

# TRICARE® Overseas Program

## An Overview of Your TRICARE Benefit Outside the U.S.

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**ATTENTION PRESENTER:** To ensure that those with TRICARE get the most up-to-date information about their health benefit, you must go to [www.tricare.mil/briefings](http://www.tricare.mil/briefings) for the latest version of this briefing before each presentation. Briefings are continuously updated as benefit changes occur.

- **Presenter Tips:**
  - Review the briefing with notes before your presentation.
  - Remove any slides that don't apply to your audience.
  - Review the *Other Important Information* briefing slides and the *Costs* briefing slides at [www.tricare.mil/briefings](http://www.tricare.mil/briefings) to identify any additional slides to include in your presentation.
  - Launch the briefing in “slide show” setting for your presentation.
- **TRICARE Resources:** Go to [www.tricare.mil/publications](http://www.tricare.mil/publications) to view, print, or download copies of TRICARE educational materials. Suggested resources include the *TRICARE Overseas Program Handbook* and *TRICARE Plans Overview Fact Sheet*.
- **Estimated Briefing Time:** 45 minutes
- **Target Audience:** TRICARE beneficiaries who live overseas
- **Briefing Objectives:** Increase awareness and understanding of the TRICARE benefit overseas and overseas program options
- **Optional Presenter Comments:** Welcome to the *TRICARE Overseas Program* briefing. The TRICARE Overseas Program is the Department of Defense health care program for geographical areas and territorial waters outside the U.S. The goal of today's presentation is to give you a general understanding of your TRICARE benefit overseas. Contact information is provided at the end of this presentation.

## Today's Agenda

- What Is TRICARE?
- TRICARE Overseas Program Coverage
- Benefit Information
- Other Important Information
- For Information and Assistance

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- Today, we'll discuss what TRICARE is, TRICARE Overseas Program coverage, and benefit information.
- We'll also cover other important information, including pharmacy options and dental programs.
- Finally, we'll go over resources that you can use if you have additional questions about your benefit or how to get care overseas.

## What Is TRICARE?

- **Optional Presenter Comment:** First, we'll discuss what TRICARE is.

## What Is TRICARE?



- TRICARE is the health care program for the U.S. Department of Defense. It consists of:
  - Direct care
  - Civilian care
- TRICARE® is the brand name for the U.S. Military Health System.

- TRICARE is the uniformed services health care program for active duty service members, active duty family members, eligible National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses worldwide.
- TRICARE brings together the health care delivery resources of the U.S. Military Health System—such as military hospitals and clinics—with TRICARE authorized providers in civilian health care, network and non-network. The term, “health care providers,” includes health care professionals, facilities, pharmacies, and suppliers.

# TRICARE Overseas Program

## Latin America and Canada

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

## Eurasia-Africa

Africa, Europe, and the Middle East

## Pacific

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



- The TRICARE Overseas Program is made up of one overseas region divided into three geographic areas: Latin America and Canada, Eurasia-Africa, and the Pacific.
- International SOS Government Services, LLC, or International SOS, is the contractor for the TRICARE Overseas Program.
- Each overseas area is managed by a TRICARE Area Office. This office is located in each overseas area to ensure operational support to military hospitals and clinics and TRICARE users in their geographic areas.
- Contact information will be provided at the end of this presentation.

## TOP Support (1 of 3)

- **TOP Regional Call Center:**
  - Helps with enrollment, referrals, and pre-authorizations
  - Coordinates emergency, urgent, and dental care
  - Available 24/7
- **Beneficiary Support Center:**
  - Provides customer service and assistance with enrollment, disenrollment, claims, and more
  - Available 24/7
- **Medical Assistance:**
  - Coordinates emergency care and locates emergency care facilities
  - Available 24/7

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- There are several ways to get the information and support you need overseas.
- If you have questions about eligibility, enrollment, disenrollment, claims, or your TRICARE health plan, call the TOP Regional Call Center. It's available 24/7.
- By calling your TOP Regional Call Center, you can connect to the Beneficiary Support Center. The support center is your one-stop resource to help you with your TRICARE benefit overseas. Through the Beneficiary Support Center, you can enroll in a TRICARE health plan, disenroll from a plan, verify eligibility, make payments, get assistance with claims, and more. You can contact the Beneficiary Support Center by phone, as well as via live chat using the MyCare Overseas beneficiary mobile app or web-based portal. Staff are available 24/7.
- International SOS provides Medical Assistance numbers for areas throughout the overseas region. Call Medical Assistance in your area to coordinate overseas emergency care 24/7 or to help you locate the nearest emergency care facility. You can also call your TOP Regional Call Center to connect you to emergency medical assistance.

## TOP Support (2 of 3)

- **TOP Point of Contact Program:**
  - Assists you with TRICARE enrollment and getting medical care in remote overseas locations
  - Helps you file medical and dental claims
- **TRICARE Service Centers:**
  - Located throughout overseas areas, typically at military hospitals and clinics
  - Provides resources when you seek care from a military hospital or clinic or TRICARE-authorized provider (network or non-network) in your overseas area
  - Helps you understand TRICARE program options, transfer enrollment, file claims, resolve problems, and file grievances
  - Locate a TSC at [www.tricare.mil/tsc](http://www.tricare.mil/tsc).
- **U.S. Embassies and Consulates:**
  - For assistance, go to [www.usembassy.gov](http://www.usembassy.gov) to locate the nearest U.S. Embassy or Consulate.

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- TOP Points of Contact are located in consulates or embassies in remote overseas locations. They're designated in writing by their unit. They can assist you with how to update your TRICARE enrollment, how to obtain medical or dental care, and how to file claims. They act as liaisons between local units and TRICARE. To locate a TOP point of contact, reach out to your TRICARE Area Office. For contact information, go to [www.tricare.mil/contactus](http://www.tricare.mil/contactus). (Note: Retirees should contact the TRICARE overseas contractor, International SOS, for help in remote overseas locations.)
- TRICARE Service Centers are located throughout the overseas areas, typically at military hospitals and clinics, where beneficiary service representatives are available to assist you. These centers are important resources when seeking care at military hospitals or clinics or from TRICARE-authorized providers, either network or non-network, in your overseas area. Your local TRICARE Service Center can help you learn about TRICARE program options, transferring enrollment, filing claims, resolving problems, and filing grievances.
  - If you're in a TRICARE Prime location, you can find a TRICARE Service Center by going to [www.tricare.mil/tsc](http://www.tricare.mil/tsc).
- You can also get assistance overseas through U.S. Embassies and Consulates. Go to [www.usembassy.gov](http://www.usembassy.gov) to locate a U.S. Embassy or Consulate in the area where you live or travel to. This applies more for TRICARE Prime Remote Overseas beneficiaries.

## TOP Support (3 of 3)

- Near Patient Program:
  - Provides in-country medical and non-medical professionals who can help you navigate the local overseas healthcare system
  - Works with TRICARE Prime Overseas and TRICARE Prime Remote Overseas beneficiaries, as well as TOP providers, military hospitals and clinics, and TRICARE Area Offices to address medical and cultural questions
  - **Available only in certain countries:** Bahrain, Belgium, Germany, Greece, Italy, Japan, Luxembourg, the Netherlands, Poland, Romania, Spain, and South Korea
- If you aren't getting care in a Near Patient Program location, you should contact your TOP Regional Call Center for support.

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- The Near Patient Program gives you access to in-country medical and non-medical professionals who can help you navigate the overseas healthcare system.
- Teams collaborate with TRICARE Overseas Program providers, military hospitals and clinics, and TRICARE Area Offices to answer your questions about medical care in the country where you live.
- Staff members include nurses, who can provide day-to-day assistance, and a physician to maintain medical oversight of your care.
- Each team has a country lead to manage relationships with providers.
- The program is only available in Bahrain, Belgium, Germany, Greece, Italy, Japan, Luxembourg, the Netherlands, Poland, Romania, Spain, and South Korea.
- If you aren't receiving care in a Near Patient Program location, your TOP Regional Call Center can help you.

**Note:** The Near Patient Program is for beneficiaries enrolled in TRICARE Prime Overseas and TRICARE Prime Remote Overseas.

