

OVERSEAS



TRICARE[®] Overseas Program Guide

Your guide to benefits in the
TRICARE Overseas Program



Important Information

TRICARE Website:	www.tricare.mil
TRICARE Overseas Program (TOP) Contractor:	International SOS Government Services, Inc. www.tricare-overseas.com
TRICARE Eurasia-Africa Africa, Europe and the Middle East	TOP Regional Call Center:* +44-20-8762-8384 (overseas), 1-877-678-1207 (stateside) tricarelon@internationalsos.com Medical Assistance Number:* +44-20-8762-8133
TRICARE Latin America and Canada Canada, the Caribbean Basin, Central and South America, Puerto Rico and the U.S. Virgin Islands	TOP Regional Call Center:* +1-215-942-8393 (overseas), 1-877-451-8659 (stateside) tricarephl@internationalsos.com Medical Assistance Number:* +1-215-942-8320
TRICARE Pacific Asia, Australia, Guam, India, Japan, New Zealand, South Korea and Western Pacific remote countries	TOP Regional Call Centers* 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 Assistance Numbers* Singapore: +65-6338-9277 Sydney: +61-2-9273-2760

* For toll-free contact information, go to **www.tricare-overseas.com**. Toll-free numbers may not be available for all mobile phone carriers overseas. Only call Medical Assistance numbers to coordinate overseas emergency care.

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 the TRICARE Overseas Program contractor, your TRICARE Service Center or your 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 guide 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 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 don’t meet this provision of the law will be required to pay a penalty for each month they don’t have adequate coverage. The penalty will be collected each year with federal tax returns. Watch for future communications from TRICARE or go to **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 website: www.tricare.mil

TRICARE Overseas Program

The TRICARE Overseas Program regional contractor is International SOS Government Services, Inc. For more information, go to www.tricare-overseas.com.

TRICARE Overseas Program (TOP) Region	TOP Regional Call Center ¹	Medical Assistance Number ¹
TRICARE Eurasia-Africa	+44-20-8762-8384 (overseas) 1-877-678-1207 (stateside) tricarelon@internationalsos.com	+44-20-8762-8133
TRICARE Latin America and Canada	+1-215-942-8393 (overseas) 1-877-451-8659 (stateside) tricarephl@internationalsos.com	+1-215-942-8320
TRICARE Pacific—Singapore	+65-6339-2676 (overseas) 1-877-678-1208 (stateside) sin.tricare@internationalsos.com	+65-6338-9277
TRICARE Pacific—Sydney	+61-2-9273-2710 (overseas) 1-877-678-1209 (stateside) sydtricare@internationalsos.com	+61-2-9273-2760

1. For toll-free contact information, go to www.tricare-overseas.com. Toll-free numbers may not be available for all mobile phone carriers overseas. Only call Medical Assistance numbers to coordinate overseas emergency care.

Defense Enrollment Eligibility Reporting System (DEERS)

You have several options for updating and verifying DEERS information:

In Person	Phone
Visit a local uniformed services ID card office. 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 website at http://milconnect.dmdc.osd.mil . Visit the Beneficiary Web Enrollment website at www.dmdc.mil/appj/bwe .	1-831-655-8317
	Mail
	Defense Manpower Data Center Support Office 400 Gigling Road Seaside, CA 93955 USA

TRICARE Dental Options

Go to 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

Go to www.tricare-overseas.com to submit medical claims online and sign up for direct deposit reimbursement. You can also download the *TRICARE DoD/CHAMPUS Medical Claim—Patient’s Request for Medical Payment* form (DD Form 2642) from www.tricare-overseas.com or from www.tricare.mil/claims and mail it to the addresses provided. For more information about filing claims, go to www.tricare.mil/claims.

Health Care and Overseas Pharmacy Claims

Active Duty Service Members (ADSMs) (all overseas areas)	Non-ADSMs TRICARE Eurasia-Africa	Non-ADSMs TRICARE Latin America and Canada	Non-ADSMs TRICARE Pacific
Send claims to: TRICARE Active Duty Claims P.O. Box 7968 Madison, WI 53707 USA	Send claims to: TRICARE Overseas Program P.O. Box 8976 Madison, WI 53708 USA	Send claims to: TRICARE Overseas Program P.O. Box 7985 Madison, WI 53707 USA	Send claims to: TRICARE Overseas Program P.O. Box 7985 Madison, WI 53707 USA

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)	TRICARE Pharmacy Home Delivery	Pharmacy Claims
	Download the registration 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 USA	File overseas pharmacy claims with the TRICARE Overseas Program claims processor. Send stateside non-network pharmacy claims to: Express Scripts, Inc. TRICARE Claims P.O. Box 52132 Phoenix, AZ 85072 USA
Prescription Drug Formulary Search		
www.express-scripts.com/tricareformulary		

Other Resources

TRICARE Area Offices	www.health.mil/tao
TRICARE Forms	www.tricare.mil/forms
TRICARE Program Options	www.tricare.mil/plans
TRICARE Publications	www.tricare.mil/publications
TRICARE Mental Health	www.tricare.mil/mentalhealth
Customer Service Community Directory	www.tricare.mil/bcacdcao



Welcome to the TRICARE Overseas Program

The TRICARE Overseas Program (TOP) is the Department of Defense health care program for geographical areas and territorial waters outside the U.S. While similar to the stateside program, TOP has some differences. TRICARE partners with the best available providers around the world and has established purchased care sector provider (an authorized civilian provider in your overseas area) networks around military hospitals and clinics and in many remote locations as well.

Read this *TRICARE Overseas Program Guide* for information about program options, eligibility, enrollment, covered services and getting care when living or traveling overseas.

Your TRICARE Overseas Program Contractor

International SOS Government Services, Inc. (International SOS) administers the TOP benefit. For more information about overseas benefits, go to the TOP website at www.tricare-overseas.com. Call your TOP Regional Call Center for assistance with enrollment, referrals and prior authorizations. In an emergency, go to the nearest emergency care facility and then call the Medical Assistance number for your area. Phone numbers are listed in the *Important Contact Information* section at the beginning of this guide.

TRICARE Overseas Program Regional Call Centers

TOP Regional Call Centers help coordinate care for TOP Prime and TOP Prime Remote beneficiaries. They also help coordinate emergency and urgent medical and dental care for active duty service members (ADSMs) on temporary duty (TDY) or authorized leave status overseas. To coordinate health care, an ADSM on TDY must provide a copy of his or her orders to the TOP Regional Call Center for the area where he or she is located.

Global TRICARE Service Center

The Global TRICARE Service Center (GTSC) assists with enrollments, transfers, general inquiries and customer service. It is staffed 24/7 by beneficiary service representatives.

When you call your TOP Regional Call Center, you will be prompted with the following menu of options; the GTSC is available at option 4.

Option 1: Medical Assistance (directs you to the Medical Assistance team at your TOP Regional Call Center)

Option 2: Claims support (connects you to a claims customer service specialist)

Option 3: Referrals, prior authorizations or health care finder assistance (helps you find military hospitals and clinics overseas or find a purchased care sector provider in your area)

Option 4: GTSC (connects you to the 24/7 customer service assistance center)

Option 5: Provider support services (this option is for TOP providers only and should not be used by beneficiaries)

Option 6: The Privacy Act of 1974 (for Privacy Act information)

Option 7 (Singapore TOP Regional Call Center only): Philippine Demonstration support (connects you to Global 24 Network Services for assistance with finding approved demonstration providers in the Philippines)

Medical Assistance Numbers

International SOS provides Medical Assistance numbers for areas throughout the overseas region. In an emergency, call the Medical Assistance number to locate the nearest emergency care facility or to coordinate overseas emergency care. Medical Assistance is available 24/7, and you may call collect, if available.

Call your primary care manager or TOP Regional Call Center for urgent care, referrals, prior authorizations and health care finder assistance. TOP Prime Remote beneficiaries can contact the TOP Regional Call Center and choose option 1 for Medical Assistance or for help finding a remote network provider.

TRICARE Area Offices

A TRICARE Area Office is located in each overseas area to assist beneficiaries living or traveling overseas. Call **+1-888-777-8343** and choose the option for your overseas area as directed.

TRICARE Service Centers

TRICARE Service Centers (TSCs) are located throughout the overseas areas where TRICARE Prime is available, typically at military hospitals and clinics. TSCs are important resources where beneficiary service representatives are available to assist you when seeking care at military

hospitals and clinics or from purchased care sector providers. Your local TSC can help you learn about TRICARE program options, transfer enrollments, provide claims assistance, resolve TRICARE issues and file grievances. Go to www.tricare.mil/ContactUs/CallUs/TSC to locate a TSC near you.

Note: TOP Prime Remote beneficiaries should call their TOP Regional Call Center and choose option 4 to reach the GTSC.

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 ADSMs and their family members become eligible for TRICARE as active duty family members (ADFMs).

Eligible ADFMs may enroll in TOP Prime (depending on availability in your location) or use TOP Standard. The service member's service personnel office determines eligibility for pre-activation benefits. Contact the unit personnel office regarding eligibility. Activation orders should contain the unit personnel office address and contact information.

Important Note for Beneficiaries Living in the Philippines

If you live or travel in the Philippines, you are required to see a certified provider for care. Additionally, TOP Standard beneficiaries who live 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 get a waiver from Global 24 Network Services. For assistance with finding an approved demonstration provider, contact Global 24 Network Services toll-free (in the Philippines) at **+1-800-10-4562324**. Go to www.tricare-overseas.com/philippines.htm or www.tricare.mil/philippines for more information.

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Getting Started

TRICARE is available to active duty service members (ADSMs), active duty family members (ADFMs), retired service members and their family members, National Guard and Reserve members and their family members, survivors and others who are registered in the Defense Enrollment Eligibility Reporting System (DEERS). The uniformed services include the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Marine Corps, U.S. Coast Guard, Commissioned Corps of the U.S. Public Health Service and the National Oceanic and Atmospheric Administration.

Your beneficiary category and location determine which overseas options are available to you. Your options may change if you move, if your sponsor changes location or status, or if you have a life event, such as getting married, having a child or becoming entitled to Medicare Part A.

TRICARE Overseas Program Options by Beneficiary Type

Beneficiary Type	Program Options
Active duty service members (ADSMs)¹	<ul style="list-style-type: none"> • TRICARE Overseas Program (TOP) Prime • TOP Prime Remote • TRICARE Active Duty Dental Program (ADDP)²
Active duty family members (ADFMs) and transitional survivors	<ul style="list-style-type: none"> • TOP Prime • TOP Prime Remote • TOP Standard • TRICARE Young Adult (TYA) • TRICARE For Life (TFL) (if you have both Medicare Part A and Part B)³ • TRICARE Dental Program • TRICARE Plus (depending on military hospital or clinic availability)
Retired service members and family members, survivors, Medal of Honor recipients, certain former spouses who have not remarried and others	<ul style="list-style-type: none"> • TOP Standard • TYA • TFL (if you have both Medicare Part A and Part B)³ • TRICARE Retiree Dental Program • TRICARE Plus (depending on military hospital or clinic availability)

1. ADSMs must enroll in either TOP Prime or TOP Prime Remote.

2. The ADDP is only available in the U.S. and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands). Active duty dental care is coordinated by military dental clinics for ADSMs enrolled in TOP Prime and by International SOS for ADSMs enrolled in TOP Prime Remote.

3. Most beneficiaries who are entitled to Medicare Part A must have Medicare Part B to remain TRICARE-eligible. ADFMs who have Medicare Part A aren't required to have Medicare Part B to remain eligible for TRICARE. However, once the sponsor reaches age 65, Medicare Part B must be in effect no later than the sponsor's retirement date to avoid a break in TRICARE coverage.

Active Duty Service Members

ADSMs must enroll in a TRICARE Overseas Program (TOP) Prime option. Depending on where you are stationed overseas, you must enroll in either TOP Prime or TOP Prime Remote.

Active Duty Family Members

For eligibility purposes, the term “family members” includes the sponsor’s TRICARE-eligible spouse and children. Unmarried children may remain TRICARE-eligible until reaching age 21 (or age 23 if enrolled full-time at an approved college and if the sponsor provides over 50 percent of the financial support). Children

with disabilities may remain TRICARE-eligible beyond the normal age limits. Check with your sponsor’s service for eligibility criteria. For more information, see “TRICARE Extended Care Health Option” in the *Covered Services, Limitations and Exclusions* section of this guide.

ADFM’s may enroll in TOP Prime or TOP Prime Remote if they are eligible in DEERS and are one of the following:

- Command-sponsored on the sponsor’s permanent change-of-station orders
- Relocated on service-sponsored/funded orders
- National Guard and Reserve family members living overseas with their sponsors who are called or ordered to active service for more than 30 consecutive days
- Transitional survivors whose ADSM sponsors died while serving on active duty orders for more than 30 consecutive days*

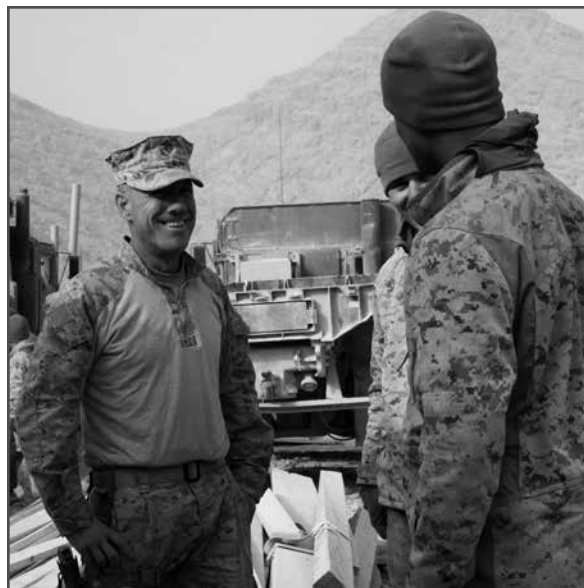
Note: Command sponsorship is an authorization entitling family members to travel overseas at the government’s expense. Command-sponsored family members are included on their sponsors’ change-of-station orders.

ADFM’s who aren’t eligible for, or choose not to enroll in, TOP Prime may use TOP Standard. See the *TRICARE Overseas Program Options* section of this guide for more information about TOP Standard.

* For more information about transitional survivors, see “Survivor Coverage” in the *Changes to Your TRICARE Coverage* section of this guide.

Retired Service Members and Their Families

Retired service members and their families are not eligible to enroll in TOP Prime. However, they may be eligible to use TOP Standard and get care on a space-available basis at military hospitals and clinics or they may enroll in TRICARE Plus, depending on individual military hospital or clinic availability. See the *TRICARE Overseas Program Options* section of this guide for more information.



National Guard and Reserve Members and Their Families

The National Guard and Reserve includes the Army National Guard, Army Reserve, Navy Reserve, Air National Guard, Air Force Reserve, Marine Corps Reserve and Coast Guard Reserve.

