OVERSEAS

TRICARE®
Overseas Program Guide

Your guide to benefits in the TRICARE Overseas Program

TRICARE®

Important Information

TRICARE Web Site:	**www.tricare.mil**
TRICARE Overseas Program (TOP) Contractor:	**International SOS Government Services, Inc.** www.tricare-overseas.com
TRICARE Eurasia-Africa Africa, Europe, and the Middle East	**TOP Regional Call Center:*** +44-20-8762-8384 (*overseas*), 1-877-678-1207 (*stateside*) tricarelon@internationalsos.com **Medical Assistance Number:*** +44-20-8762-8133
TRICARE Latin America and Canada Canada, the Caribbean Basin, Central and South America, Puerto Rico, and the U.S. Virgin Islands	**TOP Regional Call Center:*** +1-215-942-8393 (*overseas*), 1-877-451-8659 (*stateside*) tricarephl@internationalsos.com **Medical Assistance Number:*** +1-215-942-8320
TRICARE Pacific Asia, Australia, Guam, India, Japan, New Zealand, South Korea, and Western Pacific remote countries	**TOP Regional Call Centers*** **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 Numbers*** **Singapore:** +65-6338-9277 **Sydney:** +61-2-9273-2760

* *For toll-free contact information, visit **www.tricare-overseas.com**. Toll-free numbers may not be available for all mobile phone carriers overseas. Only call Medical Assistance numbers to coordinate overseas emergency care.*

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 the TRICARE Overseas Program contractor, your TRICARE Service Center, or your local military hospital or clinic. More information regarding TRICARE, including the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices, can be found online at **www.tricare.mil**. See the inside back cover of this guide for "TRICARE Expectations for Beneficiaries."

Keep Your DEERS Information Up To Date!

It is essential to keep information in the Defense Enrollment Eligibility Reporting System (DEERS) current for you and your family. Failure to update DEERS to accurately reflect the sponsor's or family member's residential address and/or the ineligibility of a former dependent could be considered fraud and a basis for administrative, disciplinary, and/or other appropriate action.

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

The Affordable Care Act requires that individuals maintain health insurance or other health coverage that meets the definition of "minimum essential coverage." Please note that the TRICARE program is considered minimum essential coverage. Most people who do not meet this provision of the law will be required to pay a penalty for each month they do not have adequate coverage. The penalty will be collected each year with federal tax returns. Watch for future communications from TRICARE or visit **www.tricare.mil/aca** for more information about your minimum essential coverage requirement. You can also find other health care coverage options at **www.healthcare.gov**.

Important Contact Information

Use this page as a guide for the most important resources available to you.

TRICARE Web site: **www.tricare.mil**

TRICARE Overseas Program

The TRICARE Overseas Program regional contractor is International SOS Government Services, Inc. For more information, visit **www.tricare-overseas.com**.

TRICARE Overseas Program (TOP) Region	TOP Regional Call Center[1]	Medical Assistance Number[1]
TRICARE Eurasia-Africa	+44-20-8762-8384 (*overseas*) 1-877-678-1207 (*stateside*) tricarelon@internationalsos.com	+44-20-8762-8133
TRICARE Latin America and Canada	+1-215-942-8393 (*overseas*) 1-877-451-8659 (*stateside*) tricarephl@internationalsos.com	+1-215-942-8320
TRICARE Pacific—Singapore	+65-6339-2676 (*overseas*) 1-877-678-1208 (*stateside*) sin.tricare@internationalsos.com	+65-6338-9277
TRICARE Pacific—Sydney	+61-2-9273-2710 (*overseas*) 1-877-678-1209 (*stateside*) sydtricare@internationalsos.com	+61-2-9273-2760

*1. For toll-free contact information, visit **www.tricare-overseas.com**. Toll-free numbers may not be available for all mobile phone carriers overseas. Only call Medical Assistance numbers to coordinate overseas emergency care.*

Defense Enrollment Eligibility Reporting System (DEERS)

You have several options for updating and verifying DEERS information:

In Person	Phone
Visit a local uniformed services identification card-issuing facility. Find a facility near you at **www.dmdc.osd.mil/rsl**. Call to verify location and business hours.	1-800-538-9552 1-866-363-2883 (*TDD/TTY*)
Online	**Fax**
Visit the milConnect Web site at **http://milconnect.dmdc.osd.mil**. Visit the Beneficiary Web Enrollment Web site at **www.dmdc.mil/appj/bwe**.	1-831-655-8317
	Mail
	Defense Manpower Data Center Support Office 400 Gigling Road Seaside, CA 93955-6771 USA

TRICARE Dental Options

Visit **www.tricare.mil/dental** for information on all of TRICARE's dental program options.

Active Duty Dental Program	TRICARE Dental Program	TRICARE Retiree Dental Program
United Concordia Companies, Inc. www.addp-ucci.com	**MetLife** www.metlife.com/tricare	**Delta Dental of California** www.trdp.org

Health Care Claims

You can download the *TRICARE DoD/CHAMPUS Medical Claim—Patient's Request for Medical Payment* form (DD Form 2642) from **www.tricare-overseas.com** or from the TRICARE Web site at **www.tricare.mil/claims**. Submit claims to the addresses provided. For more information about filing claims, visit **www.tricare.mil/claims**.

Health Care and Host Nation Pharmacy Claims

Active Duty Service Members (ADSMs) (*all overseas areas*)	Non-ADSMs TRICARE Eurasia-Africa	Non-ADSMs TRICARE Latin America and Canada	Non-ADSMs TRICARE Pacific
Send claims to: TRICARE Active Duty Claims P.O. Box 7968 Madison, WI 53707-7968 USA	**Send claims to:** TRICARE Overseas Program P.O. Box 8976 Madison, WI 53708-8976 USA	**Send claims to:** TRICARE Overseas Program P.O. Box 7985 Madison, WI 53707-7985 USA	**Send claims to:** TRICARE Overseas Program P.O. Box 7985 Madison, WI 53707-7985 USA

TRICARE Pharmacy Program

Register for TRICARE Pharmacy Home Delivery, find a TRICARE retail network pharmacy, or find information on how to save money and make the most of your pharmacy benefit.

Express Scripts, Inc.		
www.express-scripts.com/TRICARE 1-877-363-1303 1-877-540-6261 (*TDD/TTY*) Express Scripts Member Choice Center (*convert retail prescriptions to home delivery*): 1-877-363-1433	**TRICARE Pharmacy Home Delivery** Download the registration form from **www.express-scripts.com/TRICARE** to register for TRICARE Pharmacy Home Delivery. Mail the form to: Express Scripts, Inc. P.O. Box 52150 Phoenix, AZ 85072-9954 USA	**Pharmacy Claims** File host nation pharmacy claims with the TRICARE Overseas Program claims processor. Send stateside non-network pharmacy claims to: Express Scripts, Inc. TRICARE Claims P.O. Box 52132 Phoenix, AZ 85072 USA
Prescription Drug Formulary Search		
www.express-scripts.com/tricareformulary		

Other Resources

TRICARE Area Offices	TRICARE Eurasia-Africa: www.tricare.mil/eurasiaafrica
	TRICARE Latin America and Canada: www.tricare.mil/tlac
	TRICARE Pacific: www.tricare.mil/pacific
TRICARE Forms	www.tricare.mil/forms
TRICARE Program Options	www.tricare.mil/plans
TRICARE Mental Health	www.tricare.mil/mentalhealth
Customer Service Community Directory	www.tricare.mil/bcacdcao

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Welcome to the TRICARE Overseas Program

The TRICARE Overseas Program (TOP) is the Department of Defense health care program for geographical areas and territorial waters outside the United States. While similar to the stateside program, TOP has some differences. TRICARE partners with the best available providers around the world and has established host nation provider networks around military hospitals and clinics and in many remote locations as well.

Read this *TRICARE Overseas Program Guide* for information about program options, eligibility, enrollment, covered services, and getting care when living or traveling overseas.

Your TRICARE Overseas Program Contractor

International SOS Government Services, Inc. (International SOS) administers the TOP benefit. For more information about overseas benefits, visit the TOP Web site at **www.tricare-overseas.com**. Call your TOP Regional Call Center for assistance with enrollment, referrals, and prior authorizations. In an emergency, go to the nearest emergency care facility and then call the Medical Assistance number for your area. Phone numbers are listed in the *Important Contact Information* section at the beginning of this guide.

TRICARE Overseas Program Regional Call Centers

TOP Regional Call Centers help coordinate care for TOP Prime and TOP Prime Remote beneficiaries. They also help coordinate emergency and urgent medical and dental care for active duty service members (ADSMs) on temporary duty (TDY) or authorized leave status overseas. To coordinate health care, an ADSM on TDY must provide a copy of his or her orders to the TOP Regional Call Center for the area where he or she is located.

Global TRICARE Service Center

The Global TRICARE Service Center (GTSC) assists with enrollments, transfers, general inquiries, and customer service. It is staffed 24 hours a day, 7 days a week by beneficiary service representatives.

When you call your TOP Regional Call Center, you will be prompted with the following menu of options; the GTSC is available at option 4:

Option 1: Medical Assistance (*directs you to the Medical Assistance team at your TOP Regional Call Center*)

Option 2: Claims support (*connects you to a claims customer service specialist*)

Option 3: Referrals, prior authorization, or health care finder assistance (*helps you find health care at military hospitals and clinics overseas or find a host nation provider in your area*)

Option 4: GTSC (*connects you to the 24-hour customer service assistance center*)

Option 5: Provider support services (*this option is for TOP providers only and should not be used by beneficiaries*)

Option 6: TOP Prime Remote Wellness Program (*helps TOP Prime Remote beneficiaries manage chronic health conditions and improve overall health and well-being*)

Option 7 (*Singapore TOP Regional Call Center only*): Philippine Demonstration support (*connects you to Global 24 Network Services for assistance with finding approved demonstration providers in the Philippines*)

Medical Assistance Numbers

International SOS provides Medical Assistance numbers for areas throughout the overseas region. In an emergency, call the Medical Assistance number to locate the nearest emergency care facility or to coordinate overseas emergency care. Medical Assistance is available 24 hours a day, 7 days a week, and you may call collect, if available.

Call your primary care manager or TOP Regional Call Center for urgent care, referrals, prior authorizations, and health care finder assistance. TOP Prime Remote beneficiaries can contact the TOP Regional Call Center and select option 1 for Medical Assistance or for help finding a remote network provider.

TRICARE Area Offices

A TRICARE Area Office is located in each overseas area to assist beneficiaries living or traveling overseas. Call **+1-888-777-8343** and select the option for your overseas area as directed.

TRICARE Service Centers

TRICARE Service Centers (TSCs) are located throughout the overseas areas where TRICARE Prime is available, typically at military hospitals and clinics. TSCs are important resources where beneficiary service representatives are available to assist you when seeking care at military hospitals and clinics or from host nation providers. Your local TSC can help you learn about TRICARE program options, transfer enrollments, provide claims assistance, resolve TRICARE problems, and file grievances. To locate a TSC near you, visit **www.tricare.mil/contactus**.

Note: TOP Prime Remote beneficiaries should call their TOP Regional Call Center and select option 4 to reach the GTSC.

Important Note for National Guard and Reserve Members and Their Families

National Guard and Reserve members called or ordered to active service for more than 30 consecutive days become eligible for TRICARE as ADSMs and their family members become eligible for TRICARE as active duty family members (ADFMs).

Eligible ADFMs may enroll in TOP Prime (*depending on availability in your location*) or use TOP Standard. The service member's service personnel office determines eligibility for pre-activation benefits. Contact the unit personnel office regarding eligibility. Activation orders should contain the unit personnel office address and contact information.

Important Note for Beneficiaries Living in the Philippines

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 your claims, unless you request and receive a waiver from Global 24 Network Services. For assistance with finding an approved demonstration provider, contact Global 24 Network Services toll-free (*in the Philippines*) at **+1-800-10-4562324**. Visit **www.tricare-overseas.com/philippines.htm** or **www.tricare.mil/philippines** for more information.

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Getting Started

TRICARE is available to active duty service members (ADSMs), active duty family members (ADFMs), retired service members and their family members, National Guard and Reserve members and their family members, survivors, and others who are registered in the Defense Enrollment Eligibility Reporting System (DEERS). The uniformed services include 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.

Your beneficiary category and location determine which overseas options are available to you. 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, having a child, or becoming entitled to Medicare Part A.

TRICARE Overseas Program Options by Beneficiary Type

Beneficiary Type	Program Options
Active duty service members (ADSMs)[1]	• TRICARE Overseas Program (TOP) Prime • TOP Prime Remote • TRICARE Active Duty Dental Program (ADDP)[2]
Active duty family members (ADFMs) and transitional survivors	• TOP Prime • TOP Prime Remote • TOP Standard • TRICARE Young Adult (TYA) • TRICARE For Life (TFL) (*if you have both Medicare Part A and Part B*)[3] • TRICARE Dental Program • TRICARE Plus (*depending on military hospital or clinic availability*)
Retired service members and family members, survivors, Medal of Honor recipients, certain former spouses who have not remarried, and others	• TOP Standard • TYA • TFL (*if you have both Medicare Part A and Part B*)[3] • TRICARE Retiree Dental Program • TRICARE Plus (*depending on military hospital or clinic availability*)

*1. ADSMs are **required** to enroll in either TOP Prime or TOP Prime Remote.*

*2. The ADDP 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*). Active duty dental care is coordinated by military dental clinics for ADSMs enrolled in TOP Prime and by International SOS Government Services, Inc. for ADSMs enrolled in TOP Prime Remote.*

3. Most beneficiaries who are entitled to Medicare Part A must have Medicare Part B to remain TRICARE-eligible. ADFMs who have Medicare Part A are not required to have Medicare Part B to remain eligible for TRICARE. However, once the sponsor reaches age 65, Medicare Part B must be in effect no later than the sponsor's retirement date to avoid a break in TRICARE coverage.

Active Duty Service Members

ADSMs are **required** to enroll in TRICARE Overseas Program (TOP) Prime. Depending on where you are stationed overseas, you must enroll in either TOP Prime or TOP Prime Remote.

Active Duty Family Members

For eligibility purposes, the term "family members" includes the sponsor's TRICARE-eligible spouse and children. Unmarried children may remain TRICARE-eligible until reaching age 21 (*or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provides over*

50 percent of the financial support). Children with disabilities may remain TRICARE-eligible beyond the normal age limits. Check with your sponsor's service for eligibility criteria. For more information, see "TRICARE Extended Care Health Option" in the *Covered Services, Limitations, and Exclusions* section of this guide.

ADFMs may enroll in TOP Prime or TOP Prime Remote if they are eligible in DEERS and are one of the following:

- Command-sponsored on the sponsor's permanent change-of-station orders
- Relocated on service-sponsored/funded orders
- National Guard and Reserve family members residing overseas with their sponsors who are called or ordered to active service for more than 30 consecutive days
- Transitional survivors whose ADSM sponsors died while serving on active duty orders for more than 30 consecutive days*

Note: Command sponsorship is an authorization entitling family members to travel overseas at the government's expense. Command-sponsored family members are included on their sponsors' change-of-station orders.

ADFMs who are not eligible for, or choose not to enroll in, TOP Prime may use TOP Standard. See the *TRICARE Overseas Program Options* section of this guide for more information about TOP Standard.

* *For more information about transitional survivors, see "Survivor Coverage" in the* Changes to Your TRICARE Coverage *section of this guide.*

Retired Service Members and Their Families

Retired service members and their families are not eligible to enroll in TOP Prime. However, they may be eligible to use TOP Standard and receive care on a space-available basis at military hospitals and clinics, or they may enroll in TRICARE Plus, depending on individual military hospital or clinic availability. See the *TRICARE Overseas Program Options* section of this guide for more information.

National Guard and Reserve Members and Their Families

The National Guard and Reserve includes the Army National Guard, Army Reserve, Navy Reserve, Air National Guard, Air Force Reserve, Marine Corps Reserve, and Coast Guard Reserve.