## MyCare Overseas™ Beneficiary Mobile App

- The MyCare Overseas mobile app is available for TOP beneficiaries. Through the mobile app and web-based portal, you can:
  - Get 24/7 access to the Beneficiary Support Center and your local Near Patient Team.
  - Search for TOP network providers.
  - Find country-specific information, such as emergency numbers.
  - Check status of referrals, authorizations, and claims.
  - Access real-time telephonic language translation assistance.
  - Set appointment reminders.
- To access MyCare Overseas:
  - Download app from Apple App Store or Google Play app store and register.
  - Visit the web-based portal at <https://top.internationalosos.com/beneficiary>.
- Learn more at [www.tricare-overseas.com/beneficiary-app](http://www.tricare-overseas.com/beneficiary-app).

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- MyCare Overseas is a convenient, secure self-service tool that offers easy access to TRICARE Overseas Program information and services, like checking your TRICARE health plan enrollment and TRICARE-covered services.
- From your mobile device or computer, you can use MyCare Overseas to do a variety of health care tasks, including:
  - Get 24/7 access to the Beneficiary Support Center and your local Near Patient Team, if you're receiving care in a Near Patient Program location.
  - Search for TOP network providers near you.
  - Find country information, such as emergency numbers and medical risk ratings.
  - Check status of referrals, authorizations, and claims.
  - Connect to real-time telephonic language translation assistance.
  - Set appointment reminders.
- You can download the MyCare Overseas mobile app from the Apple App Store or Google Play app store. Be sure to register after downloading the app to be able to use its features.
- You can also access MyCare Overseas from your computer at <https://top.internationalosos.com/beneficiary>.
- Find more information about MyCare Overseas at [www.tricare-overseas.com/beneficiary-app](http://www.tricare-overseas.com/beneficiary-app).

## TRICARE Overseas Program Coverage

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- **Optional Presenter Comment:** We'll now discuss TRICARE Overseas Program coverage.

## Beneficiary Categories: Group A and Group B

- All beneficiaries fall into one of two categories based on when you or your sponsor entered the uniformed services.

### Group A

If your or your sponsor's initial enlistment or appointment occurred **before** Jan. 1, 2018

### Group B

If your or your sponsor's initial enlistment or appointment occurred **on or after** Jan. 1, 2018

- The groups pay different costs and fees.
  - Group A beneficiaries enrolled in a premium-based plan (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, or the Continued Health Care Benefit Program) follow Group B deductibles, cost-shares, and catastrophic caps.

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- All beneficiaries fall into one of two categories based on when you or your sponsor entered the military. The groups pay different costs and fees.
  - **Group A:** If your or your sponsor's initial enlistment or appointment occurred before Jan. 1, 2018, you're in Group A.
  - **Group B:** If your or your sponsor's initial enlistment or appointment occurs on or after Jan. 1, 2018, you're in Group B.
- When enrolled in premium-based plans, including TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program, Group A beneficiaries follow Group B cost-shares, deductibles, and catastrophic caps.
- Because this designation is based on your or your sponsor's uniformed services initial enlistment or appointment, this category can't be changed by any action taken by the beneficiary (for example, switching plans or failure to pay).
- You can find monthly premium amounts for the premium-based plans at [www.tricare.mil/costs](http://www.tricare.mil/costs).

## Eligibility and Enrollment

- TRICARE eligibility is determined by the services.
- This eligibility is reflected in the Defense Enrollment Eligibility Reporting System. You must take certain steps to remain eligible for benefits:
  - Register in DEERS.
  - Obtain a valid Uniformed Services ID card.
- Most TRICARE programs require enrollment. You may also need to submit an enrollment form or call the Beneficiary Support Center.\*
- If you're eligible for premium-free Medicare Part A, you must also have Medicare Part B to keep TRICARE coverage—even in overseas locations where Medicare coverage doesn't apply.

\* Active duty service members must enroll in a TRICARE Prime Overseas option. Non-activated National Guard and Reserve members may qualify to purchase TRICARE Reserve Select.

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- Your service personnel office determines your TRICARE eligibility. Once your eligibility is determined, you must take certain steps to remain eligible for benefits:
  - Register in the Defense Enrollment Eligibility Reporting System, or DEERS.
  - Get a valid Uniformed Services ID card.

**Note:** TRICARE eligibility information is maintained in DEERS. It's important for sponsors to keep DEERS records up to date. Learn more at [www.tricare.mil/deers](http://www.tricare.mil/deers).

- Once registered in DEERS, active duty family members, or ADFMs, may choose to enroll in a TRICARE Prime Overseas option, which is similar to a managed care or health maintenance organization option. ADFMs who aren't eligible for, or choose not to enroll in, TRICARE Prime Overseas can enroll in TRICARE Select Overseas. TRICARE Select Overseas is a preferred-provider organization option. Family members must meet the command sponsorship requirement.

**Note:** Active duty service members, or ADSMs, must enroll in a TRICARE Prime Overseas option. Non-activated National Guard and Reserve members may qualify to purchase TRICARE Reserve Select.

- If you're entitled to premium-free Medicare Part A, you also must have Medicare Part B to keep TRICARE coverage—even in overseas locations where Medicare coverage doesn't apply.
- Retirees living overseas may be eligible to enroll in TRICARE Select Overseas.

**Note:** You can only enroll in or change enrollment to TRICARE Prime Overseas, TRICARE Prime Remote Overseas, and TRICARE Select Overseas following a Qualifying Life Event or during open season.

- The TRICARE Open Season is the annual period when you can enroll in or change your health care coverage plan for the next year. Open season only applies to enrollment in TRICARE Prime and TRICARE Select health plans. Learn more at [www.tricare.mil/openseason](http://www.tricare.mil/openseason).
- A Qualifying Life Event, or QLE, is a certain change in your life, such as marriage, birth of a child, or retirement from active duty, which may mean different TRICARE options are available to you. A QLE opens a 90-day period for you and family members to make eligible enrollment changes. To learn more, visit [www.tricare.mil/lifeevents](http://www.tricare.mil/lifeevents).

**Note:** Your coverage is effective on the date the enrollment request and proof of command sponsorship are received.

# TRICARE Health Plans

Those Eligible for TRICARE	TRICARE Plan Options
Active duty service members (includes service members from any of the uniformed services, and National Guard and Reserve members activated for more than 30 days)	<ul style="list-style-type: none"> <li>• TRICARE Prime Overseas</li> <li>• TRICARE Prime Remote Overseas</li> </ul>
Active duty family members and transitional survivors living overseas	<ul style="list-style-type: none"> <li>• TRICARE Prime Overseas</li> <li>• TRICARE Prime Remote Overseas</li> <li>• TRICARE Select Overseas</li> <li>• TRICARE Young Adult</li> <li>• TRICARE For Life</li> </ul>
Certain National Guard and Reserve members and their eligible family members living overseas (non-activated or active 30 days or less)	<ul style="list-style-type: none"> <li>• TRICARE Reserve Select</li> <li>• TRICARE Young Adult</li> </ul>
Retired service members and their family members, Medal of Honor recipients and their family members, survivors, and eligible former spouses living overseas	<ul style="list-style-type: none"> <li>• TRICARE Select Overseas</li> <li>• TRICARE For Life</li> <li>• TRICARE Retired Reserve</li> <li>• TRICARE Young Adult</li> </ul>

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- This slide shows TRICARE overseas health plan options that may be available to you.
- ADSMs must enroll in TRICARE Prime Overseas or TRICARE Prime Remote Overseas.
- ADFMs may enroll in TRICARE Prime Overseas, TRICARE Prime Remote Overseas, or TRICARE Select Overseas. Also, if eligible for premium-free Medicare Part A and have Medicare Part B, ADFMs may use TRICARE For Life, or TFL.
- Certain qualified dependents of ADSMs may also purchase premium-based TRICARE Young Adult, or TYA.
- ADFMs who are entitled to Medicare Part A aren't required to have Part B to keep their TRICARE coverage. However, to prevent a break in TRICARE coverage, ADFMs eligible for Medicare Part A must have Part B by or before their sponsor's retirement date.
- Certain members of the Selected Reserve who are non-activated or active for 30 days or less, and their families, can choose to enroll in the premium-based TRICARE Reserve Select, or TRS.
- **Note:** National Guard and Reserve members who are called or ordered to active duty for more than 30 days for a federal preplanned mission or in support of a contingency operation are considered ADSMs.
- Retired service members and their family members, survivors, Medal of Honor recipients, certain former spouses who haven't remarried, and others can enroll in TRICARE Select Overseas. If entitled to Medicare Part A and you have Part B, then TFL is an option. Members of the Retired Reserve may also choose to purchase TRICARE Retired Reserve, or TRR, coverage. TRR is a premium-based plan.
- Certain qualified dependents of retired service members, National Guard and Reserve members who have purchased TRS, or retired National Guard and Reserve members who have purchased TRR, may also purchase TRICARE Young Adult coverage.
- **Note:** Once retired from either the National Guard or Reserves, all military members are then considered Retired Reservists.