To be considered an ADSM and eligible for TRICARE active duty coverage, you must be a National Guard or Reserve member called or ordered to active service for more than 30 consecutive days or within 180 days of mobilization based on early-activation orders. 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 orders or (2) 180 days before the date on which the period of active duty is to begin. Until then, coordinate care with your unit commander.

If eligible, your family members may enroll in TRICARE during the early-eligibility period. TRICARE-eligible family members who live overseas with you get coverage as ADFM’s while you are activated. They may enroll in TOP Prime or TOP Prime Remote. They may also choose to use TOP Standard, which doesn’t require enrollment. If your family lives in the U.S. when you are activated, they may be eligible for stateside TRICARE programs.

TRICARE Overseas Program Options

The TRICARE Overseas Program (TOP) offers three program options to TRICARE beneficiaries living overseas: TOP Prime, TOP Prime Remote and TOP Standard. TOP Prime and TOP Prime Remote have lower out-of-pocket costs than TOP Standard, and TOP Standard gives beneficiaries the flexibility to self-refer for most civilian care. TRICARE Extra is **not** available overseas.

Additionally, certain programs—including TRICARE For Life (TFL), TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), TRICARE Young Adult (TYA), the Transitional Assistance Management Program and the Continued Health Care Benefit Program (CHCBP)—are available both in the U.S. and overseas.

TRICARE Overseas Program Prime

TOP Prime is similar to a managed care or health maintenance organization option and is available to active duty service members (ADSMs) and their eligible family members who live with them near a military hospital or clinic. TOP Prime works like the stateside TRICARE Prime program with similar benefits, requirements and costs. Enrollment is required, but there are no enrollment fees. With TOP Prime, you get most of your care from an assigned primary care manager (PCM) at a military hospital or clinic. Your PCM refers you for specialty care when necessary.

ADSMs stationed overseas must enroll in TOP Prime or TOP Prime Remote. Eligible active duty family members may choose to enroll in TOP Prime or TOP Prime Remote or they may use TOP Standard.

TRICARE Overseas Program Prime Remote

TOP Prime Remote provides TRICARE Prime benefits to ADSMs and their eligible family members living with them in remote overseas locations. Enrollment is required, but there are

no enrollment fees. If you don't have an assigned PCM, International SOS will assist you in arranging and managing your health care needs.

TRICARE Overseas Program Standard

TOP Standard is a fee-for-service option available to eligible non-ADSMs living overseas. TOP Standard works like the stateside TRICARE Standard program with similar benefits, requirements and costs. Enrollment is not required; coverage is automatic as long as you are shown as eligible in the Defense Enrollment Eligibility Reporting System (DEERS) and you aren't enrolled in TOP Prime or TOP Prime Remote.

With TOP Standard, you manage your own health care and may generally seek care from any purchased care sector provider without a referral. However, certain services, including nonemergency inpatient admissions for substance use disorders and mental health care, require prior authorization. For more information, see the *Getting Care* section of this guide. You are responsible for paying a yearly deductible and cost-shares, and you should expect to pay up front for care and submit a claim to the TOP claims processor to get money back. Go to www.tricare-overseas.com for a list of purchased care sector providers.

For more information about TOP Standard, go to www.tricare.mil or contact the nearest TRICARE Service Center.

Other TRICARE Programs Overseas

TRICARE For Life

TFL is Medicare wraparound coverage available worldwide to TRICARE beneficiaries who have Medicare Part A and Part B, regardless of age or where you live. If the sponsor is retired and you are entitled to premium-free Medicare Part A on your record or your spouse's record, you must have Medicare Part B to remain TRICARE-eligible. This rule applies to all TRICARE beneficiaries

even though Medicare generally doesn't cover health care obtained outside the U.S. and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands).

Note: Medicare may pay for services you get aboard a ship in the territorial waters adjoining the land areas of the U.S. and U.S. territories. In these locations, TFL works exactly as it does in the U.S.

To learn more about TFL, visit www.tricare.mil/tfl or www.TRICARE4u.com.

TRICARE Reserve Select®

TRS is a premium-based health care plan that certain members of the Selected Reserve may qualify to purchase. Qualifying members may purchase TRS member-only or member-and-family coverage and pay monthly premiums. Overseas, TRS works like TOP Standard with the same benefits, requirements and costs, except that TRS also has monthly premiums.

You may generally get care from any purchased care sector provider without a referral. However, certain services, including inpatient nonemergency mental health care, require prior authorization. You are responsible for paying a yearly deductible and cost-shares, and you should expect to pay up front for care and submit a claim to the TOP claims processor to get money back. For a list of providers, go to www.tricare-overseas.com.

TRICARE Retired Reserve®

TRR is a premium-based health care plan that certain Retired Reserve members may qualify to purchase until reaching age 60. Qualifying members may purchase TRR member-only or member-and-family coverage and pay monthly premiums. Overseas, TRR works like TOP Standard for retirees, with the same retiree benefits, requirements and costs, except that TRR also has monthly premiums.

You may generally get care from any purchased care sector provider without a referral. However, certain services, including inpatient nonemergency mental health care, require prior authorization. You are responsible for paying a yearly deductible

and cost-shares, and you should expect to pay up front for care and submit a claim to the TOP claims processor to get money back. For a list of providers, go to www.tricare-overseas.com.

TRICARE Young Adult

TYA is a premium-based health care plan available for purchase by qualified adult-age children. 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 eligibility to purchase TYA Prime and/or TYA Standard. Command sponsorship is required overseas.

TYA includes medical and pharmacy benefits, but excludes dental coverage. Those who purchase TYA Prime can get care through their assigned military or civilian PCMs. Unless enrolled to a PCM at a military hospital or clinic, TYA beneficiaries are generally limited to getting primary care at military hospitals and clinics on a space-available basis. TYA beneficiaries enrolled in the US Family Health Plan aren't eligible for care at military hospitals or clinics or for military pharmacy benefits, except in an emergency. 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, go to www.tricare.mil/tya.

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. If you qualify, you can purchase CHCBP coverage within 60 days of loss of eligibility for either regular TRICARE or Transitional Assistance Management Program coverage, whichever is later.

Note: CHCBP enrollees aren't legally entitled to space-available care at military hospitals and clinics or to military pharmacy services.

Enrollment

Some TRICARE Overseas Program (TOP) options provide automatic coverage. However, others require you to take specific actions to enroll. It is important to understand which program options require enrollment and how to enroll. You must show as eligible in the Defense Enrollment Eligibility Reporting System (DEERS) before you can get TRICARE benefits, regardless of whether or not your program option requires enrollment.

While most programs require that you take an enrollment action, you are automatically covered by one of the following programs if you meet TRICARE's eligibility requirements and are shown as eligible in DEERS:

- TOP Standard
- TRICARE For Life (if you have both Medicare Part A and Part B)

TRICARE Overseas Program Prime and TRICARE Overseas Program Prime Remote Enrollment

To enroll in either TOP Prime or TOP Prime Remote, submit a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form* (DD Form 2876) to your TOP Regional Call Center or TRICARE Service Center (TSC), or call your Global TRICARE Service Center (choose option 4 from the TOP Regional Call Center menu). TOP Prime and TOP Prime Remote coverage begins when your enrollment request is received. There are no enrollment fees for TOP Prime or TOP Prime Remote. Go to www.tricare.mil/costs for current cost information.

Split Enrollment

TOP Prime allows split enrollment when sponsors are stationed overseas but their family members live in the U.S. (for example, spouses who don't accompany sponsors on overseas tours of duty, children attending college in the U.S.). Eligible active duty family members may enroll in stateside TRICARE Prime in the regions where they live. If they are currently enrolled in TRICARE Prime Remote for Active Duty

Family Members (TPRADFM) and the sponsor gets unaccompanied orders, they can remain in TPRADFM in their current location. If they choose not to enroll in TRICARE Prime or TPRADFM, if currently eligible, they are automatically covered under TRICARE Standard and TRICARE Extra.

Note: TRICARE Extra is not available overseas.

Key points to remember about split enrollment:

- Families with college students, children living with former spouses or families otherwise separated can enroll together in different stateside regions, but cannot enroll together in different overseas areas.
- There is no limit on the number of family members who can enroll.
- In most cases, only command-sponsored family members who accompany their sponsors on overseas orders may enroll in TOP Prime or TOP Prime Remote.

TRICARE Reserve Select Enrollment

TRICARE Reserve Select (TRS) is a premium-based health care plan that certain members of the Selected Reserve may qualify to purchase for themselves and/or their family members. TRS offers comprehensive coverage similar to TRICARE Standard. To enroll in TRS, you must submit a completed *Reserve Component Health Coverage Request* form (DD Form 2896-1) to your regional contractor. To get the *DD Form 2896-1*, log on to the DMDC Reserve Component Purchased TRICARE Application at www.dmdc.osd.mil/appj/reservetricare. The initial two-month premium payment is due when you enroll. Monthly premium payments are collected electronically. An automatic payment method of either an electronic funds transfer (EFT) or recurring debit/credit card must be established for paying monthly premiums. Failure to pay monthly premiums will result in a suspension or termination of coverage. Go to www.tricare.mil/trs for more information about TRS.



TRICARE Retired Reserve Enrollment

TRICARE Retired Reserve (TRR) is a premium-based health care plan that certain members of the Retired Reserve may qualify to purchase for themselves and/or their family members. TRR offers comprehensive coverage similar to TRICARE Standard. To enroll in TRR, you must submit a completed *Reserve Component Health Coverage Request* form (DD Form 2896-1) to your regional contractor. To get the *DD Form 2896-1*, log on to the DMDC Reserve Component Purchased TRICARE Application at www.dmdc.osd.mil/appj/reservetricare. The initial two-month premium payment is due when you enroll. Monthly premium payments are collected electronically. An automatic payment method of either an EFT or recurring debit/credit card must be established for paying monthly premiums. Failure to pay monthly premiums will result in termination of coverage. Go to www.tricare.mil/trr for more information about TRR.

TRICARE Young Adult Enrollment

The TRICARE Young Adult (TYA) program is a premium-based health care plan available for purchase by qualified dependents. Up to age 26, adult-age dependents may purchase TYA coverage based on qualification established by their uniformed service sponsor and where they live. Command sponsorship is required for TYA Prime enrollment overseas. TYA includes medical and pharmacy benefits, but excludes dental coverage. For information about TYA coverage, go to www.tricare.mil/tya. To purchase TYA, submit a *TRICARE Young Adult Application* (DD Form 2947) to the TOP Regional Call Center or local TSC or enroll via Beneficiary Web Enrollment (U.S. only) at www.dmdc.osd.mil/appj/bwe. Download the form at www.tricare.mil/forms or request a form from your local TOP Regional Call Center or TSC.

Note: Special qualification conditions may exist.

Getting Care

This section explains how to get health care overseas. Each program option has specific guidelines about how to get care. These guidelines will help you get the most from your benefit and will help you avoid paying unnecessary out-of-pocket costs.

Providers

Military Hospitals and Clinics

Military hospitals and clinics are usually located on or near a military base. Appointments at military hospitals and clinics are limited, and active duty service members (ADSMs) and active duty family members (ADFMs) have priority. Certain beneficiaries, including those who use TRICARE Overseas Program (TOP) Standard and TRICARE For Life, may get care at military hospitals and clinics on a space-available basis only.

Overseas Military Hospital and Clinic Appointment Priorities

1	Active duty service members (ADSMs)
2	TRICARE Overseas Program (TOP) Prime and TOP Prime Remote active duty family members (ADFMs) and survivors whose ADSM sponsors died during active duty
3	Non-TOP Prime and non-TOP Prime Remote ADFMs TRICARE Reserve Select members and their families and TRICARE Plus enrollees (primary care)
4	Retired service members, their families and all others not enrolled in TOP Prime or TOP Prime Remote TRICARE Retired Reserve members and their families and TRICARE Plus enrollees (specialty care)

If you wish to get care at a military hospital or clinic, call to verify they can provide the care you need. Go to www.tricare.mil/mtf to locate a military hospital or clinic.

Purchased Care Sector Providers

TRICARE certifies network purchased care sector providers (an authorized civilian provider in your overseas area) to provide care to overseas beneficiaries. Network purchased care sector providers have established agreements with the TOP contractor, International SOS. Network providers' performance is monitored, and they offer cashless/claimless services for TOP Prime and TOP Prime Remote beneficiaries. Check with your TOP Regional Call Center before visiting purchased care sector providers.

Note: If you live or travel in the Philippines, you are required to see a certified provider for care. Additionally, TOP Standard beneficiaries who live 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 get a waiver from Global 24 Network Services. Go to www.tricare-overseas.com/philippines.htm or www.tricare.mil/philippines for more information.

Non-network purchased care sector providers aren't certified by TRICARE and may not provide cashless/claimless services. Outside the U.S. and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands), 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 in addition to your deductible and cost-shares. Expect to pay up front and file a claim to get money back. You may be reimbursed by TRICARE according to Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Maximum Allowable Charges. Go to www.tricare-overseas.com for more information.

Language Assistance Line

International SOS provides over-the-phone language assistance services in 19 languages for those in TOP Prime and TOP Prime Remote. If you need to use the language assistance service during a medical appointment, you or your provider can call your TOP Regional Call Center and choose option 1. To use this service, you will need to share your full name, Social Security number or Department of Defense Benefits Number and date of birth. For toll-free country-specific contact information, visit www.tricare-overseas.com/contactus.

Types of 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.

In an emergency, go immediately to the nearest emergency care facility and then call the Medical Assistance number for your area. Prior authorization is not required. However, continued care must be coordinated to include subsequent authorizations and payment. Those in TOP Prime must contact

Definitions and Examples of Types of Care

Type of Care	Definition	Examples	Primary Care Manager (PCM) Role (if enrolled in TRICARE Overseas Program [TOP] Prime or TOP Prime Remote) ¹
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	You don't need to call your PCM before getting emergency medical care. Your PCM must be notified within 24 hours or on the next business day following admission.
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.	Rashes, migraine headache, urinary tract infection, sprain, earache, rising fever	Call your PCM first for appropriate guidance. Urgent care services require a referral if you don't see your PCM for care. If traveling in the U.S., you can get urgent care without a referral under the Urgent Care Pilot. See "Traveling" in the <i>Changes to Your TRICARE Coverage</i> section of this guide for more details.
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	You will get most of your routine care from your PCM.
Specialty Care	Specialty care consists of medical services provided by a health care provider specialist.	Cardiology, dermatology, gastroenterology, obstetrics	Your PCM will refer you to another health care provider for care he or she cannot provide and will coordinate the referral with the TOP contractor when necessary.

1. If you are a TOP Prime Remote beneficiary and don't have an assigned PCM, International SOS acts as your PCM.

their primary care managers (PCMs) and TOP Prime Remote beneficiaries must contact the TOP Regional Call Center before leaving the facility, preferably within 24 hours or on the next business day.

TRICARE Overseas Program Prime Beneficiaries Enrolled in Canada

Those in TOP Prime enrolled in Canada should call the U.S. Embassy or the nearest Canadian Forces Health Facility for local ambulance service contact information. You can also call 911 or your civilian insurance company.

