

TRICARE® Select Overseas

An Overview of Your TRICARE Select Overseas Benefit

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- **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 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 to view, print, or download copies of TRICARE educational materials. Suggested resources include *TRICARE Overseas Program Handbook* and *TRICARE Plans Overview Fact Sheet*.
- **Estimated Briefing Time:** 45 minutes
- **Target Audience:** TRICARE beneficiaries who live overseas and use TRICARE Select Overseas
- **Briefing Objectives:** Inform TRICARE Select Overseas beneficiaries about their TRICARE benefit overseas
- **Optional Presenter Comments:** Welcome to the *TRICARE Select Overseas* briefing. The goal of today's presentation is to give you a general understanding of your TRICARE benefit overseas. We'll discuss your coverage under TRICARE Select Overseas and the various other TRICARE plan options available to you and your family, as well as other important information about your benefit. Contact information is provided at the end of this presentation.

Today's Agenda

- What Is TRICARE?
- TRICARE Overseas Plan Options
- Getting Care
- Other Important Information
- For Information and Assistance

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- Today, we'll discuss what TRICARE is, TRICARE Select Overseas coverage, and other health plans available for those who aren't eligible for, or enrolled in, TRICARE Prime Overseas or TRICARE Prime Remote Overseas.
- 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 families, 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 region 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 2)

- **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 2)

- **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.
- **U.S. Embassies and Consulates:**
 - For assistance, go to 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. (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.
- You can also get assistance overseas through U.S. Embassies and Consulates. Go to www.usembassy.gov to locate a U.S. Embassy or Consulate in the area where you live or travel to. This applies more for TPR Overseas beneficiaries.

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 (for TRICARE Prime Overseas and TRICARE Prime Remote Overseas enrollees)
 - 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.

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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 (for TRICARE Prime Overseas and TRICARE Prime Remote Overseas enrollees).
 - 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.

TRICARE Overseas Program Options

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

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.

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.

- 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.
- A TRICARE 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/lifevents.

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

TRICARE Health Plans Overseas

Those Eligible for TRICARE	TRICARE Plan Options
Active duty family members and transitional survivors living overseas who aren't in TRICARE Prime Overseas or TRICARE Prime Remote Overseas (Group A & Group B)	<ul style="list-style-type: none"> • TRICARE Select Overseas • TRICARE Young Adult-Select • TRICARE For Life
Retired service members and their family members, Medal of Honor recipients and their family members, survivors, and eligible former spouses living overseas (Group A & Group B)	<ul style="list-style-type: none"> • TRICARE Select Overseas • TRICARE Young Adult-Select • TRICARE For Life
Certain National Guard and Reserve members and their eligible family members living overseas (Group B)	<ul style="list-style-type: none"> • TRICARE Reserve Select • TRICARE Retired Reserve • TRICARE Young Adult-Select

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- Your TRICARE health plan options depend on your sponsor's status and where you live. Your options may change if you move, if your sponsor changes location or status, or if you have a Qualifying Life Event, such as getting married or divorced or becoming entitled to Medicare Part A.
- This slide shows health plan options for non-active duty service members living overseas, who aren't eligible for, or aren't enrolled in, TRICARE Prime Overseas or TRICARE Prime Remote Overseas.
- **Note:** ADSMs must enroll in TRICARE Prime Overseas or TRICARE Prime Remote Overseas, which are managed care options, similar to a health maintenance organization program. Command-sponsored active duty family members, or ADFMs, may choose to enroll in a TRICARE Prime Overseas option or TRICARE Select Overseas. ADSMs aren't eligible for TRICARE Select Overseas.
- TRICARE Select Overseas is a self-managed, preferred-provider organization option. TRICARE Select Overseas is available worldwide to ADFMs (who aren't in a TRICARE Prime Overseas option), retired service members and their family members, Medal of Honor recipients and their family members, qualified survivors, and eligible former spouses living overseas.
 - ADFMs include family members of National Guard and Reserve members called or ordered to active duty for more than 30 days for a federal preplanned mission or in support of a contingency operation.
 - Surviving spouses of ADSMs who haven't remarried remain eligible as transitional survivors for three years following their sponsor's death and will have ADFM benefits and costs. After three years, they remain eligible as survivors and transition to retiree family member benefits and costs. Surviving spouses of retired ADSMs are eligible as retiree family members unless they remarry.
 - Surviving children of ADSMs remain eligible as ADFMs until they age out, marry, or otherwise lose TRICARE eligibility. Surviving children of retired ADSMs are eligible as retiree family members until they lose their TRICARE eligibility.

