PRIME

TRICARE® Prime and TRICARE Prime Remote Handbook

Your guide to program benefits

TRICARE®

DEPARTMENT OF DEFENSE · UNITED STATES OF AMERICA

Important Information

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

TRICARE North Region

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

TRICARE North Region Contractor

Health Net Federal Services, LLC

www.hnfs.com

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

TRICARE South Region

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

TRICARE South Region Contractor

Humana Military, a division of
Humana Government Business

Humana-Military.com

1-800-444-5445

TRICARE West Region

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

TRICARE West Region Contractor

UnitedHealthcare Military & Veterans

www.uhcmilitarywest.com

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

TRICARE Overseas Program*

TRICARE Overseas Program Contractor

International SOS Assistance, Inc.

www.tricare-overseas.com

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

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

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

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

An Important Note About TRICARE Program Changes

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. For the most recent information, contact your regional contractor. More information regarding TRICARE, including the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices, can be found online at **www.tricare.mil**. See the inside back cover of this handbook for "TRICARE Expectations for Beneficiaries."

Keep Your DEERS Information Up To Date!

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

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

The Affordable Care Act, also known as the health care reform law, requires that individuals maintain health insurance or other health coverage that meets the definition of "minimum essential coverage" beginning in 2014. Please note that the TRICARE program is considered minimum essential coverage. Most people who do not meet this provision of the law will be required to pay a fee for each month they do not have adequate coverage. The fees will be collected each year with tax returns. Watch for future communications from TRICARE or visit **www.tricare.mil/aca** for more information about your minimum essential coverage requirement. You can also find other health care coverage options at **www.healthcare.gov**.

Important Contact Information

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

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

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

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

Service Points of Contact

U.S. Army, U.S. Navy, U.S. Air Force, U.S. Marine Corps	Reserve and Service Member Support Office, Great Lakes 1-888-647-6676
U.S. Public Health Service and National Oceanic and Atmospheric Administration	Medical Affairs Branch 1-800-368-2777
U.S. Coast Guard	Coast Guard Benefits Line 1-800-942-2422

Defense Enrollment Eligibility Reporting System (DEERS)

You have several options for updating and verifying DEERS information:

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

TRICARE Dental Options

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

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

Health Care Claims

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

TRICARE North Region	TRICARE South Region	TRICARE West Region
Health Net Federal Services, LLC c/o PGBA, LLC/TRICARE P.O. Box 870140 Surfside Beach, SC 29587-9740 www.myTRICARE.com www.hnfs.com	TRICARE South Region Claims Department P.O. Box 7031 Camden, SC 29020-7031 www.myTRICARE.com Humana-Military.com	TRICARE West Region Claims Department P.O. Box 7064 Camden, SC 29020-7064 www.uhcmilitarywest.com

TRICARE Pharmacy Program

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

Express Scripts, Inc.		
www.express-scripts.com/TRICARE 1-877-363-1303 1-877-540-6261 (*TDD/TTY*) Member Choice Center (*convert retail prescriptions to home delivery*): 1-877-363-1433	**TRICARE Pharmacy Home Delivery** Download the *Express Scripts New Patient Home Delivery Form* from **www.express-scripts.com/TRICARE** to register for TRICARE Pharmacy Home Delivery. Mail the form to: Express Scripts, Inc. P.O. Box 52150 Phoenix, AZ 85072-9954	**TRICARE Retail Network Pharmacy** Send pharmacy claims to: Express Scripts, Inc. TRICARE Claims P.O. Box 52132 Phoenix, AZ 85082
Prescription Drug Formulary Search		
www.tricare.mil/pharmacyformulary		

Other Resources

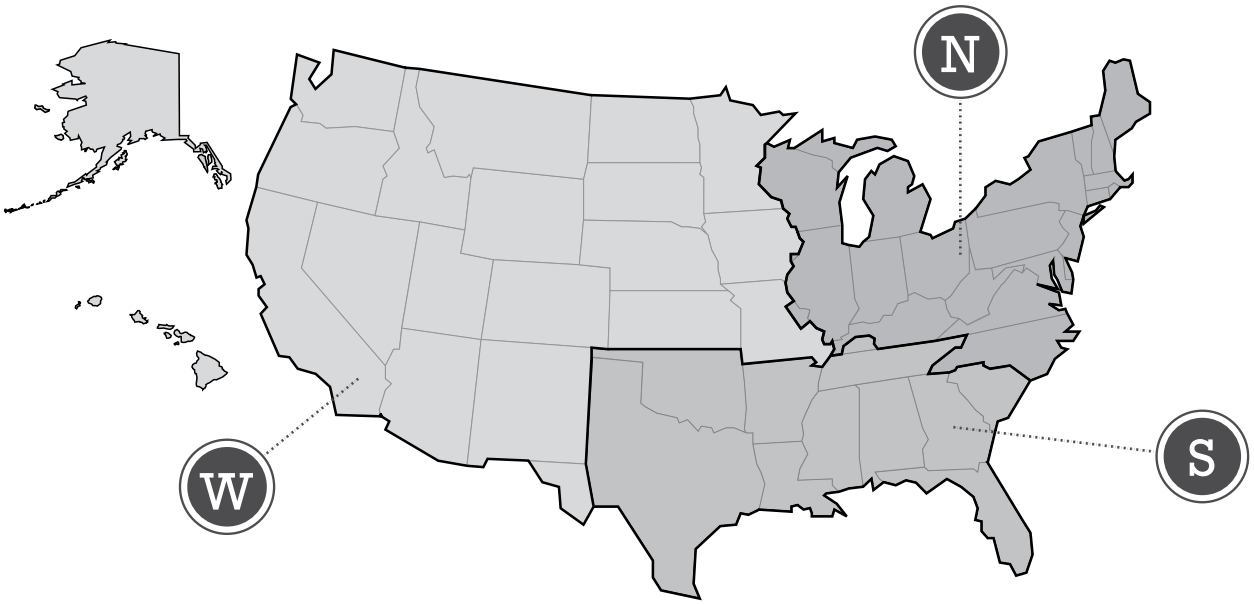
TRICARE Forms	www.tricare.mil/forms
Beneficiary Web Enrollment	www.tricare.mil/bwe
US Family Health Plan	www.tricare.mil/usfhp
TRICARE Behavioral Health	www.tricare.mil/mentalhealth
Continued Health Care Benefit Program	www.tricare.mil/chcbp
Customer Service Community Directory	www.tricare.mil/bcacdcao

Welcome to TRICARE Prime®, TRICARE Prime Remote, and TRICARE Prime Remote for Active Duty Family Members

TRICARE Prime offers enhanced benefits and personalized care. To make the best use of your benefit, please read this *TRICARE Prime and TRICARE Prime Remote Handbook*. Look in the mail and on your regional contractor's Web site for the *TRICARE Health Matters* newsletter, a regular publication for all TRICARE Prime beneficiaries. This newsletter highlights covered services, customer service options, news, and other important updates.

Your TRICARE Resources

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



Your TRICARE Regional Contractor

Regional contractors administer the TRICARE medical benefit in each TRICARE region (*North, South, and West*). This handbook refers regularly to your regional contractor. Visit your regional contractor's Web site for information about how to change your primary care manager, how to enroll family members, covered services, referral and prior authorization requirements, and other helpful information. You can call your regional contractor toll-free for assistance at the numbers provided on the cover of this handbook. You may also seek assistance from Beneficiary Counseling and Assistance Coordinators (BCACs), who are located at military hospitals and clinics and at the TRICARE Regional Offices. To find a BCAC near you, visit the Customer Service Community Directory at **www.tricare.mil/bcacdcao**.

Important Note for National Guard and Reserve Members and Their Families

National Guard and Reserve members called or ordered to active service for more than 30 consecutive days become eligible for TRICARE as active duty service members and their family members become eligible for TRICARE as active duty family members.

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

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Eligibility and Enrollment

TRICARE Prime

Eligibility for TRICARE Prime

For active duty service members (ADSMs) located in areas where TRICARE Prime is available, enrollment in TRICARE Prime is mandatory. Active duty family members (ADFMs) and retirees and their family members may also enroll in TRICARE Prime if they live in Prime Service Areas (PSAs). A PSA is a geographic area where TRICARE Prime is offered. It is typically an area near a military hospital or clinic.