TRICARE Overseas Program Prime and TRICARE Overseas Program Prime Remote Care

Access Standards

TRICARE Prime programs, including TOP Prime and TOP Prime Remote, provide for the following standards to get care:

- The wait time for an urgent care appointment should not exceed 24 hours.
- The wait time for a routine appointment should not exceed one week.
- The wait time for a specialty care appointment or wellness visit should not exceed four weeks (28 days).

Point-of-Service Option

The point-of-service (POS) option allows those using TOP Prime (except ADSMs) to pay additional out-of-pocket costs to get nonemergency health care services from any TRICARE-authorized provider without a referral. Out-of-pocket expenses you pay under the POS option aren't applied to your yearly catastrophic cap. For more information about the POS option, go to www.tricare.mil/pointofservice.

Retroactive Authorization for TOP Prime Family Members

TOP Prime family members have three business days after a health care visit to request a PCM referral for that care. Once you have your PCM referral, your claim is processed the same way as if you had gotten the referral before getting care, as long as your care is covered by TRICARE.

This process is called retroactive authorization. If you aren't able to get a referral from your PCM within three business days of when you got care, your claim will process under the POS option.

If you get a referral from your PCM after the three-day mark, your referral will need to be reviewed and approved by either the TRICARE Area Office (TAO) or TRICARE Overseas Program Office. For more information, call your TOP Regional Call Center.

Note: A referral is required for routine and urgent care when not seeing your PCM for care.

Urgent Care

In most cases, you can get urgent care from your PCM by making a same-day appointment. If you don't coordinate in advance with your PCM, you may use the POS option, resulting in higher out-of-pocket costs. For cost details, go to www.tricare.mil/costs.

If you are away from home or in a remote location, you must contact your PCM for a referral or call the TOP Regional Call Center for assistance to ensure medical oversight, including prior authorization, benefit coverage and cashless/claimless services. If you are in the U.S., you can get urgent care under the Urgent Care Pilot. To learn more, see "Traveling" in the *Changes to Your TRICARE Coverage* section of this guide.

Note: In certain countries, prior authorization may be required for urgent care visits.

Routine Care

You get most of your routine care from your PCM or primary care provider. You don't need a referral to visit your PCM. If your PCM is unable to provide the care needed, he or she can refer you to another provider. If you get routine care from a purchased care sector provider without a referral from your PCM or TOP Regional Call Center, you are using the POS option, resulting in higher out-of-pocket costs. TOP Prime Remote beneficiaries should contact the TOP Regional Call Center to coordinate care. For cost details, go to www.tricare.mil/costs.

Note: In certain countries, prior authorization may be required for routine care visits.

Specialty Care

There may be times when you need to see a specialist for a diagnosis or treatment that your PCM cannot provide. Your PCM can provide a referral to get services from specialty care providers and coordinate a referral request with your TOP Regional Call Center, if necessary. If you get specialty care without a referral from your PCM or TOP Regional Call Center, you are using the POS option, resulting in higher out-of-pocket costs. For cost details, go to www.tricare.mil/costs.

Referrals for Specialty Care

Contact your TOP Regional Call Center for details about obtaining referrals. If you live near a military hospital or clinic and are referred for specialty care, inpatient admissions or procedures requiring prior authorization, your TOP Regional Call Center attempts to coordinate care at your military hospital or clinic first. If services aren't available at the military hospital or clinic, the TOP Regional Call Center coordinates care with a network purchased care sector provider. If your PCM refers you to a specialist who would like to refer you to another specialist, the specialist must contact your PCM. For TOP Prime Remote beneficiaries, the specialist must contact your TOP Regional Call Center to get prior authorization for additional specialty care, if necessary. If you have TOP Prime, your military hospital or clinic will issue a referral for care.

Specialty Care for TRICARE Overseas Program Prime Remote Active Duty Service Members

If specialty or diagnostic services aren't available locally, ADSMs may need to travel outside their enrolled location to get care. If care is not available, the TOP Regional Call Center contacts the TAO to coordinate recommendations for medical temporary duty (TDY) to a military hospital or clinic or the nearest network purchased care sector provider.

The TAO will work with your TOP Regional Call Center to assist in coordinating military hospital or clinic or appropriate purchased care sector medical care and will provide information about obtaining required travel funding from your service organization.

Note: In addition to ADSMs enrolled in TOP Prime Remote, any ADSM on leave/liberty/temporary additional duty or TDY in any remote location worldwide may contact their TOP Regional Call Center to seek assistance for emergency and urgent health care and dental care.

For TOP Regional Call Center contact information, see the *Important Contact Information* section at the beginning of this guide or go to www.tricare-overseas.com.

Fitness-for-Duty Appointments

The local TRICARE point of contact (POC) coordinates fitness-for-duty appointments, flight physicals and medical care for ADSMs on leave or TDY in the U.S. Contact your TRICARE POC for assistance. The TRICARE POC will gather the required information from you and coordinate the request with the TOP Regional Call Center.

TRICARE Overseas Program Standard

TOP Standard beneficiaries manage their own health care and can make appointments with purchased care sector providers, unless local TOP restrictions require seeing certified providers. If you aren't located near a military hospital or clinic, TRICARE Service Center or U.S. Embassy



Health Unit, go to www.tricare-overseas.com for a list of providers or contact your TOP Regional Call Center for assistance.

You don't need a referral for care. Prior authorization is required for certain services, including nonemergency inpatient mental health care and substance use admissions, stem cell or organ transplants, adjunctive dental care and hospice care (only available in the U.S. and U.S. territories [American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands]).

Be prepared to pay up front for care and file claims with the TOP contractor to get money back. See the *Claims* section of this guide for more information.

Services Requiring Prior Authorization

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ADSMs require prior authorization for all inpatient and outpatient specialty care services. An additional fitness-for-duty review is required for maternity care, physical therapy, mental health care services and family counseling.

For all non-ADSMs, the following services require prior authorization:

- Adjunctive dental services (dental care that is medically necessary in the treatment of an otherwise covered medical—not dental—condition)
- Extended Care Health Option services (ADFMs only)
- Home health care services*
- Home infusion therapy*
- Hospice care*
- Nonemergency inpatient admissions for substance use disorders and mental health care
- Transplants—all solid organ and stem cell†

This list is **not** all-inclusive, and **each overseas area may have additional prior authorization requirements**. Contact your TOP Regional Call Center to learn about requirements in your area, as they may change periodically. See the *Important Contact Information* section at the beginning of this guide for contact information.

* *These services are only covered in the U.S. and U.S. territories.*

† *Medicare certification for organ transplant centers is only required for transplants performed in the U.S. and U.S. territories where Medicare is available. TRICARE may cover organ transplants in overseas locations when medically necessary, reasonable and commonly accepted in the country where the transplant is performed.*

Covered Services, Limitations and Exclusions

TRICARE covers 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 aren't 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, go to www.tricare.mil/coveredservices.

Overseas, all purchased care sector medical care must meet TRICARE's policies for coverage. You are financially responsible for 100 percent of the cost for care that TRICARE doesn't cover. Sponsor status and location determine which overseas options are available to you. Each program option has specific guidelines about how to get care. Check with your TRICARE Overseas Program (TOP) Regional Call Center before visiting purchased care sector providers.

Clinical Preventive Services

Comprehensive Health Promotion and Disease Prevention Exams

Clinical Preventive Services: Coverage Details

Service	Description
Comprehensive Health Promotion and Disease Prevention Exams	<p>Adult: A comprehensive clinical preventive exam is covered if it includes an immunization, breast cancer screening, cervical cancer screening, colon cancer screening or prostate cancer screening. Those using TRICARE Prime in each of the following age groups may get one comprehensive clinical preventive exam without getting an immunization, breast cancer screening, cervical cancer screening, colon cancer screening or prostate cancer screening (one exam per age group): 18–39, 40–64.</p> <p>Pediatric: Preventive services for children from birth up to age 6 are covered by all TRICARE program options under the well-child care benefit. For children age 6 and older, a comprehensive clinical preventive exam is covered if it includes an immunization. School enrollment physicals for children ages 5–11 are also covered. Those using TRICARE Prime in each of the following age groups may get one comprehensive clinical preventive exam without getting an immunization (one exam per age group): 6–11, 12–17. Note: Yearly sports physicals aren't covered.</p>

Targeted Health Promotion and Disease Prevention Services

The screening exams that follow may be covered for all eligible beneficiaries when provided in conjunction with a comprehensive clinical preventive exam or during other patient visits. The intent is to maximize preventive care.

Clinical Preventive Services: Coverage Details (continued)

Service	Description
Cancer Screenings	<ul style="list-style-type: none"> • Breast cancer: <ul style="list-style-type: none"> • Clinical breast exam: For women under age 40, a clinical breast exam is covered during a preventive health visit. For women age 40 and older, a yearly clinical breast exam is covered. • Mammograms: Covered yearly for all women beginning at age 40. Covered yearly beginning at age 30 for women with certain risk factors. • Breast screening MRI: Covered yearly, in addition to the yearly screening mammogram, beginning at age 30 for women with certain risk factors. • Cervical cancer: <ul style="list-style-type: none"> • 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 yearly 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). • Colorectal cancer: <ul style="list-style-type: none"> • Colonoscopy: Covered once every 10 years beginning at age 50. Colonoscopies are covered more often and/or at an earlier age for individuals with certain increased or high-risk factors. • Fecal occult blood testing: Covered yearly starting at age 50. • Proctosigmoidoscopy or sigmoidoscopy: Covered once every three to five years beginning at age 50. Proctosigmoidoscopy or sigmoidoscopy screenings are covered more often and/or at an earlier age for individuals with certain increased or high-risk factors. • Prostate cancer: A digital rectal exam and prostate-specific antigen screening is covered yearly for certain high-risk men ages 40–49 and all men over age 50. • Skin cancer: Exams are covered at any age for beneficiaries who are at high risk due to family history, increased sun exposure or clinical evidence of precursor lesions.
Cardiovascular Diseases	<ul style="list-style-type: none"> • Blood pressure screening: Covered yearly for children from age 3 up to 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 Exams	<ul style="list-style-type: none"> • Well-child care coverage (birth up to age 6): <ul style="list-style-type: none"> • Infants (up to age 3): One eye and vision screening is covered at birth and at 6 months. • Children (from age 3 up to age 6): One routine eye exam is covered every two years. Active duty family member (ADFM) children are covered for one routine eye exam yearly. • Adults and children (over age 6): ADFMs get one eye exam each year. • Diabetic patients (any age): Eye exams aren't limited. One eye exam per year is recommended. • Retired service members, their families and others: <ul style="list-style-type: none"> • TRICARE Prime: Routine eye exam is covered once every two years. • TRICARE Standard: Eye exams aren't covered after reaching age 6. <p>Note: Active duty service members (ADSMs) enrolled in TRICARE Overseas Program (TOP) Prime must get all vision care at military hospitals or clinics unless specifically referred by their primary care managers to civilian network providers, or to non-network providers if a network provider is not available. ADSMs enrolled in TOP Prime Remote may get periodic eye exams from network providers without prior authorizations as needed to maintain fitness-for-duty status.</p>

Clinical Preventive Services: Coverage Details (continued)

Service	Description
Hearing Exams	Preventive hearing exams are only covered under the well-child care benefit. 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 exams.
Immunizations	<p>Age-appropriate doses of 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 website at www.cdc.gov for a current schedule of recommended vaccines.</p> <p>The HPV vaccine is a limited benefit and may be covered when the beneficiary has not been previously vaccinated or completed the vaccine series.</p> <ul style="list-style-type: none"> • Females: The HPV vaccine is covered for females ages 11–26. The series of vaccines must be completed before reaching age 27 for coverage under TRICARE. • Males: The HPV vaccine is covered for all males ages 11–21 and is covered for males ages 22–26 who meet certain criteria. <p>A single dose of the shingles vaccine is covered for beneficiaries age 60 and older.</p> <p>Note: Vaccines for ADFMs whose sponsors have permanent change-of-station orders to overseas locations are also covered. Vaccines for personal overseas travel aren’t covered.</p>
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 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	<p>Covered for children ages 5–11 if required in connection with school enrollment.</p> <p>Note: Yearly sports physicals aren’t covered.</p>
Well-Child Care (birth up to age 6)	Covers routine newborn care; comprehensive health promotion and disease prevention exams; vision and hearing screenings; height, weight and head circumference measurement; routine vaccines; and developmental and behavioral appraisal. TRICARE covers well-child care in accordance with American Academy of Pediatrics (AAP) and CDC guidelines. Your child can get 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.

Outpatient Services

Outpatient Services: Coverage Details

Service	Description
Ambulance Services	<p>The following ambulance services are covered:</p> <ul style="list-style-type: none"> • Emergency transfers between a beneficiary’s home, accident scene or other location and a hospital • Transfers between hospitals • Ambulance transfers from a hospital-based emergency room to a hospital more capable of providing the required care • Transfers between a hospital or skilled nursing facility (SNF)¹ and another hospital-based or freestanding outpatient therapeutic or diagnostic department/facility <p>The following are excluded:</p> <ul style="list-style-type: none"> • Use of an ambulance service instead of taxi service when the patient’s condition would have permitted use of regular, private transportation • Transport or transfer of a patient primarily for the purpose of having the patient nearer to home, family, friends or a personal health care provider • Medicabs or ambicabs that function primarily as public passenger conveyances transporting patients to and from their medical appointments <p>Note: Air or boat ambulance is only covered when the pickup point is inaccessible by a land vehicle or when great distance or other obstacles are involved in transporting the beneficiary to the nearest hospital with appropriate facilities, and the patient’s medical condition warrants speedy admission or is such that transfer by other means is not advisable.</p>
Breast Pumps, Breast Pump Supplies and Breast-feeding Counseling	<p>Breast pumps, breast pump supplies and breast-feeding counseling are covered for all TRICARE beneficiaries who plan to breast-feed. You are covered to get one pump per birth or adoption. For your pump to be covered by TRICARE, you must get a prescription from a TRICARE-authorized provider.</p> <p>Outpatient breast-feeding counseling from a TRICARE-authorized provider is covered for up to six sessions per birth or adoption in addition to counseling services provided during your inpatient maternity stay or during other health care visits.</p> <p>Heavy-duty hospital-grade breast pumps are also covered in certain situations. For more information, contact the TRICARE Overseas Program contractor.</p>
Durable Medical Equipment, Prosthetics, Orthotics and Supplies	<p>Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) are generally covered if prescribed by a health care provider, dentist or any TRICARE-authorized provider when acting within the scope of their license or certification. Covered DMEPOS generally include:</p> <ul style="list-style-type: none"> • DMEPOS that are medically necessary, appropriate and prescribed for a beneficiary’s specific use. • Duplicate DMEPOS items that are necessary to provide a fail-safe, in-home life-support system. In this case, “duplicate” means an item that meets the definition of DMEPOS and serves the same purpose, but may not be an exact duplicate of the original DMEPOS item. For example, a portable oxygen concentrator may be covered as a backup for a stationary oxygen generator. <p>Note: Prosthetic devices must be U.S. Food and Drug Administration (FDA)-approved.</p>
Emergency Services	<p>TRICARE defines an emergency as a serious medical condition that the average person considers to be a threat to life, limb, sight or safety. However, most dental emergencies, such as going to the emergency room for a severe toothache, are not a covered medical benefit under TRICARE.</p>

1. Some health care services are covered by TRICARE only within the U.S. and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands), but aren’t covered overseas (for example, SNFs, home health care services and hospice care).

