TRICARE®
Overseas Program

HANDBOOK

TRICARE offers comprehensive, affordable health care, dental, and pharmacy coverage to meet your changing needs.

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Welcome to **TRICARE**

We stand ready to deliver quality health care to those who protect our country every day—our nation's finest. We are proud to serve you.

TRICARE is the Department of Defense's health care program, serving millions of active duty service members, retired service members, National Guard and Reserve members, family members, and survivors worldwide. As a TRICARE beneficiary, you have access to the health care you need wherever you are.

TRICARE brings together military hospitals and clinics with a network of civilian providers to offer you medical, pharmacy, and dental options that meet your changing needs.

TRICARE partners with International SOS Government Services, Inc. (International SOS) to administer your benefit overseas. International SOS is your go-to resource for information and assistance overseas. The overseas region consists of countries outside the United States, and includes the U.S. territories of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands.

This handbook outlines the TRICARE program options that may be available to you based on who you are, your location, and your entitlement to Medicare.

FIND MORE INFORMATION

You can find this handbook and other TRICARE resources at **www.tricare.mil/publications.**

Learn more about your TRICARE benefit at **www.tricare.mil** and **www.tricare-overseas.com.**

We encourage you to use these resources to take full advantage of your TRICARE benefit.

KEEP YOUR DEERS INFORMATION UP TO DATE

Eligibility for TRICARE is determined by the services as shown in the Defense Enrollment Eligibility Reporting System (DEERS). DEERS is a database of service members and their family members worldwide who are eligible for military benefits.

To use TRICARE, make sure your DEERS record is up to date at **https://milconnect.dmdc.osd.mil**.

TRICARE COVERED SERVICES

This handbook describes the health care, pharmacy, and dental options TRICARE offers. These options differ in terms of the providers you see, how you get care, costs, and whether you file claims. Generally, you have the same covered services, including preventive, mental health, maternity, and pharmacy services, with any TRICARE health plan. Copayments or cost-shares may apply for certain covered services, depending on your TRICARE health plan and beneficiary status.

! To search for covered services, go to **www.tricare.mil/coveredservices.** For costs, go to **www.tricare.mil/costs.**

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

To learn more about the Affordable Care Act, go to **www.tricare.mil/aca.**

You can find other health care coverage options at **www.healthcare.gov.**

YOUR TRICARE OPTIONS BY SPONSOR STATUS

Your TRICARE health plan options can change if you have a Qualifying Life Event, like moving, getting married, or retiring. Use the following graphic to see your options based on sponsor status.

SPONSOR STATUS	OVERSEAS HEALTH CARE OPTIONS	
Active Duty Includes National Guard and Reserve members called or ordered to active duty for more than 30 days for a preplanned mission or in support of a contingency operation	**Sponsor options:** • TRICARE Prime Overseas • TRICARE Prime Remote Overseas	**Family member options:** • TRICARE Prime Overseas (command sponsorship required) • TRICARE Prime Remote Overseas (command sponsorship required) • TRICARE Select Overseas • TRICARE Young Adult (TYA) • TRICARE For Life (TFL) (if entitled to Medicare Part A and have Medicare Part B)
Separated from Service (non-retirement)	**Sponsor and family member options:** After separating from service (non-retirement), the sponsor and family members lose TRICARE eligibility. However, you may qualify for a period of continued coverage under the: • Transitional Assistance Management Program (TAMP) • Continued Health Care Benefit Program (CHCBP)	
Retired	**Sponsor options:** • TRICARE Select Overseas • TFL (if entitled to Medicare Part A and have Medicare Part B)	**Family member options:** • TRICARE Select Overseas • TYA • TFL (if entitled to Medicare Part A and have Medicare Part B)

NATIONAL GUARD AND RESERVE

Qualified non-active duty members of the Selected Reserve and Retired Reserve

Sponsor and family member options: TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Young Adult

