STANDARD

TRICARE®
Standard Handbook

Your guide to program benefits

TRICARE®

DEPARTMENT OF DEFENSE
UNITED STATES OF AMERICA

Important Information

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

TRICARE North Region

The TRICARE North Region includes Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Iowa (*Rock Island Arsenal area only*), Kentucky (*excluding the Fort Campbell area*), Maine, Maryland, Massachusetts, Michigan, Missouri (*St. Louis area only*), New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, and Wisconsin.

TRICARE North Region Contractor

Health Net Federal Services, LLC

www.hnfs.com

1-877-TRICARE (1-877-874-2273)

TRICARE South Region

The TRICARE South Region includes Alabama, Arkansas, Florida, Georgia, Kentucky (*Fort Campbell area only*), Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee, and Texas (*excluding the El Paso area*).

TRICARE South Region Contractor

Humana Military, a division of
Humana Government Business

HumanaMilitary.com

1-800-444-5445

TRICARE West Region

The TRICARE West Region includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (*excluding the Rock Island Arsenal area*), Kansas, Minnesota, Missouri (*excluding the St. Louis area*), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas (*the southwestern corner only, including El Paso*), Utah, Washington, and Wyoming.

TRICARE West Region Contractor

UnitedHealthcare Military & Veterans

www.uhcmilitarywest.com

1-877-988-WEST (1-877-988-9378)

TRICARE Overseas Program*

TRICARE Overseas Program Contractor

International SOS Government Services, Inc.

www.tricare-overseas.com

TRICARE Eurasia-Africa: 1-877-678-1207

TRICARE Latin America and Canada: 1-877-451-8659

TRICARE Pacific: 1-877-678-1208 (*Singapore*)
1-877-678-1209 (*Sydney*)

* *For overseas contact information, visit* ***www.tricare-overseas.com****.*

An Important Note About TRICARE Program Information

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. Military hospital and clinic guidelines and policies may be different than those outlined in this publication. For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. More information regarding TRICARE, including the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices, can be found online at **www.tricare.mil**. See the inside back cover of this handbook for "TRICARE Expectations for Beneficiaries."

Keep Your DEERS Information Up To Date!

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

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

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

Important Contact Information

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

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

TRICARE Regional Contractors		
TRICARE North Region	**TRICARE South Region**	**TRICARE West Region**
Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com	**Humana Military, a division of Humana Government Business** 1-800-444-5445 HumanaMilitary.com	**UnitedHealthcare Military & Veterans** 1-877-988-WEST (1-877-988-9378) www.uhcmilitarywest.com
TRICARE Overseas Program[1]		
International SOS Government Services, Inc. TRICARE Eurasia-Africa: 1-877-678-1207 TRICARE Latin America and Canada: 1-877-451-8659 TRICARE Pacific: 1-877-678-1208 (*Singapore*) 1-877-678-1209 (*Sydney*) TRICARE Overseas Program Web site: www.tricare-overseas.com		

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

Premium-Based TRICARE Standard Health Plans

TRICARE Reserve Select	www.tricare.mil/trs
TRICARE Retired Reserve	www.tricare.mil/trr
TRICARE Young Adult	www.tricare.mil/tya

Defense Enrollment Eligibility Reporting System (DEERS)

You have several options for updating and verifying DEERS information:

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

TRICARE Dental Options

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

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

Health Care Claims

You can download forms and instructions from your regional contractor's Web site or from the TRICARE Web site at **www.tricare.mil/claims**. Submit claims to the addresses provided. You can also check the status of your claims at the Web sites provided. For information about filing claims for care received overseas, visit **www.tricare.mil/claims**.

TRICARE North Region	TRICARE South Region	TRICARE West Region
Health Net Federal Services, LLC c/o PGBA, LLC/TRICARE P.O. Box 870141 Surfside Beach, SC 29587-9741 www.myTRICARE.com www.hnfs.com	TRICARE South Region Claims Department P.O. Box 7031 Camden, SC 29021-7031 www.myTRICARE.com HumanaMilitary.com	TRICARE West Region Claims Department P.O. Box 7064 Camden, SC 29021-7064 www.myTRICARE.com www.uhcmilitarywest.com

TRICARE Pharmacy Program

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

Express Scripts, Inc.		
www.express-scripts.com/TRICARE 1-877-363-1303 1-877-540-6261 (*TDD/TTY*) Express Scripts Member Choice Center (*convert retail prescriptions to home delivery*): 1-877-363-1433	**TRICARE Pharmacy Home Delivery** Download the *Express Scripts New Patient Home Delivery Form* from **www.express-scripts.com/TRICARE** to register for TRICARE Pharmacy Home Delivery. Mail the form to: Express Scripts, Inc. P.O. Box 52150 Phoenix, AZ 85072-9954	**TRICARE Retail Network Pharmacy** Send pharmacy claims to: Express Scripts, Inc. TRICARE Claims P.O. Box 52132 Phoenix, AZ 85072
Prescription Drug Formulary Search		
www.express-scripts.com/tricareformulary		

Other Resources

TRICARE Forms	www.tricare.mil/forms
TRICARE Mental Health	www.tricare.mil/mentalhealth
Continued Health Care Benefit Program	www.tricare.mil/chcbp
Customer Service Community Directory	www.tricare.mil/bcacdcao

Welcome to TRICARE Standard® and TRICARE Extra

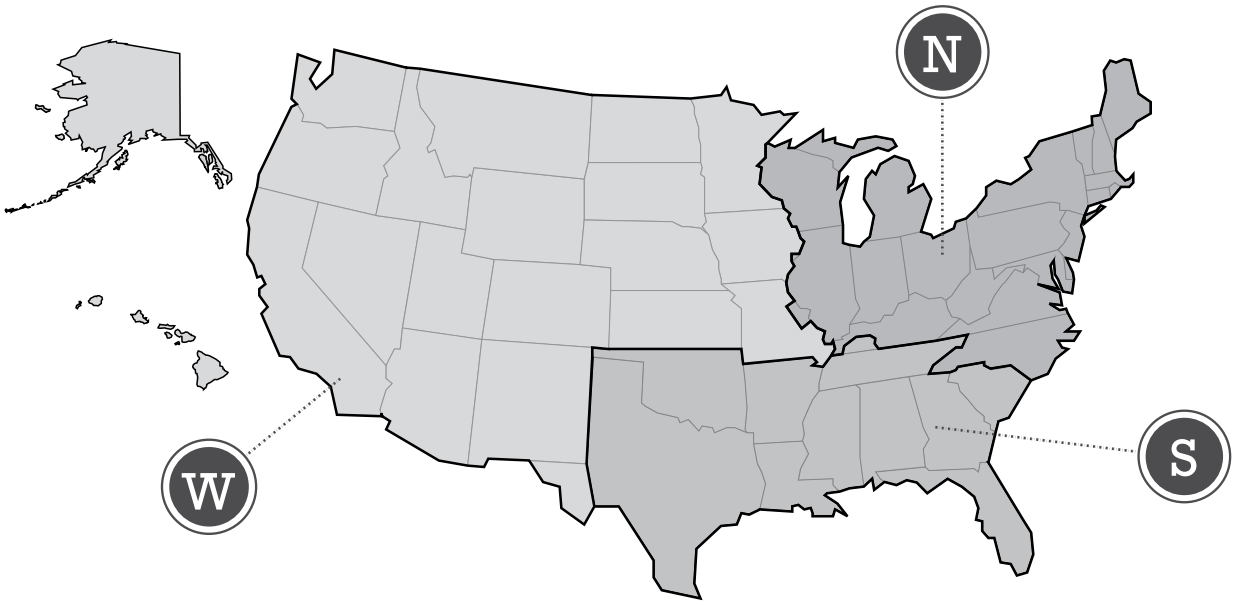
TRICARE Standard and TRICARE Extra (*where offered, based on network availability*) are available to TRICARE-eligible beneficiaries who are not able to, or choose not to, enroll in a TRICARE Prime option. Unlike TRICARE Prime options, enrollment is not required, meaning there are no forms to fill out and no annual enrollment fees to pay. With TRICARE Standard and TRICARE Extra, you manage your own health care and have the freedom to seek care from any TRICARE-authorized provider you choose.

Premium-based health plans are also available for purchase by qualified individuals. These plans include TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Young Adult Standard. They offer TRICARE Standard and TRICARE Extra coverage with monthly premiums, an annual deductible, and cost-shares. Individuals must qualify and apply to purchase coverage. For more information on these options, see the *Premium-Based TRICARE Standard Health Plans* section of this handbook or visit **www.tricare.mil**.

TRICARE Overseas Program Standard is different from and should not be confused with TRICARE Standard and TRICARE Extra in the United States.

Your TRICARE Resources

www.tricare.mil	Visit the TRICARE Web site for further information on any of the topics covered in this handbook.
www.tricare.mil/smart	The SMART site is your best resource for TRICARE materials online. View, print, or download TRICARE briefings, fact sheets, handbooks, and other materials.
www.tricare.mil/subscriptions	Sign up online to receive TRICARE news and publications via e-mail.
http://milconnect.dmdc.osd.mil	Verify eligibility, update information, and sign up online to receive benefit correspondence via e-mail instead of postal mail.



