



TRICARE® Choices in the United States

HANDBOOK



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

Welcome to **TRICARE**

TRICARE is the Department of Defense's health care program, serving millions of active duty service members, retired service members, National Guard and Reserve members, eligible 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 U.S. (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 eligibility for 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.



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 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 AND COSTS

This handbook describes the health care, pharmacy, and dental 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. To find covered services, go to www.tricare.mil/coveredservices.

Copayments or cost-shares may apply for certain covered services, depending on your TRICARE health plan and beneficiary status. For costs, go to www.tricare.mil/costs.



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YOUR TRICARE OPTIONS BY SPONSOR STATUS

Use the following table to see your TRICARE health plan options based on sponsor status. Your health plan options can change if you have a TRICARE Qualifying Live Event like moving, getting married, or retiring. 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.

SPONSOR STATUS	STATESIDE HEALTH CARE OPTIONS
Active Duty Includes National Guard and Reserve members called or ordered to active duty for more than 30 days for a preplanned mission or in support of a contingency operation	Sponsor options: <ul style="list-style-type: none"> • TRICARE Prime¹ • TRICARE Prime Remote Family member options: <ul style="list-style-type: none"> • TRICARE Prime¹ • TRICARE Prime Remote • US Family Health Plan (depending on location) • TRICARE Select • TRICARE Young Adult • TRICARE For Life²
Separated from Service (Non-retirement)	Sponsor and family member options: After separating from service (non-retirement), the sponsor and family members lose TRICARE eligibility. However, you may qualify for a period of continued coverage under the: <ul style="list-style-type: none"> • Transitional Assistance Management Program • Continued Health Care Benefit Program
Retired Includes those who are medically retired	Sponsor options: <ul style="list-style-type: none"> • TRICARE Prime¹ • US Family Health Plan (depending on location and age) • TRICARE Select • TRICARE For Life² Family member options: <ul style="list-style-type: none"> • TRICARE Prime¹ • US Family Health Plan (depending on location and age) • TRICARE Select • TRICARE Young Adult • TRICARE For Life²

1. Only available in Prime Service Areas

2. If eligible for Medicare Part A and have Medicare Part B

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.

NATIONAL GUARD AND RESERVE

Qualified non-active duty members of the Selected Reserve and Retired Reserve sponsor and family member options:

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

For more information, see the *TRICARE Choices for National Guard and Reserve Handbook* at www.tricare.mil/publications.

BENEFICIARY GROUPS

You fall into one of two categories based on when your sponsor became affiliated with the uniformed services, either through enlistment or appointment:

- If your sponsor's initial enlistment or appointment occurred before Jan. 1, 2018, you're in **Group A**.
- If your sponsor's initial enlistment or appointment occurred on or after Jan. 1, 2018, you're in **Group B**.

Group A and Group B have different enrollment fees and out-of-pocket costs.

AUTOMATIC ENROLLMENT

Active Duty Service Members

You're automatically enrolled in TRICARE Prime or TRICARE Prime Remote, depending on where you live and work.

You don't have the option to switch plans.

Active Duty Family Members

You're automatically enrolled in TRICARE Prime or TRICARE Select, depending on where you live.

You may switch to another plan within 90 days, if eligible. (For example TRICARE Prime to TRICARE Select or TRICARE Select to the US Family Health Plan.)





TRICARE Prime® Options

TRICARE Prime is a health care option for active duty service members, retirees, eligible family members, and certain others. It's similar to a health maintenance organization program, which means your primary care manager, or PCM, manages your access to specialty care.

Other TRICARE Prime options include:

- TRICARE Prime Remote, for active duty service members who live and work outside of a Prime Service Area. Some family members may also be able to enroll. For more information, go to www.tricare.mil/tpr.
- The US Family Health Plan, where care is provided through networks of community-based, not-for-profit health care systems in six areas of the United States. For more information, go to www.tricare.mil/usfhp.

HELPFUL TERMS

TRICARE 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.

