



# Defense Health Agency

## PROCEDURAL INSTRUCTION

NUMBER 6000.12  
November 23, 2021

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DAD-HCO/THP

SUBJECT: TRICARE Medical Plan Enrollment Instructions and Management Responsibilities

References: See Enclosure 1.

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (m), establishes the DHA's enrollment/disenrollment instructions and management responsibilities in the Military Health System (MHS). Standardized TRICARE medical plan enrollment guidance is essential to ensure eligible beneficiaries enroll in an appropriate TRICARE health plan option that meets their specific healthcare needs and complies with statutory and regulatory provisions regarding health plan entitlement and enrollment.

2. **APPLICABILITY.** This DHA-PI applies to DHA, DHA components (activities under the authority, direction, and control of DHA), Combatant Commands, Office of the Chairman of the Joint Staff and the Joint Staff, Military Departments (MILDEPs), Homeland Security (when the Coast Guard is not operating as a service in the Navy), Health and Human Services (in administration of the National Oceanic Atmospheric Administration and the Public Health Service), MTFs under command and control of the aforementioned departments, and all personnel to include: assigned or attached active duty and reserve members, members of the Commissioned Corps of the Public Health Service, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties at DHA and DHA Components. This DHA-PI does not address enrollment in TRICARE dental plan options or enrollment in the Continued Health Care Benefit Program.

### 3. POLICY IMPLEMENTATION

a. It is the DHA's instruction, pursuant to References (c) through (m), that the processes and criteria in this DHA-PI establish a standard basis for TRICARE enrollment/disenrollment actions, as directed by law to implement the overarching policies. These processes and criteria will reduce unwarranted variation, improve the patient experience, and support the principles of a highly reliable organization.

b. Detailed instructions related to TRICARE policy, operations, and systems are contained in the following TRICARE Manuals in references and are an integral part of the policy implementation instructions:

(1) Reference (i) Chapter 10, “Eligibility and Enrollment” and Chapter 12, “TRICARE Overseas Program (TOP);”

(2) Reference (j) Chapter 6, “Enrollment,” Chapter 21, “TRICARE Alaska,” Chapter 22, “Reserve Component Health Coverage Plans,” Chapter 24, “TRICARE Overseas Program (TOP),” and Chapter 25, “TRICARE Young Adult (TYA);” and

(3) Reference (k) Chapter 3, “Defense Enrollment Eligibility Reporting System (DEERS).”

4. TARGETED DOCUMENTS. This DHA-PI replaces the full contents, unless otherwise stated, of the following documents, which are targeted for cancellation:

a. Assistant Secretary of Defense (Health Affairs) (ASD(HA)) Policy Memorandum 97-052, “Policy for Enrollment in TRICARE Prime in Overseas TRICARE Regions,” May 21, 1997

b. ASD(HA) Policy Memorandum 97-066, “Policy for TRICARE Enrollment Portability for Active Duty Families,” August 25, 1997

c. ASD(HA) Policy Memorandum 00-001, “Policy to Improve Military Treatment Facility (MTF) Primary Care Manager Enrollment Capacity,” March 6, 2000

d. ASD(HA) Policy Memorandum 01-001, “Memorandum to Refine Policy for Access to Care in Medical Treatment Facilities and Establish the TRICARE Plus Program,” June 22, 2001

e. ASD(HA) Policy Memorandum 03-006, “Policy Concerning TRICARE Enrollment Status for Active Duty Family Members Participating in Noncombatant Evacuation Operations (NEO),” April 18, 2003

f. ASD(HA) Policy Memorandum 04-013, “Policy for Enrollment of Reserve Component Members and their Eligible Family Members under Section 703 of the National Defense Authorization Act for Fiscal Year 2004,” June 8, 2004

g. ASD(HA) Policy Memorandum 04-020, “Policy Change Reducing the ‘Deemed Enrolled’ Period for Newborns,” August 10, 2004

h. ASD(HA) Policy Memorandum 05-004, “Clarification on Policy for Enrollment in TRICARE Prime in Overseas TRICARE Regions,” April 4, 2005

i. ASD(HA) Policy Memorandum 05-006, "Implementation Guidance on Policy Clarification for Enrollment in TRICARE Prime in Overseas TRICARE Regions," June 21, 2005

j. ASD(HA) Policy Memorandum 05-014, "Policy Guidance for Active Duty Service Member Enrollment to TRICARE Prime," August 19, 2005

k. ASD(HA) Policy Memorandum, "Enrollment of Active Duty Service Members in Appellate Leave Status," November 8, 2006

l. ASD(HA) Policy Memorandum 07-002, "TRICARE Prime Enrollment Policy for Reserve Component Members and their Families," January 22, 2007

m. ASD(HA) Policy Memorandum, "Policy Clarification for Enrollment of Reserve Component Members and their Eligible Family Members under Section 703 of the National Defense Authorization Act for Fiscal Year 2004," January 23, 2007

n. ASD(HA) Policy Memorandum 10-007, "TRICARE Enrollment Policy for Activating Reserve Component Members and Their Families," August 20, 2010

o. ASD(HA) Policy Memorandum, "Enrollment of Active Duty Service Members in Terminal Leave Status," May 14, 2012

5. RESPONSIBILITIES. See Enclosure 2.

6. PROCEDURES. See Enclosure 3.

7. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director (DAD), Health Care Operations (HCO). When components are unable to comply with this publication the activity may request a waiver that must include a justification, including an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DAD-HCO to determine if the waiver may be granted by the Director, DHA or their designee.

8. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

9. EFFECTIVE DATE. This DHA-PI:

- a. Is effective upon signature.
- b. Will expire 10 years from the date of signature if it has not been reissued or canceled before this date in accordance with Reference (c).

10. FORMS. DHA authorizes the below suite of forms for use regarding TRICARE Medical Plan enrollment actions. Unless otherwise noted, all forms are accessible on the internet at: <https://tricare.mil/FormsClaims/Forms/Enrollment>

- a. DD Form 2837, Continued Health Care Benefit Program (CHCBP) Application
- b. DD Form 2853, TRICARE Plus Enrollment Application
- c. DD Form 2854, TRICARE Plus Disenrollment Request on the internet at: <https://tricare.mil/FormsClaims/Forms/Disenrollment/Plus>
- d. DD Form 2876, TRICARE Prime Enrollment, Disenrollment, And Primary Care Manager (PCM) Change Form
- e. DD Form 2947, TRICARE Young Adult Application
- f. DD Form 3043, TRICARE Select Enrollment, Disenrollment, And Change Form

/S/  
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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) Code of Federal Regulations, Title 32, Section 199.17, “TRICARE Program”
- (e) United States Code, Title 10
- (f) Delegation of Authority Memorandum for Chief, TRICARE Health Plan, May 9, 2019
- (g) National Defense Authorization Act for Fiscal Year 2017, Section 701
- (h) DHA-Procedural Instruction 6025.11, “Processes and Standards for Primary Care Empanelment and Capacity in Medical Treatment Facilities (MTFs),” October 9, 2018
- (i) TRICARE Policy Manual 6010.59-M, April 1, 2015, as amended <sup>1</sup>
- (j) TRICARE Operations Manual 6010.59-M, April 1, 2015, as amended <sup>2</sup>
- (k) TRICARE Systems Manual 7950.3-M, April 1, 2015, as amended <sup>3</sup>
- (l) DoD Instruction 1327.07, “Career Intermission Program (CIP) for Service Members,” October 18, 2018
- (m) The Joint Travel Regulations, October 1, 2019, as amended <sup>4</sup>

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<sup>1</sup> This reference can be found at: <https://manuals.health.mil/>

<sup>2</sup> This reference can be found at: <https://manuals.health.mil/>

<sup>3</sup> This reference can be found at: <https://manuals.health.mil/>

<sup>4</sup> This reference can be found at: <https://www.defensetravel.dod.mil/Docs/perdiem/JTR.pdf>

ENCLOSURE 2  
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA will:

a. Provide financial and personnel resources to monitor performance and compliance with this DHA-PI in coordination with the MILDEPs.

b. Develop and issue implementation and procedural guidelines to specify documentation and management procedures for TRICARE enrollment actions and processes.

c. Ensure MTF Directors comply with, oversee, and execute the procedures outlined in this DHA-PI in accordance with Reference (e).

d. Coordinate through representatives of the Surgeons General of the MILDEPs, the Department of Homeland Security (when the Coast Guard is not operating as a service in the Navy), the Department of Health and Human Services (in administration of the National Oceanic Atmospheric Administration and the Public Health Service) to ensure MTF Directors comply with, oversee, and execute the procedures outlined in this DHA-PI, until the transition of MTFs is complete in accordance with section 1073c of Reference (e).

2. DAD-HCO. The DAD-HCO must:

a. Direct oversight, monitoring, and guidance to the MHS to ensure the execution of the policies and the implementation of the standard processes and procedures outlined in this DHA-PI.

b. Coordinate and collaborate with other DHA DADs to resolve any concerns or questions related to the implementation of this DHA-PI.

c. Coordinate and collaborate with the representative of the MILDEPs and MTFs to resolve any concerns or questions related to the implementation of this DHA-PI.

3. CHIEF, THP DIVISION. The Chief, THP Division must:

a. Provide day-to-day oversight, monitoring, and guidance as appropriate to support the implementation of the standard enrollment processes and procedures outlined in this DHA-PI.

b. Coordinate and collaborate with the representative of the MILDEPs and MTFs to resolve any concerns or questions related to the implementation of this DHA-PI.

