TRICAR Health//latters

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A PUBLICATION FOR TRICARE® BENEFICIARIES

TRICARE Overseas Proof-of-Payment Requirements

Starting Sept. 1, 2012, all beneficiary-submitted claims must include proof of payment. Proof of payment, along with the *TRICARE DoD/CHAMPUS Medical Claim—Patient's Request for Medical Payment (DD Form 2642)*, should be submitted to the TRICARE Overseas Program (TOP) claims processor. Proof of payment helps TRICARE validate claims and safeguard benefit dollars.

When submitting your *DD Form* 2642, include an itemized bill or invoice, or a diagnosis describing why you received medical care and/or an explanation of benefits from your other health insurance, if applicable. A canceled check or credit card receipt showing payment for medical supplies or services often satisfies the proof-of-payment requirement. If you paid for care or supplies in cash, TRICARE may ask for proof of cash withdrawal from your bank or credit union along with a receipt from your provider. To ensure the accurate and timely processing of your claim, it is recommended that you write at the top of the *DD Form* 2642 if payment was made directly to the provider.

Note: After you have submitted the documents listed, the TOP claims processor may ask for additional documentation. If you have questions regarding proof-of-payment requests, claims submissions or the status of a submitted claim, please call your TOP Regional Call Center and select option 2 for claims assistance.

Referral and Authorization Notification Feature: Keep Your E-mail Address Up to Date!

Beneficiary referral and authorization notifications from International SOS Assistance, Inc. can now be sent via e-mail. Please ensure your most recent e-mail address is updated in the Defense Enrollment Eligibility Reporting System (DEERS).

Three-Year Claims Filing for Care Received Overseas

TRICARE recently extended the period in which TRICARE Overseas Program (TOP) claims can be submitted from one year to three years. Overseas claims now must be filed within three years of the date of service or within three years of the date of inpatient discharge. Additionally, claims for separately billed professional charges incurred during an inpatient admission must be submitted within three years of the date the service was received, even if that date is before the date you were discharged. The policy change applies to all beneficiary categories.

If services are provided by a TRICARE network provider, the provider will file the claim. If services are provided by a TRICARE non-network provider, that provider is not required to submit the claim, but may do so voluntarily. The beneficiary is responsible for ensuring all claims are filed and proof of payment is provided.

Note: This policy change applies **only** to care received outside of the United States and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands). For care received in the United States and U.S. territories, claims must be filed within **one year** of service or the date of inpatient discharge. ★

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TRICARE Management Activity Welcomes MetLife to the TRICARE Dental Program

The TRICARE Dental Program (TDP) provides comprehensive dental care for more than 2 million enrollees worldwide including active duty family members (ADFMs), members of the National Guard and Reserve and their eligible family members. Since May 1, 2012, MetLife has been administering the premium-based TDP benefit and managing enrollment, claims processing and customer service.

Changes to Your Benefit

The new contract with MetLife provides some changes to the benefit that include the following:

- Coverage of tooth-colored/white fillings on back teeth
- An increased annual maximum benefit from \$1,200 to \$1,300 per enrollee
- An increase in the orthodontic lifetime maximum from \$1,500 to \$1,750 per enrollee
- \$1,200 per year for services related to dental treatment due to an accident
- No cost-shares for scaling and root planing (deep cleaning) for diabetics
- The benefit year under MetLife will run from May 1 to April 30 (annual maximums)
- Lower premiums for each enrollee category; for specific cost information, please visit www.tricare.mil/costs

Paying TDP Premiums

Paying TDP premiums is simple and convenient. If the sponsor has a military payroll account, and if sufficient funds are available, the sponsor's share of the premium will be collected through a Uniformed Services Finance Center and transmitted to MetLife. This method is only available to sponsors of ADFMs and to National Guard and Reserve sponsors.

If MetLife is unable to obtain the requested premium payment from a military payroll account, the sponsor will be billed directly. Directly billed payments can be made through electronic funds transfer, which is an automatic deduction through your bank account or credit card. Other options include mailing payments directly to MetLife or making payments by phone.

