit a claim for reimbursement. Call your TOP Regional Call Center for details.

Note: *Non-active duty beneficiaries may seek care at military hospitals or clinics on a space-available basis. Additionally, TRICARE Plus is a program that allows beneficiaries who normally are only able to get care at a military hospital or clinic on a space-available basis, and who are not enrolled in a TRICARE Prime option, to enroll and receive primary care appointments at military hospitals or clinics within the same primary care access standards as beneficiaries enrolled in a TRICARE Prime option. Continued Health Care Benefit Program enrollees are not legally entitled to space-available care at military hospitals or clinics.*

Program	Description	Enrolling	Program Costs	Getting Care[1]
TRICARE Retired Reserve (TRR)	• Premium-based health care plan that qualified Retired Reserve members may purchase for themselves and/or their family members until reaching age 60 • Coverage and costs for care similar to TRICARE Standard for retirees[2]	• Enrollment required • Available worldwide • Offers member-only and member-and-family coverage • Must qualify for and purchase TRR to participate • Initial two-month premium payment due with enrollment form	• Monthly premiums, annual deductible, and cost-shares apply[2] • CY 2014 TRR member-only monthly premium: $390.99 • CY 2014 TRR member-and-family monthly premium: $956.65	• Receive care from any TRICARE-authorized provider, unless local TOP restrictions require only certified providers • No referrals required • Some services require prior authorization
TRICARE For Life (TFL)	• TRICARE's Medicare-wraparound coverage available to TRICARE beneficiaries entitled to Medicare Part A and who have Medicare Part B, regardless of age or place of residence	• No enrollment required • Must be entitled to premium-free Medicare Part A and have Medicare Part B	• No enrollment costs[2] • If you are entitled to Medicare Part A, you must pay Part B premiums to maintain your TFL coverage. See "TRICARE For Life Costs" below for more information.	• Receive care from any provider, unless local TOP restrictions require only certified providers • No referrals required • Some services require prior authorization • Includes TRICARE pharmacy benefits
TRICARE Young Adult (TYA)	• Premium-based health care plan available for purchase by qualified adult-age dependents who have aged out of TRICARE benefits • Offers TRICARE Prime or TRICARE Standard coverage worldwide • TYA includes medical and pharmacy benefits, but excludes dental coverage	• Enrollment required • Sponsor's status determines whether a dependent is eligible for TYA Prime or TYA Standard • Command sponsorship required for TYA Prime enrollment overseas • Initial two-month premium payment due with enrollment form	• Monthly premiums apply • 2014 TYA Prime monthly premium: $180 • 2014 TYA Standard monthly premium: $156	• TYA Prime beneficiaries have the same provider choice and costs as other TOP Prime beneficiaries • TYA Standard beneficiaries have the same provider choice and costs as other TOP Standard beneficiaries

1. *If you live or travel in the Philippines, you are required to see a certified provider for care. Additionally, TOP Standard beneficiaries who reside in the Philippines and who seek care within designated Philippine Demonstration areas must see approved demonstration providers to ensure TRICARE cost-shares their claims.*
2. *You should expect to pay up front for care and submit a claim for reimbursement. Call your TOP Regional Call Center for details.*

TRICARE For Life Costs

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.

Medicare covers health care received in the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*). In these locations, Medicare pays first and TFL pays second; however, TFL pays last if you have other health insurance (OHI). Medicare also pays before TRICARE when TFL beneficiaries receive care aboard ships in territorial waters adjoining the land areas of the United States and U.S. territories. For more information, visit **www.tricare.mil/tfl**.

Medicare does not provide coverage outside the United States, U.S. territories, and ships in U.S. territorial waters. Therefore, TFL is your primary payer for health care received in all other overseas locations, unless you have OHI. Overseas, TFL works like TOP Standard for retirees, with the same annual deductible and cost-shares. To seek reimbursement for overseas care, submit a claim, a copy of your provider's itemized bill with a diagnosis narrative, proof of payment, and, if applicable, your OHI's explanation of benefits to the TOP claims processor. For more information, visit **www.tricare-overseas.com** or contact your TOP Regional Call Center.

