



TRICARE® Choices for National Guard and Reserve

HANDBOOK



TRICARE offers comprehensive, affordable health care, dental, and pharmacy coverage to meet your changing needs.

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Welcome to **TRICARE**

TRICARE is the Department of Defense’s premier health care program, serving 9.5 million active duty service members, retired service members, National Guard and Reserve members, family members, and survivors worldwide. As a TRICARE beneficiary, you have access to the health care you need wherever you are.

TRICARE brings together military hospitals and clinics with a network of civilian providers to offer you medical, pharmacy, and dental options that meet your changing needs.

TRICARE partners with civilian regional contractors to administer your TRICARE benefit in two regions in the United States (East and West) and one overseas region. Your regional contractor is your go-to resource for information and assistance.

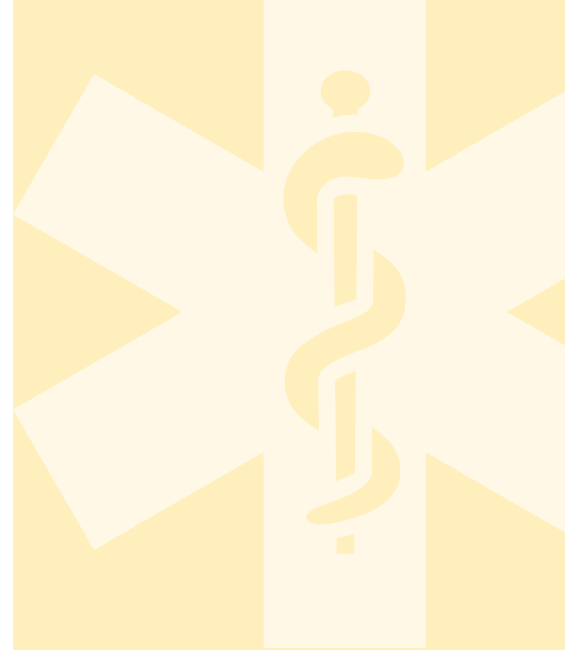
This handbook outlines the TRICARE program options that may be available to you based on who you are, your location, and your entitlement to Medicare.

We stand ready to deliver quality health care to those who protect our country every day—our nation’s finest. We are proud to serve you.



We want to hear from you!

Take a short publications survey by using the QR code to the left or by clicking on “TRICARE Publications Survey” at www.tricare.mil/publications.



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

To learn more about the Affordable Care Act, go to www.tricare.mil/aca.

You can find other health care coverage options at www.healthcare.gov.

KEEP YOUR DEERS INFORMATION UP TO DATE

Eligibility for TRICARE is determined by the services as shown in the Defense Enrollment Eligibility Reporting System (DEERS). DEERS is a database of service members and their family members worldwide who are eligible for military benefits.

To use TRICARE, make sure your DEERS record is up to date at <https://milconnect.dmdc.osd.mil>.

TRICARE COVERED SERVICES

This handbook describes the health care, dental, and pharmacy options TRICARE offers. These options differ in terms of the providers you see, how you get care, costs, and whether you file claims. Generally, you have the same covered services, including preventive, mental health, maternity, and pharmacy services, with any TRICARE health plan. Copayments or cost-shares may apply for certain covered services, depending on your TRICARE health plan and beneficiary status. To find covered services, go to www.tricare.mil/coveredservices. For costs, go to www.tricare.mil/costs.



YOUR TRICARE OPTIONS BY SPONSOR STATUS

As a National Guard or Reserve member or family member, your TRICARE health plan options depend on your sponsor's status: not activated, pre-activation/activated, deactivated, or retired. Use the following graphic to see your options based on sponsor status.

FIND MORE INFORMATION



You can find this handbook and other TRICARE resources at www.tricare.mil/publications.



Learn more about your TRICARE benefit at www.tricare.mil.

We encourage you to use these resources to take full advantage of your TRICARE benefit.

* Individual Ready Reserve members in a not activated status for 30 days or less don't qualify for health care coverage, but they may purchase TRICARE Dental Program coverage. See the Dental and Vision Options section on page 14 for more information.