- Other health plans that work like TRICARE Select Overseas that may be available to you and your family include: TRICARE Young Adult, TRICARE For Life, TRICARE Reserve Select, and TRICARE Retired Reserve.

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.
- 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.
 - 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.

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.

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.

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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.

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 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.
 - 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.

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.
 - 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.

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.
- 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.

Getting Care

- **Optional Presenter Comment:** We'll now discuss getting care.

Provider Types Overseas (1 of 2)

Provider Type	Description	Key Characteristics
Network Provider (files claims for you)	Has entered into a formal agreement with International SOS to provide medical care or services for those in TRICARE Prime Overseas and TRICARE Prime Remote Overseas	<ul style="list-style-type: none"> • Assurance of quality care: institutional network providers' credentials and medical capabilities are reviewed at least once every three years • Guarantee that provider can directly or indirectly communicate in English • Provider's performance is monitored on an ongoing basis to help ensure your satisfaction and quality of care • Cashless/claimless services for TRICARE Prime Overseas and TRICARE Prime Remote Overseas beneficiaries
Participating Non-Network Provider (may file claims for you)	Hasn't entered into a formal agreement with International SOS, but agrees to provide cashless/claimless care to those in TRICARE Prime Overseas	<ul style="list-style-type: none"> • Verified and licensed to practice in the country where the provider operates • Hasn't completed the full International SOS credentialing process
Nonparticipating Non-Network Provider	Hasn't agreed to participate in TOP	<ul style="list-style-type: none"> • May not provide cashless/claimless service; you may be required to pay up front and file a claim to get money back

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- It's important to know the different types of providers you may see overseas. TRICARE-authorized providers are approved by TRICARE to give health care services to its beneficiaries. TRICARE-authorized providers may include doctors, hospitals, ancillary providers (for example, laboratories and radiology centers), and pharmacies that meet TRICARE requirements.
- The type of provider you see can greatly affect convenience and how much you pay. Therefore, it's important to know which type of provider is best for you based on the type of care you need and your coverage.
- You can look up network providers using the provider search directory at www.tricare-overseas.com. The directory doesn't show non-network providers. If you have questions about the providers listed on the provider search directory, contact the TOP Regional Call Center for assistance.
 - Military hospitals and clinics are usually located on or near a military base. Those who aren't in a TRICARE Prime Overseas option may get care at military hospitals and clinics if space is available.
 - Network providers have established agreements with International SOS to provide medical care or services to those using TOP. Network providers are guaranteed to directly or indirectly communicate in English and provide cashless/claimless services to ADSMs and ADFMs enrolled in TRICARE Prime Overseas or TRICARE Prime Remote Overseas.
 - Participating Non-network providers don't have a formal agreement with International SOS, but these providers agree to provide cashless/claimless services to TRICARE Prime Overseas enrollees.

- Nonparticipating non-network providers haven't agreed to participate in TOP. They may not provide cashless/claimless service, so you may be required to pay up front and file a claim to get money back.

Note: Outside the U.S. and U.S. territories, there may be **no limit** to the amount that nonparticipating non-network providers may bill, and you're responsible for paying any amount that exceeds the TRICARE-allowable charge, in addition to your deductible and cost-shares. Non-network providers in the U.S. and U.S. territories, may charge up to 15% above the TRICARE-allowable charge.

Provider Types Overseas (2 of 2)

Provider Type	Description	Key Characteristics
Preferred Provider (Philippines)	Agrees to comply with certain TRICARE requirements and business processes in the Philippines	<ul style="list-style-type: none"> • Accepts established reimbursement rates; you'll only be responsible for applicable deductible and cost-shares
Certified Provider (Philippines)	Meets TRICARE required on-site verification and provider certification requirements	<ul style="list-style-type: none"> • Can charge TRICARE for your claims • There may be no limit to the amount certified providers charge in the Philippines. You're responsible for paying any amount above the TRICARE-allowable charge, in addition to your deductible and cost-shares.

Find a provider at
www.tricare-overseas.com/provider-search.