COSTS OF COVERED SERVICES

	TOP Prime[1] (includes TOP Prime Remote and TRICARE Young Adult Prime)	TOP Standard (includes TRICARE Reserve Select®, TRICARE Retired Reserve®, and TRICARE Young Adult Standard)	
	ADSMs and ADFMs	**ADFMs and TRS**	**Retirees, Their Families, TRR, and All Others**
Annual Deductible	$0	**Pay grades E-4 and below:** $50 (*individual*); $100 (*family*) **Pay grades E-5 and above:** $150 (*individual*); $300 (*family*) **Family members of National Guard and Reserve members called or ordered to active service for more than 30 consecutive days in support of a contingency operation:** $0	$150 (*individual*); $300 (*family*)
Outpatient Visits[2] (*including mental health care*)	$0 copayment per visit	20% after the annual deductible is met	25% after the annual deductible is met
Clinical Preventive Services	$0 copayment per service	20% after the annual deductible is met[3]	25% after the annual deductible is met[3]
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	$0 copayment	20% after the annual deductible is met	25% after the annual deductible is met
Hospitalization (*non-military hospital or clinic*)[4]	$0 per day	$17.65 per day (*$25 minimum charge*)	$744 per day or 25% of billed charges for institutional services, whichever is less, plus 25% cost-share for separately billed services
Emergency Services	$0 copayment per visit	20% after the annual deductible is met	25% after the annual deductible is met
Ambulatory Surgery	$0 copayment	$25 copayment	25% after the annual deductible is met
Inpatient Mental Health	$0 per day	$20 per day (*$25 minimum charge*)	25% of allowable charges for institutional services, plus 25% cost-share for separately billed services
Inpatient Skilled Nursing[5]	$0 per day	$17.65 per day (*$25 minimum charge*)	25% of allowable charges for institutional services, plus 25% cost-share for separately billed services

1. *In addition to the costs listed above, point-of-service charges may apply if TOP Prime and TOP Prime Remote ADFMs seek nonemergency care from host nation providers without referrals. See "Point-of-Service Option" in the* Commonly Used Terms *section of this brochure for more information.*
2. *If laboratory or X-ray services are performed by an office visit provider on a date different from the office visit or performed by a different provider (*e.g., an independent laboratory or radiology facility*), even if performed on the same day as the related office visit, the beneficiary owes a separate applicable copayment or cost-share for those services. Copayments and cost-shares will not apply for laboratory or X-ray services when they are provided for certain clinical preventive services.*
3. *Certain clinical preventive services do not have cost-shares (*e.g., well-woman exam*). Call your TOP Regional Call Center for more information, or visit* ***www.tricare-overseas.com****.*
4. *The cost for inpatient care provided at a military hospital or clinic is $17.65 per day for ADFMs and retiree family members.*
5. *TRICARE does not cover purely custodial care. Skilled nursing facility care is 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*).*

TRICARE offers comprehensive prescription drug coverage and several options for filling prescriptions. You may fill prescriptions at military pharmacies, through TRICARE Pharmacy Home Delivery, at TRICARE retail network pharmacies, or at host nation pharmacies. Host nation pharmacies are non-network; therefore, you will pay the full cost up front and file a claim for reimbursement with International SOS. You need a prescription and a valid uniformed services identification card or Common Access Card to fill prescriptions in all overseas locations including the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. Currently, there are no retail network pharmacies in American Samoa.

TRICARE covers smoking-cessation prescription and over-the-counter medications. For more information, visit **www.tricare.mil/tobaccocessation**. Visit **www.tricare.mil/pharmacy** for questions about the TRICARE pharmacy benefit. Use the formulary search tool at **www.tricare.mil/pharmacyformulary** to find costs for specific medications.

Pharmacy Copayments

Pharmacy Types	Formulary Drug Costs		Non-Formulary Drug Costs (*Tier 3*)[1]
	Generic (*Tier 1*)	Brand Name (*Tier 2*)	
Military Pharmacy (*up to a 90-day supply*)	$0	$0	Not available
TRICARE Pharmacy Home Delivery[2] (*up to a 90-day supply*)	$0	$13	$43
Retail Network Pharmacy[3] (*up to a 30-day supply*)	$5	$17	$44
Host Nation Pharmacy[4] (*up to a 30-day supply*)	**TRICARE Overseas Program (TOP) Prime:** 50% cost-share applies after the point-of-service (POS) deductible is met **TOP Standard:** $17 or 20% of the total cost (*whichever is greater*) after the annual deductible is met	**TOP Prime:** 50% cost-share applies after the POS deductible is met **TOP Standard:** $17 or 20% of the total cost (*whichever is greater*) after the annual deductible is met	**TOP Prime:** 50% cost-share applies after the POS deductible is met **TOP Standard:** $44 or 20% of the total cost (*whichever is greater*) after the annual deductible is met