To be considered an ADSM and eligible for TRICARE active duty coverage, you must be a National Guard or Reserve member called or ordered to active service for more than 30 consecutive days or within 180 days of mobilization based on early-activation orders. In the case of early eligibility, the effective date is the later of either (1) the date of issuance of the delayed-effective-date active duty orders or (2) 180 days before the date on which the period of active duty is to begin. Until then, you should coordinate care with your unit commander.

If eligible, your family members may enroll in TRICARE during the early-eligibility period. TRICARE-eligible family members who reside overseas with you receive coverage as ADFMs while you are activated. They may enroll in TOP Prime or TOP Prime Remote. They may also choose to use TOP Standard, which does not require enrollment. If your family lives in the United States when you are activated, they may be eligible for stateside TRICARE programs.

TRICARE Overseas Program Options

The TRICARE Overseas Program (TOP) offers three program options to TRICARE beneficiaries living overseas: TOP Prime, TOP Prime Remote, and TOP Standard. TOP Prime and TOP Prime Remote have lower out-of-pocket costs than TOP Standard, and TOP Standard gives beneficiaries the flexibility to self-refer for most civilian care. TRICARE Extra is **not** available overseas.

Additionally, certain programs—including TRICARE For Life (TFL), TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), TRICARE Young Adult (TYA), the Transitional Assistance Management Program, and the Continued Health Care Benefit Program (CHCBP)—are available both in the United States and overseas.

TRICARE Overseas Program Prime

TOP Prime is similar to a managed care or health maintenance organization option and is available to active duty service members (ADSMs) and their eligible family members who live with them near a military hospital or clinic. TOP Prime works like the stateside TRICARE Prime program with similar benefits, requirements, and costs. Enrollment is required, but there are no enrollment fees. With TOP Prime, you receive most of your care from an assigned primary care manager (PCM) at a military hospital or clinic. Your PCM refers you for specialty care when necessary.

ADSMs stationed overseas must enroll in TOP Prime or TOP Prime Remote. Eligible active duty family members may choose to enroll in TOP Prime or TOP Prime Remote, or they may use TOP Standard.

TRICARE Overseas Program Prime Remote

TOP Prime Remote provides TRICARE Prime benefits to ADSMs and their eligible family members residing with them in remote overseas locations. Enrollment is required, but there are no enrollment fees. If you do not have an assigned PCM, International SOS Government Services, Inc. will assist you in arranging and managing your health care needs.

TRICARE Overseas Program Standard

TOP Standard is a fee-for-service option available to eligible non-ADSMs living overseas. TOP Standard works like the stateside TRICARE Standard program with similar benefits, requirements, and costs. Enrollment is not required; coverage is automatic as long as you are shown as eligible in the Defense Enrollment Eligibility Reporting System (DEERS) and you are not enrolled in TOP Prime or TOP Prime Remote.

With TOP Standard, you manage your own health care and may generally seek care from any host nation provider without a referral. However, certain services, including nonemergency inpatient admissions for substance use disorders and mental health care, require prior authorization. For more information, see the *Getting Care* section of this guide. You are responsible for paying an annual deductible and cost-shares, and you should expect to pay up front for care and submit a claim to the TOP claims processor for reimbursement. Visit **www.tricare-overseas.com** for a list of host nation providers.

For more information about TOP Standard, visit **www.tricare.mil** or contact the nearest TRICARE Service Center.

Other TRICARE Programs Overseas

TRICARE For Life

TFL is Medicare wraparound coverage available worldwide to TRICARE beneficiaries who have Medicare Part A and Part B, regardless of age or place of residence. If the sponsor is retired and you are entitled to premium-free Medicare Part A on your record or your spouse's record, you must have Medicare Part B to remain TRICARE-eligible.

This rule applies to all TRICARE beneficiaries even though Medicare generally does not cover health care obtained outside the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*).

Note: Medicare may pay for services you receive aboard a ship in the territorial waters adjoining the land areas of the United States and U.S. territories. In these locations, TFL works exactly as it does in the United States.

To learn more about TFL, visit **www.tricare.mil/tfl** or **www.TRICARE4u.com**.

TRICARE Reserve Select®

TRS is a premium-based health care plan that members of the Selected Reserve may qualify to purchase. Qualifying members may purchase TRS member-only or member-and-family coverage and pay monthly premiums. Overseas, TRS works like TOP Standard with the same benefits, requirements, and costs, except that TRS also has monthly premiums.

You may generally receive care from any host nation provider without a referral. However, certain services, including inpatient nonemergency mental health care, require prior authorization. You are responsible for paying an annual deductible and cost-shares, and you should expect to pay up front for care and submit a claim to the TOP claims processor for reimbursement. For a list of providers, visit **www.tricare-overseas.com**.

TRICARE Retired Reserve®

TRR is a premium-based health care plan that Retired Reserve members may qualify to purchase until reaching age 60. Qualifying members may purchase TRR member-only or member-and-family coverage and pay monthly premiums. Overseas, TRR works like TOP Standard for retirees, with the same retiree benefits, requirements, and costs, except that TRR also has monthly premiums.

You may generally receive care from any host nation provider without a referral. However, certain services, including inpatient nonemergency mental health care, require prior authorization. You are responsible for paying an annual deductible and cost-shares, and you should expect to pay up front for care and submit a claim to the TOP claims processor for reimbursement. For a list of providers, visit **www.tricare-overseas.com**.

TRICARE Young Adult

TYA is a premium-based health care plan available for purchase by qualified adult-age children. The TYA benefit includes both TRICARE Prime and TRICARE Standard coverage worldwide. The sponsor's status, the dependent's geographic location, and other factors determine eligibility to purchase TYA Prime and/or TYA Standard. Command sponsorship is required overseas.

TYA coverage includes medical and pharmacy benefits, but excludes dental coverage. Those who purchase TYA Prime have access to care through their assigned military or civilian PCMs. Unless enrolled to a PCM at a military hospital or clinic, TYA beneficiaries are generally limited to primary care access at military hospitals and clinics on a space-available basis. TYA beneficiaries enrolled in the US Family Health Plan are not eligible for care at military hospitals or clinics or for military pharmacy benefits, except in an emergency. TYA is only available for individuals and is not offered as a family plan. For more information about TYA, including qualification requirements and how to purchase it, visit **www.tricare.mil/tya**.

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. If you qualify, you can purchase CHCBP coverage within 60 days of loss of eligibility for either regular TRICARE or Transitional Assistance Management Program coverage, whichever is later.

Note: CHCBP enrollees are not legally entitled to space-available care at military hospitals and clinics or to military pharmacy services.

Enrollment

Some TRICARE Overseas Program (TOP) options provide automatic coverage. However, others require you to take specific actions to enroll. It is important to understand which program options require enrollment and how to enroll. You must appear as eligible in the Defense Enrollment Eligibility Reporting System (DEERS) before you can access TRICARE benefits, regardless of whether or not your program option requires enrollment.

While most programs require that you take an enrollment action, you are automatically covered by one of the following programs if you meet TRICARE's eligibility requirements and are shown as eligible in DEERS:

- TOP Standard
- TRICARE For Life (*if you have both Medicare Part A and Part B*)

TRICARE Overseas Program Prime and TRICARE Overseas Program Prime Remote Enrollment

To enroll in either TOP Prime or TOP Prime Remote, submit a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form* (DD Form 2876) to your TOP Regional Call Center or TRICARE Service Center (TSC), or call your Global TRICARE Service Center (*select option 4 from the TOP Regional Call Center menu*). TOP Prime and TOP Prime Remote coverage begins when your enrollment request is received. There are no enrollment fees for TOP Prime or TOP Prime Remote. Visit **www.tricare.mil/costs** for current cost information.

Split Enrollment

TOP Prime allows split enrollment when sponsors are stationed overseas but their family members live in the United States (*e.g., spouses who do not accompany sponsors on overseas tours of duty, children attending college in the United States*). Eligible active duty family members may enroll in stateside TRICARE Prime in the regions where they live. If they are currently enrolled in TRICARE Prime Remote for Active Duty Family Members (TPRADFM) and the sponsor receives unaccompanied orders, they can remain in TPRADFM in their current location. If they choose not to enroll in TRICARE Prime or TPRADFM, if currently eligible, they are automatically covered under TRICARE Standard and TRICARE Extra.

Note: TRICARE Extra is not available overseas.

Key points to remember about split enrollment:

- Families with college students, children living with former spouses, or families otherwise separated can enroll together in different stateside regions, but cannot enroll together in different overseas areas.
- There is no limit on the number of family members who can enroll.
- In most cases, only command-sponsored family members who accompany their sponsors on overseas orders may enroll in TOP Prime or TOP Prime Remote.

TRICARE Reserve Select Enrollment

TRICARE Reserve Select (TRS) is a premium-based health care plan that members of the Selected Reserve may qualify to purchase for themselves and/or their family members. TRS offers comprehensive coverage similar to TRICARE Standard. To enroll in TRS, you must submit a completed *Reserve Component Health Coverage Request* form (DD Form 2896-1) to your regional contractor. To access *DD Form 2896-1*, log on to the DMDC Reserve Component Purchased TRICARE Application at **www.dmdc.osd.mil/appj/reservetricare**. The initial two-month premium payment is due when you enroll. Monthly premium payments are collected electronically. An automatic payment method of either an electronic funds transfer (EFT) or recurring debit/credit card must be established for paying monthly premiums. Failure to pay monthly premiums will result in a suspension or termination of coverage. Visit **www.tricare.mil/trs** for more information about TRS.

TRICARE Retired Reserve Enrollment

TRICARE Retired Reserve (TRR) is a premium-based health care plan that members of the Retired Reserve may qualify to purchase for themselves and/or their family members. TRR offers comprehensive coverage similar to TRICARE Standard. To enroll in TRR, you must submit a completed *Reserve Component Health Coverage Request* form (DD Form 2896-1) to your regional contractor. To access *DD Form 2896-1*, log on to the DMDC Reserve Component Purchased TRICARE Application at **www.dmdc.osd.mil/appj/reservetricare**. The initial two-month premium payment is due when you enroll. Monthly premium payments are collected electronically. An automatic payment method of either an EFT or recurring debit/credit card must be established for paying monthly premiums. Failure to pay monthly premiums will result in termination of coverage. Visit **www.tricare.mil/trr** for more information about TRR.

TRICARE Young Adult Enrollment

The TRICARE Young Adult (TYA) program is a premium-based health care plan available for purchase by qualified dependents. Until reaching age 26, adult-age dependents may purchase TYA coverage based on qualification established by their uniformed service sponsor and where they live. Command sponsorship is required for TYA Prime enrollment overseas. TYA includes medical and pharmacy benefits, but excludes dental coverage. Visit **www.tricare.mil/tya** for information about TYA coverage. To purchase TYA coverage, enroll via Beneficiary Web Enrollment at **www.dmdc.osd.mil/appj/bwe** or submit a *TRICARE Young Adult Application* (DD Form 2947) to the TOP Regional Call Center or local TSC. Download the form at **www.tricare.mil/forms** or request a form from your local TOP Regional Call Center or TSC.

Note: Special qualification conditions may exist.

Getting Care

This section explains how to access health care overseas. Each program option has specific guidelines about how to access care. These guidelines will help you get the most from your benefit and will help you avoid paying unnecessary out-of-pocket costs.

Providers

Military Hospitals and Clinics

Military hospitals and clinics are usually located on or near a military base. Appointments at military hospitals and clinics are limited, and active duty service members (ADSMs) and active duty family members (ADFMs) have priority. Certain beneficiaries, including those who use TRICARE Overseas Program (TOP) Standard and TRICARE For Life, may receive care at military hospitals and clinics on a space-available basis only.

Overseas Military Hospital and Clinic Appointment Priorities

1	Active duty service members (ADSMs)
2	TRICARE Overseas Program (TOP) Prime and TOP Prime Remote active duty family members (ADFMs) and survivors whose ADSM sponsors died during active duty
3	Non-TOP Prime and non-TOP Prime Remote ADFMs TRICARE Reserve Select members and their families and TRICARE Plus enrollees (*primary care*)
4	Retired service members, their families, and all others not enrolled in TOP Prime or TOP Prime Remote TRICARE Retired Reserve members and their families and TRICARE Plus enrollees (*specialty care*)

If you wish to receive care at a military hospital or clinic, call to verify they can provide the care you need. Visit **www.tricare.mil/mtf** to locate a military hospital or clinic.

Host Nation Providers

TRICARE certifies network host nation providers to provide care to overseas beneficiaries. Network host nation providers have established agreements with the TOP contractor, International SOS Government Services, Inc. Network providers' performance is monitored, and they offer cashless/claimless services for TOP Prime and TOP Prime Remote beneficiaries. Check with your TOP Regional Call Center before visiting host nation providers.

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 your claims, unless you request and receive a waiver from Global 24 Network Services. Visit **www.tricare-overseas.com/philippines.htm** or **www.tricare.mil/philippines** for more information.

Non-network host nation providers are not certified by TRICARE and may not provide cashless/claimless services. 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. Expect to pay up front and file a claim for reimbursement. Visit **www.tricare-overseas.com** for more information.

Types of Care

Emergency Care

TRICARE defines an emergency as a serious medical condition that the average person would consider to be a threat to life, limb, sight, or safety.

In an emergency, go immediately to the nearest emergency care facility and then call the Medical Assistance number for your area. Prior authorization is not required. However, continued care must be coordinated to include subsequent authorizations and payment. TOP Prime beneficiaries must contact their primary care managers (PCMs) and TOP Prime Remote beneficiaries must contact the TOP Regional Call Center before leaving the facility, preferably within 24 hours or on the next business day.

TRICARE Overseas Program Prime Beneficiaries Enrolled in Canada

TOP Prime beneficiaries enrolled in Canada should call the U.S. Embassy or the nearest Canadian Forces Health Facility for local ambulance service contact information. You can also call 911 or your civilian insurance company.

Definitions and Examples of Types of Care

Type of Care	Definition	Examples	Primary Care Manager (PCM) Role (*if enrolled in TRICARE Overseas Program [TOP] Prime or TOP Prime Remote*)[1]
Emergency	TRICARE defines an emergency as a serious medical condition that the average person would consider to be a threat to life, limb, sight, or safety.	No pulse, severe bleeding, spinal cord or back injury, chest pain, broken bone, inability to breathe	You do not need to call your primary care manager before receiving emergency medical care. Your PCM must be notified within 24 hours or on the next business day following admission.
Urgent	Urgent care services are medically necessary services required for an illness or injury that would not result in further disability or death if not treated immediately, but does require professional attention within 24 hours.	Minor cuts, migraine headache, urinary tract infection, sprain, earache, rising fever	Call your PCM first for appropriate guidance. Urgent care services require a referral if you do not see your PCM for care.
Routine	Routine (*primary*) care is general health care and includes general office visits. Routine care also includes preventive care to help keep you healthy.	Treatment of symptoms, chronic or acute illnesses and diseases, follow-up care for an ongoing medical condition	You will receive most of your routine care from your PCM.
Specialty Care	Specialty care consists of medical services provided by a physician specialist.	Cardiology, dermatology, gastroenterology, obstetrics	Your PCM will refer you to another health care provider for care he or she cannot provide and will coordinate the referral with the TOP contractor when necessary.

1. If you are a TOP Prime Remote beneficiary and do not have an assigned PCM, International SOS Government Services, Inc. acts as your PCM.

TRICARE Overseas Program Prime and TRICARE Overseas Program Prime Remote Care

Access Standards

TRICARE Prime programs, including TOP Prime and TOP Prime Remote, provide for the following standards for access to care:

- The wait time for an urgent care appointment should not exceed 24 hours.
- The wait time for a routine appointment should not exceed one week.
- The wait time for a specialty care appointment or wellness visit should not exceed four weeks (*28 days*).