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- If you live or travel in the Philippines, there are two provider types: 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.
 - Preferred providers agree to comply with certain TRICARE requirements and business processes. These providers accept established reimbursement rates, so you'll only be responsible for applicable deductible and cost-shares.
 - Certified providers meet TRICARE required on-site verification and provider certification requirements. These providers can charge TRICARE for your claims. There may be no limit to the billed amount that certified providers charge you in the Philippines. You're responsible for paying any amount that exceeds the TRICARE-allowable charge, in addition to your deductible and cost-shares.
- As the TOP contractor, International SOS is responsible for performing provider certifications through on-site visits and license/credential validation for certified providers and preferred providers in the Philippines. For more information and to find a provider, go to www.tricare-overseas.com/beneficiaries/philippines.

Note: Unlike in the U.S., balance-billing protections don't exist overseas. You may be reimbursed up to the CHAMPUS Maximum Allowable Charge.

Note: All providers in all categories at a minimum must be "TRICARE-authorized" or TRICARE pays nothing.

TRICARE Cost Terms

- Enrollment Costs
 - Annual amount some beneficiaries must pay for TRICARE coverage
 - Eligible active duty family members have no enrollment costs
 - Retired service members and their family members, surviving spouses (after the first three years), eligible former spouses, and others have enrollment costs
- Annual Deductible
 - Amount you pay before cost-sharing starts
- Cost-Share
 - Percentage of the total cost of a covered health care service that you pay after your annual deductible is met
- Copayment
 - A fixed dollar amount that you pay for a covered service

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- An enrollment fee is an annual amount some beneficiaries must pay for TRICARE coverage.
 - Active duty family members have no enrollment fees.
 - Retirees, their family members, and others may be required to pay an enrollment fee.
- An annual deductible is the amount you pay before cost-sharing starts. Your deductible resets each year.
- A cost-share is the percentage of the total cost of a covered health care service that you pay after your annual deductible is met. Sometimes you may have more than one cost-share, depending on the type of care you receive.
- A copayment is a fixed dollar amount that you pay for a covered service or prescription. Copayments depend on your TRICARE plan, beneficiary category, beneficiary group, the type of service you receive, and whether the service is provided by a TRICARE-authorized network provider.
- You can find specific costs on the TRICARE website at www.tricare.mil/costs.

Catastrophic Cap

- The catastrophic cap is the most you or your family pay out of pocket for covered TRICARE health care services each year.
 - For your current catastrophic cap, go to www.tricare.mil/costs.
- It applies to all TRICARE covered services, including enrollment fees, deductibles, copayments, pharmacy copayments, and other cost-shares based on the TRICARE-allowable charge. (Note: Point-of-service fees don't count toward your catastrophic cap.)
- You aren't responsible for any amounts above the catastrophic cap in a given calendar year, except for services that aren't covered or charges applied by nonparticipating non-network providers.

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- The catastrophic cap is the most you pay out of pocket each year for TRICARE-covered services.
- Your catastrophic cap applies to all covered services, including annual enrollment fees, deductibles, copayments, pharmacy copayments, and other cost-shares based on the TRICARE-allowable charge. (Note: Point-of-service fees don't count toward your catastrophic cap.)
- You aren't responsible for any amounts above the catastrophic cap in a given calendar year, except for services that aren't covered or charges applied by non-network providers.
- Outside the U.S. and U.S. territories, there may be no limit to the amount that non-network providers may bill. You're responsible for paying any amount that exceeds the TRICARE-allowable charge, in addition to your deductible and cost-shares.
- For detailed costs and fees, go to www.tricare.mil/costs.

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 **isn't** 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 **isn't** 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 or www.tricare-overseas.com.
- ADSMs 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.

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.

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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.

TOP Claims

- Providers and facilities aren't required to bill TRICARE for you.
- Expect to pay up front for care in most overseas locations and submit claims for reimbursement.
- Claims for care received overseas must be filed within three years.
 - Claims for care received in the U.S. and U.S. territories must be filed within one year.
- To file a claim:
 - **Online:** Go to www.tricare-overseas.com to submit your claim and sign up for direct deposit reimbursement.
 - **By mail:** Download the *TRICARE DoD/CHAMPUS Medical Claim Patient's Request for Medical Payment* form (DD Form 2642) from www.tricare.mil/forms.

