TRICARE® Choices for National Guard and Reserve

TRICARE provides coverage options for National Guard and Reserve members and their families

TRICARE COVERAGE THROUGHOUT YOUR NATIONAL GUARD AND RESERVE CAREER

While called or ordered to active service for more than 30 consecutive days, National Guard and Reserve members* are covered as active duty service members, and their families are covered as active duty family members (ADFMs).

Non-activated members of the Selected Reserve may qualify to purchase two voluntary premium-based plans for themselves and their family members: TRICARE Reserve Select (TRS) for medical coverage and the TRICARE Dental Program (TDP) for dental coverage. Non-activated members of the Individual Ready Reserve may also qualify to purchase voluntary premium-based dental coverage under the TDP for themselves and their family members.

Members of the Retired Reserve may qualify to purchase TRICARE Retired Reserve (TRR) for medical coverage and the TRICARE Retiree Dental Program (TRDP) for dental coverage for themselves and their family members.

More information on qualifying for and purchasing TRS and TRR can be found in the *TRICARE Reserve Select and TRICARE Retired Reserve* section of this fact sheet.

* *Army National Guard, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, or Coast Guard Reserve*

ELIGIBILITY

The sponsor and his or her family members must be registered in the Defense Enrollment Eligibility Reporting System (DEERS) before DEERS can show them as eligible for TRICARE. Your service member's personnel office is solely responsible for establishing eligibility.

The sponsor must register family members by visiting a uniformed services identification (ID) card-issuing facility. To locate a facility near you, visit www.dmdc.osd.mil/rsl. For more information and to update your record, visit http://milconnect.dmdc.mil.

TRS, TDP, TRR, and TRDP are available for purchase by qualified sponsors. Selected Reserve members and Retired Reserve members do **not** qualify to purchase TRS or TRR if they are eligible for or enrolled in the Federal Employees Health Benefits (FEHB) Program. **Note:** Surviving family members who are eligible for or enrolled in the FEHB Program may purchase TRS or TRR.

MEDICAL AND DENTAL BENEFITS

Your coverage will vary depending on your uniformed service status: not activated, activated, deactivated, or retired. Refer to the tables on the following pages to learn about the TRICARE coverage options available to you and your family during each phase of your service.

COVERAGE OPTIONS BY SPONSOR STATUS

Not Activated

Includes service members on inactive duty for training, annual training, and otherwise on active service for 30 days or less. **Note:** Non-active duty beneficiaries may seek care at military hospitals and clinics on a space-available basis. Additionally, TRICARE Plus is a program that allows beneficiaries who normally are only able to get care at military hospitals and clinics 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 and clinics within the same primary care access standards as beneficiaries enrolled in a TRICARE Prime option.

*This fact sheet is **not** all-inclusive. For additional information, please visit www.tricare.mil.*

Not Activated (*continued*)

Potential Coverage	Sponsor Coverage	Family Coverage
Line of Duty (LOD) Care	LOD care covers treatment of an injury, illness, or disease incurred or aggravated in the line of duty.	LOD care is not available for family members.
TRICARE Reserve Select (TRS)[1]	Qualified service members may purchase TRS member-only or TRS member-and-family coverage.	Qualifying family members may be included in TRS member-and-family coverage.
TRICARE Dental Program (TDP)[1]	Eligible sponsors may purchase TDP sponsor coverage, which is separate from TDP family coverage.	Sponsors may purchase TDP family coverage, which is separate from sponsor coverage, for eligible family members.

1. Former spouses and remarried surviving spouses do not qualify to purchase coverage.

Activated

Includes service members called or ordered to active service for more than 30 consecutive days in support of a contingency operation.