Point-of-Service Option

The TRICARE point-of-service (POS) option gives TOP Prime and TOP Prime Remote ADFMs the freedom, at an additional cost, to receive nonemergency health care services from any TRICARE-authorized provider without requesting a referral from your PCM. For cost details, visit **www.tricare.mil/costs**.

The POS option does **not** apply to the following:

- ADSMs
- Newborns or newly adopted children in the first 120 days overseas after birth or adoption
- Emergency care
- Clinical preventive care received from a network host nation provider
- Beneficiaries with other health insurance
- The first eight outpatient mental health care visits per fiscal year (FY) (*October 1–September 30*) to a network host nation provider for a medically diagnosed and covered condition

Services That Do Not Require Referrals

TOP Prime and TOP Prime Remote ADFMs do not need referrals for certain services. These include clinical preventive services and the first eight outpatient mental health care visits per FY to a network host nation provider for a medically diagnosed and covered condition. For mental health care visits, a PCM referral is not required; however, you must obtain prior authorization from the TOP contractor beginning with the ninth outpatient mental health care visit per FY.

Note: Certain types of mental health care services, including non-emergency inpatient mental health care, are excluded and always require a referral or prior authorization. Contact International SOS for more details.

A physician referral and supervision is always required to see pastoral counselors and may be required to see mental health counselors.

ADSMs always require referrals for any civilian care, including clinical preventive services, mental health care, and specialty care (*except for emergency services*).

Urgent Care

In most cases, you can receive urgent care from your PCM by making a same-day appointment. If you do not coordinate in advance with your PCM, you may use the POS option, resulting in higher out-of-pocket costs. For cost details, visit **www.tricare.mil/costs**.

If you are away from home or in a remote location, you must contact your PCM for a referral or call the TOP Regional Call Center for assistance before receiving urgent care to ensure medical oversight including prior authorization, benefit coverage, and cashless/claimless services.

Note: In certain countries, prior authorization may be required for urgent care visits.

Routine Care

You receive most of your routine care from your PCM or primary care physician. You do not need a referral to visit your PCM. If your PCM is unable to provide the care needed, he or she can refer you to another provider. If you receive routine care from a host nation provider without a referral from your PCM or TOP Regional Call Center, you are using the POS option, resulting in higher out-of-pocket costs. TOP Prime Remote beneficiaries should contact the TOP Regional Call Center to coordinate care. For cost details, visit **www.tricare.mil/costs**.

Note: In certain countries, prior authorization may be required for routine care visits.

Specialty Care

There may be times when you need to see a specialist for a diagnosis or treatment that your PCM cannot provide. Your PCM can provide a referral to access services from specialty care providers and coordinate a referral request with your TOP Regional Call Center, if necessary. If you receive specialty care without a referral from your PCM or TOP Regional Call Center, you are using the POS option, resulting in higher out-of-pocket costs. For cost details, visit **www.tricare.mil/costs**.

Referrals for Specialty Care

Contact your TOP Regional Call Center for details about obtaining referrals. If you live near a military hospital or clinic and are referred for specialty care, inpatient admissions, or procedures requiring prior authorization, your TOP Regional Call Center attempts to coordinate care at your military hospital or clinic first. If services are not available at the military hospital or clinic, the TOP Regional Call Center coordinates care with a network host nation provider. If your PCM refers you to a specialist who would like to refer you to another specialist, the specialist must contact your PCM. For TOP Prime Remote beneficiaries, the specialist must contact your TOP Regional Call Center to obtain prior authorization for additional specialty care, if necessary. For TOP Prime beneficiaries, your military hospital or clinic will issue a referral for care.

Specialty Care for TRICARE Overseas Program Prime Remote Active Duty Service Members

If specialty or diagnostic services are not available locally, ADSMs may need to travel outside their enrolled location to receive care. If care is not available, the TOP Regional Call Center contacts the TRICARE Area Office (TAO) to coordinate recommendations for medical temporary duty (TDY) to a military hospital or clinic, or the nearest network host nation provider.

The TAO will work with your TOP Regional Call Center to assist in coordinating military hospital or clinic or appropriate host nation care and will provide information about obtaining required travel funding from your service organization.

Note: In addition to ADSMs enrolled in TOP Prime Remote, any ADSM on leave/liberty/temporary additional duty (TAD) or TDY in any remote location worldwide may contact the TOP Regional Call Center to seek assistance for emergency and urgent health care and dental care.

For TOP Regional Call Center contact information, see the *Important Contact Information* section at the beginning of this guide or visit **www.tricare-overseas.com**.

Fitness-for-Duty Appointments

The local TRICARE point of contact (POC) coordinates fitness-for-duty appointments, flight physicals, and medical care for ADSMs on leave or TDY in the United States. Contact your TRICARE POC for assistance. The TRICARE POC will gather the required information from you and coordinate the request with the TOP Regional Call Center.

TRICARE Overseas Program Standard

TOP Standard beneficiaries manage their own health care and can make appointments with host nation providers, unless local TOP restrictions require seeing certified providers. If you are not located near a military hospital or clinic, TRICARE Service Center, or U.S. Embassy Health Unit, visit **www.tricare-overseas.com** for a list of providers or contact your TOP Regional Call Center for assistance.

You do not need a referral for care. Prior authorization is required for certain services, including nonemergency inpatient mental health care and substance use admissions, stem cell or organ transplants, adjunctive dental care, and hospice care (*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*]*).

Be prepared to pay up front for care and file claims with the TOP contractor for reimbursement. See the *Claims* section of this guide for more information.

Services Requiring Prior Authorization

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

For all others, the following services require prior authorization:

- Adjunctive dental services (*i.e., dental care that is medically necessary in the treatment of an otherwise covered medical—not dental—condition*)
- Extended Care Health Option services (*ADFMs only*)
- Home health care services*
- Home infusion therapy*
- Hospice care*
- Nonemergency inpatient admissions for substance use disorders and mental health care
- Outpatient mental health care beyond the eighth visit to a network host nation provider per FY (*Certain types of mental health care services, including non-emergency inpatient mental health care, are excluded and always require prior authorization. Contact your regional contractor for more information.*)
- Other mental health services, such as partial hospitalization, child and adolescent psychiatric residential treatment center care, and outpatient psychoanalysis
- Transplants—all solid organ and stem cell†

This list is **not** all-inclusive, and **each overseas area may have additional prior authorization requirements**. Contact your TOP Regional Call Center to learn about requirements in your area, as they may change periodically. See the *Important Contact Information* section at the beginning of this guide for contact information.

* *These services are only covered in the United States and U.S. territories.*

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

Covered Services, Limitations, and Exclusions

TRICARE covers most care that is medically necessary and considered proven. There are special rules and limitations for certain types of care, and some types of care are not covered at all. TRICARE policies are very specific about which services are covered and which are not. It is in your best interest to take an active role in verifying coverage.

Overseas, all host nation care must meet TRICARE's policies for coverage. You are financially responsible for 100 percent of the cost for care that TRICARE does not cover. Beneficiary category and location determine which overseas options are available to you. Each program option has specific guidelines about how to access care. Check with your TRICARE Overseas Program (TOP) Regional Call Center before visiting host nation providers.

This section is **not** all-inclusive. For more information on covered services, visit **www.tricare.mil/coveredservices**.

Clinical Preventive Services

Comprehensive Health Promotion and Disease Prevention Examinations

Clinical Preventive Services: Coverage Details

Service	Description
Comprehensive Health Promotion and Disease Prevention Examinations	**Adult:** A comprehensive clinical preventive examination is covered for beneficiaries of all TRICARE program options if it includes an immunization, breast cancer screening, cervical cancer screening, colon cancer screening, or prostate cancer screening. TRICARE Prime beneficiaries in each of the following age groups may receive one comprehensive clinical preventive examination without receiving an immunization, breast cancer screening, cervical cancer screening, colon cancer screening, or prostate cancer screening (*one examination per age group*): 18–39, 40–64. **Pediatric:** Preventive services for children from birth until reaching age 6 are covered by all TRICARE program options under the well-child care benefit. For children age 6 and older, a comprehensive clinical preventive examination is covered if it includes an immunization. School enrollment physicals for children ages 5–11 are also covered. TRICARE Prime beneficiaries in each of the following age groups may receive one comprehensive clinical preventive examination without receiving an immunization (*one examination per age group*): 6–11, 12–17. **Note:** Annual sports physicals are not covered.

Targeted Health Promotion and Disease Prevention Services

The screening examinations on the following pages may be covered for all eligible beneficiaries when provided in conjunction with a comprehensive clinical preventive examination or during other patient visits. The intent is to maximize preventive care.

Clinical Preventive Services: Coverage Details

Service	Description

Cancer Screenings	• **Breast cancer:**
	  • **Clinical breast examination:** For women under age 40, a clinical breast examination is covered during a preventive health visit. For women age 40 and older, an annual clinical breast examination is covered.
	  • **Mammograms:** Covered annually for all women beginning at age 40. Covered annually beginning at age 30 for women who have a 15 percent or greater lifetime risk of breast cancer (*according to risk-assessment tools based on family history such as the Gail model, the Claus model, and the Tyrer-Cuzick model*), or who have any of the following risk factors:
	  • History of breast cancer, ductal carcinoma in situ, lobular carcinoma in situ, atypical ductal hyperplasia, or atypical lobular hyperplasia
	  • Extremely dense breasts when viewed by mammogram
	  • Known BRCA1 or BRCA2 gene mutation[1]
	  • First-degree relative (*parent, child, sibling*) with a BRCA1 or BRCA2 gene mutation, and have not had genetic testing themselves[1]
	  • Radiation therapy to the chest between ages 10 and 30
	  • History of Li-Fraumeni, Cowden, or hereditary diffuse gastric cancer syndrome, or a first-degree relative with a history of one of these syndromes
	  • **Breast screening magnetic resonance imaging:** Covered annually, in addition to the annual screening mammogram, beginning at age 30 for women who have a 20 percent or greater lifetime risk of breast cancer (*according to risk-assessment tools based on family history such as the Gail model, the Claus model, and the Tyrer-Cuzick model*), or who have any of the following risk factors:
	  • Known BRCA1 or BRCA2 gene mutation[1]
	  • First-degree relative (*parent, child, sibling*) with a BRCA1 or BRCA2 gene mutation, and have not had genetic testing themselves[1]
	  • Radiation to the chest between ages 10 and 30
	  • History of Li-Fraumeni, Cowden, or hereditary diffuse gastric cancer syndrome, or a first-degree relative with a history of one of these syndromes
	• **Cervical cancer screening:**
	  • **Human papillomavirus (HPV) DNA testing:** Covered as a cervical cancer screening only when performed in conjunction with a Pap test, and only for women age 30 and older.
	  • **Pap tests:** Covered annually for women starting at age 18 (*younger if sexually active*) or less often at patient and provider discretion (*though not less than every three years*).
	• **Colonoscopy:**
	  • Average risk: Once every 10 years beginning at age 50.
	  • Increased risk: Once every five years for individuals with a first-degree relative diagnosed with a colorectal cancer or an adenomatous polyp before age 60, or colorectal cancer diagnosed two or more first-degree relatives at any age. Optical colonoscopy should be performed beginning at age 40 or 10 years younger than the earliest affected relative, whichever is earlier. Once every 10 years, beginning at age 40, for individuals with a first-degree relative diagnosed with colorectal cancer or an adenomatous polyp at age 60 or older, or colorectal cancer diagnosed in two second-degree relatives.

1. Listing of the BRCA1 or BRCA2 gene mutations as additional risk factors does not imply TRICARE coverage of BRCA1 or BRCA2 genetic testing as a clinical preventive service.

Clinical Preventive Services: Coverage Details (continued)

Service	Description
Cancer Screenings (*continued*)	• High risk: Once every one to two years for individuals with a genetic or clinical diagnosis of hereditary non-polyposis colorectal cancer (HNPCC) or individuals at increased risk for HNPCC. Optical colonoscopy should be performed beginning at age 20–25 or 10 years younger than the earliest age of diagnosis, whichever is earlier. For individuals diagnosed with inflammatory bowel disease, chronic ulcerative colitis, or Crohn's disease, cancer risk begins to be significant eight years after the onset of pancolitis or 10–12 years after the onset of left-sided colitis. For individuals meeting these risk parameters, optical colonoscopies may be covered every one to two years with biopsies for dysplasia. • **Fecal occult blood testing:** Covered annually starting at age 50. • **Proctosigmoidoscopy or sigmoidoscopy:** • Average risk: Once every three to five years beginning at age 50. • Increased risk: Once every five years beginning at age 40 for individuals with a first-degree relative diagnosed with colorectal cancer or an adenomatous polyp at age 60 or older, or two second-degree relatives diagnosed with colorectal cancer. • High risk: Annual flexible sigmoidoscopy beginning at age 10–12 for individuals with known or suspected familial adenomatous polyposis. • **Prostate cancer:** A digital rectal examination and prostate-specific antigen screening is covered annually for certain high-risk men ages 40–49 and all men over age 50. • **Skin cancer:** Examinations are covered at any age for beneficiaries who are at high risk due to family history, increased sun exposure, or clinical evidence of precursor lesions.
Cardiovascular Diseases	• **Blood pressure screening:** Covered annually for children from age 3 until reaching age 6 and a minimum of every two years after reaching age 6 (*children and adults*). • **Cholesterol screening:** Age-specific, periodic lipid panel as recommended by the National Heart, Lung, and Blood Institute.
Eye Examinations	• **Well-child care coverage (*infants and children until reaching age 6*):** • Infants (*until reaching age 3*): One eye and vision screening is covered at birth and at 6 months. • Children (*from age 3 until reaching age 6*): One routine eye examination is covered every two years. Active duty family member (ADFM) children are covered for one routine eye examination annually. • **Adults and children (*over age 6*):** ADFMs receive one eye examination each year. • **Diabetic patients (*any age*):** Eye examinations are not limited. One eye examination per year is recommended. • **Retired service members, their families, and others:** • TRICARE Prime: Routine eye examination is covered once every two years. • TRICARE Standard: Eye examinations are not covered after reaching age 6. **Note:** Active duty service members (ADSMs) enrolled in TRICARE Overseas Program (TOP) Prime must receive all vision care at military hospitals or clinics unless specifically referred by their primary care managers to civilian network providers, or to non-network providers if a network provider is not available. ADSMs enrolled in TOP Prime Remote may obtain periodic eye examinations from network providers without prior authorizations as needed to maintain fitness-for-duty status.
Hearing	Preventive hearing examinations are only covered under the well-child care benefit. A newborn audiology screening should be performed on newborns before hospital discharge or within the first month after birth. Evaluative hearing tests may be performed at other ages during routine exams.

Clinical Preventive Services: Coverage Details (continued)

Service	Description
Immunizations	Age-appropriate doses of vaccines, including annual flu vaccines, are covered as recommended by the Centers for Disease Control and Prevention (CDC). Coverage is effective the date the recommendations are published in the CDC's *Morbidity and Mortality Weekly Report*. Refer to the CDC's Web site at **www.cdc.gov** for a current schedule of recommended vaccines. The HPV vaccine is a limited benefit and may be covered when the beneficiary has not been previously vaccinated or completed the vaccine series. • **Females:** The HPV vaccine Gardasil (HPV4) or Cervarix (HPV2) is covered for females ages 11–26. The series of vaccines must be completed before reaching age 27 for coverage under TRICARE. • **Males:** Gardasil is covered for all males ages 11–21 and is covered for males ages 22–26 who meet certain criteria. A single dose of the shingles vaccine Zostavax is covered for beneficiaries age 60 and older. **Note:** Vaccines for ADFMs whose sponsors have permanent change-of-station orders to overseas locations are also covered. Vaccines for personal overseas travel are not covered.
Infectious Disease Screening	TRICARE covers screening for infectious diseases, including hepatitis B, rubella antibodies, and HIV, and screening and/or preventive treatment for tetanus, rabies, hepatitis A and B, meningococcal meningitis, and tuberculosis.
Patient and Parent Education Counseling	Counseling services expected of good clinical practice are included with the appropriate office visit and are covered at no additional charge. Examples include dietary assessment and nutrition; physical activity and exercise; cancer surveillance; safe sexual practices; tobacco, alcohol, and substance abuse; dental health promotion; accident and injury prevention; stress; bereavement; and suicide risk assessment.
School Physicals	Covered for children ages 5–11 if required in connection with school enrollment. **Note:** Annual sports physicals are not covered.
Well-Child Care (*birth until reaching age 6*)	Covers routine newborn care; comprehensive health promotion and disease prevention examinations; vision and hearing screenings; height, weight, and head circumference measurement; routine vaccines; and developmental and behavioral appraisal. TRICARE covers well-child care in accordance with American Academy of Pediatrics (AAP) and CDC guidelines. Your child can receive preventive care well-child visits as frequently as the AAP recommends, but no more than nine visits in two years. Visits for diagnosis or treatment of an illness or injury are covered separately under outpatient care.