- c. Coordinate and collaborate with other DHA directorates to resolve any concerns or questions related to the implementation of this DHA-PI.
- d. Update this DHA-PI with additional processes and procedures as appropriate in support of continuous improvement.
- e. On behalf of the Director, DHA, approve exceptions to enrollment policies in accordance with Reference (f).
- f. Collaborate with the Chief, Health Care Optimization Division on TRICARE plan choices (out of season and without a qualifying life event (QLE)) when MTFs receive approval from the Director, DHA (in accordance with Reference (h)) to reduce or expand PCM capacities.

4. CHIEF, HEALTH CARE OPTIMIZATION DIVISION. The Chief, Health Care Optimization Division must collaborate with the Chief, THP Division to ensure beneficiaries are informed of their health plan enrollment choices when MTFs receive approval from the Director, DHA (in accordance with Reference (h)) to reduce or expand PCM capacities.

5. SECRETARIES OF THE MILDEPs, AND DIRECTOR OF HEALTH, SAFETY, AND WORK-LIFE, U.S. COAST GUARD. These entities will coordinate with the Director, DHA through representatives of the Surgeons General of the MILDEPs, the Department of Homeland Security (when the Coast Guard is not operating as a service in the Navy), the Department of Health and Human Services (in administration of the National Oceanic Atmospheric Administration and the Public Health Service) to ensure MTF Directors under their command comply with, oversee, and execute the procedures outlined in this DHA-PI, until the transition of MTFs is complete in accordance with section 1073c of Reference (e).

6. MTF DIRECTORS. The MTF Directors must:

- a. Comply with the guidance in this DHA-PI and implement corrective actions or provide additional resources and training, if required.
- b. Ensure MTF staff attempt to resolve complaints regarding THP enrollment and/or Primary Care Manager (PCM) assignment/empanelment. See Reference (h).
- c. Ensure MTF/ Market staff are knowledgeable regarding TRICARE enrollment/ disenrollment processes (including relevant timelines and specific criteria for enrollment changes), and can communicate this information consistently and accurately to the beneficiaries or refer them to the appropriate Managed Care Support Contractor (MCSC) for assistance.



d. Recommend changes to enrollment processes and procedures related to TRICARE enrollment/disenrollment to DHA in support of continuous improvement and high reliability principles. Such recommendations may be presented to DHA via the designated Business Operations Specialist on behalf of the MTF.

ENCLOSURE 3

PROCEDURES

1. OVERVIEW

a. This DHA-PI articulates and clarifies standard processes, procedures, and business rules for TRICARE enrollment/disenrollment; provides guidance and direction on the expected roles and responsibilities at all levels of the MHS; and establishes standardized business practices resulting in a more consistent patient experience and a more effective and efficient health plan enrollment system and processes. Specifically, this DHA-PI: (1) clarifies policy when TRICARE-eligible, and, depending on the TRICARE plan, qualified beneficiaries may enroll in TRICARE private sector care coverage; and (2) provides instruction to MTFs on the processes for resolving patient complaints based on dissatisfaction with their enrolled THP, which may include personal preference for an alternative provider.

b. This DHA-PI is not a substitute for the detailed implementation instructions related to TRICARE policy, operations, and systems which are contained in References (h) through (j). These manual references are an integral part of the policy implementation instructions for TRICARE enrollment and must be considered in conjunction with this DHA-PI. This DHA-PI does not conflict with governing statutes, regulations, TRICARE Manuals or other issuances from higher authority. If new higher authorities create a conflict, the guidance hierarchy must be respected.

c. The goal of this DHA-PI is to eliminate unwarranted variance in TRICARE enrollment/disenrollment processes and improve patient experience via the consistent application of enrollment/disenrollment policies.

2. ENROLLMENT/DISENROLLMENT PROCEDURES

a. Annual Open Season Enrollment and QLEs. In order to receive the expanded benefits and special cost-sharing of TRICARE Prime and TRICARE Select, beneficiaries must take specific action to enroll in TRICARE Prime or TRICARE Select coverage.

(1) Annual Open Enrollment Period

(a) An annual open enrollment period will be offered each calendar year for non-Active Duty Service Member (ADSM) beneficiaries. This open enrollment period shall run from the Monday of the second full week in November to the Monday of the second full week in December of each calendar year (see References (d) and (i)).

(b) During the open enrollment period, non-ADSM beneficiaries may choose to enroll, change, or terminate TRICARE Prime or TRICARE Select coverage for the upcoming plan year. This choice is subject to enrollment eligibility as outlined in Chapter 10 of Reference

(i). Non-ADSM enrollments which occur during the open enrollment period (with the appropriate application and any required enrollment fee) will be effective January 1 of the following year and will continue in effect until loss of eligibility or a request to change coverage when authorized (i.e., during the annual open enrollment period or due to a QLE (described in subparagraph 3 of this enclosure)). Enrollment applications and forms approved for use by DHA along with submission instructions are as listed in paragraph 10 of the preamble of this DHA-PI and found online at <https://TRICARE.mil/Forms>. Additional enrollment action forms processing information can be found in Chapter 6 of Reference (j).

(c) Eligible beneficiaries will be automatically re-enrolled each year unless they elect a different option or disenroll during the annual open season enrollment period.

(d) The annual open enrollment season period does not apply to the enrollment of ADSMs or enrollment in other specific THPs that offer continuous open enrollment. See “Continuous Open Enrollment,” subparagraph p, of this enclosure.

(2) Automatic-Enrollment Operations. Notwithstanding paragraph 2a(1) of this enclosure, certain beneficiaries are automatically enrolled in TRICARE coverage once their eligibility to enroll in TRICARE coverage is updated in the Defense Enrollment and Eligibility Reporting System (DEERS).

(a) ADSMs: Once updated by the appropriate Uniformed Service personnel office, DEERS will reflect automatic enrollment all new ADSMs, to include Reserve Component (RC) members activated for more than 30 days on qualifying active duty orders, into Health Care Delivery Plan 001 – TRICARE Prime for Active Duty Sponsors (No PCM Assigned).

(b) Active Duty Family Members (ADFM): Once updated by the appropriate Uniformed Service personnel office, DEERS will reflect automatic creation of a pending TRICARE Prime enrollment (with no PCM assigned) for ADFMs when shown as newly eligible for healthcare coverage in DEERS and whose residential address is located in a Continental United States (CONUS) Prime Service Area (PSA). Regional contractors will assign a PCM based on the enrollment guidelines in the MTF Memorandum of Understanding (MOU) or similar document. If the ADFM does not reside in a CONUS PSA, they will be automatically enrolled in TRICARE Select. Coverage begins on the date of eligibility (date of birth, date of marriage, etc.). The PCM assignment date is the date DEERS created the automatic enrollment into TRICARE Prime.

(c) Automatically enrolled ADFMs will be notified of any enrollment actions.

(d) Automatically enrolled ADFMs may change their enrollment within 90 calendar days of the creation of the automatic enrollment if otherwise qualified. If a change in TRICARE plan is elected within 90 days, the effective coverage date of the new plan remains the date DEERS created the automatic enrollment.

(3) QLEs. In addition to being eligible to enroll in TRICARE Prime and TRICARE Select during the open enrollment period outlined in paragraph 2a(1), enrollment changes can be made during the plan year for certain QLEs, including:

- (a) Marriage, divorce, or annulment;
- (b) Birth or adoption of a child;
- (c) Change in sponsor status that results in ineligibility to continue existing TRICARE coverage;
- (d) Gain or loss of command sponsorship (overseas only);
- (e) Loss of sponsor or family member eligibility (age, Medicare, etc.);
- (f) Relocation to a new residential address, in specific circumstances: CONUS – To a new Zone Improvement Plan (ZIP) Code +4 address; Outside CONUS – To a new residential address in a foreign country; (date of relocation is self-attested by the beneficiary);
- (g) Loss or gain of commercial health insurance; loss or gain of entitlement to Medicaid or Medicare;
- (h) Death of a sponsor, spouse, or child;
- (i) Change in eligibility status of any single family member who may have eligibility under more than one uniformed service sponsor (e.g., joint service member). For example: two joint service members on active duty are married and either may establish eligibility for their dependent child to enroll in TRICARE coverage. However, the child may only enroll in coverage under one sponsor's entitlement. If the sponsor under which the child is enrolled in TRICARE loses eligibility (i.e., separates from active duty), the child is automatically disenrolled from the TRICARE coverage. The loss of eligibility due to the sponsor change in status is a QLE, which allows the dependent child to enroll in a THP under the eligible sponsor remaining on active duty.
- (j) Change in family composition (gaining family only). For example: two joint service members on active duty are married and either may establish eligibility for their dependent child to enroll in TRICARE coverage. However, the child may only enroll in coverage under one sponsor's entitlement. If that sponsor retires, there is a change in the sponsor status from active duty to retired, which creates a QLE that allows the dependent child as well as the newly retired sponsor to enroll in a THP for ADFMs under the sponsor still on active duty.
- (k) Others as designated by the Director, DHA or designee as updated in the TRICARE manuals.

(4) Enrollment changes based on a QLE may be requested up to 90 calendar days before, but no later than 90 calendar days after, the date of the QLE. The effective coverage start date may only be the date of the QLE.