See the *TRICARE Choices for National Guard and Reserve Handbook* for more information at **www.tricare.mil/publications.**

TRICARE Overseas Program Areas

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

Eurasia-Africa
Africa, Europe, and the Middle East

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

TRICARE Prime Overseas and TRICARE Prime Remote Overseas

TRICARE Prime Overseas and TRICARE Prime Remote Overseas are health care options for active duty service members (ADSMs) and their eligible, command-sponsored family members. TRICARE Prime Overseas and TRICARE Prime Remote Overseas are similar to a managed-care or health maintenance organization option, which means you get most of your care from a primary care manager (PCM).

ENROLLING IN A TRICARE PRIME OVERSEAS OPTION

You must take action to enroll in a TRICARE Prime Overseas option:

- ADSMs stationed overseas must use TRICARE Prime Overseas or TRICARE Prime Remote Overseas.
- Eligible command-sponsored active duty family members (ADFMs) can enroll in TRICARE Prime Overseas, TRICARE Prime Remote Overseas (based on your location), or TRICARE Select Overseas.

! You can only enroll in or change enrollment to TRICARE Prime Overseas or TRICARE Prime Remote Overseas following a Qualifying Life Event (QLE) or during the annual TRICARE Open Season.

You can enroll online using milConnect, in person at a TRICARE Service Center, by phone, or by mail. For specific instructions, visit **www.tricare.mil/enroll**.

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

HELPFUL TERMS

Qualifying Life Event
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 your family to make eligible enrollment changes. A QLE for one family member means all eligible family members may make enrollment changes. To learn more, visit **www.tricare.mil/lifeevents**.

TRICARE Open Season
The annual period when you can enroll in or change your health care coverage plan for the following year. To learn more, visit **www.tricare.mil/openseason**.

TRICARE Prime Overseas and TRICARE Prime Remote Overseas (continued)

Split Enrollment

Sponsors stationed overseas who have family members in the U.S. can have a split enrollment. This means the sponsor and family members will have different TRICARE Prime options. If you choose not to enroll in a TRICARE Prime option, you can enroll in TRICARE Select.

If a sponsor receives new orders for an unaccompanied tour and the family members are granted command sponsorship to remain at their current location, the family members can retain their TRICARE Prime or TRICARE Prime Remote Overseas coverage in the current location while the sponsor is on unaccompanied orders.

ENROLLMENT FEES

There are no enrollment fees for TRICARE Prime Overseas or TRICARE Prime Remote Overseas.

COSTS FOR COVERED CARE

You don't have any out-of-pocket costs when you get covered health care services from your PCM. However, you may have out-of-pocket costs if you see a nonparticipating non-network provider, even with a pre-authorization.

When seeing nonparticipating non-network providers, expect to pay the full cost of care up front and file a claim to get money back. Outside the U.S. and U.S. territories, there may be no limit to the amount that nonparticipating non-network providers may bill. You're responsible for paying any amount that exceeds the TRICARE-allowable charge. For cost details, go to **www.tricare.mil/costs**.

SEEING A PROVIDER WITHOUT A REFERRAL: THE POINT-OF-SERVICE OPTION

The point-of-service (POS) option allows TRICARE Prime Overseas and TRICARE Prime Remote Overseas family members to see any TRICARE-authorized provider without a referral. You'll pay more up front to get nonemergency health care from any TRICARE-authorized provider without a referral. Costs you pay under the POS option don't count toward your yearly catastrophic cap. The POS option doesn't apply to ADSMs. Learn more at **www.tricare.mil/pointofservice**.

HELPFUL TERMS

Referral
When your primary care manager (PCM) sends you to another provider for care. If you have TRICARE Prime Overseas or TRICARE Prime Remote Overseas and see a provider other than your PCM for nonemergency care without a referral, you'll pay more.

Pre-Authorization
International SOS will review the requested health care service to see if TRICARE will cover the care. To check services that need pre-authorization, go to **www.tricare.mil** or **www.tricare-overseas.com**.