SPONSOR STATUS



Not Activated*

Includes National Guard and Reserve members on inactive duty for training, yearly training, and otherwise on active duty for 30 days or less



Pre-Activation/ Activated

Includes National Guard and Reserve members called or ordered to active duty for more than 30 days for a federal preplanned mission or in support of a contingency operation. Pre-activation service members may be eligible for active duty health and dental benefits (early eligibility) up to 180 days before active duty begins, as shown in DEERS.



Deactivated

Includes National Guard and Reserve members released from a period of active duty and in a not activated status



Retired

Includes retired National Guard and Reserve members



For up-to-date cost information for all TRICARE plans, go to www.tricare.mil/costs or see the *TRICARE Costs and Fees Fact Sheet* at www.tricare.mil/publications.

HEALTH CARE OPTIONS

Sponsor option:

- TRICARE Reserve Select (TRS)

Family member options:

- TRS
- TRICARE Young Adult (TYA)

Not Activated

Sponsor options:

- TRICARE Prime*
- TRICARE Prime Remote (TPR)

Family member options:

- TRICARE Prime*
- TPR
- US Family Health Plan (USFHP) (depending on location)
- TRICARE Select
- TYA

Pre-Activation/
Activated

Sponsor options:

- TRS
- TRICARE Prime (if in a PSA and the Transitional Assistance Management Program [TAMP])
- Continued Health Care Benefit Program (CHCBP)

Family member options:

- TRS
- TRICARE Prime (if in a PSA and TAMP)
- TYA
- CHCBP

Deactivated

Before sponsor reaches age 60

Sponsor option:

- TRICARE Retired Reserve (TRR)

Sponsor options:

- TRICARE Prime*
- USFHP (depending on location)
- TRICARE Select
- TRICARE For Life (TFL) (if entitled to Medicare Part A and have Medicare Part B)

Family member options:

- TRR
- TYA

Family member options:

- TRICARE Prime*
- USFHP (depending on location)
- TRICARE Select
- TYA
- TFL (if entitled to Medicare Part A and have Medicare Part B)

Sponsor ages 65 and up

Sponsor option:

- TFL (if entitled to Medicare Part A and have Medicare Part B)

Family member options:

- TRICARE Prime*
- USFHP (depending on location)
- TRICARE Select
- TYA
- TFL (if entitled to Medicare Part A and have Medicare Part B)

Retired

* TRICARE Prime is only available in Prime Service Areas (PSAs).



Not Activated

 **HELPFUL TERMS**

Premium

The amount you pay for a health care plan you purchase. Premiums apply to those using TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program.

Annual Deductible

A fixed amount you pay for covered services each calendar year before TRICARE pays anything.

Cost-Share

A percentage of the total cost of a covered health care service that you pay.

Copayment

The fixed amount those with TRICARE Prime (who aren't ADSMs and ADFMs) or TRICARE Select pay for a covered health care service or drug.

Pre-Authorization

When your regional contractor reviews a requested health care service to see if TRICARE will cover the care. Go to www.tricare.mil or your regional contractor's website to check for services that need pre-authorization.

Calendar Year

The TRICARE calendar year is Jan. 1–Dec. 31.

Qualified members of the Selected Reserve or Retired Reserve who aren't in an activated status may purchase TRS and TRR. This status includes qualified service members on inactive duty for training, yearly training, or on active duty for 30 days or less. Selected Reserve and Retired Reserve members who are eligible for or enrolled in the Federal Employees Health Benefits (FEHB) Program don't qualify to purchase TRS or TRR. National Guard and Reserve members called or ordered to active duty for more than 30 days in support of a preplanned mission or contingency operation are covered as active duty and may be eligible for early TRICARE and TAMP benefits. For information or questions on eligibility for these two coverages, contact your unit personnel or visit www.tricare.mil.