1. *Approval is required for ADSMs.*
2. *Outside the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*), you can only use the TRICARE Pharmacy Home Delivery option if you have an APO/FPO address or are assigned to a U.S. Embassy or State Department. Beneficiaries residing in Germany cannot use the home delivery option due to country-specific legal restrictions. If you live in Germany, you should fill prescriptions at military pharmacies or host nation pharmacies.*
3. *Currently, there are no retail network pharmacies in American Samoa.*
4. *In the Philippines, you are required to use a certified pharmacy. For more information, visit* ***www.tricare-overseas.com/philippines.htm****.*

Overseas Pharmacy Costs

There are no copayments or cost-shares for TOP Prime ADSMs and active duty family members (ADFMs). However, you may have to pay for your prescriptions up front in some locations and file claims for reimbursement. **Note:** Overseas pharmacy costs apply in American Samoa, and beneficiaries in the Philippines must use a TRICARE-certified pharmacy to ensure that their claims will be reimbursed. To locate a TRICARE-certified pharmacy, visit **www.tricare-overseas.com/philippines.htm**.

Beneficiary Category	Cost-Share
Active Duty Family Members Using TRICARE Overseas Program (TOP) Standard and TRICARE Reserve Select	20% after deductible is met
Retired Service Members, Their Families, and All Others Using TOP Standard and TRICARE Retired Reserve	25% after deductible is met

TRICARE DENTAL OPTIONS

This section highlights your dental costs when using the TRICARE Active Duty Dental Program (ADDP), the TRICARE Dental Program (TDP), or the TRICARE Retiree Dental Program (TRDP). These dental options are separate from TRICARE medical health care options. Your out-of-pocket expenses for any of the costs listed in this section are **not** applied to the TRICARE catastrophic cap. For more information visit **www.tricare.mil/dental**.

Dental Program Options	Beneficiary Types	Description of Program Options
TRICARE Active Duty Dental Program	• Active duty service members (ADSMs) enrolled in TRICARE Overseas Program (TOP) Prime or TOP Prime Remote obtaining care in the United States or U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*)	• Benefit administered by United Concordia Companies, Inc. • ADSMs may receive emergency care from civilian dental providers
TRICARE Dental Program[1]	• Eligible active duty family members • Survivors • National Guard and Reserve members and their family members • Individual Ready Reserve members and their family members	• Benefit administered by MetLife • Voluntary enrollment and worldwide portable coverage • Single and family plans with monthly premiums • All enrolled beneficiaries are eligible for dental care in both the stateside and overseas service areas, but only command-sponsored members may pay the overseas cost-shares[1] • Comprehensive coverage for most dental services • 100% coverage for most preventive and diagnostic services
TRICARE Retiree Dental Program	• 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	• Benefit administered by Delta Dental of California • Voluntary enrollment and worldwide coverage • Single, dual, and family plans • Premium rates vary by location • 100% coverage for most preventive and diagnostic services

*1. The TDP is divided into two geographical service areas: stateside (*or CONUS*) and overseas (*or OCONUS*). The TDP stateside service area includes the 50 United States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. The TDP overseas service area includes areas not in the stateside service area and covered services provided aboard a ship or vessel outside the territorial waters of the stateside service area, regardless of the dentist's office address.*

TRICARE Dental Option Premiums, Cost-Shares, and Annual Maximums

TRICARE Active Duty Dental Program Costs

Most overseas ADSMs receive dental care from overseas military dental clinics. International SOS coordinates dental care services for ADSMs in remote overseas locations. When ADSMs enrolled in TOP Prime or TOP Prime Remote are in the United States or U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*) for duty or leave, they may receive emergency care from civilian providers through the ADDP. This care is limited to emergency care and should be coordinated with the contractor, United Concordia Companies, Inc., to ensure prompt payment.

Note: Treatment plans, including routine care, that exceed $750 per episode or $1,500 per calendar year require prior authorization and approval from the TRICARE Area Office Dental Consultant (*or designee*).