Your TRICARE Regional Contractor

Regional contractors administer the TRICARE medical benefit in each TRICARE region (*North, South, and West*). Health Net Federal Services administers the benefit in the North Region, Humana Military administers the benefit in the South Region, and UnitedHealthcare Military & Veterans administers the benefit in the West Region. This handbook refers regularly to your regional contractor. TRICARE encourages you to visit your regional contractor's Web site, which includes information on how to access care using TRICARE Standard and TRICARE Extra. You can get assistance from your regional contractor by calling the toll-free phone numbers provided on the inside cover of this handbook. You may also seek assistance from Beneficiary Counseling and Assistance Coordinators (BCACs), who are located at military hospitals and clinics and at the TRICARE Regional Offices. Visit the Customer Service Community Directory at **www.tricare.mil/bcacdcao** to find a BCAC near you.

Important Note for National Guard and Reserve Members and Their Families

National Guard and Reserve members called or ordered to active service for more than 30 consecutive days become eligible for TRICARE as active duty service members, and their family members become eligible for TRICARE as active duty family members. Activated National Guard and Reserve members must enroll in TRICARE Prime or TRICARE Prime Remote.

Family members may choose to enroll in TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members, or use TRICARE Standard and TRICARE Extra, depending on the programs available at your location. If you have any questions about any of these programs, contact your regional contractor. Your sponsor's service personnel office determines eligibility for pre-activation benefits. Contact the unit personnel office regarding eligibility. Your sponsor's activation orders should contain the unit personnel office address and contact information.

Table of Contents

1. Choosing TRICARE Standard and TRICARE Extra 5

Eligibility for TRICARE Standard and TRICARE Extra 5

Qualifying for TRICARE Reserve Select®, TRICARE Retired Reserve®, and TRICARE Young Adult 5

Plan Overview 6

2. Getting Started 7

Finding a Provider 7

TRICARE Provider Types 7

U.S. Department of Veterans Affairs Health Care Facilities 8

3. Getting Care 9

Emergency Care 9

Urgent Care 9

All Other Care 9

TRICARE Nurse Advice Line 10

Care at a Military Hospital or Clinic 10

TRICARE Plus 10

Dependent Parent Coverage 11

Services Requiring Prior Authorization 11

Combat-Related Disability Travel Reimbursement 11

4. Covered Services 12

Mental Health Care Services 12

TRICARE Tobacco Cessation Program 13

Clinical Preventive Services 13

Dental Options 17

Hospice Care 18

Maternity Care 18

TRICARE Extended Care Health Option 18

Comprehensive Autism Care Demonstration 18

TRICARE Pharmacy Program 19

5. Claims 21

Health Care Claims 21

Pharmacy Claims 21

Proof-of-Payment Requirement Overseas 22

Coordinating Benefits with Other Health Insurance 22

Appealing a Claim or Prior Authorization Denial 22

6. Changes to Your TRICARE Coverage 23
Having a Baby or Adopting a Child 23
Traveling 24
Moving 24
Separating from the Service 25
Retiring from Active Duty 26
Becoming Entitled to Medicare 26
Survivor Coverage 27
Loss of Eligibility 27
7. Premium-Based TRICARE Standard Health Plans 28
TRICARE Reserve Select 28
TRICARE Retired Reserve 28
TRICARE Young Adult 28
Note About Provider Choice 28
8. For Information and Assistance 29
Beneficiary Counseling and Assistance Coordinators 29
Debt Collection Assistance Officers 29
Appeals and Grievances 29
Reporting Suspected Fraud and Abuse 29
9. Index 30

Choosing TRICARE Standard and TRICARE Extra

Eligibility for TRICARE Standard and TRICARE Extra

Beneficiaries who are eligible to use TRICARE Standard and TRICARE Extra include:

- Active duty family members (ADFMs)
- Family members of National Guard and Reserve members who are called or ordered to active service for more than 30 consecutive days
- Retired service members
- Family members of retired service members
- Survivors
- ADFMs, retired service members, and family members of retired service members who have Medicare Part B, but are not yet entitled to Part A
- Others (*e.g., certain former spouses, Medal of Honor recipients*)

Beneficiaries who are not eligible to use TRICARE Standard and TRICARE Extra include:

- Active duty service members (ADSMs)
- Activated National Guard and Reserve members
- Any beneficiary enrolled in a TRICARE Prime option (*you must disenroll before using TRICARE Standard and TRICARE Extra*)
- Retired service members and family members of retired service members who are entitled to Medicare Part A and Part B, or are entitled to Part A only
- Dependent parents and parents-in-law

ADSMs and National Guard and Reserve members called or ordered to active service for more than 30 consecutive days must enroll in TRICARE Prime or TRICARE Prime Remote (TPR). ADFMs, retired service members and their families, survivors, and others have the choice of enrolling in a TRICARE Prime option (*where available*) or using TRICARE Standard and TRICARE Extra.

Note: During the early-eligibility period, National Guard and Reserve members may be eligible for TRICARE, but should wait until reaching their final duty location and follow command guidance when enrolling in TRICARE Prime or TPR. In the

case of early eligibility, the effective date is the later of either (1) the date of issuance of the delayed-effective-date active duty order or (2) 180 days before the date on which the period of active duty is to begin. Until then, you should coordinate care with your unit commander. If eligible, your family members may enroll in TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members during the early-eligibility period. You cannot enroll in TPR until you reach your final duty location.

For more information about these beneficiary categories, visit **www.tricare.mil/eligibility**.

Qualifying for TRICARE Reserve Select®, TRICARE Retired Reserve®, and TRICARE Young Adult

TRICARE Reserve Select is available for purchase by qualified members of the Selected Reserve, their family members, and qualified survivors. TRICARE Retired Reserve is available for purchase by qualified members of the Retired Reserve, their family members, and qualified survivors until the Retired Reserve member reaches or would have reached age 60. TRICARE Young Adult is available for purchase by qualified dependents until reaching age 26. Qualification for and purchase of these plans differs from eligibility for TRICARE Standard and TRICARE Extra. For more information about these programs,

including qualification information and instructions on how to purchase coverage, see the *Premium-Based TRICARE Standard Health Plans* section of this handbook, or visit **www.tricare.mil**.

Plan Overview

You may use TRICARE Standard and TRICARE Extra interchangeably as often as you like, but it is important to understand the differences between the two.

The key difference between TRICARE Standard and TRICARE Extra is in your choice of providers. With TRICARE Standard, you choose TRICARE-authorized non-network hospitals and providers and pay higher cost-shares. With TRICARE Extra, you choose TRICARE network hospitals and providers and pay lower cost-shares. Expenses for care received under either TRICARE Standard or TRICARE Extra count toward your annual deductible and catastrophic cap.

The following figures provide a quick comparison of the two options, along with information on the TRICARE Standard and TRICARE Extra annual deductible. Specific provider types will be discussed later in this handbook. For cost details, visit **www.tricare.mil/costs**.

TRICARE Standard and TRICARE Extra Cost-Shares

	TRICARE Standard	TRICARE Extra
Provider type	TRICARE-authorized, non-network[1]	TRICARE-authorized, network
Outpatient cost-share after deductible is met	• **Active duty family members (ADFMs) and TRICARE Reserve Select (TRS):** 20% of the TRICARE-allowable charge	• **ADFMs and TRS:** 15% of the negotiated rate
	• **Retirees, their families, TRICARE Retired Reserve (TRR), and all others:** 25% of the TRICARE-allowable charge	• **Retirees, their families, TRR, and all others:** 20% of the negotiated rate

1. Non-network providers may also charge up to 15 percent above the TRICARE-allowable charge. You are responsible for paying this amount. For more information, see "TRICARE Provider Types" in the Getting Started *section of this handbook.* ***Note:*** *Overseas, there may be no limit to the amount nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge. Visit* ***www.tricare.mil/overseas*** *for more information.*

TRICARE Standard and TRICARE Extra Annual Deductible

Beneficiary Category	Outpatient Deductible	
Active Duty Family Members (ADFMs) and TRICARE Reserve Select (TRS) (*pay grade E-4 and below*)	$50/Individual	$100/Family
ADFMs and TRS (*pay grade E-5 and above*)	$150/Individual	$300/Family
Retired Service Members, Their Families, and All Others	$150/Individual	$300/Family
Family Members of National Guard and Reserve Members Called or Ordered to Active Service for More Than 30 Consecutive Days in Support of a Contingency Operation	$0	

Getting Started

Finding a Provider

When using TRICARE Standard and TRICARE Extra, you may receive care from any TRICARE-authorized provider without a referral. Some services require prior authorization. See the *Getting Care* section of this handbook for more information. The following section describes the different types of providers.

TRICARE Provider Types

TRICARE defines a provider as a person, organization, or institution that provides health care. For example, doctors, hospitals, or ambulance companies are providers. Providers must be authorized under TRICARE regulations and have their status certified by the regional contractors to provide services to TRICARE beneficiaries.

Military Hospitals and Clinics

Military hospitals and clinics provide medical and/or dental care to eligible individuals including members of the uniformed services and their eligible family members. Military hospitals and clinics are usually located on or near military installations. To locate a military hospital or clinic near you, visit **www.tricare.mil/mtf**. You may be eligible to see a TRICARE provider (*military or civilian*) at a military hospital or clinic on a space-available basis.

TRICARE Provider Types

TRICARE-Authorized Providers

- TRICARE-authorized providers meet TRICARE licensing and certification requirements and are certified by TRICARE to provide care to TRICARE beneficiaries. TRICARE-authorized providers may include doctors, hospitals, ancillary providers (*e.g., laboratories, radiology centers*), and pharmacies that meet TRICARE requirements. If you see a provider that is not TRICARE-authorized, you are responsible for the full cost of care. To find a list of TRICARE-authorized providers, visit **www.tricare.mil/findaprovider**.
- There are two types of TRICARE-authorized providers: **network** and **non-network**.