Within PSAs, TRICARE Prime is available to:

- ADFMs
- Transitional survivors
- Certain former spouses who are not remarried
- Retirees, retiree family members, and survivors
- National Guard and Reserve members who are called or ordered to active service for more than 30 consecutive days and their eligible family members
- Medal of Honor recipients and their families

For more information about these beneficiary categories, visit **www.tricare.mil/eligibility**. TRICARE Prime includes care at military hospitals and clinics, TRICARE network provider care, and the US Family Health Plan (USFHP). For more information about USFHP, see "US Family Health Plan" later in this section.

Note: Enrollment in TRICARE Prime is not automatic. An enrollment action must be taken to ensure your Defense Enrollment Eligibility Reporting System (DEERS) enrollment data is current and claims are processed correctly. There are no enrollment fees for ADSMs and their family members. Retired service members and their eligible family members, surviving spouses, eligible former spouses, and others pay TRICARE Prime enrollment fees.

Enrolling in TRICARE Prime

Eligible beneficiaries must be registered in DEERS and submit a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form* (DD Form 2876) to their regional contractors. Beneficiaries may also enroll online by visiting the Beneficiary Web Enrollment (BWE) Web site at **www.dmdc.osd.mil/appj/bwe/**. Enrollment is open year-round. Enrollment forms received by your regional contractor by the 20th of the month become effective at the beginning of the following month (*e.g., an application received by December 20 becomes effective January 1*). If the application is received after the 20th of the month, coverage will become effective on the first day of the second month following the receipt of the enrollment form (*e.g., an application received on December 27 becomes effective February 1*). Visit **www.tricare.mil/forms** to download this form.

TRICARE Prime Remote and TRICARE Prime Remote for Active Duty Family Members

Active Duty Service Members

Eligibility for TRICARE Prime Remote

To be eligible for TRICARE Prime Remote (TPR), you must be an ADSM* in the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Marine Corps, U.S. Coast Guard, U.S. Public Health Service, or National Oceanic and Atmospheric Administration. Additionally, your DEERS information must be accurate and current. Regardless of your status, if your DEERS information is incorrect or outdated, you may not be eligible to enroll. Finally, your home and work ZIP codes must be designated as TPR ZIP codes to indicate that you live and work more than 50 miles (*or approximately a one-hour drive*) from the closest military hospital or clinic.

To determine your eligibility for TPR, visit **www.tricare.mil/TPRZipCode** and type in your home and work ZIP codes. You can also contact your regional contractor.

** ADSMs also include National Guard and Reserve members who are called or ordered to active service for more than 30 consecutive days.*

Exceptions to TRICARE Prime Remote Eligibility Requirements

If you live or work within 50 miles of a military hospital or clinic, you will generally not be eligible for TPR. You may submit a *TPR Determination of Eligibility Enrollment Request Form* if you believe geographic boundaries cause you to drive more than one hour to a military hospital or clinic. The request must be directed through your unit commander to the TRICARE Regional Office in your area. Visit **www.tricare.mil/tpr** to submit your request online.

Active Duty Family Members

Eligibility for TRICARE Prime Remote for Active Duty Family Members

To be eligible for TRICARE Prime Remote for Active Duty Family Members (TPRADFM), you must reside at your TPR-enrolled sponsor's qualifying TPR location. A TPR-enrolled sponsor lives and works more than 50 miles (*or approximately a one-hour drive*) from the closest military hospital or clinic. Additionally, your DEERS information must be accurate and current. Regardless of sponsor status, if your DEERS information is incorrect or outdated, you may not be eligible to enroll in TPRADFM.

Note: The DEERS address information listed for you and your sponsor is used to determine residency. If your sponsor is stationed in a remote location and you live with your sponsor, then you are eligible for TPRADFM as long as your DEERS information is accurate.

You remain eligible for TPRADFM as long as your sponsor is enrolled in TPR and you reside in the same TPR-qualifying location, or if your sponsor receives a subsequent unaccompanied permanent change of assignment and you continue to reside in the same TPR location. If you choose not to enroll in TPRADFM, you will receive care under TRICARE Standard and TRICARE Extra, with applicable cost-shares and deductibles. **Note:** TRICARE Extra is not available overseas.

To determine your eligibility for TPRADFM, visit **www.tricare.mil/TPRZipCode** and type in your sponsor's home and work ZIP codes. You can also contact your regional contractor.

Exceptions to TRICARE Prime Remote for Active Duty Family Members Eligibility Requirements

If your sponsor lives or works within 50 miles of a military hospital or clinic, you will generally not be eligible for TPRADFM. Your sponsor may submit a *TPR Determination of Eligibility Enrollment Request Form* if he or she believes geographic boundaries cause you to drive more than one hour to a military hospital or clinic. The request must be directed through your sponsor's unit commander to the TRICARE Regional Office in your area. Visit **www.tricare.mil/tpr** to submit the request online.

Enrolling in TRICARE Prime Remote for Active Duty Family Members

Your sponsor can include all eligible family members on his or her *DD Form 2876*. The enrollment application must be completed and submitted to your regional contractor. Follow the instructions on the form or contact your regional contractor for guidance.

Visit **www.tricare.mil/forms** to download the form. You can also contact your regional contractor to get the form. To enroll online, visit the BWE Web site at **www.dmdc.osd.mil/appj/bwe/**.

National Guard and Reserve Members

Eligibility for TRICARE Prime Remote

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, you should coordinate care with your unit commander. If eligible, your family members may enroll in TPRADFM during the early-eligibility period. You cannot enroll in TPR until you reach your final duty location.

Your DEERS information must be accurate and current regardless of your status. If your DEERS information is incorrect or outdated, you may not be eligible to enroll. While on orders, you must live and work more than 50 miles (*or approximately a one-hour drive*) from the closest military hospital or clinic.

To determine your eligibility for TPR, visit **www.tricare.mil/TPRZipCode** and type in your home and work ZIP codes. You can also contact your regional contractor.

Exceptions to TRICARE Prime Remote Eligibility Requirements

If you live or work within 50 miles of a military hospital or clinic, you will generally not be eligible for TPR. But you may submit a *TPR Determination of Eligibility Enrollment Request Form* if you believe geographic boundaries cause you to drive more than one hour to a military hospital or clinic. The request must be directed through your unit commander to the TRICARE Regional Office in your area. Visit **www.tricare.mil/tpr** to submit your request online.

Enrolling in TRICARE Prime Remote

Complete and submit *DD Form 2876* to your regional contractor. Follow the instructions on the form or contact your regional contractor for guidance.

Visit **www.tricare.mil/forms** to download the form. You can also contact your regional contractor to get the form. To enroll online, visit the BWE Web site at **www.dmdc.osd.mil/appj/bwe/**.

National Guard and Reserve Family Members

Eligibility for TRICARE Prime Remote for Active Duty Family Members

You are eligible for TPRADFM if your sponsor is called or ordered to active service for more than 30 consecutive days and you reside at your sponsor's TPR-qualifying residence address on the day of the sponsor's activation or the effective date of early eligibility. You are considered an ADFM when your sponsor is on active duty orders. Additionally, family members of National Guard and Reserve members who are issued delayed-effective-date active duty orders for more than 30 consecutive days in support of a contingency operation may be TRICARE-eligible.

Sponsors of National Guard and Reserve family members who are called or ordered to active service for a period of more than 30 consecutive days are not required to be eligible for, or be enrolled in, TPR for their family members to be eligible for TPRADFM. (*Some sponsors may be enrolled at a small government clinic, troop medical clinic, or other facility not capable of primary care management functions that are available only to ADSMs.*)

Your DEERS information must be accurate and current. Regardless of your sponsor's status, if your DEERS information is incorrect or outdated, you may not be eligible to enroll.

Once you enroll in TPRADFM, you may remain in TPRADFM as long as your National Guard and Reserve sponsor remains on active duty and you continue to reside at your sponsor's TPR-qualifying address, even if your sponsor receives a subsequent unaccompanied permanent change of assignment. However, if you move from the TPRADFM location where you are enrolled or if your sponsor retires, you will lose TPRADFM coverage and may be eligible for other TRICARE programs depending on your location and sponsor's status.

Verify your eligibility in DEERS or contact your regional contractor to determine your eligibility for TPRADFM.

Enrolling in TRICARE Prime Remote for Active Duty Family Members

Your sponsor can include all eligible family members on his or her *DD Form 2876*. To qualify for TPR, active duty family members must live at the sponsor's TPR-qualifying address with a TPR-enrolled sponsor. However, this rule does not apply to family members of National Guard and Reserve sponsors called or ordered to active service for a period of more than 30 consecutive days. As long as family members live at the sponsor's TPR-qualifying address on the day of the sponsor's activation or the effective date of early eligibility, they are able to enroll in TPRADFM, regardless of whether or

not their sponsor is enrolled in TPR. Follow the instructions on *DD Form 2876* or contact your regional contractor for guidance.

