

ATTENTION PRESENTER: To ensure that TRICARE beneficiaries receive the most up-to-date information about their health benefits, you must visit www.health.mil/tricarebriefings for the latest version of all briefings before each presentation. Briefings are continuously updated as benefit changes occur.

- **Presenter Tips:**
 - Review all slides before briefing.
 - Remove any slides that don't apply to your audience.
 - Ensure “slide show” setting.
- **Target Audience:** Eligible active duty service members, National Guard and Reserve members called or ordered to active service for more than 30 consecutive days, their family members, and transitional survivors living and working in remote locations.
- **Estimated Briefing Time:** 30 minutes
- **TRICARE Resources:** Visit www.health.mil/tricarebriefings to view, print, or download TRICARE educational materials. Suggested resources include: *TRICARE Choices in the United States Handbook* and *Costs and Fees Fact Sheet*.
- **Briefing Objectives:**
 - Increase understanding of the TRICARE Prime Remote benefit and educate beneficiaries on their program options.
- **Optional Presenter Comments:** Welcome to the *TRICARE Prime Remote and TRICARE Prime Remote for Active Duty Family Members* briefing. Today's presentation will provide an overview of TRICARE coverage available to active duty service members and their eligible family members living in remote locations.

Today's AGENDA



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

- Today, we'll discuss what TRICARE is, how to determine and establish your eligibility, and what medical coverage is available to you.
- We'll also cover TRICARE benefit information, including pharmacy options and dental programs, and other important information.
- Finally, we will provide you with important resources so you can get assistance and find answers to any additional questions you may have.
 - To learn more about your TRICARE options, visit www.tricare.mil.
 - You can receive TRICARE news and publications by email. Sign up at www.tricare.mil/subscriptions.
 - To sign up for benefits correspondence by email, visit <https://milconnect.dmdc.osd.mil>.

Today's AGENDA

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

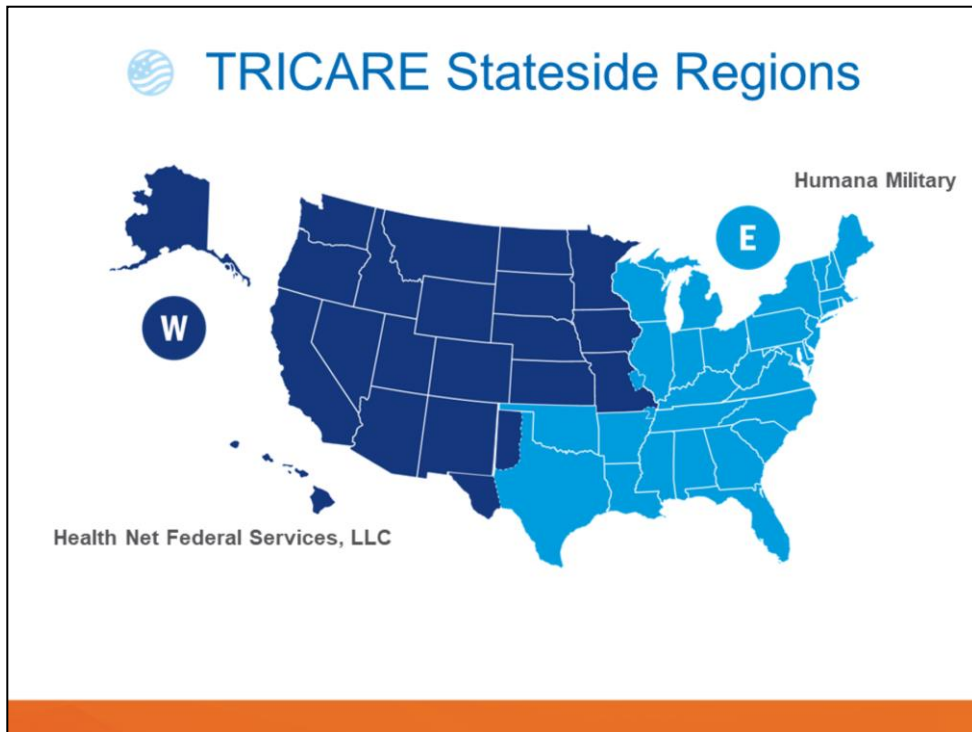
What Is TRICARE?



