



TRICARE® Choices for National Guard and Reserve

AUGUST 2016

HANDBOOK



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



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Welcome to **TRICARE**

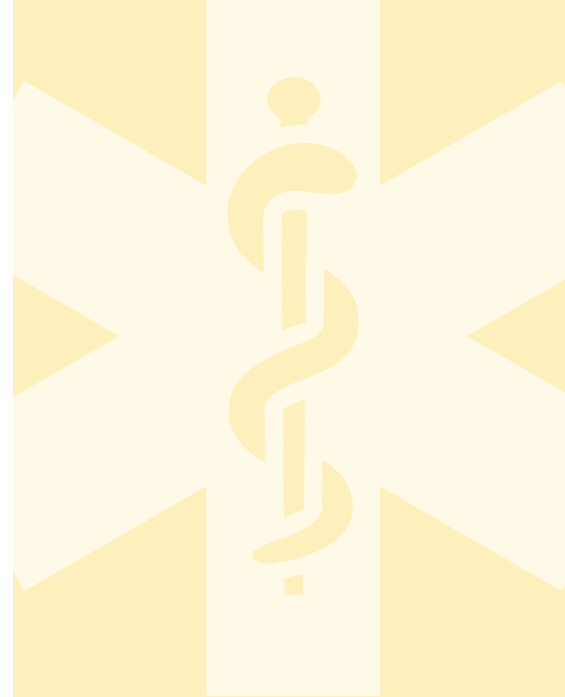
TRICARE is the Department of Defense's premier health care program serving 9.4 million active duty service members, retired service members, National Guard and Reserve members, family members and survivors worldwide. As a TRICARE beneficiary, you have access to the health care you need wherever you are.

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

TRICARE partners with civilian regional contractors to administer your TRICARE benefit in three U.S. regions (North, South and West) and one overseas region. Your regional contractor is your go-to resource for information and assistance.

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

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



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

The Affordable Care Act (ACA) requires most Americans to maintain basic health coverage, called minimum essential coverage. The TRICARE program meets the minimum essential coverage requirement under the ACA. The Internal Revenue Service will collect penalties from most individuals who don't maintain minimum essential coverage. You can find other health care coverage options at www.healthcare.gov.

KEEP YOUR DEERS INFORMATION UP TO DATE

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

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

TRICARE COVERED SERVICES

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



YOUR TRICARE OPTIONS BY SPONSOR STATUS

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

Note: Non-activated Individual Ready Reserve members don't qualify for health care coverage, but they may purchase TRICARE Dental Program coverage. See the *TRICARE Dental Options* section for more information.

FIND MORE INFORMATION



You can get more information about your TRICARE benefit at www.tricare.mil/publications or by calling your regional contractor.



Manage your TRICARE benefit through the TRICARE website at www.tricare.mil, where you can get to secure services, see what's covered, find a provider and much more.

We encourage you to use these resources to take full advantage of the TRICARE programs available to you.

SPONSOR STATUS



Not Activated

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



Pre-Activation/ Activated

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



Deactivated

Includes National Guard and Reserve members released from a period of active duty.



Retired

Includes retired National Guard and Reserve members.



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

HEALTH CARE OPTIONS

Sponsor options:

- TRICARE Reserve Select (TRS)

Family member options:

- TRS
- TRICARE Young Adult (TYA)

Not Activated

Sponsor options:

- TRICARE Prime
- TRICARE Prime Remote (TPR)

Family member options:

- TRICARE Prime
- TPR
- US Family Health Plan (USFHP) (depending on location)
- TRICARE Standard and TRICARE Extra
- TYA

Pre-Activation/
Activated

Sponsor options:

- TRS
- Transitional Assistance Management Program (TAMP)

Family member options:

- TRS
- TYA
- TAMP

Deactivated

Before reaching age 60

Sponsor options:

- TRICARE Retired Reserve (TRR)

Family member options:

- TRR
- TYA

Ages 60–64

Sponsor options:

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

Family member options:

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

Ages 65 and up

Sponsor options:

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

Family member options:

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

Retired



Not Activated

HELPFUL TERMS

Premium

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

Yearly Deductible

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

Cost-Share

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

Prior Authorization

A review of a requested health care service done by your regional contractor to see if the care will be covered by TRICARE. Check for services that need prior authorization by going to www.tricare.mil or your regional contractor's website.

Fiscal Year

The TRICARE fiscal year is Oct. 1–Sept. 30.

