



TRICARE® Overseas Program

AUGUST 2016

HANDBOOK



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



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Welcome to TRICARE

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

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

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

TRICARE partners with International SOS Government Services, Inc. (International SOS) to administer your benefit overseas. International SOS is your go-to resource for information and assistance overseas. The overseas region consists of countries outside the U.S., and includes the U.S. territories of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands.

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

FIND MORE INFORMATION



You can get more information about your TRICARE Overseas Program (TOP) benefit from the *TRICARE Overseas Program Guide* at www.tricare.mil/publications or by calling International SOS.

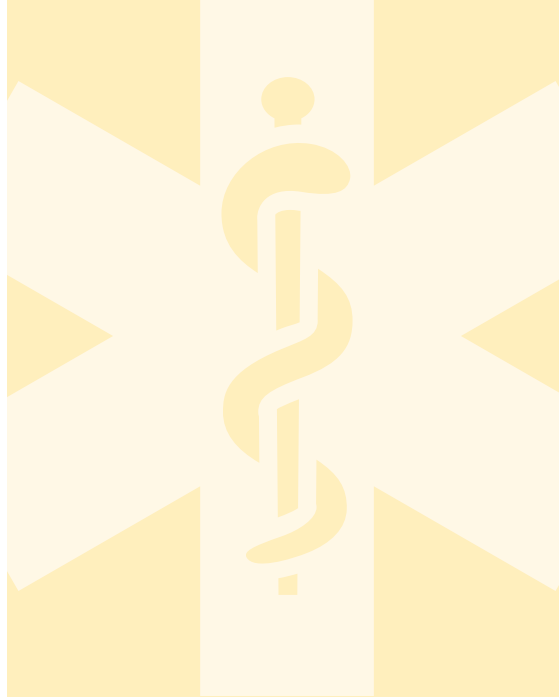


For up-to-date cost information, see the *TRICARE Costs and Fees* sheet at www.tricare.mil/publications or go to www.tricare.mil/costs.



Manage your TRICARE benefit through the TRICARE overseas website at www.tricare-overseas.com, where you can find a provider, get information on claims filing, sign up for direct deposit and more.

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



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

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

KEEP YOUR DEERS INFORMATION UP TO DATE

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

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

TRICARE COVERED SERVICES




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



YOUR TRICARE OPTIONS BY SPONSOR STATUS



Your TRICARE health care options can change if you move, have a life event like getting married or have a status change like a sponsor retiring from service. Use the following graphic to determine your options based on sponsor status.

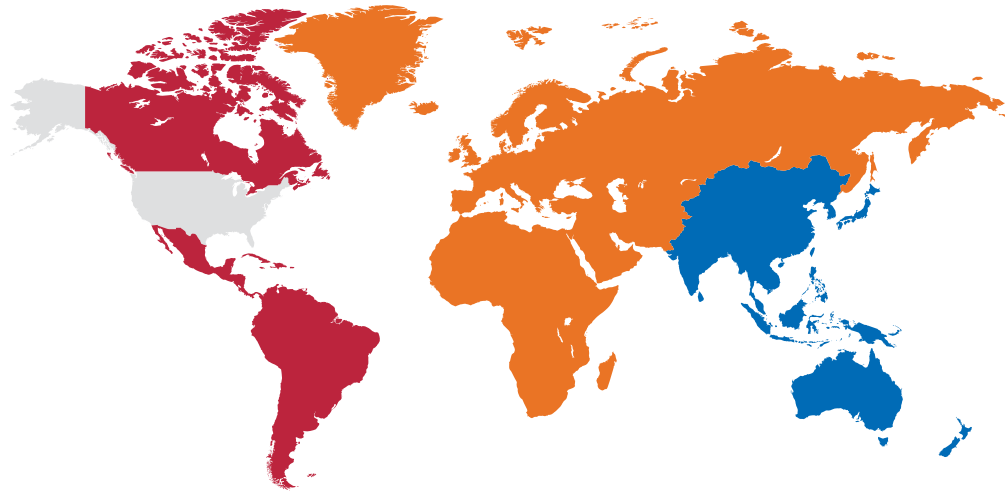
SPONSOR STATUS	HEALTH CARE OPTIONS	
 <p>Active Duty Includes National Guard and Reserve members called or ordered to active service for more than 30 days</p>	<p>Sponsor options:</p> <ul style="list-style-type: none"> • TOP Prime • TOP Prime Remote 	<p>Family member options:</p> <ul style="list-style-type: none"> • TOP Prime (command sponsorship required) • TOP Prime Remote (command sponsorship required) • TOP Standard • TRICARE Young Adult (TYA) • TRICARE For Life (TFL) (if entitled to Medicare Part A and have Medicare Part B)
 <p>Separated from Service (non-retirement)</p>	<p>Sponsor and family member options:</p> <p>After separating from service (non-retirement), the sponsor and family members lose TRICARE eligibility. However, you may qualify for a period of continued coverage under the:</p> <ul style="list-style-type: none"> • Transitional Assistance Management Program (TAMP) • Continued Health Care Benefit Program (CHCBP) 	
 <p>Retired</p>	<p>Sponsor options:</p> <ul style="list-style-type: none"> • TOP Standard • TFL (if entitled to Medicare Part A and have Medicare Part B) 	<p>Family member options:</p> <ul style="list-style-type: none"> • TOP Standard • TYA • TFL (if entitled to Medicare Part A and have Medicare Part B)