Retroactive Authorization
A referral for care given to TRICARE Prime Overseas family members up to three business days after a health care visit. If you aren't able to get a referral from your primary care manager within three business days of when you got care, your claim will process under the point-of-service option.

Catastrophic Cap
The most you or your family will pay for covered health care services each calendar year.

Copayment
The fixed amount those with TRICARE Select Overseas pay for a covered health care service or drug.

TRICARE Select Overseas

TRICARE Select Overseas is an option for eligible non-ADSMs living overseas. TRICARE Select Overseas works like the stateside TRICARE Select program with similar benefits, requirements, and costs. Premium-based plans that work like TRICARE Select are also available: TRICARE Reserve Select and TRICARE Retired Reserve, which are discussed later.

TRICARE Select Overseas is available to:

- ADFMs
- Retired service members and their family members
- Family members of activated National Guard and Reserve members
- Those in the Transitional Assistance Management Program
- Retired National Guard and Reserve members (at least age 60) and their family members
- Survivors
- Medal of Honor recipients and their family members
- Qualified former spouses

ENROLLING IN TRICARE SELECT OVERSEAS

You must take action to enroll in TRICARE Select Overseas. You can enroll online using milConnect, in person at a TRICARE Service Center, by phone, or by mail. For specific instructions, visit **www.tricare.mil/enroll**.

Your coverage is effective on the date that the enrollment request is received.

! You can only enroll in or change enrollment to TRICARE Select Overseas following a QLE or during the annual TRICARE Open Season.

GETTING CARE

Under TRICARE Select Overseas, you can get care from any provider, unless TRICARE Overseas requirements or local country restrictions apply (such as in the Philippines). Other things to keep in mind are:

- Referrals aren't required.
- You can get care at certain military hospitals or clinics, if space is available.
- Certain services require pre-authorization. For more details, go to **www.tricare.mil/authorization** or contact International SOS.

Health Care Costs

There is no yearly enrollment fee for ADFMs. Retirees, their eligible family members, and others pay enrollment fees.

In TRICARE Select Overseas, you pay an annual deductible and per-visit copayments or cost-shares. You should expect to pay up front for care and file your own claims to be reimbursed. To file your claims online, use the TOP Beneficiary Secure Claims Portal at **https://www.tricare-overseas.com/beneficiary-claims-portal**. Visit **www.tricare.mil/costs** for current costs.

Note: Outside the U.S. and U.S. territories, nonparticipating non-network providers can charge any amount for care. You're responsible for paying any amount that's above the TRICARE-allowable charge, in addition to your deductible and cost-shares.

Filing Claims

Outside the U.S. and U.S. territories, claims must be filed within three years of getting care. Claims for care you received in the U.S. and U.S. territories must be filed within one year of receiving care. You can easily submit your claims online through the TOP Beneficiary Secure Claims Portal. This is the fastest and most secure way to submit claims. Other options include fax and mail. You're responsible for confirming your claims are received. For more information, call International SOS or go to **www.tricare-overseas.com/beneficiaries/claims**.

HELPFUL TERMS

Annual Deductible
A fixed amount you pay for covered services each calendar year before TRICARE pays anything.

Cost-Share
A percentage of the total cost of a covered health care service that you pay.

Options for National Guard and Reserve

HELPFUL TERMS

Premium
The amount you pay for a health care plan you purchase. Premiums apply to those using TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program.

TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR) are premium-based health care plans for certain qualified Selected Reserve and Retired Reserve members, family members, and survivors. TRS and TRR offer comprehensive health care coverage similar to TRICARE Select Overseas.

- Enrollment is required.
- TRICARE Open Season doesn't apply to TRS and TRR. These plans offer continuous open enrollment throughout the year.
- An initial two-month premium payment is due when you enroll.
- Monthly premiums, an annual deductible, and cost-shares apply.
- Get care from any civilian provider without a referral.
- Certain services require pre-authorization.