Network Providers	Non-Network Providers	

• Regional contractors have established networks.
• TRICARE network providers:
  • Have a signed agreement with your regional contractor to provide care
  • Agree to file claims for you
	• Non-network providers do not have a signed agreement with your regional contractor and are considered "out of network."
	• There are two types of non-network providers: **participating** and **nonparticipating**.	

	Participating	**Nonparticipating**

	• Using a participating provider is your best option if you are seeing a non-network provider.
	• Participating providers:
	  • May choose to participate on a claim-by-claim basis
	  • Have agreed to accept payment directly from TRICARE and accept the TRICARE-allowable charge (*less any applicable patient costs paid by you*) as payment in full for their services
		• If you visit a nonparticipating provider, you may have to pay the provider first and later file a claim with TRICARE for reimbursement.
		• Nonparticipating providers:
		  • Have not agreed to accept the TRICARE-allowable charge or file your claims
		  • Have the legal right to charge you up to 15 percent above the TRICARE-allowable charge for services (*you are responsible for paying this amount in addition to any applicable patient costs*)[1]

1. Overseas, there may be no limit to the amount that nonparticipating non-network providers may bill, and you may be responsible for paying any amount that exceeds the TRICARE-allowable charge. Visit ***www.tricare.mil/overseas*** *for more information.*

U.S. Department of Veterans Affairs Health Care Facilities

All U.S. Department of Veterans Affairs (VA) health care facilities have signed agreements with the regional contractors to be TRICARE network providers, agree to accept a negotiated rate as the full fee for services, file claims, and handle paperwork for you. While VA facilities may or may not provide primary care, many provide specialty care. If you need care and a participating VA health care facility near you can provide that care (*within TRICARE access standards*), you may seek care at the VA facility.

Each VA facility has established a TRICARE beneficiary point of contact and check-in process. It is important to indicate, prior to receiving care, that you are using your TRICARE benefit. Failure to do so could result in higher out-of-pocket expenses and/or denial of payment for services rendered.

Getting Care

Emergency Care

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

If you have an emergency, call 911 or go to the nearest emergency room. If you are admitted, you may need to obtain authorization depending on the type of care. You or your provider can contact your regional contractor for assistance.

Note: Most dental emergencies, such as going to the emergency room for a severe toothache, are not a covered medical benefit under TRICARE. For information about dental coverage, see "Dental Options" in the *Covered Services* section of this handbook.

Avoid Using the Emergency Room for Nonemergency Conditions

Using the emergency room for nonemergency conditions can result in longer wait times and higher costs. You can often be treated more quickly by a military hospital or clinic, a family doctor, or an urgent care center. The "Definitions and Examples of Types of Care" chart below provides information that can help you seek the most appropriate level of service.

Urgent Care

Urgent care services are medically necessary services required for an illness or injury that would not result in further disability or death if not treated immediately, but does require professional attention within 24 hours. You may require urgent care for conditions such as a sprain or rising fever, as each of these has the potential to develop into an emergency if treatment is delayed longer than 24 hours. Contact your regional contractor for help finding local urgent care centers.

All Other Care

For all other care, such as routine physicals, ongoing treatment for a chronic condition, visits to a specialist, or covered preventive care, schedule an appointment with a TRICARE network or TRICARE-authorized non-network provider. Some services may require prior authorization (*discussed later in this section*). Learn more about the differences among routine, urgent, emergency, and specialty care at **www.tricare.mil**.

Definitions and Examples of Types of Care

Type of Care	Definition	Examples
Emergency	TRICARE defines an emergency as a serious medical condition that the average person would consider to be a threat to life, limb, sight, or safety.	No pulse, severe bleeding, spinal cord or back injury, chest pain, broken bone, inability to breathe
Urgent	Urgent care services are medically necessary services required for an illness or injury that would not result in further disability or death if not treated immediately, but does require professional attention within 24 hours.	Minor cuts, migraine headache, urinary tract infection, sprain, earache, rising fever
Routine	Routine (*primary*) care is general health care and includes general office visits. Routine care also includes preventive care to help keep you healthy.	Treatment of symptoms, chronic or acute illnesses and diseases, follow-up care for an ongoing medical condition
Specialty	Specialty care consists of specialized medical services provided by a physician specialist.	Cardiology, dermatology, gastroenterology, obstetrics

TRICARE Nurse Advice Line

If it is after hours or you are not sure if you need to see a doctor, call TRICARE's Nurse Advice Line. Call **1-800-TRICARE (1-800-874-2273)** and select option 1, 24 hours a day, 7 days a week. You can talk to a registered nurse who can:

- Answer your urgent care questions
- Answer your pediatric care questions (*pediatric nurses are available*)
- Help you determine whether you need to see a doctor
- Help you find the closest urgent care center or emergency room
- Help you schedule same-day appointments at military hospitals or clinics if available

Note: The Nurse Advice Line is not intended for emergencies and is not a substitute for emergency treatment. If you think you may have a medical emergency, call 911 or go to the nearest emergency room.

Care at a Military Hospital or Clinic

Military hospitals and clinics provide medical and/or dental care to eligible individuals, including members of the uniformed services and their dependents, and are usually located on or near military installations. You may receive care at a military hospital or clinic, but only on a space-available basis. Appointments are limited, and you will have a lower priority for receiving care. See the following figure for appointment priorities at military hospitals and clinics.

Note: Access to military hospitals and clinics for TRICARE Young Adult beneficiaries is based on the program selected as well as the sponsor's status.

Military Hospital and Clinic Appointment Priorities

1	Active duty service members
2	Active duty family members (ADFMs) enrolled in TRICARE Prime
3	Retired service members, their families, and all others enrolled in TRICARE Prime or TRICARE Plus (*primary care*)
4	ADFMs not enrolled in TRICARE Prime and TRICARE Reserve Select members
5	Retired service members and their families not enrolled in TRICARE Prime, TRICARE Plus beneficiaries (*specialty care*), TRICARE Retired Reserve members, and all other eligible beneficiaries

If you wish to receive care at a military hospital or clinic, first check to see if they can provide you with the care you need. Visit **www.tricare.mil/mtf** to locate a military hospital or clinic. Otherwise, seek care from a civilian TRICARE network or TRICARE-authorized non-network provider.

Note: If you are admitted to a military hospital or clinic and require any service not available within that facility (*e.g., ambulance, MRI, CT scan, specialist appointment*), those services will be covered by your TRICARE Standard benefit. The military hospital or clinic will not pay for these services.

TRICARE Plus

You may be able to sign up for TRICARE Plus. TRICARE Plus is a program that allows beneficiaries who normally are only able to get military hospital and clinic care on a space-available basis to enroll and receive primary care appointments at a military hospital or clinic. TRICARE Plus offers the same primary care access standards as non-active duty beneficiaries enrolled in a TRICARE Prime option. Beneficiaries should contact their local military hospital or clinic to determine if TRICARE Plus is available and whether they may participate in it.

Enrollment in TRICARE Plus at one military hospital or clinic does not automatically extend TRICARE Plus enrollment to another military hospital or clinic. The military hospital or clinic

is not responsible for any costs when a TRICARE Plus beneficiary seeks care outside the military hospital or clinic.

Dependent Parent Coverage

If your parents or parents-in-law reside with you and are dependent on you for over 50 percent of their support, as determined by the sponsor's uniformed service and if entered into DEERS, your local military hospital or clinic may be able to help with their health care. Although dependent parents are not eligible for most TRICARE benefits, they may be eligible to receive health care at certain military hospitals or clinics on a space-available basis.

Dependent parents or parents-in-law may also enroll in TRICARE Plus if your military hospital or clinic offers it and space permits. TRICARE Plus allows them to make primary care appointments at the military hospital or clinic within the same access standards as beneficiaries enrolled in TRICARE Prime.

Dependent parents or parents-in-law can also fill prescriptions at military pharmacies and through the other TRICARE Pharmacy Program options once they become entitled to Medicare Part A and have Medicare Part B. Visit **www.tricare.mil** for more information regarding coverage and eligibility.

Services Requiring Prior Authorization

Visit the TRICARE-authorized provider of your choice whenever you need care. Referrals are not required, but some services require prior authorization.

Prior authorization is a review of the requested health care service to determine if it is medically necessary at the requested level of care. Some providers may contact the regional contractor to obtain prior authorization for you. If you have questions about prior authorization requirements, visit **www.tricare.mil**.

The following services require prior authorization:

- Adjunctive dental services (*i.e., dental care that is medically necessary in the treatment of an otherwise covered medical—not dental—condition*)*
- Extended Care Health Option services (*active duty family members only*)
- Home health care services
- Home infusion therapy
- Hospice care
- Nonemergency inpatient admissions for substance use disorders or mental health care
- Outpatient mental health care visits to an authorized provider beginning with the ninth visit per fiscal year (*October 1–September 30*) for a medically diagnosed and covered condition (*Certain types of mental health care services are excluded and always require prior authorization. Contact your regional contractor for more information.*)
- Other mental health care services, such as partial hospitalization, child and adolescent psychiatric residential treatment center care, and outpatient psychoanalysis
- Transplants—all solid organ and stem cell
- Some prescription medications (*e.g., brand-name medications or those with quantity limitations*)

This list is **not** all-inclusive.

