



TRICARE® Choices for National Guard and Reserve

HANDBOOK



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

Welcome to **TRICARE**

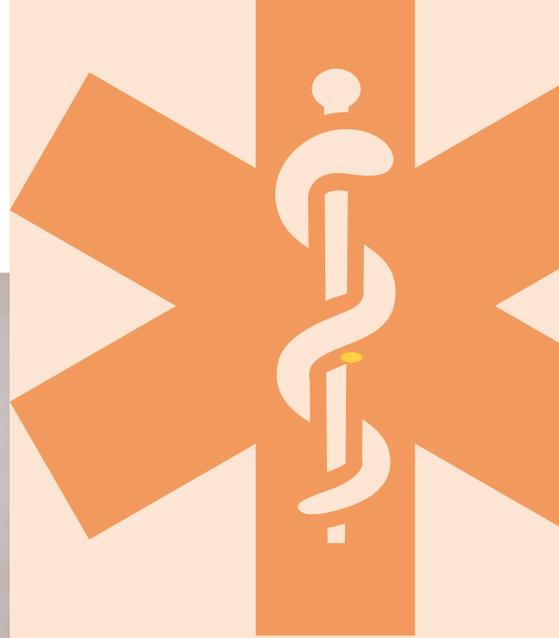
TRICARE is the Department of Defense's health care program, serving millions of active duty service members, retired service members, National Guard and Reserve members, family members, and survivors worldwide. As a TRICARE beneficiary, you have access to the health care you need wherever you are.

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

TRICARE AND THE AFFORDABLE CARE ACT

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.

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 table on the next page to see your options based on sponsor status.

Note: 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 of this handbook for more information.



+ 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.

SPONSOR STATUS	SPONSOR HEALTH CARE OPTIONS	FAMILY MEMBER HEALTH CARE OPTIONS
<p>Not Activated</p> <p>Includes National Guard and Reserve members on inactive duty for training, yearly training, and otherwise on active duty for 30 days or less</p>	<ul style="list-style-type: none"> • TRICARE Reserve Select 	<ul style="list-style-type: none"> • TRICARE Reserve Select • TRICARE Young Adult
<p>Pre-Activation/Activated</p> <p>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.</p>	<ul style="list-style-type: none"> • TRICARE Prime¹ • TRICARE Prime Remote 	<ul style="list-style-type: none"> • TRICARE Prime¹ • TRICARE Prime Remote • US Family Health Plan (depending on location) • TRICARE Select • TRICARE Young Adult
<p>Deactivated</p> <p>Includes National Guard and Reserve members released from a period of active duty and in a not activated status</p>	<ul style="list-style-type: none"> • TRICARE Reserve Select • TRICARE Prime (if in a Prime Service Area and the Transitional Assistance Management Program) • Continued Health Care Benefit Program 	<ul style="list-style-type: none"> • TRICARE Reserve Select • TRICARE Prime (if in a Prime Service Area and the Transitional Assistance Management Program) • TRICARE Young Adult • Continued Health Care Benefit Program
<p>Retired—Before sponsor reaches age 60</p> <p>Includes retired National Guard and Reserve members</p>	<ul style="list-style-type: none"> • TRICARE Retired Reserve 	<ul style="list-style-type: none"> • TRICARE Retired Reserve • TRICARE Young Adult
<p>Retired—Sponsor ages 60–64</p> <p>Includes retired National Guard and Reserve members</p>	<ul style="list-style-type: none"> • TRICARE Prime¹ • US Family Health Plan (depending on location) • TRICARE Select • TRICARE For Life² 	<ul style="list-style-type: none"> • TRICARE Prime¹ • US Family Health Plan (depending on location) • TRICARE Select • TRICARE Young Adult • TRICARE For Life²
<p>Retired—Sponsor ages 65 and up</p> <p>Includes retired National Guard and Reserve members</p>	<ul style="list-style-type: none"> • TRICARE For Life² 	<ul style="list-style-type: none"> • TRICARE Prime¹ • US Family Health Plan (depending on location) • 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



Not Activated

Qualified members of the Selected Reserve or Retired Reserve who aren't in an activated status may purchase TRICARE Reserve Select or TRICARE Retired Reserve. 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 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 Transitional Assistance Management Program benefits. For information or questions on eligibility for these two coverages, contact your unit personnel or visit www.tricare.mil.

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.

Copayment

The fixed amount those with TRICARE Prime (who aren't active duty service members or active duty family members) or TRICARE Select pay for a covered health care service or drug.

Cost-share

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

Catastrophic cap

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

Calendar year

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

+ 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
Enrolling	<ul style="list-style-type: none"> • Enrollment required • Offers member-only and member-and-family coverage • A two-month premium payment is due for first-time enrollment requests.
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, in most situations. Some services require pre-authorization.

+ LINE OF DUTY CARE

LOD care covers treatment of an injury, illness, or disease incurred or aggravated in the line of duty if a LOD determination is completed. Contact your unit for LOD determination. LOD care isn't available for family members. Learn more at www.tricare.mil/lod.

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 medical 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 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 Prime Service Area. 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, if eligible.