Outpatient Services

Outpatient Services: Coverage Details

Service	Description
Ambulance Services	The following ambulance services are covered: • Emergency transfers between a beneficiary's home, accident scene, or other location and a hospital • Transfers between hospitals • Ambulance transfers from a hospital-based emergency room to a hospital more capable of providing the required care • Transfers between a hospital or skilled nursing facility[1] and another hospital-based or freestanding outpatient therapeutic or diagnostic department/facility The following are excluded: • Use of an ambulance service instead of taxi service when the patient's condition would have permitted use of regular private transportation • Transport or transfer of a patient primarily for the purpose of having the patient nearer to home, family, friends, or personal physician • Medicabs or ambicabs that function primarily as public passenger conveyances transporting patients to and from their medical appointments **Note:** Air or boat ambulance is only covered when the pickup point is inaccessible by a land vehicle, or when great distance or other obstacles are involved in transporting the beneficiary to the nearest hospital with appropriate facilities, and the patient's medical condition warrants speedy admission or is such that transfer by other means is not advisable.
Breast Pumps, Breast Pump Supplies, and Breast-feeding Counseling	Breast pumps, breast pump supplies, and breast-feeding counseling are covered for all pregnant TRICARE beneficiaries and TRICARE beneficiaries who plan to breast-feed their adopted infant. You are covered to receive one pump per birth or adoption. For your pump to be covered by TRICARE, you must get a prescription from a TRICARE-authorized provider. Heavy-duty hospital-grade breast pumps are also covered in certain situations. For more information, contact the TOP contractor.
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	Durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) are generally covered if prescribed by a physician and if directly related to a medical condition. Covered DMEPOS generally include: • DMEPOS that are medically necessary and appropriate and prescribed by a physician for a beneficiary's specific use. • Duplicate DMEPOS items that are necessary to provide a fail-safe, in-home life-support system. In this case, "duplicate" means an item that meets the definition of DMEPOS and serves the same purpose, but may not be an exact duplicate of the original DMEPOS item. For example, a portable oxygen concentrator may be covered as a backup for a stationary oxygen generator. **Note:** Prosthetic devices must be U.S. Food and Drug Administration (FDA)-approved.
Emergency Services	TRICARE defines an emergency as a serious medical condition that the average person considers to be a threat to life, limb, sight, or safety. However, most dental emergencies, such as going to the emergency room for a severe toothache, are not a covered medical benefit under TRICARE.

1. *Some health care services are covered by TRICARE only within the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*), but are not covered overseas (*e.g., skilled nursing facilities, home health care services, and hospice care*).*

Outpatient Services: Coverage Details (continued)

Service	Description
Home Health Care[1]	Home health care covers part-time or intermittent skilled nursing services and home health care services for those confined to the home. All care must be provided by a participating home health care agency and be authorized in advance by the regional contractor.
Individual Provider Services	Individual provider services cover office visits; outpatient office-based medical and surgical care; consultation, diagnosis, and treatment by a specialist; allergy tests and treatment; osteopathic manipulation; rehabilitation services (*e.g., physical and occupational therapy and speech pathology services*); and medical supplies used within the office.
Laboratory and X-ray Services	Laboratory and X-ray services are generally covered if prescribed by a physician. Laboratory-developed tests (LDTs) generally must be FDA-approved and medically necessary. **Note:** Non-FDA approved LDTs may be covered under the Non-FDA Approved LDTs Demonstration Project. Visit **www.tricare.mil/ldt** for more information.
Active Duty Service Member (ADSM) Respite Care	Respite care is covered for ADSMs who are homebound as a result of a serious injury or illness incurred while serving on active duty. Respite care is available if the ADSM's plan of care includes frequent interventions by the primary caregiver.[2] The following respite care limits apply: • Five days per calendar week • Eight hours per calendar day Respite care must be provided by a TRICARE-authorized home health care agency and requires prior authorization from the regional contractor and the ADSM's approving authority (*i.e., Defense Health Agency—Great Lakes or referring military hospital or clinic*). The ADSM is not required to enroll in the TRICARE Extended Care Health Option program to receive the respite benefit.

1. *Some health care services are covered by TRICARE only within the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*), but are not covered overseas (*e.g., skilled nursing facilities, home health care services, and hospice care*).*
2. *More than two interventions are required during the eight-hour period per day that the primary caregiver would normally be sleeping.*

Inpatient Services

Inpatient Services: Coverage Details

Service	Description
Hospitalization (*semiprivate room or special care units when medically necessary*)	Hospitalization covers general nursing; hospital, physician, and surgical services; meals (*including special diets*); medications; operating and recovery room care; anesthesia; laboratory tests; X-rays and other radiology services; medical supplies and appliances; and blood and blood products. **Note:** Surgical procedures designated "inpatient only" may only be covered when performed in an inpatient setting.
Skilled Nursing Facility Care (*semiprivate room*)	Skilled nursing facility care covers skilled nursing services; meals (*including special diets*); physical and occupational therapy and speech pathology; TRICARE Pharmacy Program-approved or covered drugs furnished by the facility; and necessary medical supplies and appliances. TRICARE covers skilled nursing days only if they are medically necessary. **Note:** TRICARE does not cover purely custodial care. Skilled nursing facilities are only covered in the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*).

Mental Health Care Services

TOP covers a variety of mental health services. The following coverage details are **not** all-inclusive and additional limitations may apply. Contact your TOP Regional Call Center for additional information.

Note: In the event of a mental health emergency, go immediately to the nearest emergency care facility and then call the Medical Assistance number for your area.

TRICARE Overseas Program Prime Mental Health Care

Active Duty Service Members

Active duty service members (ADSMs) must have referrals and prior authorizations before seeking mental health care services to make sure your condition does not adversely affect your health and your ability to perform worldwide duty. Your primary care manager (PCM) or TOP Regional Call Center coordinates your mental health care referrals and prior authorizations.

Active Duty Family Members

TOP Prime and TOP Prime Remote active duty family members (ADFMs) do not need referrals or prior authorizations for the first eight outpatient mental health care visits per fiscal year (FY) (*October 1–September 30*) to network host nation providers for medically diagnosed and covered conditions. After the eighth visit, your mental health care provider must obtain prior authorization. Certain types of mental health care, including non-emergency inpatient mental health care, are excluded and always require a prior authorization. Point-of-service fees apply to care received from a non-network host nation provider without a referral and prior authorization. If you need non-medical counseling not covered under TRICARE, you may be eligible for services through a military family support center or counseling services in your community.

TRICARE Overseas Program Standard Mental Health Care

TOP Standard beneficiaries do not need prior authorization for the first eight outpatient mental health care visits per FY to network host nation providers for medically diagnosed and covered conditions. However, prior authorization is required for additional visits.

Suicide Prevention

If you or a loved one has suicidal thoughts, call the National Suicide Prevention Lifeline at **1-800-273-TALK (1-800-273-8255)**, a stateside toll-free number. Visit **www.militaryonesource.mil** for overseas phone numbers, additional resources, and information.

Outpatient Mental Health Care Services

Mental Health Care Services: Outpatient Coverage Details

Service	Description
Outpatient Psychotherapy	Referrals and prior authorizations may be required for certain outpatient services. Active duty service members (ADSMs) should always seek nonemergency mental health care at military hospitals and clinics, when available. If services are not available, ADSMs must obtain referrals from their military hospital or clinic or service point of contact before receiving civilian care. All other TRICARE beneficiaries (*non-ADSMs*) do not need referrals or prior authorization for the first eight outpatient mental health care visits per fiscal year (FY) (*October 1–September 30*) for a covered benefit, such as psychotherapy, to a host nation provider. Prior authorization from the TOP contractor is required beginning with the ninth outpatient mental health care visit per FY. Care access and rules vary by beneficiary type, location, and TRICARE program option.

Mental Health Care Services: Outpatient Coverage Details (continued)

Service	Description

Outpatient Psychotherapy (*continued*)	Physician referral and supervision may be required when seeing mental health counselors and are always required when seeing pastoral counselors.
	
	Note: Overseas, additional limitations on mental health care services may apply.
	
	The following outpatient psychotherapy limits apply:
	• **Psychotherapy:** Two sessions per week in any combination of the following types:
	  • Individual (*adult or child*): 60 minutes per session; may extend to 120 minutes for crisis intervention
	  • Family or conjoint: 90 minutes per session; may extend to 180 minutes for crisis intervention
	  • Group: 90 minutes per session
	• **Collateral visits:** Up to 60 minutes per visit are covered. Collateral visits are counted as individual psychotherapy sessions. Beneficiaries have the option of combining collateral visits with other individual or group psychotherapy visits.

Psychoanalysis	Psychoanalysis is long-term mental health therapy that explores unconscious thoughts to gain insight into behaviors and symptoms. Treatment must be given by approved providers who are specifically trained in psychoanalysis. Psychoanalysis always requires prior authorization.
Psychological Testing and Assessment	Testing and assessment are covered when medically or psychologically necessary and provided in conjunction with otherwise-covered psychotherapy or as a required part of the assessment and reassessment process for applied behavior analysis covered under the Comprehensive Autism Care Demonstration. For information about testing and assessment related to autism care services, visit **www.tricare.mil/autism**. Psychological tests are considered diagnostic services and are not counted toward the limit of two psychotherapy visits per week. **Limitations:** • Testing and assessment are generally limited to six hours per FY. Any testing beyond six hours requires a review for medical necessity. Psychological testing must be medically necessary and not for educational purposes. **Exclusions:** Psychological testing is not covered for the following circumstances: • Academic placement • Job placement • Child custody disputes • General screening in the absence of specific symptoms • Teacher or parental referrals • Testing to determine whether a beneficiary has a learning disability • Diagnosed specific learning disorders or learning disabilities
Medication Management	If you take prescription medications for a mental health disorder, you must be under the care of a provider who is authorized to prescribe those medications. Your provider will manage the dosage and duration of your prescription to ensure you are receiving the best care possible. Medication-management appointments are medical appointments and do not count toward the first eight outpatient mental health care visits per FY.

Inpatient Mental Health Care Services

Prior authorization is required for all nonemergency inpatient mental health care services. Psychiatric emergencies do **not** require prior authorization for inpatient admission, but authorization is required for continued stay. Admissions resulting from psychiatric emergencies must be reported to the TOP Regional Call Center within 72 hours of an admission. Authorization is required for continued stay and is coordinated between the inpatient unit and the regional contractor. ADSMs who receive care at military hospitals or clinics do not require prior authorization. Emergency and inpatient hospital services are considered medically necessary only when the patient's condition requires hospital personnel and facilities. Generally, these services may be medically necessary in certain detoxification circumstances or for stabilization of a medical condition.

Note: Overseas, additional limitations on mental health care services may apply.

Mental Health Care Services: Inpatient Coverage Details

Service	Description
Acute Inpatient Psychiatric Care	Acute inpatient psychiatric care may be covered on an emergency or nonemergency basis. Prior authorization from the TRICARE Overseas Program (TOP) contractor is required for nonemergency inpatient admissions. In emergency situations, authorization is required for continued stay.
Psychiatric Partial Hospitalization Program	Psychiatric partial hospitalization programs (PHPs) are capable of providing an interdisciplinary program of therapeutic services at least three hours a day, five days a week, in any combination of day, evening, night, and weekend treatment programs. The following coverage rules apply: • Prior authorization from the TOP contractor is required. PHP admissions are not considered emergencies. • Facilities must be TRICARE-authorized. • PHPs must agree to participate in TRICARE. **Limitations:** PHP care is limited to 60 treatment days (*whether full- or partial-day treatment*) per FY. Limitations may be waived if determined to be medically or psychologically necessary.

Mental Health Care Services: Inpatient Coverage Details (continued)

Service	Description
Psychiatric Residential Treatment Center Care	TRICARE covers psychiatric residential treatment center (RTC) extended care for children and adolescents with psychological disorders that require continued treatment in a therapeutic environment. The following rules apply: • Facilities must be TRICARE-authorized. • Unless therapeutically contraindicated, the family and/or guardian should actively participate in the continuing care of the patient through either direct involvement at the facility or geographically distant family therapy. • Prior authorization from the TOP contractor is always required. • RTC care is considered elective and is not considered an emergency. • Admission primarily for substance use rehabilitation is not authorized for psychiatric RTC care. • In an emergency, psychiatric inpatient hospitalization must be sought first, since the patient must be stable enough to benefit from psychiatric RTC care. • Care must be recommended and directed by a psychiatrist or clinical psychologist. **Note:** RTC care is only covered for patients until reaching age 21.

Substance Use Disorder Services

Substance use disorders include alcohol or drug abuse or dependence. For TRICARE to reimburse the cost of care, you must see a TRICARE-authorized institutional provider—an authorized hospital or an organized treatment program in an authorized freestanding or hospital-based substance use disorder rehabilitation facility. TRICARE covers substance use disorder services up to three benefit periods per beneficiary, per lifetime.

Mental Health Care Services: Substance Use Disorder Services

Service	Description
Inpatient Detoxification	TRICARE covers emergency and inpatient hospital services when medically necessary for the treatment of the acute phases of substance use withdrawal (*detoxification*) when the patient's condition requires the personnel and facilities of a hospital or substance use disorder rehabilitation facility (SUDRF). **Limitations:** • Diagnosis-related group (DRG) exempt facility (*a free-standing SUDRF*); seven-day limit per detoxification episode • DRG exempt facility detoxification does not count toward the three lifetime episodes of care limit Limitations may be waived if determined to be medically or psychologically necessary.

Mental Health Care Services: Substance Use Disorder Services (continued)

Service	Description
Rehabilitation	Rehabilitation of a substance use disorder may occur in an inpatient (*residential*) or partial hospitalization setting. TRICARE covers 21 days of rehabilitation per benefit period in a TRICARE-authorized facility (SUDRF), whether inpatient or partial hospitalization or a combination of both.[1] **Limitations:** • 21-day rehabilitation limit per episode • Three episodes per lifetime Limitations may be waived if determined to be medically or psychologically necessary.
SUDRF Outpatient Care	Outpatient substance use care must be provided by an approved SUDRF. **Limitations**: • **Individual or group therapy:** 60 visits per benefit period[1] • **Family therapy:** 15 visits per benefit period[1] • **Partial hospitalization care:** 21 treatment days per FY Limitations may be waived if determined to be medically or psychologically necessary.

1. A benefit period begins with the first day of covered treatment and ends 365 days later.

TRICARE Tobacco Cessation Program

TRICARE is dedicated to helping ADSMs, veterans, retirees, and their families succeed in the attempt to quit tobacco.

Below are three ways to help you get the necessary assistance to break the tobacco cycle:

- TRICARE-covered tobacco-cessation medications*
- TRICARE's Tobacco Quitline is a telephone support and referral service in the United States with trained tobacco-cessation coaches.
- The Department of Defense's (DoD's) Web site, **www.ucanquit2.org**, provides education and a wide range of tools to help you become tobacco-free.

Visit **www.tricare.mil/quittobacco** for more information to help you quit tobacco.