Note: When a National Guard or Reserve sponsor is activated for more than 30 days for a preplanned mission or in support of a contingency operation, this coverage stops while they get active duty benefits.

To find out more about TRS and TRR, including how to purchase coverage, go to **www.tricare.mil/trs** or **www.tricare.mil/trr**.

TRICARE For Life

TRICARE For Life (TFL) is Medicare-wraparound coverage for TRICARE beneficiaries who have Medicare Part A (hospital insurance) and Medicare Part B (medical insurance), regardless of age or where you live. You must have Medicare Part A and Part B to get TFL coverage overseas, even though Medicare doesn't cover care outside the 50 United States, the District of Columbia, and U.S. territories (American Samoa, Guam, Puerto Rico, the Northern Mariana Islands, and the U.S. Virgin Islands), or care aboard ships outside U.S. territorial waters. This is a requirement based on federal law governing these programs.

TFL COSTS

There are no enrollment fees or forms for TFL, but you must have Medicare Part A and Part B. Medicare covers health care in the U.S. and U.S. territories. In these locations, Medicare pays first and TRICARE pays last. However, TRICARE pays last if you have other health insurance (OHI). Medicare also pays before TRICARE when TFL beneficiaries get care aboard ships in territorial waters adjoining the land areas of the U.S. and U.S. territories. If you don't have OHI and live outside of the U.S. and U.S. territories, TRICARE is the primary payer for your care.

Eligible TFL beneficiaries may receive covered services and supplies from a network provider or any TRICARE-authorized provider. You'll be subject to the applicable catastrophic cap, deductibles, and cost-shares. If a TFL beneficiary receives covered services from a network provider, the beneficiary's out-of-pocket costs will generally be lower. Pre-authorization may be required (except for emergency care). When seeking care from a civilian provider, country-specific requirements may also apply.

For TFL deductibles and cost-shares, visit **www.tricare.mil/costs**.

To get reimbursement for overseas care, submit a claim, a copy of your provider's itemized bill with a diagnosis explanation, proof of payment, completed claim form, and any OHI explanation of benefits to the TRICARE Overseas claims processor. For more information, go to **www.tricare-overseas.com**.

Other Plan Options

TRICARE offers other coverage options for those who have eligibility changes, such as children aging out of regular TRICARE coverage or sponsors separating from service. If you've lost all TRICARE eligibility, you may qualify to buy coverage under the Continued Health Care Benefit Program, discussed below.

TRICARE YOUNG ADULT

TRICARE Young Adult (TYA) is a premium-based health care plan for qualified adult children who have aged out of TRICARE. TYA offers TRICARE Prime and TRICARE Select worldwide. Your location and sponsor's status determine whether you qualify for TYA Prime, TYA Select, or both. TYA includes medical and pharmacy benefits, but not dental coverage. Coverage, provider choice, and costs for TYA are the same as for TRICARE Prime Overseas and TRICARE Select Overseas.

You may generally purchase TYA coverage if you're an adult child of a TRICARE-eligible sponsor; unmarried; at least age 21, but not yet age 26; and not otherwise eligible for TRICARE or employer-based coverage. TRICARE Open Season doesn't apply to TYA. TYA Prime and TYA Select offer continuous open enrollment throughout the year. For more information, go to **www.tricare.mil/tya**.

TRANSITIONAL COVERAGE OPTIONS

TRICARE offers benefits to help certain service members and their eligible family members, so they have ample time to make arrangements for ongoing health care coverage while transitioning to civilian life.

Transitional Assistance Management Program

The Transitional Assistance Management Program (TAMP) offers 180 days of premium-free TRICARE coverage after your sponsor separates from the military. If you're eligible, TAMP starts the day after the sponsor separates from service. For more information, go to **www.tricare.mil/tamp**.