Visit **www.tricare.mil/forms** to download the form. You can also contact your regional contractor to get the form. To enroll online, visit the BWE Web site at **www.dmdc.osd.mil/appj/bwe/**.

Service Point of Contact for Active Duty Service Members Enrolled in TRICARE Prime Remote

The service point of contact (SPOC) coordinates civilian health care for TPR-enrolled ADSMs of the uniformed services. Department of Defense SPOCs are located at the Reserve and Service Member Support Office, Great Lakes (*formerly known as the Military Medical Support Office*). U.S. Public Health Service and National Oceanic and Atmospheric Administration SPOCs are located at the Medical Affairs Branch of the Office of Commissioned Corps Support Services. U.S. Coast Guard personnel should call the Coast Guard Benefits Line.

The SPOC reviews requests for specialty and inpatient care to determine how it might affect your fitness for duty and decides if you should receive care at a military hospital or clinic or from a civilian provider. The SPOC will make this determination based on current service-specific guidelines and clinical standards and will ensure your medical care related to your fitness-for-duty is covered. If the SPOC determines there is no impact on fitness for duty, he or she will refer you to a civilian specialist for the care.

US Family Health Plan

The USFHP is an alternative TRICARE Prime option. Care is provided through networks of community-based, not-for-profit health care systems in six areas of the United States. Eligible beneficiaries must be registered in DEERS and live within one of the designated USFHP service areas to enroll. For more information on the USFHP, visit **www.usfhp.com**.

USFHP is available to ADFMs and retirees and their family members until reaching age 65. Beneficiaries age 65 and older who were enrolled in USFHP on September 30, 2012, may continue their USFHP enrollment. Beneficiaries under age 65 who become Medicare Part A-eligible may participate in USFHP. Contact a Beneficiary Counseling and Assistance Coordinator (BCAC) for more information regarding USFHP eligibility. To find a BCAC near you, visit the Customer Service Community Directory at **www.tricare.mil/bcacdcao**.

Supplemental Health Care Program

The Supplemental Health Care Program (SHCP) is a program for eligible uniformed service members and certain others who need medical care that is not available at a military hospital or clinic. The SHCP allows this care to be purchased from civilian providers under TRICARE payment rules when approved by the appropriate SPOC, military hospital or clinic commander, or the director, Defense Health Agency, as required.

Service Point of Contact for Active Duty Service Members Enrolled in TRICARE Prime Remote

Service Branch	Service Point of Contact Information
U.S. Army, U.S. Navy, U.S. Air Force, and U.S. Marine Corps	Reserve and Service Member Support Office, Great Lakes 1-888-647-6676
U.S. Public Health Service and National Oceanic and Atmospheric Administration	Medical Affairs Branch 1-800-368-2777
U.S. Coast Guard	Coast Guard Benefits Line 1-800-942-2422

Getting Started

Your Primary Care Manager

When enrolled in TRICARE Prime, your primary care manager (PCM) may be: (1) at a military hospital or clinic; (2) a civilian TRICARE network provider within a TRICARE Prime Service Area (PSA); or (3) a primary care physician in the US Family Health Plan. Your assigned PCM may be an individual or a site such as a practice or clinic. A PSA is a geographic area where TRICARE Prime is offered. It is typically an area near a military hospital or clinic. TRICARE Prime beneficiaries who live within a one-hour drive of a military hospital or clinic may be required to first seek specialty care, ancillary services (*e.g., services from laboratories and radiology centers*), and physical therapy at the military hospital or clinic. Your PCM and/or specialty care provider should coordinate any required referrals and/or prior authorizations with the regional contractor. This includes services that may need to be provided at a military hospital or clinic.

When enrolled in TRICARE Prime Remote (TPR) or TRICARE Prime Remote for Active Duty Family Members (TPRADFM), your PCM will either be a civilian TRICARE network provider or, if a network provider is not available, you will not have a PCM and must use a TRICARE-authorized provider for primary care services.

Whether enrolled in TRICARE Prime, TPR, or TPRADFM, your PCM will provide all of your routine (*primary*) care and most authorized urgent care, and will refer you for specialty care services. If you do not have an assigned network PCM, you or your primary care provider must coordinate specialty care referrals with your regional contractor. If you have any questions about your PCM assignment, contact your regional contractor for assistance.

You are encouraged to make initial contact with your new PCM within 30 days to establish yourself as a new patient. Maintaining an open and active relationship with your PCM allows you to work together to meet your health care needs.

On-Call Providers

PCMs are required to provide services 24 hours a day, 7 days a week. To cover all hours, your PCM may designate an on-call provider who will act on his or her behalf to support your health care needs. Therefore, the information, instructions, care, or care coordination you receive from the on-call provider should be treated as if it were coming from your PCM.

Changing Your Primary Care Manager

You may change your PCM at any time. If you are changing your PCM because you are moving, see "Moving and Transferring TRICARE Prime Enrollment" in the *Changes to Your TRICARE Coverage* section of this handbook for more information.

TRICARE Provider Types

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

Military Hospitals and Clinics

Military hospitals and clinics provide medical and/or dental care to eligible individuals including members of the uniformed services and their eligible family members. Military hospitals and clinics are usually located on or near military installations. To locate a military hospital or clinic near you, visit **www.tricare.mil/mtf**.

TRICARE Provider Types

<table>
<tr><th colspan="3">TRICARE-Authorized Providers</th></tr>
<tr><td colspan="3">• TRICARE-authorized providers meet TRICARE licensing and certification requirements and are certified by TRICARE to provide care to TRICARE beneficiaries. TRICARE-authorized providers may include doctors, hospitals, ancillary providers (e.g., laboratories, radiology centers), and pharmacies that meet TRICARE requirements. If you see a provider that is not TRICARE-authorized, you are responsible for the full cost of care. To find a list of TRICARE-authorized providers, visit www.tricare.mil/findaprovider.
• There are two types of TRICARE-authorized providers: network and non-network.</td></tr>
<tr><th>Network Providers</th><th colspan="2">Non-Network Providers</th></tr>
<tr><td rowspan="2">• Regional contractors have established networks and you may be assigned a primary care manager (PCM) who is part of the TRICARE network.
• When specialty care is needed, your best option is for your PCM to coordinate care with a network provider.
• TRICARE network providers:
  • Have a signed agreement with your regional contractor to provide care
  • Agree to file claims for you</td><td colspan="2">• Non-network providers do not have a signed agreement with your regional contractor and are considered “out of network.” In most cases, you will not receive care from non-network providers unless authorized by your regional contractor. You may seek care from a non-network provider in an emergency or if you are using the point-of-service (POS) option (using the POS option results in higher out-of-pocket costs).
• There are two types of non-network providers: participating and nonparticipating.</td></tr>
<tr><td>Participating</td><td>Nonparticipating</td></tr>
<tr><td>• Using a participating provider is your best option if you are seeing a non-network provider.
• Participating providers:
  • May choose to participate on a claim-by-claim basis
  • Have agreed to accept payment directly from TRICARE and accept the TRICARE-allowable charge (less any applicable patient costs paid by you) as payment in full for their services</td><td>• If you visit a nonparticipating provider, you may have to pay the provider first and later file a claim with TRICARE for reimbursement.
• Nonparticipating providers:
  • Have not agreed to accept the TRICARE-allowable charge or file your claims
  • Have the legal right to charge you up to 15 percent above the TRICARE-allowable charge for services (You are responsible for paying this amount in addition to any applicable patient costs.)[1]</td></tr>
</table>

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

U.S. Department of Veterans Affairs Health Care Facilities

All U.S. Department of Veterans Affairs (VA) health care facilities have signed agreements with the regional contractors to become TRICARE network providers, agree to accept a negotiated rate as the full fee for services, file claims, and handle paperwork for you. While VA facilities may or may not provide primary care, many provide specialty care. If you need care and a participating VA health care facility near you can provide that care (*within TRICARE access standards*), you may be asked to use that VA facility. All active duty service members (ADSMs) and other TRICARE Prime enrollees who are referred to a VA medical facility for care must have prior authorization.