Potential Coverage	Sponsor Coverage	Family Coverage
Pre-Activation Benefit (*early eligibility*)[1]	• Service members may be eligible for active duty health and dental benefits up to 180 days before active duty begins, as shown in the Defense Enrollment Eligibility Reporting System (DEERS). • If enrolled, TRICARE Reserve Select (TRS) and TRICARE Dental Program (TDP) coverage automatically ends. • Eligible members should wait until reaching their final duty station and then follow command guidance about enrolling in TRICARE Prime, TRICARE Prime Remote (TPR), TRICARE Overseas Program (TOP) Prime, or TOP Prime Remote. Until then, contact the appropriate TRICARE regional or overseas contractor for assistance with obtaining care.	• Eligible family members are automatically covered under TRICARE Standard and TRICARE Extra when the sponsor's eligibility is shown as active duty in DEERS. • Purchased TRS coverage automatically ends. • Family members may choose to enroll in an available TRICARE Prime option (*TRICARE Prime, TRICARE Prime Remote for Active Duty Family Members, TRICARE Overseas Program [TOP] Prime, TOP Prime Remote, or the US Family Health Plan*). • For family members whose sponsor is activated in support of a contingency operation for more than 30 consecutive days, the TRICARE Standard and TRICARE Extra deductible is waived and TRICARE will pay up to 115 percent of the TRICARE-allowable charge for care received from providers who are not part of the TRICARE network of civilian providers.
Medical Coverage (*during active duty*)	• Service members should not enroll or reenroll in a TRICARE Prime option while en route to their final duty station. • Upon arrival, service members should follow command guidance regarding TRICARE Prime or TOP Prime enrollment, which could include enrollment in TPR or TOP Prime Remote if applicable.	• Family members are automatically covered under TRICARE Standard and TRICARE Extra, or TOP Standard, unless already enrolled in TRICARE Prime, or TOP Prime, during the early-eligibility period. • Family members may choose to enroll in an available TRICARE Prime option.
Dental Coverage	• If enrolled, TDP coverage automatically ends. • Most dental care is provided through military dental clinics at duty stations. If you live in a remote overseas location, which is a location without an overseas military dental clinic, contact your TOP Regional Call Center to coordinate your dental care.	• If enrolled, TDP coverage continues at the reduced premium rate. • New TDP coverage is available for purchase for eligible family members at the reduced premium rate. • Former spouses and remarried surviving spouses do not qualify to purchase coverage.

1. Early eligibility applies when the sponsor receives delayed-effective-date active duty orders for more than 30 consecutive days in support of a contingency operation. The sponsor and family members are eligible for TRICARE on the date the order was issued or 180 days before reporting to active service, whichever is later. The service member's personnel office is solely responsible for establishing eligibility and notifying the sponsor.

Deactivated

Released from a period of activation. Includes service members who were called or ordered to active service for more than 30 consecutive days in support of a contingency operation.

Potential Coverage	Sponsor Coverage	Family Coverage
Transitional Assistance Management Program (TAMP)[1]	• TAMP provides 180 days of transitional TRICARE coverage for eligible sponsors. • Eligible sponsors may enroll (*or reenroll*) in TRICARE Prime or TRICARE Overseas Program (TOP) Prime, if available, or use TRICARE Standard and TRICARE Extra. (*TRICARE Prime Remote and TOP Prime Remote are* ***not*** *available during TAMP.*) • Eligible sponsors may receive dental care from military dental clinics or, if necessary, from civilian providers through the Active Duty Dental Program. Sponsors may qualify to resume or purchase TRICARE Dental Program (TDP) coverage at the end of TAMP.	• TAMP provides 180 days of transitional TRICARE coverage for eligible family members. • Family members are automatically covered under TRICARE Standard and TRICARE Extra and may choose to enroll (*or reenroll*) in TRICARE Prime, if available. (*TRICARE Prime Remote for Active Duty Family Members and TOP Prime Remote are not available during TAMP.*) • Family members may qualify to resume or purchase TDP coverage at the full premium rate (*reduced premium rate for families of active duty sponsors is not available during TAMP*).
TRICARE Reserve Select (TRS)	• Qualified sponsors may purchase TRS to begin after active duty benefits or TAMP coverage ends, whichever is later. • To receive continuous coverage, TRS coverage must be purchased after the termination of other TRICARE coverage (*e.g., active duty benefits, TAMP*).	• Qualifying family members may be included in TRS member-and-family coverage. • Family members may only receive TRS coverage through their sponsors. • Former spouses and remarried surviving spouses do not qualify to purchase coverage.
TDP	• Sponsors who are not covered under TAMP and who were enrolled in the TDP before activation will be automatically reenrolled. • Sponsors who are not covered under TAMP and who were not previously enrolled may purchase TDP sponsor coverage, which is separate from TDP family coverage.	• Eligible sponsors may purchase or continue TDP family coverage, which is separate from sponsor coverage. • If previously enrolled, the premium will increase to the National Guard and Reserve family-member rate. • Former spouses and remarried surviving spouses do not qualify to purchase coverage.

1. National Guard and Reserve members must be called or ordered to active service for more than 30 consecutive days in support of a contingency operation to qualify for TAMP coverage after deactivation.