## TRICARE Prime Overseas

- TRICARE Prime Overseas is available to ADSMs and their eligible, command-sponsored family members who live with them near a military hospital or clinic.
  - **Enrollment:** Enrollment is required.
  - **Costs:** No enrollment fees, but family members will pay cost-shares for prescriptions filled at overseas pharmacies.
  - **Getting care:** Get care from an assigned primary care manager at a military hospital or clinic in most cases. Referrals and/or pre-authorizations are required for specialty care.

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- TRICARE Prime Overseas is available to ADSMs and their eligible, command-sponsored family members who live with them near a military hospital or clinic.
    - This includes National Guard and Reserve members called or ordered to active service for more than 30 days for a federal preplanned mission or in support of a contingency operation.
  - You can enroll in TRICARE Prime Overseas online using milConnect, in person at a TRICARE Service Center, by calling your TOP Regional Call Center and speaking with a Beneficiary Support Center representative, or by mail. You can find specific instructions at [www.tricare.mil/enroll](http://www.tricare.mil/enroll).
    - To show command sponsorship, provide the sponsor's order number and the date listed on the orders.
- Note:** National Guard and Reserve family members who were residing with the service member in an overseas location at the time of activation do **not** need command sponsorship to be eligible for TRICARE Prime Overseas. In these instances, family members remain eligible if they live in the location where they lived with their sponsor.
- There are no enrollment fees with TRICARE Prime Overseas, but family members will pay cost-shares for prescriptions filled at overseas pharmacies. TRICARE beneficiaries who are getting care from overseas pharmacies should expect to pay up front and file a claim for reimbursement.
  - Those using TRICARE Prime Overseas have an assigned primary care manager, or PCM, who provides routine care. Referrals and/or pre-authorizations are required for all specialty care. TRICARE Prime Overseas family members have three business days after a nonemergency health care visit to request a PCM referral for that care. Your TOP Regional Call Center can help you with coordinating referrals.
  - For more information, go to [www.tricare.mil/primeoverseas](http://www.tricare.mil/primeoverseas).

## Pre-authorization for Care

- A pre-authorization benefit review is done by International SOS to determine if the requested health care service is a TRICARE covered benefit.
- Certain services require pre-authorization, including:
  - Adjunctive dental services
  - Extended Care Health Option services (ADFMs only)
  - Nonemergency inpatient admissions for substance use disorders and mental health care
  - Solid organ and stem cell transplants
- ADSMs require pre-authorization for all inpatient and outpatient specialty care services.

**Note:** This list is **not** all-inclusive. To learn more about services that require pre-authorization, contact your TOP Regional Call Center.

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- A pre-authorization benefit review is done by International SOS to determine if the requested health care service is medically necessary and a TRICARE covered benefit.
- Certain services always require pre-authorization, including:
  - Adjunctive dental services
  - Extended Care Health Option services (for ADFMs only)
  - Nonemergency inpatient admissions for substance use disorders and mental health care
  - Solid organ and stem cell transplants
- This list is **not** all-inclusive, and each overseas area may have additional pre-authorization requirements. Contact your TOP Regional Call Center to learn more about requirements in your area, as they may change periodically.
- You can also check for services that need pre-authorization at [www.tricare.mil](http://www.tricare.mil) or [www.tricare-overseas.com](http://www.tricare-overseas.com).
- Active duty service members require pre-authorization for all inpatient and outpatient specialty care services.

**Note:** The TOP contractor, International SOS, won't authorize medical care determined not to meet internationally recognized and accepted standards. If you choose to get overseas medical care against recommendations, there are associated risks and your claim will be processed under the point-of-service option.

## Point-of-Service Option for Family Members

- The point-of-service option gives ADFMs using TRICARE Prime Overseas and TRICARE Prime Remote Overseas the freedom, at an additional cost, to get nonemergency health care services from any TRICARE-authorized provider without a PCM referral.
- There's a deductible when you use the POS option.
- The POS cost-share for outpatient and inpatient care is 50% of the TRICARE-allowable charge after the POS deductible is met.
- Outside the U.S. and U.S. territories, there may be no limit to the amount that nonparticipating non-network providers may bill.

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- The point-of-service option, or POS, allows ADFMs enrolled in TRICARE Prime Overseas and TRICARE Prime Remote Overseas to get nonemergency health care services from any TRICARE-authorized provider without requesting a referral.
  - The POS option doesn't apply to ADSMs.
  - You pay more out of pocket when using the POS option.
  - Outside the U.S. and U.S. territories, which include American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands, there may be no limit to the amount that nonparticipating non-network providers may bill, and you're responsible for paying any amount that exceeds the TRICARE-allowable charge, in addition to your deductible and cost-shares. Overseas, providers aren't required to bill TRICARE for you. You should expect to pay up front for medical care. For more information, go to [www.tricare-overseas.com](http://www.tricare-overseas.com).
- Note:** POS deductible and cost-share amounts don't count toward your annual catastrophic cap. To avoid POS charges, get pre-authorization from your TOP Regional Call Center before seeking care.
- For more information about the point-of-service option, go to [www.tricare.mil/pointofservice](http://www.tricare.mil/pointofservice).

## Retroactive Authorization

- Retroactive authorization allows TRICARE Prime Overseas family members up to three days after a nonemergency health visit to request a referral from your PCM.
- If you can't get a referral from your PCM within three business days of when you got care, your claim will process under the point-of-service option.
- For more information, call your TOP Regional Call Center.

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- TRICARE Prime Overseas family members have three business days after a nonemergency health care visit to request a PCM referral for that care. This means if you got care on a Saturday without a PCM referral, you have through Wednesday to get a PCM referral.
- Once you have your PCM referral, your claim is processed the same as if you had gotten the referral before getting care, as long as your care is covered by TRICARE. This process is called retroactive authorization.
- If you can't get a referral from your PCM within three business days of when you got care, your claim will process under the point-of-service option.
- For more information, call your TOP Regional Call Center.

## TRICARE Prime Remote Overseas

- TRICARE Prime Remote Overseas provides benefits to ADSMs and their command-sponsored family members residing with them in remote overseas locations.
  - **Enrollment:** Enrollment is required.
  - **Costs:** No enrollment fees, but family members will pay cost-shares for prescriptions filled at overseas pharmacies.
  - **Getting care:** Get most care from a PCM. If no PCM is assigned, your TOP Regional Call Center will coordinate your care, locate providers, and schedule appointments (except for U.S. Embassy Health Unit visits). Referrals and/or pre-authorizations are required for certain services.
    - If you have TRICARE Prime Remote you're seeing a civilian provider, an authorization is required. Authorizations aren't required for urgent or emergency care but are still recommended to have a cashless and claimless visit.

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- TRICARE Prime Remote Overseas provides benefits to ADSMs and their command-sponsored family members living with them in remote overseas locations. There's no limit to the number of family members who can enroll.
  - This includes National Guard and Reserve members called or ordered to active service for more than 30 days for a federal preplanned mission or in support of a contingency operation.
- TRICARE Prime Remote Overseas is also available to National Guard and Reserve family members and command-sponsored ADFMs who were living in a remote overseas location with their sponsor when the sponsor got unaccompanied orders to another location.
  - In these instances, family members remain eligible if they live in the location where they lived with their sponsor.
- Enrollment and costs are the same as TRICARE Prime Overseas.
- Go to [www.tricare.mil/forms](http://www.tricare.mil/forms) to download *DD Form 2876*, or request the enrollment form from your TOP Regional Call Center or TRICARE Service Center. Your TRICARE Prime Remote Overseas point of contact can help with enrollment and finding purchased care sector providers (or authorized civilian providers).
  - To locate your point of contact, you can go to the U.S. Consulate in your area or contact a Beneficiary Counseling and Assistance Coordinator. To find a coordinator, use the Customer Service Community Directory at [www.tricare.mil/bcacdcao](http://www.tricare.mil/bcacdcao).
- Beneficiaries enrolled in TRICARE Prime Remote Overseas may have a civilian primary care manager, or PCM, or the TOP contractor will serve as their PCM to coordinate their care, locate providers, and schedule appointments for them (except for U.S. Embassy Health Unit visits). Referrals and/or pre-authorizations are required for certain services.
  - If you have TRICARE Prime Remote you're seeing a civilian provider, an authorization is required. Authorizations aren't required for urgent or emergency care but are still recommended to have a cashless and claimless visit.
- If specialty or diagnostic services aren't available locally, International SOS contacts the TRICARE Area Office to coordinate medical temporary duty to a military hospital or clinic or the nearest TRICARE Prime Remote Overseas network facility. In some areas, the TRICARE Area Office schedules the appointment for you, sends notification, and provides information about getting travel funding from your service organization.
- For more information, go to [www.tricare.mil/primeremoteoverseas](http://www.tricare.mil/primeremoteoverseas).