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- Providers and facilities aren't required to bill TRICARE for you.
- When you see TRICARE-authorized providers (network or non-network), expect to pay up front and submit claims for reimbursement.
- Unless the TOP contractor has negotiated a lower rate with a TRICARE-authorized provider (network or non-network), the government-established fee schedules will be used for claims reimbursement in the Philippines and Panama.
- Claims for care received overseas must be filed within three years from the date of service or inpatient discharge.
 - For care received in the U.S. and U.S. territories, claims must be filed within one year from the date of service or inpatient discharge.
- To file a claim:
 - **Online:** Go to www.tricare-overseas.com to submit your claim through the secure beneficiary claims portal and sign up for direct deposit reimbursement. The 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.
 - **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.
- You can get reimbursed from your TOP claims through direct deposit in U.S. dollars to a U.S. bank account. 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.

Note: You don't need to file claims for care received at a military hospital or clinic.

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.

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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. You should 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 to learn more.

Traveling in the U.S.

- Network and non-network participating providers:
 - Files claims with the TOP claims processor for TRICARE Prime Overseas and TRICARE Prime Remote Overseas beneficiaries
 - May file claims for TRICARE Select Overseas beneficiaries
- Non-network participating providers:
 - Expect to pay up front (the provider may charge up to 15% more than the TRICARE-allowable charge).
 - Save your receipt as proof of payment.
 - File claims with the TOP claims processor.
- To find a provider in the U.S., visit www.tricare.mil/finddoctor.

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- If you seek care from a network or non-network participating provider while traveling in the U.S., your provider will file a claim with the TOP claims processor for you.
- If you seek care from a non-network participating provider, you may expect to pay up front and file your own claim with the TOP claims processor.
 - Expect to pay up front (the provider may charge up to 15% more than the TRICARE-allowable charge).
 - Remember to save your receipt as proof of payment and put your overseas address on the claim.
 - Always file claims with the TOP claims processor, 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.
 - You may submit your claims to the TOP claims processor through the secure beneficiary claims portal online at www.tricare-overseas.com. The 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.
 - You can also download *DD Form 2642* from www.tricare.mil/forms and submit your claim by mail.
- Indicate at the top of the claim form if payment was made directly to the provider.
- If you submit several 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.

- 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.
- To find a provider in the U.S., visit www.tricare.mil/finddoctor.

Aeromedical Evacuations

- Aeromedical evacuations are only approved when medically necessary and appropriate.
- Air evacuations for non-active duty beneficiaries aren't provided as cashless/claimless services.
- TRICARE will only reimburse air evacuation when it's medically necessary and to the closest, safest location that can provide the required care.
- 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.
- Air evacuations for non-active duty beneficiaries aren't provided as cashless/claimless services.
 - Beneficiaries not in a TRICARE Prime option (doesn't include ADFMs in TRICARE Select Overseas) are required to pay for air evacuation up front and file a claim to get money back (less any cost-shares).
 - TRICARE will only reimburse air evacuation when it's 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.

Note: TOP Regional Call Centers aren't required to schedule evacuations, coordinate with providers, obtain medical records, or coordinate payment for beneficiaries who aren't in TRICARE Prime Overseas or TRICARE Prime Remote Overseas.

- For more information about air evacuations overseas, contact your TOP Regional Call Center.

Other Important Information

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

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
 - Available overseas with APO/FPO/DPO addresses, with certain restrictions (not available 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.

* 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.
 - 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/DPO 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. 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 (excluding the U.S. territories). 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

- TRICARE Dental Program:
 - For more information and costs, go to www.tricare.mil/tdp.
- Federal Employees Dental and Vision Insurance Program:
 - For more information and costs, go to www.benefeds.gov.

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- Your overseas dental options depend on your beneficiary category.
- 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 Companies, Inc., or United Concordia. Command sponsorship isn't required, but non-command sponsored ADFMs pay cost-shares.
 - If you live in stateside 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 provided they're appropriately licensed and authorized. However, getting treatment from a United Concordia network dental care provider can save you money.
 - The TDP overseas 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 stateside service area. You can find TRICARE OCONUS Preferred Dentists at www.uccitdp.com.
 - Go to the TRICARE website at www.tricare.mil/tdp or the United Concordia website at 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 stateside locations. United Concordia encourages you to 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 the TDP when moving to TDP overseas locations.

- The U.S. Office of Personnel Management offers eligible TRICARE beneficiaries the option to enroll in a dental plan through the Federal Employees Dental and Vision Insurance Program, or FEDVIP. FEDVIP offers a variety of plans from several dental carriers.
 - FEDVIP is available to retired service members and their eligible family members, retired National Guard and Reserve members and their eligible family members, Medal of Honor recipients and their family members, and eligible survivors.