TRICARE Open Season

The annual period when you can enroll in or change your health care plan for the following year. Visit www.tricare.mil/openseason to learn more.


+ QUALIFYING FOR A TRICARE PRIME OPTION

To get TRICARE Prime, you must live in a PSA. PSAs are areas in the U.S. where TRICARE Prime is available. You may also get TRICARE Prime if you live within 100 miles of an available PCM and waive your drive-time access standards. To find out if you live in a PSA, go to www.tricare.mil/planfinder. For more information about drive-time access standards, go to www.tricare.mil/primeaccess.

+ ENROLLING IN A TRICARE PRIME OPTION

You must take action to enroll in a TRICARE Prime option:

- ADSMs must use TRICARE Prime or TPR.
- ADFMs can choose to enroll in TRICARE Prime, TPR, USFHP, or TRICARE Select.
- Retirees and their eligible family members may enroll in TRICARE Prime or USFHP. If neither is available, you can enroll in TRICARE Select.

 You can only enroll in or change enrollment to TRICARE Prime (if you live in a PSA) following a TRICARE Qualifying Life Event, or during the annual fall TRICARE Open Season.

You have three options to enroll in a TRICARE Prime option:

- Log in to milConnect at <https://milconnect.dmdc.osd.mil> and click the “Manage health benefits” button. If you're an ADSM and want to enroll to a military hospital or clinic that's not listed on milConnect, contact your regional contractor.
- Call your regional contractor.
- Submit a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager Change Form* (DD Form 2876) to your regional contractor. You can find this form at www.tricare.mil/forms.

For more information on enrollment, visit www.tricare.mil/enroll. For contact information, go to www.tricare.mil/partners or see the back cover of this handbook.

GETTING CARE WITH A TRICARE PRIME OPTION

When you enroll in a TRICARE Prime option, you'll get most of your routine care from an assigned or selected PCM. Your PCM may be:

- At a military hospital or clinic
- A civilian TRICARE network provider
- A primary care provider under USFHP

Certain health care services may require referrals and pre-authorization. For more information, visit www.tricare.mil/appointments and www.tricare.mil/referrals.

ENROLLMENT COSTS

ADSMs, ADFMs, and transitional survivors (surviving spouses during the first three years and surviving children) pay no enrollment fees. Retirees, their eligible family members, and certain others pay yearly enrollment fees. For cost details, go to www.tricare.mil/costs.

COSTS FOR COVERED CARE

ADSMs have no out-of-pocket costs for covered health care services from a PCM, or with the appropriate referral and pre-authorization. ADFMs have no out-of-pocket costs for covered healthcare services from network providers in their enrolled TRICARE region, or with the appropriate referral and pre-authorization.

Retirees pay copayments or cost-shares for covered health care services. When following the rules of your TRICARE Prime program option, your out-of-pocket costs are limited to the catastrophic cap amount for that calendar year. For more information, see www.tricare.mil/costs.

SEEING A PROVIDER WITHOUT A REFERRAL: THE POINT-OF-SERVICE OPTION

The point-of-service option allows non-ADSMs to see any TRICARE-authorized provider without a referral. You'll pay more money up front to get nonemergency health care from any TRICARE-authorized provider without a referral. Costs you pay under the POS option don't count toward your yearly catastrophic cap. For more information, go to www.tricare.mil/pointofservice.

HELPFUL TERMS

Referral

When your 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.

Pre-authorization

When your regional contractor reviews a requested health care service to see if TRICARE will cover the care.

Enrollment fee

The yearly fee that retirees, their eligible family members, and certain others pay when enrolled in TRICARE Prime or TRICARE Select.

Catastrophic cap

The most you or your family will pay for covered health care services each calendar year.

Calendar year

A calendar year is Jan. 1–Dec. 31.



HELPFUL TERMS

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 and nonparticipating.

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.

TRICARE Select® Options

TRICARE Select is for TRICARE-eligible beneficiaries who aren't able to, or choose not to, enroll in a TRICARE Prime option and who aren't eligible for Medicare (with the exception of ADFMs). This program lets you manage your own health care and get care from any TRICARE-authorized provider without a referral, in most situations.