Extended TRICARE Reserve Select Coverage Following Involuntary Separation

Certain members with TRS coverage who are involuntarily separated from the Selected Reserve under other than adverse conditions may have access to extended TRS coverage for up to 180 days from their separation date. For more information, contact your service personnel department.

Transitional Assistance Management Program

The 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

The 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 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, visit www.tricare.mil/chcbp. **Note:** CHCBP enrollees are not legally entitled to space-available care at military hospitals or clinics.

Retired

Potential Coverage[1]	Sponsor Coverage	Family Coverage
TRICARE Retired Reserve (TRR)	• Members of the Retired Reserve may qualify to purchase TRR until reaching age 60.[2]	• Qualifying family members may be included in TRR member-and-family coverage purchased by their sponsors. • Former spouses and remarried surviving spouses do not qualify to purchase coverage.
TRICARE Retiree Dental Program (TRDP)	• Qualifying sponsors may purchase coverage under the TRDP.	• Qualifying family members may purchase coverage under the TRDP. • Former spouses and remarried surviving spouses do not qualify to purchase coverage.

1. If you are entitled to premium-free Medicare Part A and have Medicare Part B, you may use TRICARE For Life (TFL). For more information, visit www.tricare.mil/tfl.

2. Upon reaching age 60, TRR members will be disenrolled from TRR and will be eligible for other TRICARE programs as a retiree.

TRICARE RESERVE SELECT® AND TRICARE RETIRED RESERVE®

This section explains how to qualify for and purchase TRS or TRR coverage and summarizes the programs' benefits and costs. TRS and TRR offer qualified members and survivors:

- Comprehensive health coverage similar to TRICARE Standard and TRICARE Extra (*in the United States*) or TRICARE Overseas Program (TOP) Standard
- Two types of coverage: member-only and member-and-family
- Care from any TRICARE-authorized (*in the United States*) or host nation (*overseas*) provider without a referral, unless local TOP restrictions apply. For more information, visit www.tricare-overseas.com/philippines.htm.
- Access to care at military hospitals and clinics on a space-available basis (*TRS members and their families have the same military hospital and clinic appointment priority as ADFMs not enrolled in TRICARE Prime. TRR members and their families have the same military hospital and clinic appointment priority as retirees and retiree family members not enrolled in TRICARE Prime.*)

Step 1: Qualify

Selected Reserve members may qualify to purchase **TRS** coverage if they are:

- Members of the Selected Reserve
- **Not** eligible for or enrolled in the 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
- **Not** eligible for or enrolled in the FEHB Program

Survivors of Selected Reserve or Retired Reserve members may qualify to purchase TRS or TRR coverage if all of the following applies:

- Their deceased sponsor was covered by TRS or TRR on the date of his or her death
- They currently are immediate family members of the deceased sponsor (*spouses cannot have remarried*)

Survivors of TRS or TRR members should note:

- As a survivor, you qualify to purchase the plan (*TRS or TRR*) your sponsor was enrolled in at the time of his or her death.
- Survivors of TRS members may receive coverage for up to six months from the date of the sponsor's death.
- Survivors of TRR members may purchase or continue coverage until the date the deceased sponsor would have reached age 60.
- Surviving family members who are eligible for or enrolled in FEHB Program may purchase TRS or TRR.

To qualify for TRS or TRR:

- Log on to the Defense Manpower Data Center (DMDC) Reserve Component Purchased TRICARE Application at www.dmdc.osd.mil/appj/reservetricare. To use the Web site, you will need a Department of Defense (DoD) Common Access Card, Defense Finance and Accounting Service myPay PIN, or a DoD Self-Service Logon (DS Logon). For more information on signing up for a DS Logon, visit https://myaccess.dmdc.osd.mil.
- Select "Purchase Coverage" and follow the instructions.
  - If you certify that you are eligible for or enrolled in the FEHB Program, you do not qualify for and cannot purchase TRS or TRR (*except survivors*).
  - If you certify that you are not eligible for or enrolled in the FEHB Program, 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).* Those who do not qualify will not be able to complete or print the form.

Sponsors or survivors who qualify to purchase TRS or TRR will be able to proceed to *Step 2: Purchase*.

** If you experience a technical problem, contact the DMDC Support Center at **1-800-477-8227**.*

Step 2: Purchase

Mail the completed and signed *DD Form 2896-1* with the premium payment amount printed on the form to your regional contractor (*see the* For Information and Assistance *section of this fact sheet*) by the applicable deadline.