NATIONAL GUARD AND RESERVE
Qualified non-active duty members of the Selected Reserve and Retired Reserve

Sponsor and family member options: TRICARE Reserve Select, TRICARE Retired Reserve and TRICARE Young Adult
See the *TRICARE Choices for National Guard and Reserve Handbook* for more information at www.tricare.mil/publications.



TOP Regions



Latin America and Canada

Canada, the Caribbean Basin, Central and South America, Puerto Rico and the U.S. Virgin Islands

Eurasia-Africa

Africa, Europe and the Middle East

Pacific

American Samoa, Asia, Australia, Guam, India, Japan, New Zealand, the Northern Mariana Islands, South Korea and Western Pacific remote countries

TOP Prime and TOP Prime Remote

TOP Prime and TOP Prime Remote are health care options for active duty service members (ADSMs) and their eligible family members. They are similar to a managed-care or health maintenance organization option, which means you get most of your care from a primary care manager (PCM).

ENROLLING IN A TOP PRIME OPTION

You must take action to enroll in a TOP Prime option:

- ADSMs stationed overseas must use TOP Prime or TOP Prime Remote.
- Eligible command-sponsored active duty family members (ADFMs) can enroll in TOP Prime or TOP Prime Remote (based on your location) or use TOP Standard.

You have two options to enroll in TOP Prime or TOP Prime Remote:

- Call your Global TRICARE Service Center (choose option 4 on your TOP Regional Call Center's menu)
- Submit a completed *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager Change Form* (DD Form 2876) and a copy of your orders to your TOP Regional Call Center or TRICARE Service Center (TSC).

Your coverage begins when your enrollment request is processed.

📖 HELPFUL TERMS

Referral

When your primary care manager (PCM) sends you to another provider for care. If you have TOP Prime or TOP Prime Remote and see a provider other than your PCM for nonemergency care without a referral, you will pay more.

Prior Authorization

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

Retroactive Authorization

A referral for care given to TOP Prime family members up to three business days after a health care visit. If you aren't able to get a referral from your primary care manager within three business days of when you got care, your claim will process under the point-of-service option.

Catastrophic Cap

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

Copayment

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

Fiscal Year

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

TOP Prime and TOP Prime Remote (continued)

Split Enrollment

Sponsors stationed overseas who have family members in the U.S. can have a split enrollment. This means the sponsor and family members will have different TRICARE Prime options.

ADFM's can enroll in TRICARE Prime in the regions where they live. If your sponsor gets unaccompanied orders, and you currently are in TRICARE Prime Remote (TPR), you can remain in TPR at your current location. If you choose not to enroll in a TRICARE Prime option, you can use TRICARE Standard and TRICARE Extra. **Note:** TRICARE Extra isn't available overseas.

+ ENROLLMENT COSTS

There are no enrollment costs for TOP Prime or TOP Prime Remote.

+ COSTS FOR COVERED CARE

You have no out-of-pocket costs when you get covered health care services from your PCM or when you have a referral and prior authorization for care from a purchased care sector provider (a TRICARE-authorized civilian provider in your overseas area).

When seeing nonparticipating non-network providers, expect to pay the full cost of care 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.

For up-to-date costs, go to www.tricare.mil/costs.

+ SEEING A PROVIDER WITHOUT A REFERRAL: THE POINT-OF-SERVICE OPTION

The point of service (POS) option allows TOP Prime and TOP Prime Remote family members to see any TRICARE-authorized provider without a referral. This means you pay more up front to get nonemergency health care from any TRICARE-authorized provider without a referral. Costs you pay under the POS option don't count toward your yearly catastrophic cap.