– For more information, visit www.benefeds.gov.

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

Vision Options

Federal Employees Dental and Vision Insurance Program

- Retirees, their eligible family members, and active duty family members enrolled in a TRICARE health plan may qualify to purchase vision coverage through FEDVIP.
- Eligible beneficiaries include those enrolled in or using:
 - TRICARE Prime or TRICARE Prime Overseas
 - TRICARE Select or TRICARE Select Overseas
 - US Family Health Plan
 - TRICARE Reserve Select
 - TRICARE Retired Reserve
 - TRICARE For Life
- For more information about FEDVIP vision coverage, visit www.benefeds.gov.

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- Retirees, their eligible family members, and active duty family members enrolled in a TRICARE health plan may qualify to purchase vision coverage through FEDVIP.
- Eligible beneficiaries include those enrolled in or using:
 - TRICARE Prime or TRICARE Prime Overseas
 - TRICARE Select or TRICARE Select Overseas
 - US Family Health Plan
 - TRICARE Reserve Select
 - TRICARE Retired Reserve
 - TRICARE For Life
- Learn more about FEDVIP vision coverage at www.benefeds.gov.

TRICARE and Other Health Insurance

- If you have other health insurance:
 - Fill out a *TRICARE Other Health Insurance Questionnaire*: 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.

Note: Medicare doesn't pay for care outside of the U.S. and U.S. territories.

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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.
 - 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.

Filing a Grievance and Reporting Fraud or Abuse

- For TOP quality assurance, grievances, appeals, and compliments or commendations:
 - Email: TOPGlobalQualityAssu@internationalsos.com
 - File grievances online: www.tricare-overseas.com
- Report suspected fraud and abuse anonymously or by name:
 - Phone: 215-354-5020
 - Email: TOPProgramIntegrity@internationalsos.com
- To report fraud or abuse regarding the TRICARE Pharmacy Program, contact Express Scripts, Inc.:
 - Phone: 866-759-6139
 - Email: 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.
- Go to www.tricare-overseas.com to file grievances online. You may also print, complete, and sign the *TRICARE Overseas Program (TOP) 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
- To report fraud or abuse regarding the TRICARE Pharmacy Program, contact Express Scripts, Inc.:
 - Phone: 866-759-6139
 - Email: 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.



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- 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.

For Information and Assistance

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

More Information

Regional Contractor

- TRICARE Overseas Program
International SOS Government Services, LLC
Find toll-free contact information at www.tricare-overseas.com/contact-us.

Overseas Call Centers

- TOP Regional Call Center—Eurasia-Africa
+44-20-8762-8384 (Overseas)
877-678-1207 (Stateside)
tricarelon@internationalsos.com
Medical Assistance +44-20-8762-8133
- TOP Regional Call Center—Latin America and Canada
+1-215-942-8393 (Overseas)
877-451-8659 (Stateside)
tricarephl@internationalsos.com
Medical Assistance +1-215-942-8320
- TOP Regional Call Center—Pacific
Singapore
+65-6339-2676 (Overseas)
877-678-1208 (Stateside)
sin.tricare@internationalsos.com
Medical Assistance +65-6338-9277

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- This slide provides TRICARE Overseas Program contact information, as well as links to other important TRICARE information and resources.
- Find additional toll-free, country-specific information, including Medical Assistance numbers, on the TRICARE Overseas Program website at www.tricare-overseas.com/contact-us.
- To download TRICARE benefit resources, visit the TRICARE Publications page at www.tricare.mil/publications.
- To update your contact information in DEERS and view eligibility, enrollment information, and important correspondence about your benefit, go to the milConnect website at <https://milconnect.dmdc.osd.mil>.
- To get TRICARE news and updates by email, sign up at www.tricare.mil/subscriptions.

Note: As a reminder, you can download the MyCare Overseas app by searching for it in your mobile app store. Once you download the app and register an account, you can access important benefit information and resources. If you aren't using the app, you can also access the MyCare Overseas portal from your computer.

Resources

- TRICARE Website: www.tricare.mil



- TRICARE Publications: www.tricare.mil/publications
- milConnect: <https://milconnect.dmdc.osd.mil/>

- Lastly, here are a few important information resources.