- Uniformed services health care program
- Worldwide network
 - Military hospitals and clinics
 - Civilian health care providers

- TRICARE is the uniformed services health care program, which brings together the health care resources of the Military Health System—such as military hospitals and clinics—with TRICARE-authorized civilian health care professionals, institutions, pharmacies, and suppliers (network and non-network) for beneficiaries eligible by law.

Note: Throughout this presentation, the term “family members” refers to dependents of service members who are eligible TRICARE beneficiaries.



- TRICARE is available worldwide and managed regionally. There are two TRICARE regions in the United States—TRICARE East and TRICARE West—and one overseas region with three areas—TRICARE Eurasia-Africa, TRICARE Latin America and Canada, and TRICARE Pacific. Benefits are the same regardless of where you live, but there are different customer service contacts for each region.
- Health Net Federal Services, LLC administers the benefit in the West Region and Humana Military administers the benefit in the East Region. Both regional contractors partner with the Military Health System to provide health, medical, and administrative support including customer service, claims processing, and pre-authorizations for certain health care services.
- Contact information for each region is provided at the end of this presentation.

US Family Health Plan (USFHP)

USFHP Service Areas



- TRICARE Prime option
- Six service areas
- Must enroll
- May not get care at military hospitals or clinics or use military pharmacies

- The US Family Health Plan, or USFHP, is a TRICARE Prime option available through separate health care systems in six areas of the U.S. If you're in USFHP, you may not get care at military hospitals or clinics or use military pharmacies.
- Enrollment is required. Enrollment costs are the same as for TRICARE Prime.
- You are not eligible to enroll in USFHP if you're:
 - An ADSM
 - A National Guard and Reserve member or family member
 - Medicare-eligible and age 65 and older
- You'll get care from a primary care provider in the health care system where you are enrolled. Your primary care provider will refer you for specialty care.
- If you disenroll from USFHP or move out of one of the USFHP service areas, you regain eligibility for other TRICARE programs.
- To find out if you're in a USFHP area or to enroll in USFHP, visit www.usfhp.com.

Keep DEERS Information Up To Date



Being able to use TRICARE depends on keeping DEERS up to date. Update DEERS after you have a life event, like getting married or divorced, moving, giving birth, adopting a child, retiring, and other changes.



Go to an ID card office. Search at <https://idco.dmdc.osd.mil/idco>.

Note: You must use this option to add family members in DEERS.



Log on to <https://milconnect.dmdc.osd.mil>.



Call 1-800-538-9552.



Fax 1-800-336-4416.

- The Defense Enrollment Eligibility Reporting System, or DEERS, is a database of service members and dependents worldwide who are eligible for military benefits, including TRICARE.
 - Your TRICARE eligibility shows up in DEERS based on the sponsor's status. To maintain your eligibility, you must update DEERS after any life event. If you don't, you may miss important information and enrollment deadlines. This could mean you lose access to care. A life event can include getting married or divorced, moving, giving birth, adopting a child, or retiring.
 - Register in DEERS through the milConnect website at <https://milconnect.dmdc.osd.mil>. The milConnect website is the Defense Manpower Data Center's online portal that provides access to DEERS information.
 - Information can also be updated by phone, fax, or by visiting a Uniformed Services ID, card-issuing facility.
 - When making changes, proper documentation, such as a marriage certificate, divorce decree, birth certificate, and/or adoption papers, is required.
- Note:** Only sponsors or sponsor-appointed individuals with valid power of attorney can add a family member. Family members age 18 and older may update their own contact information.
- Remember, providers are legally permitted to copy military and dependent ID cards to verify TRICARE eligibility.
 - For more information, visit www.tricare.mil/deers.

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- **Optional Presenter Comment:** Now we'll discuss TRICARE program coverage.

TRICARE Prime Remote Options

- TRICARE Prime Remote (TPR) is similar to TRICARE Prime but is available to ADSMs living and working in remote locations.
- TRICARE Prime Remote for Active Duty Family Members (TPRADFM) is available to eligible active duty family members, including transitional survivors, who live at the TPR-enrolled sponsor's address.
- Enrollment is required and beneficiaries receive care from TRICARE network providers (or a TRICARE-authorized provider if a network provider is unavailable).
- There are no annual enrollment fees for ADSMs and ADFMs enrolled in TPR or TPRADFM.