(5) A QLE for one beneficiary in a sponsor's family permits a change in the sponsor's enrollment or other family member's enrollment status during the QLE period.

(6) If a beneficiary has multiple QLEs with overlapping 90-day periods, they may select the specific QLE that will determine the effective date of any plan changes. If the beneficiary elects the QLE with the latest effective date, no subsequent plan changes may be made on QLEs with an earlier effective date.

b. Impact of Not Enrolling in TRICARE Prime or TRICARE Select When Eligible. Non-ADSM beneficiaries eligible to enroll in TRICARE Prime or TRICARE Select who do not enroll will have no TRICARE private sector care coverage (including the TRICARE retail pharmacy and mail order pharmacy programs). They do not lose any statutory eligibility for space-available care in MTFs. They will not be eligible to enroll in TRICARE Prime or TRICARE Select private sector care coverage until the next annual open enrollment period, or until they or a member of their family experiences a QLE that qualifies one member or all of the family to enroll in a TRICARE Prime or TRICARE Select plan.

c. Assignment of MTF PCMs. This DHA-PI applies to TRICARE Prime enrollment plan policies. See Reference (h) for guidance on PCM assignment policies, which includes the option for non-ADSM TRICARE Prime MTF enrollees to request a voluntary disempanelment from a MTF PCM and be assigned a civilian network PCM.

d. TRICARE Prime Enrollment Policies in CONUS PSAs

(1) In support of military readiness and to maximize the capability of the direct care system in relation to the private sector component of TRICARE as discussed in Reference (d), MTF Directors may require non-ADSM beneficiaries enrolled in TRICARE Prime in their PSA to be empaneled with an MTF PCM or PCM team, if the beneficiary is within a 30-minute drive time from their residence as noted in Reference (h). The MTF enrollment/empanelment policy can apply to all eligible non-ADSM beneficiaries or can be based on specific beneficiary category based on MHS priorities for access to care as outlined in Reference (d). If required, specific information regarding priorities for MTF Prime enrollment and empanelment is designated in the MOU with the regional TRICARE contractor. Both the MTF and the regional contractor must ensure any mandatory MTF enrollment or empanelment requirements comply with DoD access-to-care standards available at Reference (d).

(2) Notwithstanding subparagraph (1) directly above, non-ADSM beneficiaries whose residential zip code is located in both an MTF PSA and a Uniformed Services Family Health Plan (USFHP) service area have the choice to enroll in TRICARE Prime with an MTF PCM, a USFHP PCM, or civilian network PCM.

(3) TRICARE Prime drive time requirements do not apply to ADSMs, regardless of where they reside. ADSMs will be empaneled at MTFs unless they fall under TRICARE Prime Remote (TPR).

e. TRICARE Plan Dissatisfaction

(1) The open season enrollment period policy and QLE rules cannot be waived based on a beneficiary's dissatisfaction with their elected annual TRICARE plan or a personal preference for an alternative provider, absent specific authority for such a waiver and sufficient justification.

(2) In the event that an MTF non-ADSM TRICARE Prime enrollee expresses dissatisfaction, the MTF shall provide information on how to request voluntary dis-empanelment to be reassigned a civilian network PCM (or in the case of an overlapping USFHP service area, be permitted to re-enroll with the USFHP). In most instances, reassignment to network providers under the TRICARE Prime program resolves the situation. See Reference (h) for more information. In the event the beneficiary still requests disenrollment outside the open enrollment period due to plan dissatisfaction or personal preference, the MTF shall advise the beneficiary of the consequences of out-of-season disenrollment (i.e., no longer enrolled in TRICARE private sector care coverage, including TRICARE retail and mail order pharmacy coverage, which limits their care options to only space-available care at MTFs). The MTF shall make every reasonable effort to address and resolve the issue to the beneficiary's satisfaction.

(3) In the event the beneficiary remains dissatisfied with all available TRICARE Prime providers (i.e., MTF, civilian network, or, if available, USFHP) in the area and desires to change their TRICARE Prime coverage absent a QLE or during the annual open enrollment season, MTFs shall submit a request to permit an out-of-season TRICARE plan change to the Director, DHA following the same procedures outlined for requests to involuntarily dis-empanel an MTF Prime enrollee as outlined in Reference (h). The request shall summarize the actions taken by the MTF, Market, regional contractor, or USFHP contractor (if applicable) to meet the needs of the beneficiary. The Chief, THP may, on a case-by-case basis, approve a request from the beneficiary to change their enrollment to TRICARE Select (see Reference (f)).

f. Government-Directed TRICARE Plan and PCM Changes

(1) Per Reference (d), TRICARE Prime coverage is only authorized under current TRICARE regulations to be offered in areas in support of MTF readiness (with limited exceptions for BRAC sites). Within those regulatory constraints, the Director, DHA may determine around which MTFs TRICARE Prime coverage is offered (or as otherwise authorized). This is done on an annual basis and beneficiaries are made aware of pending TRICARE Prime coverage changes through an annual statement of TRICARE changes published before the start of the annual open enrollment season. This ensures beneficiaries can make an informed decision for coverage during the next plan year.

(2) As determined by the Director, DHA, if significant changes occur during the plan year to MTF capabilities that either expand the MTF's enrollment capacities (for example, the opening of a new community-based MTF clinic to support care closer to the beneficiary's home)

or decrease the MTF's enrollment capacity (e.g., an existing MTF that previously supported enrollment of non-ADSMs is downsized to an ADSM-only clinic), the government may direct a change in a beneficiary PCM or THP. MTFs that plan to expand or decrease their PCM capabilities must follow the direction in Reference (h), to notify the Director, DHA of any significant changes to their capabilities or capacities.

(3) As instructed by the Director, DHA, delegated to the Chief, THP, the following policies apply if the government:

(a) Directs a plan change. Non-ADSM beneficiaries may elect to enroll in any other TRICARE plan they are eligible for within 90 days of notification.

(b) Has approved a change in MTF PCM capacity. Following notification from the Chief, Health Care Optimization Division, that the Director, DHA has approved a change in MTF PCM capacity which directs a change of empanelment from an MTF PCM to a network PCM, non-ADSM beneficiaries may either accept empanelment with a network PCM or elect to change their TRICARE Prime coverage to TRICARE Select within 90 days of the notification of the PCM change.

(c) Significantly expands the capacity of PCM empanelment at an MTF, with respect to existing non-ADSM TRICARE Prime enrollees empaneled to other MTFs in the area or civilian network PCMs within 90 days. If additional PCM capacity exists after offering PCM empanelment to existing TRICARE Prime enrolled, as directed by the Director, DHA, TRICARE Select enrollees may elect to change to TRICARE Prime coverage outside the annual open enrollment period and without the requirement of needing a QLE.

(4) Director, DHA approved requests for government-directed changes shall be forwarded to the Chief, THP to initiate beneficiary notification, either through the regional contractor or in collaboration with the MTF Director. The approved requests will also be shared with the Director, DHA Communications, who shall collaborate in the development of a strategic communications plan to notify beneficiaries and key stakeholders.

g. Newborns (Birth or Adoption of a Child)

(1) As listed in paragraph 2a(3)(b) of this Enclosure, birth of a child or adoption is considered a QLE. Enrollment based on this QLE may be requested no later than 90 days after the date of the QLE (120 days if overseas). The effective coverage start date may only be the date of the QLE.

(2) Claims for newborns and adoptees will be cost-shared as TRICARE Prime for up to the first 90 days of life or 90 days post legal adoption date if one or more family members (including ADSMs) are enrolled in TRICARE Prime. Otherwise, the claims will be cost-shared as TRICARE Select for up to the first 90 days of life or from the date of adoption. Claims will be denied if received after 90 days of life or from the date of adoption if the parents or guardian do not enroll the child in TRICARE Prime or Select coverage. Once the child is enrolled in

TRICARE coverage, contractors will only reprocess claims paid during the first 90 days of life or from the date of adoption when requested by a responsible member of the family. Exception: If overseas, the time frame is up to the first 120 days of life or from the date of adoption.

(3) Once a newborn or adoptee is shown as enrolled in a TRICARE plan in DEERS, the TRICARE Prime or TRICARE Select “deemed status” for cost sharing of claims no longer applies and claims received after the date of enrollment shall be processed according to the cost-sharing provisions of their enrolled plan.

#### h. TRICARE Plus

(1) TRICARE Plus is an enrollment option for non-ADSM beneficiaries not enrolled in TRICARE Prime who are eligible for care in MTFs. Beneficiaries enrolled in TRICARE Plus in the direct care system are empaneled to a specific MTF PCM by name in accordance with Reference (j). TRICARE Plus enrollees are to receive primary care appointments within the TRICARE Prime access standards.

(2) TRICARE Plus is dependent on local action and will be restricted to locations where MTF primary care capacity can be allocated to the program according to DoD priorities for access to care (see Reference (h)). TRICARE Plus enrollees who are empaneled to an MTF may not be involuntarily dis-empaneled without following the procedures in Reference (h). The Market Director and MTF Director are responsible for determining the number of TRICARE Plus enrollees that can be accommodated at the facility and for the conduct of enrollment activities. Completed and approved enrollment/disenrollment forms for TRICARE Plus will be sent to the regional contractor by the MTFs or Markets. TRICARE Plus enrollment will be annotated in DEERS.

(3) Enrollment in TRICARE Plus is not limited to the annual open enrollment period nor does enrollment require a QLE. TRICARE Plus enrollees may elect to disenroll at any time (see Reference (j), Chapter 6, Section 4 for additional information).