Each regional contractor has additional prior authorization requirements. Visit your regional contractor's Web site or call the toll-free number to learn about your region's requirements, which may change periodically. See the *Important Contact Information* section at the beginning of this handbook for your regional contractor's Web site and toll-free number.

* *For more information on TRICARE dental coverage, see "Dental Options" in the* Covered Services *section of this handbook.*

Combat-Related Disability Travel Reimbursement

Medically retired service members who have a line-of-duty determination letter from their service's Combat-Related Special Compensation Board identifying a Department of Defense-determined disability or disabilities as combat-related, may be reimbursed for reasonable travel expenses for medically necessary care. For more information, visit **www.defensetravel.dod.mil/site/perdiem.cfm**.

Covered Services

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

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

Mental Health Care Services

For detailed coverage information on outpatient mental health care services, inpatient mental health care services, and substance use disorder services, visit **www.tricare.mil/mentalhealth**. For additional information about covered and non-covered mental health care services and how to access care, contact your regional contractor. Additional limitations on mental health care services may apply overseas. Contact the TRICARE Overseas Program Regional Call Center for additional information.

Note: In the event of a mental health emergency, call 911 or go to the nearest emergency room.

Telemental Health Program

The Telemental Health program uses secure audio-visual conferencing to provide certain mental health care services to eligible beneficiaries, including TRICARE Standard and TRICARE Extra beneficiaries in the United States. Covered services provided through Telemental Health services have the same limitations and referral and prior authorization requirements as any other mental health care services. Visit **www.tricare.mil/mentalhealth** or contact your regional contractor for more information.

Inpatient Mental Health Care Services

Prior authorization from your regional contractor is required for all nonemergency inpatient mental health care services. Psychiatric emergencies do not require prior authorization for admission to an inpatient unit, but authorization is required for continued stay. Admissions resulting from psychiatric emergencies must be reported to your regional contractor within 72 hours of an admission. Authorization for continued stay is coordinated between the inpatient unit and your regional contractor.

Substance Use Disorder Services

Substance use disorders include alcohol or drug abuse or dependence. Services are only covered by TRICARE-authorized institutional providers—an authorized hospital or an organized treatment program in an authorized freestanding or hospital-based substance use disorder rehabilitation facility. Treatment includes detoxification; rehabilitation in an inpatient or partial hospitalization program setting; and outpatient individual, group, and family therapy. TRICARE covers three substance use disorder treatment benefit periods in a lifetime and one per benefit period. A benefit period begins with the first date of the covered treatment and ends 365 days later.

Emergency and inpatient hospital services are considered medically necessary only when the patient's condition requires hospital personnel and facilities. Generally, these services may be medically necessary in certain detoxification circumstances or for stabilization of a medical condition. All treatment for substance use disorders (*except for emergency services that are medically necessary for the active medical treatment of an acute phase of substance abuse withdrawal*) requires prior authorization from your regional contractor.

Suicide Prevention

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

TRICARE Tobacco Cessation Program

TRICARE is dedicated to helping active duty service members (ADSMs), veterans, retirees, and their families succeed in the attempt to quit tobacco. Below are several ways to help you get the necessary assistance to break the cycle:

- TRICARE-covered tobacco-cessation products
- Tobacco-cessation counseling services
- TRICARE's Tobacco Quitline is a telephone support and referral service with trained tobacco-cessation coaches
- The Department of Defense's Web site, **www.ucanquit2.org**, provides education and a wide range of tools to help you become tobacco-free

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

Tobacco-Cessation Products

TRICARE covers prescription and over-the-counter products to help you quit. Covered tobacco-cessation products are available at no cost through TRICARE Pharmacy Home Delivery and military pharmacies. Tobacco-cessation products are not covered when purchased at retail pharmacies.

Tobacco-Cessation Counseling Services

Tobacco-cessation counseling is covered for all TRICARE beneficiaries age 18 and older who are not Medicare-eligible and who reside and receive counseling in one of the 50 United States or the District of Columbia.

TRICARE Tobacco Quitlines

TRICARE's Tobacco Quitlines provide toll-free telephone support and referral services and are available 24 hours a day, 7 days a week. Current tobacco users who want to quit or former tobacco users concerned about relapsing may call the Tobacco Quitline in their area to speak with a trained tobacco-cessation coach who will recommend appropriate treatment and resources.

Note: The Tobacco Quitline is only available to TRICARE beneficiaries in the 50 United States and the District of Columbia who are not eligible for Medicare.

Regional TRICARE Tobacco Quitline Contact Information

TRICARE North Region	Health Net Federal Services, LLC 1-866-459-8766
TRICARE South Region	Humana Military, a division of Humana Government Business 1-877-414-9949
TRICARE West Region	UnitedHealthcare Military & Veterans 1-888-713-4597

Clinical Preventive Services

Comprehensive Health Promotion and Disease Prevention Examinations

Clinical Preventive Services: Coverage Details

Service	Description
Comprehensive Health Promotion and Disease Prevention Examinations	**Adult:** An annual comprehensive clinical preventive examination is covered for beneficiaries of all TRICARE program options if it includes an immunization, breast cancer screening, cervical cancer screening, colon cancer screening, or prostate cancer screening. **Pediatric:** Preventive services for children from birth until reaching age 6 are covered by all TRICARE program options under the well-child care benefit. For children age 6 and older, an annual comprehensive clinical preventive examination is covered if it includes an immunization. School enrollment physicals for children ages 5–11 are also covered. **Note:** Annual sports physicals are not covered.

Targeted Health Promotion and Disease Prevention Services

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

Clinical Preventive Services: Coverage Details

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

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

Clinical Preventive Services: Coverage Details (continued)

Service	Definition

Cancer Screenings (*continued*)	• **Colonoscopy:**
	  • Average risk: Once every 10 years beginning at age 50.
	  • Increased risk: Once every five years for individuals with a first-degree relative diagnosed with a colorectal cancer or an adenomatous polyp before age 60, or colorectal cancer diagnosed in two or more first-degree relatives at any age. Optical colonoscopy should be performed beginning at age 40 or 10 years younger than the earliest affected relative, whichever is earlier. Once every 10 years, beginning at age 40, for individuals with a first-degree relative diagnosed with colorectal cancer or an adenomatous polyp at age 60 or older, or colorectal cancer diagnosed in two second-degree relatives.
	  • High risk: Once every one to two years for individuals with a genetic or clinical diagnosis of hereditary non-polyposis colorectal cancer (HNPCC) or individuals at increased risk for HNPCC. Optical colonoscopy should be performed beginning at age 20–25 or 10 years younger than the earliest age of diagnosis, whichever is earlier. For individuals diagnosed with inflammatory bowel disease, chronic ulcerative colitis, or Crohn's disease, cancer risk begins to be significant eight years after the onset of pancolitis or 10–12 years after the onset of left-sided colitis. For individuals meeting these risk parameters, optical colonoscopy should be performed every one to two years with biopsies for dysplasia.
	• **Fecal occult blood testing:** Testing covered annually starting at age 50.
	• **Proctosigmoidoscopy or sigmoidoscopy:**
	  • Average risk: Once every three to five years beginning at age 50.
	  • Increased risk: Once every five years, beginning at age 40, for individuals with a first-degree relative diagnosed with a colorectal cancer or an adenomatous polyp at age 60 or older, or two second-degree relatives diagnosed with colorectal cancer.
	  • High risk: Annual flexible sigmoidoscopy, beginning at age 10–12, for individuals with known or suspected familial adenomatous polyposis.
	• **Prostate cancer:** A digital rectal examination and prostate-specific antigen screening is covered annually for certain high-risk men ages 40–49 and all men over age 50.
	• **Skin cancer:** Examinations are covered at any age for individuals at high risk due to family history, increased sun exposure, or clinical evidence of precursor lesions.

Cardiovascular Diseases	• **Blood pressure screening:** Screening is covered annually for children from age 3 until reaching age 6 and a minimum of every two years after reaching age 6 (*children and adults*). • **Cholesterol screening:** Age-specific periodic lipid panel as recommended by the National Heart, Lung, and Blood Institute.

Eye Examinations	• **Well-child care coverage (*infants and children until reaching age 6*):**
	  • Infants (*until reaching age 3*): One eye exam and vision screening is covered at birth and at 6 months.
	  • Children (*from age 3 until reaching age 6*): One routine eye examination is covered every two years. Active duty family member (ADFM) children are covered for one routine eye examination annually.
	• **Adults and children (*age 6 and older*):** ADFMs receive one eye examination each year.
	• **Diabetic patients (*any age*):** Eye examinations are not limited. One eye examination per year is recommended.
	• **Retired service members, their families, and others:** Eye examinations are not covered after reaching age 6.

Hearing	Preventive hearing examinations are only covered under the well-child care benefit (*birth until reaching age 6*). A newborn audiology screening should be performed on newborns before hospital discharge or within the first month after birth. Evaluative hearing tests may be performed at other ages during routine examinations.

Clinical Preventive Services: Coverage Details (continued)

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

Dental Options

This section highlights your dental program options and costs when using the TRICARE Active Duty Dental Program (ADDP), the TRICARE Dental Program, or the TRICARE Retiree Dental Program. These dental options are separate from TRICARE health care options. Each benefit is administered by a separate dental contractor and may have monthly premiums and cost-shares. Your out-of-pocket expenses for any of the costs listed in this section are not applied to the TRICARE catastrophic cap. For more information, visit **www.tricare.mil/dental**. ADSMs generally receive care at dental treatment facilities, but may sometimes use the ADDP, described below.