 **TRICARE RESERVE SELECT®**

Description	<ul style="list-style-type: none"> • Premium-based health plan • Coverage and costs for care similar to TRICARE Select for active duty family members (ADFMs)
Enrolling	<ul style="list-style-type: none"> • Enrollment required • Offers member-only and member-and-family coverage • Initial two-month premium payment due with enrollment request
Costs	<ul style="list-style-type: none"> • Monthly premiums, an annual deductible, and applicable copayments or cost-shares • Catastrophic cap protection (limits your out-of-pocket expenses for covered services each year)
Getting care	<ul style="list-style-type: none"> • Get care from any TRICARE-authorized provider (network or non-network) • Get care at a military hospital or clinic if space is available • No referrals required • Some services require pre-authorization

 **LINE OF DUTY CARE**

Line of duty (LOD) care covers treatment of an injury, illness, or disease incurred or aggravated in the line of duty. Contact your unit for LOD determination. LOD care isn't available for family members.



Pre-Activation/Activated

National Guard and Reserve members called or ordered to active duty for more than 30 days and their eligible family members are eligible for active duty health and dental benefits. If issued delayed-effective-date active duty orders for activations of more than 30 days for a federal preplanned mission or in support of a contingency operation, National Guard and Reserve members and their eligible family members may be eligible for early TRICARE benefits under Early Eligibility (E-ID). E-ID begins on the date the sponsor's orders are issued or 180 days before they report to active duty, whichever is later. Once eligible in DEERS, family members will be automatically enrolled in TRICARE Prime if they live in a PSA. Otherwise, they'll be automatically enrolled in TRICARE Select. Family members may change their coverage within 90 days of the date of the automatic enrollment.

+ TRICARE PRIME® OPTIONS

Description	<ul style="list-style-type: none"> Includes TRICARE Prime, TPR, and USFHP (active duty service members [ADSMs] aren't eligible for USFHP) Managed care option, available in stateside PSAs and overseas
Enrolling	<ul style="list-style-type: none"> May only enroll with a primary care manager (PCM) at a military hospital or clinic during pre-activation Follow command guidance when enrolling in a TRICARE Prime option at the final duty station Enrollment required online, by phone, or by mail. Go to www.tricare.mil/enroll.
Costs	<ul style="list-style-type: none"> ADSMs, ADFMs, surviving spouses (during the first three years), and surviving dependent children have no enrollment costs. ADSMs and ADFMs have no premiums, no deductible, and no out-of-pocket costs when following the rules of your TRICARE Prime option.
Getting care	<ul style="list-style-type: none"> Get most care from a military hospital or clinic or civilian network PCM Referrals and/or pre-authorizations required for specialty care If traveling or between duty stations, you must get all nonemergency care at a military hospital or clinic if one is available, or get a referral from your PCM.

+ TRICARE SELECT®

Description	<ul style="list-style-type: none"> Manage your own health care and get care from any TRICARE-authorized provider (network or non-network) without a referral
Enrolling	<ul style="list-style-type: none"> Enrollment required online, by phone, or by mail. Go to www.tricare.mil/enroll.
Costs	<ul style="list-style-type: none"> Enrollment costs may apply An annual deductible and applicable copayments or cost-shares Catastrophic cap protection (limits your out-of-pocket expenses for covered services each year)
Getting care	<ul style="list-style-type: none"> Get care from any TRICARE-authorized provider (network or non-network) May get care at a military hospital or clinic if space is available No referrals required Some services require pre-authorization



Deactivated

HELPFUL TERMS

Referral

When your primary care manager (PCM) sends you to another provider for care. If you have TRICARE Prime and see a provider other than your PCM for nonemergency care without a referral, you'll pay more. Certain benefits, such as the Autism Care Demonstration, require a referral and continued authorizations.

TRICARE-Authorized Provider

A provider approved by TRICARE to give health care services to beneficiaries. A provider must be TRICARE-authorized for TRICARE to pay any part of your claim.

Network Provider

A provider that has agreed to accept the contracted rate as payment in full for covered health care services and files claims for you.

Non-Network Provider

A provider that doesn't have an agreement with TRICARE and may not file claims for you. There are two types of non-network providers: participating providers and nonparticipating providers.



National Guard and Reserve members who separate from active duty or are deactivated, and not in an activated status, may be eligible to continue TRICARE coverage.

TRANSITIONAL ASSISTANCE MANAGEMENT PROGRAM

The Transitional Assistance Management Program (TAMP) offers 180 days of TRICARE coverage to certain service members and their family members after regular TRICARE coverage ends. This gives you time to arrange for other health care coverage while you transition to civilian life. You don't have to pay any premiums for TAMP. For more information, go to www.tricare.mil/tamp.