TRICARE Dental Program Monthly Premiums (*February 1, 2014–January 31, 2015*)

Sponsor Status	Sponsor-Only Premium	Single Premium[1] (*one family member, excluding sponsor*)	Family Premium (*more than one family member, excluding sponsor*)	Sponsor-and-Family Premium
Active Duty	N/A	$10.96	$32.89	N/A
Selected Reserve	$10.96	$27.40	$82.23	$93.19
Individual Ready Reserve	$27.40	$27.40	$82.23	$109.63

1. If both the sponsor and a single family member are enrolled, the premium due is the total of the sponsor-only premium and the single premium.

TRICARE Retiree Dental Program Monthly Premiums

Monthly premiums for the TRDP vary depending on your location and type of plan (*single, dual, or family*). The premium year is January 1–December 31, and new premium rates are effective each January 1. If you move or change your enrollment option, your monthly premium rate may change. To view the premium rate for your region, visit **www.trdp.org**.

TRICARE Dental Program and TRICARE Retiree Dental Program Cost-Shares and Maximums

The percentage paid is based on the allowable amount for each procedure. Your out-of-pocket costs may be higher if care is received from a nonparticipating provider. For more information about dental costs, visit **www.tricare.mil/costs**.

Type of Service	TRICARE Dental Program		TRICARE Retiree Dental Program
	Overseas Command-Sponsored Beneficiaries[1]	Overseas Beneficiaries Who Are Not Command Sponsored	
Diagnostic, Preventive (*except sealants*)	0%	0%	0%
Sealants, Consultation/Office Visit, Basic Restorative	0%	20%	20%
Endodontic, Periodontic, Oral Surgery	0%	**Pay grades E-1 through E-4:** 30% **All others:** 40%	40%
Prosthodontic, Implant, Orthodontic	50%	50%	50%[2]
Annual Deductible	$0	N/A	$50 per enrollee, per contract year; $150 cap per family
Annual Maximum	$1,300 per enrollee, per contract year for non-orthodontic services. Payments for certain diagnostic and preventive services are not applied.		
Orthodontic Lifetime Maximum	$1,750 per enrollee, per lifetime for orthodontic services. Orthodontic diagnostic services are applied to the $1,300 dental program annual maximum.		
Dental Accident Maximum	$1,200 per enrollee, per contract year.		

1. All TDP-enrolled beneficiaries are eligible for dental care in both the stateside and overseas service areas. However, only command-sponsored members may pay the reduced overseas cost-shares.

2. Cast crowns, bridges, partial and full dentures, orthodontics, and dental implants are covered at 50 percent after the first 12 months of continuous enrollment in the TRDP, unless the beneficiary is enrolled within four months of the sponsor's retirement.

TRICARE Overseas Program Provider Types

May file claims for beneficiaries

Provider Types	Descriptions	Key Characteristics
Network Provider	Has entered into a formal agreement with International SOS Government Services, Inc. (International SOS) to provide medical care or services to TRICARE Overseas Program (TOP) beneficiaries	• Assurance of quality care, as network providers' credentials have been reviewed and institutions site-audited at least once every three years • Guarantee that provider can directly or indirectly communicate in English • Cashless/claimless services for TOP Prime beneficiaries • Performance is monitored on an ongoing basis to help ensure beneficiary satisfaction and quality of care
Participating Non-Network Provider	Has not entered into a formal agreement with International SOS, but agrees to provide cashless/claimless care to TOP Prime beneficiaries	• Verified and licensed to practice in the country in which he or she operates • Has not undergone the full International SOS credentialing process

Approved Demonstration Provider (*Philippines*)[1]	Agrees to comply with certain TRICARE requirements and business processes in certain designated areas under the Philippine Demonstration; International SOS, the TOP contractor, and its subcontractor, Global 24 Network Services, administer the benefit under the Philippine Demonstration	• Files claims on your behalf
		  • Deductible and cost-shares may be paid up front
		  • If payment is not made up front, approved demonstration providers will collect only the applicable deductible and cost-shares after receiving the TRICARE explanation of benefits
		• Accepts established reimbursement rates, so you will be responsible only for your applicable deductible and cost-shares[2]