Like TRICARE Prime options, enrollment is required. ADSMs may not use TRICARE Select.

+ ENROLLING IN A TRICARE SELECT OPTION

You must take action to enroll in a TRICARE Select option:

- ADFMs, retirees, and their eligible family members can choose to enroll in TRICARE Select.

! You can only enroll in or change enrollment to TRICARE Select following a TRICARE QLE or during the annual fall TRICARE Open Season.

You have three options to enroll in TRICARE Select:

- Log in to milConnect at <https://milconnect.dmdc.osd.mil> and click the "Manage health benefits" button.
- Call your regional contractor.
- Submit a *TRICARE Select Enrollment, Disenrollment, and Change Form* (DD Form 3043) to your regional contractor. You can find this form at www.tricare.mil/forms.

For more information on enrollment, visit www.tricare.mil/enroll.

+ GETTING CARE WITH TRICARE SELECT

With TRICARE Select, you can get care from any TRICARE-authorized provider without a referral or pre-authorization, in most situations. You'll have lower out-of-pocket costs if you use a TRICARE-authorized network provider versus a TRICARE-authorized non-network provider. If you choose a non-authorized non-network provider, TRICARE won't reimburse you.

To find a TRICARE network provider, go to www.tricare.mil/finddoctor, or call your regional contractor.

ENROLLMENT COSTS

There's no yearly enrollment fee for ADFMs. Retirees, their eligible family members, and certain others pay enrollment fees. For cost details, go to www.tricare.mil/costs.

COSTS FOR COVERED CARE

With TRICARE Select, you pay an annual deductible and per-visit copayments or cost-shares. You'll fall into one of two groups based on when you or your sponsor entered the uniformed services. This group will determine your costs. When following the rules of your health plan, your out-of-pocket costs will be limited to your catastrophic cap. Nonparticipating non-network providers may charge up to 15% above the TRICARE-allowable amount, which won't apply to your catastrophic cap. You're responsible for this amount, plus your deductible and copayments or cost-shares. For costs, go to www.tricare.mil/costs.

FILING CLAIMS

If you need to file your own claims, submit them to the regional contractor for the area where you live. In the U.S. and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands), you must file claims within one year of the date of service or date of inpatient discharge. You're responsible for confirming your claims are received. For help, call your regional contractor. Learn more at www.tricare.mil/claims.

INVITE YOUR PROVIDER TO BECOME TRICARE-AUTHORIZED

If your provider isn't TRICARE-authorized but wants to see TRICARE patients, tell your provider they can do so without signing a contract with your regional contractor. Most providers with a valid professional license (issued by a state or a qualified accreditation organization) can become TRICARE-authorized providers. Then TRICARE will pay them for TRICARE-covered services. Learn more at www.dha.mil/providers.

HELPFUL TERMS

Annual deductible

A fixed amount you pay for covered services each calendar year before TRICARE pays anything. You may have a deductible if you have TRICARE Select, or if you have TRICARE Prime and see a provider without a referral.

Claim

A request for payment from TRICARE that goes to your regional contractor after you get a covered health care service.



TRICARE Reserve Select® and TRICARE Retired Reserve®

You may qualify to purchase a premium-based health care plan. Premium-based plans work like TRICARE Select, with a choice of providers and the same copayments and cost-shares. These plans are TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program. For more on TYA and CHCBP, see the *Other TRICARE Program Options* section on page 12.

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.

+ TRICARE RESERVE SELECT AND TRICARE RETIRED RESERVE

TRS and TRR are premium-based, worldwide health care plans for certain qualified Selected Reserve and Retired Reserve members, their eligible family members, and survivors. TRS and TRR offer comprehensive health care coverage similar to TRICARE Select.