Referral

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

TRS and TRR can be purchased by certain qualified sponsors who aren't activated. This status includes service members on inactive duty for training, yearly training or on active service for 30 days or less. Selected Reserve and Retired Reserve members who are eligible for or enrolled in the Federal Employees Health Benefits (FEHB) Program don't qualify to purchase TRS (Selected Reserve) or TRR (Retired Reserve). National Guard and Reserve members called or ordered to active service for more than 30 days are covered as active duty and have different options.

TRICARE RESERVE SELECT®

Description	<ul style="list-style-type: none"> • Premium-based health care plan • Coverage and costs for care similar to TRICARE Standard and TRICARE Extra for active duty family members (ADFMs)
Enrolling	<ul style="list-style-type: none"> • Enrollment required (see the <i>Qualify for and Purchase TRS or TRR</i> section for guidance) • Offers member-only and member-and-family coverage • Initial two-month premium payment due with enrollment form
Costs	<ul style="list-style-type: none"> • Monthly premiums, a yearly deductible and cost-shares apply
Getting care	<ul style="list-style-type: none"> • Get care from any TRICARE-authorized provider (network or non-network) • Get care at a military hospital or clinic on a space-available basis • No referrals required • Some services require prior authorization

LINE OF DUTY CARE

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



Pre-Activation/Activated

National Guard and Reserve members called or ordered to active service for more than 30 days in support of a contingency operation may be eligible for active duty health and dental benefits. Early eligibility begins up to 180 days before active duty begins, as shown in DEERS. Family members can enroll in a TRICARE Prime option or use TRICARE Standard and TRICARE Extra.

+ TRICARE PRIME® OPTIONS

Description	<ul style="list-style-type: none">• Includes TRICARE Prime, TPR and USFHP (ADSMs aren't eligible for USFHP)• Similar to a managed-care option, available in specific areas• ADSMs, or National Guard and Reserve members activated for more than 30 days, must wait until arriving at their final duty station and follow command guidance when enrolling in a TRICARE Prime option. Their family members may enroll in a TRICARE Prime option or use TRICARE Standard and TRICARE Extra.
Enrolling	<ul style="list-style-type: none">• Enrollment required online, by phone or by mail. Go to www.tricare.mil/enroll.
Costs	<ul style="list-style-type: none">• ADSMs, ADFMs, surviving spouses (during the first three years) and surviving dependent children have no enrollment costs• ADSMs and ADFMs have no premiums, no deductible and no out-of-pocket costs (when following the rules of your TRICARE Prime option)
Getting care	<ul style="list-style-type: none">• Get most care from a military hospital or clinic or civilian network primary care manager (PCM)• Referrals and/or prior authorizations required for specialty care• If traveling or between duty stations, you must get all nonemergency care at a military hospital or clinic if one is available, or get a referral from your PCM

+ TRICARE STANDARD® AND TRICARE EXTRA

Description	<ul style="list-style-type: none">• Manage your own health care and get care from any TRICARE-authorized provider without a referral
Enrolling	<ul style="list-style-type: none">• No enrollment required; coverage is automatic
Costs	<ul style="list-style-type: none">• No enrollment costs• No premiums• A yearly deductible and cost-shares apply
Getting care	<ul style="list-style-type: none">• TRICARE Standard: Get care from TRICARE-authorized non-network providers• TRICARE Extra: Get care from TRICARE network providers• May get care at a military hospital or clinic on a space-available basis• No referrals required• Some services require prior authorization



Deactivated

HELPFUL TERMS

TRICARE-Authorized Provider

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

Network Provider

A provider that accepts payment from TRICARE as the full payment for any covered health care services you get. You can save money by seeing network providers. They also file claims for you.

Non-Network Provider

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



National Guard and Reserve members who separate from active duty, or are deactivated, may be eligible to continue TRICARE coverage.

TRANSITIONAL ASSISTANCE MANAGEMENT PROGRAM

TAMP offers 180 days of transitional health care benefits to help certain service members and their families transition to civilian life. For more information, go to www.tricare.mil/tamp.

TRICARE RESERVE SELECT

Description	<ul style="list-style-type: none"> • Premium-based health care plan • Coverage and costs for care similar to TRICARE Standard and TRICARE Extra for ADFMs
Enrolling	<ul style="list-style-type: none"> • Enrollment required (see the <i>Qualify for and Purchase TRS or TRR</i> section for guidance) • Offers member-only and member-and-family coverage • Initial two-month premium payment due with enrollment form
Costs	<ul style="list-style-type: none"> • Monthly premiums, a yearly deductible and cost-shares apply
Getting care	<ul style="list-style-type: none"> • Get care from any TRICARE-authorized provider (network or non-network) • Get care at a military hospital or clinic on a space-available basis • No referrals required • Some services require prior authorization

Other TRICARE Options

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

+ TRANSITIONAL COVERAGE OPTIONS

Extended TRS and TRICARE Dental Program Coverage Following Involuntary Separation

If you are involuntarily separated from the Selected Reserve under other than adverse conditions, you may be eligible for extended TRS and TRICARE Dental Program coverage for up to 180 days from your separation date. For more information, contact your service personnel unit.