** See "Services or Procedures with Significant Limitations" later in this section for coverage details.*

Maternity Care

Prenatal care is important, and TRICARE strongly recommends that women who are pregnant or who anticipate becoming pregnant seek appropriate medical care. TRICARE covers all necessary maternity care, from your first obstetric visit through six weeks after your child is born. TRICARE does not cover routine ultrasound screening. Only medically necessary maternity ultrasounds are covered by TRICARE.

If you are a TOP Prime beneficiary, visit your PCM or primary care provider as soon as you think you may be pregnant. If you are a TOP Prime Remote beneficiary, your TOP Regional Call Center will assist you with coordinating care. Maternity care services require referrals and prior authorizations.

Maternity care services for TOP Standard beneficiaries do not require referrals or prior authorizations.

For more information, contact the TOP Regional Call Center or a TRICARE Service Center, or visit **www.tricare.mil/maternitycare**.

Women, Infants, and Children Overseas Program

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 you and your family lead healthier lives.

The WIC Overseas Program is available to eligible participants living overseas including 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** or contact your base or installation information operator, TOP Regional Call Center, or military hospital or clinic to learn more or to locate the nearest WIC Overseas Program office. You can also call the WIC Overseas Program manager at **+1-877-267-3728, ext. 218** or e-mail the WIC Overseas Program at **wicoverseas@choctawcontracting.com**.

TRICARE Extended Care Health Option

TRICARE Extended Care Health Option (ECHO) provides supplemental health and non-health care services to ADFMs who qualify based on specific mental or physical disabilities. ECHO offers beneficiaries integrated services and supplies beyond those offered by your TRICARE program option (*e.g., TRICARE Prime, TRICARE Standard*).

Active duty sponsors with family members seeking ECHO registration must enroll in their service's Exceptional Family Member Program (EFMP) (*unless waived in specific situations*) and register for ECHO with the TOP contractor to be eligible for ECHO benefits. There is no retroactive registration for ECHO. Prior authorization must be obtained from the TOP contractor for all ECHO services. For more information about EFMP, contact your service branch's EFMP representative or visit **www.militaryonesource.mil/efmp**.

Comprehensive Autism Care Demonstration

Applied behavior analysis (ABA) services for beneficiaries diagnosed with autism spectrum disorder are covered under TRICARE's Comprehensive Autism Care Demonstration. ABA uses behavior modification principles, such as positive reinforcement, to increase or decrease targeted behaviors. ABA can help develop skills, such as speech, self-help, and play. It can also help decrease behaviors, such as aggression or self-injury.

ABA services are covered under the Autism Care Demonstration for all qualifying dependents of ADSMs, retirees, and certain National Guard and Reserve members.

Under the Autism Care Demonstration, your child works with a board-certified behavior analyst, a master's degree or higher level behavioral specialist who provides ABA services and is certified by the Behavior Analyst Certification Board.

Overseas, in very limited locations and circumstances, your child may be able to receive ABA services from board-certified behavior analysts who are certified by the Behavior Analyst Certification Board. This means that ABA services are only authorized in countries that have providers with these certifications. Tiered model services (*assistant behavior analysts and behavior technicians*) are not authorized in any overseas area. The ABA benefit is not available in host nations where there are no board-certified behavior analysts within the TRICARE specialty care access standards.

For more information on the Autism Care Demonstration, visit **www.tricare.mil/autism**.

Hospice Care

TRICARE offers hospice care if you or a TRICARE-eligible family member has a terminal illness. Hospice care emphasizes supportive services, rather than cure-oriented treatment, for patients with life expectancies of six months or less. This benefit allows for personal care and home health aide services, which are otherwise limited under your TRICARE program option (*e.g., TRICARE Prime, TRICARE Standard*).

Note: Hospice care is covered in the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*), but **not** overseas.

TRICARE Overseas Program Pharmacy Services

TRICARE offers comprehensive prescription drug coverage and several options for filling your 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, when filling prescriptions at host nation pharmacies, you will pay the full cost up front and file claims for reimbursement with the TOP claims processor. Your options for filling your prescription depend on the type of drug your provider prescribes.

To learn more, search for your drug at **www.express-scripts.com/tricareformulary**.

You need a prescription and a valid uniformed services identification (ID) card or Common Access Card to fill prescriptions in 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 TRICARE retail network pharmacies in American Samoa.

Visit **www.tricare.mil/pharmacy** for pharmacy costs and for information about the TRICARE pharmacy benefit administered by Express Scripts, Inc. (Express Scripts) in the United States and U.S. territories. International SOS Government Services, Inc. (International SOS) administers the pharmacy benefit overseas.

Note: If you live or travel in the Philippines, you are required to use a certified pharmacy. Visit **www.tricare-overseas.com/philippines.htm** for more information.

Military Pharmacies

At a military pharmacy, you may receive up to a 90-day supply of most medications at no cost. Most military pharmacies accept prescriptions from either civilian or military providers. Visit **www.tricare.mil/militarypharmacy** for more information about military pharmacies.

TRICARE Pharmacy Home Delivery

There is no cost for TRICARE Pharmacy Home Delivery for ADSMs. For all other beneficiaries, there is no cost to receive up to a 90-day supply of formulary generic medications. Copayments apply for brand-name and non-formulary medications (*up to a 90-day supply*). Prescriptions are delivered to you with free standard shipping, and refills can be ordered easily online, by phone, or by mail. TRICARE Pharmacy Home Delivery is only available overseas if you have an APO/FPO address or are assigned to a U.S. Embassy or Consulate. You must have a prescription from a U.S.-licensed provider. Some medications are not available for home delivery.

If you live in a U.S. territory, you can expect your medication to arrive at your home address about 14 days after Express Scripts receives your prescription. In other overseas locations, allow extra time for delivery to your APO/FPO address. Mailing conditions can impact the effectiveness of the medication and may limit mail-order services. Refrigerated medications cannot be delivered to APO/FPO addresses.

Note: 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. If you live in an overseas country other than Germany and experience home delivery restrictions, alert your TRICARE Area Office.

TRICARE Retail Network Pharmacies

Another option for filling your prescriptions is through a TRICARE retail network pharmacy. You may fill prescriptions (*one copayment for each 30-day supply*) when you present your prescription along with your uniformed services ID card to the pharmacist. TRICARE retail network pharmacies are only available 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.

Host Nation Pharmacies

Filling prescriptions at a host nation pharmacy may be the most expensive pharmacy option. Be prepared to pay up front and file a claim for reimbursement.

TRICARE reimburses TOP Prime and TOP Prime Remote beneficiaries for 100 percent of their out-of-pocket costs when they use host nation pharmacies. The TOP Standard deductible and cost-shares apply when non-TOP Prime and non-TOP Prime Remote beneficiaries use host nation pharmacies. Visit **www.tricare.mil/costs** for more information on pharmacy costs.

Note: Prescription drugs that are not approved by the U.S. Food and Drug Administration may be reimbursed if International SOS confirms that the drug is commonly used for the intended purpose in the host nation. Over-the-counter (OTC) drugs are not covered overseas. This

TRICARE Pharmacy Home Delivery Registration Methods

Online	Visit **www.express-scripts.com/TRICARE**
Phone	Dial your toll-free in-country access code: • **Italy:** 00+800-3631-3030 • **Japan–IDC:** 0061+800-3631-3030 • **Japan–Japan Telecom:** 0041+800-3631-3030 • **Japan–KDD:** 010+800-3631-3030 • **Japan–Other:** 0033+800-3631-3030 • **South Korea:** 002+800-3631-3030 • **Turkey:** 0811-288-0001 (*once prompted, input **1-877-363-1303***) • **United Kingdom:** 00+800-3631-3030 **Note:** If you do not live in one of these areas, call **+1-866-ASK-4PEC (+1-866-275-4732)**.
Mail	Download the registration form from **www.express-scripts.com/TRICARE** and mail it to: Express Scripts, Inc. P.O. Box 52150 Phoenix, AZ 85072-9954 USA

includes drugs that are considered OTC in the United States, even when they require a prescription in a foreign country.

For more information, see "Pharmacy Claims" in the *Claims* section of this guide or call your TOP Regional Call Center with pharmacy questions.

Prior Authorization

Some drugs require prior authorization. Visit **www.express-scripts.com/tricareformulary** for a general list of TRICARE-covered prescription drugs that require prior authorization. Call **+1-866-ASK-4PEC (+1-866-275-4732)** to inquire about a specific drug.

Dental Options

Overseas, ADSMs enrolled in TOP Prime receive dental care at overseas military dental clinics. International SOS coordinates dental care services and urgent or emergency dental care for ADSMs enrolled in TOP Prime Remote. The Active Duty Dental Program is only available to ADSMs enrolled in TOP Prime or TOP Prime Remote obtaining care in the United States or U.S. territories. For all other beneficiaries, TRICARE offers two dental program options—the TRICARE Dental Program and the TRICARE Retiree Dental Program. These dental options are separate from TRICARE health care options. Each benefit is administered by a separate dental contractor and has its own monthly premiums and cost-shares. Your out-of-pocket expenses for any of the costs listed in this section are not applied to the TRICARE catastrophic cap.

TRICARE Dental Program Options

Dental Program	Beneficiary Types	Description of Program Option
TRICARE Dental Program (TDP)[1,2]	• Eligible active duty family members (ADFMs) • 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 • 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 • Non-command sponsored ADFMs pay higher cost-shares for certain services
TRICARE Retiree Dental Program (TRDP)[2]	• 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 portable coverage • Single, dual, and family plans • Monthly premiums vary by ZIP code; deductible and cost-shares apply • Comprehensive coverage for most dental services; visit any dentist within the TRDP service area • 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.*
2. *Former spouses and remarried surviving spouses do not qualify to purchase coverage.*

TRICARE Overseas Program Prime and TRICARE Overseas Program Prime Remote Department of Defense Aeromedical Evacuation

Aeromedical evacuations (*air evacuations*) will only be approved for medically necessary care. For TOP Regional Call Center contact information, see the *Important Contact Information* section at the beginning of this guide or visit **www.tricare-overseas.com**.

Note for non-TOP Prime and non-TOP Prime Remote beneficiaries: TOP Standard, TRICARE For Life, TRICARE Young Adult Standard, TRICARE Reserve Select, and TRICARE Retired Reserve beneficiaries are required to pay for air evacuation up front and file a claim for reimbursement (*less any cost-shares*). TRICARE will only reimburse air evacuation when it is medically necessary and to the closest, safest location that can provide the required care. TOP Regional Call Centers are not required to schedule evacuations, coordinate with providers, obtain medical records, or coordinate payment for non-TOP Prime or non-TOP Prime Remote beneficiaries.

Each overseas area has its own guidelines and procedures for air evacuation. Routine medical travel funding should be based on the Joint Travel Regulations guidance. Contact your service point of contact for additional assistance.

Eurasia-Africa Evacuation

The Theater Patient Movement Requirements Center (TPMRC) or the nearest TOP Regional Call Center determines if acceptable local medical care is available at your location. If you require air evacuation, the TOP Regional Call Center will work with your treating physician to coordinate your evacuation. The TOP Regional Call Center coordinates with the TPMRC Eurasia-Africa and arranges for an accepting physician to meet you at your destination. TOP Prime and TOP Prime Remote beneficiaries should call their TOP Regional Call Center for assistance. Your unit's medical liaison, TOP point of contact (POC), or International SOS can assist with air evacuation or relocation to a military hospital or clinic.

Medical travel requests for routine medical or dental appointments should be submitted to the TPMRC at least 30 days prior to a requested appointment. The TPMRC will inform you of the appointment details within five working days after receiving your request.

Pacific Evacuation

If you are a TOP Prime or TOP Prime Remote beneficiary, medical personnel at the TOP Regional Call Center determine if appropriate local medical care is available and coordinate travel arrangements with your local TOP POC and TRICARE Area Office (TAO).

The TOP Regional Call Center or the TRICARE POC requests appointment coordination from the TAO for care at a military hospital or clinic or from a TRICARE network provider in the United States.

Appointment locations are based on care availability and cost-effectiveness. Air evacuation funding is service-specific and must be requested through your local TRICARE POC. The TOP Regional Call Center arranges medically necessary evacuation and care.

Care Aboard Cruise Ships and Commercial Seagoing Vessels

If you receive medical care aboard a commercial cruise ship, you must pay out of pocket and file a claim with the TOP claims processor for reimbursement when you return home. TRICARE only reimburses covered, medically necessary services. You are responsible for paying the entire cost of care that TRICARE does not cover.

If you are enrolled in TOP Prime or TOP Prime Remote, and do not coordinate urgent or routine care with your PCM or TOP Regional Call Center in advance of your travel, you may use the point-of-service (POS) option, resulting in higher out-of-pocket costs. TRICARE only reimburses 50 percent of the negotiated or allowable charge after you meet the POS deductible.

If you have other health insurance (OHI), including traveler's and host nation insurance programs, your OHI must pay first. Medicare pays before TRICARE when TFL beneficiaries receive care aboard ships in territorial waters adjoining the land areas of the United States.

Services or Procedures with Significant Limitations

The following describes medical, surgical, and mental health care services that may **not** be covered unless exceptional circumstances exist.

Services or Procedures with Significant Limitations

Service	Description
Abortion	Abortion is covered in cases where the life of the mother would be endangered if the pregnancy were carried to term or when the pregnancy is the result of rape or incest. Services and supplies related to spontaneous, missed, or threatened abortions and abortions related to ectopic pregnancies may also be cost-shared.
Bariatric Surgery	These procedures are covered for the treatment of morbid obesity under certain limited circumstances. For more information, contact your TRICARE Overseas Program Regional Call Center or visit **www.tricare.mil/coveredservices**.
Botulinum Toxin (*Botox*) Injections	Botox injections for cosmetic procedures, among other examples, such as certain types of headaches or muscle spasms, are not covered. Cost-sharing may apply for injections to treat certain other defined conditions.
Cardiac and Pulmonary Rehabilitation	Both are covered only for certain indications. Phase III cardiac rehabilitation for lifetime maintenance performed at home or in medically unsupervised settings is excluded.
Cosmetic, Plastic, or Reconstructive Surgery	Surgery is only covered when used to restore function, correct a serious birth defect, restore body form after a serious injury, improve appearance of a severe disfigurement after surgery, reconstruct the breast after cancer surgery, or when medically necessary.
Cranial Orthotic Device or Molding Helmet	Cranial orthotic devices are covered for adjunctive use for infants from age 3–18 months whose synostosis has been surgically corrected, but who still have moderate to severe cranial deformities. Cranial orthotic devices are excluded for treatment of nonsynostotic positional plagiocephaly or for the treatment of craniosynostosis before surgery.
Dental Care and Dental X-rays	Both are covered only for adjunctive dental care (*i.e., dental care that is medically necessary in the treatment of an otherwise covered medical—not dental—condition*). Prior authorization is required for adjunctive dental care.