TRICARE PRIME® OPTIONS

Description	<ul style="list-style-type: none"> Includes TRICARE Prime, TRICARE Prime Remote, and the US Family Health Plan* Managed care option, available in stateside Prime Service Areas and overseas. Get most of your care from an assigned or selected primary care manager.
Enrolling	<ul style="list-style-type: none"> May only enroll with a 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"> Active duty service members, active duty family members, 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 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.

*Active duty service members aren't eligible for the US Family Health Plan.

TRICARE SELECT®

Description	<ul style="list-style-type: none"> Manage your own health care. Available stateside and overseas
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, in most situations. Some services require pre-authorization.

HELPFUL TERMS

Referral

When your primary care manager 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.

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.

Deactivated



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

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 AFTER DEACTIVATION

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
Enrolling	<ul style="list-style-type: none"> • Enrollment required • Offers member-only and member-and-family coverage • One to three 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, in most situations. Some services require pre-authorization.

*Based on when you make your request and which automatic payment method you establish

Retired

National Guard and Reserve members may remain eligible for TRICARE after completing a minimum of 20 qualifying years of service (creditable retirement years). After you retire, your TRICARE options change as you age. To learn more about options for you and your family and actions you must take, go to www.tricare.mil/retiredreserve. You can also download the *TRICARE Retiring From National Guard or Reserve Brochure* at www.tricare.mil/publications.

TRICARE RETIRED RESERVE®

Up to
age 60

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 A two-month premium payment is due for first-time enrollment requests.
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, in most situations. Some services require pre-authorization.

RETIRED RESERVISTS UPON REACHING AGE 60

Ages
60-64

 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 TRICARE-authorized civilian provider.

In addition, those who are eligible for Medicare Part A must have Medicare Part B to be eligible for TRICARE For Life or TRICARE Prime. If you're eligible for premium-free Medicare Part A and have Medicare Part B, you may use TFL as early as age 60.

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.



+ TRICARE FOR LIFE

Description	<ul style="list-style-type: none"> • Medicare-wraparound coverage for TRICARE beneficiaries eligible for Medicare Part A and who have Medicare Part B • TFL beneficiaries are eligible for TRICARE pharmacy benefits.
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. • You must be eligible for 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

Ages 65 and up

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'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 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 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.

+ TRANSITIONAL COVERAGE OPTION: 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 military hospitals and clinics, except in a medical emergency.



+ 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
- In the Transitional Assistance Management Program
- Eligible for or enrolled in the Federal Employees Health Benefits Program

+ PURCHASE TRICARE RESERVE SELECT OR TRICARE RETIRED RESERVE

For more information on 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
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 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.

TRS survivor coverage may continue for up to three years from the date of sponsor's death. TRR survivor coverage may continue until the date the sponsor would have turned 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.



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.

+ CHANGES TO YOUR FAMILY

When you experience a TRICARE Qualifying Life Event 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.

+ CHANGE IN STATUS

When activated for more than 30 days, 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.

+ 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.



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 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.

Note: In the U.S. and U.S. territories, all beneficiaries (except ADSMs) can only fill certain brand-name maintenance drugs at a retail pharmacy twice. 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.

<p>Generic formulary drugs*</p> <ul style="list-style-type: none"> Covered by TRICARE Widely available Lowest cost to you <p style="text-align: center;">\$</p>	<p>Brand-name formulary drugs*</p> <ul style="list-style-type: none"> Covered by TRICARE Generally available Moderate cost <p style="text-align: center;">\$ \$</p>	<p>Non-formulary drugs*</p> <ul style="list-style-type: none"> Covered by TRICARE May not be available Higher cost <p style="text-align: center;">\$ \$ \$</p>	<p>Non-covered drugs</p> <ul style="list-style-type: none"> Not covered by TRICARE Highest cost (You pay 100% of the drug's cost.) <p style="text-align: center;">\$ \$ \$ \$</p>
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* May require pre-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
<p>Active Duty Dental Program</p> <p>Administered by United Concordia</p> <p>www.addp-ucci.com</p>	<ul style="list-style-type: none"> • Certain active duty service members • 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 	<p>The ADDP provides dental benefits to ensure dental health and deployment readiness.</p>
<p>TRICARE Dental Program</p> <p>Administered by United Concordia</p> <p>www.uccitdp.com</p>	<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
<p>Federal Employees Dental and Vision Insurance Program</p> <p>Offered by the U.S. Office of Personnel Management</p> <p>www.BENEFEDS.gov</p>	<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 	<p>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.</p>

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 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.
- **Military Health System 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. In the U.S., call 800-TRICARE (800-874-2273) and press option 1 to speak to a nurse. Overseas, go to www.mhsnurseadviceline.com to find your location-specific number.

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 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 Overseas Program

International SOS Government Services, LLC
www.tricare-overseas.com

Eurasia-Africa

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

TOP Regional Call Centers

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

Latin America and Canada

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

Pacific

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

TRICARE For Life

www.tricare.mil/tfl

WPS Government Services
(U.S. and U.S. territories)
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

TRICARE Reserve Select

www.tricare.mil/trs

TRICARE Retired Reserve

www.tricare.mil/trr

TRICARE Young Adult

www.tricare.mil/tya

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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