Certified Provider (*Philippines*)	Meets TRICARE required on-site verification and provider certification requirements. However, certified providers within a Philippine Demonstration area do not agree to the additional conditions necessary to be approved demonstration providers.[3]	• Allowed to invoice TRICARE for TRICARE beneficiary claims • There may be no limit to the billed amount that certified providers (*who do not participate in the Philippine Demonstration*) charge in the Philippines. You are responsible for paying any amount that exceeds the TRICARE-allowable charge in addition to your deductible and cost-shares.
Nonparticipating Non-Network Host Nation Provider	Has not agreed to participate in TOP	• May not provide cashless/claimless service; beneficiaries may be required to pay up front and file a claim for reimbursement

1. *For the most up-to-date information and to find a Philippine approved demonstration or certified provider, visit* ***www.tricare-overseas.com/philippines.htm****.*
2. *Beneficiaries who are eligible to participate in the Philippine Demonstration must give the approved demonstration provider their physical home mailing address to pay the reduced costs. TOP Standard beneficiaries using a Philippine APO/FPO address on the* TRICARE DoD/CHAMPUS Medical Claim—Patient's Request for Medical Payment *form (DD Form 2642) for medical care received in Phase I–III designated demonstration areas are required to follow the rules of the Philippine Demonstration to ensure that TRICARE cost-shares their claims.*
3. *Individuals in other locations should check if local restrictions apply in their areas. For more information, call your TOP Regional Call Center.*

TRICARE nonparticipating non-network providers may charge up to 115 percent of the TRICARE-allowable amount in the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*). Overseas, there may be no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge, as well as applicable deductible and cost-share amounts. **Note:** Claims for services received outside the United States and U.S. territories must be filed within three years. Claims for services received in the United States and U.S. territories must be filed within one year. You must submit proof of payment with all overseas claims. For more information, visit **www.tricare.mil/proofofpayment**.

TRICARE Health Plan Costs

Enrollment Fee

The annual payment TRICARE Prime enrollees are required to make. There are no TRICARE Prime enrollment fees for ADSMs or ADFMs. Enrollment fee amounts are set by federal law.

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.

Medicare Part B Premium

The monthly payment that Medicare enrollees make to cover services provided under Medicare Part B, including provider services, outpatient care, home health care, durable medical equipment, and some preventive services. People who are entitled to Medicare Part A due to age or another reason are considered Medicare-eligible and must generally have Medicare Part B to keep the TRICARE benefit.

Annual Deductible

The annual amount a beneficiary must pay for covered outpatient benefits before TRICARE begins to cost-share. TRICARE Prime beneficiaries and families of National Guard and Reserve members activated in support of a contingency operation do not have an annual deductible, unless they are using the point-of-service (POS) option.

Catastrophic Cap

The catastrophic cap is the maximum out-of-pocket amount an individual or family pays each FY (*October 1–September 30*) 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, POS charges, and the additional 15 percent that nonparticipating providers may charge above the TRICARE-allowable charge. **Note:** POS deductibles, cost-share amounts, and TRS, TRR, TYA, and CHCBP premiums are not creditable to the catastrophic cap.

ADFMs and TRS: $1,000 per family, per FY

Retirees, their families, TRR, and all others: $3,000 per family, per FY

Copayment

The fixed amount a TRICARE Prime enrollee (*except ADSMs or ADFMs*) will pay for health care 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*).

Point-of-Service Option

The POS option allows TRICARE Prime beneficiaries to pay additional out-of-pocket fees to receive nonemergency health care services from any host nation provider without requesting a referral. Out-of-pocket expenses you pay under the POS option are not applied to your annual catastrophic cap. **Note:** The POS option does not apply to ADSMs, newborns or newly adopted children in the first 120 days after birth or adoption overseas, emergency care, clinical preventive care received from a network provider, the first eight mental health care outpatient visits per FY to a network provider authorized under TRICARE regulations to see patients independently for a medically diagnosed and covered condition, or beneficiaries with other health insurance.

POS deductible: $300 (*individual*); $600 (*family*)