## TRICARE Select Overseas

- TRICARE Select Overseas is available to command-sponsored and non-command-sponsored ADFMs, retired service members and their family members, survivors, and others living or traveling overseas.
  - **Enrollment:** Enrollment is required.
  - **Costs:** No enrollment fee for ADFMs. Retirees, their families, and others pay enrollment fees.
  - **Getting care:** Seek care from any purchased care sector provider.\*
    - Referrals aren't required for most health care services.
    - Pre-authorization is required for certain services.
    - Overseas providers aren't required to bill TRICARE for you.
    - Beneficiaries should expect to pay up front and file claims for reimbursement.

**Note:** ADSMs aren't eligible for TRICARE Select Overseas. Those enrolled in TRICARE Select Overseas in the Philippines and Panama are reimbursed based on government-provided foreign fee schedules.

\* In the Philippines, you're encouraged to seek care from Philippine Preferred Provider Network providers.

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- TRICARE Select Overseas works like the stateside TRICARE Select program with similar benefits, requirements, and costs. Any differences between the two programs will be noted during this presentation.
- You must be registered in DEERS and show as eligible to enroll in TRICARE Select Overseas.
- You can enroll in TRICARE Select Overseas online using milConnect, in person at a TRICARE Service Center, by calling your TOP Regional Call Center and speaking with a Beneficiary Support Center representative, or by mail. You can find specific instructions at [www.tricare.mil/enroll](http://www.tricare.mil/enroll).
- Active duty family members don't have enrollment fees. Retirees, their family members, and others pay enrollment fees.
- Under TRICARE Select Overseas, you may generally seek care from any purchased care sector provider, which is an authorized civilian provider in your overseas area.
  - Referrals aren't required for most health care services.
  - Pre-authorization is required for certain services.
  - Overseas providers aren't required to bill TRICARE for you. (If traveling in the U.S., you won't need to file claims. Stateside providers will submit the claim on your behalf.)
  - Beneficiaries should expect to pay up front and file claims, including proof of payment, with the TOP claims processor for reimbursement.

**Note:** If you live or travel in the Philippines, there are two provider types: Philippine Preferred Provider Network providers and Certified providers. You're encouraged to visit a Philippine Preferred Provider because your out-of-pocket costs will be lower. For more information and to find a provider, go to [www.tricare-overseas.com/beneficiaries/philippines](http://www.tricare-overseas.com/beneficiaries/philippines).

**Note:** ADSMs aren't eligible for TRICARE Select Overseas. Claims for services provided in the Philippines and Panama are reimbursed to those using TRICARE Select Overseas based on government-provided foreign fee schedules.

- For more information about TRICARE Select Overseas enrollment and costs, go to

[www.tricare.mil/selectoverseas.](http://www.tricare.mil/selectoverseas)

## TRICARE Young Adult

- TRICARE Young Adult is available to qualified unmarried dependents of TRICARE-eligible sponsors who are:
  - At least age 21, but not yet age 26
  - Not eligible to enroll in an employer-sponsored health plan
  - Not otherwise eligible for TRICARE coverage
  - Not a uniformed service sponsor (for example, a member of the Selected Reserve)
- For TYA qualification, cost, and enrollment information, visit [www.tricare.mil/tya](http://www.tricare.mil/tya).

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- The TRICARE Young Adult, or TYA, program is a premium-based health care plan available for purchase by qualified dependents. TYA offers TRICARE Prime and TRICARE Select coverage worldwide. Your location and sponsor's status determine whether you qualify for TYA Prime or TYA Select.
- TYA includes medical and pharmacy benefits, but excludes dental coverage.
- Adult children may qualify to purchase TYA coverage if they're all the following:
  - An unmarried dependent of a TRICARE-eligible sponsor
  - At least age 21, but not yet age 26
  - Not eligible to enroll in an employer-sponsored health plan based on their own employment status
  - Not otherwise eligible for TRICARE coverage
  - Not a uniformed service sponsor. For example, a member of the Selected Reserve.
- For more information about TYA qualification, costs, and enrollment, go to [www.tricare.mil/tya](http://www.tricare.mil/tya).

## TRICARE Reserve Select®

- TRICARE Reserve Select is a premium-based health plan that provides care for members of the Selected Reserve and their family members who may not otherwise be eligible for TRICARE due to inactive duty status.
  - **Enrollment:** Enrollment is required. Initial premium payment is required when purchasing TRS.
  - **Costs:** Monthly premiums, an annual deductible, and applicable copayments or cost-shares apply. TRS enrollees are subject to Group B cost-shares and copayments.
  - **Getting care:** Receive care from any TRICARE-authorized provider (network or non-network). \* Pre-authorization is required for certain services.
    - You can also be seen at a military hospital or clinic if space is available.

\* Except in the Philippines.

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- TRICARE Reserve Select, or TRS, is a premium-based health plan that provides care for members of the Selected Reserve and their family members who may not otherwise be eligible for TRICARE due to inactive duty status. TRS is available to certain National Guard and Reserve members who aren't eligible for or enrolled in the Federal Employees Health Benefits, or FEHB, Program, and their family members.

**Note:** If a family member is eligible for the FEHB Program, you and your family members may still qualify for TRS.

- You must purchase TRS coverage:
  - You can purchase coverage online, by phone, by mail, or in person at a TRICARE Service Center. You can find specific instructions at [www.tricare.mil/enroll](http://www.tricare.mil/enroll).
  - Two months of premiums are required when initially purchasing TRS. Payment may be made with a personal check, cashier's check, money order, or credit/debit card (such as Visa or MasterCard).
  - After the initial payment, all monthly premium payments **must** be made by automated electronic funds transfer or automated credit or debit card payment. Failure to pay premiums may result in termination and a 12-month lockout. Premiums are effective Jan. 1 through Dec. 31.
- With TRS, there are monthly premiums, an annual deductible, and cost-shares at the Group B rates. The catastrophic cap is the most you or your family may pay out of pocket for covered TRICARE health care services each calendar year. The cap includes your deductible, cost-shares, and prescription copayments, but not premium payments.
- You may get care from any TRICARE-authorized provider (network or non-network). In the Philippines, you're encouraged to see a Philippine Preferred Provider for care. Contact your TOP Regional Call Center for more information.
  - No referrals are necessary, but pre-authorizations are required for certain services.
  - When you see a TRICARE-authorized provider, you may have to pay up front for care and submit a claim to TRICARE for reimbursement. Overseas providers aren't required to bill TRICARE for you.
- For more information, go to [www.tricare.mil/trs](http://www.tricare.mil/trs).

## Retiree Plan Options

- Retirees living overseas have these plan options:
  - TRICARE Select Overseas
  - TRICARE Retired Reserve
  - TRICARE For Life

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- Retirees living overseas have multiple TRICARE program options.
- After you retire, if you live overseas, you're no longer eligible for TRICARE Prime Overseas. However, you can enroll in TRICARE Select Overseas.
- TRICARE Retired Reserve is a premium-based health plan that certain members of the Retired Reserve may qualify to purchase until reaching age 60.
- Another coverage option is TRICARE For Life if you're eligible for premium-free Medicare Part A.

**Note:** When you retire from active duty or turn age 60 as a retired reserve member, your existing TRICARE coverage ends. When that happens, you must enroll in a TRICARE health plan. You typically have up to 90 days after your retirement date to enroll in a health plan as a retiree. If you miss your enrollment period, you can only enroll in a health plan during the annual TRICARE Open Season or following another Qualifying Life Event experienced by you or a family member. Learn more about TRICARE Qualifying Life Events and actions you need to take at [www.tricare.mil/lifeevents](http://www.tricare.mil/lifeevents).