- TRICARE Prime Remote, or TPR, is a benefit similar to TRICARE Prime, but is available to active duty service members, or ADSMs, living and working in remote locations.
- TRICARE Prime Remote for Active Duty Family Members, or TPRADFM, is available to eligible active duty family members, or ADFMs, including transitional survivors, who live at the TPR-enrolled sponsor's address. Spouses and children are considered "transitional survivors" for the first three years after an active duty sponsor dies.
- Enrollment is required for TPR and TPRADFM. These programs offer the same low out-of-pocket costs as TRICARE Prime and beneficiaries receive care from TRICARE network providers (or a TRICARE-authorized provider if a network provider is unavailable).
- There are no annual enrollment fees for ADSMs and ADFMs enrolled in TRICARE Prime Remote or TRICARE Prime Remote for Active Duty Family Members.

Eligibility

You may be eligible for TPR or TPRADFM if you're:

- An ADSM who lives **and** works more than 50 miles (or an hour's drive time) from a military hospital or clinic
- An ADFM who lives with a TPR-enrolled sponsor, or a transitional survivor
- A National Guard and Reserve member called or ordered to active service for more than 30 consecutive days who lives and works in a TPR-qualifying location
- A family member of a National Guard or Reserve sponsor who is called or ordered to active service for more than 30 consecutive days and who lives with a TPR-enrolled sponsor **at the time of activation**

- ADSMs who live **and** work more than 50 miles (or approximately a one-hour drive) from a military hospital or clinic in TPR-designated ZIP codes must enroll in TPR.
- ADFMs who live at the TPR-enrolled sponsor's address are eligible for TPRADFM. Once you enroll in TPRADFM, you may remain in TPRADFM as long as your sponsor is enrolled in TPR and you live at the TPR-enrolled sponsor's address, or if your sponsor receives a subsequent unaccompanied permanent change of assignment and you continue to live in the same TPR location. If you choose not to enroll in TPRADFM, you can enroll in TRICARE Select.
- All transitional survivors may enroll in TPRADFM. Surviving spouses remain eligible for TPRADFM for three years following the sponsor's death and will have ADFM benefits and costs. Eligibility for surviving unmarried children under age 21 (or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provided over 50% of the financial support) will not change after three years, and they will remain covered as ADFMs until eligibility ends due to age limits or for another reason (e.g., marriage).
- National Guard and Reserve members called or ordered to active service for more than 30 consecutive days are eligible for TRICARE as ADSMs and are eligible for TPR if they live and work in a TPR-qualifying location.
- Family members of National Guard and Reserve sponsors who are called or ordered to active service for more than 30 consecutive days are eligible for TPRADFM if they live at the TPR-enrolled sponsor's address on the day of their sponsor's activation or the effective date of early eligibility.
- To determine if you are eligible, visit www.tricare.mil/tpr and search your sponsor's home and work ZIP codes.

Enrollment

- Complete and submit a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form* (DD Form 2876) available at www.tricare.mil/forms.
- For ADSMs, coverage is effective on the day the form is received by the regional contractor. ADSMs must enroll in TPR, if eligible.
- Enrollment in TPRADFM is optional for ADFMs. However, ADFMs must enroll in TPRADFM within 90 days of their move to a TPR location or during TRICARE Open Season. ADFMs who elect not to enroll in TPRADFM can enroll in TRICARE Select.
- There are no annual enrollment fees for ADSMs and ADFMs enrolled in TPR or TPRADFM. For cost information, visit www.tricare.mil/costs.

- Eligible beneficiaries who wish to enroll in TPR or TPRADFM must complete and submit a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form*, or *DD Form 2876*. Enrollment applications may be downloaded from www.tricare.mil/forms.
- For ADSMs and ADFMs, enrollment in TPR is effective on the date the regional contractor receives the enrollment application.
- Enrollment in TPRADFM is optional for ADFMs. However, ADFMs must enroll in TPRADFM within 90 days of their move to a TPR location or during TRICARE Open Season. ADFMs who elect not to enroll in TPRADFM can enroll in TRICARE Select.
- There are no annual enrollment fees for ADSMs and ADFMs enrolled in TPR and TPRADFM.