TRICARE RESERVE SELECT

Description	<ul style="list-style-type: none"> • Premium-based health plan • Coverage and costs for care similar to TRICARE Select for ADFMs
Enrolling	<ul style="list-style-type: none"> • Enrollment required • Offers member-only and member-and-family coverage • Up to two months of premium payment due with enrollment request
Costs	<ul style="list-style-type: none"> • Monthly premiums, an annual deductible, and applicable copayments or cost-shares • Catastrophic cap protection (limits your out-of-pocket expenses for covered services each year)
Getting care	<ul style="list-style-type: none"> • Get care from any TRICARE-authorized provider (network or non-network) • Get care at a military hospital or clinic if space is available • No referrals required • Some services require pre-authorization

Other TRICARE Options

TRICARE offers other coverage options for those who have eligibility changes, such as children aging out of regular TRICARE coverage or sponsors separating from service. If you have lost all TRICARE eligibility, you may qualify to buy coverage under CHCBP.

+ TRANSITIONAL COVERAGE OPTION

Continued Health Care Benefit Program

The Continued Health Care Benefit Program (CHCBP) is a premium-based health plan managed by Humana Military. CHCBP offers continued health coverage (18–36 months) after TRICARE coverage ends. Certain former spouses who haven't remarried before age 55 may qualify for an unlimited duration of coverage. If you qualify, you can purchase CHCBP coverage within 60 days of loss of TRICARE or TAMP coverage, whichever is later. For more information, go to www.tricare.mil/chcbp.

Note: While in CHCBP, you aren't eligible to receive care at a military hospital or clinic, except in a medical emergency.

+ TRICARE YOUNG ADULT

TRICARE Young Adult (TYA) is a premium-based health plan available for purchase by qualified adult children who have aged out of TRICARE. A parent who is a member of the Selected Reserve or Retired Reserve may be a TYA sponsor if they're eligible for premium-free TRICARE or covered by TRS or TRR. Your location and sponsor status determine whether you qualify for TYA Prime and/or TYA Select.

TYA includes medical and pharmacy benefits, but not dental or vision coverage. Coverage and provider choice for TYA are the same as for TRICARE Prime and TRICARE Select. You'll also pay a monthly premium.

You may generally purchase TYA coverage if you're an adult child of a TRICARE-eligible sponsor; unmarried; at least age 21, but not yet age 26; and not otherwise eligible for TRICARE or employer-based coverage. For more information, go to www.tricare.mil/tya.





HEALTH CARE OPTIONS



Retired

After you retire, your options change as you age.

Up to age 60

+ TRICARE RETIRED RESERVE®

Description	<ul style="list-style-type: none"> Premium-based health plan for qualified Retired Reserve members and their eligible family members until the sponsor turns age 60
Enrolling	<ul style="list-style-type: none"> Enrollment required Offers member-only and member-and-family coverage Initial two-month premium payment due with enrollment request
Costs	<ul style="list-style-type: none"> Monthly premiums, an annual deductible, and applicable copayments or cost-shares Catastrophic cap protection (limits your out-of-pocket expenses for covered services each year)
Getting care	<ul style="list-style-type: none"> No referrals required Some services require pre-authorization Get care from any TRICARE-authorized provider (network or non-network) Get care at a military hospital or clinic if space is available

Ages 60-64

If you're entitled to premium-free Medicare Part A and have Medicare Part B, you may use TFL as early as age 60.

60

+ RETIRED RESERVISTS UPON REACHING AGE 60

! Upon reaching age 60, qualified Retired Reserve members and their eligible family members can enroll in TRICARE Prime (where available locally) or TRICARE Select. If not enrolled, they may only be eligible for care at a military hospital or clinic if space is available. Don't delay upon reaching age 60; enroll online or call your TRICARE regional contractor within 90 days of turning age 60.* Copayments or cost-shares apply when getting care with a civilian provider. In addition, those who are entitled to Medicare Part A must have Part B to be eligible for TRICARE For Life or TRICARE Prime. For more information, go to www.tricare.mil/enroll.