TRICARE Dental Program Options

Dental Program Option	Beneficiary Types	Description of Program Option
TRICARE Active Duty Dental Program (ADDP)	• Active duty service members (ADSMs) • National Guard and Reserve members called or ordered to active service for more than 30 consecutive days	• Benefit administered by United Concordia Companies, Inc. • For ADSMs who are either referred for care by a military dental clinic to a civilian dentist or have a duty location and live greater than 50 miles from a military dental clinic
TRICARE Dental Program (TDP)[1, 2]	• Eligible active duty family members • Survivors • National Guard and Reserve members and their family members • Individual Ready Reserve members and their family members	• Benefit administered by MetLife • Voluntary enrollment and worldwide portable coverage • Single and family plans with monthly premiums • Lower specialty care cost-shares for pay grades E-1 through E-4 • Comprehensive coverage for most dental services • 100% coverage for most preventive and diagnostic services
TRICARE Retiree Dental Program (TRDP)[2]	• Retired service members and their eligible family members worldwide • Retired National Guard and Reserve members and their eligible family members • Certain survivors • Medal of Honor recipients and their immediate family members and survivors	• Benefit administered by Delta Dental of California • Voluntary enrollment and worldwide portable coverage • Single, dual, and family plans • Monthly premiums vary regionally by ZIP code; deductible and cost-shares apply • Comprehensive coverage for most dental services; visit any dentist within the TRDP service area • 100% coverage for most preventive and diagnostic services

*1. The TDP is divided into two geographical service areas: stateside (*or CONUS*) and overseas (*or OCONUS*). The TDP stateside service area includes the 50 United States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. The TDP overseas service area includes areas not in the stateside service area and covered services provided aboard a ship or vessel outside the territorial waters of the stateside service area, regardless of the dentist's office address.*

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

Hospice Care

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

Note: Hospice care is only available in the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*).

Maternity Care

Prenatal care is important, and TRICARE strongly recommends that those who are pregnant, or who anticipate becoming pregnant, seek appropriate medical care. TRICARE Standard and TRICARE Extra cover all necessary maternity care, from your first obstetric visit through six weeks after your child is born. TRICARE does not cover routine ultrasound screening. Only medically necessary maternity ultrasounds are covered by TRICARE. For detailed coverage information, visit **www.tricare.mil/maternitycare**.

Note: Beginning December 19, 2014, breast pumps, breast pump supplies, and breast-feeding counseling are covered for all pregnant TRICARE beneficiaries and TRICARE beneficiaries who plan to breast-feed their adopted infant. You are covered to receive one pump per birth or adoption. For your pump to be covered by TRICARE, you must get a prescription from a TRICARE-authorized provider. Heavy-duty hospital grade breast pumps are also covered in certain situations. For more information, contact your regional contractor.

TRICARE Extended Care Health Option

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

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

Note: ECHO is not available for all of the TRICARE programs described in this handbook. Visit **www.tricare.mil/echo** for more information.

Comprehensive Autism Care Demonstration

TRICARE covers applied behavior analysis (ABA) services for beneficiaries diagnosed with autism spectrum disorder (ASD) under the Comprehensive Autism Care Demonstration. ASD affects essential human behaviors, such as social interaction, the ability to communicate ideas and feelings, imagination and the establishment of relationships with others.

ABA uses behavior modification principles, such as positive reinforcement, to increase or decrease targeted behaviors. ABA can help develop different skills, such as speech, self-help and play. It can also help decrease behaviors, such as aggression or self-injury.

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

To qualify for covered ABA services under the Autism Care Demonstration, your dependent or child must also meet these criteria:

- The child must have been diagnosed with ASD by a TRICARE-authorized ASD-diagnosing provider.
- If the sponsor is an ADSM, the dependent with ASD must be registered in the Extended Care Health Option (*unless waived in specific situations*), which provides supplemental services to active duty family members with qualifying psychological or physical disabilities.

Other services covered under your TRICARE benefit include occupational therapy, physical therapy, physician services, psychological services, psychological testing, prescription drugs and speech therapy.

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

TRICARE Pharmacy Program

TRICARE offers comprehensive prescription drug coverage and several options for filling your prescriptions. To fill a prescription, you need a prescription and a valid uniformed services identification (ID) card or Common Access Card. Your options for filling your prescription depend on the type of drug your provider prescribes. To learn more, search for your drug at **www.express-scripts.com/tricareformulary**. The TRICARE pharmacy benefit is administered by Express Scripts, Inc.

Note: In the Philippines, you must use a certified host nation pharmacy.

Military Pharmacies

At a military pharmacy, you may receive up to a 90-day supply of most medications at no cost. Most military pharmacies accept prescriptions from both civilian and military providers.

TRICARE Pharmacy Home Delivery

There is no cost for TRICARE Pharmacy Home Delivery for ADSMs. For all other beneficiaries, there is no cost to receive up to a 90-day supply of formulary generic medications. Copayments apply for brand-name and non-formulary medications (*up to a 90-day supply*). Home delivery is best suited for maintenance medications (*medications you take on a regular basis*). Prescriptions are delivered to you with free standard shipping, and refills can be ordered easily online, by phone, or by mail. Some medications are not available for home delivery.

Note: Beneficiaries residing in Germany cannot use the home delivery option due to country-specific legal restrictions.

TRICARE Pharmacy Home Delivery Registration Methods

Online	www.express-scripts.com/TRICARE
Phone	1-877-363-1303 1-877-540-6261 (*TDD/TTY*)
Mail	Download the registration form from **www.express-scripts.com/TRICARE** and mail it to: Express Scripts, Inc. P.O. Box 52150 Phoenix, AZ 85072-9954

TRICARE Retail Network Pharmacies

Another option for filling your prescriptions is through a TRICARE retail network pharmacy. You may fill prescriptions (*one copayment for each 30-day supply*) when you present your prescription along with your uniformed services ID card to the pharmacist. This option allows you to fill your prescriptions at network pharmacies without having to submit a claim. You have access to a network of more than 57,000 TRICARE retail network pharmacies in the United States and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. Currently, there are no TRICARE retail network pharmacies in American Samoa. To find the nearest TRICARE retail network pharmacy, visit **www.express-scripts.com/TRICARE** or call **1-877-363-1303**.

Note: Some non-formulary drugs are only covered through home delivery. Check with Express Scripts before filling prescriptions for non-formulary drugs at a TRICARE retail network pharmacy.

Non-Network Pharmacies

At non-network pharmacies, you will pay the full price for your medication and file a claim for reimbursement. Reimbursements are subject to deductibles, out-of-network cost-shares, and TRICARE-required copayments. All deductibles must be met before any reimbursement can be made.

Claims

Health Care Claims

When you use the TRICARE Extra option, your provider will submit claims on your behalf. If you use the TRICARE Standard option, you may be required to submit your own health care claims. Submit all claims, except claims for care received overseas, to the claims processor for the region where you live.

In the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*), claims must be filed within one year of either the date of service or the date of inpatient discharge. Overseas, claims must be filed within three years of either the date of service or the date of inpatient discharge. You **must** submit proof of payment with all claims for care received overseas. Submit claims to the TRICARE Overseas Program claims processor.

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

Pharmacy Claims

To file a pharmacy claim:

1. Download *DD Form 2642* at **www.tricare.mil/claims**.
2. Complete the form and attach the required paperwork as described on the form.
3. Mail the form and paperwork to:

   Express Scripts, Inc.
   TRICARE Claims
   P.O. Box 52132
   Phoenix, AZ 85072

Stateside Regional Health Care Claims-Processing Information

TRICARE North Region	TRICARE South Region	TRICARE West Region
Send claims to: Health Net Federal Services, LLC c/o PGBA, LLC/TRICARE P.O. Box 870141 Surfside Beach, SC 29587-9741	**Send claims to:** TRICARE South Region Claims Department P.O. Box 7031 Camden, SC 29021-7031	**Send claims to:** TRICARE West Region Claims Department P.O. Box 7064 Camden, SC 29021-7064
Check the status of your claim at **www.myTRICARE.com** or **www.hnfs.com**.	Check the status of your claim at **www.myTRICARE.com** or **HumanaMilitary.com**.	Check the status of your claim at **www.myTRICARE.com** or **www.uhcmilitarywest.com**.

TRICARE Overseas Program Claims-Processing Information

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

Prescription claims require the following information for each drug:

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

If you have other health insurance (OHI) with pharmacy benefits, see "Coordinating Benefits with Other Health Insurance" later in this section. Call Express Scripts, Inc. at **1-877-363-1303** with questions about filing pharmacy claims.

Proof-of-Payment Requirement Overseas

You **must** submit proof of payment with all claims for care received overseas. Proof of payment is necessary for TRICARE to validate claims and safeguard benefit dollars. Proof of payment may include a receipt, canceled check, credit card statement, or invoice from the provider that clearly states payment was received. If you paid for care or supplies in cash, TRICARE may ask for proof of cash withdrawal from your bank or credit union along with a receipt from your provider.

When submitting your *DD Form 2642*, you should also include an itemized bill or invoice, diagnosis describing why you received medical care, and an explanation of benefits from your OHI, if applicable.

Visit **www.tricare.mil/proofofpayment** for more information on proof-of-payment requirements overseas.

Coordinating Benefits with Other Health Insurance

TRICARE is the sole payer for active duty service members. For all other beneficiaries, TRICARE is the last payer to all health benefits and insurance plans, except for Medicaid, TRICARE supplements, the Indian Health Service, and other programs and plans as identified by the Defense Health Agency.