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

Note: VA providers cannot bill Medicare and Medicare cannot pay for services received from VA. If you are eligible for both TRICARE For Life (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 receive care at a VA facility, you may be responsible for the remaining liability. When using your TFL benefit, your least expensive option is to see a Medicare or TRICARE provider that is not a VA provider.

TRICARE Prime Annual Enrollment Fees

There are no enrollment fees for ADSMs and active duty family members enrolled in TRICARE Prime, TPR, or TPRADFM. Retired service members and their eligible family members, survivors, eligible former spouses, and others enrolled in TRICARE Prime are required to pay an annual enrollment fee, which is applied to the catastrophic cap. The catastrophic cap is the maximum out-of-pocket amount a beneficiary pays each fiscal year (FY) (*October 1–September 30*) for TRICARE-covered services. TRICARE Prime enrollment fees are subject to change each FY. Surviving beneficiaries and medically retired uniformed service members and their dependents will have their TRICARE Prime enrollment fees frozen at the rate in effect at the time they become survivors or medically retired and are enrolled in a TRICARE Prime option. Beneficiaries in this category will not be charged a fee increase as long as at least one family member remains enrolled.

Note: The TRICARE Prime enrollment fee is waived for any TRICARE Prime enrollee who has Medicare Part B, regardless of age.

TRICARE Prime Enrollment Fee Payment Options

Payment Options	Payment Instructions
Automated Deduction from Retirement Pay	Complete an *Enrollment Fee Allotment Authorization*, available from your regional contractor. Once authorized, your TRICARE Prime enrollment fee is deducted automatically from your retirement pay on a monthly basis. An initial three-month payment is required to allow time for the allotment to be established.
Electronic Funds Transfer (EFT)	To allow time for the EFT to be established, provide your correct banking information to your regional contractor. Once authorized, your TRICARE Prime enrollment fee is deducted automatically from your bank account on a monthly basis. An initial three-month payment is required to allow time for the allotment to be established.
Visa, MasterCard, or Discover (*where available*)[1]	Your initial and recurring monthly payment will be charged to your credit card. Initial payments can be made through TRICARE's Beneficiary Web Enrollment Web site at **www.dmdc.osd.mil/appj/bwe**.

*1. Debit/credit card on file must be active (*not expired*) for payment to process successfully.*

Social Security Number Reduction

The Department of Defense (DoD) is removing Social Security numbers (SSNs) from uniformed services identification (ID) cards, including the Common Access Card (CAC), as part of the continued effort to protect the privacy and security of TRICARE's beneficiaries. SSNs are being replaced with 10-digit DoD ID numbers. If you have DoD benefits (*e.g., health care, commissary, exchange privileges*), an 11-digit DoD Benefits Number (DBN) is also printed on the card. The DBN is a unique number that ensures your records are clearly aligned with your treatments. The DBN is located above the bar code on the back of your uniformed services ID card or CAC.

When submitting health, pharmacy, and dental claims, include either the sponsor's SSN or the DBN listed on the back of the ID card (*eligible former spouses should use their own SSN or DBN, not the sponsor's*). The DoD ID number that appears on the front of the ID card should not be used when filing claims.

The ID card replacement process is expected to last several years until all current uniformed services ID cards are replaced as they come up for renewal.

You do not need to make a special trip to have your uniformed services ID card updated until 30 days prior to expiration. Your health care providers and pharmacists will be able to access your benefits using either your SSN or your DBN. For more information, visit **www.tricare.mil/ssn**.

Note: A health care provider photocopying your ID card or CAC for authorized purposes is legal.

Getting Care

You receive routine (*primary*) care and most authorized urgent care from your primary care manager (PCM). Your PCM will refer you to another health care provider for services he or she cannot provide. If you do not have an assigned network PCM, you or your primary care provider must coordinate specialty care referrals with your regional contractor. You are guaranteed access to care within specific time frames. You may qualify for travel reimbursement if referred to specialty care that is more than 100 miles from your PCM's office. This section explains details about using TRICARE Prime, TRICARE Prime Remote (TPR), and TRICARE Prime Remote for Active Duty Family Members (TPRADFM).

Making an Appointment

To make a primary care appointment, contact your PCM's office or the TRICARE appointment center (*where available*). There is no need to contact your regional contractor to schedule primary care appointments.

Enrollees without an Assigned Primary Care Manager

If you are enrolled in TPR or TPRADFM and do not have an assigned PCM, you may seek care from any TRICARE-authorized provider. If you are not sure if a provider is TRICARE-authorized, contact your regional contractor or visit **www.tricare.mil/findaprovider**.

Emergency Care

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

If you have an emergency, call 911 or go to the nearest emergency room. You do not need to call your PCM or regional contractor before receiving emergency medical care (*including overseas care*). However, in all emergencies, your PCM must be notified within 24 hours or on the next business day following admission to coordinate ongoing care and to ensure you receive proper authorization.

Additionally, active duty service members (ADSMs) enrolled in TPR should contact their service point of contact as soon as possible.

Nonemergency Care for Active Duty Service Members

If you are an ADSM traveling or between duty stations, you must receive all nonemergency care at a military hospital or clinic if one is available. If a military hospital or clinic is not available, prior authorization from your regional contractor is required before receiving nonemergency civilian care.

Avoid Using the Emergency Room for Nonemergency Conditions

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

Services That Do Not Require Referrals

Some services may be obtained without a PCM referral. These include clinical preventive services and outpatient behavioral health care for a medically

Definitions and Examples of Types of Care

Type of Care	Definition	Primary Care Manager Role	Examples
Emergency	TRICARE defines an emergency as a serious medical condition that the average person would consider to be a threat to life, limb, sight, or safety.	You do not need to call your primary care manager (PCM) before receiving emergency medical care. Your PCM must be notified within 24 hours or on the next business day following admission.	No pulse, severe bleeding, spinal cord or back injury, chest pain, broken bone, inability to breathe
Urgent	Urgent care services are medically necessary services required for an illness or injury that would not result in further disability or death if not treated immediately, but does require professional attention within 24 hours. Urgent care services require a referral if you do not see your PCM for care.	Call your PCM first for appropriate guidance.	Minor cuts, migraine headache, urinary tract infection, sprain, earache, rising fever
Routine	Routine (*primary*) care is general health care and includes general office visits. Routine care also includes preventive care to help keep you healthy.	You will receive most of your routine care from your PCM.	Treatment of symptoms, chronic or acute illnesses and diseases, follow-up care for an ongoing medical condition
Specialty Care	Specialty care consists of specialized medical services provided by a physician specialist. Specialty care providers offer treatment that your PCM cannot provide.	Your PCM will refer you to another health care provider for care he or she cannot provide and will coordinate the referral request with your regional contractor when necessary.	Cardiology, dermatology, gastroenterology, obstetrics

diagnosed and covered condition to a network provider authorized under TRICARE regulations to see patients independently. For behavioral health care visits, a PCM referral is not required; however, you must obtain prior authorization from your regional contractor beginning with the ninth outpatient behavioral health care visit per fiscal year (FY) (*October 1–September 30*).

A physician referral and supervision is always required to see pastoral counselors and may be required to see mental health counselors.

Note: ADSMs always require referrals for any civilian care, including clinical preventive services, behavioral health care, and specialty care (*except for emergency services*).

Access Standards for Care

TRICARE has access standards in place to help ensure you receive timely health care. These include:

- The wait time for an urgent care appointment should not exceed 24 hours (*one day*).
- The wait time for a routine appointment should not exceed one week (*seven days*).
- The wait time for a specialty care appointment or wellness visit should not exceed four weeks (*28 days*).
- The travel time for a routine appointment should not exceed 30 minutes.
- The travel time for a specialty care appointment should not exceed one hour.

Waiving Access Standards

Non-active duty TRICARE Prime beneficiaries may choose to receive care at military hospitals and clinics. Assignment of a PCM at a military hospital or clinic is determined by provider availability and the military hospital or clinic's policy for the TRICARE Prime Service Area.

If you live more than a 30-minute drive from the military hospital or clinic where you want to enroll, you must waive TRICARE's access standards for both routine care and specialty care using one of the following options:

- Enroll through the Beneficiary Web Enrollment Web site at **www.dmdc.osd.mil/appj/bwe/** to confirm that you waive your access standards.
- Submit a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form* (DD Form 2876) to your regional contractor, and sign Section V.

Note: A signed waiver is also required when choosing a civilian PCM outside of the access standards.