Questions about your coverage? Call your TOP Regional Call Center



TOP Standard

TOP Standard is an option for eligible non-ADSMs living overseas. TOP Standard works like the stateside TRICARE Standard program with similar benefits, requirements and costs. Enrollment isn't required because you're covered automatically. You just need to show as eligible in DEERS and not be enrolled in TOP Prime or TOP Prime Remote.

Other plans that work like TRICARE Standard are also available: TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR), which are discussed later.

TOP Standard may be used by:

- ADFMs
- Retired service members and their families
- Family members of activated National Guard and Reserve members
- Those in TAMP
- Retired National Guard and Reserve members (at least age 60) and their family members
- Survivors
- Medal of Honor recipients and their families
- Qualified former spouses

GETTING CARE WITH TOP STANDARD

Under TOP Standard, you can get care from any provider, unless TOP requirements or local country restrictions apply (such as in the Philippines). Other things to keep in mind are:

- No referrals required
- You can get care at certain military hospitals or clinics on a space-available basis
- Certain services require prior authorization. For more details, go to www.tricare.mil/authorization or call International SOS.

Health Care Costs

TOP Standard has no enrollment costs, but a yearly deductible and cost-shares apply. You should expect to pay up front for care and file your own claims to get money back. **Note:** Outside the U.S. and U.S. territories, nonparticipating non-network providers can charge any amount for care. You're responsible for paying any amount that is above the TRICARE-allowable charge in addition to your deductible and cost-shares. For costs, go to www.tricare.mil/costs.

Filing Claims

Outside the U.S. and U.S. territories, claims must be filed within three years of getting care. Claims for care you get in the U.S. and U.S. territories must be filed within one year of getting care. You are responsible for confirming your claims are received. For more information, call International SOS or go to www.tricare-overseas.com.



HELPFUL TERMS

Yearly Deductible

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

Cost-Share

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

Options for National Guard and Reserve

HELPFUL TERMS

Premium

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



TRS and TRR are premium-based health care plans for certain qualified Selected Reserve or Retired Reserve members, family members and survivors. TRS and TRR offer comprehensive health care coverage similar to TOP Standard. **Note:** When your National Guard or Reserve sponsor is activated for more than 30 days, this coverage stops while you get active duty benefits.

- Enrollment is required.
- An initial two-month premium payment is due when you enroll.
- Monthly premiums, a yearly deductible and cost-shares apply.
- Get care from any purchased care sector provider without a referral.
- Certain services require prior authorization.

To find out more about TRS and TRR, including how to enroll, go to www.tricare.mil/reserve.

TRICARE For Life

TFL is Medicare-wraparound coverage for those who have Medicare Part A (hospital insurance) and Part B (medical insurance), regardless of age or where you live. You must have Medicare Part A and Part B to get TFL coverage overseas, even though Medicare doesn't cover care outside the U.S., U.S. territories or aboard ships outside U.S. territorial waters. This is a requirement based on federal law governing these programs.

When you are overseas, TFL generally gives you the same coverage as TOP Standard. Prior authorization may be required (except for emergency care). When seeking care from a purchased care sector provider, area- or country-specific requirements may also apply.

Medicare covers health care in the U.S. and U.S. territories. In these locations, Medicare pays first and TFL pays second; however, TFL pays last if you have other health insurance (OHI). Medicare also pays before TRICARE when TFL beneficiaries get care aboard ships in territorial waters adjoining the land areas of the U.S. and U.S. territories.

TFL COSTS

Medicare doesn't provide coverage outside the U.S. and U.S. territories or aboard ships outside U.S. territorial waters. Therefore, TFL is your primary payer for health care in all other overseas locations, unless you have OHI. Outside the U.S. and U.S. territories, TFL works like TOP Standard for retirees, with the same yearly deductible and cost-shares. To get reimbursement for overseas care, submit a claim, a copy of your provider itemized bill with a diagnosis explanation, proof of payment and any OHI explanation of benefits (EOB) to the TOP claims processor. For more information, go to www.tricare-overseas.com.

If you have Medicare
Part A and Part B,
you have TFL



Other TOP Options

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

+ TRICARE YOUNG ADULT

TYA is a premium-based health care plan for qualified dependents who have aged out of TRICARE. TYA offers TRICARE Prime and TRICARE Standard worldwide. Your location and sponsor's status determine whether you qualify for TYA Prime and/or TYA Standard. TYA includes medical and pharmacy benefits, but not dental coverage. Coverage, provider choice and costs for TYA are the same as for TOP Prime and TOP Standard.

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

+ TRANSITIONAL COVERAGE OPTIONS

TRICARE offers benefits to help certain service members and their families transition to civilian life.