## TRICARE Retired Reserve®

- TRICARE Retired Reserve is a premium-based health plan that provides care for certain qualifying members of the Retired Reserve until reaching age 60 and their family members.
  - **Enrollment:** Enrollment is required. Initial premium payment is required when purchasing TRR.
  - **Costs:** Monthly premiums, an annual deductible, and cost-shares apply. TRR enrollees are subject to Group B cost-shares and copayments.
  - **Getting care:** Receive care from any TRICARE-authorized provider (network or non-network). \* Pre-authorization is required for certain services.
    - You can also be seen at a military hospital or clinic if space is available.

\* Except in the Philippines.

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- TRICARE Retired Reserve, or TRR, is a premium-based health plan that provides care for certain qualifying members of the Retired Reserve until reaching age 60 and their family members.
- TRR enrollment:
  - You can purchase coverage online, by phone, by mail, or in person at a TRICARE Service Center. You can find specific instructions at [www.tricare.mil/enroll](http://www.tricare.mil/enroll).
  - Two months of premiums are required when initially purchasing TRR. Payment may be made with a personal check, cashier's check, money order, or credit/debit card (such as Visa or MasterCard).
  - After the initial payment, all monthly premium payments **must** be made by either automated electronic funds transfer or automated credit or debit card payment. Failure to pay premiums may result in termination and a 12-month lockout. Premiums are effective Jan. 1 through Dec. 31.
- With TRR, there are monthly premiums, an annual deductible, and cost-shares at Group B rates. The catastrophic cap is the most you or your family may pay out of pocket for covered TRICARE health care services each calendar year. The cap includes your deductible, cost-shares, and prescription copayments, but not premium payments.
- You may get care from any TRICARE-authorized provider. In the Philippines, you're encouraged to see a Philippine Preferred Provider for care. Contact your TOP Regional Call Center for more information.
  - No referrals are necessary, but pre-authorizations are required for certain services.
  - When you see a TRICARE-authorized provider, you may have to pay up front for care and submit a claim to TRICARE for reimbursement. Overseas providers aren't required to bill TRICARE for you.
- For more information, go to [www.tricare.mil/trr](http://www.tricare.mil/trr).

## TRICARE For Life

- TRICARE For Life is available to beneficiaries who are eligible for premium-free Medicare Part A and have Medicare Part B coverage.
  - **Enrollment:** Coverage is automatic if you have Medicare Part A and Part B.
  - **Costs:** No enrollment fee, but TFL overseas beneficiaries must have Medicare Part B and pay Part B premiums. When outside the U.S. and U.S. territories, and for TRICARE-covered services not covered by Medicare, TRICARE is the primary payer and the deductible, cost-shares, and pre-authorization rules apply.\*
  - **Getting care:** Seek care from any TRICARE-authorized provider (network or non-network) unless local restrictions apply (such as in the Philippines). Pre-authorization may be required for certain services.

\* In the U.S. and U.S. territories, TRICARE pays last.

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- TRICARE For Life, or TFL, is available to TRICARE beneficiaries who are eligible for premium-free Medicare Part A (hospital insurance) and have Medicare Part B (medical insurance) coverage, regardless of age or whether you live in the U.S., U.S. territories, or overseas.
  - You must have Medicare Part A and Part B to get TFL coverage overseas, even though Medicare doesn't cover care outside the U.S., U.S. territories, or aboard ships outside U.S. territorial waters. This is a requirement based on federal law governing these programs.
  - Medicare Part B coverage isn't required if you're an active duty family member or enrolled in TRS or TRR. However, regardless of your beneficiary category, you're encouraged to enroll in Medicare Part B when first eligible. If you don't, you may be required to pay a late-enrollment premium surcharge for each 12-month period you were eligible to enroll in Part B but didn't (unless a special enrollment period applies). Enrollment in TRS or TRR doesn't qualify its users for a special Medicare enrollment period.
- There are no TFL enrollment forms to complete or enrollment fees. You automatically have TFL coverage if you show as eligible for TRICARE in DEERS and you have Medicare Part A and Part B.
  - Medicare is your primary payer and TRICARE is the last payer—minimizing your out-of-pocket expenses when you use TFL in the U.S. or U.S. territories.
  - Outside the U.S. and U.S. territories and for TRICARE-covered services not covered by Medicare, TRICARE becomes the primary payer, and the TRICARE deductible, cost-shares, and pre-authorization rules apply.
  - In overseas locations, a 25% copayment applies up to the TFL catastrophic cap. If you have TFL overseas, be prepared to pay upfront for your health care and file a claim for reimbursement with the overseas contractor. Find overseas contact information at <https://tricare.mil/PatientResources/Claims/MedicalClaims/FilingOverseas>.
- You can seek care from any TRICARE-authorized provider (network or non-network) in the U.S. and U.S. territories, though your provider's Medicare status will affect your out-of-pocket costs. Outside the U.S. and

U.S. territories, you may seek care from any TRICARE-authorized provider unless local restrictions apply (such as in the Philippines). You may need pre-authorization for certain services. Contact your TOP Regional Call Center for more information.

- For more information, go to [www.tricare.mil/tfl](http://www.tricare.mil/tfl).

## Types of Care

- **Emergency care:** Care for an illness or injury that threatens life, limb, sight, or safety
- **Urgent care:** Care for an illness or injury that is not an emergency, but requires medical attention within 24 hours
- **Routine care:** General office visits
- **Specialty care:** Care that a primary care manager is unable to provide

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- 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 reasonably think you have an emergency, go to the nearest emergency care facility. You can also reach Medical Assistance for your area by calling your TOP Regional Call Center.

**Note:** If enrolled in TRICARE Prime Overseas or TRICARE Prime Remote Overseas, you must notify your primary care manager, or PCM, or International SOS within 24 hours or on the next business day following an admission to coordinate ongoing care.

- Urgent care is treatment for an illness or injury that requires attention within 24 hours, such as a sprain, earache, or rising fever.

**Note:** Going to an emergency care facility for an urgent care condition doesn't make it an emergency and may result in out-of-pocket costs.

- Routine care, also known as primary care, includes general office visits, follow-up care for ongoing medical conditions, and preventive care to help keep you healthy.
- Specialty care is nonemergency care that your PCM is unable to provide. Your PCM will refer you to another health care provider and will coordinate the referral request with your TOP Regional Call Center when needed. If you don't have an assigned PCM, contact your TOP Regional Call Center. ADSMs are required to get referrals for all nonemergency care from a civilian provider.

**Note:** If you have TRICARE Prime Remote you're seeing a civilian provider, an authorization is required. Authorizations aren't required for urgent or emergency care but are still recommended to have a cashless and claimless visit.

## Services Not Covered Overseas

- The following services are only offered in the U.S. and U.S. territories and aren't covered under the TRICARE Overseas Program:
  - **Home health care:** Covers part-time or intermittent skilled nursing services and home health care services for those confined to the home
  - **Hospice care:** Covers services if you or a TRICARE-eligible family member has a terminal illness
  - **Skilled nursing facility care:** Covers skilled nursing services; meals; physical and occupational therapy and speech pathology; and other services
  - **Partial hospitalization program:** Covers TRICARE-authorized PHP facilities for mental health and substance use disorders
- Look up covered services at [www.tricare.mil/coveredservices](http://www.tricare.mil/coveredservices).

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- TRICARE covers most care that's medically necessary and considered proven. There are special rules and limitations for certain types of care, and some types of care aren't covered at all.
- The following services are only offered in the U.S. and U.S. territories and aren't covered under the TRICARE Overseas Program:
  - Home health care, which covers part-time or intermittent skilled nursing services and home health care services for those confined to the home.
  - Hospice care, which covers hospice services if you or a TRICARE-eligible family member has a terminal illness. This benefit allows for personal care and home health aide services, which are otherwise limited under the TRICARE basic program options.
  - Skilled nursing facility care, which covers nursing services; meals (including special diets); physical and occupational therapy and speech pathology; drugs furnished by the facility; and necessary medical supplies and appliances.
  - Partial hospitalization program, which covers TRICARE-authorized partial hospitalization program facilities for mental health and substance use disorders.