Prior Authorization for Care

Services Requiring Prior Authorization

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

For all other TRICARE Prime enrollees, the following services require prior authorization:

- Adjunctive dental services (*i.e., dental care that is medically necessary in the treatment of an otherwise covered medical—not dental—condition*)*
- Extended Care Health Option services (*active duty family members only*)
- Home health care services
- Home infusion therapy
- Hospice care
- Nonemergency inpatient admissions for substance use disorders or behavioral health care
- Outpatient behavioral health care beginning with the ninth visit per FY
- Transplants—all solid organ and stem cell

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

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

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

Point-of-Service Option

The TRICARE point-of-service (POS) option gives you the freedom, at an additional cost, to receive nonemergency health care services from any TRICARE-authorized provider without requesting a referral from your PCM. For cost details, visit **www.tricare.mil/costs**.

The POS option does **not** apply to the following:

- ADSMs
- Newborns or newly adopted children in the first 60 days after birth or adoption
- Emergency care
- Clinical preventive care received from a network provider
- Beneficiaries with other health insurance
- The first eight outpatient behavioral health care visits per FY to a network provider authorized under TRICARE regulations to see patients independently for a medically diagnosed and covered condition

Covered Services

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

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

Behavioral Health Care Services

For detailed coverage information on outpatient behavioral health care services, inpatient behavioral health care services, and substance use disorder services, visit **www.tricare.mil**. For additional information about covered and non-covered behavioral health care services and how to access care, contact your regional contractor.

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

Active Duty Service Members

Except in emergencies, active duty service members (ADSMs) must have a referral and prior authorization before seeking behavioral health care outside of a military hospital or clinic. TRICARE does not want to discourage you from getting help but wants to make sure that your condition does not adversely affect your health and your ability to perform worldwide duty. Your primary care manager (PCM) will coordinate all of your behavioral health care referrals and authorizations.

All Others Enrolled in TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members

You may see a network provider authorized under TRICARE regulations to see patients independently for the first eight outpatient behavioral health visits for covered services per fiscal year (FY) (*October 1–September 30*) for a medically diagnosed and covered condition without a PCM referral or authorization from your regional contractor. Independent behavioral health providers generally include psychiatrists or other physicians, clinical psychologists, certified psychiatric nurse specialists, clinical social workers, certified mental health counselors who meet TRICARE standards for independent practice, and certified marriage and family therapists.

The first eight visits only apply to an initial appointment and any follow-on visits that are related to a diagnosed medical or behavioral condition. If you need non-medical or non-behavioral health condition short-term counseling, you may also be eligible for services through a Military Family Support Center, Military OneSource at **www.militaryonesource.mil**, or counseling services in your community. Your behavioral health care provider must obtain prior authorization from your regional contractor for visits beginning with the ninth in an FY. If you obtain care from a non-network provider without prior authorization from your regional contractor, point-of-service fees will apply.

Telemental Health Program

The Telemental Health program uses secure audio-visual conferencing to provide certain behavioral health care services to eligible beneficiaries, including TRICARE Prime, TRICARE Prime Remote (TPR), and TRICARE Prime Remote for Active Duty Family Members (TPRADFM) enrollees in the United States.

Covered services provided through the Telemental Health program have the same limitations and referral and prior authorization requirements as behavioral health care services. Visit **www.tricare.mil/mentalhealth** or contact your regional contractor for more information.

Inpatient Behavioral Health Care Services

Prior authorization from the regional contractor is required for all nonemergency inpatient behavioral health care services. Psychiatric emergencies do not require prior authorization for admission to an inpatient unit, but the regional contractor must authorize continued stay. Admissions resulting from

psychiatric emergencies should be reported to your regional contractor within 24 hours of admission or on the next business day, and must be reported within 72 hours of an admission. Authorization for continued stay is coordinated between the inpatient unit and the regional contractor.

Note: ADSMs who receive care at military hospitals and clinics do not require prior authorization.

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

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

Suicide Prevention

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

TRICARE Smoking 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 smoking cycle:

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

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

Smoking-Cessation Medications

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

Smoking-Cessation Counseling Services

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

TRICARE Smoking Quitlines

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

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

Regional TRICARE Smoking Quitline Contact Information

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

Clinical Preventive Services

Comprehensive Health Promotion and Disease Prevention Examinations

Clinical Preventive Services: Coverage Details

Service	Description
Comprehensive Health Promotion and Disease Prevention Examinations	**Adult:** A comprehensive clinical preventive examination is covered if it includes an immunization, Pap test, mammogram, colon cancer screening, or prostate cancer screening. Beneficiaries in each of the following age groups may receive one comprehensive clinical preventive examination without receiving an immunization, Pap test, mammogram, colon cancer screening, or prostate cancer screening (*one examination per age group*): 18–39 and 40–64. **Pediatric:** A comprehensive clinical preventive examination is covered if it includes an immunization. Beneficiaries in each of the following age groups may receive one comprehensive clinical preventive examination without receiving an immunization (*one examination per age group*): 2–4, 5–11, 12–17. School enrollment physicals for children ages 5–11 are also covered.

Targeted Health Promotion and Disease Prevention Services

The following screening examinations may be covered if provided in conjunction with a comprehensive clinical preventive examination. The intent is to maximize preventive care.

Clinical Preventive Services: Coverage Details

Service	Description

Cancer Screenings	• **Colonoscopy:**
	  • Average risk: Individuals at average risk for colon cancer are covered once every 10 years beginning at age 50.
	  • Increased risk: Once every five years for individuals with a first-degree relative diagnosed with colorectal cancer or an adenomatous polyp before age 60, or in two or more first-degree relatives at any age. Optical colonoscopy should be performed beginning at age 40 or 10 years younger than the earliest affected relative, whichever is earlier. Once every 10 years, beginning at age 40, for individuals with a first-degree relative diagnosed with colorectal cancer or an adenomatous polyp at age 60 or older, or colorectal cancer diagnosed in two second-degree relatives.
	  • High risk: Once every one to two years for individuals with a genetic or clinical diagnosis of hereditary non-polyposis colorectal cancer (HNPCC) or individuals at increased risk for HNPCC. Optical colonoscopy should be performed beginning at age 20–25 or 10 years younger than the earliest age of diagnosis, whichever is earlier. For individuals diagnosed with inflammatory bowel disease, chronic ulcerative colitis, or Crohn's disease, cancer risk begins to be significant eight years after the onset of pancolitis or 10–12 years after the onset of left-sided colitis. For individuals meeting these risk parameters, optical colonoscopy should be performed every one to two years with biopsies for dysplasia.
	• **Fecal occult blood testing:** Testing is covered annually starting at age 50.
	• **Breast cancer:**
	  • **Clinical breast examination:** For women until reaching age 40, a clinical breast examination may be performed during a preventive health visit. For women age 40 and older, a clinical breast examination should be performed annually.
	  • **Mammograms:** Covered annually for all women beginning at age 40. Covered annually beginning at age 30 for women who have a 15 percent or greater lifetime risk of breast cancer (*according to risk assessment tools based on family history such as the Gail, Claus, and Tyrer-Cuzick models*), or who have any of the following risk factors:
	  • History of breast cancer, ductal carcinoma in situ, lobular carcinoma in situ, atypical ductal hyperplasia, or atypical lobular hyperplasia
	  • Extremely dense breasts when viewed by mammogram
	  • Known BRCA1 or BRCA2 gene mutation
	  • First-degree relative (*parent, child, sibling*) with a BRCA1 or BRCA2 gene mutation, and have not had genetic testing themselves
	  • Radiation therapy to the chest between ages 10 and 30
	  • History of Li-Fraumeni, Cowden, or hereditary diffuse gastric cancer syndrome, or a first-degree relative with a history of one of these syndromes
	  • **Breast screening magnetic resonance imaging (MRI):** Covered annually, in addition to the annual screening mammogram, beginning at age 30 for women who have a 20 percent or greater lifetime risk of breast cancer (*according to risk assessment tools based on family history such as the Gail, Claus, and Tyrer-Cuzick models*), or who have any of the following risk factors:
	  • Known BRCA1 or BRCA2 gene mutation
	  • First-degree relative (*parent, child, sibling*) with a BRCA1 or BRCA2 gene mutation, and have not had genetic testing themselves
	  • Radiation to the chest between ages 10 and 30
	  • History of Li-Fraumeni, Cowden, or hereditary diffuse gastric cancer syndrome, or a first-degree relative with a history of one of these syndromes

Clinical Preventive Services: Coverage Details (Continued)

Service	Description

Cancer Screenings (*Continued*)	• **Proctosigmoidoscopy or sigmoidoscopy:**
	  • Average risk: Individuals at average risk for colon cancer are covered once every three to five years beginning at age 50.
	  • Increased risk: Once every five years, beginning at age 40, for individuals with a first-degree relative diagnosed with a colorectal cancer or an adenomatous polyp at age 60 or older, or two second-degree relatives diagnosed with colorectal cancer.
	  • High risk: Annual flexible sigmoidoscopy, beginning at age 10–12, for individuals with known or suspected familial adenomatous polyposis.
	• **Prostate cancer:** A digital rectal examination and prostate-specific antigen screening is covered annually for certain high-risk men ages 40–49 and all men over age 50.
	• **Routine Pap tests:** Covered annually for women starting at age 18 (*younger if sexually active*) or less often at patient and provider discretion (*though not less than every three years*). Human papillomavirus (HPV) DNA testing is covered as a cervical cancer screening only when performed in conjunction with a Pap test, and only for women age 30 and older.
	• **Skin cancer:** Examinations are covered at any age for individuals is at high risk due to family history or increased sun exposure.