#### i. Enrollment of ADSMs

(1) General Provisions. ADSMs on active duty greater than 30 days must be enrolled to a TRICARE Prime plan, TRICARE Prime Remote (TPR) for those who meet the statutory TPR requirements, or its Overseas Program counterparts. Upon update of their active duty status in DEERS, ADSMs are automatically enrolled in Health Care Delivery Program (HCDP) Code 001, TRICARE Prime for ADSMs (No PCM Assigned) by DEERS until such time as the member reaches a duty station or duty status when they must elect to enroll in a local TRICARE Prime plan and be assigned a PCM or, if qualified, enroll in a TPR plan.

(2) Initial Entry Training. ADSMs attending training courses for periods of 179 days or less may remain enrolled in HCDP 001 – TRICARE Prime for ADSMs (No PCM Assigned) until they arrive at their Permanent Duty Station or commence training at an installation/school



requiring assignment of 180 days or more. All ADSMs must be enrolled in either a TRICARE Prime, or, if qualified, a TPR plan no later than 180 days following their Active Duty Service Date.

Note: MTFs may choose to implement standards that require enrollment and empanelment of the exceptions noted in subparagraph (2) above. Each MTF is encouraged to examine its training populations to determine areas where earlier enrollment can be achieved. Earlier enrollment of these populations should enable more effective allocation of funds and billets within the direct care system.

(3) Exceptions. Notwithstanding subparagraph (2) directly above, ADSMs must be enrolled into the TRICARE Prime program available in their area as specified by the following:

(a) ADSMs reporting for a Permanent Change of Station assignment to a unit without organic medical assets (healthcare personnel assigned or attached to Operational Forces regardless of deployment to a theater of operations or not) or Temporary Assigned Duty/Temporary Duty orders for a period of 180 days or more must enroll in TRICARE Prime and empanel with a local PCM, who will both provide and manage their care, within the PSA where they either reside or work. ADSMs who reside or work within 50 miles, or approximately 1 hour driving time, from an MTF or military clinic adequate to provide primary care services must enroll and be empaneled to that facility.

(b) ADSMs reporting for a Permanent Change of Station assignment to a unit with organic medical assets will be enrolled based on the location in which they receive primary care.

1. If non-deployed primary care is provided by the MTF and within an MTF-funded facility by an operational unit funded provider, enrollment will track to the MTF with the empanelment to the operational unit provider as they are functioning as Borrowed Military Manpower responsible for the care of their units' population. During deployments of greater than 180 days, enrollment to a Service- or Region-specific operational forces' "Parent" Defense Medical Information System (DMIS) for all Service members shall occur. This maintains capacity and capability visibility.

2. If primary care is provided by the operational unit external to the MTF or an MTF-funded facility with medical assets, the member will be enrolled to an operational forces' "Child" DMIS identification number affiliated with its operational forces' "Parent" DMIS. Examples of units meeting this criteria would be ships, submarines, and some special warfare units.

(c) ADSMs relocating with Temporary Assigned Duty/Temporary Duty orders for periods of 179 days or less will maintain enrollment at their Permanent Duty station.

(4) ADSM in Terminal Leave Status

(a) An ADSM in terminal leave status shall remain enrolled in TRICARE Prime at his or her final duty station to ensure the ADSM remains fit for discharge until his or her separation or retirement date. Any significant changes in health status during the terminal leave period can affect the final separation or retirement date.

(b) The Services shall ensure that ADSMs departing their final duty station are briefed about how they should access healthcare services while in terminal leave status. The briefing should also include ADSMs' requirement to report changes in medical status to their TRICARE Prime enrollment site, either MTF or DHA Great Lakes.

(5) ADSM in Appellate Leave Status

(a) Enrollment to a TRICARE Prime plan is mandatory for all ADSMs. This requirement does not end when the ADSM goes on appellate leave status (described as when a court martial sentence is pending appellate review). ADSMs in appellate leave status shall remain enrolled in TRICARE Prime until their separation or retirement date.

(b) Since Service policies differ on how ADSMs in appellate leave status are managed, ADSMs in appellate leave status may transfer their enrollment to another MTF at the direction of the Service. ADSMs on appellate leave are not eligible for TPR because they lack a permanent assignment to a TPR location.

(c) The Services shall ensure ADSMs departing their final duty station are briefed about how they should access healthcare services while in appellate leave status.

(6) Service Member Participating in Special Accessions Programs

(a) Service Member Participating in Career Intermission Program (CIP): Members who have documented approval to participate in the CIP are to be treated as ADSMs and their dependents as ADFMs. CIP participants and their dependents are entitled to medical and dental benefits in accordance with Reference (1). CIP participants are eligible for enrollment into Prime or TPR. A letter from the member's command will suffice for enrollment/TPR determination. ADFMs of CIP Sponsors may elect to enroll in Prime, TPR, or into TRICARE Select. Orders demonstrating permanent assignment overseas and ADFM command sponsorship are not required for enrollment into TOP Prime or TOP Prime Remote.

(b) Service Member Participating in the Career Skills Program (CSP): An administrative absence not to exceed 180 days may be authorized for member participation in a validated CSP activity. These members are to maintain enrollment at their Permanent Duty station. The member's Service command shall ensure that the ADSM is briefed about how they should access healthcare services while participating in CSP to include how they can receive necessary medications, etc.

j. TRICARE Prime Remote (TPR)

(1) ADSMs

(a) Generally, ADSMs who reside and work outside a 50-mile radius or approximately 1 hour's travel time from an MTF based on their duty assignment are required by law to be enrolled in TPR (See Reference (h)). An ADSM eligible for TPR may be empaneled to a network provider if one is available. If there is no network provider available, they can seek primary care from any TRICARE-certified provider.

(b) A Uniformed Service may direct a TPR-eligible ADSM to enroll at an MTF for fitness-for-duty reasons as described by each Service's governing regulations. ADSMs who are not eligible for TPR must enroll in TRICARE Prime and will be assigned to a PCM at a local MTF. No waiver of access to care travel standards is required by the MTF commander to enroll these ADSMs.

(c) Waivers to the 50-mile radius or travel time requirements may be requested by TPR-eligible ADSMs or, if the mission requires, by the unit commander. A TPR Determination of Eligibility request will be processed by a DHA representative utilizing actual time based mapping software for drive times.

(2) ADFM qualifications: ADFMs, including family members of an activated RC sponsor, qualify for enrollment in TRICARE Prime Remote for Active Duty Family Members (TPRADFM) if:

(a) The sponsor is enrolled in TPR and the ADFM resides with the sponsor in a TPR residence (i.e., TPR zip code).

(b) The sponsor is enrolled to a small government clinic, troop medical clinic, Coast Guard clinic, or other MTFs/Markets designated by the Services to allow ADSM enrollment only and offer zero capacity to enroll non-ADSM beneficiaries as identified in the Regional TRICARE contract. The ADFM must reside with the sponsor who is enrolled in an MTF/Market that only enrolls ADSMs. Note: ADFMs who reside within a PSA are eligible for TRICARE Prime and thus are not eligible for enrollment in TPRADFM even if the Service member is enrolled in TPR. The ADFMs shall be enrolled within the PSA of residence except as specified in TPR subparagraph (b) directly above.

(c) If an ADSM receives a subsequent unaccompanied assignment after the TPR assignment and the family members are not authorized to accompany the member to the next duty assignment, and they continue to reside in the same TPR address, the family members may remain in TPRADFM for the duration of the subsequent assignment.

(d) If a RC member sponsor becomes eligible for TRICARE because of a call or order to active duty for a period of more than 30 days, their eligible family members will become eligible to enroll into TPRADFM upon becoming TRICARE-eligible (i.e., beginning the date early eligibility TRICARE starts or date of activation, whichever is first) if the family members "reside with" the member in a TPR residence (i.e., in a TPR zip code) at the time of activation.

(3) TPRADFM considerations

(a) The RC member sponsor does not have to be TPR eligible or enrolled.

(b) Once enrolled in TPRADFM, the family members may remain in TPRADFM for the period of TRICARE eligibility, regardless of the subsequent assignment, enrollment location, or residence of the sponsoring RC member as long as the family member continues to reside at the same TPR residence address.

(c) Family members who meet the TPRADFM eligibility criteria may enroll up to 90 days after the sponsor has deployed/left the TPR address for assigned duty.

(d) ADFMs currently enrolled in TPRADFM, who transition to Transitional Survivor status, may remain enrolled in TPRADFM. See Chapter 10, Section 7.1 of Reference (i) for further information.

(4) Eligibility requests: The approval authority for a TPR eligibility request may not be delegated.

k. Enrollment of RC Members Activated On Active Duty for More Than 30 Days

(1) RC members called or ordered to Active Duty for more than 30 days on qualifying orders or who are issued delayed-effective-date Active Duty orders for more than 30 days in support of a contingency operation (early eligibility) are entitled to TRICARE-covered health and dental services on the same basis as any other ADSM. Their family members become eligible for TRICARE-covered health and dental services on the same basis as ADFMs.

(2) In the case of early eligibility, the effective date is the later of either: (a) the date of issuance of the delayed-effective Active-Duty-order; or (b) 180 days before the date on which the period of Active Duty is to commence under such order for that member (See Reference (b)). DEERS is updated accordingly to reflect TRICARE eligibility and then the member will be automatically enrolled in HCDP 001 – TRICARE Prime for ADSMs (No PCM Assigned) as any other ADSM.