General Enrollment	You may purchase TRICARE Reserve Select (TRS) or TRICARE Retired Reserve (TRR) coverage to begin in any month of the year. • **Deadline:** Application form must be postmarked or received no later than the last day of the month before coverage is to begin. • **Effective date:** Coverage begins the first day of the next month or the first day of the second month as indicated on *Reserve Component Health Coverage Request* form (DD Form 2896-1). • Two months of premiums are required when initially purchasing TRS or TRR. Payment may be made with a personal check, cashier's check, money order, or credit/debit card (*i.e., Visa/MasterCard*). After the initial payment, all monthly premium payments must be made by either automated electronic funds transfer or recurring, automated credit/debit card payment.
Loss of Other TRICARE Coverage	If you lose coverage under another TRICARE option under your sponsor's account and qualify for TRS or TRR, you may purchase TRS or TRR with no break in coverage. • **Deadline:** Application form must be postmarked or received no later than 30 days after the loss of other TRICARE coverage. • **Effective date:** Coverage begins on the day after you lose your prior TRICARE coverage.
Change in Family Composition	If the composition of a sponsor's immediate family changes (*e.g., marriage, birth, adoption, death*), you may request changes to your TRS or TRR coverage. (*See the* Changes in Coverage *section of this fact sheet for more details.*) • **Deadline:** Application must be postmarked or received no later than 60 days after the date of the change. • **Effective date:** Coverage date coincides with the date of change in the family.
Survivor Coverage (*If you qualify for and want to purchase survivor coverage, see "General Enrollment" above.*)	If **TRS coverage** is in effect when the sponsor dies, qualified survivors may receive coverage under TRS for up to six months from the date of the sponsor's death. If **TRR coverage** is in effect when the sponsor dies, qualified survivors may purchase or continue TRR coverage until the day the sponsor would have turned 60. If TRS or TRR member-and-family coverage is in effect at the time of death: • The Defense Enrollment Eligibility Reporting System will automatically convert member-and-family coverage to survivor coverage. • **Deadline to opt out:** If survivors do not want TRS or TRR survivor coverage, a written letter or *DD Form 2896-1* must be postmarked or received no later than 60 days after the date of the sponsor's death. Premiums will be refunded if no claims were submitted during this 60-day period. To access the *DD Form 2896-1*, log on to the Defense Manpower Data Center (DMDC) Reserve Component Purchased TRICARE Application at www.dmdc.osd.mil/appj/reservetricare. If TRS or TRR member-only coverage is in effect at the time of death: • Eligible survivors may qualify to purchase TRS or TRR survivor coverage. • Purchased TRS survivor coverage may continue for up to six months from the date of the sponsor's death, while purchased TRR survivor coverage may continue until the date the sponsor would have turned 60. • **Deadline to purchase coverage:** The TRS survivor coverage request must be postmarked or received no later than 60 days after the date of the sponsor's death. TRR survivors may purchase coverage at any time after the sponsor's death, provided the sponsor would not have turned 60 at the time of purchase. **Note:** Surviving family members who are eligible for or enrolled in the Federal Employees Health Benefits Program may purchase TRS or TRR.

Covered Services

TRS coverage is similar to TRICARE Standard and TRICARE Extra or TOP Standard for ADFMs, and TRR coverage is similar to TRICARE Standard and TRICARE Extra or TOP Standard for retirees. For additional information, visit www.tricare.mil.

Costs and Fees

Monthly Premiums

Premiums are adjusted annually, effective January 1. Visit www.tricare.mil/costs for current cost information. Two months of premiums are required when initially purchasing TRS or TRR. Payment may be made with a personal check, cashier's check, money order, or credit/debit card (*i.e., Visa/MasterCard*). After the initial payment, all monthly premium payments must be made by either automated electronic funds transfer or recurring automated credit/debit card payment. Contact your regional contractor to set up your automatic payments. Payments are withdrawn/charged the first of each month coverage is provided. **Do not miss payment due dates.** Failure to pay TRS premiums will result in a suspension of coverage. If your TRS coverage is suspended, contact your regional contractor immediately for information about the possibility of having your coverage reinstated retroactively. In order for your coverage to be retroactively reinstated, all past-due and current premiums must be paid in full by the first day of the fourth month after your last paid-through date, and you must establish a recurring electronic premium payment method. If you request TRS reinstatement after this date, you will be given the option to purchase new TRS coverage only, effective the first day of the following month. If your coverage is ever terminated, the termination will date back to the last day of the month for which your premiums were paid in full, and you will be locked out from coverage for 12 months.