Outpatient Services: Coverage Details (continued)

Service	Description
Home Health Care¹	Home health care covers part-time or intermittent skilled nursing services and home health care services for those confined to the home. All care must be provided by a participating home health care agency and be authorized in advance by the regional contractor.
Individual Provider Services	Individual provider services cover office visits; outpatient office-based medical and surgical care; consultation, diagnosis and treatment by a specialist; allergy tests and treatment; osteopathic manipulation; rehabilitation services (for example, physical and occupational therapy and speech pathology services); and medical supplies used within the office.
Laboratory and X-ray Services	Laboratory and X-ray services are generally covered if prescribed by a provider. Laboratory-developed tests (LDTs) generally must be FDA-approved and medically necessary. Note: Non-FDA approved LDTs may be covered under the Non-FDA Approved LDTs Demonstration Project. Go to www.tricare.mil/ldt for more information.
Active Duty Service Member (ADSM) Respite Care	Respite care is covered for ADSMs who are homebound as a result of a serious injury or illness incurred while serving on active duty. Respite care is available if the ADSM's plan of care includes frequent interventions by the primary caregiver. ² The following respite care limits apply: <ul style="list-style-type: none"> • Five days per calendar week • Eight hours per calendar day Respite care must be provided by a TRICARE-authorized home health care agency and requires prior authorization from the regional contractor and the ADSM's approving authority (Defense Health Agency—Great Lakes or referring military hospital or clinic). The ADSM is not required to enroll in the Extended Care Health Option program to get the respite benefit.

1. Some health care services are covered by TRICARE only within the U.S. and U.S. territories, but aren't covered overseas (for example, SNFs, home health care services and hospice care).
2. More than two interventions are required during the eight-hour period per day that the primary caregiver would normally be sleeping.

Inpatient Services

Inpatient Services: Coverage Details

Service	Description
Hospitalization (semiprivate room or special care units when medically necessary)	Hospitalization covers general nursing; hospital, health care provider and surgical services; meals (including special diets); medications; operating and recovery room care; anesthesia; laboratory tests; X-rays and other radiology services; medical supplies and appliances; and blood and blood products. Note: Surgical procedures designated “inpatient only” may only be covered when performed in an inpatient setting.
Skilled Nursing Facility (SNF) Care (semiprivate room)	SNF care covers skilled nursing services; meals (including special diets); physical and occupational therapy and speech pathology; TRICARE Pharmacy Program-approved or covered drugs furnished by the facility; and necessary medical supplies and appliances. TRICARE covers skilled nursing days only if they are medically necessary. Note: TRICARE doesn't cover purely custodial care. SNFs are only covered in the U.S. and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands).

Mental Health Care Services

TOP covers a variety of mental health services. The following coverage details are **not** all-inclusive and additional limitations may apply. Contact your TOP Regional Call Center for additional information.

Note: In the event of a mental health emergency, go immediately to the nearest emergency care facility and then call the Medical Assistance number for your area.

TRICARE Overseas Program Prime Mental Health Care

Active Duty Service Members

Active duty service members (ADSMs) must have referrals and prior authorizations before seeking mental health care services to make sure your condition doesn't adversely affect your health and your ability to perform worldwide duty. Your primary care manager (PCM) or TOP Regional Call Center coordinates your mental health care referrals and prior authorizations.

Active Duty Family Members

TOP Prime and TOP Prime Remote active duty family members (ADFMs) don't need referrals or prior authorizations for the first eight outpatient mental health care visits per fiscal year (FY) (Oct. 1–Sept. 30) to network purchased care

sector providers for medically diagnosed and covered conditions. After the eighth visit, your mental health care provider must get prior authorization. Certain types of mental health care, including nonemergency inpatient mental health care, are excluded and always require a prior authorization. Point-of-service fees apply to care from a non-network purchased care sector provider without a referral and prior authorization. If you need non-medical counseling not covered under TRICARE, you may be eligible for services through a military family support center or counseling services in your community.

TRICARE Overseas Program Standard Mental Health Care

TOP Standard beneficiaries don't need prior authorization for the first eight outpatient mental health care visits per FY to network purchased care sector providers for medically diagnosed and covered conditions. However, prior authorization is required for additional visits.

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)**, a stateside toll-free number. Visit www.militaryonesource.mil for overseas phone numbers, additional resources and information.

Outpatient Mental Health Care Services

Mental Health Care Services: Outpatient Coverage Details

Service	Description
Outpatient Psychotherapy	Referrals and prior authorizations may be required for certain outpatient services. Active duty service members (ADSMs) should always seek nonemergency mental health care at military hospitals and clinics, when available. If services aren't available, ADSMs must get referrals from their military hospital or clinic or service point of contact before getting civilian care. All other TRICARE beneficiaries (non-ADSMs) don't need referrals or prior authorization for the first eight outpatient mental health care visits per fiscal year (FY) (Oct. 1–Sept. 30) for a covered benefit, such as psychotherapy, to a purchased care sector provider. Prior authorization from the TRICARE Overseas Program contractor is required beginning with the ninth outpatient mental health care visit per FY. Care access and rules vary by beneficiary type, location and TRICARE program option.

Mental Health Care Services: Outpatient Coverage Details (continued)

Service	Description
<p>Outpatient Psychotherapy (continued)</p>	<p>Provider referral and supervision may be required when seeing mental health counselors and are always required when seeing pastoral counselors.</p> <p>Note: Overseas, additional limitations on mental health care services may apply.</p> <p>The following outpatient psychotherapy limits apply:</p> <ul style="list-style-type: none"> • Psychotherapy: Two sessions per week in any combination of the following types: <ul style="list-style-type: none"> • Individual (adult or child): 60 minutes per session; may extend to 120 minutes for crisis intervention • Family or conjoint: 90 minutes per session; may extend to 180 minutes for crisis intervention • Group: 90 minutes per session • Collateral visits: Up to 60 minutes per visit are covered. Collateral visits are counted as individual psychotherapy sessions. Beneficiaries have the option of combining collateral visits with other individual or group psychotherapy visits.
<p>Psychoanalysis</p>	<p>Psychoanalysis is long-term mental health therapy that explores unconscious thoughts to gain insight into behaviors and symptoms. Treatment must be given by approved providers who are specifically trained in psychoanalysis. Psychoanalysis always requires prior authorization.</p>
<p>Psychological Testing and Assessment</p>	<p>Testing and assessment are covered when medically or psychologically necessary and provided in conjunction with otherwise-covered psychotherapy or as a required part of the assessment and reassessment process for applied behavior analysis covered under the Comprehensive Autism Care Demonstration. For information about testing and assessment related to autism care services, go to www.tricare.mil/autism.</p> <p>Psychological tests are considered diagnostic services and aren't counted toward the limit of two psychotherapy visits per week.</p> <p>Limitations:</p> <ul style="list-style-type: none"> • Testing and assessment are generally limited to six hours per FY. Any testing beyond six hours requires a review for medical necessity. Psychological testing must be medically necessary and not for educational purposes. <p>Exclusions:</p> <p>Psychological testing is not covered for the following circumstances:</p> <ul style="list-style-type: none"> • Academic placement • Job placement • Child custody disputes • General screening in the absence of specific symptoms • Teacher or parental referrals • Testing to determine whether a beneficiary has a learning disability • Diagnosed specific learning disorders or learning disabilities
<p>Medication Management</p>	<p>If you take prescription medications for a mental health disorder, you must be under the care of a provider who is authorized to prescribe those medications. Your provider will manage the dosage and duration of your prescription to ensure you are getting the best care possible. Medication-management appointments are medical appointments and don't count toward the first eight outpatient mental health care visits per FY.</p>

Inpatient Mental Health Care Services

Prior authorization is required for all nonemergency inpatient mental health care services. Psychiatric emergencies do **not** require prior authorization for inpatient admission, but authorization is required for continued stay. Admissions resulting from psychiatric emergencies must be reported to your TOP Regional Call Center within 72 hours of an admission. Authorization is required for continued stay and is coordinated between the inpatient unit and the regional contractor. ADSMs who get care at military hospitals or clinics don't require prior authorization. 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.

Note: Overseas, additional limitations on mental health care services may apply.

Mental Health Care Services: Inpatient Coverage Details

Service	Description
Acute Inpatient Psychiatric Care	Acute inpatient psychiatric care may be covered on an emergency or nonemergency basis. Prior authorization from the TRICARE Overseas Program (TOP) contractor is required for nonemergency inpatient admissions. In emergency situations, authorization is required for continued stay.
Psychiatric Partial Hospitalization Program	<p>Psychiatric partial hospitalization programs (PHPs) are capable of providing an interdisciplinary program of therapeutic services at least three hours a day, five days a week, in any combination of day, evening, night and weekend treatment programs.</p> <p>The following coverage rules apply:</p> <ul style="list-style-type: none"> • Prior authorization from the TOP contractor is required. PHP admissions aren't considered emergencies. • Facilities must be TRICARE-authorized. • PHPs must agree to participate in TRICARE. <p>Limitations:</p> <p>PHP care is limited to 60 treatment days (whether full- or partial-day treatment) per fiscal year (Oct. 1–Sept. 30). Limitations may be waived if determined to be medically or psychologically necessary.</p>
Psychiatric Residential Treatment Center Care	<p>TRICARE covers psychiatric residential treatment center (RTC) extended care for children and adolescents with psychological disorders that require continued treatment in a therapeutic environment. The following rules apply:</p> <ul style="list-style-type: none"> • Facilities must be TRICARE-authorized. • Unless therapeutically contraindicated, the family and/or guardian should actively participate in the continuing care of the patient through either direct involvement at the facility or geographically distant family therapy. • Prior authorization from the TOP contractor is always required. • RTC care is considered elective and is not considered an emergency. • Admission primarily for substance use rehabilitation is not authorized for psychiatric RTC care. • In an emergency, psychiatric inpatient hospitalization must be sought first, because the patient must be stable enough to benefit from psychiatric RTC care. • Care must be recommended and directed by a psychiatrist or clinical psychologist. <p>Note: RTC care is only covered for patients up to age 21.</p>

Substance Use Disorder Services

Substance use disorders include alcohol or drug abuse or dependence. For TRICARE to reimburse the cost of care, you must see a TRICARE-authorized institutional provider—an authorized hospital or an organized treatment program in an authorized freestanding or hospital-based substance use disorder rehabilitation facility. TRICARE covers substance use disorder services up to three benefit periods per beneficiary, per lifetime.

Mental Health Care Services: Substance Use Disorder Services

Service	Description
Inpatient Detoxification	<p>TRICARE covers emergency and inpatient hospital services when medically necessary for the treatment of the acute phases of substance use withdrawal (detoxification) when the patient’s condition requires the personnel and facilities of a hospital or substance use disorder rehabilitation facility (SUDRF).</p> <p>Limitations:</p> <ul style="list-style-type: none"> • Diagnosis-related group (DRG) exempt facility (a freestanding SUDRF); seven-day limit per detoxification episode • DRG exempt facility detoxification doesn’t count toward the three lifetime episodes of care limit <p>Limitations may be waived if determined to be medically or psychologically necessary.</p>
Rehabilitation	<p>Rehabilitation of a substance use disorder may occur in an inpatient (residential) or partial hospitalization setting. TRICARE covers 21 days of rehabilitation per benefit period in a SUDRF, whether inpatient or partial hospitalization or a combination of both.¹</p> <p>Limitations:</p> <ul style="list-style-type: none"> • 21-day rehabilitation limit per episode • Three episodes per lifetime <p>Limitations may be waived if determined to be medically or psychologically necessary.</p>
SUDRF Outpatient Care	<p>Outpatient substance use care must be provided by an approved SUDRF.</p> <p>Limitations:</p> <ul style="list-style-type: none"> • Individual or group therapy: 60 visits per benefit period¹ • Family therapy: 15 visits per benefit period¹ • Partial hospitalization care: 21 treatment days per fiscal year (Oct. 1–Sept. 30) <p>Limitations may be waived if determined to be medically or psychologically necessary.</p>

1. A benefit period begins with the first day of covered treatment and ends 365 days later.

TRICARE Tobacco Cessation Program

TRICARE is dedicated to helping ADSMs, veterans, retirees and their families succeed in the attempt to quit tobacco.

Below are three ways to help you get the necessary assistance to break the tobacco cycle:

- TRICARE-covered tobacco-cessation medications*
- TRICARE's Tobacco Quitline is a telephone support and referral service in the U.S. with trained tobacco-cessation coaches.
- The Department of Defense's (DoD's) website, www.ucanquit2.org, provides education and a wide range of tools to help you become tobacco-free.

Go to www.tricare.mil/quittobacco for more information to help you quit tobacco.

* See "Services or Procedures with Significant Limitations" later in this section for coverage details.

Maternity Care

Prenatal care is important and TRICARE strongly recommends that women who are pregnant or who anticipate becoming pregnant seek appropriate medical care. TRICARE covers all necessary maternity care, from your first obstetric visit through six weeks after your child is born. TRICARE doesn't cover routine ultrasound screening. Only medically necessary maternity ultrasounds are covered by TRICARE.

If you have TOP Prime, visit your PCM or primary care provider as soon as you think you may be pregnant. If you are a TOP Prime Remote beneficiary, your TOP Regional Call Center will assist you with coordinating care. Maternity care services require referrals and prior authorizations.

Midwife services are covered if you have TOP Prime or TOP Prime Remote as long as the nurse midwife is supervised by a licensed health care provider. TRICARE covers midwife services for those in TOP Prime who deliver at a health care provider-led medical facility and covers midwife services for prenatal care only for those in TOP Prime Remote. A lay midwife isn't an authorized

provider. Home births aren't covered because health care provider oversight of the midwife's care can't be established.

Maternity care services for TOP Standard beneficiaries don't require referrals or prior authorizations.

For more information, contact your TOP Regional Call Center or a TRICARE Service Center, or go to www.tricare.mil/maternitycare.

Women, Infants and Children Overseas Program

The DoD offers the Women, Infants and Children (WIC) Overseas Program to eligible overseas beneficiaries. The WIC Overseas Program provides participants and their families with important benefits, including nutrition and health screenings, nutritious food, tips on how to prepare balanced meals and other resources that help you and your family lead healthier lives.

The WIC Overseas Program is available to eligible participants and their family members living overseas including ADSMs, DoD civilian employees and DoD contractors.