Cardiovascular Diseases	• **Cholesterol test (*non-fasting*):** Testing is covered for a lipid panel at least once every five years beginning at age 18. • **Blood pressure screening:** Screening is covered annually for children ages 3–6 and a minimum of every two years after reaching age 6 (*children and adults*).

Eye Examinations	• **Well-child care coverage (*infants and children until reaching age 6*):**
	  • Infants (*until reaching age 3*): One eye exam and vision screening is covered at birth and at 6 months.
	  • Children (*age 3 until reaching age 6*): One routine eye examination is covered every two years. Active duty family member (ADFM) children are covered for one routine eye examination annually.
	• **Adults and children (*age 6 and older*):** One routine eye examination every two years. Active duty service members (ADSMs) and ADFMs receive one eye examination each year.
	• **Diabetic patients (*any age*):** Eye examinations are not limited. One eye examination per year is recommended.
	Note: ADSMs enrolled in TRICARE Prime must receive 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 TRICARE Prime Remote may obtain periodic eye examinations from network providers without authorizations as needed to maintain fitness-for-duty status.

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

Clinical Preventive Services: Coverage Details (Continued)

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

Dental Options

This section highlights your dental program options and costs when using the TRICARE Active Duty Dental Program, the TRICARE Dental Program, or the TRICARE Retiree Dental Program. These dental options are separate from TRICARE health care options. Your out-of-pocket expenses for any of the costs listed in this section are **not** applied to the TRICARE catastrophic cap.

TRICARE Dental Program Options

Dental Program Option	Beneficiary Types	Description of Program Option
TRICARE Active Duty Dental Program (ADDP)	• Active duty service members (ADSMs) • National Guard and Reserve members called or ordered to active service for more than 30 consecutive days	• Benefit administered by United Concordia Companies, Inc. • For ADSMs who are either referred for care by a military dental clinic to a civilian dentist or have a duty location and live greater than 50 miles from a military dental clinic
TRICARE Dental Program (TDP)[1]	• Eligible active duty family members • Survivors • National Guard and Reserve members and their family members • Individual Ready Reserve members and their family members	• Benefit administered by MetLife • Voluntary enrollment and worldwide portable coverage • Single and family plans with monthly premiums • Lower specialty care cost-shares for E-1 through E-4 pay grades • Comprehensive coverage for most dental services • 100% coverage for most preventive and diagnostic services
TRICARE Retiree Dental Program (TRDP)	• Retirees and their eligible family members worldwide • National Guard and Reserve retirees until reaching age 60 (*when they may continue as retirees with retired pay*)	• 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 dentist within the TRDP service area • 100% coverage for most preventive and diagnostic services

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

Hospice Care

If you or another TRICARE-eligible family member is faced with a terminal illness, hospice care is available from TRICARE. Hospice care emphasizes supportive services, rather than cure-oriented treatment, for patients with a life expectancy of six months or less. The benefit allows for personal care and home health aide services, which are otherwise limited under the TRICARE Basic Program. **Note:** Hospice care is only available in the United States and U.S. territories.

Maternity Care

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

TRICARE Extended Care Health Option

TRICARE Extended Care Health Option (ECHO) provides supplemental health and non-health care services to active duty family members who qualify based on specific mental or physical disabilities. ECHO offers beneficiaries integrated services and supplies beyond those offered by the TRICARE Basic Program.

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

TRICARE Pharmacy Program

TRICARE offers comprehensive prescription drug coverage and several options for filling your prescriptions. To fill a prescription, you need a written prescription and a valid uniformed services identification (ID) card or Common Access Card. The TRICARE pharmacy benefit is administered by Express Scripts, Inc.

Military Pharmacies

Military pharmacies (*located at military hospitals or clinics*) are your least expensive option for filling prescriptions. At a military pharmacy, you may receive up to a 90-day supply of most medications at no cost. Most military pharmacies accept prescriptions written by both civilian and military providers.

Note: Beneficiaries enrolled in the US Family Health Plan may not use military pharmacies to fill their prescriptions.

TRICARE Pharmacy Home Delivery

TRICARE Pharmacy Home Delivery is your least expensive option when not using a military pharmacy. There is no cost for TRICARE Pharmacy Home Delivery for ADSMs. For all other beneficiaries, there is no cost to receive up to a 90-day supply of formulary generic medications. Copayments apply for brand-name and non-formulary medications (*up to a 90-day supply*). Home delivery is best suited for maintenance medications (*medications you take on a regular basis*). Some medications are not available for home delivery. 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 Registration Methods

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

TRICARE Retail Network Pharmacies

Another option for filling your prescriptions is through a TRICARE retail network pharmacy. You may fill prescriptions (*one copayment for each 30-day supply*) when you present your written prescription along with your uniformed services ID card to the pharmacist. This option allows you to fill your prescriptions at network pharmacies without having to submit a claim. You have access to a network of more than 56,000 retail pharmacies in the United States and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. Currently, there are no TRICARE retail network pharmacies in American Samoa.

Non-Network Retail Pharmacies

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

Claims

Health Care Claims

In most cases, you will not need to file claims for health care services received under TRICARE Prime. However, there may be times when you will need to pay for care up front and then file a claim for reimbursement.

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

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

Note for Medicare-eligible beneficiaries: Medicare-participating providers file your claims with Medicare. After paying its portion, Medicare automatically forwards the claim to TRICARE for processing (*unless you have other health insurance [OHI]*). TRICARE pays after Medicare and OHI for TRICARE-covered health care services.

Stateside Health Care Claims-Processing Information

TRICARE North Region	TRICARE South Region	TRICARE West Region
Send claims to: Health Net Federal Services, LLC c/o PGBA, LLC/TRICARE P.O. Box 870140 Surfside Beach, SC 29587-9740 Check the status of your claim at **www.myTRICARE.com** or **www.hnfs.com**	**Send claims to:** TRICARE South Region Claims Department P.O. Box 7031 Camden, SC 29020-7031 Check the status of your claim at **www.myTRICARE.com** or **Humana-Military.com**	**Send claims to:** TRICARE West Region Claims Department P.O. Box 7064 Camden, SC 29020-7064 Check the status of your claim at **www.uhcmilitarywest.com**

TRICARE Overseas Program Claims-Processing Information

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

Pharmacy Claims

To file a pharmacy claim:

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

   Express Scripts, Inc.
   TRICARE Claims
   P.O. Box 52132
   Phoenix, AZ 85082

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 physician

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

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

Proof-of-Payment Requirement Overseas

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

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

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

Coordinating Benefits with Other Health Insurance

TRICARE is the primary payer for ADSMs. For ADFMs, TRICARE is the last payer to all health benefits and insurance plans, except for Medicaid, TRICARE supplements, the Indian Health Service, and other programs and plans as identified by the Defense Health Agency.

If you have other health insurance (OHI), fill out the *TRICARE Other Health Insurance Coverage Questionnaire* to keep your regional contractor informed about your OHI so they can coordinate your benefits and help ensure that your claims are not delayed or denied. Follow the OHI's rules for filing claims and file the claim with the OHI first. If there is an amount your OHI does not cover, you or your provider can file the claim with TRICARE for reimbursement. It is important to meet your OHI's requirements. If your OHI denies a claim for failure to follow its rules, such as obtaining care without authorization or using a non-network provider, TRICARE may also deny your claim.