Note: Open season is an annual period when you may make changes to your health plan. TRICARE Open Season begins on the Monday of the second full week in November and ends on the Monday of the second full week in December. Enrollment choices made during open season take effect on Jan. 1, after open season. Visit www.tricare.mil/openseason for dates and more information.

Note: You can also enroll or make changes to your health plan with a Qualifying Life Event, or QLE. A QLE is a certain change in your life, such as marriage, birth of a child, or retirement from active duty, which may mean different TRICARE options are available to you. A QLE opens a 90-day period for you and family members to make eligible enrollment changes. To learn more, visit www.tricare.mil/lifeevents.

Note: While family members may decide to enroll in TRICARE Select, active duty sponsors are required to enroll in TPR, if eligible. If you're moving from one TPR location to another, you may transfer your TPR or TPRADFM enrollment by phone, by mail, or by using the Beneficiary Web Enrollment website if you're a stateside beneficiary. For more information, visit <https://milconnect.dmdc.osd.mil>. For cost information, visit www.tricare.mil/costs.

Primary Care Manager

- TPR and TPRADFM enrollees will receive most care from a primary care manager (PCM).
- Your PCM will:
 - Provide preventive services and care for routine illnesses or injuries
 - Manage referrals to specialists or hospitals, if needed
- If more than one network PCM is available, you may choose the PCM you prefer.
- If no network PCM is available, you may use a TRICARE-authorized provider.

- TPR and TPRADFM enrollees will receive most care from a primary care manager, or PCM.
- PCMs provide preventive services, care for routine illnesses or injuries, coordinate access to urgent care, and manage referrals to specialists or hospitals, if needed.
- If more than one network PCM is available, you may choose the PCM you prefer.
- Beneficiaries who live in areas without TRICARE network providers may use any TRICARE-authorized provider for primary care. Beneficiaries may contact their regional contractors to locate TRICARE-authorized providers or visit www.tricare.mil/findadoctor.

TRICARE Young Adult (TYA)

- You may generally purchase TYA coverage if you're all of the following:
 - A dependent of an eligible uniformed service sponsor
 - Unmarried
 - At least age 21 (or age 23 if previously enrolled in a full-time course of study at an approved institution of higher learning and if the sponsor provided at least 50% of the financial support), but have not yet reached age 26
- You may **not** purchase TYA coverage if you're eligible to enroll in an employer-sponsored health plan as defined in TYA regulations, otherwise eligible for TRICARE program coverage, or are married.

For more information, visit www.tricare.mil/tya.

- TRICARE Young Adult, or TYA, is a premium-based health plan available for purchase by qualified young adult dependents who have aged out of TRICARE.
- You may buy TYA coverage if you're **all** of the following:
 - A dependent of an eligible uniformed service sponsor
 - Unmarried
 - At least age 21, but not yet age 26
 - Not eligible to buy health care through your job
 - Not otherwise eligible for TRICARE program coverage
 - Not a uniformed service sponsor, including a member of the Selected Reserve
- TYA includes medical and pharmacy benefits but doesn't include dental coverage. TYA offers TRICARE Prime and TRICARE Select coverage worldwide. Your sponsor's status and your location determine which TYA plan you may buy.
- With TYA, you must enroll and pay monthly premiums. You have the same provider choice and costs as those with TRICARE Prime or TRICARE Select.
- You have four options to enroll in TYA:
 - Online by using the Beneficiary Web Enrollment website, or BWE, at <https://milconnect.dmdc.osd.mil>.
 - Call your regional contractor.
 - Fax your enrollment form to your regional contractor.
 - Mail your enrollment form to your regional contractor.
- An initial two-month premium payment is due with enrollment. For more information and costs, visit www.tricare.mil/tya.

Routine Care

- Routine care includes general office visits for the treatment of symptoms, chronic or acute illnesses and diseases, and follow-up care for an ongoing medical condition.
- Routine care also includes preventive care services to help keep you healthy. You will receive most of your routine or primary care from your PCM.
- Visit www.tricare.mil/coveredservices for more information.

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

- Routine care includes general office visits for the treatment of symptoms, chronic or acute illnesses and diseases, and follow-up care for an ongoing medical condition.
- Routine care also includes preventive care services to help keep you healthy. You'll receive most of your routine or primary care from your PCM.
- Visit www.tricare.mil/coveredservices for more information.