Getting Care

The CONUS service area under TDP includes the 50 United States, the District of Columbia, Puerto Rico, Guam and

the U.S. Virgin Islands. TDP beneficiaries residing in the OCONUS service area (Canada, all other countries, island masses and territorial waters; as well as civilian ships or vessels outside the territorial waters of the CONUS service area, regardless of the dentist's office address) may visit any OCONUS dentist to receive dental care. However, it may be more convenient to visit a TRICARE OCONUS Preferred Dentist (TOPD). TOPDs will not require you to pay their full charge at the time of service, and will only require the applicable cost-share, if any. Once services are performed, TOPDs will complete and submit claims on your behalf.

TOPDs may not be available in all locations, but you are encouraged to use them for all care, including orthodontics, where available. You are not required to use a TOPD, but, if you see a non-TOPD, you may be required to pay up front for services before you receive care. You may also be required to submit your own claims and other required documentation.

Note: In the Philippines, beneficiaries are required to receive care from certified dental providers.

To locate a CONUS or OCONUS dentist, please visit https://mybenefits.metlife.com/tricare.

Visit the TDP Website

For general information, visit www.tricare.mil/tdp. MetLife's website at https://mybenefits.metlife.com/tricare allows enrolled members to:

- View plan details
- · Check a claim
- View claim history
- View explanation of benefits
- · Access tools and resources
- Use the "Find a Dentist" feature
- File a grievance online

Once signed in, you can access frequently asked questions, oral health information, commonly used documents, the *TDP Benefit Booklet* and other materials.

DS Logon Required to Sign In

For the most secure and convenient authentication, MetLife requires users to use a Department of Defense Self-Service Logon (DS Logon) to access the website. For more information, visit www.dmdc.osd.mil/identitymanagement.

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Changes To Your Coverage

If you would like to enroll in the TDP, or if you are enrolled and your family's coverage needs to change, log on to the Beneficiary Web Enrollment (BWE) portal, which can be accessed at www.tricare.mil/bwe, to update your information. The BWE allows you to:

- Enroll in the TDP
- Cancel enrollment
- · Add a dependent
- Remove a dependent

For more information about the TDP, visit www.tricare.mil/tdp or https://mybenefits.metlife.com/tricare. You may also contact MetLife Customer Service at 1-855-MET-TDP2 (1-855-638-8372) (OCONUS) for assistance. For overseas calling instructions, visit https://mybenefits.metlife.com/tricare, click on "Booklet & Forms" and then select "AT&T Country Code." *

Command Sponsorship Requirements for TRICARE Young Adult Overseas

The TRICARE Young Adult (TYA) program is a premiumbased health care plan available for purchase by qualified dependents. TYA offers TRICARE Prime and TRICARE Standard coverage worldwide. TYA includes medical and pharmacy benefits, but excludes dental coverage.

You may generally purchase TYA coverage if you are all of the following:

- A dependent of a TRICARE-eligible uniformed service sponsor
- Unmarried
- At least age 21 (or age 23 if previously enrolled in a fulltime course of study at an approved institution of higher learning and if the sponsor provided more than 50 percent of the financial support), but have not yet reached age 26

You may not purchase TYA coverage if you are:

- Eligible to enroll in an employer-sponsored health plan as defined in TYA regulations
- Otherwise eligible for TRICARE program coverage
- Married

Enrolling in TYA TOP Prime or TYA TOP Prime Remote

Enrollment in TRICARE Overseas Program (TOP) Prime or TOP Prime Remote is only available to active duty service

members (ADSMs) who are permanently stationed overseas and to active duty family members (ADFMs) who are command-sponsored and accompanying their sponsors on overseas tours or on orders in an overseas location. This includes activated National Guard and Reserve ADSMs who are on orders to an overseas location for more than 30 consecutive days, and their command-sponsored ADFMs.

Like other ADFMs, TYA enrollees must be commandsponsored in order to enroll in TYA TOP Prime or TYA TOP Prime Remote. TYA-eligible adult dependents living overseas who are not command sponsored may choose to enroll in TYA TOP Standard.