(a) Once DEERS is updated, RC members with early eligibility have two choices for accessing treatment prior to reaching their final duty station:

1. Enroll in TRICARE Prime: If the RC member resides within 50 miles or 1 hour from an MTF, the member may enroll in TRICARE Prime and be assigned to a PCM at that MTF on the same basis as any other ADSM. Activated RC members enrolled in TRICARE Prime must follow TRICARE Prime rules. Neither TRICARE Network PCM assignment nor TPR is authorized.

2. Not Enroll in TRICARE Prime: The activated RC member may remain enrolled in HCDP 001 – TRICARE Prime for ADSMs (No PCM Assigned). The RC member may seek covered primary care from a TRICARE-authorized civilian provider. Prior to obtaining any specialty care, the RC member should contact the appropriate TRICARE regional

or overseas contractor to obtain authorization. If the member needs assistance in locating a TRICARE-authorized provider, he/she may contact the appropriate regional or overseas contractor.

(b) Regardless of whether or not the RC member has early eligibility, once activated, the RC member shall not enroll/re-enroll into a TRICARE Prime program while en route to his or her final duty location (e.g., at training or embarkation/mobilization location). Upon reaching the final duty station, RC members shall follow their active command's guidance regarding TRICARE Prime enrollment.

3. TRICARE for Life (TFL): TFL coverage is automatically effective the first date a TRICARE beneficiary is entitled to Medicare Part A and enrolled in and maintains Part B. Defense Manpower Data Center receives Medicare entitlement every week from The Centers for Medicare and Medicaid Services and this data is used to determine TFL entitlement. TFL benefits are payable by Medicare. No enrollment forms or enrollment fees exist for TFL, apart from those requirements for Medicare Part A and Part B. Certain grandfathered individuals who are enrolled or have remained enrolled in USFHP prior to December 31, 2012, can remain enrolled in USFHP and are not covered through TFL. The following provides guidance on how TFL affects enrollment in other TRICARE programs.

Sponsor Status	Category	Medicare Status	Entitlement	Enrollment Options	TRICARE Prime/TRICARE Prime Remote Costs	TRICARE Select Costs	TRICARE For Life Costs
Active Duty	Sponsor  Note: Medicare Part B isn't a requirement if eligible for premium-free Part A. <sup>1</sup>  Auto-enrolled in Prime when first registered in DEERS.	Medicare Part A only	TRICARE Prime for Active Duty Sponsors, no PCM Assigned (HCDP 001)	TRICARE Prime Active Duty Sponsors (HCDP 310)/TOP Prime (no separate HCDP code)	Service is covered by TRICARE: ADASM pays \$0	N/A	N/A
		Medicare Part A and Part B		TRICARE Prime Remote Active Duty Sponsors (HCDP 312)/TOP Prime Remote (no separate HCDP code)			

Sponsor Status	Category	Medicare Status	Entitlement	Enrollment Options	TRICARE Prime/Prime Remote/USFHP Costs	TRICARE Select Costs	TRICARE For Life Costs		
Active Duty	Family Member  Note: Medicare Part B isn't a requirement if eligible for premium-free Part A. <sup>1</sup>  Auto-enrolled in Prime or Select when first registered in DEERS.	Under 65 and Medicare-eligible due to a disability	Medicare Part A only	Direct Care for Active Duty Family Members (HCDP 002)	TRICARE Prime ADFMs (HCDP 311)/TOP Prime (no separate HCDP code)	Service is covered by Medicare and TRICARE: Enrollee pays \$0  Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share  Service is only covered by TRICARE: Enrollee pays \$0	Service is covered by Medicare and TRICARE: Enrollee pays \$0  Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share  Service is only covered by TRICARE: Enrollee pays \$0	N/A	
			Medicare Part A and Part B		TRICARE Prime Remote ADFMs (HCDP 313)/TOP Prime Remote (no separate HCDP code)				
		Under 65 and Medicare-eligible due to ESRD	Medicare Part A only	Direct Care for Active Duty Family Members (HCDP 002)	TRICARE Select ADFMs (HCDP 303)/TOP Select (no separate HCDP code)	TRICARE Plus with Direct Care Only (HCDP 345) (no separate HCDP code for overseas)	Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share  Service is only covered by TRICARE: Enrollee pays \$0		Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share  Service is only covered by TRICARE: Enrollee pays \$0
			Medicare Part A and Part B		TRICARE Plus with Active Duty Select (HCDP 347) (no separate HCDP code for overseas)				
		65 or older and Medicare-eligible due to age	Medicare Part A only	Direct Care for Active Duty Family Members (HCDP 002)	TRICARE Prime ADFMs (HCDP 311)/TOP Prime (no separate HCDP code)	TRICARE Prime Remote ADFMs (HCDP 313)/TOP Prime Remote (no separate HCDP code)	USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316)		Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges  Note: The TFL contractor processes claims, unless the enrollee received care overseas. This doesn't apply to USFHP claims.
			Medicare Part A and Part B		TRICARE Select ADFMs (HCDP 303)/TOP Select (no separate HCDP code)				
		65 or older and not eligible for premium-free Medicare Part A under own record and spouse is under 62	Medicare Part B only	Direct Care for Active Duty Family Members (HCDP 002)	TRICARE Plus with Direct Care Only (HCDP 345) (no separate HCDP code for overseas)	TRICARE Plus with Active Duty Select (HCDP 347) (no separate HCDP code for overseas)	TRICARE Plus with Direct Care Only (HCDP 345) (no separate HCDP code for overseas)		Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges  Note: The TFL contractor processes claims, unless the enrollee received care overseas.
					TRICARE Prime ADFMs (HCDP 311)/TOP Prime (no separate HCDP code)				
		65 or older and not eligible for premium-free Medicare Part A under own record and spouse is under 62	Medicare Part B only	Direct Care for Active Duty Family Members (HCDP 002)	TRICARE Prime Remote ADFMs (HCDP 313)/TOP Prime Remote (no separate HCDP code)	USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316)	TRICARE Select ADFMs (HCDP 303)/TOP Select (no separate HCDP code)		Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges  Note: The TFL contractor processes claims, unless the enrollee received care overseas.
					TRICARE Plus with Direct Care Only (HCDP 345) (no separate HCDP code for overseas)				
		65 or older and not eligible for premium-free Medicare Part A under own record and spouse is under 62	Medicare Part B only	Direct Care for Active Duty Family Members (HCDP 002)	TRICARE Plus with Active Duty Select (HCDP 347) (no separate HCDP code for overseas)	TRICARE Plus with Active Duty Select (HCDP 347) (no separate HCDP code for overseas)	TRICARE Plus with Active Duty Select (HCDP 347) (no separate HCDP code for overseas)		Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges  Note: The TFL contractor processes claims, unless the enrollee received care overseas.
					TRICARE Prime ADFMs (HCDP 311)/TOP Prime (no separate HCDP code)				
65 or older and not eligible for premium-free Medicare Part A under own record and spouse is under 62	Medicare Part B only	Direct Care for Active Duty Family Members (HCDP 002)	TRICARE Prime Remote ADFMs (HCDP 313)/TOP Prime Remote (no separate HCDP code)	USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316)	TRICARE Select ADFMs (HCDP 303)/TOP Select (no separate HCDP code)	Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges  Note: The TFL contractor processes claims, unless the enrollee received care overseas.			
			TRICARE Plus with Direct Care Only (HCDP 345) (no separate HCDP code for overseas)						
65 or older and not eligible for premium-free Medicare Part A under own record and spouse is under 62	Medicare Part B only	Direct Care for Active Duty Family Members (HCDP 002)	TRICARE Plus with Active Duty Select (HCDP 347) (no separate HCDP code for overseas)	TRICARE Plus with Active Duty Select (HCDP 347) (no separate HCDP code for overseas)	TRICARE Plus with Active Duty Select (HCDP 347) (no separate HCDP code for overseas)	Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges  Note: The TFL contractor processes claims, unless the enrollee received care overseas.			
			TRICARE Prime ADFMs (HCDP 311)/TOP Prime (no separate HCDP code)						

Sponsor Status	Category	Medicare Status		Entitlement	Enrollment Options	TRICARE Prime/Prime Remote/USFHP Costs	TRICARE Select Costs	TRICARE For Life Costs
Active Duty	Young Adult (YA) <sup>1</sup>  Note: Medicare Part B isn't a requirement if eligible for premium-free Part A. <sup>1</sup>	Under 65 and Medicare-eligible due to a disability	Medicare Part A only	No Health Care Coverage Plan (HCDP 000)	TRICARE Prime Young Adult Active Duty (HCDP 330) (no separate HCDP code for overseas)	Service is covered by Medicare and TRICARE: YA pays \$0  Service is only covered by Medicare: YA pays the Medicare deductible and cost share  Service is only covered by TRICARE: YA pays \$0  Service isn't covered by Medicare or TRICARE: YA pays 100% of billed charges  Note: The TFL contractor processes claims, unless the enrollee received care overseas. This doesn't apply to USFHP claims.	Service is covered by Medicare and TRICARE: YA pays \$0  Service is only covered by Medicare: YA pays the Medicare deductible and cost share  Service is only covered by TRICARE: YA pays Group B TRICARE Select deductible and cost shares/copays  Service isn't covered by Medicare or TRICARE: YA pays 100% of billed charges  Note: The TFL contractor processes claims, unless the enrollee received care overseas.	N/A
			Medicare Part A and Part B		TRICARE Prime Remote Young Adult (HCDP 332) (no separate HCDP code for overseas)			
		Under 65 and Medicare-eligible due to ESRD	Medicare Part A only		USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316)			
			Medicare Part A and Part B		TRICARE Select Young Adult (HCDP 308) (no separate HCDP code for overseas)  TRICARE Plus with Active Duty Select (HCDP 347) (no separate HCDP code for overseas)			