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

Specialty Care

- PCMs coordinate care with the regional contractor.
- For ADSMs, urgent specialty care referrals—less than 48 hours after the visit to the PCM—the regional contractor will review and approve the request.
 - If further specialty care is required, the regional contractor will submit the request to the Defense Health Agency—Great Lakes (DHA-GL), which reviews the request and assesses if the ADSM needs a fitness-for-duty determination.
- For more information, contact the DHA-GL at **1-888-647-6676**.
- Specialty care referrals for TPRADFM enrollees are managed by the regional contractor, not the DHA-GL.
- When referred for specialty care more than 100 miles from your PCM's office, you may be eligible for travel reimbursement.

- If specialty care is needed, PCMs coordinate care with the regional contractor.
- For ADSMs, any urgent specialty care referrals, meaning less than 48 hours from the time of the PCM initial office visit, will be sent to the regional contractor for review and approval. If you need additional specialty care, the regional contractor will refer the request to the Defense Health Agency—Great Lakes, or DHA-GL. The DHA-GL reviews all requests and assesses if the ADSM needs a fitness-for-duty determination.
- ADSMs with questions may call the DHA-GL at **1-888-647-6676**.
- Specialty care referrals for TPRADFM beneficiaries are managed by the regional contractor, not the DHA-GL.
- Beneficiaries who do not have a network PCM will need to coordinate their own specialty care with their regional contractors or the DHA-GL.
- Non-active duty TRICARE Prime enrollees and those enrolled in TPRADFM who are referred by their PCMs for specialty care at a location more than 100 miles (one way) from the PCM's office may be eligible to have reasonable, actual-cost travel expenses reimbursed by TRICARE (e.g., lodging, meals, gas and oil, tolls, parking, public transportation). To find out if you are eligible, contact your regional contractor.

Note: Travel for ADSMs is reimbursed through other travel regulations. ADSMs should contact their unit representatives for information about traveling long distances for medical care.

Point-of-Service Option for Family Members

The TRICARE point-of-service (POS) option gives you the freedom, at an additional cost, to receive nonemergency health care services from any TRICARE-authorized provider without a PCM referral.

Charges	Individual	Family
POS deductible per calendar year (January 1–December 31) for outpatient care only	\$300	\$600
POS cost-share for outpatient care	50% of TRICARE-allowable charge after annual POS deductible is met	
POS cost-share for inpatient care	50% of TRICARE-allowable charge after annual POS deductible is met	
Any additional charges by nonparticipating providers	The beneficiary is responsible for payment. Nonparticipating providers in the United States can charge up to 15% above the TRICARE-allowable charge for services.	

- The point-of-service, or POS, option gives TPRADFM enrollees the freedom, at an additional cost, to receive nonemergency health care services from any TRICARE-authorized provider without requesting a referral.
- You pay more out of pocket when using the POS option.
- The POS option does **not** apply to:
 - ADSMs
 - Newborn and adopted children until enrolled in TRICARE Prime
 - **Note:** Children are covered by TRICARE Prime for 90 days (120 days overseas) after birth or adoption as long as one other family member is enrolled. The POS option won't apply to children during this time or until the date the contractor receives the enrollment form.
 - Emergency care
 - Clinical preventive care received from a network provider in your region
 - Beneficiaries with other health insurance

Note: POS deductible and cost-share amounts are not creditable to your calendar year catastrophic cap. You can learn more at www.tricare.mil/pointofservice.

Emergency and Urgent Care

- In an emergency, call 911 or go to the nearest emergency room.
 - Your PCM must be notified within 24 hours or on the next business day following admission to coordinate ongoing care and to ensure you receive proper authorization.
- Urgent care referrals for most TPR/TPRADFM enrollees are no longer required.
 - ADSMs enrolled in TPR are still subject to Department of Defense and their military service regulations on care received outside of a military hospital or clinic.
 - No POS charges will apply if you receive care at a TRICARE-authorized (network or non-network) urgent care center.
 - If not, POS charges will apply.