If you have OHI, fill out the *TRICARE Other Health Insurance Questionnaire*, available at **www.tricare.mil/forms**, to keep your regional contractor informed about your OHI so they can coordinate your benefits and help ensure that your claims are not delayed or denied.

Follow your OHI's rules for filing claims and file the claim with your OHI first. If there is an amount your OHI does not cover, you or your provider can file the claim with TRICARE for reimbursement. It is important to meet your OHI's requirements. If your OHI denies a claim for failure to follow its rules, such as obtaining care without prior authorization or using a non-network provider, TRICARE may also deny your claim.

Appealing a Claim or Prior Authorization Denial

TRICARE has a multilevel appeals process to address claim and prior authorization denials. You may appeal the denial of a requested prior authorization of services, as well as TRICARE decisions regarding the payment of claims. The appeals process only applies to covered TRICARE health benefits. Submit appeals to your regional contractor. For more detailed information on the appeals process, visit **www.tricare.mil/claims** or contact your regional contractor.

Changes to Your TRICARE Coverage

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

Note: Your Social Security number (SSN) and the SSNs of each of your covered family members must be included in DEERS for TRICARE coverage to be reflected accurately. TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), and TRICARE Young Adult (TYA) each have program-specific rules regarding changes to your coverage. For more information on these options, see the *Premium-Based TRICARE Standard Health Plans* section of this handbook.

This section provides information about what to do when you get married or divorced, have a child, move, retire, and more. For more information about how TRICARE coverage may change when you become entitled to Medicare, visit **www.tricare.mil/medicare**.

Life Changes and TRICARE

Life Change	Eligibility
Marriage	Sponsors must register new spouses in the Defense Enrollment Eligibility Reporting System (DEERS) to ensure their TRICARE eligibility is reflected accurately. A spouse's TRICARE options will vary depending on the sponsor's status and location.
Divorce	Sponsors must update DEERS when there is a divorce. The sponsor will need to provide a copy of the divorce decree, dissolution, or annulment. Former spouses who are not eligible for TRICARE may not continue seeking health care services under the TRICARE benefit.
Children[1]	Any child who retains eligibility under the sponsor remains TRICARE-eligible until reaching age 21 (*or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provides over 50 percent of the financial support*), as long as his or her DEERS information is current. Your dependent child's TRICARE coverage ends if his or her DEERS record is not updated before reaching age 21. Dependent children who have aged out of TRICARE coverage, but have not yet reached age 26, may qualify to purchase TRICARE Young Adult (TYA).
Going to College	Children of TRICARE-eligible sponsors remain TRICARE-eligible until reaching age 21 (*or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provides over 50 percent of the financial support*), as long as their DEERS information is current. Dependent children who have aged out of TRICARE coverage, but have not yet reached age 26, may qualify to purchase TYA.

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

Having a Baby or Adopting a Child

Children are automatically covered by TRICARE Standard and TRICARE Extra at the time of birth or adoption. Coverage will be continuous as long as you register your child in DEERS within 365 days of birth or adoption. Register your child in DEERS at a uniformed services identification (ID) card-issuing facility. A birth certificate or certificate of live birth from the hospital is required. While you do not need a Social Security number to register a newborn in DEERS, you will need to update the DEERS record as soon as you have it. If your child is not registered

in DEERS within 365 days after the date of birth or adoption, DEERS will show "loss of eligibility," and the child will no longer be TRICARE-eligible until registered in DEERS.

If at least one other family member is enrolled in TRICARE Prime, children are automatically covered as TRICARE Prime beneficiaries for 60 days (*stateside*) or 120 days (*overseas*) after birth or adoption. After that time, coverage will transition to TRICARE Standard unless the child is formally enrolled in TRICARE Prime.

Note: TRS and TRR each have program-specific rules about enrolling new children. For more information on these requirements, see the *Premium-Based TRICARE Standard Health Plans* section of this handbook. TYA coverage does not extend to dependents of TYA beneficiaries.

Traveling

Traveling within the United States

If you need emergency care while traveling in the United States, call 911 or visit the nearest emergency room.

If you seek care from a TRICARE network provider, the provider will file the claim with your regional contractor for you. If you seek care from a TRICARE-authorized non-network provider, you may have to pay up front, save your receipts, and file the claim with your regional contractor. Claims are always filed with the regional contractor in the area where you live, not with the regional contractor in the area where you are traveling.

Traveling Overseas

If you need emergency care while traveling overseas, go to the nearest emergency care facility or call the Medical Assistance number for the overseas area where you are traveling. If you are admitted, contact the TRICARE Overseas Program (TOP) Regional Call Center **before leaving the facility**, preferably within 24 hours or on the next business day, to coordinate authorization, continued care, and payment. Contact the TOP Regional Call Center for urgent care assistance. See the *Important Contact Information* section at the beginning of this handbook for TOP contact information.

Use TOP Standard to receive care from any host nation (*overseas*) provider when traveling overseas, unless local restrictions apply. TOP Standard, including cost-shares and your deductible, is similar to the stateside program. TRICARE Extra is not available overseas. TRICARE nonparticipating non-network providers may charge up to 15 percent above the TRICARE-allowable amount in the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*). Overseas, there may be no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge.

Note: When seeking care from a host nation provider, be prepared to pay up front for services and then file a claim with the TOP claims processor. You must submit proof of payment with all overseas claims. In the Philippines, you must use certified providers. To find a certified provider, visit **www.tricare-overseas.com/philippines.htm**.

Filling Prescriptions on the Road

You may use any TRICARE pharmacy option when traveling, but be sure your DEERS information is current. To fill a prescription, you need a valid uniformed services ID card. At host nation pharmacies, you will pay up front and file a claim with the TOP claims processor.

Note: In the Philippines, you must use a certified pharmacy.

Moving

Moving within the United States

Whether you are moving to another area within the same TRICARE region or to a different TRICARE region, moving with TRICARE Standard and TRICARE Extra is easy. All you need to do is update your personal information in DEERS, find a new network or TRICARE-authorized non-network provider, and continue to receive care when you need it. If you move to a new region, be sure to learn who your new regional contractor is and where to file your claims. See the *Claims* section of this handbook for more information.

Moving Overseas

You can use TOP Standard and receive care from any host nation provider without a referral, unless local TOP restrictions require seeing only approved providers. TOP Standard, including cost-shares and your deductible, is similar to the stateside program and is administered by International SOS Government Services, Inc. There are some limits for overseas health care services and pharmacy coverage.

Note: If you live or travel in the Philippines, you are required to see a certified provider for care. Additionally, TOP Standard beneficiaries who reside in the Philippines and who seek care within designated Philippine Demonstration areas must see approved demonstration providers to ensure TRICARE cost-shares your claims, unless you request and receive a waiver from Global 24 Network Services. Visit **www.tricare-overseas.com/philippines.htm** for more information or to find a provider.

Contact the TOP Regional Call Center for the overseas area where you are moving or visit **www.tricare-overseas.com** to find a host nation provider. For TOP contact information, see the *Important Contact Information* section at the beginning of this handbook. For a list of U.S. Embassies and Consulates worldwide, visit **www.usembassy.state.gov**.

Separating from the Service

If you are separating from the uniformed services, TRICARE coverage may or may not continue, depending on the circumstances of your separation. You may qualify for a transitional health care option—the Transitional Assistance Management Program (TAMP), the Continued Health Care Benefit Program (CHCBP), or the Transitional Care for Service-Related Conditions (TCSRC) Program—that provides temporary coverage. Members of the Selected Reserve and Retired Reserve may qualify to purchase TRS or TRR.

Transitional Assistance Management Program

TAMP provides up to 180 days of transitional health care benefits to help certain members of the uniformed services and their families transition to civilian life. The sponsor and eligible family members may be covered for health benefits under TAMP if the sponsor is:

- Involuntarily separating from active duty under honorable conditions
- A National Guard or Reserve member separating from a period of active duty that was more than 30 consecutive days in support of a contingency operation
- Separating from active duty following involuntary retention (*stop-loss*) in support of a contingency operation
- Separating from active duty following a voluntary agreement to stay on active duty for less than one year in support of a contingency operation
- Separating from active duty with an agreement to become a member of the Selected Reserve
- Separating from active duty due to sole-survivorship discharge

Contact your regional contractor or a Beneficiary Counseling and Assistance Coordinator to discuss your family's eligibility for this program. For more information, visit **www.tricare.mil/tamp**.

Continued Health Care Benefit Program

CHCBP is a premium-based health care program administered by Humana Military. Though not a TRICARE program, CHCBP offers continued health coverage (*18–36 months*) after TRICARE coverage ends. Certain former spouses who have not remarried before age 55 may qualify for an unlimited duration of coverage. If you qualify, you can purchase CHCBP coverage within 60 days of loss of eligibility for either regular TRICARE or TAMP coverage, whichever is later. For more information, visit **www.tricare.mil/chcbp**.

TRICARE Reserve Select

TRS is a premium-based health plan that members of the Selected Reserve may qualify to purchase for themselves and/or their family members. TRS provides comprehensive health care coverage with patient cost-shares and a deductible similar to TRICARE Standard and TRICARE Extra, except that TRS has monthly premiums. TRS beneficiaries may access care from any TRICARE-authorized provider, unless overseas restrictions apply. Active

duty family member (ADFM) annual deductible and cost-shares apply. For more information on this option, see the *Premium-Based TRICARE Standard Health Plans* section of this handbook.