Continued Health Care Benefit Program

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

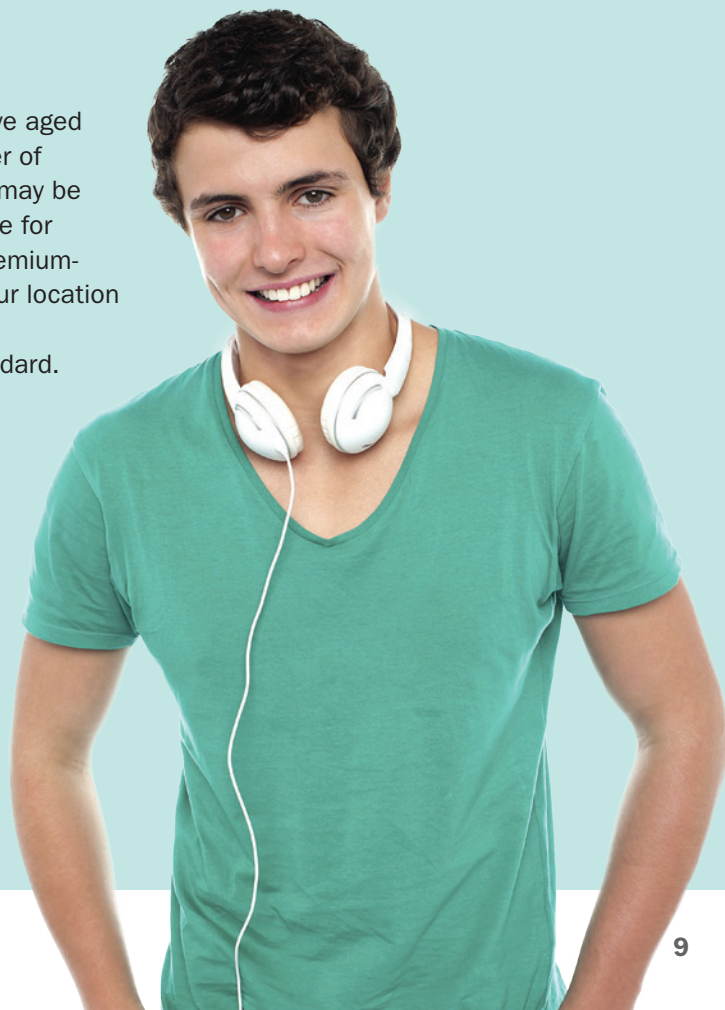
Note: You're not legally entitled to space-available care at military hospitals or clinics while in CHCBP.

+ TRICARE YOUNG ADULT

TYA is a premium-based health care plan available to qualified dependents who have aged out of TRICARE. A parent who is a member of the Selected Reserve or Retired Reserve may be a TYA sponsor if he or she is either eligible for premium-free TRICARE or covered by a premium-based TRICARE program (TRS or TRR). Your location and sponsor status determine whether you qualify for TYA Prime and/or TYA Standard.

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

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





Retired

After retirement, your options change as you age.

Up to age 60

+ TRICARE RETIRED RESERVE®

Description	<ul style="list-style-type: none"> Premium-based health care plan for qualified Retired Reserve members and/or their family members until the sponsor turns age 60
Enrolling	<ul style="list-style-type: none"> Enrollment required Offers member-only and member-and-family coverage Initial two-month premium payment due with enrollment form
Costs	<ul style="list-style-type: none"> Monthly premiums, a yearly deductible and cost-shares apply Yearly enrollment fee
Getting care	<ul style="list-style-type: none"> No referrals required Some services require prior authorization Get care from any TRICARE-authorized provider (network or non-network) Get care at a military hospital or clinic on a space-available basis

Ages 60-64

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

- 60
- 61
- 62
- 63
- 64

+ AFTER TRICARE RETIRED RESERVE ENDS

Retired Reserve members ages 60–64 and their family members can get premium-free TRICARE Standard and TRICARE Extra, or pay a yearly fee to enroll in TRICARE Prime, if available. Copayments or cost-shares apply when getting care.