Continued Health Care Benefit Program

The Continued Health Care Benefit Program (CHCBP) is a premium-based health care program managed by Humana Military. CHCBP offers continued health coverage (18–36 months) after TRICARE coverage ends. Certain former spouses who haven't remarried before age 55 may qualify for an unlimited duration of coverage. If you qualify, you can purchase CHCBP coverage within 60 days of loss of TRICARE or TAMP coverage, whichever is later. TRICARE Open Season doesn't apply to CHCBP. CHCBP offers continuous open enrollment throughout the year. For more information, go to **www.tricare.mil/chcbp**.

Note: You aren't entitled to space-available care at military hospitals or clinics while in CHCBP.

EXTENDED CARE HEALTH OPTION

The Extended Care Health Option (ECHO) provides supplemental services beyond those offered by a TRICARE program option to qualifying ADFMs with mental or physical disabilities.

To get ECHO, you must first enroll in your uniformed service's Exceptional Family Member Program (EFMP) (unless waived in specific situations) and register for ECHO with International SOS. To download the *TRICARE Overseas Program (TOP) Extended Care Health Option (ECHO) Registration Form*, visit **www.tricare-overseas.com**. For more information about EFMP, contact your service branch's EFMP representative. Learn more about ECHO eligibility and services at **www.tricare.mil/echo**.

GETTING CARE IN THE PHILIPPINES

There are two provider types in the Philippines: Preferred Provider Network (PPN) providers and certified providers. If you live or travel in the Philippines, you must see a PPN provider or certified provider for your medical care. If you receive care from any other provider, your out-of-pocket costs may be higher. Visit **www.tricare-overseas.com/beneficiaries/philippines** for more information about getting care and finding a provider in the Philippines.

BENEFICIARY SUPPORT CENTER

The Beneficiary Support Center (BSC) is available 24/7 to provide general assistance, connect you with telephonic language assistance, and answer your questions about enrollment, disenrollment, claims processing, and more over the phone. You can connect to the BSC by calling the TRICARE Overseas Program (TOP) Regional Call Center. Visit **www.tricare-overseas.com/contact-us** to learn more.

MYCARE OVERSEAS

If you need additional assistance at any time, the MyCare Overseas app is set up to help you easily access information about your health plan, overseas providers, medical appointments, referrals, claims, and much more. You can download the mobile app for free. Go to **www.tricare-overseas.com/beneficiary-app** to learn more about MyCare Overseas.

OVERSEAS PROVIDER TYPES

TRICARE-authorized providers meet TRICARE licensing and certification requirements and are certified by TRICARE to give you care. If you see a provider that isn't TRICARE-authorized, you're responsible for the full cost of care. The following table lists different types of TRICARE-authorized providers.

PROVIDER TYPES	DESCRIPTIONS	KEY FEATURES
Network provider (files claims for you)	Has entered into a formal agreement with International SOS to provide medical care or services for those in TRICARE Prime Overseas and TRICARE Prime Remote Overseas	• Assurance of quality care: Institutional network providers' credentials and medical capabilities are reviewed at least once every three years • Guarantee that the provider can directly or indirectly communicate in English • Cashless/claimless services for TRICARE Prime Overseas and TRICARE Prime Remote Overseas beneficiaries • Provider's performance is monitored on an ongoing basis to help ensure your satisfaction and quality care
Participating non-network provider (may file claims for you)	Hasn't entered into an agreement with International SOS, but agrees to provide cashless/claimless care to those in TRICARE Prime Overseas	• Verified and licensed to practice in the country where they operate • Hasn't completed the full International SOS credentialing process
Preferred provider (Philippines)	Agrees to comply with certain TRICARE requirements and business processes in the Philippines	• Accepts established reimbursement rates; you'll only be responsible for applicable deductible and cost-shares • Deductible and cost-shares may be paid up front • If payment isn't made up front, preferred providers will collect only the applicable deductible and cost-shares after getting the TRICARE explanation of benefits
Certified provider (Philippines)	Meets TRICARE required on-site verification and provider certification requirements	• Can charge TRICARE for your claims • Providers may submit claims on your behalf, but you should expect to pay up front for care. • There may be no limit to the billed amount that certified providers charge in the Philippines. You're responsible for paying any amount above the TRICARE-allowable charge in addition to your deductible and cost-shares.
Nonparticipating non-network civilian provider	Hasn't agreed to participate in the TRICARE Overseas Program	• May not provide cashless/claimless service; you may be required to pay up front and file a claim to be reimbursed