Sponsor Status	Category	Medicare Status		Entitlement	Enrollment Options	TRICARE Prime/Prime Remote/USFHP Costs	TRICARE Select Costs	TRICARE For Life Costs
Active Duty	Transitional Survivor Family Member  Note: Medicare Part B isn't a requirement if eligible for premium-free Part A. <sup>1</sup>  Children remain transitional status until they age out (21/23)	Under 65 and Medicare-eligible due to a disability	Medicare Part A only	Direct Care for Transitional Survivors of Active Duty Deceased Sponsors (HCDP 014)	TRICARE Prime ADFMs (HCDP 311)/TOP Prime (no separate HCDP code)	Service is covered by Medicare and TRICARE: Enrollee pays \$0  Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share  Service is only covered by TRICARE: Enrollee pays \$0  Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges  Note: The TFL contractor processes claims, unless the enrollee received care overseas. This doesn't apply to USFHP claims.	Service is covered by Medicare and TRICARE: Enrollee pays \$0  Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share  Service is only covered by TRICARE: Enrollee pays Group A or Group B TRICARE Select deductible and copays/cost shares  Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges  Note: The TFL contractor processes claims, unless the enrollee received care overseas.	N/A
			Medicare Part A and Part B		TRICARE Prime Remote ADFMs (HCDP 313)/TOP Prime Remote (no separate HCDP code)			
		Under 65 and Medicare-eligible due to ESRD	Medicare Part A only	Direct Care for Transitional Survivors of Active Duty Deceased Sponsors (HCDP 014)	TRICARE Select ADFMs (HCDP 303)/TOP Select (no separate HCDP code)			
			Medicare Part A and Part B	TRICARE Plus with Direct Care Only (HCDP 345) (no separate HCDP code for overseas)	TRICARE Plus with Active Duty Select (HCDP 347) (no separate HCDP code for overseas)			
		65 or older and Medicare-eligible due to age	Medicare Part A only	Direct Care for Transitional Survivors of Active Duty Deceased Sponsors (HCDP 014)	TRICARE Prime ADFMs (HCDP 311)/TOP Prime (no separate HCDP code)			
			Medicare Part A and Part B		TRICARE Prime Remote ADFMs (HCDP 313)/TOP Prime Remote (no separate HCDP code)			
65 or older and not eligible for premium-free Medicare Part A under own record and spouse is under 62	Medicare Part B only	Direct Care for Transitional Survivors of Active Duty Deceased Sponsors (HCDP 014)	USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316)  TRICARE Select ADFMs (HCDP 303)/TOP Select (no separate HCDP code)  TRICARE Plus with Direct Care Only (HCDP 345) (no separate HCDP code for overseas)  TRICARE Plus with Active Duty Select (HCDP 347) (no separate HCDP code for overseas)					

Sponsor Status	Category	Medicare Status		Entitlement	Enrollment Options	TRICARE Prime/USFHP Costs	TRICARE Select Costs	TRICARE For Life Costs
Active Duty	Survivor Spouse Note: Medicare Part B is a requirement if eligible for premium-free Part A. <sup>1</sup>	Under 65 and Medicare-eligible due to a disability or ESRD	Medicare Part A only	Direct Care for Survivors of Active Duty Deceased Sponsors (HCDP 004)	USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316) TRICARE Plus with Direct Care Only (HCDP 345)(no separate HCDP code)	<b>USFHP Costs:</b> Service is covered by Medicare and TRICARE: Enrollee pays \$0 Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share Service is only covered by TRICARE: Enrollee pays Group A or Group B copays Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges	N/A	N/A
			Medicare Part A and Part B	TRICARE For Life (HCDP 021)	TRICARE Prime Retired Sponsors and Family Members (HCDP 315) USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316) TRICARE Plus with TRICARE For Life (HCDP 346)(no separate HCDP code)	<b>TRICARE Prime/USFHP Costs:</b> Service is covered by Medicare and TRICARE: Enrollee pays \$0 Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share Service is only covered by TRICARE: Enrollee pays Group A or Group B Prime copays Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges Note: Prime and USFHP enrollment fee waived. The TFL contractor processes claims, unless the enrollee received care overseas. This doesn't apply to USFHP claims.	N/A	Service is covered by Medicare and TRICARE: Beneficiary pays \$0 Service is only covered by Medicare: Beneficiary pays the Medicare deductible and cost shares Service is only covered by TRICARE: Beneficiary pays the TRICARE Standard deductible and cost share Service isn't covered by Medicare or TRICARE: Beneficiary pays 100% of billed charges Note: The TFL contractor processes claims, unless the beneficiary received care overseas.

Sponsor Status	Category	Medicare Status		Entitlement	Enrollment Options	TRICARE Prime/USFHP Costs	TRICARE Select Costs	TRICARE For Life Costs
Active Duty	Survivor Spouse Note: Medicare Part B is a requirement if eligible for premium-free Part A. <sup>1</sup>	65 or older and Medicare-eligible due to age	Medicare Part A only	Direct Care for Survivors of Active Duty Deceased Sponsors (HCDP 004)	USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316) Only if grandfathered before Oct 1, 2012 TRICARE Plus with Direct Care Only (HCDP 345)(no separate HCDP code)	<b>USFHP Costs:</b> Service is covered by Medicare and TRICARE: Enrollee pays \$0 Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share Service is only covered by TRICARE: Enrollee pays Group A or Group B copays Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges	N/A	N/A
			Medicare Part A and Part B	TRICARE For Life (HCDP 021)	USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316) Only if grandfathered before Oct 1, 2012 TRICARE Plus with TRICARE For Life (HCDP 346)(no separate HCDP code)	<b>USFHP Costs:</b> Service is covered by Medicare and TRICARE: Enrollee pays \$0 Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share Service is only covered by TRICARE: Enrollee pays Group A or Group B copays Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges Note: USFHP enrollment fee waived.	N/A	Service is covered by Medicare and TRICARE: Beneficiary pays \$0 Service is only covered by Medicare: Beneficiary pays the Medicare deductible and cost shares Service is only covered by TRICARE: Beneficiary pays the TRICARE Standard/Extra deductible and cost share Service isn't covered by Medicare or TRICARE: Beneficiary pays 100% of billed charges Note: The TFL contractor processes claims, unless the beneficiary received care overseas.



Sponsor Status	Category	Medicare Status		Entitlement	Enrollment Options	TRICARE Prime/USFHP Costs	TRICARE Select Costs	TRICARE For Life Costs
Active Duty	Survivor Spouse <b>Note:</b> Medicare Part B is a requirement if eligible for premium-free Part A. <sup>1</sup>	65 or older and not eligible for premium-free Medicare Part A under own record and spouse is under 62	Medicare Part B only	Direct Care for Survivors of Active Duty Deceased Sponsors (HCDP 004)	TRICARE Prime Retired Sponsors and Family Members (HCDP 315) USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316) TRICARE Select Retired Sponsor and Family Members (HCDP 305)/TOP Select (no separate HCDP code) TRICARE Plus with Direct Care Only (HCDP 345) (no separate HCDP code for overseas) TRICARE Plus with Retired Select (HCDP 348) (no separate HCDP code for overseas)	Service is covered by Medicare and TRICARE: Enrollee pays \$0 <b>Service is only covered by Medicare:</b> Enrollee pays Medicare deductible and cost shares <b>Service is only covered by TRICARE:</b> Enrollee pays Group A or Group B Prime copays <b>Service isn't covered Medicare or TRICARE:</b> Enrollee pays 100% of billed charges <b>Note:</b> Prime and USFHP enrollment fee waived. The TFL contractor processes claims, unless the enrollee received care overseas. This doesn't apply to USFHP claims.	Service is covered by Medicare and TRICARE: Enrollee pays \$0 <b>Service is only covered by Medicare:</b> Enrollee pays the Medicare deductible and cost share <b>Service is only covered by TRICARE:</b> Enrollee pays Group A or Group B TRICARE Select deductibles and copays/cost shares <b>Service isn't covered by Medicare or TRICARE:</b> Enrollee pays 100% of billed charges <b>Note:</b> The TFL contractor processes claims, unless the enrollee received care overseas.	N/A