Annual Outpatient Deductible

You must meet the outpatient deductible each fiscal year (FY) (*October 1–September 30*) before TRICARE outpatient cost-sharing begins.

Member Type	Member-Only Coverage	Member-and-Family Coverage
TRS Member Pay Grades E-4 and Below	$50	$100
TRS Member Pay Grades E-5 and Above	$150	$300
TRR Member	$150	$300

Outpatient Costs

This table lists the amounts you will pay for outpatient services after your annual deductible is met.

Provider Type	TRS Outpatient	TRR Outpatient
TRICARE Network	You pay 15% of the negotiated rate	You pay 20% of the negotiated rate
TRICARE-Authorized, Non-Network (*participating*)	20% of the TRICARE-allowable charge, **plus** fees up to 15% above the TRICARE-allowable charge	25% of the TRICARE-allowable charge, **plus** fees up to 15% above the TRICARE-allowable charge
TRICARE-Authorized, Non-Network (*nonparticipating*)	Provider may charge up to 15% above the TRICARE-allowable charge	Provider may charge up to 15% above the TRICARE-allowable charge

Overseas

Overseas providers and beneficiaries are reimbursed for billed charges, and reimbursement is based on TRICARE-allowable charges. Participating providers agree to accept the TRICARE-allowable charge, and any deductible or cost-share amounts for which you are responsible, as payment in full. TRICARE nonparticipating non-network providers may charge up to 15 percent above 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 in addition to your deductible and cost-shares.

Note: 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, unless they request or receive a waiver from Global 24 Network Services. For more information, visit www.tricare-overseas.com/philippines.htm. In other locations, check to see if restrictions on certified providers apply.

Catastrophic Cap

The TRS catastrophic cap is $1,000 and the TRR catastrophic cap is $3,000. The catastrophic cap is the maximum amount you will pay for health care each FY, except as noted. The cap applies to all TRICARE-covered services—the annual deductible, outpatient and inpatient cost-shares, and pharmacy copayments based on TRICARE-allowable charges. Monthly premiums, payments above the TRICARE-allowable charge, and payments for non-covered services are **not** applied toward the catastrophic cap.

Changes in Coverage

Changes in Family Composition

When you experience a family change (*e.g., marriage, birth, adoption, death*), you may request changes to your TRS or TRR coverage.

- You must always report all family changes in DEERS. For more information, visit www.tricare.mil/deers.
- To add a DEERS-registered family member to TRS or TRR coverage, follow the instructions listed in the *Step 2: Purchase* section of this fact sheet.
- To remove a family member from coverage, follow the procedure described in "Elect To End Coverage" in this fact sheet.

Termination of Coverage

Elect To End Coverage

You may choose to end your TRS or TRR coverage at any time, effective at the end of the month. You may end either the entire plan or coverage for an individual family member. **Do not simply stop making payments.** You must take the following actions to end your coverage:

- Visit www.dmdc.osd.mil/appj/reservetricare to log on to the Defense Manpower Data Center (DMDC) Reserve Component Purchased TRICARE Application (*as described in the* Step 1: Qualify *section of this fact sheet*), and follow the instructions to "Disenroll."
- Print, sign, and mail or fax your completed *DD Form 2896-1* to your regional contractor. The effective end date is either the last day of the month in which the request was postmarked or received, or the last day of a specified future month.

For TRR members, a 12-month purchase lockout will occur if you voluntarily choose to end your coverage. TRS members will have their coverage suspended.

Nonpayment of Premiums

If your automated TRS or TRR premium payment is not received by the end of the current month a premium is due, your coverage may be suspended or terminated, and you may be subject to a 12-month lockout.

Note for TRS members: If your TRS coverage is suspended, contact your regional contractor for information about the possibility of having your coverage reinstated.

Change in Status

If you are ever called or ordered to active service for more than 30 consecutive days, you and your family may become eligible for premium-free TRICARE plans. At that time, your TRS or TRR coverage automatically ends and unused premiums already paid will be refunded. The 12-month purchase lockout does not apply.

TRICARE YOUNG ADULT

A parent who is a member of the Selected Reserve or of the Retired Reserve may be a TRICARE Young Adult (TYA) sponsor if he or she is either eligible for premium-free TRICARE (*early eligibility, called or ordered to active service for more than 30 consecutive days, or in TAMP*) or covered by a premium-based TRICARE program (*TRS or TRR*).