TRICARE Retired Reserve

TRR is a premium-based health plan that members of the Retired Reserve may qualify to purchase for themselves and/or their family members. TRR provides comprehensive health care coverage with patient cost-shares and a deductible similar to TRICARE Standard and TRICARE Extra, except that TRR has monthly premiums. TRR beneficiaries may access care from any TRICARE-authorized provider, unless overseas restrictions apply. The retiree annual deductible and cost-shares apply. For more information on this option, see the *Premium-Based TRICARE Standard Health Plans* section of this handbook.

Transitional Care for Service-Related Conditions

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

Retiring from Active Duty

When an active duty sponsor retires, he or she will experience a "change in status." When the sponsor's status is updated in DEERS, you will receive a new uniformed services ID card showing the "retired" status.

Until retirement, the sponsor is enrolled in either TRICARE Prime or TRICARE Prime Remote (TPR). If the sponsor does not reenroll in TRICARE Prime, he or she will use TRICARE Standard and TRICARE Extra.

Note: TPR is not available to retirees.

When your status changes to family member of a retired service member, the TRICARE Standard and TRICARE Extra cost-shares and catastrophic cap will increase. Here are a few of the other TRICARE Standard and TRICARE Extra changes you will experience when your active duty sponsor retires:

TRICARE Standard and TRICARE Extra Changes upon Sponsor Retirement from Active Duty

Outpatient Cost-Shares and Copayments	• Increase to retired service member rates
Catastrophic Cap	• Increases to retired service member rate
Health Care Services	• Eye examinations no longer covered • Hearing aids no longer covered
Entitlement to premium-free Medicare Part A	• Must also have Medicare Part B to remain eligible for TRICARE coverage under TRICARE For Life

Note: Some specialized services are covered in connection with the medical or surgical treatment of a covered illness or injury.

Visit **www.tricare.mil/costs** for additional information regarding program costs.

Becoming Entitled to Medicare

Active Duty Status

Active duty service members (ADSMs) and ADFMs who are entitled to premium-free Medicare Part A regardless of the reason remain eligible for TRICARE Prime or TRICARE Standard and TRICARE Extra program options without signing up for Medicare Part B. However, when the sponsor retires, you must have Medicare Part B to remain TRICARE-eligible. You may sign up for Medicare Part B during the special enrollment period, which is available anytime while the sponsor is still on active duty and you are covered by TRICARE, or within the first eight months following either (1) the month your sponsor's active duty status ends or (2) the month TRICARE coverage ends, whichever comes first.

To avoid a break in TRICARE coverage, ADSMs and ADFMs who are entitled to premium free

Medicare Part A must sign up for Medicare Part B before their sponsor's active duty status ends. If you miss the special enrollment period, you may sign up for Part B during the general enrollment period, which is January 1–March 31. Medicare Part B and TRICARE are effective July 1 of the year you sign up. If you enroll during the general enrollment period, you may have to pay a late-enrollment premium surcharge (*10 percent for each 12-month period that you were eligible to enroll in Medicare Part B but did not*).

Note: ADSMs and ADFMs with end-stage renal disease do not have a special enrollment period and should enroll in Medicare Part A and Part B when first eligible.

Retired Status

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

Note: For information on filing TFL claims, visit **www.tricare.mil/claims**.

Survivor Coverage

If your sponsor dies while serving on active duty for more than 30 consecutive days (*including eligible National Guard and Reserve members*), you are automatically eligible for transitional TRICARE survivor benefits as long as your DEERS information is current and you are:

- A surviving spouse who has not remarried prior to age 55 (*eligibility cannot be regained later, even if you divorce or your new spouse dies*)
- A surviving unmarried child until reaching age 21 (*or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provided over 50 percent of the financial support*)

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

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

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

Surviving children: Surviving children whose sponsor died on or after October 7, 2001, remain eligible for TRICARE benefits as ADFMs. Unlike spouses, eligibility will not change after three years, and children remain covered as ADFMs until eligibility ends due to the age limits previously noted or for another reason (*e.g., marriage*).

Upon the death of a sponsor, you will receive a letter from Defense Manpower Data Center (DMDC) telling you about your program options and how your benefits will eventually change. Contact your regional contractor if you have any questions.

Loss of Eligibility

If your DEERS record indicates loss of TRICARE eligibility, your TRICARE Standard coverage will automatically end. If you believe you are still eligible for TRICARE, you will need to update your DEERS record to reestablish your eligibility. Contact DMDC directly at **1-800-538-9552**. Once DEERS is updated, you will be covered under TRICARE Standard and TRICARE Extra.

If your DEERS record is correct and you have lost eligibility, you may qualify for transitional health care. See "Separating from the Service" earlier in this section for details about transitional health care options.

Premium-Based TRICARE Standard Health Plans

TRICARE Reserve Select

TRICARE Reserve Select (TRS) is a premium-based, worldwide health care plan that qualified Selected Reserve members and qualified survivors may purchase for themselves and/or their family members. TRS offers comprehensive health care coverage similar to TRICARE Standard and TRICARE Extra (*in the United States*) or TRICARE Overseas Program (TOP) Standard (*overseas*). Enrollment is required. You must qualify for and purchase TRS to participate. Monthly premiums, an annual deductible, and cost-shares apply. The initial two-month premium payment is due with the enrollment form, and you must establish an automatic payment method for subsequent monthly premiums. With TRS, you may receive care from any TRICARE-authorized provider (*network or non-network*), and no referrals are required, though some services require prior authorization. For more information about TRS, including qualification requirements and how to purchase coverage, visit **www.tricare.mil/trs**.

TRICARE Retired Reserve

TRICARE Retired Reserve (TRR) is a premium-based, worldwide health care plan that qualified Retired Reserve members and qualified survivors may purchase for themselves and/or their family members. TRR offers comprehensive health care coverage similar to TRICARE Standard and TRICARE Extra (*in the United States*) or TOP Standard (*overseas*). Enrollment is required. You must qualify for and purchase TRR to participate. Monthly premiums, an annual deductible, and cost-shares apply. The initial two-month premium payment is due with the enrollment form, and you must establish an automatic payment method for subsequent monthly premiums. With TRR, you may receive care from any TRICARE-authorized provider (*network or non-network*), and no referrals are required, though some services require prior authorization. For more information about TRR, including qualification requirements and how to purchase coverage, visit **www.tricare.mil/trr**.

TRICARE Young Adult

The TRICARE Young Adult (TYA) program is a premium-based health care plan available for purchase by qualified dependents. The TYA benefit includes both TRICARE Prime and TRICARE Standard coverage worldwide. The sponsor's status, the dependent's geographic location, and other factors determine qualification to purchase TYA Prime or TYA Standard. Command sponsorship is required for TYA Prime enrollment overseas. TYA coverage includes medical and pharmacy benefits, but excludes dental coverage.

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

Note About Provider Choice

Authorized providers who are not part of the TRICARE network of civilian providers may charge beneficiaries using TRICARE Standard up to 15 percent above the TRICARE-allowable charge for services. Beneficiaries are responsible for paying that additional 15 percent, along with applicable cost-share and deductible amounts. Overseas, there may be no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge. Visit **www.tricare.mil/overseas** for more information.

For Information and Assistance

Beneficiary Counseling and Assistance Coordinators

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

Debt Collection Assistance Officers

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

Appeals and Grievances

If you believe a service or claim was improperly denied, in whole or in part, you (*or another appropriate party*) may file an appeal with your regional contractor. An appeal must involve an appealable issue, such as benefit coverage or medical-necessity determination. For non-appealable issues regarding health care quality or service, you can file a grievance with your regional contractor. For more information, visit **www.tricare.mil/appeals**. For information about filing an appeal or grievance about care received overseas, visit **www.tricare-overseas.com**.

Note: If you are eligible for TRICARE and Medicare and wish to file an appeal, Medicare-related appeals should be submitted to Medicare. Medicare appeal instructions may be found on your Medicare Summary Notices.

Reporting Suspected Fraud and Abuse

Report suspected fraud and abuse to your regional contractor. You also can report fraud or abuse issues directly to TRICARE at **www.tricare.mil/fraud**.

Appeals Filing Information

TRICARE North Region	TRICARE South Region	TRICARE West Region
Claims Appeals: Health Net Federal Services, LLC TRICARE Claim Appeals P.O. Box 2606 Virginia Beach, VA 23450-2606 **Claims Appeals Fax:** 1-888-458-2554 **Prior Authorization Appeals:** Health Net Federal Services, LLC TRICARE Authorization Appeals P.O. Box 9530 Virginia Beach, VA 23450-9530 **Prior Authorization Appeals Fax:** 1-888-881-3622 **Appeals Online:** www.hnfs.com	**Claims Appeals:** TRICARE South Region Appeals P.O. Box 202002 Florence, SC 29502-2002 **Prior Authorization Appeals:** Humana Military P.O. Box 740044 Louisville, KY 40201-7444 **Mental Health Appeals:** ValueOptions Federal Services ATTN: Appeals and Reconsideration Department P.O. Box 551138 Jacksonville, FL 32255-1138	**Claims Appeals:** UnitedHealthcare Military & Veterans ATTN: Claim Appeals P.O. Box 105493 Atlanta, GA 30348-5493 **Claims Appeals Fax:** 1-877-584-6628 **Prior Authorization Appeals:** UnitedHealthcare Military & Veterans ATTN: Authorization Appeals P.O. Box 105493 Atlanta, GA 30348-5493 **Prior Authorization Appeals Fax:** 1-877-584-6628