Sponsor Status	Category	Medicare Status		Entitlement	Enrollment Options	TRICARE Prime/USFHP Costs	TRICARE Select Costs	TRICARE For Life Costs
Active Duty	Young Adult (YA) Survivor <sup>1</sup> <b>Note:</b> Medicare Part B isn't a requirement if eligible for premium-free Part A. <sup>1</sup>	Under 65 and Medicare-eligible due to a disability	Medicare Part A only Medicare Part A and Part B	No Health Care Coverage Plan (HCDP 000)	TRICARE Prime Young Adult Retired (HCDP 331) USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316) TRICARE Select Young Adult (HCDP 308) (no separate HCDP code for overseas) TRICARE Plus with Retired Select (HCDP 348) (no separate HCDP code for overseas)	Service is covered by Medicare and TRICARE: YA pays \$0 <b>Service is only covered by Medicare:</b> YA pays the Medicare deductible and cost share <b>Service is only covered by TRICARE:</b> YA pays Group B TRICARE Prime/USFHP copays <b>Service isn't covered by Medicare or TRICARE:</b> YA pays 100% of billed charges <b>Note:</b> The TFL contractor processes claims, unless the YA received care overseas. This doesn't apply to USFHP claims.	TRICARE Select Young Adult Costs: <b>Service is covered by Medicare and TRICARE:</b> YA pays \$0 <b>Service is only covered by Medicare:</b> YA pays the Medicare deductible and cost share <b>Service is only covered by TRICARE:</b> YA pays Group B TRICARE Select deductible and cost shares/copays <b>Service isn't covered by Medicare or TRICARE:</b> YA pays 100% of billed charges <b>Note:</b> The TFL contractor processes claims, unless the enrollee received care overseas.	N/A

Sponsor Status	Category	Medicare Status		Entitlement	Enrollment Options	TRICARE Prime/USFHP Costs	TRICARE Select Costs	TRICARE For Life Costs
Retired	Sponsor and Family Member <b>Note:</b> Medicare Part B is a requirement if eligible for premium-free Part A. <sup>1</sup>	Under 65 and Medicare-eligible due to a disability or ESRD	Medicare Part A only Medicare Part A and Part B	Direct Care for Retired Sponsors and Family Members (HCDP 008) Direct Care for Medically Retired Sponsors and Family Members (HCDP 030)	USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316) TRICARE Plus with Direct Care Only (HCDP 345) (no separate HCDP code for overseas) TRICARE Prime Retired Sponsors and Family Members (HCDP 315) USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316) TRICARE Plus with TRICARE For Life (HCDP 346) (no separate HCDP code for overseas)	USFHP Costs: <b>Service is covered by Medicare and TRICARE:</b> Enrollee pays \$0 <b>Service is only covered by Medicare:</b> Enrollee pays the Medicare deductible and cost share <b>Service is only covered by TRICARE:</b> Enrollee pays Group A or Group B copays <b>Service isn't covered by Medicare or TRICARE:</b> Enrollee pays 100% of billed charges	N/A	N/A
				TRICARE For Life (HCDP 018) TRICARE for Life for Medically Retired Sponsors and Family Members (HCDP 029)		TRICARE Prime/USFHP Costs: <b>Service is covered by Medicare and TRICARE:</b> Enrollee pays \$0 <b>Service is only covered by Medicare:</b> Enrollee pays the Medicare deductible and cost share <b>Service is only covered by TRICARE:</b> Enrollee pays Group A or Group B Prime copays <b>Service isn't covered by Medicare or TRICARE:</b> Enrollee pays 100% of billed charges <b>Note:</b> Prime and USFHP enrollment fee waived. The TFL contractor processes claims, unless the enrollee received care overseas. This doesn't apply to USFHP claims.	N/A	<b>Service is covered by Medicare and TRICARE:</b> Beneficiary pays \$0 <b>Service is only covered by Medicare:</b> Beneficiary pays the Medicare deductible and cost shares <b>Service is only covered by TRICARE:</b> Beneficiary pays the TRICARE Standard deductible and cost share <b>Service isn't covered by Medicare or TRICARE:</b> Beneficiary pays 100% of billed charges <b>Note:</b> The TFL contractor processes claims, unless the enrollee received care overseas.

Sponsor Status	Category	Medicare Status		Entitlement	Enrollment Options	TRICARE Prime/USFHP Costs	TRICARE Select Costs	TRICARE For Life Costs
Retired	Sponsor and Family Member  Note: Medicare Part B is a requirement if eligible for premium-free Part A. <sup>1</sup>	65 or older and Medicare-eligible due to age	Medicare Part A only	Direct Care for Retired Sponsors and Family Members (HCDP 008)  Direct Care for Medically Retired Sponsors and Family Members (HCDP 030)	USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316) (Only if grandfathered before Oct 1, 2012)  TRICARE Plus with Direct Care Only (HCDP 345) (no separate HCDP code for overseas)	<b>USFHP Costs:</b>  Service is covered by Medicare and TRICARE: Enrollee pays \$0  Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share  Service is only covered by TRICARE: Enrollee pays Group A or Group B copays  Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges	N/A	N/A
			Medicare Part A and Part B	TRICARE For Life (HCDP 018)  TRICARE for Life for Medically Retired Sponsors and Family Members (HCDP 029)	USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316) (Only if grandfathered before Oct 1, 2012)  TRICARE Plus with TRICARE For Life (HCDP 346) (no separate HCDP code for overseas)	<b>USFHP Costs:</b>  Service is covered by Medicare and TRICARE: Enrollee pays \$0  Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share  Service is only covered by TRICARE: Enrollee pays Group A or Group B copays  Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges  Note: USFHP enrollment fee waived.	N/A	Service is covered by Medicare and TRICARE: Beneficiary pays \$0  Service is only covered by Medicare: Beneficiary pays the Medicare deductible and cost shares  Service is only covered by TRICARE: Beneficiary pays the TRICARE Standard deductible and cost share  Service isn't covered by Medicare or TRICARE: Beneficiary pays 100% of billed charges  Note: The TFL contractor processes claims, unless the enrollee received care overseas.

Sponsor Status	Category	Medicare Status		Entitlement	Enrollment Options	TRICARE Prime/USFHP Costs	TRICARE Select Costs	TRICARE For Life Costs
Retired	Sponsor and Family Member  Note: Medicare Part B is a requirement if eligible for premium-free Part A. <sup>1</sup>	65 or older and not eligible for premium-free Medicare Part A under own record and spouse is under 62	Medicare Part B only	Direct Care for Retired Sponsors and Family Members (HCDP 008)  Direct Care for Medically Retired Sponsors and Family Members (HCDP 030)	TRICARE Prime Retired Sponsors and Family Members (HCDP 315)  USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316)  TRICARE Select Retired Sponsor and Family Members (HCDP 305)/TOP Select (no separate HCDP code)  TRICARE Plus with Direct Care Only (HCDP 345) (no separate HCDP code for overseas)  TRICARE Plus with Retired Select (HCDP 348) (no separate HCDP code for overseas)	Service is covered by Medicare and TRICARE: Enrollee pays \$0  Service is only covered by Medicare: Enrollee pays Medicare deductible and cost shares  Service is only covered by TRICARE: Enrollee pays Group A or Group B Prime copays  Service isn't covered Medicare or TRICARE: Enrollee pays 100% of billed charges  Note: Prime and USFHP enrollment fee waived. The TFL contractor processes claims, unless the enrollee received care overseas. This doesn't apply to USFHP claims.	Service is covered by Medicare and TRICARE: Enrollee pays \$0  Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share  Service is only covered by TRICARE: Enrollee pays Group A or Group B TRICARE Select deductibles and copays/cost shares  Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges  Note: The TFL contractor processes claims, unless the enrollee received care overseas.	N/A
			Medicare Part A only  Medicare Part A and Part B	No Health Care Coverage Plan (HCDP 000)	TRICARE Prime Young Adult Retired (HCDP 331)  USFHP Prime Sponsors and Family Members (Presentation Only) (HCDP 316)  TRICARE Select Young Adult (HCDP 308) (no separate HCDP code for overseas)  TRICARE Plus with Retired Select (HCDP 348) (no separate HCDP code for overseas)	Service is covered by Medicare and TRICARE: Enrollee pays \$0  Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share  Service is only covered by TRICARE: Enrollee pays Group B TRICARE Prime and copays  Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges  Note: The TFL contractor processes claims, unless the enrollee received care overseas. This doesn't apply to USFHP claims.	Service is covered by Medicare and TRICARE: Enrollee pays \$0  Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share  Service is only covered by TRICARE: Enrollee pays Group B TRICARE Select deductibles and cost shares/copays  Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges  Note: The TFL contractor processes claims, unless the enrollee received care overseas.	N/A