Transitional Assistance Management Program

TAMP offers 180 days of premium-free health care after your sponsor separates from the military. If you're eligible, TAMP starts the day after the sponsor separates from service. For more information, go to www.tricare.mil/tamp.

Continued Health Care Benefit Program

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

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



PHILIPPINE DEMONSTRATION

The Philippine Demonstration is for those using TOP Standard who live in or travel to the Philippines and get care in a designated demonstration area.

If you live in the **Philippines** and use:



- TOP Standard
- TFL
- TRS
- TRR
- TYA Standard

YOU ARE ELIGIBLE
to participate
in the **TRICARE**
Philippine
Demonstration.



Eligibility is determined by your physical address listed on health care claims, no matter of your address in DEERS.



You may have to pay the full cost of care if you don't seek care from an approved demonstration provider or if you don't have a waiver.



If you get care outside the Philippine Demonstration areas, TRICARE will only cost-share on the claim if the provider is certified.



The Philippine Demonstration doesn't apply to pharmacy or dental services. When filling prescriptions, you must use a certified pharmacy.

If you travel to the Philippines, you must see a certified provider. For the most up-to-date information and to find a provider in the Philippines, go to www.tricare-overseas.com/philippines.htm.

EXTENDED CARE HEALTH OPTION

The Extended Care Health Option (ECHO) provides supplemental services beyond those offered by a TRICARE program option to qualifying ADFMs with mental or physical disabilities.

To get ECHO, you must first enroll in the appropriate service's Exceptional Family Member Program (EFMP) (unless waived in specific situations) and register for ECHO with International SOS. For more information about EFMP, contact your service branch's EFMP representative or go to www.militaryonesource.mil/efmp.



TOP PROVIDER TYPES

TRICARE-authorized providers meet TRICARE licensing and certification requirements and are certified by TRICARE to give you care. If you see a provider that isn't TRICARE-authorized, you're responsible for the full cost of care. The following table lists different types of TRICARE-authorized providers.

PROVIDER TYPES	DESCRIPTIONS	KEY FEATURES
Network provider (files claims for you)	Has entered into a formal agreement with International SOS, the TOP contractor, to provide medical care or services for 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 the provider can directly or indirectly communicate in English Cashless/claimless services Provider's performance is monitored on an ongoing basis to help ensure your satisfaction and quality of care
Participating non-network provider (may file claims for you)	Hasn't entered into a formal agreement with International SOS, but agrees to provide cashless/claimless care to those in TOP Prime	<ul style="list-style-type: none"> Verified and licensed to practice in the country where he or she operates Hasn't completed the full International SOS credentialing process
Approved demonstration provider (Philippines) (files claims for you)	Agrees to comply with specific TRICARE requirements and business processes in certain designated areas under the Philippine Demonstration	<ul style="list-style-type: none"> Accepts established reimbursement rates, so you will be responsible only for your deductible and cost-shares <ul style="list-style-type: none"> Deductible and cost-shares may be paid up front If payment isn't made up front, approved demonstration providers will collect only the applicable deductible and cost-shares after getting the TRICARE explanation of benefits statement
Certified provider (Philippines)	Meets TRICARE required on-site verification and provider certification requirements, but doesn't agree to the additional conditions necessary to be an approved demonstration provider	<ul style="list-style-type: none"> Can charge TRICARE for your claims There may be no limit to the billed amount that certified providers (who don't participate in the Philippine Demonstration) charge in the Philippines. You're responsible for paying any amount above the TRICARE-allowable charge in addition to your deductible and cost-shares.
Nonparticipating non-network purchased care sector provider	Hasn't agreed to participate in TOP	<ul style="list-style-type: none"> May not provide cashless/claimless service; you may be required to pay up front and file a claim to get money back



The TRICARE Pharmacy Program provides prescription drugs through military pharmacies, TRICARE Pharmacy Home Delivery, TRICARE retail network pharmacies and non-network pharmacies. Your options for filling your prescription depend on the type of drug your provider prescribes. Over-the-counter (OTC) drugs are not 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. For more information about the TRICARE pharmacy benefit, see the *TRICARE Pharmacy Program Handbook* at www.tricare.mil/publications or go to www.tricare.mil/pharmacy.

OVERSEAS PHARMACY COSTS

In some locations, you may have to pay for your drugs up front and file claims to get money back. Your options for getting your prescriptions depend on the type of drug your provider prescribes and other restrictions.