- TRICARE defines an emergency as a serious medical condition that the average person would consider to be a threat to life, limb, sight, or safety.
- If you have an emergency, please call 911 or go to the nearest emergency room. You don't need to call your PCM or regional contractor before receiving emergency medical care. However, in all emergencies, your PCM must be notified within 24 hours or on the next business day following admission to coordinate ongoing care and to ensure you receive proper authorization.
- Urgent care services are medically necessary services required for an illness or injury that would not result in further disability or death if not treated immediately, but that require professional attention within 24 hours. You could require urgent care for conditions such as a sprain, sore throat, or rising temperature, as each of these has the potential to develop into an emergency if treatment is delayed longer than 24 hours.
- Most TPR and TPRADFM enrollees can get urgent care without a referral. If you're an ADSM enrolled in TPR, you can also receive urgent care without a referral. However, Department of Defense and your military service requirements regarding getting care from outside of a military hospital or clinic still apply.
- To avoid paying POS charges, you should seek care from a TRICARE-authorized (network or non-network) urgent care center.

Covered Mental Health and Substance Use Disorder Services

TRICARE covers mental health and substance use disorder (SUD) care that is medically or psychologically necessary.

- TRICARE covers both:
 - Outpatient services (including via telemedicine)
 - Inpatient services (emergency and nonemergency)
- Availability, referral, and pre-authorization requirements vary by beneficiary type, location, and TRICARE program option.
- ADSMs seeking nonemergency mental health or SUD care must obtain a referral and pre-authorization.

- TRICARE mental health care and substance use disorder, or SUD, services are available for you and your family during times of stress, depression, grief, anxiety, mental health crisis, or misuse or abuse of alcohol or drugs.
- TRICARE offers a variety of services for beneficiaries diagnosed with mental health and substance use disorders.
 - TRICARE covers care that is medically or psychologically necessary.
 - Certain limitations may apply. Overseas, additional limitations on mental health and/or SUD services may apply.
 - Availability and referral and pre-authorization requirements vary by beneficiary type, location, and TRICARE program option. For more information, visit www.tricare.mil/mentalhealth.
- There are two categories of services: outpatient and inpatient.
- Outpatient services are offered in an office or non-office setting and provided by psychiatrists, certified psychiatric nurse specialists, psychologists, social workers, and other mental health professionals. TRICARE-covered outpatient services may include individual, family and group psychotherapy; psychoanalysis; and psychological testing.
 - Referrals and pre-authorizations may be required for certain outpatient services.
 - Physician referral and supervision may be required when seeing mental health counselors and is always required when seeing pastoral counselors.
 - Under some conditions, mental health services may be provided via telemedicine services, which uses secure video conferencing to connect beneficiaries to providers. Telemedicine services have the same requirements for referrals and pre-authorizations as mental health care services.
- Inpatient services include emergency and nonemergency services.
- Referrals and pre-authorization is required for all nonemergency inpatient mental health care services. Psychiatric emergencies don't require pre-authorization, but authorization is required for continued stay.
- ADSMs must obtain a referral and pre-authorization before seeing nonemergency mental health or SUD services.

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Pharmacy Options

Military Pharmacy



- Usually inside military hospitals and clinics
- Get up to a 90-day supply

TRICARE Pharmacy Home Delivery



- Must use this option for some drugs
- Get up to a 90-day supply

TRICARE Retail Network Pharmacy



- Fill prescriptions without submitting a claim
- Get up to a 30-day supply

Non-Network Pharmacy



- Pay full price up front and file a claim to get a portion of your money back
- Get up to a 30-day supply

- TRICARE offers prescription drug coverage and many options for filling your prescriptions. Your options depend on the type of drug your provider prescribes.
- The TRICARE pharmacy benefit is administered by Express Scripts.
- You have the same pharmacy coverage with any TRICARE program option. If you have the US Family Health Plan, you have separate pharmacy coverage.
- To fill a prescription, you need a prescription and a valid uniformed services ID card or Common Access Card.
- This slide shows the options that may be available for filling your prescriptions:
 - Military pharmacies are usually inside military hospitals and clinics. Call your local military pharmacy to check if your prescription drug is available. Visit www.tricare.mil/militarypharmacy for more information.
 - The TRICARE Pharmacy Home Delivery option must be used for some prescription drugs. You'll pay one copayment for each 90-day supply. For information on how to switch to home delivery, visit www.tricare.mil/homedelivery or <https://militaryrx.express-scripts.com>. You can also call Express Scripts at **1-877-363-1303**.
 - You may fill prescriptions at TRICARE retail network pharmacies without having to submit a claim. You'll pay one copayment for each 30-day supply. Visit www.tricare.mil/networkpharmacy to find a TRICARE retail network pharmacy.
 - At non-network pharmacies, you pay the full price for your prescription drug up front and file a claim to get a portion of your money back.
- Your pharmacy will most often fill your prescription with a generic drug. If you need a brand-name drug, your provider can send a request to Express Scripts.
- For more information and costs, visit www.tricare.mil/pharmacy.