***Retroactive Enrollment Exception:** Retired Reserve members may also qualify to enroll up to 12 months after turning age 60. Coverage is effective from the date the sponsor turned age 60. If applicable, enrollment fees would need to be paid back to the date the sponsor turned age 60. Go to www.tricare.mil/lifeevents for details.

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Age 65 and up

+ TRICARE FOR LIFE

TFL is Medicare-wraparound coverage for TRICARE beneficiaries entitled to Medicare Part A and who have Part B. TFL beneficiaries are also eligible for TRICARE pharmacy benefits. See www.tricare.mil/tfl for details.

Enrolling	<ul style="list-style-type: none"> TFL coverage is automatic and effective the first date that Medicare Part A and Medicare Part B are effective Must be entitled to premium-free Medicare Part A and have Medicare Part B
Costs	<ul style="list-style-type: none"> No enrollment fees or monthly TFL premiums Required Medicare Part B premiums are payable to Medicare
Getting care	<p>Get care from:</p> <ul style="list-style-type: none"> Medicare participating providers Medicare non-participating providers Military hospitals and clinics if space is available



+ QUALIFY FOR TRICARE RESERVE SELECT OR TRICARE RETIRED RESERVE

Certain National Guard and Reserve members may qualify to purchase TRS or TRR at various points in their careers. To qualify for TRS or TRR, you must not be:

- On active duty orders for more than 30 days for a preplanned mission or in support of a contingency operation
- In TAMP
- Eligible for or enrolled in the FEHB Program

+ PURCHASE TRICARE RESERVE SELECT OR TRICARE RETIRED RESERVE

For more information, including how to purchase TRS or TRR coverage, go to www.tricare.mil/trs or www.tricare.mil/trr.

+ LOSS OF OTHER TRICARE COVERAGE

If you lose coverage under another TRICARE option due to your sponsor's change in status, you may qualify for TRS or TRR. Submit the *Reserve Component Health Coverage Request Form* (DD Form 2896-1) within 90 days of losing other TRICARE coverage to avoid a break in coverage. TRS or TRR coverage begins the day after you lose your prior TRICARE coverage.

+ SURVIVOR COVERAGE

The table below lists coverage options for qualified survivors of sponsors who were covered by TRS or TRR on the day of their sponsor's death.

COVERAGE IN EFFECT AT TIME OF SPONSOR'S DEATH	WHAT HAPPENS TO COVERAGE	SURVIVOR OPTIONS	LENGTH OF SURVIVOR COVERAGE
TRS or TRR member-and-family coverage	Automatically changes to member-and-family survivor coverage	Do nothing and keep coverage or Opt out in writing, over the phone, or by submitting a <i>DD Form 2896-1</i> no later than 90 days after sponsor's death	TRS survivor coverage may continue for up to six months from the date of sponsor's death.
TRS or TRR member-only coverage	Eligible survivors may purchase TRS or TRR survivor coverage	TRS: Purchase coverage no later than 90 days after sponsor's death TRR: Purchase coverage anytime up until sponsor would have turned age 60	TRR survivor coverage may continue until the date sponsor would have reached age 60.

Note: Surviving family members who are eligible for or enrolled in the FEHB Program aren't excluded from holding TRS or TRR coverage. Surviving children remain eligible until the end of the survivor coverage period or until they age out or otherwise lose TRICARE coverage (for example, marriage), whichever is first.



QUALIFY FOR AND PURCHASE TRS OR TRR



HELPFUL TERMS

Qualifying Life Event

A certain change in your life, such as marriage, birth of a child, or retirement from active duty, which may mean different TRICARE options are available to you. A QLE opens a 90-day period for you to make eligible enrollment changes. A QLE for one family member means all eligible family members may make enrollment changes. To learn more, visit www.tricare.mil/lifeevents.

+ CHANGES TO YOUR FAMILY

When you experience a Qualifying Life Event (QLE) that changes your family, such as getting married, having or adopting a child, or losing a family member, you may request changes to your TRS or TRR coverage:

- Update your family information in DEERS to reflect the change. For more information, go to www.tricare.mil/deers.
- To add a family member to your coverage, go to www.tricare.mil/trs or www.tricare.mil/trr for instructions. You must add your family member within 90 days of the QLE.