Those who may be eligible for the WIC Overseas Program include:

- Pregnant women—during pregnancy and throughout the first six weeks after giving birth
- Mothers—until the infant is age 6 months if bottle-feeding or age 1 if breast-feeding
- Infants and children—until the end of the month in which they turn age 5

Contact your local WIC Overseas Program office to determine if you and your children are eligible for the WIC Overseas Program. WIC Overseas Program counselors determine eligibility by evaluating income, family size and other criteria. If you are eligible, the counselor will help you get started and determine how long you can participate in the program. Go to www.tricare.mil/wic or contact your base or installation information operator, TOP Regional Call Center, or military hospital or clinic to learn more or to locate the nearest WIC Overseas Program office. You can

also call the WIC Overseas Program manager at **+1-877-267-3728, ext. 218** or email the WIC Overseas Program at **wicoverseas@choctawcontracting.com**.

TRICARE Extended Care Health Option

TRICARE Extended Care Health Option (ECHO) provides supplemental health and non-health care services to ADFMs who qualify based on specific mental or physical disabilities. ECHO offers beneficiaries integrated services and supplies beyond those offered by your TRICARE program option (for example, TRICARE Prime or 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 the TOP contractor to be eligible for ECHO benefits. To register, you must complete a *TRICARE Overseas Program (TOP) ECHO Registration Form* (sponsor, beneficiary and provider sections), which you can download from **www.tricare-overseas.com**. There is no retroactive registration for ECHO. You must get prior authorization from the TOP contractor for all ECHO services. For more information about EFMP, contact your service branch's EFMP representative or go to **www.militaryonesource.mil/efmp**.

Comprehensive Autism Care Demonstration

Applied behavior analysis (ABA) services for beneficiaries diagnosed with autism spectrum disorder are covered under TRICARE's Comprehensive Autism Care Demonstration. ABA uses behavior modification principles, such as positive reinforcement, to increase or decrease targeted behaviors. ABA can help develop 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.

Under the Autism Care Demonstration, your child works with a board-certified behavior analyst, a master's degree or higher level behavioral specialist who provides ABA services and is certified by the Behavior Analyst Certification Board.

Overseas, in very limited locations and circumstances, your child may be able to get ABA services from board-certified behavior analysts who are certified by the Behavior Analyst Certification Board. This means that ABA services are only authorized in countries that have providers with these certifications. Tiered model services (assistant behavior analysts and behavior technicians) aren't authorized in any overseas area. The ABA benefit is not available in countries where there are no board-certified behavior analysts within the TRICARE specialty care access standards.

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

Hospice Care

TRICARE offers hospice care if you or a TRICARE-eligible family member has a terminal illness. Hospice care emphasizes supportive services, rather than cure-oriented treatment, for patients with life expectancies of six months or less. This benefit allows for personal care and home health aide services, which are otherwise limited under your TRICARE program option (for example, TRICARE Prime or TRICARE Standard).

Note: Hospice care is covered in the U.S. and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands), but **not** outside the U.S. and U.S. territories.

TRICARE Overseas Program Pharmacy Services

TRICARE offers comprehensive prescription drug coverage and several options for filling your prescriptions. You may fill prescriptions at military pharmacies, through TRICARE Pharmacy Home Delivery, at TRICARE retail network pharmacies or at overseas pharmacies. Overseas pharmacies are non-network; therefore,

when filling prescriptions at overseas pharmacies, you will pay the full cost up front and file claims with the TOP claims processor to get money back. 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.

You need a prescription and a valid uniformed services ID card or Common Access Card to fill prescriptions in overseas locations, including 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.

Go to www.tricare.mil/pharmacy for pharmacy costs and for information about the TRICARE pharmacy benefit administered by Express Scripts, Inc. (Express Scripts) in the U.S. and U.S. territories. International SOS administers the pharmacy benefit overseas.

Note: If you live or travel in the Philippines, you are required to use a certified pharmacy. Go to www.tricare-overseas.com/philippines.htm for more information.

Military Pharmacies

At a military pharmacy, you may get up to a 90-day supply of most medications at no cost. Most military pharmacies accept prescriptions from either civilian or military providers. Go to www.tricare.mil/militarypharmacy for more information about military pharmacies.

TRICARE Pharmacy Home Delivery

There is no cost for TRICARE Pharmacy Home Delivery for ADSMs. For all other beneficiaries, there is no cost to get 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). Prescriptions are delivered to you with free standard shipping, and refills can be ordered easily online, by phone or by mail. TRICARE Pharmacy Home Delivery is only available overseas if you have an APO/FPO address or are assigned to a U.S. Embassy or Consulate. You must have a prescription from a U.S.-licensed provider. Some medications aren't available for home delivery.

If you live in a U.S. territory, you can expect your medication to arrive at your home address about 14 days after Express Scripts gets your prescription. In other overseas locations, allow

TRICARE Pharmacy Home Delivery Registration Methods

Online	Go to www.express-scripts.com/TRICARE
Phone	<p>Dial your toll-free in-country access code:</p> <ul style="list-style-type: none"> • Italy: 00+800-3631-3030 • Japan–IDC: 0061+800-3631-3030 • Japan–Japan Telecom: 0041+800-3631-3030 • Japan–KDD: 010+800-3631-3030 • Japan–Other: 0033+800-3631-3030 • South Korea: 002+800-3631-3030 • Turkey: 0811-288-0001 (once prompted, input 1-877-363-1303) • United Kingdom: 00+800-3631-3030 <p>Note: If you don't live in one of these areas, call +1-866-ASK-4PEC (+1-866-275-4732).</p>
Mail	<p>Download the registration form from www.express-scripts.com/TRICARE and mail it to:</p> <p style="padding-left: 40px;">Express Scripts, Inc. P.O. Box 52150 Phoenix, AZ 85072 USA</p>

extra time for delivery to your APO/FPO address. Mailing conditions can impact the effectiveness of the medication and may limit mail-order services. Refrigerated medications cannot be delivered to APO/FPO addresses.

Note: Beneficiaries living in Germany cannot use the home delivery option due to country-specific legal restrictions. If you live in Germany, you should fill prescriptions at military pharmacies or overseas pharmacies. If you live in an overseas country other than Germany and experience home delivery restrictions, alert your TRICARE Area Office (TAO).

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. TRICARE retail network pharmacies are only available in the U.S. 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.

Overseas Pharmacies

Filling prescriptions at an overseas pharmacy may be the most expensive pharmacy option. Be prepared to pay up front and file a claim to get money back.

TRICARE reimburses TOP Prime and TOP Prime Remote beneficiaries for 100 percent of their out-of-pocket costs when they use overseas pharmacies. The TOP Standard deductible and cost-shares apply when non-TOP Prime and non-TOP Prime Remote beneficiaries use overseas pharmacies. Go to www.tricare.mil/costs for more information on pharmacy costs.

Note: Prescription drugs that aren't approved by the U.S. Food and Drug Administration (FDA) may be reimbursed if International SOS confirms that the drug is commonly used for the intended purpose in that country. Over-the-counter (OTC) drugs aren't covered overseas (except in U.S. territories). This includes drugs that are considered OTC in the U.S., even when

they require a prescription in a foreign country. Drugs prescribed in the U.S. and U.S. territories must be FDA-approved.

For more information, see "Pharmacy Claims" in the *Claims* section of this guide or call your TOP Regional Call Center with pharmacy questions.

Prior Authorization

Some drugs require prior authorization. Go to www.express-scripts.com/tricareformulary for a general list of TRICARE-covered prescription drugs that require prior authorization. Call **+1-866-ASK-4PEC (+1-866-275-4732)** to ask about a specific drug.

Dental Options

Overseas, ADSMs enrolled in TOP Prime get dental care at overseas military dental clinics. International SOS coordinates dental care services and urgent or emergency dental care for ADSMs enrolled in TOP Prime Remote. The Active Duty Dental Program is only available to ADSMs enrolled in TOP Prime or TOP Prime Remote getting care in the U.S. or U.S. territories. For all other beneficiaries, TRICARE offers two dental program options—the TRICARE Dental Program and 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 has its own monthly premiums and cost-shares. Your out-of-pocket expenses for any of the costs listed in this section aren't applied to the TRICARE catastrophic cap.

TRICARE Dental Program Options

Dental Program	Beneficiary Types	Description of Program Option
TRICARE Dental Program (TDP)^{1,2}	<ul style="list-style-type: none"> • Eligible active duty family members (ADFMs) • Survivors • National Guard and Reserve members and their family members • Individual Ready Reserve members and their family members 	<ul style="list-style-type: none"> • 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 • Non-command sponsored ADFMs pay higher cost-shares for certain services
TRICARE Retiree Dental Program (TRDP)²	<ul style="list-style-type: none"> • Retired service members and their eligible family members • Retired National Guard and Reserve members and their eligible family members • Certain survivors • Medal of Honor recipients and their immediate family members and survivors 	<ul style="list-style-type: none"> • Benefit administered by Delta Dental of California • Voluntary enrollment and worldwide portable coverage • Single, dual and family plans • Monthly premiums vary by ZIP code; deductible and cost-shares apply • Comprehensive coverage for most dental services; visit any dental care provider 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 dental care provider's office address.

2. Former spouses and remarried surviving spouses don't qualify to purchase coverage.

TRICARE Overseas Program Prime and TRICARE Overseas Program Prime Remote Department of Defense Aeromedical Evacuation

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Aeromedical evacuations (air evacuations) are only approved when medically necessary and appropriate. International SOS will arrange air evacuations for TOP Prime beneficiaries; TOP Prime Remote beneficiaries; ADSMs who are deployed, in a temporary duty status or in an authorized leave status in an overseas location; and all TRICARE-eligible ADFMs traveling in an overseas location (regardless of enrollment status).

TOP Standard, TRICARE For Life (TFL), TRICARE Young Adult Standard, TRICARE Reserve Select and TRICARE Retired Reserve beneficiaries (except ADFMs) are required to pay for air evacuation up front and file a claim to get money back (less any cost-shares). TRICARE will only reimburse air evacuation when it is medically necessary and to the closest, safest location that can provide the required care. TOP Regional Call Centers aren't required to schedule evacuations, coordinate with providers, obtain medical records or coordinate payment for non-TOP Prime or non-TOP Prime Remote beneficiaries.

Each overseas area has its own guidelines and procedures for air evacuation. Routine medical travel funding should be based on the Joint Travel Regulations guidance. Contact your service point of contact for additional assistance.

Eurasia-Africa Evacuation

The Patient Movement Requirement Center (PMRC) or the nearest TOP Regional Call Center determines if acceptable local medical care is available at your location. If you require air evacuation, the TOP Regional Call Center will work with your treating health care provider to coordinate your evacuation. The TOP Regional Call Center coordinates with the PMRC Eurasia-Africa and arranges for an accepting health care provider to meet you at your destination. TOP Prime and TOP Prime Remote beneficiaries should call their TOP Regional Call Center for

assistance. Your unit's medical liaison, TOP point of contact (POC) or International SOS can assist with air evacuation or relocation to a military hospital or clinic.

Medical travel requests for routine medical or dental appointments should be submitted to the PMRC at least 30 days prior to a requested appointment. The PMRC will inform you of the appointment details within five working days after receiving your request.

Pacific Evacuation

If you are a TOP Prime or TOP Prime Remote beneficiary, medical personnel at the TOP Regional Call Center determine if appropriate local medical care is available and coordinate travel arrangements with your local TOP POC and TAO.

The TOP Regional Call Center or the TRICARE POC requests appointment coordination from the TAO for care at a military hospital or clinic or from a TRICARE network provider in the U.S.

Appointment locations are based on care availability and cost-effectiveness. Air evacuation funding is service-specific and must be requested through your local TRICARE POC. The TOP Regional Call Center arranges medically necessary evacuation and care.

Care Aboard Cruise Ships and Commercial Seagoing Vessels

If you get medical care aboard a commercial cruise ship, you must pay out of pocket and file a claim with the TOP claims processor to get money back when you return home. TRICARE only reimburses covered, medically necessary services. You are responsible for paying the entire cost of care that TRICARE doesn't cover.

If you are enrolled in TOP Prime or TOP Prime Remote and don't coordinate urgent or routine care with your PCM or TOP Regional Call Center

in advance of your travel, you may use the point-of-service (POS) option, resulting in higher out-of-pocket costs. TRICARE only reimburses 50 percent of the negotiated or allowable charge after you meet the POS deductible.

If you have other health insurance (OHI), including traveler's and overseas national health insurance programs, your OHI must pay first. Medicare pays before TRICARE when TFL beneficiaries get care aboard ships in territorial waters adjoining the land areas of the U.S.

Services or Procedures with Significant Limitations

The following describes medical, surgical and mental health care services that may **not** be covered unless exceptional circumstances exist.

Services or Procedures with Significant Limitations

Service	Description
Abortion	Abortion is covered in cases where the life of the mother would be endangered if the pregnancy were carried to term or when the pregnancy is the result of rape or incest. Services and supplies related to spontaneous, missed or threatened abortions and abortions related to ectopic pregnancies may also be cost-shared.
Bariatric Surgery	These procedures are covered for the treatment of morbid obesity under certain limited circumstances. For more information, contact your TRICARE Overseas Program Regional Call Center or go to www.tricare.mil/coveredservices .
Botulinum Toxin (Botox) Injections	Botox injections for cosmetic procedures, among other examples, such as certain types of headaches or muscle spasms, aren't covered. Cost-sharing may apply for injections to treat certain other defined conditions.
Cardiac and Pulmonary Rehabilitation	Both are covered only for certain indications. Phase III cardiac rehabilitation for lifetime maintenance performed at home or in medically unsupervised settings is excluded.
Cosmetic, Plastic or Reconstructive Surgery	Surgery is only covered when used to restore function, correct a serious birth defect, restore body form after a serious injury, improve appearance of a severe disfigurement after surgery, reconstruct the breast after cancer surgery or when medically necessary.
Cranial Orthotic Device or Molding Helmet	Cranial orthotic devices are covered for adjunctive use for infants from age 3–18 months whose synostosis has been surgically corrected, but who still have moderate to severe cranial deformities. Cranial orthotic devices are excluded for treatment of nonsynostotic positional plagiocephaly or for the treatment of craniosynostosis before surgery.
Dental Care and Dental X-rays	Both are covered only for adjunctive dental care (dental care that is medically necessary in the treatment of an otherwise covered medical—not dental—condition). Prior authorization is required for adjunctive dental care.