- Enrollment is required.
- TRICARE Open Season doesn't apply to TRS and TRR. These plans offer continuous open enrollment throughout the year.
- A two-month premium payment is due when you first enroll.
- Monthly premiums, an annual deductible, and copayments or cost-shares apply.
- Get care from any TRICARE-authorized provider without a referral.
- Certain services require pre-authorization.

Note: When your National Guard or Reserve sponsor is activated for more than 30 days for a preplanned mission or in support of a contingency operation, this coverage stops while you get active duty benefits. You must reenroll in TRS upon your sponsor's deactivation from active duty, following the Transitional Assistance Management Program period, if applicable.

+ 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.



TRICARE For Life

If you're eligible for Medicare Part A, you must have Part B to keep TRICARE coverage, regardless of your age or where you live. This is a requirement based on federal law, with an exception for ADSMs and ADFMs. If you're eligible for TRICARE and have Medicare Part A and Part B, you're automatically covered by TFL. See the following table for more information on what Medicare Part A, Part B, and TFL cover.

MEDICARE PART A (Hospital Insurance)	MEDICARE PART B (Medical Insurance)	TRICARE FOR LIFE (Medicare Wraparound Coverage)
<ul style="list-style-type: none"> Inpatient hospital care Hospice care Inpatient skilled nursing facility care Some home health care 	<ul style="list-style-type: none"> Provider services Outpatient care Home health care Durable medical equipment Some preventive services 	<ul style="list-style-type: none"> Inpatient and outpatient coverage Coverage for overseas care

TRICARE FOR LIFE COSTS

There are no enrollment fees or forms for TFL, but you must have Medicare Part A and Part B. Medicare Part B has a monthly premium. Go to www.medicare.gov for the current Medicare Part B premium amounts, which vary by income level. For more information about TFL, go to www.tricare.mil/tfl. You may also call the TFL contractor. The following table highlights your TFL out-of-pocket costs. For detailed cost information, go to www.tricare.mil/costs.

TYPE OF CARE	MEDICARE PAYS	TRICARE PAYS	YOU PAY
Covered by TRICARE and Medicare	Medicare-allowed amount	Remaining amount	Nothing
Covered by Medicare only	Medicare-allowed amount	Nothing	Medicare deductible and cost-share
Covered by TRICARE only	Nothing	TRICARE-allowable amount	TRICARE deductible and cost-share
Not covered by TRICARE or Medicare	Nothing	Nothing	Billed charges (which may be more than the Medicare-allowed amount or TRICARE-allowable amount)

TRICARE FOR LIFE AND U.S. DEPARTMENT OF VETERANS AFFAIRS BENEFITS

If you're eligible for both TFL and Department of Veterans Affairs benefits and use your TFL benefit for health care not related to a service-connected injury or illness, you'll pay more to see a VA provider than you would pay to see a civilian Medicare provider. TRICARE will only pay up to 20% of the TRICARE-allowable amount for care you get at a VA facility, and you may be responsible for the remaining amount.

With TFL, your least expensive options are to see a Medicare participating or Medicare non-participating provider. Medicare participating providers agree to accept the Medicare-allowed amount as payment in full. Medicare non-participating providers don't accept the Medicare-allowed amount as payment in full and may charge up to 15% above the Medicare-allowed amount. TRICARE may cover this additional cost. If you get care from a VA provider, check with the TFL contractor to confirm coverage details.



Other TRICARE Program 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've lost all TRICARE eligibility, you may qualify to buy Continued Health Care Benefit Program coverage.

TRICARE YOUNG ADULT

TYA is a premium-based health care plan for qualified adult children who have aged out of TRICARE. TYA Prime and TYA Select are offered worldwide. Your location and sponsor's status determine whether you qualify for TYA Prime or TYA Select.

TYA includes medical and pharmacy benefits, but not dental or vision coverage. Coverage, provider choice, and costs for TYA are the same as for TRICARE Prime and TRICARE Select.

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. TRICARE Open Season doesn't apply to TYA. TYA Prime and TYA Select offer continuous open enrollment throughout the year. For more information, go to www.tricare.mil/tya.