Sponsor Status	Category	Medicare Status		Entitlement	Enrollment Options	TRICARE Prime/USFHP Costs	TRICARE Select Costs	TRICARE For Life Costs
SelRes	<b>Sponsor/Family Member</b> <i>Note:</i> Medicare Part B isn't a requirement if eligible for premium-free Part A. <sup>i</sup>	Medicare eligible due to a disability, ESRD, or age	Medicare Part A only	No Health Care Coverage Plan (HCDP 000)	TRICARE Select-Reserve Select Sponsors and Family Members (HCDP 306) (no separate HCDP code for overseas)	N/A	<p>Service is covered by Medicare and TRICARE: Enrollee pays \$0</p> <p>Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share</p> <p>Service is only covered by TRICARE: Enrollee pays Group B TRICARE Select deductibles and cost shares/copays</p> <p>Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges</p> <p><b>Note:</b> The TFL contractor processes claims, unless the enrollee received care overseas.</p>	N/A
	Medicare Part A and Part B							
	<b>Survivor</b> <i>Note:</i> Medicare Part B isn't a requirement if eligible for premium-free Part A. <sup>i</sup>	Medicare eligible due to a disability, ESRD, or age	Medicare Part A only	No Health Care Coverage Plan (HCDP 000)	<p>TRICARE Select-Reserve Select Sponsors and Family Members (HCDP 306) (no separate HCDP code for overseas)</p> <p><b>Note:</b> Sponsor must have been enrolled in TRICARE Select-Reserve Select Sponsors and Family Members (HCDP 306) on the date of death</p>	N/A	<p>Service is covered by Medicare and TRICARE: Enrollee pays \$0</p> <p>Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share</p> <p>Service is only covered by TRICARE: Enrollee pays Group B TRICARE Select deductibles and cost shares/copays</p> <p>Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges</p> <p><b>Note:</b> The TFL contractor processes claims, unless the enrollee received care overseas.</p>	N/A
Medicare Part A and Part B								
<b>Young Adult (YA)<sup>ii</sup></b> <i>Note:</i> Medicare Part B isn't a requirement if eligible for premium-free Part A. <sup>i</sup>	Under 65 and Medicare-eligible due to a disability or ESRD	Medicare Part A only	No Health Care Coverage Plan (HCDP 000)	<p>TRICARE Select Young Adult (HCDP 308) (no separate HCDP code for overseas)</p> <p><b>Note:</b> Sponsor must be enrolled in TRICARE Select-Reserve Select Sponsors and Family Members (HCDP 306).</p>	N/A	<p>Service is covered by Medicare and TRICARE: Enrollee pays \$0</p> <p>Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share</p> <p>Service is only covered by TRICARE: Enrollee pays Group B TRICARE Select deductibles and cost shares/copays</p> <p>Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges</p> <p><b>Note:</b> The TFL contractor processes claims, unless the enrollee received care overseas.</p>	N/A	
Medicare Part A and Part B								

Sponsor Status	Category	Medicare Status		Entitlement	Enrollment Options	TRICARE Prime/USFHP Costs	TRICARE Select Costs	TRICARE For Life Costs
ResRet	<b>Sponsor/Family Member</b> <i>Note:</i> Medicare Part B isn't a requirement if eligible for premium-free Part A. <sup>i</sup>	Medicare eligible due to a disability, ESRD, or age	Medicare Part A only	No Health Care Coverage Plan (HCDP 000)	TRICARE Select-Retired Reserve Sponsors and Family Members (HCDP 307) (no separate HCDP code for overseas)	N/A	<p>Service is covered by Medicare and TRICARE: Enrollee pays \$0</p> <p>Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share</p> <p>Service is only covered by TRICARE: Enrollee pays Group B TRICARE Select deductibles and cost shares/copays</p> <p>Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges</p> <p><b>Note:</b> The TFL contractor processes claims, unless the enrollee received care overseas.</p>	N/A
	Medicare Part A and Part B							
	<b>Survivor</b> <i>Note:</i> Medicare Part B isn't a requirement if eligible for premium-free Part A. <sup>i</sup>	Medicare eligible due to a disability, ESRD, or age	Medicare Part A only	No Health Care Coverage Plan (HCDP 000)	<p>TRICARE Select-Retired Reserve Sponsors and Family Members (HCDP 307) (no separate HCDP code for overseas)</p> <p><b>Note:</b> Sponsor must have been enrolled in TRICARE Select-Retired Reserve Sponsors and Family Members (HCDP 307) on the date of death.</p>	N/A	<p>Service is covered by Medicare and TRICARE: Enrollee pays \$0</p> <p>Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share</p> <p>Service is only covered by TRICARE: Enrollee pays Group B TRICARE Select deductibles and cost shares/copays</p> <p>Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges</p> <p><b>Note:</b> The TFL contractor processes claims, unless the enrollee received care overseas.</p>	N/A
Medicare Part A and Part B								
<b>Young Adult (YA)<sup>ii</sup></b> <i>Note:</i> Medicare Part B isn't a requirement if eligible for premium-free Part A. <sup>i</sup>	Under 65 and Medicare-eligible due to a disability or ESRD	Medicare Part A only	No Health Care Coverage Plan (HCDP 000)	<p>TRICARE Select Young Adult (HCDP 308) (no separate HCDP code for overseas)</p> <p><b>Note:</b> Sponsor must be enrolled in TRICARE Select-Retired Reserve Sponsors and Family Members (HCDP 307).</p>	N/A	<p>Service is covered by Medicare and TRICARE: Enrollee pays \$0</p> <p>Service is only covered by Medicare: Enrollee pays the Medicare deductible and cost share</p> <p>Service is only covered by TRICARE: Enrollee pays Group B TRICARE Select deductibles and cost shares/copays</p> <p>Service isn't covered by Medicare or TRICARE: Enrollee pays 100% of billed charges</p> <p><b>Note:</b> The TFL contractor processes claims, unless the enrollee received care overseas.</p>	N/A	
Medicare Part A and Part B								

<sup>i</sup> Delaying Part B enrollment will likely result in a late enrollment premium surcharge, unless a Special Enrollment Period applies.

<sup>ii</sup> See TYA eligibility requirements.

m. TRICARE Enrollment in Overseas Areas

(1) ADFMs residing outside a CONUS (OCONUS) area must be Command Sponsored, as defined in the Joint Travel Regulations (see Reference (m)), to qualify for enrollment in TOP Prime. ADFMs who choose to reside overseas but are not Command Sponsored and do not meet certain exceptions are not eligible to enroll in TOP Prime. These ADFMs may elect to enroll in TOP TRICARE Select, TRICARE Plus (if offered), or access space-available care at MTFs when and where available.

(2) Enrollment Status for ADFMs Participating in Noncombatant Evacuation Operation:

(a) ADFMs who are on orders to evacuate under Noncombatant Evacuation Operations have up to 60 days to transfer their enrollment from TOP TRICARE plan options to another option. Effective the 61st day after departure, the family members will be disenrolled from TOP TRICARE Prime and will be re-enrolled in TRICARE Select.

(b) ADFMs relocating to a remote overseas location are considered to be residing in a non-PSA because those ADFMs did not reside at that location with their sponsor and are not eligible under the contract. For ADFMs relocating to a non-PSA in CONUS, the ADFMs will have 60 days from when the permanent order to evacuate is given or 60 days from when the return to overseas location order is issued to: (1) return to the overseas location, (2) move to a PSA and enroll in TRICARE Prime, or (3) disenroll from TOP Prime. See TRICARE Manuals, Reference (j).

n. PCM Assignment. MCSCs and the TOP contractor manage PCM assignments in accordance with the MOU or similar agreement established between the contractor, individual MTFs, Markets, and DHA and in accordance with Reference (h).

o. Incorporating Enrollment Guidance. Each MTF/Market shall ensure this enrollment guidance is incorporated into local policies, procedures, and business practices and as appropriate and addressed in MOUs with the relevant MCSCs. MTF Directors and staff shall coordinate activities with installation organizations (i.e., Tenant Commands, Personnel Support Activities) to ensure local in-processing procedures facilitate enrollment of ADSMs into TRICARE Prime.

p. Continuous Open Enrollment. Certain TRICARE health plan options offer continuous open enrollment whereby eligible and qualified beneficiaries may enroll at any time (i.e. no QLE is required). These options are TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Young Adult. See TRICARE Manuals for applicable rules governing premium payment, reinstatement, and reenrollment. Failure to pay premiums results in termination of the coverage and re-enrollment is typically not available for the next 12 calendar months.

q. Retroactive Enrollment. Retroactive award or changes to a beneficiary's TRICARE coverage may be required under specified circumstances. In these situations, eligibility, though not otherwise reflected in DEERS or for those outside the QLE window, may be disseminated or directed by the Director, DHA or designee. This directed eligibility may be used as grounds for

enrollment until such time as DEERS is updated to reflect the corrected eligibility effective dates. The Chief, THP will direct, through the Chief, Private Sector Care Integration Office, the appropriate contractor to contact the beneficiary regarding their choice of available TRICARE plans per Reference (j). In no instance shall a contractor retroactively enroll a beneficiary without also charging for the TRICARE enrollments applicable during the retroactive enrolled period. If necessary, the direction to the contractors may also waive the 1-year timely claims filing requirement for a period of time. The specified circumstances are as follows:

- (1) result of a court decision (Federal Court system, a Uniformed Service Board for Correction of Military Records, etc.);
- (2) determination of Equitable Relief to correct a government or contractor error;
- (3) retroactive Medicare or Medicaid eligibility decisions;
- (4) retirement dates not updated by Uniformed Services in a timely manner;
- (5) other situations as determined by Director, DHA or designee.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ADFM	Active Duty Family Member
ADSM	Active Duty Service Member
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
CIP	Career Intermission Program
CONUS	Continental United States, (50 states and District of Columbia)
CSP	Career Skills Program
DAD	Deputy Assistant Director
DEERS	Defense Enrollment Eligibility Reporting System
DHA-PI	Defense Health Agency-Procedural Instruction
DMIS	Defense Medical Information System
HCO	Health Care Operations
MCSC	Managed Care Support Contractor
MHS	Military Health System
MILDEP	Military Department
MOU	memorandum of understanding
MTF	military medical treatment facility
NEO	Noncombatant Evacuation Operations
OCONUS	Outside Continental United States
PCM	Primary Care Manager
PSA	Prime Service Area
RC	Reserve Component
QLE	Qualifying Life Event
TFL	TRICARE for Life
THP	TRICARE Health Plan
TOP	TRICARE Overseas Program
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote for Active Duty Family Members
USFHP	Uniformed Services Family Health Plan

PART II. DEFINITION

Organic medical assets. Healthcare personnel and facilities assigned or attached to Operational Forces regardless of deployment to a theater of operations or in garrison.