Services or Procedures with Significant Limitations (continued)

Service	Description
Education and Training	Education and training are only covered under the TRICARE Extended Care Health Option, Comprehensive Autism Care Demonstration, and diabetic outpatient self-management training services. Diabetic outpatient self-management training services must be performed by programs approved by the American Diabetes Association. The provider's Certificate of Recognition from the American Diabetes Association must accompany the claim for reimbursement.
Eyeglasses or Contact Lenses	Active duty service members (ADSMs) may receive eyeglasses at military hospitals or clinics at no cost. For all other beneficiaries, the following are covered: • Contact lenses and/or eyeglasses for treatment of infantile glaucoma • Corneal or scleral lenses for treatment of keratoconus • Scleral lenses to retain moisture when normal tearing is not present or is inadequate • Corneal or scleral lenses to reduce corneal irregularities other than astigmatism • Intraocular lenses, contact lenses, or eyeglasses for loss of human lens function resulting from intraocular surgery, ocular injury, or congenital absence **Note:** Adjustments, cleaning, and repairs for eyeglasses are not covered.
Facility Charges for Non-Adjunctive Dental Services	Generally, dental care is not covered as a TRICARE medical benefit, but instead is covered under the dental benefit. This includes situations that are dental emergencies. Hospital and anesthesia charges related to routine dental care for children under age 5, or those with disabilities, may be covered in addition to dental care related to some medical conditions. **Note:** Prior authorization is required.
Food, Food Substitutes and Supplements, or Vitamins	Medically necessary nutritional formulas are covered when used as the primary source of nutrition for enteral, parenteral, or oral nutritional therapy. Intraperitoneal nutrition therapy is covered for malnutrition as a result of end-stage renal disease. Ketogenic diets may be cost-shared if part of a medically necessary admission for epilepsy. Vitamins may be cost-shared only when used as a specific treatment of a medical condition. Additionally, prenatal vitamins that require a prescription may be cost-shared, but are covered for prenatal care only.
Genetic Testing	Testing is covered when medically proven and appropriate, and when the results of the test will influence the medical management of the patient. The test must be U.S. Food and Drug Administration-approved. Routine genetic testing is not covered.
Hearing Aids	Hearing aids are covered only for active duty family members (ADFMs) who meet specific hearing loss requirements. • Hearing aids are excluded under any circumstances for retirees, retiree family members, TRICARE Reserve Select (TRS) members, and TRICARE Retired Reserve (TRR) members. • TRICARE Young Adult coverage for hearing aids depends on the young adult's sponsor status. If the sponsor is an ADSM, hearing aids are covered the same as for an ADFM. If the sponsor is a TRS member, retiree, or TRR member, hearing aids are excluded under any circumstances.
Laser/LASIK/ Refractive Corneal Surgery	Surgery is covered only to relieve astigmatism following a corneal transplant.
Private Hospital Rooms	Private rooms are not covered unless ordered for medical reasons or because a semiprivate room is not available. Hospitals that are subject to the TRICARE diagnosis-related group (DRG) payment system may provide the patient with a private room, but will receive only the standard DRG amount. The hospital may bill the patient for the extra charges if the patient requests a private room.

Services or Procedures with Significant Limitations (continued)

Service	Description
Reproductive Services	Generally, assisted reproductive services and noncoital reproductive procedures, including artificial insemination, in vitro fertilization, and gamete intrafallopian transfer, are not covered under TRICARE. However, there are some types of infertility assessment, testing, and care that TRICARE may cover only when used in conjunction with natural conception. Assisted reproductive services may also be available to service members who have sustained serious or severe illness or injury while on active duty that led to the loss of their natural reproductive ability including (*but not limited to*) those with neurological, physiological, and/or anatomical injuries. Visit **www.tricare.mil/coveredservices** or contact your primary care manager or your TRICARE Overseas Program Regional Call Center for more information.
Shoes, Shoe Inserts, Shoe Modifications, and Arch Supports	Shoes and shoe inserts are covered only in very limited circumstances. Orthopedic shoes may be covered if they are a permanent part of a brace. For individuals with diabetes, extra-depth shoes with inserts or custom-molded shoes with inserts may be covered.
Tobacco-Cessation Medications	TRICARE covers prescription and over-the-counter medications to help you quit tobacco, except when these medications are purchased at a retail pharmacy. Covered tobacco-cessation medications are available in the United States for TRICARE beneficiaries age 18 and older who are not eligible for Medicare. Overseas, the medications are available to ADSMs and their dependents enrolled in a TRICARE Prime option at military pharmacies and through TRICARE Pharmacy Home Delivery (*where available including in the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*). Visit **www.tricare.mil/quittobacco** for more information.

Exclusions

The following specific services **are excluded under any circumstances. This list is not all-inclusive.** Check the TOP contractor's Web site or **www.tricare.mil/coveredservices** for additional information.

Note: Medical services that are needed as a result of receiving an excluded medical service are not covered.

- Acupuncture (*may be offered at some military hospitals or clinics and approved for certain ADSMs, but is not covered for care received by civilian providers*)
- Alterations to living spaces
- Autopsy services or post-mortem examinations
- Birth control/contraceptives (*non-prescription*)
- Camps (*e.g., for weight loss*)
- Charges that providers may apply to missed or rescheduled appointments
- Chiropractors and naturopaths
- Counseling services that are not medically necessary for the treatment of a diagnosed medical condition (*e.g., educational, vocational, and socioeconomic counseling; stress management; lifestyle modification*)
- Custodial care
- Diagnostic admissions
- Domiciliary care
- Dyslexia treatment
- Electrolysis
- Elevators or chair lifts
- Exercise equipment, spas, whirlpools, hot tubs, swimming pools, health club memberships, or other such charges or items
- Experimental or unproven procedures (*unless authorized under specific exceptions in TRICARE regulations*)
- Foot care (*routine*), except if required as a result of a diagnosed, systemic medical disease affecting the lower limbs such as severe diabetes
- General exercise programs, even if recommended by a physician and regardless of whether rendered by an authorized provider
- Inpatient stays:
  - For rest or rest cures
  - To control or detain a runaway child, whether or not admission is to an authorized institution
  - To perform diagnostic tests, examinations, and procedures that could have been and are performed routinely on an outpatient basis
  - In hospitals or other authorized institutions above the appropriate level required to provide necessary medical care
- Learning-disability services
- Medications:
  - Drugs prescribed for cosmetic purposes
  - Fluoride preparations
  - Food supplements
  - Homeopathic and herbal preparations
  - Multivitamins
  - Over-the-counter products (*except insulin and diabetic supplies*)
  - Weight reduction products
- Megavitamins and orthomolecular psychiatric therapy
- Mind-expansion and elective psychotherapy
- Non-surgical treatment of obesity or morbid obesity
- Personal, comfort, or convenience items such as beauty and barber services, radio, television, and telephone
- Postpartum inpatient stay for a mother to stay with a newborn infant (*usually primarily for the purpose of breast-feeding the infant*) when the infant (*but not the mother*) requires the extended stay, or continued inpatient stay of a newborn infant primarily for purposes of remaining with the mother when the mother (*but not the newborn infant*) requires extended postpartum inpatient stay
- Psychiatric treatment for sexual dysfunction

- Services and supplies:
  - Provided under a scientific or medical study, grant, or research program
  - Furnished or prescribed by an immediate family member
  - For which the beneficiary has no legal obligation to pay or for which no charge would be made if the beneficiary or sponsor were not TRICARE-eligible
  - Furnished without charge (*i.e., cannot file claims for services provided free of charge*)
  - For the treatment of obesity, such as diets, weight-loss counseling, weight-loss medications, wiring of the jaw, or similar procedures
  - Inpatient stays directed or agreed to by a court or other governmental agency (*unless medically necessary*)
  - Required as a result of occupational disease or injury for which any benefits are payable under a workers' compensation or similar law, whether such benefits have been applied for or paid, except if benefits provided under these laws are exhausted
  - That are (*or are eligible to be*) fully payable under another medical insurance or program, either private or governmental, such as coverage through employment or Medicare (*for which TRICARE is the last payer for any remaining charges*)
- Sex changes or sexual inadequacy treatment, with the exception of treatment of ambiguous genitalia that has been documented to be present at birth
- Sterilization reversal surgery
- Surgery performed primarily for psychological reasons (*e.g., psychogenic surgery*)
- Therapeutic absences from an inpatient facility, except when such absences are specifically included in a treatment plan approved by TRICARE
- Transportation, except by ambulance
- X-ray, laboratory, and pathological services and machine diagnostic tests not related to a specific illness or injury or a definitive set of symptoms, except for cancer screening and other tests allowed under the clinical preventive services benefit

Claims

Health Care Claims

Network host nation providers file claims for TRICARE Overseas Program (TOP) Prime beneficiaries. However, expect to pay up front and file claims for reimbursement when you visit non-network host nation providers. You do not have to file claims for care received in military hospitals or clinics.

Note: Claims for services provided in Puerto Rico are reimbursed according to stateside guidelines and TRICARE-allowable charges. Claims for services provided in the Philippines and certain other countries are reimbursed based on government-provided foreign fee schedules.

Claims for care received overseas must be filed within three years of the date of service or within three years of the date of an inpatient discharge.

Note: Claims for separately billed professional charges incurred during an inpatient admission must be submitted within three years of the **date the service was received**, even if that date is before the date you were discharged.

In the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*), claims must be filed within one year of service or the date of inpatient discharge.

To file a claim, obtain and complete a *TRICARE DoD/CHAMPUS Medical Claim—Patient's Request for Medical Payment* form (DD Form 2642). You can download forms and instructions from the TRICARE Web site at **www.tricare.mil/claims** or from the TOP Web site at **www.tricare-overseas.com**.

Send your claims to the TOP claims processor for the overseas area where you live. If you receive care while traveling, file your TRICARE claims in the area where you live, not the area where you received care.

Note: Different rules may apply for TRICARE For Life (TFL) claims. TFL beneficiaries should visit **www.tricare.mil/tfl** for more information.

TRICARE Overseas Program Claims-Processing Information

Active Duty Service Members (ADSMs) (*all overseas areas*)	TRICARE Active Duty Claims P.O. Box 7968 Madison, WI 53707-7968 USA
Non-ADSMs, TRICARE Eurasia-Africa (*Africa, Europe, and the Middle East*)	TRICARE Overseas Program P.O. Box 8976 Madison, WI 53708-8976 USA
Non-ADSMs, TRICARE Latin America and Canada (*Canada, the Caribbean Basin, Central and South America, Puerto Rico, and the U.S. Virgin Islands*)	TRICARE Overseas Program P.O. Box 7985 Madison, WI 53707-7985 USA
Non-ADSMs, TRICARE Pacific (*Asia, Australia, Guam, India, Japan, South Korea, New Zealand, and Western Pacific remote countries*)	TRICARE Overseas Program P.O. Box 7985 Madison, WI 53707-7985 USA

Filing Claims Online

You can file claims online or use paper forms. To file a claim online, you must register on **www.tricare-overseas.com**. Once you register and log in to the beneficiary portal landing page, click "Send/View Secured Message" in the "Contact Customer Service" section. To submit a claim, click the "New Message" button. After the "New Message" screen appears, choose "Other" as the subject for your message. You should enter "New Claim" as your message subject description.

To learn more about how to file claims through the secured message claim submission portal, visit **www.tricare-overseas.com** and access the International SOS Government Services, Inc. online training course. To access the course, launch the "Video Tutorial" at the bottom left-hand side of the "Beneficiary" landing page at **www.tricare-overseas.com/beneficiaries.htm**. For more information on the claims-filing process, visit **www.tricare.mil/claims**.

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.

When submitting your *DD Form 2642*, also include an itemized bill or invoice, diagnosis describing why you received medical care, and/or an explanation of benefits from your other health insurance (OHI), if applicable. A canceled check or credit card receipt showing payment for medical supplies or services often satisfies the proof-of-payment requirement. If you paid for care or supplies in cash, TRICARE may ask for proof of cash withdrawal from your bank or credit union along with a receipt from your provider.

If you have questions regarding proof-of-payment requests, claims submissions, or the status of a submitted claim, contact your TOP Regional Call Center, and select option 2 for claims assistance. Visit **www.tricare.mil/proofofpayment** for more information about proof-of-payment requirements.

Coordinating Benefits with Other Health Insurance

For those beneficiaries with OHI, TRICARE is always the last payer. Beneficiaries should visit **www.tricare-overseas.com**, choose the "Beneficiary" tab, then click on "Beneficiary Forms" to download the *TRICARE Other Health Insurance Questionnaire*. Overseas claims cannot be properly processed if OHI has not been properly declared. Conversely, if a beneficiary formerly had OHI and it was terminated, he or she needs to fill out this form to declare termination of OHI. Beneficiaries with OHI who receive care in the Philippines should refer to the OHI claim checklist at **www.tricare.mil/resources/forms/philippines**.

Foreign Currency or U.S. Dollar Reimbursement

The TOP contractor issues reimbursements to beneficiaries in U.S. dollars (USD) unless the beneficiary specifically requests reimbursement in foreign currencies. Due to U.S. embargoes and international banking regulations, only certain host nation currencies are available for reimbursement. Regardless of the currency used for reimbursement, TRICARE does not reimburse differences due to changes in currency value (*e.g., USD, host nation currency*). Mark "yes" in box 13 of *DD Form 2642* to receive payment in the local host nation currency.

If you choose to receive claims reimbursements through direct deposit, the reimbursement amount will be paid in USD to a U.S. bank account based on the foreign exchange rate for the last date of service as submitted on the claim, even if the original claim was filed in an international currency. To download a registration guide or to sign up for direct deposit, visit **www.tricare-overseas.com**.

Pharmacy Claims

You do not need to file claims to fill prescriptions for covered medications at military hospitals or clinics, TRICARE retail network pharmacies, or through TRICARE Pharmacy Home Delivery. Expect to pay the full cost up front and file claims for reimbursement when visiting non-network pharmacies or host nation pharmacies. In the United States and U.S. territories, file non-network pharmacy claims with the TRICARE Pharmacy Program contractor, Express Scripts, Inc. File host nation pharmacy claims with the TOP claims processor.

TRICARE Pharmacy Program Claims

To file a non-network pharmacy claim:

1. Download *DD Form 2642* at **www.tricare.mil/pharmacyclaims**.
2. Complete the form and attach the required paperwork as described on the form.
3. Mail the form and paperwork to the appropriate overseas claims filing address. See "Health Care and Host Nation Pharmacy Claims" in the *Important Contact Information* section at the beginning of this guide.

Prescription claims require the following information for each drug:

- Patient's name
- Drug name, strength, date filled, days' supply, quantity dispensed, and price
- National Drug Code, if available
- Prescription number
- Name and address of the pharmacy
- Name and address of the prescribing physician

If you have OHI with pharmacy benefits, see "Coordinating Benefits with Other Health Insurance" earlier in this section.

Note: Active duty family members who fill prescriptions at non-network pharmacies are using the point-of-service option. Active duty service members may be required to pay the full price of prescriptions up front and will receive reimbursement after the claim is filed.

Host Nation Pharmacy Claims

To file an overseas host nation pharmacy claim, complete and mail *DD Form 2642*, paperwork, and proof of payment to the TOP claims processor at the appropriate address for your area. For mailing addresses, see "Health Care and Host Nation Pharmacy Claims" in the *Important Contact Information* section at the beginning of this guide. See "Proof-of-Payment Requirements Overseas" earlier in this section for information about proof of payment.

Appealing a Claim or Authorization Denial

TRICARE has a multilevel appeals process to address claim and authorization denials. You may appeal the denial of a requested authorization of services, as well as TRICARE decisions regarding the payment of claims. Submit appeals to the TOP contractor. See "Filing an Appeal or Grievance" in the *For Information and Assistance* section of this guide for mailing addresses. For more detailed information on the appeals process, visit **www.tricare.mil/claims** or call the Global TRICARE Service Center.

Changes to Your TRICARE Coverage

TRICARE continues to provide health coverage for you and your family as you experience major life events. However, you will need to take specific actions to make sure you remain eligible for TRICARE and enrolled in TRICARE Overseas Program (TOP) Prime, if applicable. With every life event listed in this section, the first step is to update your information in the Defense Enrollment Eligibility Reporting System (DEERS). You have several options for updating and verifying DEERS information. See the *Important Contact Information* section at the beginning of this guide for details.

Note: Your Social Security number (SSN) and the SSNs of each of your covered family members should be included in DEERS for TRICARE coverage to be reflected accurately.

The following provides information about what to do when you get married, have a child, move, retire, and more. For more information about how TRICARE coverage may change when you become Medicare-eligible, visit **www.tricare.mil/medicare**.