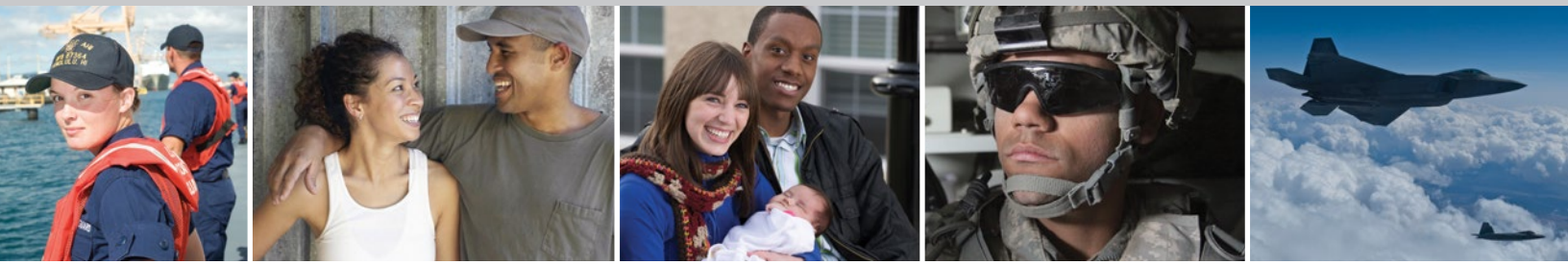
POS cost-share: 50 percent after POS deductible is met

Prohibition of Waiving Deductible and Cost-Shares

When using TOP Standard, TRS, and TRR, you are responsible, under law, to pay an annual deductible and cost-shares associated with your care. The law prohibits health care providers from waiving the deductible or cost-shares, and providers who offer or advertise that they will do so can be suspended or excluded as TRICARE-authorized providers.

Proof-of-Payment Requirements Overseas

You must submit proof of payment with all overseas claims. Proof of payment is necessary for TRICARE to validate claims and safeguard benefit dollars. Proof of payment may include a receipt, canceled check, credit card statement, or invoice from the provider that clearly states payment was received. If you have questions regarding proof-of-payment requests, claims submissions, or the status of a submitted claim, contact your TOP Regional Call Center and select option 2 for claims assistance or visit **www.tricare.mil/claims**.



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 benefits correspondence by e-mail, visit **http://milconnect.dmdc.mil**. The Affordable Care Act, also known as the health care reform law, requires that individuals maintain health insurance or other health coverage that meets the definition of "minimum essential coverage" beginning in 2014. The TRICARE program meets the minimum essential coverage requirement. 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. For more information, visit **www.tricare.mil/aca**. You can also find other health care coverage options at **www.healthcare.gov**.

TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa[1] +44-20-8762-8384 (*overseas*) 1-877-678-1207 (*stateside*) tricarelon@internationalsos.com **Medical Assistance**[1] +44-20-8762-8133	**TOP Regional Call Center—Latin America and Canada**[1] +1-215-942-8393 (*overseas*) 1-877-451-8659 (*stateside*) tricarephl@internationalsos.com **Medical Assistance**[1] +1-215-942-8320	**TOP Regional Call Centers—Pacific**[1] 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 Assistance**[1] Singapore: +65-6338-9277 Sydney: +61-2-9273-2760
TRICARE For Life www.tricare.mil/tfl Wisconsin Physicians Service (WPS) (*United States and U.S. territories*) 1-866-773-0404 1-866-773-0405 (*TDD/TTY*) www.TRICARE4u.com	**milConnect Web Site** http://milconnect.dmdc.mil	**TRICARE Pharmacy Program** www.tricare.mil/pharmacy Express Scripts, Inc. (*United States and U.S. territories*) 1-877-363-1303 Express Scripts Member Choice Center (*convert retail prescriptions to home delivery*): 1-877-363-1433 www.express-scripts.com/TRICARE
TRICARE Active Duty Dental Program www.tricare.mil/addp United Concordia Companies, Inc. (*United States and U.S. territories*) 1-866-984-ADDP (1-866-984-2337) www.addp-ucci.com	**TRICARE Dental Program** www.tricare.mil/tdp MetLife 1-855-MET-TDP2 (1-855-638-8372) (*overseas*) 1-855-MET-TDP1 (1-855-638-8371) (*stateside*) 1-855-MET-TDP3 (1-855-638-8373) (*TDD/TTY*) www.metlife.com/tricare	**TRICARE Retiree Dental Program** www.tricare.mil/trdp Delta Dental of California Dial the AT&T USADirect® Access Number followed by 866-721-8737 (*overseas*)[2] 1-888-838-8737 (*stateside*) www.trdp.org

*1. For toll-free contact information, visit **www.tricare-overseas.com**. Only call Medical Assistance numbers to coordinate overseas emergency care.*
*2. For access numbers and assistance with overseas dialing instructions, visit **www.usa.att.com/traveler/index.jsp**.*

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 Overseas Program contractor, TRICARE Service Center, or local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.*

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