**Note:** Certain components of skilled nursing facility care and other excluded categories may be separately covered if that component meets TRICARE requirements. Regarding skilled nursing care, TRICARE can pay for medically necessary skilled services, but not facility charges related to those services. The skilled nursing services must be provided in a Medicare-certified facility, but Medicare doesn't certify facilities overseas. As a result, the facility charges would be denied, but the skilled services could be covered.

- If you have questions about services covered or not covered overseas, contact your TOP Regional Call Center. You can also find information at [www.tricare.mil/coveredservices](http://www.tricare.mil/coveredservices).

## Aeromedical Evacuations

- Aeromedical evacuations (air evacuations) are only approved when medically necessary and appropriate.
- For ADSMs or ADFMs, contact your TOP Regional Call Center for assistance coordinating air evacuations.
- Air evacuations for those not enrolled in a TRICARE Prime Overseas option aren't provided as cashless/claimless services.
- Contact your TOP Regional Call Center for more information.

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- Aeromedical evacuations or air evacuations, are only approved when medically necessary and appropriate.
- International SOS will arrange air evacuations for: TRICARE Prime Overseas beneficiaries; TRICARE Prime Remote Overseas beneficiaries; ADSMs who are deployed, in a temporary duty status, or in an authorized leave status in an overseas location; and all TRICARE-eligible ADFMs traveling in an overseas location (regardless of enrollment status).
- For ADSMs or ADFMs, contact your TOP Regional Call Center for assistance coordinating air evacuations.
- Air evacuations for those not enrolled in a TRICARE Prime Overseas option aren't provided as cashless/claimless services.
  - Beneficiaries not enrolled in a TRICARE Prime Overseas option (doesn't include ADFMs) are required to pay up front for air evacuations and file a claim to get money back (less any cost-shares). TRICARE will only reimburse air evacuations when they're medically necessary and to the closest, safest location that can provide the required care.
  - Military aircraft may be authorized for air evacuations if space is available. However, if no space is available, contact your TOP Regional Call Center for assistance identifying alternatives.
- For more information about air evacuations overseas, contact your TOP Regional Call Center.

## Benefit Information

- **Optional Presenter Comment:** We'll now discuss benefit information.

## Traveling in the U.S.

- Those using TRICARE Prime Overseas and TRICARE Prime Remote Overseas:
  - **Emergency care:** Call 911 or go to the nearest emergency room.
  - **Urgent care:** You can visit any TRICARE-authorized provider without a referral or authorization. Tell your PCM about your urgent care visit, especially if you may require follow-up care.
  - **Routine care:** Get routine care before traveling.
- Those using TRICARE Select Overseas:
  - **Network provider:** The provider files the claim with the TOP claims processor for you.
  - **Non-network provider:** Expect to pay up front and file a claim with the TOP claims processor in the area where you live.

**Note:** If you aren't sure where to go, the Military Health System Nurse Advice Line is available for nonemergency advice. Call 800-TRICARE (800-874-2273), option 1.

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- When traveling in the U.S., those using TRICARE Prime Overseas and TRICARE Prime Remote Overseas should follow these guidelines for care:
  - For emergency care, call 911 or go to the nearest emergency room. Notify your TOP Regional Call Center within 24 hours or on the next business day following admission to coordinate authorization, continued care, and payment.
  - For urgent care, TOP enrollees requiring urgent care while on TDY or on leave status within the 50 United States and District of Columbia, may access urgent care without a referral or an authorization. You may visit any TRICARE-authorized provider (network or non-network). You can visit a TRICARE-authorized provider without a referral. A referral is required for ADSMs. For more information, go to [www.tricare.mil/travel](http://www.tricare.mil/travel).
  - For routine care, get care before traveling. If you must seek routine care while traveling, get a referral from your PCM before leaving your overseas country. If already in the U.S., contact your PCM before getting care.
- **Note:** Your PCM is required to provide a referral with justification for getting routine care while in the U.S. Your TOP Regional Call Center will then issue pre-authorization for you to get routine care while in the U.S.
- If you have TRICARE Select Overseas and are traveling in the U.S.:
  - If you seek care from a stateside TRICARE-authorized network provider, the provider files the claim with the TOP claims processor for you.
  - If you seek care from a TRICARE-authorized non-network provider, expect to pay up front and file a claim with the TOP claims processor in the overseas area where you live. **Note:** These providers have the legal right to charge up to 15% more than the TRICARE-allowable charge. Any charges above the allowable charge are your responsibility and won't be reimbursed.
- If you have TRICARE Prime Remote:
  - If you're trying to coordinate specialty care while traveling, contact your TOP Regional Call Center at least four weeks prior to your travel. They'll work with the respective TRICARE Area Office to coordinate care if deemed necessary.
- Always file claims with the TOP claims processor where you live, not with the stateside regional contractor in the

area where you're traveling.

- Submitting your claim to a stateside regional contractor may result in your payment being delayed.
- The Military Health System Nurse Advice Line is available to all TRICARE beneficiaries in the U.S., except those enrolled in the US Family Health Plan. Beneficiaries who live overseas can call the MHS Nurse Advice Line for nonemergency health care advice while traveling in the U.S., but you must coordinate care with your TOP Regional Call Center. Call 800-TRICARE (800-874-2273), choose option 1.

# TRICARE Pharmacy Program

There are several ways to fill your covered prescriptions:

1. At any military pharmacy
2. Through TRICARE Pharmacy Home Delivery:
  - Prescriptions must be from a U.S.-licensed provider
  - Only available outside of U.S. territories if you have an APO/FPO address or are assigned to a U.S. Embassy or Consulate. (Home delivery isn't an option in Germany, Norway, or Saudi Arabia.)
3. At a TRICARE retail network pharmacy in U.S. territories\*
4. At an overseas pharmacy (you may have to pay up front and file a claim with TRICARE for reimbursement)

For more information, go to [www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy).

\* Currently, there are no TRICARE retail network pharmacies in American Samoa.

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- The TRICARE Pharmacy Program is available to you regardless of which TRICARE overseas plan you choose. The prescription, a valid Uniformed Services ID card, and up-to-date information in DEERS are required to fill a prescription.
- When available, you'll generally get a generic drug rather than a brand-name drug. To learn more about drugs covered by TRICARE, go to [www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy).
  - Where available, military pharmacies (located at military hospitals or clinics) are your least expensive option.
  - TRICARE Pharmacy Home Delivery is in most cases your least expensive option when not using a military pharmacy. There's no cost for ADSMs. For all other beneficiaries, copayments apply.
- Outside the U.S. and U.S. territories, you can only use TRICARE Pharmacy Home Delivery if you have an APO/FPO address or are assigned to a U.S. Embassy or Consulate.

**Note:** TRICARE Pharmacy Home Delivery prescriptions **can't** be delivered to an overseas civilian address. Those who have TRICARE and live in Germany, Norway, or Saudi Arabia **can't** use the home delivery option due to certain restrictions. If you live in Germany, Norway, or Saudi Arabia, you should fill prescriptions at military or overseas pharmacies. Also, some non-formulary medications are only covered through home delivery.

- If you need a prescription filled immediately, you may need to find a TRICARE retail network pharmacy (if you reside in the U.S. territories) or an overseas pharmacy. Overseas pharmacies are non-network, so be prepared to pay up front and file a claim to get money back on covered prescriptions.

**Note:** Currently, there are no TRICARE retail network pharmacies in American Samoa.

- Over-the-counter drugs aren't covered overseas. This includes drugs that require a prescription in a foreign country that are considered over-the-counter drugs in the U.S.
- If you live or travel in the Philippines, you're required to use a certified pharmacy.

## Overseas Dental Options (1 of 2)

- Active duty dental care:
  - Where possible, ADSMs seek care at overseas military dental clinics.
  - ADSMs in remote overseas locations should call United Concordia to coordinate their care.
- TRICARE Active Duty Dental Program:
  - ADSMs enrolled in TRICARE Prime Overseas or TRICARE Prime Remote Overseas who are in the U.S. or U.S. territories for duty or leave may get care from civilian providers through the ADDP.
    - The ADDP benefit is administered by United Concordia.
    - Care must be coordinated through United Concordia.
  - Go to [www.tricare.mil/addp](http://www.tricare.mil/addp) for more information.