Index

A

Access standards, 8, 10, 11
Accident, 16
Activation, 2, 5
Active Duty Dental Program (ADDP), 17
Active duty family member (ADFM), 2, 5, 6, 10, 11, 15, 16, 18, 19, 25–27
Active duty service member (ADSM), 2, 5, 10, 13, 17–19, 21, 22, 26, 27, 29
Active duty sponsor, 18, 26
Adjunctive dental care, 11
Adoption, 18, 23, 24
Age limitations, 23, 27
Allowable charge, 6, 7, 24, 28
Ambulance, 7, 10
Ancillary providers, 7
Annual deductible, 1, 6, 26, 28
Appeal, 22, 29
Appointment, 9–11
Authorization, 7, 9, 11, 12, 18, 22, 24, 28, 29
Autism, 18, 19

B

Beneficiary Counseling and Assistance Coordinator (BCAC), 2, 25, 29
Benefit period, 12
Bill, 6, 7, 22, 24, 28
Blood pressure screening, 15
Brand-name medications, 11, 19
Breast cancer, 13, 14
Breast pump, 18
Breast-feeding, 18

C

Cancer screenings, 13–15
Catastrophic cap, 6, 17, 26
Cervical cancer, 13, 14
Children, 11, 13–16, 18, 19, 23, 24, 27
Civilian care, 10, 28
Civilian providers, 7, 19, 28
Claims, 7, 8, 20–22, 24, 25, 27, 29
Clinical preventive examination, 13, 14
Clinical preventive services, 13–16
Collection agency, 29
College, 23
Colon cancer, 13, 15
Colonoscopy, 15
Common Access Card (CAC), 19
Contingency operation, 6, 25
Continued Health Care Benefit Program (CHCBP), 25
Copayments, 19, 20, 26
Cost-shares, 1, 6, 17, 20, 24–26, 28
Counseling, 2, 13, 16, 18, 25, 29

D

Debt Collection Assistance Officer (DCAO), 29
Deductible, 1, 6, 17, 20, 24–26, 28
Defense Enrollment Eligibility Reporting System (DEERS), 11, 23, 24, 26, 27
Defense Health Agency—Great Lakes (DHA-GL), 29
Delta Dental of California (Delta Dental), 17
Dental care, 7, 9–11, 16, 17, 28
Dental clinic, 17
Dental options, 9, 11, 17
Dependent child, 23
Dependent parent, 5, 11
Detoxification, 12
Diabetes, 15
Dietary assessment, 16
Disability, 9, 11, 18, 19, 23, 27
Disenrollment, 5
Divorce, 23, 27

E

Eligibility, 1, 2, 5, 7, 10–14, 17, 18, 23–29
Emergency, 9, 10, 12, 24, 28
End-stage renal disease, 27
Enrollment, 1, 10, 13, 16, 17, 23, 26–28
Examinations, 13–16, 26
Exceptional Family Member Program, 18
Exercise, 16
Explanation of benefits (EOB), 22
Express Scripts, Inc. (Express Scripts), 19–22
Extended Care Health Option (ECHO), 11, 18, 19
Eye examination, 15, 26

F

Family therapy/therapist, 12
Fecal occult blood testing, 15
Former spouse, 5, 17, 23, 25
Fraud and abuse, 29

G

Generic drug/medication, 19
Genetic testing, 14
Grievance, 29

H

Health Net Federal Services, LLC (Health Net), 2, 13, 21, 29
Hearing aids, 26
Hepatitis, 16
HIV, 16
Home health care, 11
Hospice care, 11, 18
Hospital/hospitalization, 2, 6, 7, 9–12, 15, 18, 23, 28, 29
Human papillomavirus (HPV), 14, 16
Humana Military Healthcare Services, Inc. (Humana Military), 2, 13, 25, 29

I

Identification (ID) card, 19, 20, 23, 24, 26
Immunization, 13, 16
Indian Health Service, 22
Infant, 15, 18
Infectious disease screening, 16
Inpatient care, 11
Inpatient mental health care, 12

L

Loss of eligibility, 24, 25, 27

M

Magnetic Resonance Imaging (MRI), 10, 14
Mammogram, 14
Marriage, 23, 27
Maternity care, 18
Medicaid, 22
Medical necessity, 29
Medicare, 5, 11, 13, 23, 26, 27, 29
Medications, 11, 19, 20
Meningococcal meningitis, 16
Mental health care/services, 11, 12
MetLife, 17
Military hospitals and clinics, 2, 7, 9–11, 28, 29
Military Medical Support Office (MMSO), 29
Moving, 23–25

N

National Guard and Reserve, 2, 5, 6, 17, 18, 25, 27, 29
Network pharmacy, 20
Network provider, 7, 8, 24
Newborn, 15, 16, 23
Nonemergency, 9, 11, 12
Non-formulary drugs, 19, 20
Non-network pharmacy, 20
Non-network provider, 6, 7, 9, 10, 22, 24, 28
Nonparticipating provider, 7
North Region, 2, 13, 21, 29
Nurse Advice Line, 10

O

Other health insurance (OHI), 22
Out-of-pocket cost/expense, 8, 17, 26
Outpatient care, 6, 11, 12, 16, 26
Outpatient mental health care, 11, 12

P

Pap test, 14
Parent education counseling, 16
Parents-in-law, 5, 11
Partial hospitalization program (PHP), 12
Participating provider, 7
Payment, 7, 8, 21, 22, 24, 28
PGBA, LLC (PGBA), 21
Pharmacy, 7, 11, 13, 19–22, 24, 25, 28
Physical therapy, 19
Pregnancy, 18
Prenatal care, 18
Prescriptions, 11, 13, 18–20, 22, 24
Preventive care, 9, 13–16
Prior authorization, 7, 9, 11, 12, 18, 22, 28, 29
Proctosigmoidoscopy, 15
Program options, 11, 13, 17, 18, 26, 27
Prostate cancer, 13, 15
Psychiatric condition, 12

R

Radiology, 7
Reconsideration, 29
Referral, 7, 11–13, 17, 25, 28
Rehabilitation, 12
Reimbursement, 7, 11, 20, 22
Retail pharmacy, 13
Retired, 1, 5, 6, 10, 11, 13, 15, 17, 18, 23, 25–28
Retiring, 26
Routine care, 9, 16
Rubella, 16

S

School physicals, 16
Shingles vaccine, 16
Sigmoidoscopy, 15
Skin cancer, 15
Social Security number (SSN), 23
South Region, 2, 13, 21, 29
Space-available care, 7, 10, 11, 28
Specialist, 9, 10
Specialty care, 8–10, 17
Spouse, 5, 17, 23, 25, 27
Stem cell, 11
Stress, 16
Substance use disorders, 11, 12
Suicide prevention, 12, 16
Supplements, 22
Survivors, 5, 17, 27, 28

T

Telemental Health Program, 12
Tetanus, 16
Tobacco cessation, 13
Tobacco Quitline, 13
Transitional Assistance Management Program (TAMP), 25, 26
Transitional Care for Service-Related Conditions (TCSRC), 25, 26
Transplants, 11
Travel, 11, 16, 24, 25
Travel reimbursement, 11
TRICARE-allowable charge, 6, 7, 24, 28
TRICARE-authorized non-network provider, 9, 10, 24
TRICARE-authorized provider, 1, 7, 11, 18, 25, 26, 28
TRICARE Dental Program (TDP), 17
TRICARE Eurasia-Africa, 21
TRICARE Extended Care Health Option (ECHO), 11, 18, 19
TRICARE Extra, 1, 2, 5–7, 12, 18, 21, 23–28
TRICARE For Life (TFL), 26, 27
TRICARE Latin America and Canada, 21
TRICARE Overseas Program (TOP), 1, 12, 21, 24, 25, 28
TRICARE Pacific, 21
TRICARE Pharmacy Home Delivery, 13, 19, 20
TRICARE Pharmacy Program, 11, 19
TRICARE Prime, 1, 2, 5, 10, 11, 18, 24, 26, 28
TRICARE Prime Remote (TPR), 2, 5, 26
TRICARE Regional Office, 2, 29
TRICARE Reserve Select (TRS), 1, 5, 6, 10, 23–25, 28
TRICARE retail network pharmacy, 13, 20
TRICARE Retired Reserve (TRR), 1, 5, 6, 10, 23–26, 28
TRICARE Retiree Dental Program (TRDP), 17
TRICARE Young Adult, 23, 24, 28
Tuberculosis, 16

U

Ultrasound, 18
Uniformed services identification (ID) card, 19, 20, 23, 24, 26
United Concordia Companies, Inc. (United Concordia), 17
UnitedHealthcare Military & Veterans, 2, 29
Urgent care, 9, 10, 24
US Family Health Plan (USFHP), 28
U.S. Department of Veterans Affairs (VA), 8, 29
U.S. Territories, 17, 18, 20, 21, 24

V

Vaccines, 16
Veterans Affairs benefits, 8, 29
Vision screening, 15

W

Well-child care, 10, 13, 15, 16
West Region, 2, 13, 21, 29

Notes

Notes

TRICARE Expectations for Beneficiaries

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

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

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

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

TRICARE North Region
Health Net Federal Services, LLC
www.hnfs.com
1-877-TRICARE (1-877-874-2273)

TRICARE South Region
Humana Military, a division of
Humana Government Business
HumanaMilitary.com
1-800-444-5445

TRICARE West Region
UnitedHealthcare Military & Veterans
www.uhcmilitarywest.com
1-877-988-WEST (1-877-988-9378)

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