Services or Procedures with Significant Limitations (continued)

Service	Description
Education and Training	Education and training are only covered under the TRICARE Extended Care Health Option, Comprehensive Autism Care Demonstration and diabetic outpatient self-management training services. Diabetic outpatient self-management training services must be performed by programs approved by the American Diabetes Association. The provider's Certificate of Recognition from the American Diabetes Association must accompany the claim for reimbursement.
Eyeglasses or Contact Lenses	Active duty service members (ADSMs) may get eyeglasses at military hospitals or clinics at no cost. For all other beneficiaries, the following are covered: <ul style="list-style-type: none"> • Contact lenses and/or eyeglasses for treatment of infantile glaucoma • Corneal or scleral lenses for treatment of keratoconus • Scleral lenses to retain moisture when normal tearing is not present or is inadequate • Corneal or scleral lenses to reduce corneal irregularities other than astigmatism • Intraocular lenses, contact lenses or eyeglasses to perform the function of the human lens lost as a result of intraocular surgery, ocular injury or congenital absence Note: Adjustments, cleaning and repairs for eyeglasses aren't covered.
Facility Charges for Non-Adjunctive Dental Services	Generally, dental care is not covered as a TRICARE medical benefit, but instead is covered under the dental benefit. This includes situations that are dental emergencies. Hospital and anesthesia charges related to routine dental care for children under age 5 or those with disabilities may be covered in addition to dental care related to some medical conditions. <p>Note: Prior authorization is required.</p>
Food, Food Substitutes and Supplements or Vitamins	Medically necessary nutritional formulas are covered when used as the primary source of nutrition for enteral, parenteral or oral nutritional therapy. Intraperitoneal nutrition therapy is covered for malnutrition as a result of end-stage renal disease. Ketogenic diets may be cost-shared if part of a medically necessary admission for epilepsy. Vitamins may be cost-shared only when used as a specific treatment of a medical condition. Additionally, prenatal vitamins that require a prescription may be cost-shared, but are covered for prenatal care only.
Genetic Testing	Testing is covered when medically proven, appropriate and when the results of the test will influence the medical management of the patient. The test must be U.S. Food and Drug Administration-approved. Routine genetic testing is not covered.
Hearing Aids	Hearing aids are covered only for active duty family members (ADFM) who meet specific hearing loss requirements. <ul style="list-style-type: none"> • Hearing aids are excluded under any circumstances for retirees, retiree family members, TRICARE Reserve Select (TRS) members and TRICARE Retired Reserve (TRR) members. • TRICARE Young Adult coverage for hearing aids depends on the status of the young adult's sponsor. If the sponsor is an ADSM, hearing aids are covered the same as for an ADFM. If the sponsor is a TRS member, retiree or TRR member, hearing aids are excluded under any circumstances.
Laser/LASIK/ Refractive Corneal Surgery	Surgery is covered only to relieve astigmatism following a corneal transplant.
Private Hospital Rooms	Private rooms aren't covered unless ordered for medical reasons or because a semiprivate room is not available. Hospitals that are subject to the TRICARE diagnosis-related group (DRG) payment system may provide the patient with a private room, but will get only the standard DRG amount. The hospital may bill the patient for the extra charges if the patient requests a private room.

Services or Procedures with Significant Limitations (continued)

Service	Description
<p>Reproductive Services</p>	<p>Generally, assisted reproductive services and noncoital reproductive procedures, including artificial insemination, in vitro fertilization and gamete intrafallopian transfer, aren't covered under TRICARE. However, there are some types of infertility assessment, testing and care that TRICARE may cover only when used in conjunction with natural conception.</p> <p>Assisted reproductive services may also be available to service members who have sustained serious or severe illness or injury while on active duty that led to the loss of their natural reproductive ability, including (but not limited to) those with neurological, physiological and/or anatomical injuries.</p> <p>Go to www.tricare.mil/coveredservices or contact your primary care manager or your TRICARE Overseas Program Regional Call Center for more information.</p>
<p>Shoes, Shoe Inserts, Shoe Modifications and Arch Supports</p>	<p>Shoes and shoe inserts are covered only in very limited circumstances. Orthopedic shoes may be covered if they are a permanent part of a brace. For individuals with diabetes, extra-depth shoes with inserts or custom-molded shoes with inserts may be covered.</p>
<p>Tobacco-Cessation Medications</p>	<p>TRICARE covers prescription and over-the-counter medications to help you quit tobacco, except when these medications are purchased at a retail pharmacy. Covered tobacco-cessation medications are available in the U.S. for TRICARE beneficiaries age 18 and older who aren't eligible for Medicare. Overseas, the medications are available to ADSMs and their dependents enrolled in a TRICARE Prime option at military pharmacies and through TRICARE Pharmacy Home Delivery (where available including in the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands).</p> <p>Go to www.tricare.mil/quittobacco for more information.</p>

Exclusions

The following specific services **are excluded under any circumstances. This list is not all-inclusive.** Check the TOP contractor's website or www.tricare.mil/coveredservices for additional information.

Note: Medical services that are needed as a result of getting an excluded medical service aren't covered.

- Acupuncture (may be offered at some military hospitals or clinics and approved for certain ADSMs, but isn't covered for care received from civilian providers)
- Alterations to living spaces
- Autopsy services or post-mortem exams
- Birth control/contraceptives (non-prescription)
- Camps (for example, for weight loss)
- Charges that providers may apply to missed or rescheduled appointments
- Chiropractors and naturopaths
- Counseling services that aren't medically necessary for the treatment of a diagnosed medical condition (for example, educational, vocational and socioeconomic counseling; stress management; lifestyle modification)
- Custodial care
- Diagnostic admissions
- Domiciliary care
- Dyslexia treatment
- Electrolysis
- Elevators or chair lifts
- Exercise equipment, spas, whirlpools, hot tubs, swimming pools, health club memberships or other such charges or items
- Experimental or unproven procedures (unless authorized under specific exceptions in TRICARE regulations)
- Foot care (routine), except if required as a result of a diagnosed, systemic medical disease affecting the lower limbs such as severe diabetes
- General exercise programs, even if recommended by a health care provider and regardless of whether rendered by an authorized provider
- Inpatient stays:
 - For rest or rest cures
 - To control or detain a runaway child, whether or not admission is to an authorized institution
 - To perform diagnostic tests, exams and procedures that could have been and are performed routinely on an outpatient basis
 - In hospitals or other authorized institutions above the appropriate level required to provide necessary medical care
- Learning-disability services
- Medications:
 - Drugs prescribed for cosmetic purposes
 - Fluoride preparations
 - Food supplements
 - Homeopathic and herbal preparations
 - Multivitamins
 - Over-the-counter products (except insulin and diabetic supplies)
 - Weight reduction products
- Megavitamins and orthomolecular psychiatric therapy
- Mind-expansion and elective psychotherapy
- Non-surgical treatment of obesity or morbid obesity
- Personal, comfort or convenience items such as beauty and barber services, radio, television and telephone
- Postpartum inpatient stay for a mother to stay with a newborn infant (usually primarily for the purpose of breast-feeding the infant) when the infant (but not the mother) requires the extended stay or continued inpatient stay of a newborn infant primarily for purposes of remaining with the mother when the mother (but not the newborn infant) requires extended postpartum inpatient stay
- Psychiatric treatment for sexual dysfunction

- Services and supplies:
 - Provided under a scientific or medical study, grant or research program
 - Furnished or prescribed by an immediate family member
 - For which the beneficiary has no legal obligation to pay or for which no charge would be made if the beneficiary or sponsor were not TRICARE-eligible
 - Furnished without charge (cannot file claims for services provided free of charge)
 - For the treatment of obesity, such as diets, weight-loss counseling, weight-loss medications, wiring of the jaw or similar procedures
 - Inpatient stays directed or agreed to by a court or other governmental agency (unless medically necessary)
 - Required as a result of occupational disease or injury for which any benefits are payable under a workers' compensation or similar law, whether such benefits have been applied for or paid, except if benefits provided under these laws are exhausted
 - That are (or are eligible to be) fully payable under another medical insurance or program, either private or governmental, such as coverage through employment or Medicare (for which TRICARE is the last payer for any remaining charges)
- Sex changes or sexual inadequacy treatment, with the exception of treatment of ambiguous genitalia that has been documented to be present at birth
- Sterilization reversal surgery
- Surgery performed primarily for psychological reasons (for example, psychogenic surgery)
- Therapeutic absences from an inpatient facility, except when such absences are specifically included in a treatment plan approved by TRICARE
- Transportation, except by ambulance
- X-ray, laboratory and pathological services and machine diagnostic tests not related to a specific illness or injury or a definitive set of symptoms, except for cancer screening and other tests allowed under the clinical preventive services benefit

Claims

Health Care Claims

Network purchased care sector providers file claims for those in TRICARE Overseas Program (TOP) Prime. However, expect to pay up front and file claims to get money back when you visit non-network purchased care sector providers. You don't have to file claims for care you get in military hospitals or clinics.

Note: Claims for services provided in the U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands) are reimbursed according to stateside guidelines and TRICARE-allowable charges. Claims for services provided in the Philippines and Panama are reimbursed to those using TOP Standard based on government-provided foreign fee schedules.

Claims for care you get overseas must be filed within three years of the date of service or within three years of the date of an inpatient discharge.

Note: 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.

In the U.S. and U.S. territories, claims must be filed within one year of service or the date of inpatient discharge.

Filing Claims Online

To file medical claims online, follow these steps:

1. Go to **www.tricare-overseas.com** and click on the "Beneficiaries" tab. Register for a secure login if you don't already have one.
2. Once registered, find the secure "Message Center" on the navigation bar and click "Create New Message."
3. Follow the steps and send your claim.
4. You will get a confirmation message with your claim number in your "Message Center" inbox.

You can also download the *TRICARE DoD/CHAMPUS Medical Claim—Patient's Request for Medical Payment* form (DD Form 2642) from **www.tricare-overseas.com** or from **www.tricare.mil/claims**. Send your *DD Form 2642* to the TOP claims processor for the overseas area where you live. If you get care while traveling, file your TRICARE claims in the in the area where you live, not the area where you got care.

TOP Health Care and Overseas Pharmacy Claims Mailing Addresses

Active Duty Service Members (ADSMs) (all overseas areas)	TRICARE Active Duty Claims P.O. Box 7968 Madison, WI 53707 USA
Non-ADSMs, TRICARE Eurasia-Africa (Africa, Europe and the Middle East)	TRICARE Overseas Program P.O. Box 8976 Madison, WI 53708 USA
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 USA
Non-ADSMs, TRICARE Pacific (Asia, Australia, Guam, India, Japan, South Korea, New Zealand and Western Pacific remote countries)	TRICARE Overseas Program P.O. Box 7985 Madison, WI 53707 USA



Note: Different claims submission rules may apply depending on your TRICARE program. If you have TRICARE For Life, go to www.tricare4u.com for more information on submitting claims. If you are using the US Family Health Plan (USFHP), you must submit your overseas medical claims to USFHP to get money back.

Proof-of-Payment Requirements Overseas

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You must submit proof of payment with all overseas claims. Proof of payment is necessary for TRICARE to validate claims and safeguard benefit dollars.

When submitting your *DD Form 2642*, also include an itemized bill or invoice, diagnosis describing why you got medical care and/or an explanation of benefits from your other health insurance (OHI), 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.

If you have questions regarding proof-of-payment requests, claims submissions or the status of a submitted claim, contact your TOP Regional Call Center and choose option 2 for claims assistance. Go to www.tricare.mil/proofofpayment for more information about proof-of-payment requirements. See the previous page for health care and pharmacy claims mailing addresses.

Coordinating Benefits with Other Health Insurance

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Those with OHI, TRICARE is always the last payer. Beneficiaries should go to www.tricare-overseas.com, choose the “Beneficiary” tab, then click on “Beneficiary Forms” to download the *TRICARE Other Health Insurance Questionnaire*. Overseas claims cannot be properly processed if OHI has not been declared. Conversely, if a beneficiary formerly had OHI and it was terminated, he or she needs to fill out this form to declare termination of OHI. Those with OHI who get care in the Philippines should refer to the OHI claim checklist at www.tricare.mil/resources/forms/philippines.

Foreign Currency or U.S. Dollar Reimbursement

The TOP contractor issues reimbursements to beneficiaries in U.S. dollars (USD) unless the beneficiary specifically requests to get money back in foreign currencies. Due to U.S. embargoes and international banking regulations, only certain overseas currencies are available for reimbursement. Regardless of the currency used for reimbursement, TRICARE doesn't reimburse differences due to changes in currency value (for example, USD). Mark "yes" in box 13 of *DD Form 2642* to get payment in the local currency.

If you choose to get claims reimbursements through direct deposit, the reimbursement amount will be paid in USD to a U.S. bank account based on the foreign exchange rate for the last date of service as submitted on the claim, even if the original claim was filed in an international currency. To download a registration guide or to sign up for direct deposit, go to www.tricare-overseas.com.

Pharmacy Claims

You don't need to file claims to fill prescriptions for covered medications at military hospitals or clinics, TRICARE retail network pharmacies or through TRICARE Pharmacy Home Delivery. Expect to pay the full cost up front and file claims to get money back when visiting non-network pharmacies or overseas pharmacies. In the U.S. and U.S. territories, file non-network pharmacy claims with the TRICARE Pharmacy Program contractor, Express Scripts, Inc. File overseas pharmacy claims with the TOP claims processor.

TRICARE Pharmacy Program Claims

To file a non-network pharmacy claim:

1. Download *DD Form 2642* at www.tricare.mil/pharmacyclaims.
2. Complete the form and attach the required paperwork as described on the form.
3. Mail the form and paperwork to the appropriate overseas claims filing address. See "Health Care and Overseas Pharmacy Claims" in the *Important Contact Information* section at the beginning of this guide.

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 provider

If you have OHI with pharmacy benefits, see "Coordinating Benefits with Other Health Insurance" earlier in this section.

Note: Active duty family members who fill prescriptions at non-network pharmacies are using the point-of-service option. Active duty service members may be required to pay the full price of prescriptions up front and will get money back after the claim is filed.

Overseas Pharmacy Claims

To file an overseas pharmacy claim, complete and mail *DD Form 2642*, paperwork and proof of payment to the TOP claims processor at the appropriate address for your area. For mailing addresses, see "Health Care and Overseas Pharmacy Claims" in the *Important Contact Information* section at the beginning of this guide. See "Proof-of-Payment Requirements Overseas" earlier in this section for information about proof of payment.

Appealing a Claim or Authorization Denial

TRICARE has a multilevel appeals process to address claim and authorization denials. You may appeal the denial of a requested authorization of services, as well as TRICARE decisions regarding the payment of claims. Submit appeals to the TOP contractor. See "Filing an Appeal or Grievance" in the *For Information and Assistance* section of this guide for mailing addresses. For more detailed information on the appeals process, go to www.tricare.mil/claims or call the Global TRICARE Service Center.

Changes to Your TRICARE Coverage

TRICARE continues to provide health 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 and enrolled in TRICARE Overseas Program (TOP) Prime, if applicable. 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 guide for details.

Note: Your Social Security number (SSN) and the SSNs of each of your covered family members should be included in DEERS for TRICARE coverage to be reflected accurately.

The following provides information about what to do when you get married, have a child, move, retire and more. For more information about how TRICARE coverage may change when you become Medicare-eligible, go to www.tricare.mil/medicare.