TYA coverage is available for purchase by young adult dependents who qualify if they are **all** of the following:

- A dependent of a uniformed service sponsor who is covered by TRICARE
- 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 if the sponsor provided over 50 percent of the financial support*), but have not yet reached age 26

Dependents do **not** qualify to purchase TYA coverage if they are:

- Eligible to enroll in an employer-sponsored health plan as defined in TYA regulations
- Otherwise eligible for TRICARE coverage
- Married
- A uniformed service sponsor (*e.g., a member of the Selected Reserve*)

Young adults do not need to be financially dependent on their sponsor to qualify to purchase TYA coverage.

TYA offers TRICARE Prime and TRICARE Standard coverage. Qualified adult children of TRS or TRR sponsors may only purchase TYA Standard. TYA members pay the same TRICARE Standard and TRICARE Extra deductible and cost-shares as their sponsoring parent.

Dependents whose sponsors are called or ordered to active service for more than 30 consecutive days may be eligible to purchase TYA Prime, depending on where they live.

TYA includes TRICARE medical and pharmacy benefits, but excludes dental coverage. For more information about TYA, visit www.tricare.mil/tya.

If you want TRS or TRR coverage to continue after your other TRICARE coverage ends, you must qualify for and purchase TRS or TRR coverage again no later than 30 days after the other TRICARE coverage ends. See the *Step 1: Qualify* and *Step 2: Purchase* sections of this fact sheet for instructions.

Note to TRS members: Your TRS coverage will also automatically end if you leave the Selected Reserve. You may purchase TRS coverage again if you requalify, and a purchase lockout will not apply.

Change in Federal Employees Health Benefits Program Eligibility or Enrollment

You must take action to disenroll from TRS or TRR if you become eligible for or enrolled in the FEHB Program. See "Elect To End Coverage" in this fact sheet for more information on how to disenroll. No purchase lockout will go into effect. If you fail to end coverage as required, your Reserve component may terminate your coverage, and you will be responsible for any health care costs after the effective date of termination.

TRICARE MEETS THE MINIMUM ESSENTIAL COVERAGE REQUIREMENT

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." Minimum essential coverage is the type of health care coverage needed to meet the individual responsibility requirement under the law.

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. Please note that TRICARE Prime, TRICARE Standard and TRICARE Extra and transitional coverage under the Continued Health Care Benefit Program are all considered minimum essential coverage. Learn more about these and other options at www.tricare.mil. You can find other health care coverage options at www.healthcare.gov.

FOR INFORMATION AND ASSISTANCE

TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com	**TRICARE South Region** Humana Military, a division of Humana Government Business 1-800-444-5445 HumanaMilitary.com	**TRICARE West Region** UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcmilitarywest.com
TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa[1] +44-20-8762-8384 (*overseas*) 1-877-678-1207 (*stateside*) tricarelon@internationalsos.com	**TOP Regional Call Center—Latin America and Canada**[1] +1-215-942-8393 (*overseas*) 1-877-451-8659 (*stateside*) tricarephl@internationalsos.com	**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
TRICARE Reserve Select www.tricare.mil/trs **TRICARE Retired Reserve** www.tricare.mil/trr **TRICARE Young Adult** www.tricare.mil/tya	**Defense Manpower Data Center (DMDC) Reserve Component Purchased TRICARE Application** www.dmdc.osd.mil/appj/reservetricare **My Access Center** (*obtain a DS Logon account*) https://myaccess.dmdc.osd.mil	**milConnect Web Site** http://milconnect.dmdc.mil
TRICARE Pharmacy Program 1-877-363-1303 www.tricare.mil/pharmacy www.express-scripts.com/TRICARE	**TRICARE Dental Program** 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	**TRICARE Retiree Dental Program** 1-888-838-8737 (*stateside*) AT&T USADirect® Access Number plus +866-721-8737 (*overseas*) www.trdp.org
U.S. Department of Veterans Affairs (VA) www.va.gov **eBenefits—VA Benefits Information** www.ebenefits.va.gov	**Transitional Assistance Management Program** www.tricare.mil/tamp	**Continued Health Care Benefit Program** Humana Military 1-800-444-5445 www.tricare.mil/chcbp

1. For toll-free contact information, visit www.tricare-overseas.com.

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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