+ NONPAYMENT OF PREMIUMS

If your TRICARE regional contractor doesn't receive your TRS or TRR premium payment by the end of the current month a premium is due, your coverage may be terminated, and you may be subject to a 12-month lockout.

Note: If your TRS or TRR coverage is terminated due to a premium payment not made, call your regional contractor for information about possibly getting your coverage reinstated.

+ CHANGE IN STATUS

When activated for more than 30 days for a federal preplanned mission or in support of a contingency operation, your TRS or TRR coverage automatically ends. Unused premiums already paid will be refunded to you if there are no pending claims. The 12-month purchase lockout doesn't apply.

If you want TRS or TRR coverage to continue after your other TRICARE coverage ends, you must qualify for and purchase TRS or TRR coverage again no later than 90 days after the other TRICARE coverage ends.

Note for TRS members: Your TRS coverage will also automatically end if you leave the Selected Reserve. You may purchase TRS coverage again if you requalify. A purchase lockout won't apply.

+ CHANGE IN FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM ELIGIBILITY OR ENROLLMENT

If the sponsor becomes eligible for or enrolls in the FEHB Program, they must call their regional contractor to disenroll from TRS or TRR. No purchase lockout will go into effect. If you don't end coverage, your Reserve component may terminate your coverage, and you'll be responsible for any health care costs after the effective termination date.



The TRICARE Pharmacy Program offers comprehensive prescription drug coverage for all TRICARE beneficiaries. The pharmacy program provides prescription drugs through military pharmacies, TRICARE Pharmacy Home Delivery, TRICARE retail network pharmacies, and non-network pharmacies. Your options for filling your prescription depend on the type of drug your provider prescribes. Express Scripts manages the TRICARE pharmacy benefit. If you're in USFHP, you have different pharmacy coverage.

For more information about the TRICARE pharmacy benefit, go to www.tricare.mil/pharmacy and download the *TRICARE Pharmacy Program Handbook* at www.tricare.mil/publications.

+ PHARMACY OPTIONS

OPTIONS FOR FILLING PRESCRIPTIONS	DESCRIPTION OF OPTIONS
Military pharmacies	<ul style="list-style-type: none"> No cost for up to a 90-day supply of most covered drugs Usually don't carry non-formulary drugs
TRICARE Pharmacy Home Delivery	<ul style="list-style-type: none"> No cost for ADSMs. For all other beneficiaries, copayments apply. Receive up to a 90-day supply of covered drugs in the mail with free standard shipping
TRICARE retail network pharmacies	<ul style="list-style-type: none"> Pay one copayment for each 30-day supply of covered drugs No need to file claims Located in the U.S. and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands
Non-network pharmacies	<ul style="list-style-type: none"> Pay full price and file a claim to get money back on covered drugs The reimbursement amount depends on deductibles, out-of-network cost-shares, and copayments

+ FOUR CATEGORIES OF DRUGS

TRICARE groups prescription drugs into four categories. This grouping is based on medical effectiveness and cost of a drug compared to other drugs of the same type. The following graphic shows how drugs in different categories may cost more and be harder to get.

<p>Generic formulary drugs</p> <p>\$</p> <ul style="list-style-type: none"> Widely available Lowest out-of-pocket costs 	<p>Brand-name formulary drugs</p> <p>\$ \$</p> <ul style="list-style-type: none"> Generally available Moderate out-of-pocket costs 	<p>Non-formulary drugs</p> <p>\$ \$ \$</p> <ul style="list-style-type: none"> May have limited availability Higher out-of-pocket costs 	<p>Non-covered drugs</p> <p>\$ \$ \$ \$</p> <ul style="list-style-type: none"> Not covered by TRICARE Highest out-of-pocket costs (You pay 100% of the drug's cost)
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VISION COVERAGE



Retirees, their eligible family members, and active duty family members enrolled in a TRICARE health plan may qualify to purchase vision coverage through the Federal Employees Dental and Vision Insurance Program (FEDVIP), offered by the U.S. Office of Personnel Management. When eligible, you can enroll during the fall Federal Benefits Open Season or following a FEDVIP QLE.