OPTIONS FOR FILLING PRESCRIPTIONS	DESCRIPTION OF OPTIONS
Military pharmacies	<ul style="list-style-type: none"> No cost for up to a 90-day supply of most drugs Usually don't carry tier 3 drugs
TRICARE Pharmacy Home Delivery (not available in Germany)	<ul style="list-style-type: none"> No costs for ADSMs No cost for non-ADSMs for up to a 90-day supply of tier 1 drugs Copayments for non-ADSMs up to a 90-day supply of tier 2 and tier 3 drugs Must have an APO/FPO address or be assigned to a U.S. Embassy or Consulate
TRICARE retail network pharmacies	<ul style="list-style-type: none"> Pay one copayment for each 30-day supply No need to file a claim Located in the U.S. and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands
Overseas pharmacies	<ul style="list-style-type: none"> Pay full price and file a claim to get money back With TOP Prime and TOP Prime Remote, you get 100% of your money back if using an overseas pharmacy to fill prescriptions covered by TRICARE With TOP Standard, you pay a deductible and cost-shares

THREE TIERS OF DRUGS

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

TIER 1

.....

Generic drugs

- Widely available
- Lowest out-of-pocket costs

TIER 2

.....

Brand-name drugs

- Generally available
- Higher out-of-pocket costs

TIER 3

.....

Nonformulary drugs

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

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

ADSMs in TOP Prime locations get dental care at military dental clinics. ADSMs in TOP Prime Remote locations will have all dental care coordinated by the TOP contractor. ADSMs getting care in the U.S. and U.S. territories will use the Active Duty Dental Program (ADDP).

For more information and for dental costs, go to www.tricare.mil/dental.

TRICARE Active Duty Dental Program

(Managed by United Concordia Companies, Inc.)

www.addp-ucci.com

- ADSMs in TOP in U.S. territories or traveling in the U.S. or U.S. territories
- National Guard and Reserve members called or ordered to active service for more than 30 days in U.S. territories or traveling in the U.S. or U.S. territories

TRICARE Dental Program

(Managed by MetLife)

www.metlife.com/tricare

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

TRICARE Retiree Dental Program

(Managed by Delta Dental of California)

www.trdp.org

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



TRICARE Offers Dental Coverage Options with Worldwide Portable Coverage



Only available to
ADSMs while in the
U.S. or U.S. territories



ADSMs can get
care from civilian
dental providers

ADDP



Voluntary
enrollment



Single and family plans



Monthly premiums



Coverage for most preventive
and diagnostic services

TDP



Voluntary
enrollment



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



Premium rates depend
on your location



Coverage for most preventive
and diagnostic services

TRDP



For Information and Assistance

www.tricare.mil

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

TOP Regional Call Center— Eurasia-Africa¹

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

TOP Regional Call Center— Latin America and Canada¹

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

TOP Regional Call Centers—Pacific¹

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

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

Medical Assistance¹

+44-20-8762-8133

Medical Assistance¹

+1-215-942-8320

Medical Assistance¹

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

TRICARE Reserve Select

www.tricare.mil/trs

TRICARE Retired Reserve

www.tricare.mil/trr

Reserve Affairs

www.people.mil

TRICARE Young Adult

www.tricare.mil/tya

TRICARE For Life

www.tricare.mil/tfl

Wisconsin Physicians Service—
Military and Veterans Health
(U.S. and U.S. territories)
1-866-773-0404
1-866-773-0405 (TDD/TTY)
www.TRICARE4u.com

Defense Enrollment Eligibility Reporting System (DEERS)

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

milConnect

(update DEERS, get eCorrespondence)

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

TRICARE Pharmacy Program

www.tricare.mil/pharmacy

Express Scripts, Inc.
(U.S. and U.S. territories)
1-877-363-1303
www.express-scripts.com/TRICARE

Quality Assurance, Grievances, Appeals and Compliments/Commendations

[www.tricare-overseas.com/
Beneficiaries_Grievances_Appeals.htm](http://www.tricare-overseas.com/Beneficiaries_Grievances_Appeals.htm)
TOPGlobalQualityAssu@internationalsos.com

TRICARE Active Duty Dental Program

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

TRICARE Dental Program

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

TRICARE Retiree Dental Program

www.tricare.mil/trdp
Delta Dental of California
Dial the AT&T USA Direct Access Number
followed by 866-721-8737 (overseas)²
1-855-827-6436 (stateside)
www.trdp.org

Transitional Assistance Management Program

www.tricare.mil/tamp

Continued Health Care Benefit Program

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

Military Health System Website

www.health.mil

1. For toll-free contact information, go to www.tricare-overseas.com. Only call Medical Assistance numbers to coordinate overseas emergency care.
2. For access numbers and assistance with overseas dialing instructions, go to www.att.com/esupport/traveler.jsp.

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. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.

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