NEAR PATIENT PROGRAM

If you're stationed in Bahrain, Belgium, Germany, Greece, Italy, Japan, Luxembourg, the Netherlands, Poland, Romania, Spain, or South Korea, you'll have access to the Near Patient Program (NPP). The NPP provides in-country medical professionals who work with TRICARE Overseas providers and help you navigate the local health care system. If you aren't in an NPP location, the TOP Regional Call Center can provide support. Visit **www.tricare-overseas.com/near-patient-program** to learn more.

The TRICARE Pharmacy Program provides prescription drugs through military pharmacies, TRICARE Pharmacy Home Delivery, TRICARE retail network pharmacies, and non-network pharmacies. Your options for filling your prescription depend on the type of drug your provider prescribes. Over-the-counter (OTC) drugs aren't covered overseas (except in U.S. territories). This includes drugs that are considered OTC in the U.S., even when they require a prescription in a foreign country. For more information about the TRICARE pharmacy benefit, go to **www.tricare.mil/pharmacy** and download the *TRICARE Pharmacy Program Handbook* at **www.tricare.mil/publications**.

OVERSEAS PHARMACY OPTIONS

In some locations, you may have to pay for your drugs up front and file claims to be reimbursed on covered drugs.

OPTIONS FOR FILLING PRESCRIPTIONS	DESCRIPTION OF OPTIONS
Military pharmacies	• No cost for up to a 90-day supply of most covered drugs • Usually don't carry non-formulary drugs
TRICARE Pharmacy Home Delivery (not available in Germany)	• No cost for ADSMs. For all other beneficiaries, copayments apply. • Must have an APO/FPO/DPO address or be assigned to a U.S. Embassy or Consulate
TRICARE retail network pharmacies	• Pay one copayment for each 30-day supply of covered drugs • No need to file claims • Located in the U.S. and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands
Overseas pharmacies	• Pay full price and file a claim to be reimbursed on covered drugs • With TRICARE Prime Overseas and TRICARE Prime Remote Overseas, you get 100% of your money back if using an overseas pharmacy to fill prescriptions covered by TRICARE • With TRICARE Select Overseas, you pay a deductible and cost-shares

FOUR CATEGORIES OF DRUGS

TRICARE groups prescription drugs into four categories. This grouping is based on medical effectiveness and cost of a drug compared to other drugs of the same type. The following graphic shows how drugs in different categories may cost more and be harder to get.

Generic formulary drugs

$

- Widely available
- Lowest out-of-pocket costs

Brand-name formulary drugs

$ $

- Generally available
- Moderate out-of-pocket costs

Non-formulary drugs

$ $ $

- May have limited availability
- Higher out-of-pocket costs

Non-covered drugs

$ $ $ $

- Not covered by TRICARE
- Highest out-of-pocket costs (You pay 100% of the drug's cost)

DENTAL AND VISION OPTIONS

VISION COVERAGE

Retirees, their eligible family members, and active duty family members enrolled in a TRICARE health plan may qualify to purchase vision coverage through the Federal Employees Dental and Vision Insurance Program (FEDVIP), offered by the U.S. Office of Personnel Management. When eligible, you can enroll during the fall Federal Benefits Open Season or following a FEDVIP QLE.

For information about TRICARE and FEDVIP, visit **www.tricare.mil/vision**.