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- Your overseas dental options depend on your beneficiary category.
- Where possible, active duty dental care is provided through overseas military dental clinics.
  - If you live in a remote overseas location, which is a location without an overseas military dental clinic, contact United Concordia to coordinate your dental care.
- When ADSMs enrolled in TRICARE Prime Overseas or TRICARE Prime Remote Overseas are in the U.S. or U.S. territories for duty or leave, they may get dental care from civilian providers through the TRICARE Active Duty Dental Program. This care is limited to emergency care and should be coordinated with the benefit administrator, United Concordia.
- For more information, go to [www.tricare.mil/addp](http://www.tricare.mil/addp).

## Overseas Dental Options (2 of 2)

- TRICARE Dental Program administered by United Concordia:
  - Available to ADFMs, National Guard and Reserve members and their family members, and Individual Ready Reserve members and their family members (command sponsorship is **not** required, but higher cost-shares may apply)
  - Go to [www.uccitdp.com](http://www.uccitdp.com) for more information or to enroll.
- Federal Employees Dental and Vision Insurance Program
  - Available in certain areas to retired service members and their eligible family members, retired National Guard and Reserve members and their eligible family members, as well as certain others
  - Offered by the U.S. Office of Personnel Management
  - Go to [www.benefeds.gov](http://www.benefeds.gov) for more information or to enroll.

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- The TRICARE Dental Program, or TDP, is a premium-based, voluntary dental program available to ADFMs, non-activated National Guard and Reserve members and their family members, and Individual Ready Reserve members and their family members. The TDP is administered by United Concordia. Command sponsorship isn't required, but non-command sponsored ADFMs pay cost-shares.
  - If you live in CONUS service areas, which include the 50 United States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands, you can receive dental care at civilian dental offices and visit any civilian dental care provider if they're appropriately licensed and authorized. However, getting treatment from a United Concordia network dental care provider can save you money.
  - The TDP OCONUS service area includes areas not in the TDP stateside service area and covered services provided aboard a ship or vessel. It also includes areas outside the territorial waters of the TDP CONUS service area. Find TRICARE OCONUS Preferred Dentists at [www.uccitdp.com](http://www.uccitdp.com).
  - Go to the TRICARE website at [www.tricare.mil/tdp](http://www.tricare.mil/tdp) or the United Concordia website at [www.uccitdp.com](http://www.uccitdp.com) for more information.

**Note:** Current federal regulations prohibit enrolled family members from receiving TDP-covered services in military dental clinics in TDP CONUS locations. In OCONUS locations, access to military dental clinics is based on resources and availability at that location. Contact your military dental clinic to learn what dental care they can provide to enrolled family members, so you can make an informed decision to enroll or remain enrolled in TDP when moving to TDP overseas locations.

- The Federal Employees Dental and Vision Insurance Program, or FEDVIP, is offered by the U.S. Office of Personnel Management. FEDVIP is available to retired service members and their eligible family members, retired National Guard and Reserve members and their eligible family members, and certain others who live outside the U.S. or U.S. territories.
  - Go to [www.benefeds.gov](http://www.benefeds.gov) to learn more about FEDVIP.

**Note:** Former spouses and remarried surviving spouses don't qualify to purchase TDP or FEDVIP coverage.

## Other Important Information

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- **Optional Presenter Comment:** We'll now discuss other important information.

## Telephonic Language Assistance Services

- Over-the-phone, real-time language assistance services are available when you receive medical care in non-English-speaking countries.
- Services are available in over 200 languages and can be used at the time of your medical appointment.
  - Contact the TOP Regional Call Center\* where you're enrolled for assistance.
- Have the following information readily available when calling:
  - Your full name
  - Your or your sponsor's Social Security number or Department of Defense Benefits Number
  - Your date of birth



Telephonic language assistance services are meant to help facilitate interaction between you and TOP TRICARE-authorized providers (network and non-network) during your medical appointments.

\* Toll-free contact numbers are available at [www.tricare-overseas.com/contact-us](http://www.tricare-overseas.com/contact-us)

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- Effective communication between TRICARE Prime Overseas beneficiaries and TRICARE providers is essential.
  - To make sure you receive the care you deserve, International SOS, as the TOP contractor, offers over-the-phone, real-time language assistance services to assist you when receiving medical care in non-English-speaking countries.
    - These services are available in more than 200 languages and can be used at the time of your medical appointment.
    - You should contact the TOP Regional Call Center where you're enrolled for assistance.
  - To ensure proper services, you should have the following information readily available:
    - Your full name
    - You or your sponsor's Social Security number or Department of Defense Benefits Number
    - Your date of birth
  - Telephonic language assistance services are meant to help facilitate interaction between you and overseas TRICARE-authorized providers (network and non-network) during medical appointments.
- Note:** Country-specific wallet cards and toll-free phone numbers are available at [www.tricare-overseas.com/contact-us](http://www.tricare-overseas.com/contact-us). Information can be printed and used as a quick reference guide when visiting overseas civilian providers.
- To learn more about real-time language services, go to the Resources section at [www.tricare-overseas.com](http://www.tricare-overseas.com).

## TRICARE and Other Health Insurance

- If you have other health insurance:
  - Fill out a *TRICARE Other Health Insurance Questionnaire*: [www.tricare.mil/forms](http://www.tricare.mil/forms).
  - Follow the referral and authorization rules for your OHI.
  - Tell your provider about your OHI and TRICARE.
- After your OHI pays, TRICARE will pay the lesser of:
  - The billed amount, minus the payment from your OHI
  - The amount TRICARE would have paid without OHI
  - The OHI copayment or deductible
- For services covered by Medicare, OHI, and TRICARE, TRICARE pays last.

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- If you have other health insurance, or OHI, which includes traveler's and overseas national health insurance programs:
  - Fill out a *TRICARE Other Health Insurance Questionnaire* and follow the guidelines for submission. You can download the questionnaire from [www.tricare.mil/forms](http://www.tricare.mil/forms).
  - Because your OHI pays first, you must follow the OHI rules for getting care.
  - Make sure your provider knows you have OHI and TRICARE. Keeping the TOP claims processor and your health care providers informed about your other health care coverage will allow them to better coordinate your benefits.
- If you have OHI, it's your primary insurance and TRICARE becomes your last payer.
  - This means when you go to your health care provider, the health care provider files a claim with your OHI first and TRICARE pays what's left, up to the TRICARE-allowable charge.

**Note:** This doesn't apply to Medicaid and certain other state programs.

- If your OHI runs out, or for services covered by TRICARE that aren't covered by your OHI, TRICARE becomes your primary payer.

**Note:** Unlike OHI, supplemental insurance pays after TRICARE pays its portion of the bill, reimbursing you for out-of-pocket medical expenses paid to civilian providers based on the plan's policies.

## TOP Claims Processing (1 of 2)

- Network providers file claims for TRICARE Prime Overseas and TRICARE Prime Remote Overseas beneficiaries.
  - They may file claims for TRICARE Select Overseas beneficiaries.
- When visiting TRICARE-authorized non-network providers, you may have to pay up front and file claims for reimbursement.
- In the U.S. and U.S. territories, claims must be filed within one year of the date of service or inpatient discharge.
- Outside the U.S. and U.S. territories, claims must be filed within three years. Submit claims:
  - **Online:** Go to [www.tricare-overseas.com](http://www.tricare-overseas.com) to submit your claim and sign up for direct deposit reimbursement.
    - The TRICARE Overseas Secure Claims Portal is the fastest and easiest way to submit a claim overseas. The portal helps guide beneficiaries through the process and ensures claims enter processing immediately.
  - **By mail:** Download the *DoD/CHAMPUS Medical Claim Patient's Request for Medical Payment* form (DD Form 2642) and instructions from [www.tricare.mil/forms](http://www.tricare.mil/forms).

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- Network providers will file claims for TRICARE Prime Overseas and TRICARE Prime Remote Overseas beneficiaries. However, network providers don't always file claims for TRICARE Select Overseas beneficiaries.

**Note:** Different claims submission rules may apply depending on your TRICARE program. If you have TRICARE For Life, go to [www.tricare.mil/tfl](http://www.tricare.mil/tfl) for more information on submitting claims.