For information about TRICARE and FEDVIP, visit www.tricare.mil/vision.



There are three dental options that are separate from TRICARE health care options:

- Active Duty Dental Program (ADDP)
- TRICARE Dental Program (TDP)
- Federal Employees Dental and Vision Insurance Program (FEDVIP)

For eligibility and more information, go to www.tricare.mil/dental.

Active Duty Dental Program

Administered by
United Concordia

www.addp-ucci.com

- Certain ADSMs
- Certain National Guard and Reserve members called or ordered to active duty for more than 30 days for a federal preplanned mission or in support of a contingency operation
- Certain others

TRICARE Dental Program

Administered by
United Concordia

www.uccitdp.com

- ADFMs
- National Guard and Reserve members and their eligible family members
- Individual Ready Reserve members and their eligible family members
- Certain survivors

Federal Employees Dental and Vision Insurance Program

Offered by the U.S. Office of
Personnel Management

www.benefeds.com

- 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



TRICARE Offers Dental Coverage Options with Worldwide, Portable Coverage



The ADDP provides dental benefits to ensure dental health and deployment readiness.

ADDP



Voluntary enrollment



Single and family plans



Monthly premiums



Coverage for most preventive and diagnostic services

TDP



FEDVIP is a voluntary dental program that offers eligible TRICARE participants a choice among a number of dental carriers. Some plans offer both standard and high coverage options.

FEDVIP

For Information and Assistance

www.tricare.mil

You can sign up to get TRICARE updates by email at www.tricare.mil/subscriptions. For TRICARE fact sheets, brochures, and other benefit resources, go to www.tricare.mil/publications.

TRICARE East Region

Humana Military
1-800-444-5445
HumanaMilitary.com
www.tricare-east.com

TRICARE West Region

Health Net Federal Services, LLC
1-844-866-WEST (1-844-866-9378)
www.tricare-west.com

TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa¹

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

TOP Regional Call Center—Latin America and Canada¹

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

TOP Regional Call Centers—Pacific¹

+65-6339-2676 (overseas)
1-877-678-1208 (stateside)
sin.tricare@internationalsos.com

Defense Enrollment Eligibility Reporting System (DEERS)

1-800-538-9552
www.tricare.mil/deers

milConnect (Enroll, update DEERS, and get eCorrespondence)

<https://milconnect.dmdc.osd.mil>

My Access Center (Get a DS Logon account)

<https://myaccess.dmdc.osd.mil>

TRICARE Reserve Select

www.tricare.mil/trs

TRICARE Retired Reserve

www.tricare.mil/trr

Reserve Affairs

www.people.mil

TRICARE For Life

www.tricare.mil/tfl

Wisconsin Physicians Service
Military and Veterans Health
(U.S. and U.S. territories)
1-866-773-0404
1-866-773-0405 (TDD/TTY)
www.TRICARE4u.com

US Family Health Plan

1-800-74-USFHP (1-800-748-7347)
www.tricare.mil/usfhp

TRICARE Young Adult

www.tricare.mil/tya

TRICARE Pharmacy Program

www.tricare.mil/pharmacy
Express Scripts, Inc.
1-877-363-1303
<https://militaryrx.express-scripts.com>

Active Duty Dental Program

www.addp-uccl.com

United Concordia Companies, Inc.
1-866-984-2337 (CONUS)
1-844-653-4058 (OCONUS)
Country-specific access codes are available
on the ADDP website.

TRICARE Dental Program

www.uccitdp.com

United Concordia Companies, Inc.
1-844-653-4061 (CONUS)
1-844-653-4060 (OCONUS)
711 (TDD/TTY)

Federal Employees Dental and Vision Insurance Program

www.benefeds.com

Transitional Assistance Management Program

www.tricare.mil/tamp

Continued Health Care Benefit Program

Humana Military
1-800-444-5445
www.tricare.mil/chcbp

Military Health System

www.health.mil

1. For toll-free contact information, go to www.tricare-overseas.com/contact-us.

An Important Note About TRICARE Program Information

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

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