Note: If the ADSM and his or her command-sponsored family members are enrolled in TOP Prime or TOP Prime Remote, and the sponsor is reassigned on unaccompanied permanent-change-of-station (PCS) orders to a location that does not permit command-sponsored family members, the family member(s) may retain their TOP enrollment for up to two years based on the length of the sponsor's unaccompanied orders. To retain TOP enrollment in this situation, the family members must continue to be command-sponsored and may not relocate during the sponsor's PCS move.

For more information on TYA, visit www.tricare.mil/tya. ★

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Getting Care When Stationed at a U.S. Embassy

RICARE Overseas Program (TOP) Prime Remote provides quality, cashless/claimless health care coverage to active duty service members (ADSMs) and command-sponsored active duty family members (ADFMs) assigned to overseas locations that are not supported by military treatment facilities. As TOP Prime Remote beneficiaries, ADSMs and ADFMs receive care from the primary care managers assigned to them. For ADSMs assigned to a U.S. Embassy, primary care is normally provided by the U.S. Embassy Health Unit.

Sometimes it is necessary for a TRICARE beneficiary to be referred to an outside host nation provider for care. To minimize out-of-pocket expenses, beneficiaries assigned to U.S. Embassy Health Units should note the following:

- When referred to a host nation provider for nonemergency care, the TOP Prime Remote beneficiary or Regional Medical Officer should contact International SOS Assistance, Inc. (International SOS) for help obtaining the appropriate authorization and locating a provider who has agreed to see TOP Prime Remote beneficiaries on a cashless/claimless basis or has agreed to other financial arrangements with International SOS.
- The TOP Point of Contact (POC) Program is a liaison service that assists TRICARE beneficiaries by facilitating timely TRICARE claims filing and payment. A TOP POC can also assist with guiding TRICARE beneficiaries to International SOS for benefit information and helping beneficiaries locate host nation providers. The U.S. Embassy Health Unit should refer TOP Prime Remote beneficiaries to the TOP POC to help with any TRICARE-related questions. Beneficiaries may also contact their TOP Regional Call Center for any TOP-related questions or assistance.
- TRICARE Standard beneficiaries should seek providers using the "Find a Provider" search tool at www.tricare-overseas.com or contact International SOS for help finding a host nation provider and filing their TOP claims.
- A non-network provider may not necessarily accept the TRICARE-allowable charge reimbursed by the TOP claims processor, which can result in higher out-of-pocket costs for TRICARE beneficiaries. TRICARE defines a provider as a person, business or institution that provides health care. For example, a doctor, hospital, ambulance company or laboratory is a provider.
- Sometimes laboratories that have been contracted by the U.S. State Department are not TRICARE network providers. To avoid out-of-pocket expenses, contact International SOS for help finding a network laboratory overseas.
- In the event of a medical evacuation (whether for an emergency or non-emergency situation), International SOS must be notified to ensure proper coordination with the appropriate Patient Movement Requirements Center, TRICARE Area Office and service representative. ★

TRICARE OVERSEAS PROGRAM CONTACT INFORMATION

International SOS Assistance, Inc.

www.tricare-overseas.com

Eurasia-Africa

TOP Regional Call Center¹

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

Medical Assistance¹

+44-20-8762-8133

Latin America and Canada

TOP Regional Call Center¹

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

Medical Assistance¹ +1-215-942-8320

Pacific

TOP Regional Call Centers1

Singapore:

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

Sydney:

+61-2-9273-2710 (overseas) 1-877-678-1209 (stateside) sydtricare@internationalsos.com

Medical Assistance¹

Singapore: +65-6338-9277 Sydney: +61-2-9273-2760

Report Fraud and Abuse

1-877-342-2503 (toll-free) +1-215-354-5020 (direct) +1-215-354-2395 (fax)

TOPProgramIntegrity@internationalsos.com

 For toll-free contact information, visit www.tricare-overseas.com.
 Only call Medical Assistance numbers to coordinate overseas emergency care.

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