- When visiting non-network purchased care sector providers, you may have to pay up front and file claims for reimbursement.
- In the U.S. and U.S. territories, claims must be filed within one year from the date of service or inpatient discharge. Outside the U.S. and U.S. territories, claims must be filed within three years.
- Submit claims online or by mail:
  - **Online:** Go to [www.tricare-overseas.com](http://www.tricare-overseas.com) to submit your claim and sign up for direct deposit reimbursement. The online secure claims portal also allows you to check the status of claims, view explanation of benefits, and more. For help submitting online claims, watch tutorials at [www.tricare-overseas.com/beneficiaries/claims](http://www.tricare-overseas.com/beneficiaries/claims).
  - **By mail:** Download the *DoD/CHAMPUS Medical Claim Patient's Request for Medical Payment* form (DD Form 2642) and instructions at [www.tricare.mil/forms](http://www.tricare.mil/forms).

**Note:** Beneficiaries don't need to file claims for care received at a military hospital or clinic. If you're an ADFM in a TRICARE Prime option and you don't coordinate urgent or routine care with your primary care manager or TOP Regional Call Center, the care will be covered under the point-of-service option. This will result in higher out-of-pocket costs. TRICARE only pays back 50% of the negotiated or allowable charge after you meet the point-of-service deductible.

**Note:** Direct deposit is the fastest option for getting money back from your TOP claims. Your reimbursement will be in U.S. dollars to a U.S. bank account based on the foreign exchange rate for the last date of service as submitted on the claim, even if the original claim was filed in an international currency.

- For more information or help with signing up for direct deposit, call your TOP Regional Call Center to connect to the Beneficiary Support Center.

# TOP Claims Processing (2 of 2)

## Non-Active Duty Service Member Health Care Claims

TRICARE Eurasia-Africa	TRICARE Latin America and Canada	TRICARE Pacific
TRICARE Overseas Program P.O. Box 8976 Madison, WI 53708 USA	TRICARE Overseas Program P.O. Box 7985 Madison, WI 53707 USA	TRICARE Overseas Program P.O. Box 7985 Madison, WI 53707 USA

## Active Duty Service Member Health Care Claims

All Overseas Areas
TRICARE Overseas Program P.O. Box 7968 Madison, WI 53708 USA

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- If submitting claims using *DD Form 2642*, refer to the mailing addresses listed on this slide or also found on the TRICARE overseas website at [www.tricare-overseas.com](http://www.tricare-overseas.com).
- For active duty service member health care claims, it's the same mailing address for all overseas areas.

**Note:** Although you have the option to submit claims via mail, the quickest and easiest way for you to submit claims is online through the secure beneficiary claims portal. The portal helps guide beneficiaries through the process and ensures claims enter processing immediately. Learn more at [www.tricare-overseas.com/beneficiaries/claims](http://www.tricare-overseas.com/beneficiaries/claims).

## Filing Claims and Proof of Payment

- You're required to submit proof of payment with all claims for care received overseas. Proof of payment may include a credit card receipt, canceled check, credit card statement, or invoice from the provider that clearly states payment was received.
- Fill out *DD Form 2642* and submit it with your:
  - Itemized bill or invoice
  - Diagnosis describing reason for medical care
  - Explanation of benefits from other health insurance (if applicable)
  - Proof of payment
- For more information, call your TOP Regional Call Center or go to [www.tricare.mil/proofofpayment](http://www.tricare.mil/proofofpayment).

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- Proof of payment is required when you submit a medical claim for care received overseas. Proof of payment is necessary for TRICARE to validate claims and safeguard benefit dollars.
- A credit card receipt, canceled check, or credit card statement showing payment for medical supplies or services often satisfies the proof-of-payment requirement.
- If you paid for care or supplies in cash, TRICARE may ask for proof of cash withdrawal from your bank or credit union, along with a receipt or invoice from your provider.
- When submitting your *DD Form 2642*, indicate at the top of the claim form if payment was made directly to the provider. Also include:
  - An itemized bill or invoice (a balance due statement isn't acceptable)
  - Diagnosis describing why the medical care is needed
  - An explanation of benefits from your other health insurance, such as travel insurance or an employer-sponsored health insurance (if applicable). Supplemental insurance plans don't qualify as OHI.
  - Proof of payment

**Note:** If you submit several different claims at the same time, remember that proof of payment is required for each service. Each claim will be processed as if it were submitted separately.

- If you have questions regarding proof-of-payment requests, claims submissions, the status of a submitted claim, or mailing addresses for claims, contact your TOP Regional Call Center for assistance. You can also go to [www.tricare.mil/proofofpayment](http://www.tricare.mil/proofofpayment) to learn more.

## Filing a Grievance and Reporting Fraud or Abuse

- For TOP quality assurance, grievances, appeals, and compliments or commendations:
  - Email: [TOPGlobalQualityAssu@internationalsos.com](mailto:TOPGlobalQualityAssu@internationalsos.com)
  - File grievances online: [www.tricare-overseas.com](http://www.tricare-overseas.com)
- Report suspected fraud and abuse anonymously or by name:
  - Phone: 215-354-5020
  - Email: [TOPProgramIntegrity@internationalsos.com](mailto:TOPProgramIntegrity@internationalsos.com)
- To report fraud or abuse regarding the TRICARE Pharmacy Program, contact Express Scripts:
  - Phone: 866-759-6139
  - Email: [TRICAREfraudtip@express-scripts.com](mailto:TRICAREfraudtip@express-scripts.com)

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- The grievance process allows you to report in writing concerns or complaints regarding health care quality or service.
- For TOP quality assurance, grievances, appeals, and compliments or commendations, contact International SOS by email at [TOPGlobalQualityAssu@internationalsos.com](mailto:TOPGlobalQualityAssu@internationalsos.com).
- Go to [www.tricare-overseas.com](http://www.tricare-overseas.com) to file grievances online. You may also print, complete, and sign the *TRICARE Overseas Program Grievance Form* and mail it to International SOS.
- Health care fraud happens when a person or organization takes action to deliberately deceive others to gain an unauthorized benefit. Health care abuse occurs when providers supply services or products that are medically unnecessary or that don't meet professional standards.
- Contact the TOP customer service department to report suspected fraud and abuse anonymously or by name:
  - Phone: 215-354-5020
  - Email: [TOPProgramIntegrity@internationalsos.com](mailto:TOPProgramIntegrity@internationalsos.com)
- To report fraud or abuse regarding the TRICARE Pharmacy Program, contact Express Scripts:
  - Phone: 866-759-6139
  - Email: [TRICAREfraudtip@express-scripts.com](mailto:TRICAREfraudtip@express-scripts.com)

## The Affordable Care Act

- TRICARE meets the minimum essential coverage requirement under the Affordable Care Act.
- Each tax year, you'll get an IRS Form 1095 from your pay center. It will list your TRICARE coverage for each month.
- Your Social Security number and the Social Security number of each of your covered family members should be included in DEERS for your TRICARE coverage to be reflected accurately.



- The Affordable Care Act, or ACA, requires most Americans to maintain basic health care coverage, called minimum essential coverage.
- Most TRICARE plans meet the Affordable Care Act requirement for minimum essential coverage.
- Each tax year, you'll get an Internal Revenue Service, or IRS, Form 1095 from your pay center. It will list your TRICARE coverage status for each month. If your military pay is administered by the Defense Finance and Accounting Service, or DFAS, you can opt in to get your tax forms electronically through your DFAS myPay account. For more information, visit <https://mypay.dfas.mil>.
- For more information about the IRS tax forms, visit [www.irs.gov](http://www.irs.gov).

**For Information and Assistance**

- **Optional Presenter Comment:** The next slide provides contact information that may be useful to you when using your TOP benefit.

## More Information

### Regional Contractors

- TRICARE East Region  
Humana Military  
800-444-5445  
[www.tricare.mil/east](http://www.tricare.mil/east)
- TRICARE West Region  
TriWest Healthcare Alliance  
888-TRIWEST (888-874-9378)  
[www.tricare.mil/west](http://www.tricare.mil/west)
- TRICARE Overseas Program  
International SOS Government Services, LLC  
Find toll-free contact information at  
[www.tricare-overseas.com/contact-us](http://www.tricare-overseas.com/contact-us).

### Resources

- TRICARE Website: [www.tricare.mil](http://www.tricare.mil)



- TRICARE Publications:  
[www.tricare.mil/publications](http://www.tricare.mil/publications)
- milConnect:  
<https://milconnect.dmdc.osd.mil/>

- This slide shows contact information for stateside and overseas regional contractors, as well as other important information sources.
- Remember, your contractor point of contact is based on where you live.