Life Changes and TRICARE

Life Change	Eligibility
Marriage	Register new spouses in the Defense Enrollment Eligibility Reporting System (DEERS) to ensure they are eligible for TRICARE. If applicable, your new spouse's TRICARE Overseas Program (TOP) Prime enrollment is effective based on the 20th-of-the-month rule. Applications received by the TOP contractor by the 20th of the month become effective at the beginning of the following month (for example, an application received by Dec. 20 becomes effective Jan. 1). If the application is received after the 20th of the month, coverage becomes effective on the first day of the month following the next month (for example, an application received on Dec. 27 becomes effective Feb. 1).
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 aren't eligible for TRICARE may not continue seeking health care services under the TRICARE benefit.
Children¹	Any child who retains eligibility under the sponsor remains TRICARE-eligible up to age 21 (or age 23 if enrolled full-time at an approved college 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 TOP Prime coverage ends if his or her DEERS record is not updated before age 21. Dependent children who have aged out of TRICARE coverage, but haven't yet reached age 26, may qualify to purchase TRICARE Young Adult. It is available for purchase by unmarried adult children who don't have access to an employer-sponsored health plan.
Going to College	Children of a TRICARE-eligible sponsor remain TRICARE-eligible up to age 21 (or age 23 if enrolled full-time at an approved college and if the sponsor provides over 50 percent of the financial support), as long as their DEERS information is current. If attending college in a different region from their sponsor's residence, students enrolled in TRICARE Prime can keep their TRICARE Prime enrollment in their sponsor's region or may opt for split enrollment and transfer their enrollment if TRICARE Prime is available in their new region. Note: Students who choose to transfer their TRICARE Prime enrollment may not be able to return to the same primary care manager if they later choose to reenroll in their sponsor's region.

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

Having a Baby or Adopting a Child

When your child is born abroad, you need to record the birth with the nearest U.S. Embassy or Consulate, obtain an SSN for the child and register the child in DEERS to ensure TRICARE eligibility.

Note: If you are enrolled at a military hospital or clinic, contact the personnel department for guidance about recording your child's birth or adoption.

Applying for U.S. Citizenship Abroad

Most children born abroad to U.S. citizens acquire U.S. citizenship at birth. To obtain an information packet explaining the requirements for recording your child's birth or adoption, call the nearest U.S. Embassy or Consulate. To locate a U.S. Embassy or Consulate near you, go to www.usembassy.gov.

After confirming that your child can acquire U.S. citizenship, the U.S. Consulate prepares a *Consular Report of Birth Abroad (FS-240)*. The U.S. Consulate can help you get a passport and SSN for your child.

There is a fee for the *FS-240*. For cost information, check with the U.S. Embassy or Consulate. Personal checks aren't accepted as payment. A money order or cash in the local currency may be required.

Applying for a Social Security Card

To apply for a child's Social Security card when you and the child live outside the U.S., you must complete and sign an *Application for a Social Security Card (Form SS-5-FS)*. Go to www.socialsecurity.gov/online/ss-5fs.html to download this form.

If you are a U.S. military dependent or a U.S. citizen working on an overseas U.S. military post, you may also go to the Post Adjutant or personnel office. These offices can copy and certify your records so you don't have to send original documents through the mail. If you don't have your records certified at the Post Adjutant or

personnel office, you must mail original documents to the Social Security Administration (SSA). Your child's Social Security card will be mailed to you from the U.S.

For more information on SSA services overseas, go to www.ssa.gov/foreign.

TRICARE Coverage

Overseas, children are automatically covered as TOP Prime or TOP Prime Remote beneficiaries for the first 120 days after birth or adoption, as long as one other family member (including the sponsor) is enrolled in TOP Prime or TOP Prime Remote.

If you are a new parent, you must take both of the following steps within 120 days after your child's birth or adoption to ensure that your child has continuous TOP Prime or TOP Prime Remote coverage:

1. Register your child in DEERS at a uniformed services ID card office. A birth certificate or certificate of live birth from the hospital, record of adoption or letter of placement of your child into your home by a recognized placement or adoption agency or the court is required. If your child is not registered in DEERS within one year after the date of birth or adoption, DEERS shows "loss of eligibility," and the child is no longer TRICARE-eligible until registered in DEERS.
2. Enroll your child in TOP Prime or TOP Prime Remote within 120 days after birth or adoption by submitting a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form (DD Form 2876)* to either your local TRICARE Service Center (TSC) or TOP Regional Call Center, or by calling your Global TRICARE Service Center (GTSC) and choosing option 4 from the TOP Regional Call Center menu. On day 121, if you haven't enrolled your child, he or she is covered under TOP Standard.

Note: You must complete DEERS registration before you enroll your child in TOP Prime or TOP Prime Remote. Contact the GTSC or your TOP Regional Call Center for enrollment assistance. To show command sponsorship, provide the sponsor's order number and the date listed on the orders.



If no family member (to include the sponsor) is enrolled in TOP Prime or TOP Prime Remote at the time of your child's birth or adoption, he or she is automatically covered by TOP Standard. Coverage is continuous as long as you register your child in DEERS within 365 days after birth or adoption.

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 and/or TYA Standard. Command sponsorship is required overseas. TYA includes medical and pharmacy benefits, but excludes dental coverage. Those who purchase TYA Prime can get care through their assigned military or civilian primary care managers (PCMs). Unless enrolled to a PCM at a military hospital or clinic, those with TYA 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 aren't eligible for care at military hospitals or clinics or military pharmacy benefits, except in an emergency. TYA is only available for individuals and is not offered as a family plan. For more information about TYA, including eligibility requirements and how to purchase it, go to www.tricare.mil/tya.

Traveling

Active Duty Service Members

Active duty service members (ADSMs) traveling or between duty stations must seek all nonemergency care at military hospitals or clinics whenever possible. For urgent care, if a military hospital or clinic is not available, prior authorization is required. Primary care, which includes routine health and dental office visits for treatment and ongoing care, should be handled before you travel or postponed until you return to your enrolled location. ADSMs living or traveling overseas should contact the TOP Regional Call Center.

Note: Failure to get prior authorization for care that requires it may result in the claim being denied.

Traveling Overseas

In an emergency, go to the nearest emergency care facility or call the Medical Assistance number for the area where you are located. Before leaving the facility, contact the TOP Regional Call Center, preferably within 24 hours or on the next business day.

Note: Prior authorization is not required for emergency care. If possible, ADSMs traveling overseas should contact the local TOP Regional Call Center before seeking care or before making payments.

TRICARE Overseas Program Prime (Active Duty Family Members)

Traveling Overseas

In an emergency, go to the nearest emergency care facility or call the Medical Assistance number for the area where you are traveling. If you are admitted, you must call your PCM or TOP Regional Call Center before leaving the facility or within 24 hours or on the next business day to coordinate authorization, continued care and payment. Beneficiaries based in the U.S. who seek health care while traveling overseas should file their claims with the TOP claims processor. Prior authorization is required for urgent and routine care.

Note: If you have TOP Prime, you need a PCM referral for urgent or routine care, including care you get aboard a cruise ship; otherwise, the care

may be covered under the point-of-service option at a higher out-of-pocket cost.

Air evacuations that are medically necessary and appropriate will be arranged by the TOP Regional Call Center for all TRICARE-eligible active duty family members (ADFM) traveling overseas (regardless of enrollment status).

Traveling in the U.S.

In the U.S. and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands), nonparticipating non-network providers may charge up to 15 percent above the TRICARE-allowable charge. You are responsible for paying this amount in addition to any applicable cost-shares.

Emergency Care

Emergency care in the U.S. doesn't require a referral or prior authorization. In an emergency, call 911 or go to the nearest emergency room. If you are admitted, you must notify your TOP Regional Call Center before leaving the facility or within 24 hours or on the next business day to coordinate authorization, continued care and payment.

Urgent Care

The Urgent Care Pilot lets TRICARE Overseas Program beneficiaries traveling in the U.S. get urgent care without a referral or prior authorization. When you need urgent care in the U.S., you can go straight to a TRICARE network or non-network provider. To find a provider, visit www.tricare.mil/finddoctor.

If you aren't sure if you need urgent care during your U.S. travel, call the Nurse Advice Line (NAL) at **1-800-TRICARE (1-800-874-2273)** and choose option 1 to talk with a registered nurse who can help you determine the level of care you need. The NAL can also help you find the closest urgent care center.

Tell your PCM about your urgent care visit within 24 hours, especially if you may require follow-up care.

You cannot use the Urgent Care Pilot or the NAL outside the U.S. For more information, visit www.tricare.mil/urgentcarepilot.

Routine Care

To get routine care in the U.S., those with TOP Prime should get a referral from their PCM before leaving the TOP area where enrolled. If already in the U.S., you should contact your PCM to request the referral.

Note: Your PCM is required to provide a referral with justification for you to get routine care while in the U.S. Your TOP Regional Call Center will then issue a prior authorization for you to get routine care while in the U.S.

TOP Prime Remote beneficiaries should call the TOP Regional Call Center for the TOP area where enrolled to get a prior authorization before traveling. If already in the U.S., you should contact the TOP Regional Call Center for the area where you are enrolled using the international direct dial or stateside toll-free numbers. Your TOP Regional Call Center will then issue a prior authorization for you to get routine care while in the U.S. if appropriate care is not available at the remote location where you live.

Note: TOP Prime and TOP Prime Remote beneficiaries are encouraged to seek care from a U.S. military hospital or clinic if one is located nearby. If this is not possible, you should seek care from a TRICARE-approved provider in the U.S. to ensure you get quality care. Use the regional contractors' websites (listed later in this section) to find a military hospital or clinic or TRICARE-approved provider in the stateside region where you are located.

TRICARE Overseas Program Standard Traveling Overseas

You can use your TOP Standard benefit and get care from any purchased care sector provider when you travel overseas unless local TOP restrictions require seeing a certified provider. When seeking care from an overseas purchased care sector provider, be prepared to pay up front for services and file a claim with the TOP claims processor in the overseas area where you live to get money back.

If you need emergency care while traveling overseas, go to the nearest emergency care facility or contact the TOP Regional Call Center for the

overseas area where you are traveling to find a purchased care sector provider.

If you need urgent care while traveling overseas, you don't need a referral, but you can call the TOP Regional Call Center for assistance.

Beneficiaries based in the U.S. who seek health care while traveling overseas should file their claims with the TOP claims processor.

Note: Air evacuations that are medically necessary and appropriate will be arranged by the TOP Regional Call Center for all TRICARE-eligible active duty family members (ADFM) traveling overseas (regardless of enrollment status).

Traveling in the U.S.

In an emergency, call 911 or go to the nearest emergency room. If you seek care from a TRICARE network provider in the U.S., the provider files the claim with the TOP claims processor for you. If you seek care from an authorized non-network provider, expect to pay up front and file a claim with the TOP claims processor.

Save your receipt as proof of payment and be sure to put your overseas address on the claim. Always file claims with the TOP claims processor using the mailing address assigned for your home area, not with the stateside regional contractor in the area where you are traveling. Submitting your claim to a stateside regional contractor may result in your payment being delayed. For additional claims-filing information, see the *Claims* section of this guide.

Note: When seeking care from an overseas purchased care sector provider or a stateside non-network provider, be prepared to pay up front for services and file a claim with the TOP claims processor in the overseas area where you live.

Filling Prescriptions on the Road

You may use any available TRICARE Pharmacy Program option when traveling, but be sure your DEERS information is current. To fill a prescription, you need a valid uniformed services ID card.



Moving

TOP Prime, TOP Prime Remote and TOP Standard coverage is portable. You can easily transfer your TOP Prime or TOP Prime Remote enrollment when you move within your overseas area to a new TRICARE overseas area or to the U.S.

ADSMs and their families may transfer their TOP Prime or TOP Prime Remote enrollment as often as needed. Retired service members and their families, survivors, eligible former spouses and others aren't eligible for TOP Prime or TOP Prime Remote.

TRICARE Overseas Program Prime and TRICARE Overseas Program Prime Remote

If you are an ADSM or ADFM moving to a new location, the easiest way to transfer your enrollment is to call your current TOP Regional Call Center to begin the process.

If you need care before your transfer is processed, contact your current TOP Regional Call Center for referral and prior authorization information. If you prefer to call your new TOP Regional Call Center or regional contractor upon arrival at the new location, then your new region can also transfer your TRICARE Prime enrollment at that time.

Note for beneficiaries moving to the U.S.:

ADFMs who make a permanent change-of-station move to the U.S. remain enrolled in TOP Prime or TOP Prime Remote for a maximum of 60 days from the date you leave your overseas area. If you don't enroll in stateside TRICARE Prime or TRICARE Prime Remote (TPR) within 60 days after leaving your overseas area, you are automatically disenrolled and your coverage converts to TRICARE Standard and TRICARE Extra. Before you move, notify your TOP Regional Call Center or your local TSC that you are moving. This protects you from incurring unnecessary costs for unexpected health care needs while traveling to your new U.S. location.

Note: The option to transfer enrollment by calling the current TOP Regional Call Center to initiate a change is only available to ADSMs and ADFMs with TRICARE Prime, TPR, TOP Prime or TOP Prime Remote.

TRICARE Overseas Program Standard Moving Overseas

Whether you move within the same TRICARE overseas area or to a different area, just update your personal information in DEERS and continue to get care when you need it. For a list of providers, go to www.tricare-overseas.com/providersearch/searchcontent.aspx.

Moving to the U.S.

Update your personal information in DEERS to get care under the stateside TRICARE Standard and TRICARE Extra program. Contact your new regional contractor for more information before you move.

Separating from the Service

If the sponsor is separating from the uniformed services, TRICARE coverage may or may not continue depending on the circumstances of separation. TRICARE beneficiaries may qualify for transitional health care options—the Transitional Assistance Management Program (TAMP), the Continued Health Care Benefit Program (CHCBP) and the Transitional Care for Service-Related Conditions (TCSRC) program—that provide temporary coverage.

Transitional Assistance Management Program

TAMP provides up to 180 days of transitional health care benefits to help certain uniformed service members and their families transition to civilian life. The services determine TAMP eligibility and DEERS reflects that status. If you have questions about your eligibility, contact your personnel office and/or command unit representative. If you are eligible, the 180-day TAMP period begins the day after you separate from active duty. For more information, go to www.tricare.mil/tamp.

Continued Health Care Benefit Program

CHCBP is a premium-based health care program administered by Humana Military. Though not a TRICARE program, CHCBP offers continued health coverage (18–36 months) after TRICARE coverage ends. 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.

Stateside TRICARE Regional Contractor Contact Information

TRICARE North Region	TRICARE South Region	TRICARE West Region
<p>Health Net Federal Services, LLC +1-877-TRICARE (+1-877-874-2273) www.hnfs.com</p>	<p>Humana Military +1-800-444-5445 HumanaMilitary.com</p>	<p>UnitedHealthcare Military & Veterans +1-888-571-4829 (overseas) 1-877-988-WEST (1-877-988-9378) (stateside) www.uhcmilitarywest.com</p>

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, go to www.tricare.mil/tcsrc for instructions on how to apply.

Retiring from Active Duty

When you retire from active duty, you and your eligible family members experience a change in status. After you update your information in DEERS, you will get a new uniformed services ID card that reflects your status as a retiree. After you retire, it is still essential that you keep your DEERS information current.