Life Changes and TRICARE

Life Change	Eligibility
Marriage	Register new spouses in the Defense Enrollment Eligibility Reporting System (DEERS) to ensure they are eligible for TRICARE. If applicable, your new spouse's TRICARE Overseas Program (TOP) Prime enrollment is effective based on the 20th-of-the-month rule. Applications received by the TOP contractor by the 20th of the month become effective at the beginning of the following month (*e.g., an application received by December 20 becomes effective January 1*). If the application is received after the 20th of the month, coverage becomes effective on the first day of the month following the next month (*e.g., an application received on December 27 becomes effective February 1*).
Divorce	Sponsors must update DEERS when there is a divorce. The sponsor will need to provide a copy of the divorce decree, dissolution, or annulment. Former spouses who are not eligible for TRICARE may not continue seeking health care services under the TRICARE benefit.
Children[1]	Any child who retains eligibility under the sponsor remains TRICARE-eligible until reaching age 21 (*or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provides over 50 percent of the financial support*), as long as his or her DEERS information is current. Your dependent child's TOP Prime coverage ends if his or her DEERS record is not updated before age 21. Dependent children who have aged out of TRICARE coverage, but have not yet reached age 26, may qualify to purchase TRICARE Young Adult. It is available for purchase by unmarried adult children who do not have access to an employer-sponsored health plan.
Going to College	Children of a TRICARE-eligible sponsor remain TRICARE-eligible until reaching age 21 (*or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provides over 50 percent of the financial support*), as long as their DEERS information is current. If attending college in a different region from their sponsor's residence, students enrolled in TRICARE Prime can keep their TRICARE Prime enrollment in their sponsor's region, or may opt for split enrollment and transfer their enrollment if TRICARE Prime is available in their new region. **Note:** Students who choose to transfer their TRICARE Prime enrollment may not be able to return to the same primary care manager if they later choose to reenroll in their sponsor's region.

1. Children with disabilities may remain TRICARE-eligible beyond the normal age limits. Check with the sponsor's service for eligibility criteria.

Having a Baby or Adopting a Child

When your child is born abroad, you need to record the birth with the nearest U.S. Embassy or Consulate, obtain an SSN for the child, and register the child in DEERS to ensure TRICARE eligibility.

Note: If you are enrolled at a military hospital or clinic, contact the personnel department for guidance about recording your child's birth.

Applying for U.S. Citizenship Abroad

Most children born abroad to U.S. citizens acquire U.S. citizenship at birth. To obtain an information packet explaining the requirements for recording your child's birth or adoption, call the nearest U.S. Embassy or Consulate. To locate a U.S. Embassy or Consulate near you, visit **www.usembassy.gov**.

After confirming that your child can acquire U.S. citizenship, the U.S. Consulate prepares a *Consular Report of Birth Abroad* (FS-240). The U.S. Consulate can help obtain a passport and SSN for your child.

There is a fee for the *FS-240*. For cost information, check with the U.S. Embassy or Consulate. Personal checks are not accepted as payment. A money order or cash in the local currency may be required.

Applying for a Social Security Card

To apply for a child's Social Security card when you and the child live outside the United States, you must complete and sign an *Application for a Social Security Card* (Form SS-5-FS). This form is available at **www.socialsecurity.gov/online/ss-5fs.html**.

If you are a U.S. military dependent or a U.S. citizen working on an overseas U.S. military post, you may also go to the Post Adjutant or personnel office. These offices can copy and certify your records so you do not have to send original documents through the mail. If you do not have your records certified at the Post Adjutant or personnel office, you must mail original documents to the Social Security Administration (SSA). Your child's Social Security card will be mailed to you from the United States.

For more information on SSA services overseas, visit **www.ssa.gov/foreign**.

TRICARE Coverage

Overseas, children are automatically covered as TOP Prime or TOP Prime Remote beneficiaries for the first 120 days after birth or adoption, as long as one other family member (*including the sponsor*) is enrolled in TOP Prime or TOP Prime Remote.

If you are a new parent, you must take both of the following steps within 120 days after your child's birth or adoption to ensure that your child has continuous TOP Prime or TOP Prime Remote coverage:

1. Register your child in DEERS at a uniformed services identification (ID) card-issuing facility. A birth certificate or certificate of live birth from the hospital is required. If your child is not registered in DEERS within one year after the date of birth or adoption, DEERS shows "loss of eligibility," and the child is no longer TRICARE-eligible until registered in DEERS.
2. Enroll your child in TOP Prime or TOP Prime Remote within 120 days after birth or adoption by submitting a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form* (DD Form 2876) to either your local TRICARE Service Center (TSC) or TOP Regional Call Center, or by calling your Global TRICARE Service Center (GTSC) and selecting option 4 from the TOP Regional Call Center menu. On day 121, if you have not enrolled your child, he or she is covered under TOP Standard.

Note: You must complete DEERS registration before you enroll your child in TOP Prime or TOP Prime Remote. Contact the GTSC or your TOP Regional Call Center for enrollment assistance. To show command sponsorship, provide the sponsor's order number and the date listed on the orders.

If no family member (*to include the sponsor*) is enrolled in TOP Prime or TOP Prime Remote at the time of your child's birth or adoption, he or she is automatically covered by TOP Standard. Coverage is continuous as long as you register your child in DEERS within 365 days after birth or adoption.

TRICARE Young Adult

The TRICARE Young Adult (TYA) program is a premium-based health care plan available for purchase by qualified dependents. The TYA benefit includes both TRICARE Prime and TRICARE Standard coverage worldwide. The sponsor's status, the dependent's geographic location, and other factors determine qualification to purchase TYA Prime and/or TYA Standard. Command sponsorship is required overseas. TYA coverage includes medical and pharmacy benefits, but excludes dental coverage. Those who purchase TYA Prime have access to care through their assigned military or civilian primary care managers (PCMs). Unless enrolled to a PCM at a military hospital or clinic, TYA beneficiaries are generally limited to primary care access at military hospitals and clinics on a space-available basis. TYA beneficiaries enrolled in the US Family Health Plan are not eligible for care at military hospitals or clinics or military pharmacy benefits, except in an emergency. TYA is only available for individuals and is not offered as a family plan. For more information about TYA, including eligibility requirements and how to purchase it, visit **www.tricare.mil/tya**.

Traveling

Active Duty Service Members

Active duty service members (ADSMs) traveling or between duty stations must seek all nonemergency care at military hospitals or clinics whenever possible. For urgent care, if a military hospital or clinic is not available, prior authorization is required. Primary care, which includes routine health and dental office visits for treatment and ongoing care, should be handled before you travel or postponed until you return to your enrolled location. ADSMs living or traveling overseas should contact the TOP Regional Call Center.

Note: Failure to receive prior authorization for care that requires it may result in the claim being denied.

Traveling Overseas

In an emergency, go to the nearest emergency care facility or call the Medical Assistance number for the area where you are located. Before leaving the facility, contact the TOP Regional Call Center, preferably within 24 hours or on the next business day.

Note: Prior authorization is not required for emergency care. If possible, ADSMs traveling overseas should contact the local TOP Regional Call Center before seeking care or before making payments.

TRICARE Overseas Program Prime (*Active Duty Family Members*)

Traveling Overseas

In an emergency, go to the nearest emergency care facility or call the Medical Assistance number for the area where you are traveling. If you are admitted, you must call your PCM or TOP Regional Call Center before leaving the facility, or within 24 hours or on the next business day to coordinate authorization, continued care, and payment. Beneficiaries based in the United States who seek health care while traveling overseas should file their claims with the TOP claims processor.

Note: TRICARE Prime beneficiaries need a PCM referral for urgent or routine care, including

care received aboard a cruise ship; otherwise, the care may be covered under the point-of-service (POS) option at a higher out-of-pocket cost.

Traveling in the United States

In the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*), nonparticipating non-network providers may charge up to 15 percent above the TRICARE-allowable charge. You are responsible for paying this amount in addition to any applicable patient cost-shares.

Emergency Care

Emergency care in the United States does not require a referral or prior authorization. In an emergency, call 911 or go to the nearest emergency room. If you are admitted, you must notify your TOP Regional Call Center before leaving the facility, or within 24 hours or on the next business day to coordinate authorization, continued care, and payment.

Urgent Care

If you are a TOP Prime Remote beneficiary and urgent treatment cannot wait until you return home, you must contact your TOP Regional Call Center for assistance before receiving care.

Generally, a TRICARE Prime beneficiary needs a PCM referral if the PCM is not providing the services. If you are an active duty family member (ADFM) and you do not coordinate urgent care with your PCM or TOP Regional Call Center, the care will be covered under the POS* option, resulting in higher out-of-pocket costs.

Note: ADFM TRICARE Prime beneficiaries need a PCM referral for urgent or routine care, including care received aboard a civilian ship; otherwise the care may be covered under the POS option at a higher out-of-pocket cost.

* *POS cost-sharing does not apply to ADSMs or newborns and adopted children during the first 120 days after birth or adoption, the first eight outpatient mental health care visits per fiscal year (*October 1–September 30*) to network host nation providers for a medically diagnosed and covered condition, clinical preventive services from network host nation providers, emergency care, or beneficiaries with other health insurance.*

Routine Care

To receive routine care in the United States, TOP Prime beneficiaries are required to obtain a referral from their PCM before leaving the host nation or TOP area where enrolled. If already in the United States, you should contact your PCM to request the referral.

Note: Your PCM is required to provide a referral with justification for you to receive routine care while in the United States. Your TOP Regional Call Center will then issue a prior authorization for you to receive routine care while in the United States.

TOP Prime Remote beneficiaries should call the TOP Regional Call Center for the TOP area where enrolled to obtain a prior authorization before traveling. If already in the United States, you should contact the TOP Regional Call Center for the area where you are enrolled using the international direct dial or stateside toll-free numbers. Your TOP Regional Call Center will then issue a prior authorization for you to receive routine care while in the United States if appropriate care is not available at the remote location where you reside.

Note: TOP Prime and TOP Prime Remote beneficiaries are encouraged to seek care from a U.S. military hospital or clinic if one is located nearby. If this is not possible, you should seek care from a TRICARE-approved provider in the United States to ensure access to quality care. Use the regional contractors' Web sites (*listed later in this section*) to find a military hospital or clinic or TRICARE-approved provider in the stateside region where you are located.

TRICARE Overseas Program Standard

Traveling Overseas

You can access your TOP Standard benefit and receive care from any host nation provider when you travel overseas unless local TOP restrictions require seeing a certified provider. When seeking care from an overseas host nation provider, be prepared to pay up front for services and file a claim with the TOP claims processor for reimbursement in the overseas area where you live.

If you need emergency care while traveling overseas, go to the nearest emergency care facility or contact the TOP Regional Call Center for the overseas area where you are traveling to find a host nation provider.

If you need urgent care while traveling overseas, you do not need a referral, but you can call the TOP Regional Call Center for assistance.

Beneficiaries based in the United States who seek health care while traveling overseas should file their claims with the TOP claims processor.

Traveling in the United States

In an emergency, call 911 or go to the nearest emergency room. If you seek care from a TRICARE network provider in the United States, the provider files the claim with the TOP claims processor for you. If you seek care from an authorized non-network provider, expect to pay up front and file a claim with the TOP claims processor.

Save your receipt as proof of payment, and be sure to put your overseas address on the claim. Always file claims with the TOP claims processor using the mailing address assigned for your home area, not with the stateside regional contractor in the area where you are traveling. Submitting your claim to a stateside regional contractor may result in your payment being delayed. For additional claims-filing information, see the *Claims* section of this guide.

Note: When seeking care from an overseas host nation provider or a stateside non-network provider, be prepared to pay up front for services and file a claim with the TOP claims processor in the overseas area where you live.

Filling Prescriptions on the Road

You may use any available TRICARE Pharmacy Program option when traveling, but be sure your DEERS information is current. To fill a prescription, you need a valid uniformed services ID card.

Moving

TOP Prime, TOP Prime Remote, and TOP Standard coverage is portable. You can easily transfer your TOP Prime or TOP Prime Remote enrollment when you move within your overseas area to a new TRICARE overseas area or to the United States.

ADSMs and their families may transfer their TOP Prime or TOP Prime Remote enrollment as often as needed. Retired service members and their families, survivors, eligible former spouses, and others are not eligible for TOP Prime or TOP Prime Remote.

TRICARE Overseas Program Prime and TRICARE Overseas Program Prime Remote

If you are an ADSM or ADFM moving to a new location, the easiest way to transfer your TRICARE Prime enrollment is to call your current TOP Regional Call Center to begin the process.

If you need care before your transfer is processed, contact the TOP Regional Call Center for referral and prior authorization information. If you prefer to call your new TOP Regional Call Center or regional contractor upon arrival at the new location, then your new region can also transfer your TRICARE Prime enrollment at that time.

Note for beneficiaries moving to the United States: ADFMs who make a permanent change-of-station move to the United States remain enrolled in TOP Prime or TOP Prime Remote for a maximum of 60 days from the date you leave your overseas area. If you do not enroll in stateside TRICARE Prime or TRICARE Prime Remote within 60 days after leaving your overseas area, you are automatically disenrolled and your coverage converts to TRICARE Standard and TRICARE Extra. Before you move, notify your TOP Regional Call Center or your local TSC that you are moving. This protects you from incurring unnecessary costs for unexpected health care needs while traveling to your new U.S. location.

Note: The option to transfer enrollment by calling the current TOP Regional Call Center to initiate a change is only available to ADSMs and ADFMs with TRICARE Prime, TRICARE Prime Remote, TRICARE Prime Remote for Active Duty Family Members, TOP Prime, or TOP Prime Remote.

TRICARE Overseas Program Standard

Moving Overseas

Whether you move within the same TRICARE overseas area or to a different area, just update your personal information in DEERS and continue to receive care when you need it. For a list of providers, visit **www.tricare-overseas.com/providersearch/searchcontent.aspx**.

Moving to the United States

Update your personal information in DEERS to receive care under the stateside TRICARE Standard and TRICARE Extra program. Contact your new regional contractor for more information before you move.

Separating from the Service

If the sponsor is separating from the uniformed services, TRICARE coverage may or may not continue depending on the circumstances of separation. TRICARE beneficiaries may qualify for transitional health care options—the Transitional Assistance Management Program (TAMP), the Continued Health Care Benefit Program (CHCBP), and the Transitional Care for Service-Related Conditions (TCSRC) program—that provide temporary coverage.

Transitional Assistance Management Program

TAMP provides up to 180 days of transitional health care benefits to help certain uniformed service members and their families transition to civilian life. The services determine TAMP eligibility and DEERS reflects that status. If you have questions about your eligibility, contact your personnel office and/or command unit representative. If you are eligible, the 180-day TAMP period begins the day after you separate from active duty. 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. If you qualify, you can purchase CHCBP coverage within 60 days of loss of eligibility for either regular TRICARE or TAMP coverage, whichever is later.

Stateside TRICARE Regional Contractor Contact Information

TRICARE North Region	TRICARE South Region	TRICARE West Region
Health Net Federal Services, LLC +1-877-TRICARE (+1-877-874-2273) www.hnfs.com	**Humana Military, a division of Humana Government Business** +1-800-444-5445 HumanaMilitary.com	**UnitedHealthcare Military & Veterans** +1-888-571-4829 (*overseas*) 1-877-988-WEST (1-877-988-9378) (*stateside*) www.uhcmilitarywest.com

Transitional Care for Service-Related Conditions

If you are eligible under TAMP and have a newly diagnosed medical condition that is related to your active duty service, you may qualify for the TCSRC program, which provides 180 days of care for your condition with no out-of-pocket costs. If you believe you have a service-related condition that may qualify you for TCSRC, visit **www.tricare.mil/tcsrc** for instructions on how to apply.

Retiring from Active Duty

When you retire from active duty, you and your eligible family members experience a change in status. After you update your information in DEERS, you will receive a new uniformed services ID card that reflects your status as a retiree. After you retire, it is still essential that you keep your DEERS information current.

Until retirement, the sponsor is enrolled in either TOP Prime or TOP Prime Remote. If you are going on terminal leave, **notify your TOP Regional Call Center or TSC before you depart**, so you will not be involuntarily disenrolled 60 days after you leave your overseas area. Eligible retired service members who are entitled to premium-free Medicare Part A must have Part A and Part B to remain TRICARE-eligible, and they receive benefits under TRICARE For Life (TFL). Retirees who are not entitled to premium-free Medicare Part A may remain TRICARE-eligible under TOP Standard.