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 your regional contractor. For more detailed information on the appeals process, visit **www.tricare.mil/claims**, or contact your regional contractor.

Changes to Your TRICARE Coverage

TRICARE Prime 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 Prime. With every life event listed in this section, the first step is to update your information in the Defense Enrollment Eligibility Reporting System (DEERS). You have several options for updating and verifying DEERS information. See the *Important Contact Information* section at the beginning of this handbook for details.

The following chart provides information about what to do when you get married or divorced, have or adopt a child, move, retire, and more. For more information about how TRICARE coverage may change when you become Medicare-eligible, visit **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. Your new spouse's TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members (TPRADFM) enrollment is effective based on the 20th-of-the-month rule. Applications received by your regional contractor by the 20th of the month become effective at the beginning of the following month (*e.g., an application received by December 20 becomes effective January 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 (*e.g., an application received on December 27 becomes effective February 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 are not eligible for TRICARE may not continue seeking health care services under the TRICARE benefit.
Children[1]	Any child who retains eligibility under the sponsor remains TRICARE-eligible until reaching age 21 (*or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provides over 50 percent of the financial support*), as long as his or her DEERS information is current. Your dependent child's TRICARE Prime or TPRADFM coverage ends if his or her DEERS record is not updated before age 21. Dependent children who have aged out of TRICARE coverage, but have not yet reached age 26, may be eligible to purchase TRICARE Young Adult. It is available for purchase by unmarried adult children who do not have access to an employer-sponsored health plan.
Going to College	Children of a TRICARE-eligible sponsor remain TRICARE-eligible until reaching age 21 (*or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provides over 50 percent of the financial support*), as long as their DEERS information is current. 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 your sponsor's service for eligibility criteria.

Having a Baby or Adopting a Child

If you are a new parent, please remember there are two important steps you must take within 60 days from the date of birth or adoption to have continuous TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members (TPRADFM) coverage for your newborn or newly adopted child.

First, register your child in DEERS at a uniformed services identification (ID) card-issuing facility. A birth certificate or certificate of live birth from the hospital is required.

Second, enroll your child in TRICARE Prime or TPRADFM via the Beneficiary Web Enrollment Web site, at **www.dmdc.osd.mil/appj/bwe/**. You may also enroll your child by submitting a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Form* (DD Form 2876) to your regional contractor.

If you do not enroll your child in a TRICARE Prime option by day 61, he or she will be covered under TRICARE Standard and TRICARE Extra. If your child is not registered in DEERS within one year after the date of birth, DEERS will show "loss of eligibility," and your child will lose all TRICARE coverage until he or she is registered in DEERS.

Note: You must complete DEERS registration before you enroll your child in TRICARE Prime or TPRADFM. Contact your regional contractor for enrollment assistance.

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 eligibility to purchase TYA Prime and/or TYA Standard. TYA coverage includes medical and pharmacy benefits, but excludes dental coverage. Those who purchase TYA Prime have access to care through their assigned military or civilian primary care managers (PCMs). Unless enrolled to a PCM at a military hospital or clinic, TYA beneficiaries are generally limited to primary care access at military hospitals and clinics on a space-available basis. TYA beneficiaries enrolled in US Family Health Plan are not 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, visit **www.tricare.mil/tya**.

Traveling

Active Duty Service Members

If an emergency occurs, call 911 or go to the nearest emergency room and notify your PCM or the local TRICARE Overseas Program (TOP) Regional Call Center (*if overseas*) within 24 hours or on the next business day. Prior authorization is not required for emergency care (*including overseas care*) before receiving treatment. If you are hospitalized, contact your regional contractor or service point of contact. If possible, active duty service members (ADSMs) traveling overseas should contact the local TOP Regional Call Center before seeking care or before making a payment.

If traveling or between duty stations, you **must** receive all nonemergency care, including urgent care, at a military hospital or clinic if one is available. If a military hospital or clinic is not available, prior authorization from your PCM is required before receiving nonemergency care. Routine care, which includes routine dental care and general office visits for treatment and ongoing care, should be handled before you travel or postponed until you return. For urgent care overseas, ADSMs should contact the TOP Regional Call Center.

All Other TRICARE Prime Enrollees

If you need emergency care while traveling in the United States, call 911 or visit the nearest emergency room. If you are admitted, your PCM or regional contractor must be notified within 24 hours or on the next business day so that ongoing care can be coordinated and to ensure you receive proper authorization for care.

If urgent treatment cannot wait until you return home to see your PCM, you must contact your PCM for a referral. If you are unable to reach your PCM, you may contact your regional contractor for assistance before receiving care. Failure to obtain a referral may cause your care to be covered under the point-of-service (POS) option,* and you will incur higher out-of-pocket costs.

Note: If you plan to travel for more than 60 days, you may choose to transfer your TRICARE Prime enrollment to the new TRICARE region where you will be living.

When traveling overseas, plan for possible health care needs in advance of the trip. If you need emergency care, go to the nearest emergency care facility or call the TOP Medical Assistance number for the overseas area where you are traveling. If you are admitted, you must call your PCM and the TOP Regional Call Center within 24 hours or the next business day after admission, or at the very latest, before leaving the facility. Call the TOP Regional Call Center to coordinate authorization, continued care, and payment, if applicable. Contact your PCM and the TOP Regional Call Center for urgent care.

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

* *The POS option does not apply to ADSMs, children for the first 60 days following their birth or adoption, emergency care, beneficiaries with other health insurance, or the first eight behavioral health outpatient visits per fiscal year (*October 1–September 30*) to a network provider for a medically diagnosed and covered condition.*

Filling Prescriptions on the Road

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

Moving and Transferring TRICARE Prime Enrollment

TRICARE Prime coverage is portable—you can easily transfer your TRICARE Prime enrollment when you move within your TRICARE region or to a new TRICARE region. ADSMs and their families may transfer their enrollment as often as needed. Retired service members and their families, survivors, eligible former spouses, and others are currently limited to two enrollment transfers each enrollment year, allowed only for a transfer to a new region and then return to the previous region.

Note: Beneficiaries must meet eligibility requirements to enroll in TRICARE Prime Remote (TPR) and TPRADFM. For more information, see the *Eligibility and Enrollment* section of this handbook.

Active Duty Service Members and Active Duty Family Members

If you are an ADSM or active duty family member (ADFM) moving to a new location, the easiest way to transfer your TRICARE Prime enrollment is to call your current regional contractor to begin the process. If you are moving to a new region, your information will be sent to your new regional contractor, who will follow up with you to complete the enrollment transfer after you arrive at your new location. Your new regional contractor will also work with you to assign or choose a PCM best suited to your needs and the location of your work or home. If you are moving within your current region, your regional contractor will help you transfer to a new PCM.

All Other TRICARE Prime Enrollees

If you move to another TRICARE Prime Service Area in the same TRICARE region, you will only need to change your PCM once you arrive at your

new location. If you move to another region or service area, you will need to transfer your TRICARE Prime enrollment if you wish to keep your TRICARE Prime coverage. Do not disenroll from TRICARE Prime before you move to your new location.

If you move to an area where TRICARE Prime is not available (*same or new region*), you must disenroll from TRICARE Prime. You will be covered automatically by TRICARE Standard and TRICARE Extra as long as your DEERS information is current. If you do not disenroll, you will be using the POS option resulting in higher out-of-pocket costs.

You may transfer your TRICARE Prime enrollment or change your PCM online or by mail.

Moving Overseas

If you are moving overseas, contact the appropriate TOP Regional Call Center before you move to determine TOP Prime eligibility requirements. When calling, select option 4 for the Global TRICARE Service Center, which provides customer service 24 hours a day, 7 days a week. TOP Regional Call Center phone numbers can be found at **www.tricare-overseas.com**. ADFMs must meet command-sponsorship requirements for TOP Prime or TOP Prime Remote coverage. Retirees and their family members are not eligible for TOP Prime options, but may be eligible for TOP Standard. TRICARE Extra is not available overseas.

Separating from the Service

If you are separating from the uniformed services, TRICARE coverage may or may not continue, depending on the circumstances of your separation. TRICARE offers 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 members of the uniformed services and their families transition to civilian life. The sponsor and eligible family members may be covered for health benefits under TAMP if the sponsor is:

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

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

Transitional Care for Service-Related Conditions

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

Continued Health Care Benefit Program

CHCBP is a premium-based health care program administered by Humana Military. CHCBP offers temporary transitional health coverage (*18–36 months*) after TRICARE eligibility 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.