TRANSITIONAL COVERAGE OPTIONS

TRICARE offers benefits to help eligible service members and their eligible family members transition to civilian life.

Transitional Assistance Management Program

TAMP offers 180 days of premium-free health coverage to certain sponsors (and their eligible family members) after separation from TAMP-qualifying active duty. If applicable, TAMP coverage starts the day after the sponsor separates from TAMP-qualifying active duty. For more information, go to www.tricare.mil/tamp.

Continued Health Care Benefit Program

CHCBP is a premium-based health care program administered 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 losing TRICARE or TAMP coverage, whichever is later. TRICARE Open Season doesn't apply to CHCBP. CHCBP offers continuous open enrollment throughout the year. For more information, go to www.tricare.mil/chcbp.

Note: While in CHCBP, you aren't eligible to receive care at military hospitals and clinics, except in a medical emergency.



The TRICARE Pharmacy Program offers comprehensive prescription drug coverage for all TRICARE beneficiaries, except those who enroll in the US Family Health Plan. 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 administers the TRICARE pharmacy benefit. If you're enrolled in USFHP, you aren't eligible for the TRICARE Pharmacy Program. You must use USFHP pharmacy providers. For details about USFHP, visit www.tricare.mil/usfhp.

For more information about the TRICARE pharmacy benefit, go to www.tricare.mil/pharmacy. You can 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.

Note: For all beneficiaries, except ADSMs, you can only fill certain brand-name maintenance medications twice at a retail pharmacy. After that, you must fill your long-term medication through home delivery or a military pharmacy. Learn more at www.tricare.mil/maintenance.

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.

Generic formulary drugs* <ul style="list-style-type: none"> Covered by TRICARE Widely available Lowest cost to you 	Brand-name formulary drugs* <ul style="list-style-type: none"> Covered by TRICARE Generally available Moderate cost 	Non-formulary drugs* <ul style="list-style-type: none"> Covered by TRICARE May not be available Higher cost 	Non-covered drugs <ul style="list-style-type: none"> Not covered by TRICARE Highest cost (You pay 100% of the drug's cost.) 
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* May require prior authorization or determination of medical necessity



DENTAL AND VISION OPTIONS

Dental Coverage

TRICARE offers dental coverage options with worldwide, portable coverage. There are three dental options that are separate from TRICARE health care options: Active Duty Dental Program, TRICARE Dental Program, and Federal Employees Dental and Vision Insurance Program. For eligibility and more information, go to www.tricare.mil/dental.

PLAN	WHO S ELIGIBLE	DETAILS
Active Duty Dental Program Administered by United Concordia www.addp-ucci.com	Within the continental U.S.: <ul style="list-style-type: none">• Active duty service members who live and work (duty location) more than 50 miles from a military dental clinic in the service area• National Guard and Reserve members called or ordered to active duty for more than 30 days for a preplanned mission or a contingency operation• Certain others	The ADDP provides dental benefits to ensure dental health and deployment readiness.
TRICARE Dental Program Administered by United Concordia www.uccitdp.com	<ul style="list-style-type: none">• Active duty family members• National Guard and Reserve members and their eligible family members• Individual Ready Reserve members and their eligible family members• Certain survivors	<ul style="list-style-type: none">• Voluntary enrollment• Single and family plans• Monthly premiums• Coverage for most preventive and diagnostic services
Federal Employees Dental and Vision Insurance Program Offered by the U.S. Office of Personnel Management www.BENEFEDS.gov	<ul style="list-style-type: none">• Retired service members and their eligible family members• Retired National Guard and Reserve members and their eligible family members• Certain survivors• Medal of Honor recipients and their immediate family members and survivors	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.

Vision Coverage

Retirees, their eligible family members, and ADFMs enrolled in a TRICARE health plan may qualify to purchase vision coverage through FEDVIP. The U.S. Office of Personnel Management offers FEDVIP. When eligible, you can enroll during the fall Federal Benefits Open Season or following a FEDVIP QLE.