Note: TOP Prime and TOP Prime Remote are not available to retirees and their family members.

After retiring, TOP Standard beneficiaries can expect differences in covered services and changes in dental coverage. TOP Standard cost-shares, copayments, and catastrophic caps increase to retired rates. See "Dental Options" in the *Covered Services, Limitations, and Exclusions* section of this guide for information about dental coverage. For additional information regarding program costs, visit **www.tricare.mil/costs**.

Becoming Entitled to Medicare

Active Duty Status

ADSMs and ADFMs who are entitled to premium-free Medicare Part A remain eligible for TRICARE Prime and TRICARE Standard programs without signing up for Medicare Part B. To avoid a break in TRICARE coverage, ADSMs and ADFMs must sign up for Medicare Part B before the sponsor retires. ADSMs and ADFMs can sign up for Medicare Part B during a special enrollment period without having to pay monthly late enrollment premium surcharges. The special enrollment period is available anytime the sponsor is on active duty or within the first eight months following either (1) the month the sponsor's active duty status ends or (2) the month TRICARE coverage ends, whichever comes first. ADSMs and ADFMs with end-stage renal disease do not have a special enrollment period, and should enroll in Medicare Part A and Part B when first eligible.

For services covered by Medicare and TRICARE in the United States and U.S. territories, Medicare pays for services first, and TRICARE pays last. In areas where Medicare is not available, TRICARE is the primary payer.

Note: Medicare generally does not cover health care obtained outside the United States and U.S. territories.

For services covered by Medicare, other health insurance (OHI), and TRICARE; OHI pays first if it is based on current employment, Medicare is the second payer, and TRICARE pays last. If OHI is not based on current employment, Medicare pays first, OHI pays second, and TRICARE pays last.

Retired Status

Retirees and their dependents who are entitled to premium-free Medicare Part A must also have Medicare Part B to remain TRICARE-eligible regardless of their age or place of residence. TFL coverage automatically begins the first month both Medicare Part A and Part B are effective. TRICARE eligibility is terminated for any period of time in which a retiree or retiree family member is entitled to Medicare Part A and does not have Medicare Part B. To avoid a break in TRICARE coverage, ADSMs and ADFMs must sign up for Medicare Part B before their sponsor's active duty status ends.

Note: TOP Prime and TOP Prime Remote are not available to retirees and their family members.

Eligibility for TRICARE and Veterans Affairs Benefits

Certain beneficiaries are eligible for both TRICARE and U.S. Department of Veterans Affairs (VA) benefits programs, and they may choose which benefits they want to use. If you are eligible for both TFL and VA benefits and elect to use your TFL benefit for non-service connected care, you will incur 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 liability. A beneficiary can seek TRICARE-covered services even if he or she received treatment through the VA for the same medical condition during a previous episode of care. However, TRICARE does not duplicate payments made or authorized by the VA for service-connected disability care.

Note: Eligibility for VA health care for service-connected disabilities is not considered double coverage. Generally, the VA does not provide health care outside the United States.

Survivor Coverage

If you live in a TOP Prime location and your sponsor dies while serving on active duty for a period of more than 30 consecutive days, you are automatically eligible for TRICARE transitional survivor benefits as long as your DEERS information is up to date and you are:

- A surviving spouse and do not remarry (*if you remarry, TRICARE eligibility cannot be regained later, even if you divorce or your new spouse dies*)
- An unmarried child until reaching age 21 (*or age 23 if 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*)

Note: Children with disabilities may remain TRICARE-eligible beyond the normal age limits. Check with your sponsor's service for eligibility criteria.

Surviving spouse: You remain eligible as a transitional survivor for three years following your sponsor's death and will have ADFM benefits and costs. After three years, you remain TRICARE-eligible as a survivor and will pay retiree rates and enrollment fees.

Surviving children: Surviving children whose sponsors died on or after October 7, 2001, remain eligible as ADFMs until eligibility ends due to the age limits previously noted or for another reason (*e.g., marriage*).

If your sponsor dies while serving on active duty for a period of 30 days or less, you are automatically eligible for TRICARE survivor benefits as a retiree family member.

Upon the death of your sponsor, you will receive a letter from DEERS explaining your program options and how your benefits will change. Transitional survivors are considered command-sponsored ADFMs and remain eligible for TOP Prime and TOP Prime Remote. If you have questions, visit **www.tricare.mil/deers**.

Dependent Parent Coverage

Although dependent parents and parents-in-law are not eligible for most TRICARE benefits, they may be able to receive health care at certain military hospitals or clinics on a space-available basis. Access to care is subject to change based on capacity and capabilities. Dependent parents can also fill prescriptions at military pharmacies and through the other TRICARE Pharmacy Program options once they become entitled to Medicare Part A and have Medicare Part B. TRICARE Plus is a program that allows certain non-TRICARE Prime beneficiaries to enroll at military hospitals and clinics and receive primary care within TRICARE Prime access standards. TRICARE Plus enrollees may also receive specialty care at the military hospital or clinic where they are enrolled. TRICARE does not pay for services received outside of military hospitals and clinics.

Disenrollment

TOP Prime and TOP Prime Remote enrollment is continuous, and you do not have to reenroll every year to maintain coverage. However, certain events will cause you to be disenrolled.

Sponsor Status Change

Any change in sponsor status (*e.g., retirement or National Guard and Reserve member deactivation*) will cause you to be disenrolled automatically from your TOP Prime or TOP Prime Remote program. To avoid a lapse in coverage, you must submit a new enrollment request to your TOP Regional Call Center or TSC before the status change occurs for you and your family members to remain enrolled in a TRICARE Prime program if you are still eligible after the status change.

Sixty days following overseas departure: When the sponsor changes duty stations back to the United States, you remain enrolled in TOP Prime or TOP Prime Remote until you reach your new location. At that time, enroll in your new stateside region. ADFMs who do not reenroll are involuntarily disenrolled from TOP Prime or TOP Prime Remote 60 days after leaving their overseas area.

Voluntary Disenrollment

If you choose to disenroll from TOP Prime or TOP Prime Remote before the annual enrollment renewal date, you are subject to a 12-month lockout,* which means you will not be permitted to reenroll in any stateside or overseas TRICARE Prime program for 12 months. Contact your TOP Regional Call Center (*select option 4*) or local TSC to initiate a voluntary disenrollment. Overseas ADSMs must remain enrolled in either TOP Prime or TOP Prime Remote and may not voluntarily disenroll.

Note: ADFMs (*sponsor pay grades E-5 and above*) may change their enrollment status twice in an enrollment year before a 12-month enrollment lockout applies.

** The 12-month lockout provision does not apply to ADFMs of sponsors pay grades E-1 through E-4.*

Loss of Eligibility

If your DEERS record indicates loss of TRICARE eligibility, your TOP Prime or TOP Prime Remote coverage will automatically end. If you believe you are still eligible for TRICARE, you will need to update your DEERS record to reestablish your eligibility. Once DEERS is updated, you must reenroll in TOP Prime or TOP Prime Remote or, if you are a family member, you will be covered under TOP Standard.

If your DEERS record is correct and you lose eligibility, you may qualify for transitional health care.

For Information and Assistance

Beneficiary Counseling and Assistance Coordinators

Beneficiary Counseling and Assistance Coordinators (BCACs) can help you with TRICARE and Military Health System inquiries and concerns and can advise you about obtaining health care. BCACs are located at military hospitals and clinics and at TRICARE Area Offices (TAOs). To find a BCAC or Debt Collection Assistance Officer (DCAO) near you, visit the Customer Service Community Directory at **www.tricare.mil/bcacdcao**.

Debt Collection Assistance Officers

DCAOs are located at military hospitals and clinics and TAOs to help you resolve health care collection-related issues. A DCAO is also located at the Defense Health Agency—Great Lakes (*formerly known as the Military Medical Support Office*), for active duty service members and National Guard and Reserve members with service-documented line-of-duty injuries. Contact a DCAO if you have received a negative credit rating or have been contacted by a collection agency due to an issue related to TRICARE services.

TRICARE Beneficiary Service Representatives

TRICARE beneficiary service representatives are located at TRICARE Service Centers and provide the following services:

- Processing enrollments, disenrollments, and transfers for TRICARE Overseas Program (TOP) Prime, TOP Prime Remote, and TRICARE Plus (*if available*)
- Assigning primary care managers (PCMs)
- Handling PCM change requests
- Providing TRICARE benefit information

Patient Liaison Services

Many military hospitals and clinics are staffed with patient liaisons who can help you navigate your host nation health care system. Your host nation patient liaison can help coordinate care in your host nation medical system; translate for you if your host nation medical staff cannot speak English; assist with scheduling appointments, consultations, tests, and follow-up exams; and help with medical bill payments and claims.

If you are admitted to a host nation hospital after duty hours or on a weekend, have someone contact your military hospital or clinic after-hours care number or your TOP Regional Call Center. Your TOP Regional Call Center will make sure your military hospital or clinic is notified of the admission.

TRICARE Overseas Program Point of Contact Program

The TRICARE Overseas Program Point of Contact (POC) Program is a liaison service that assists beneficiaries in remote overseas locations. POCs assist beneficiaries with TRICARE enrollment and with accessing quality host nation care. They also help beneficiaries file medical and dental claims. To locate a POC, contact your TAO. For contact information, visit **www.tricare.mil/contactus**.

U.S. Embassies and Consulates

The U.S. Department of State, the lead federal agency carrying out U.S. foreign policy, provides a list of U.S. Embassies and Consulates on its Web site. Visit **www.usembassy.gov** to locate a U.S. Embassy or Consulate in the area where you live or where you travel.

Filing an Appeal or Grievance

If you believe a service or claim was improperly denied, in whole or in part, you (*or another appropriate party*) may file an appeal with the

TOP contractor. An appeal must involve an appealable issue, such as benefit coverage or medical-necessity determination. For non-appealable issues regarding health care quality or service, you can file a grievance with the TOP contractor. For information about filing an appeal or grievance, visit **www.tricare-overseas.com/Beneficiaries_Grievances_Appeals.htm**.

Claims Appeals Filing Information

All Overseas Regions
TRICARE Overseas Program Appeals P.O. Box 7889 Madison, WI 53707-7889 Fax: +1-608-301-2250

Note: If you are eligible for TRICARE and Medicare and wish to file an appeal, Medicare-related appeals should be submitted to Medicare.

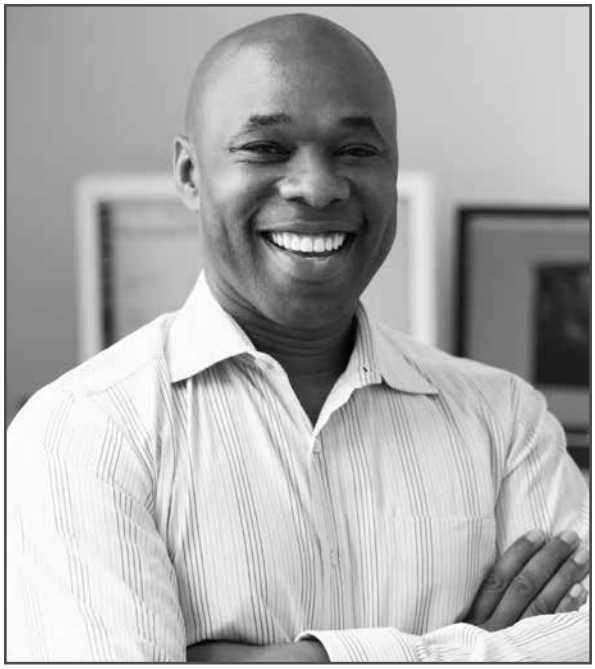
Visit **www.tricare-overseas.com** to file grievances online. You may also print, complete, and sign the *TRICARE Overseas Program–Universal Grievance and Complaint Form* and mail it to International SOS Government Services, Inc. (International SOS):

> International SOS Government Services, Inc.
> Reconsideration/Grievances Department
> P.O. Box 11570
> Philadelphia, PA 19116
> USA

Note: For TOP quality assurance, grievances, appeals, and compliments or commendations, contact International SOS via e-mail at **TOPGlobalQualityAssu@internationalsos.com**.

Reporting Suspected Fraud and Abuse

Report suspected fraud and abuse anonymously or by name to the TOP contractor. You also can report fraud or abuse issues directly to TRICARE at **www.tricare.mil/fraud**.



Note About Health Care Companies Operating Overseas

The Office of Program Integrity has received several inquiries about health care agencies and companies operating in overseas locations and serving TRICARE beneficiaries. Be advised that such companies have no official connection with the U.S. government and its TRICARE program. Health care providers and facilities associated with these companies do not undergo TRICARE certification review. When they meet TRICARE's requirements, all certified providers have equal standing with the TOP contractor as authorized providers and are eligible for reimbursement for TRICARE claims.

Those who knowingly participate in fraudulent and/or abusive activities may be subject to consequences, including prosecution and denial of future claims for payment by TRICARE.

If you are aware of individuals or organizations engaging in these activities, e-mail your concerns to TOP at **reportit@wpsic.com** or **TOPProgramIntegrity@internationalsos.com**.

Appendix

TRICARE Overseas Program Provider Types

Provider Type	Description	Key Characteristics
Network Provider (*files claims for beneficiaries*)	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 (*may file claims for beneficiaries*)	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] (*files claims for beneficiaries*)	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	• Accepts established reimbursement rates, so you will be responsible only for your applicable deductible and cost-shares[2]
		  • 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.

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]	• Can invoice TRICARE for beneficiary claims • There may be no limit to the 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 • 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.

1. *For the most up-to-date information and to find an approved or certified Philippine Demonstration 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 are required to follow the rules of the Philippine Demonstration to ensure that TRICARE cost-shares their claims.*
3. *Beneficiaries in other locations should check if local restrictions apply in their areas. For more information, call your TOP Regional Call Center.*

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TRICARE Expectations for Beneficiaries

According to the Department of Defense (DoD), as a TRICARE beneficiary, you should expect to have the following abilities and support:

- **Get information:** You should expect to receive accurate, easy-to-understand information from written materials, presentations, and TRICARE representatives to help you make informed decisions about TRICARE programs, medical professionals, and facilities.
- **Choose providers and plans:** You should expect a choice of health care providers that is sufficient to ensure access to appropriate high-quality health care.
- **Emergency care:** You should expect to access medically necessary and appropriate emergency health care services as is reasonably available when and where the need arises.
- **Participate in treatment:** You should expect to receive and review information about the diagnosis, treatment, and progress of your conditions, and to fully participate in all decisions related to your health care, or to be represented by family members or other duly appointed representatives.
- **Respect and nondiscrimination:** You should expect to receive considerate, respectful care from all members of the health care system without discrimination based on race, color, national origin, or any other basis recognized in applicable law or regulations.
- **Confidentiality of health information:** You should expect to communicate with health care providers in confidence and to have the confidentiality of your health care information protected to the extent permitted by law. You also should expect to have the ability to review, copy, and request amendments to your medical records.
- **Complaints and appeals:** You should expect a fair and efficient process for resolving differences with health plans, health care providers, and institutions that serve you.

Additionally, DoD has the following expectations of you as a TRICARE beneficiary:

- **Maximize your health:** You should maximize healthy habits such as exercising, not using tobacco, and maintaining a healthy diet.
- **Make smart health care decisions:** You should be involved in health care decisions, which means working with providers to provide relevant information, clearly communicate wants and needs, and develop and carry out agreed-upon treatment plans.
- **Be knowledgeable about TRICARE:** You should be knowledgeable about TRICARE coverage and program options.
- **You also should:**
  - Show respect for other patients and health care workers
  - Make a good-faith effort to meet financial obligations
  - Use the disputed claims process when there is a disagreement

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For toll-free contact information, visit **www.tricare-overseas.com/contactus**.

** Only call Medical Assistance numbers to coordinate overseas emergency care.*

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