65

Age 65 and up

+ TRICARE FOR LIFE

TFL covers medical and pharmacy benefits, so you don't have to get Medicare Part D. If you're entitled to Medicare Part A (hospital insurance), you generally must have Medicare Part B (medical insurance) to keep TRICARE.

Enrolling	<ul style="list-style-type: none"> No enrollment required Must be entitled to premium-free Medicare Part A and have Medicare Part B
Costs	<ul style="list-style-type: none"> No enrollment fees No monthly TFL premiums
Getting care	<p>Get care from:</p> <ul style="list-style-type: none"> Medicare-participating providers Medicare-nonparticipating providers Military hospitals and clinics on a space-available basis



+ QUALIFY FOR TRICARE RESERVE SELECT OR TRICARE RETIRED RESERVE

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

- On active duty orders for more than 30 days
- In TAMP
- Eligible for or enrolled in the FEHB Program

+ PURCHASE TRICARE RESERVE SELECT OR TRICARE RETIRED RESERVE

Complete the *Reserve Component Health Coverage Request* form (DD Form 2896-1) on the Defense Manpower Data Center (DMDC) Reserve Component Purchased TRICARE Application at www.dmdc.osd.mil/appj/reservetricare. Mail or fax the completed *DD Form 2896-1* along with any required payment to your TRICARE regional contractor. Those who don't qualify won't be able to get to the form. You may purchase TRS or TRR coverage anytime of the year. Coverage begins the first day of the next month or the first day of the second month based on when your *DD Form 2896-1* is submitted.

+ LOSS OF OTHER TRICARE COVERAGE

If you lose coverage under another TRICARE option due to your sponsor's change in status, you may qualify for TRS or TRR. Submit your *DD Form 2896-1* within 30 days of losing other TRICARE coverage to avoid a break in coverage. TRS or TRR coverage begins the day after you lose your prior TRICARE coverage.

+ SURVIVOR COVERAGE

The table below lists coverage options for survivors of sponsors who die.

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

Note: Surviving family members who are eligible for or enrolled in the FEHB Program may purchase TRS or TRR. Surviving children remain eligible until the end of the survivor coverage period or until they age out or otherwise lose TRICARE coverage (for example, marriage), whichever is first.



QUALIFY FOR AND PURCHASE TRS OR TRR

+ CHANGES TO YOUR FAMILY

When you have a family change, such as getting married, having or adopting a child or losing a family member, you may request changes to your TRS or TRR coverage:

- Update your family information in DEERS to reflect the change. For more information, go to www.tricare.mil/deers.
- To add a family member to your coverage, follow the instructions listed under “Purchase TRICARE Reserve Select or TRICARE Retired Reserve.” Adding a family member must be done within 60 days of a qualifying life event.

+ NONPAYMENT OF PREMIUMS

If your TRS or TRR premium payment isn’t received by the end of the current month a premium is due, your coverage may be suspended or terminated, and you may be subject to a 12-month lockout. **Note for TRS members:** If your TRS coverage is suspended, call your regional contractor for information about possibly getting your coverage back.



+ CHANGE IN STATUS

If you are ever activated for more than 30 days, your TRS or TRR coverage automatically ends and unused premiums already paid will be refunded to you. The 12-month purchase lockout doesn’t apply.

If you want TRS or TRR coverage to continue after your other TRICARE coverage ends, you must qualify for and purchase TRS or TRR coverage again no later than 30 days after the other TRICARE coverage ends.

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

+ CHANGE IN FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM ELIGIBILITY OR ENROLLMENT

You must take action to disenroll from TRS or TRR if the sponsor becomes eligible for or enrolls in the FEHB Program. No purchase lockout will go into effect. If you don’t end coverage as required, your Reserve component may terminate your coverage and you will be responsible for any health care costs after the effective termination date.



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

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

+ PHARMACY OPTIONS

OPTIONS FOR FILLING PRESCRIPTIONS	DESCRIPTION OF OPTIONS
Military pharmacies	<ul style="list-style-type: none"> No cost for up to a 90-day supply of most drugs Usually don't carry tier 3 drugs
TRICARE Pharmacy Home Delivery	<ul style="list-style-type: none"> No cost for ADSMs No cost for non-ADSMs for up to a 90-day supply of tier 1 drugs Copayments for non-ADSMs up to a 90-day supply of tier 2 and tier 3 drugs Drugs are mailed to you with free standard shipping
TRICARE retail network pharmacies	<ul style="list-style-type: none"> Pay one copayment for each 30-day supply No need to file a claim Located in the U.S. and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands
Non-network pharmacies	<ul style="list-style-type: none"> Pay full price and file a claim to get money back The amount of money you get back depends on deductibles, out-of-network cost-shares and copayments

+ THREE TIERS OF DRUGS

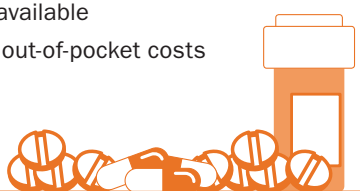
Drugs that are covered by TRICARE are grouped into three tiers. This grouping is based on medical effectiveness and cost of a drug compared to other drugs of the same type. The following graphic shows how drugs in different tiers may cost more and be harder to get.