Until retirement, the sponsor is enrolled in either TOP Prime or TOP Prime Remote. If you are going on terminal leave, **notify your TOP Regional Call Center or TSC in advance**, so you won't be involuntarily disenrolled 60 days after you leave your overseas area. Eligible retired service members who are entitled to premium-free Medicare Part A must also have Part B to remain TRICARE-eligible and get benefits under TRICARE For Life (TFL). Retirees who aren't entitled to premium-free Medicare Part A may remain TRICARE-eligible under TOP Standard.

Note: TOP Prime and TOP Prime Remote aren't available to retirees and their family members.

After retiring, TOP Standard beneficiaries can expect differences in covered medical services and changes in dental coverage. TOP Standard cost-shares, copayments and catastrophic caps increase to retired rates. See "Dental Options" in the *Covered Services, Limitations and Exclusions* section of this guide for information about dental coverage. For additional information regarding program costs, go to www.tricare.mil/costs.



Becoming Entitled to Medicare

Active Duty Status

ADSMs and ADFMs who are entitled to premium-free Medicare Part A remain eligible for TRICARE Prime and TRICARE Standard programs without signing up for Medicare Part B. To avoid a break in TRICARE coverage, ADSMs and ADFMs must sign up for Medicare Part B before the sponsor retires. ADSMs and ADFMs can sign up for Medicare Part B during a special enrollment period without having to pay late-enrollment premium surcharges. The special enrollment period is available anytime the sponsor is on active duty or within the first eight months following either (1) the month the sponsor's active duty status ends or (2) the month TRICARE coverage ends, whichever comes first. ADSMs and ADFMs with end-stage renal disease don't have a special enrollment period and should enroll in Medicare Part A and Part B when first eligible.

For services covered by Medicare and TRICARE in the U.S. and U.S. territories, Medicare pays for services first and TRICARE pays last. In areas where Medicare is not available, TRICARE is the primary payer.

Note: Medicare generally doesn't cover health care obtained outside the U.S. and U.S. territories.

For services covered by Medicare, other health insurance (OHI) and TRICARE, OHI pays first if it is based on current employment, Medicare pays second and TRICARE pays last. If OHI is not based on current employment, Medicare pays first, OHI pays second and TRICARE pays last.

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 where they live. 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 doesn't 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: TOP Prime and TOP Prime Remote aren't available to retirees and their family members.

Eligibility for TRICARE and Veterans Affairs Benefits

Certain beneficiaries are eligible for both TRICARE and U.S. Department of Veterans Affairs (VA) benefits programs, and they may choose which benefits they want to use. If you are eligible for both TFL and VA benefits and elect to use your TFL benefit for non-service connected care, you will incur out-of-pocket expenses when seeing a VA provider. By law, TRICARE can only pay up to 20 percent of the TRICARE-allowable amount. If you get care at a VA facility, you may be responsible for the remaining liability. A beneficiary can seek TRICARE-covered services even if he or she got treatment through the VA for the same medical condition during a previous episode of care. However, TRICARE doesn't duplicate payments made or authorized by the VA for service-connected disability care.

Note: Eligibility for VA health care for service-connected disabilities is not considered double coverage. Generally, the VA doesn't provide health care outside the U.S.

Survivor Coverage

If you live in a TOP Prime location and your sponsor dies while serving on active duty for a period of more than 30 consecutive days, you are automatically eligible for TRICARE transitional survivor benefits as long as your DEERS information is up to date and you are:

- A surviving spouse and don't remarry (if you remarry, TRICARE eligibility cannot be regained later, even if you divorce or your new spouse dies)
- An unmarried child up to age 21 (or age 23 if enrolled full-time at an approved college and if the sponsor provides over 50 percent of the financial support)

Note: Children with disabilities may remain TRICARE-eligible beyond the 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 sponsors died on or after Oct. 7, 2001, remain eligible as ADFMs until eligibility ends due to the age limits previously noted or for another reason (for example, marriage).

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 as a retiree family member.

Upon the death of your sponsor, you will get a letter from DEERS explaining your program options and how your benefits will change. Transitional survivors are considered command-sponsored ADFMs and remain eligible for TOP Prime and TOP Prime Remote. If you have questions, go to www.tricare.mil/deers.

Dependent Parent Coverage

Although dependent parents and parents-in-law aren't eligible for most TRICARE benefits, they may be able to get health care at certain military hospitals or clinics on a space-available basis. Access to care is subject to change based on capacity and capabilities. Dependent parents 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. TRICARE Plus is a program that allows certain non-TRICARE Prime beneficiaries to enroll at military hospitals and clinics and get primary care within TRICARE Prime access standards. Those with TRICARE Plus may also get specialty care at the military hospital or clinic where they are enrolled. TRICARE doesn't pay for services you get outside of military hospitals and clinics.

Disenrollment

TOP Prime and TOP Prime Remote enrollment is continuous and you don't have to reenroll every year to maintain coverage. However, certain events will cause you to be disenrolled.

Sponsor Status Change

Any change in sponsor status (for example, retirement or National Guard and Reserve member deactivation) will cause you to be disenrolled automatically from your TOP Prime or TOP Prime Remote program. To avoid a lapse in coverage, you must submit a new enrollment request to your TOP Regional Call Center or TSC before the status change occurs for you and your family members to remain enrolled in a TRICARE Prime program if you are still eligible after the status change.

Sixty days following overseas departure:

When the sponsor changes duty stations back to the U.S., you remain enrolled in TOP Prime or TOP Prime Remote until you reach your new location. At that time, enroll in your new stateside region. ADFMs who don't reenroll are involuntarily disenrolled from TOP Prime or TOP Prime Remote 60 days after leaving their overseas area.

Voluntary Disenrollment

If you choose to disenroll from TOP Prime or TOP Prime Remote before the yearly enrollment renewal date, you are subject to a 12-month lockout,* which means you won't be permitted to reenroll in any stateside or overseas TRICARE Prime program for 12 months. Contact your TOP Regional Call Center (choose option 4) or local TSC to initiate a voluntary disenrollment. Overseas ADSMs must remain enrolled in either TOP Prime or TOP Prime Remote and may not voluntarily disenroll.

Note: ADFMs (sponsor pay grades E-5 and above) may change their enrollment status twice in an enrollment year before a 12-month enrollment lockout applies.

** The 12-month lockout provision doesn't apply to ADFMs of sponsors pay grades E-1 through E-4.*

Loss of Eligibility

If your DEERS record shows loss of TRICARE eligibility, your TOP Prime or TOP Prime Remote 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. Once DEERS is updated, you must reenroll in TOP Prime or TOP Prime Remote or, if you are a family member, you will be covered under TOP Standard.

If your DEERS record is correct and you lose eligibility, you may qualify for transitional health care.

For Information and Assistance

Beneficiary Counseling and Assistance Coordinators

Beneficiary Counseling and Assistance Coordinators (BCACs) can help you with TRICARE and Military Health System questions and concerns and can advise you about getting health care. BCACs are located at military hospitals and clinics and at TRICARE Area Offices (TAOs). To find a BCAC or Debt Collection Assistance Officer (DCAO) near you, visit the Customer Service Community Directory at www.tricare.mil/bcacdcao.

Debt Collection Assistance Officers

DCAOs are located at military hospitals and clinics and TAOs 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 get a negative credit rating or have been contacted by a collection agency due to an issue related to TRICARE services.

TRICARE Beneficiary Service Representatives

TRICARE beneficiary service representatives are located at TRICARE Service Centers and provide the following services:

- Processing enrollments, disenrollments and transfers for TRICARE Overseas Program (TOP) Prime, TOP Prime Remote and TRICARE Plus (if available)
- Assigning primary care managers (PCMs)
- Handling PCM change requests
- Providing TRICARE benefit information

Patient Liaison Services

Many military hospitals and clinics are staffed with patient liaisons who can help you navigate your purchased care system. Your purchased care patient liaison can help coordinate care in your purchased care medical system; translate for you if your purchased care medical staff cannot speak English; assist with scheduling appointments, consultations, tests and follow-up exams; and help with medical bill payments and claims.

If you are admitted to a purchased care hospital after duty hours or on a weekend, have someone contact your military hospital or clinic's after-hours care number and your TOP Regional Call Center.

TRICARE Overseas Program Point of Contact Program

The TRICARE Overseas Program Point of Contact (POC) Program is a liaison service that assists beneficiaries in remote overseas locations. POCs assist beneficiaries with TRICARE enrollment and with accessing quality purchased care sector medical care. They also help beneficiaries file medical and dental claims. To locate a POC, contact your TAO. For contact information, go to www.tricare.mil/contactus.

U.S. Embassies and Consulates

The U.S. Department of State, the lead federal agency carrying out U.S. foreign policy, provides a list of U.S. Embassies and Consulates on its website. Go to www.usembassy.gov to locate a U.S. Embassy or Consulate in the area where you live or travel.

Filing an Appeal or Grievance

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 the TOP 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 the TOP contractor. For information about filing an appeal or grievance, go to www.tricare-overseas.com/Beneficiaries_Grievances_Appeals.htm.

Claims Appeals Filing Information

All Overseas Regions

TRICARE Overseas Program Appeals
P.O. Box 7889
Madison, WI 53707
USA
Fax: +1-608-301-2250

Note: If you are eligible for TRICARE and Medicare and wish to file an appeal, Medicare-related appeals should be submitted to Medicare.

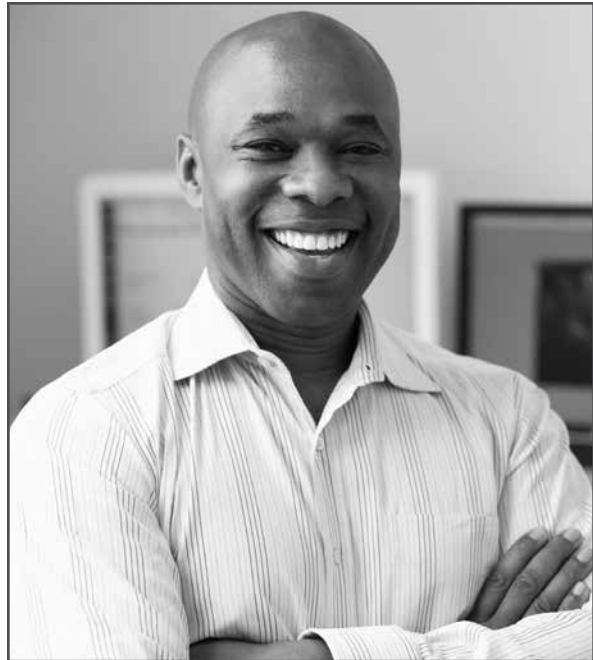
Visit www.tricare-overseas.com to file grievances online. You may also print, complete and sign the *TRICARE Overseas Program—Universal Grievance and Complaint Form* and mail it to International SOS:

International SOS Government Services, Inc.
Reconsideration/Grievances Department
P.O. Box 11570
Philadelphia, PA 19116
USA

Note: For TOP quality assurance, grievances, appeals and compliments or commendations, contact International SOS via email at TOPGlobalQualityAssu@internationalsos.com.

Reporting Suspected Fraud and Abuse

Report suspected fraud and abuse anonymously or by name to the TOP contractor. You also can report fraud or abuse issues directly to TRICARE at www.health.mil/fraud.



Note About Health Care Companies Operating Overseas

The Office of Program Integrity has received several inquiries about health care agencies and companies operating in overseas locations and serving TRICARE beneficiaries. Be advised that such companies have no official connection with the U.S. government and its TRICARE program. Health care providers and facilities associated with these companies don't undergo TRICARE certification review. When they meet TRICARE's requirements, all certified providers have equal standing with the TOP contractor as authorized providers and are eligible to get money back for TRICARE claims.

Those who knowingly participate in fraudulent and/or abusive activities may be subject to consequences, including prosecution and denial of future claims for payment by TRICARE.

If you are aware of individuals or organizations engaging in these activities, email your concerns to TOP at reportit@wpsic.com or TOPProgramIntegrity@internationalsos.com.

Appendix

TRICARE Overseas Program Provider Types

Provider Type	Description	Key Characteristics
Network Provider (files claims for beneficiaries)	Has entered into a formal agreement with International SOS to provide medical care or services to those in TOP Prime and TOP Prime Remote	<ul style="list-style-type: none"> Assurance of quality care; institutional network providers' credentials and medical capabilities are reviewed at least once every three years Guarantee that provider can directly or indirectly communicate in English Cashless/claimless services Performance is monitored on an ongoing basis to help ensure beneficiary satisfaction and quality of care
Participating Non-Network Provider (may file claims for beneficiaries)	Has not entered into a formal agreement with International SOS, but agrees to provide cashless/claimless care for those in TOP Prime	<ul style="list-style-type: none"> Verified and licensed to practice in the country in which he or she operates Has not undergone the full International SOS credentialing process
Approved Demonstration Provider (Philippines)¹ (files claims for beneficiaries)	Agrees to comply with certain TRICARE requirements and business processes in certain designated areas under the Philippine Demonstration; International SOS, the TOP contractor and its subcontractor, Global 24 Network Services, administer the benefit under the Philippine Demonstration	<ul style="list-style-type: none"> Accepts established reimbursement rates, so you will be responsible only for your applicable deductible and cost-shares² Deductible and cost-shares may be paid up front If payment is not made up front, approved demonstration providers will collect only the applicable deductible and cost-shares after getting the TRICARE explanation of benefits.
Certified Provider (Philippines)	Meets TRICARE required on-site verification and provider certification requirements. However, certified providers within a Philippine Demonstration area don't agree to the additional conditions necessary to be approved demonstration providers ³	<ul style="list-style-type: none"> Can invoice TRICARE for beneficiary claims There may be no limit to the amount that certified providers (who don't participate in the Philippine Demonstration) charge in the Philippines. You are responsible for paying any amount that exceeds the TRICARE-allowable charge in addition to your deductible and cost-shares.
Nonparticipating Non-Network Purchased Care Sector Provider	Has not agreed to participate in TOP	<ul style="list-style-type: none"> May not provide cashless/claimless service; beneficiaries may be required to pay up front and file a claim to get money back Outside the U.S. and U.S. territories, 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, as well as applicable deductible and cost-share amounts.

1. For the most up-to-date information and to find an approved or certified Philippine Demonstration provider, go to www.tricare-overseas.com/philippines.htm.

2. Those who are eligible to participate in the Philippine Demonstration must give the approved demonstration provider their physical home mailing address to pay the reduced costs. For those in TOP Standard using a Philippine APO/FPO address on the TRICARE DoD/CHAMPUS Medical Claim—Patient's Request for Medical Payment form (DD Form 2642) for medical care are required to follow the rules of the Philippine Demonstration to ensure that TRICARE cost-shares their claims.

3. Those in other locations should check if local restrictions apply in their areas. For more information, call your TOP Regional Call Center.

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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 get 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 get 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 get 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, 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 Overseas Program

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

TRICARE Eurasia-Africa

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

Medical Assistance*
+44-20-8762-8133

TRICARE Latin America and Canada

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

Medical Assistance*
+1-215-942-8320

TRICARE Pacific

TOP Regional Call Centers
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

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

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

* Only call Medical Assistance numbers to coordinate overseas emergency care.

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