Dental Program Options

- **Active Duty Dental Program (ADDP)**
 - Provides civilian dental care to eligible remote ADSMs in two service areas:
 - CONUS (Continental United States)
 - OCONUS (Outside the continental United States)

Note: OCONUS remote ADSMs must be enrolled in TRICARE Prime Remote Overseas to be eligible for ADDP benefits.
 - Administered in the ADDP CONUS and ADDP OCONUS service areas by United Concordia Companies, Inc. (United Concordia)
 - For more information, visit www.addp-ucci.com.
- **TRICARE Dental Program (TDP)**
 - Available to qualifying ADFMs, National Guard and Reserve members and their family members, and survivors
 - Administered worldwide by United Concordia
 - For more information, visit www.uccitdp.com

- There are two TRICARE dental program options available. Your eligibility depends on your beneficiary category.
- The Active Duty Dental Program, or ADDP, provides civilian dental care for ADSMs.
- United Concordia Companies, Inc., also known as United Concordia, administers ADDP both within the continental United States (CONUS) and outside the continental United States (OCONUS).
 - Within the CONUS service area, those eligible for dental care through ADDP include:
 - ADSMs who live and work (duty location) more than 50 miles from a military dental clinic, also known as military dental treatment facility, in the service area
 - National Guard and Reserve members called or ordered to active duty for more than 30 days for a preplanned mission or a contingency operation
 - Certain others, including foreign forces members, based on a reciprocal health care agreement
 - Within the OCONUS service area, those eligible for dental care through ADDP include:
 - ADSMs who are enrolled in TRICARE Prime Remote Overseas
 - Certain National Guard and Reserve members called or ordered to active duty for more than 30 days for a preplanned mission or a contingency operation
 - Certain ADSMs who require emergency dental care
- For more information about ADDP eligibility and benefit details, visit www.addp-ucci.com.
- The TRICARE Dental Program, or TDP, is a voluntary, premium-based dental plan available to qualifying ADFMs, National Guard and Reserve members and their family members, and survivors.
- The TDP benefit is administered by United Concordia.
 - TDP coverage is available worldwide.
- For information about TDP eligibility, coverage, and costs, visit www.uccitdp.com.

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The Affordable Care Act

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



Each tax year, you'll get an Internal Revenue Service (IRS) Form 1095 from your pay center. It will list your TRICARE coverage for each month.



Your Social Security number (SSN) and the SSNs of each of your covered family members should be included in DEERS for your TRICARE coverage to be reflected accurately.

- 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 more information about the Affordable Care Act, visit www.tricare.mil/aca.

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- **Optional Presenter Comment:** Now we'll cover where to find information and assistance.

Looking for **More Information?** **GO TO www.tricare.mil**

Stateside Regional Contractors

- TRICARE East Region
Humana Military
1-800-444-5445
HumanaMilitary.com
www.tricare-east.com
- TRICARE West Region
Health Net Federal Services, LLC
1-844-866-WEST (1-844-866-9378)
www.tricare-west.com

Dental Contractor

- TRICARE Active Duty Dental Program
United Concordia Companies, Inc.
1-866-984-2337 CONUS
1-844-653-4058 OCONUS (using country-specific access codes)
www.addp-ucci.com
- TRICARE Dental Program
United Concordia Companies, Inc.
1-844-653-4061 CONUS
1-844-653-4060 OCONUS
www.uccitdp.com

Overseas Regional Contractor

- TRICARE Overseas Program (TOP)
International SOS Government Services, Inc.
www.tricare-overseas.com/contact-us

More Resources

- TRICARE Website
www.tricare.mil



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

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