TIER 1

.....

Generic drugs

- Widely available
- Lowest out-of-pocket costs




TIER 2

.....

Brand-name drugs

- Generally available
- Higher out-of-pocket costs



TIER 3

.....

Nonformulary drugs

- May have limited availability
- Highest out-of-pocket costs



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

- TRICARE Active Duty Dental Program (ADDP)
- TRICARE Dental Program (TDP)
- TRICARE Retiree Dental Program (TRDP)

ADSMs generally get care at military dental clinics, but may sometimes use the ADDP. For more information and for dental costs, go to www.tricare.mil/dental.

TRICARE Active Duty Dental Program

(Managed by United Concordia Companies, Inc.)

www.addp-ucci.com

- ADSMs
- National Guard and Reserve members called or ordered to active service for more than 30 days

TRICARE Dental Program

(Managed by MetLife)

www.metlife.com/tricare

- ADFMs
- National Guard and Reserve members and their family members
- Individual Ready Reserve members and their family members
- Survivors

TRICARE Retiree Dental Program

(Managed by Delta Dental of California)

www.trdp.org

- Retired service members and their eligible family members
- Retired National Guard and Reserve members and their eligible family members
- Certain survivors
- Medal of Honor recipients and their immediate family members and survivors



TRICARE Offers Dental Coverage Options with Worldwide Portable Coverage



For ADSMs who are either referred for care by a military dental clinic to a civilian dental provider or have a duty location and live more than 50 miles from a military dental clinic

ADDP



Voluntary enrollment



Single and family plans



Monthly premiums



Coverage for most preventive and diagnostic services

TDP



Voluntary enrollment



Single, two-person and family (three or more people) plans



Premium rates depend on your location



Coverage for most preventive and diagnostic services

TRDP



For Information and Assistance

www.tricare.mil

You can sign up to get TRICARE news and publications by email at www.tricare.mil/subscriptions. To view, print or download TRICARE fact sheets, brochures and other benefit resources, go to www.tricare.mil/publications.

TRICARE North Region

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

TRICARE South Region

Humana Military
1-800-444-5445
HumanaMilitary.com

TRICARE West Region

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

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

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

TOP Regional Call Center—Latin America and Canada¹

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

TOP Regional Call Centers—Pacific¹

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)
sydricare@internationalsos.com

Defense Enrollment Eligibility Reporting System (DEERS)

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

milConnect

(update DEERS, get eCorrespondence)

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

My Access Center

(get a DS Logon account)

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

TRICARE Reserve Select

www.tricare.mil/trs

TRICARE Retired Reserve

www.tricare.mil/trr

Reserve Affairs

www.people.mil

TRICARE For Life

www.tricare.mil/tfl

Wisconsin Physicians Service—

Military and Veterans Health

(U.S. and U.S. territories)

1-866-773-0404

1-866-773-0405 (TDD/TTY)

www.TRICARE4u.com

US Family Health Plan

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

TRICARE Young Adult

www.tricare.mil/tya

TRICARE Pharmacy Program

www.tricare.mil/pharmacy
1-877-363-1303
www.express-scripts.com/TRICARE

TRICARE Active Duty Dental Program

www.tricare.mil/addp

United Concordia Companies, Inc.
(U.S. and U.S. territories)
1-866-984-ADDP (1-866-984-2337)
www.addp-ucc.com

TRICARE Dental Program

www.tricare.mil/tdp

MetLife
1-855-MET-TDP1 (1-855-638-8371) (stateside)
1-855-MET-TDP2 (1-855-638-8372) (overseas)
1-855-MET-TDP3 (1-855-638-8373) (TDD/TTY)
www.metlife.com/tricare

TRICARE Retiree Dental Program

www.tricare.mil/trdp

Delta Dental of California
1-855-827-6436 (stateside)
Dial the AT&T USA Direct Access Number
followed by 866-721-8737 (overseas)
www.trdp.org

Transitional Assistance Management Program

www.tricare.mil/tamp

Continued Health Care Benefit Program

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

Military Health System Website

www.health.mil

1. For toll-free contact information, go to 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. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.

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