There are three dental options that are separate from TRICARE health care options.

- Active Duty Dental Program (ADDP)
- TRICARE Dental Program (TDP)
- Federal Employees Dental and Vision Insurance Program (FEDVIP)

For eligibility and more information, go to **www.tricare.mil/dental.**

Active Duty Dental Program

Administered by United Concordia

www.addp-ucci.com

Outside the continental United States (OCONUS):

- ADSMs who are enrolled in TRICARE Prime Remote Overseas (Non-remote OCONUS ADSMs aren't eligible for ADDP and receive care from their assigned military dental clinic)
- 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

TRICARE Dental Program

Administered by United Concordia

www.uccitdp.com

- ADFMs
- National Guard and Reserve members and their eligible family members
- Individual Ready Reserve members and their eligible family members
- Survivors

Federal Employees Dental and Vision Insurance Program

Offered by the U.S. Office of Personnel Management

www.benefeds.com

- Retired service members and their eligible family members
- Retired National Guard and Reserve members and their eligible family members
- Certain survivors
- Medal of Honor recipients and their immediate family members and survivors

TRICARE Offers Dental Coverage Options with Worldwide, Portable Coverage

ADDP

The ADDP provides dental benefits for OCONUS ADSMs enrolled in TRICARE Prime Remote Overseas to ensure dental health and deployment readiness.

TDP

Voluntary enrollment

Single and family plans

Monthly premiums

Coverage for most preventive and diagnostic services

FEDVIP

FEDVIP is a voluntary dental program that offers eligible TRICARE participants a choice among a number of dental carriers. Some plans offer both standard and high coverage options.

For Information and Assistance

www.tricare.mil

You can sign up to get TRICARE updates by email at **www.tricare.mil/subscriptions.** For TRICARE fact sheets, brochures, and other benefit resources, go to **www.tricare.mil/publications.**

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TRICARE Reserve Select
www.tricare.mil/trs

TRICARE Retired Reserve
www.tricare.mil/trr

Reserve Integration
www.people.mil

TRICARE Young Adult
www.tricare.mil/tya

TRICARE For Life
www.tricare.mil/tfl

Wisconsin Physicians Service
Military and Veterans Health
(U.S. and U.S. territories)
1-866-773-0404
1-866-773-0405 (TDD/TTY)
www.TRICARE4u.com

Defense Enrollment Eligibility Reporting System (DEERS)
1-800-538-9552
www.tricare.mil/deers

milConnect (Enroll, update DEERS, or get eCorrespondence)
https://milconnect.dmdc.osd.mil

TRICARE Pharmacy Program
www.tricare.mil/pharmacy

Express Scripts, Inc.
(U.S. and U.S. territories)
1-877-363-1303
www.militaryrx.express-scripts.com

Active Duty Dental Program
www.addp-ucci.com

United Concordia Companies, Inc.
1-844-653-4058 (OCONUS)
Country-specific access codes are available on the ADDP website.
1-866-984-2337 (CONUS)

TRICARE Dental Program
www.uccitdp.com

United Concordia Companies, Inc.
1-844-653-4060 (OCONUS)
1-844-653-4061 (CONUS)
711 (TDD/TTY)

Federal Employees Dental and Vision Insurance Program
www.benefeds.com

Transitional Assistance Management Program
www.tricare.mil/tamp

Continued Health Care Benefit Program
Humana Military
1-800-444-5445
www.tricare.mil/chcbp

Military Health System
www.health.mil

1. *For toll-free contact information, go to **www.tricare-overseas.com/contact-us**. Only call Medical Assistance numbers to coordinate overseas emergency care.*

An Important Note About TRICARE Program Information
At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. ***Military hospital and clinic guidelines and policies may be different than those outlined in this publication.*** *For the most recent information, contact the TRICARE Overseas Program contractor, your TRICARE Service Center, or your local military hospital or clinic.*

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