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

Getting Care

Your beneficiary category and TRICARE plan determine your rules for getting care. Learn more at www.tricare.mil/gettingcare and check out the following resources.

- **Find a military hospital or clinic:** Whether you're at home or traveling, find the nearest military hospital or clinic. Get started at www.tricare.mil/mtf.
- **Find a doctor:** The Find a Doctor Wizard can help you find TRICARE-authorized providers near you. Visit www.tricare.mil/finddoctor to get started.
- **Covered services:** Explore TRICARE's comprehensive health care coverage. Visit www.tricare.mil/coveredservices and search by keyword or browse by category.
- **MHS GENESIS Patient Portal:** Access your Military Health System health record 24/7. You can also book and cancel appointments, request prescription refills and renewals, see clinical notes and certain test results, and exchange secure messages with your military health care team. You can log in to the patient portal at <https://my.mhsgenesis.health.mil>. Learn more at www.tricare.mil/mhsgenesis.
- **MHS Nurse Advice Line:** Speak to a registered nurse by phone, web chat, or video chat 24/7. Get evidence-based health care advice, help finding an emergency or urgent care facility, and more. Go to www.mhsnurseadvice.com to learn more. Or call 800-TRICARE (800-874-2273), option 1, to speak to a nurse.

FIND MORE INFORMATION

Go to the TRICARE Newsroom to read articles, watch videos, and more. Get started at <https://newsroom.tricare.mil>.

Find this handbook and explore a library of other handbooks, brochures, fact sheets, and more. Learn more at www.tricare.mil/publications.

Have a question? Search frequently asked questions by keyword or browse by category at www.tricare.mil/faq.



For Information and Assistance

www.tricare.mil

TRICARE Stateside Regions

TRICARE is available worldwide and administered regionally. There are two TRICARE regions in the U.S.: TRICARE East and TRICARE West.

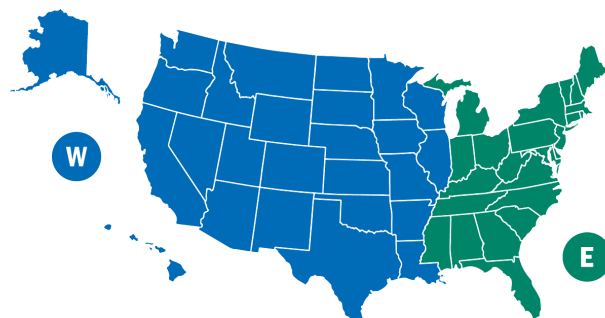
Your TRICARE benefit is the same regardless of where you are, but there are different customer service contacts for each region.

TRICARE East Region

Humana Military
800-444-5445
www.tricare.mil/east

TRICARE West Region

TriWest Healthcare Alliance
888-TRIWEST (888-874-9378)
www.tricare.mil/west



US Family Health Plan

www.tricare.mil/usfhp

TRICARE For Life

www.tricare.mil/tfl
WPS Government Services
866-773-0404
866-773-0405 (TDD/TTY)
www.TRICARE4u.com

TRICARE Pharmacy Program

www.tricare.mil/pharmacy
Express Scripts, Inc.
877-363-1303
<https://militaryrx.express-scripts.com>
Accredo (specialty pharmacy)
877-882-3324

DMDC/DEERS Support Office

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

milConnect

Enroll, update DEERS, or get eCorrespondence
<https://milconnect.dmdc.osd.mil>

MHS GENESIS Patient Portal

800-600-9332
312-421-3000 (DSN)
<https://my.mhsgenesis.health.mil>

Active Duty Dental Program

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

TRICARE Dental Program

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

Federal Employees Dental and Vision Insurance Program

www.BENEFEDS.gov

Transitional Assistance Management Program

www.tricare.mil/tamp

Continued Health Care Benefit Program

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

Defense Health Agency

www.dha.mil

An Important Note About TRICARE Program Information

At the time of publication, this information is current. It's 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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