Retiring from Active Duty

When you retire from active service, you and your eligible family members experience a "change in status," and, after you update your DEERS record, you will receive a new uniformed services ID card that reflects your status as a retiree.

You will have new TRICARE coverage options after you retire. Understanding these options will help you and your family make the best health care decisions. After you retire, it is still essential to keep your DEERS information current.

Note: TPR and TPRADFM are not available to retirees and their families. If you are enrolled in TPR or TPRADFM and stay at your current residence, you may be able to enroll in TRICARE Prime if you waive your access standards. Contact your regional contractor for details.

If you enroll in TRICARE Prime after you retire, the following changes will apply:

- You will pay an annual enrollment fee (*network copayments apply*)
- You will be responsible for copayments for certain medical services
- There will be an increase in your catastrophic cap (*the maximum out-of-pocket amount a beneficiary pays each fiscal year [*October 1–September 30*] for TRICARE-covered services*)
- There will be minor differences in covered services (*e.g., eye examinations are now only covered every two years and hearing aids are no longer covered*)
- There will be a change in dental coverage (*See "Dental Options" in the* Covered Services *section of this handbook*.)

Note: Retirees and family members who use TRICARE Standard and TRICARE Extra will see a cost-share increase of 5 percent compared to ADFMs.

You and your family members should look at your health care options together and determine which option best meets your needs after you retire. If you decide to reenroll in TRICARE Prime, you must submit your *DD Form 2876* to your regional contractor prior to your retirement date; otherwise, the 20th-of-the-month rule may apply.

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 monthly late enrollment premium surcharges. ADSMs and ADFMs with end-stage renal disease do not have a special enrollment period, and should enroll in Medicare Part A and Part B when first eligible. 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.

Retired Status

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

Note: Retirees and their family members are not eligible for TPR or TPRADFM.

Survivor Coverage

If your sponsor dies while serving on active duty for a period of more than 30 consecutive days, you are automatically eligible for transitional TRICARE survivor benefits as long as your DEERS information is current and you are:

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

  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, including TRICARE Prime and TPRADFM eligibility. After three years, you remain eligible as a survivor, and are eligible for benefits as a retiree family member. You pay retiree rates* under TRICARE Prime (*if available*) or TRICARE Standard and TRICARE Extra. As a survivor, you are not eligible for TPRADFM, but you may enroll in TRICARE Prime, if it is available where you live and you meet enrollment criteria. If you do not enroll in TRICARE Prime, coverage automatically continues under TRICARE Standard and TRICARE Extra.

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

Transitional survivors enrolled in TRICARE Prime at the time of their sponsor's death will not be disenrolled. Coverage continues as long as DEERS information is up to date or until eligibility ends.

If you are not enrolled in TRICARE Prime or TPRADFM and are eligible, you may enroll at any time after your sponsor's death. Normal enrollment rules apply; there is no retroactive enrollment. Transitional survivors not enrolled in TRICARE Prime or TPRADFM will be covered as ADFMs under TRICARE Standard and TRICARE Extra.

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

** You will need to reenroll at that time and pay retiree enrollment fees.*

Dependent Parent Coverage

As a TRICARE Prime beneficiary, if your parents or parents-in-law reside with you and are dependent on you for over 50 percent of their support, your local military hospital or clinic may be able to help with their health care. Although dependent parents are not eligible for most TRICARE benefits, they may be eligible to receive health care at certain military hospitals or clinics on a space-available basis. Dependent parents can also fill prescriptions at military pharmacies and through the other TRICARE Pharmacy Program options once they become entitled to Medicare Part A and have Medicare Part B. Visit **www.tricare.mil** for more information regarding coverage and eligibility.

Disenrollment

Enrollment in TRICARE Prime is continuous—you do not have to reenroll every year to maintain coverage. However, certain events will cause you to be disenrolled.

Sponsor Status Change

A change in your sponsor's status (*e.g., retirement or National Guard and Reserve member deactivation*) will cause you to be disenrolled automatically from TRICARE Prime. To avoid a lapse in coverage, you must submit a new enrollment application to your regional contractor before the date of the status change for you and your family

members to remain enrolled in TRICARE Prime, if you are still eligible after the status change. In some cases, such as during the TAMP period, you may not be able to reenroll in TPR or TPRADFM. For example, if you were enrolled in TPR and you retire from active duty, the TPR option is no longer available. To continue TRICARE Prime coverage, you will need to move to an area where TRICARE Prime is offered and enroll or waive access standards. Otherwise, coverage will continue under TRICARE Standard and TRICARE Extra.

Nonpayment of Enrollment Fees

If you are required to pay enrollment fees and you do not pay them when due, you will be disenrolled from TRICARE Prime. When disenrolled for nonpayment, you are subject to a 12-month lockout, during which you will not be permitted to reenroll in TRICARE Prime. To avoid missing a payment, learn about automated payment options at **www.tricare.mil** or contact your regional contractor. If you are disenrolled from TRICARE Prime, you may be covered under TRICARE Standard if all eligibility requirements are met.

Voluntary Disenrollment

ADFMs who choose to change their enrollment status (*i.e., from enrolled to disenrolled or vice versa*) more than twice in an enrollment year (*October 1–September 30*) for any reason are subject to a 12-month lockout,* during which they will not be permitted to reenroll in TRICARE Prime or TPRADFM. Retirees and their family members who voluntarily disenroll from TRICARE Prime before their annual enrollment renewal date are subject to a 12-month lockout. You must contact your regional contractor to initiate a voluntary disenrollment. If you are disenrolled from TRICARE Prime, you may be covered under TRICARE Standard and TRICARE Extra if all eligibility requirements are met.

Voluntary disenrollment is not an option for ADSMs; active duty personnel must enroll in either TRICARE Prime or TPR.

Note for TPRADFM beneficiaries: If your sponsor is deployed, you may remain enrolled during his or her deployment. However, if you move from your current TPR ZIP code area while your sponsor is deployed, you no longer qualify for TPRADFM. If you are moving to an area where TRICARE Prime is available, you may change from TPRADFM to TRICARE Prime. If you are moving to an area where TRICARE Prime is not available, you must disenroll from TPRADFM, and you will be covered by TRICARE Standard and TRICARE Extra.

** The 12-month lockout does not apply to ADFMs of sponsors grades E-1 through E-4.*

Loss of Eligibility

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

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

Upon loss of TRICARE eligibility, each family member will automatically receive a certificate of creditable coverage. The certificate of creditable coverage is a document that serves as evidence of prior health care coverage under TRICARE so that you cannot be excluded from a new health care plan for preexisting conditions.

For Information and Assistance

Beneficiary Counseling and Assistance Coordinators

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

Debt Collection Assistance Officers

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

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 your regional contractor. An appeal must involve an appealable issue, such as benefit coverage or medical-necessity determination. For non-appealable issues regarding health care quality or service, you can file a grievance with your regional contractor. For information about filing an appeal or grievance about care received overseas, visit **www.tricare-overseas.com**.

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

Reporting Suspected Fraud and Abuse

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

Appeals-Filing Information

TRICARE North Region	TRICARE South Region	TRICARE West Region
Claims Appeals: Health Net Federal Services, LLC TRICARE Claim Appeals P.O. Box 105266 Atlanta, GA 30348-5266 **Claims Appeals Fax:** 1-888-458-2554 **Prior Authorization Appeals:** Health Net Federal Services, LLC TRICARE Authorization Appeals P.O. Box 105087 Atlanta, GA 30348-5087 **Prior Authorization Appeals Fax:** 1-888-881-3622 **Appeals Online:** www.hnfs.com	**Claims Appeals:** TRICARE South Region Appeals P.O. Box 202002 Florence, SC 29502-2002 **Prior Authorization Appeals:** Humana Military ATTN: Utilization Management P.O. Box 740044 Louisville, KY 40201-7444 **Behavioral Health Appeals:** ValueOptions Behavioral Health ATTN: Appeals and Reconsideration Department P.O. Box 551138 Jacksonville, FL 32255-1138	**Claims Appeals:** TRICARE West Region Appeals Department P.O. Box 105493 Atlanta, GA 30348-5493 **Claims Appeals Fax:** 1-877-584-6628 **Prior Authorization Appeals:** TRICARE West Region Appeals Department P.O. Box 105493 Atlanta, GA 30348-5493 **Prior Authorization Appeals Fax:** 1-877-584-6628

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

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

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

TRICARE North Region
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