

TRICARE[®] Overseas Program



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

Welcome to **TRICARE**

TRICARE is the Department of Defense's healthcare 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. 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 U.S. 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 eligibility for Medicare.

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.



C 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 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.

C TRICARE COVERED SERVICES

This handbook describes the healthcare, 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. To find covered services, go to www.tricare.mil/coveredservices.

Copayments or cost-shares may apply for certain covered services, depending on your TRICARE health plan and beneficiary status. For costs, go to www.tricare.mil/costs.



Your TRICARE Options by Sponsor Status 4



Healthcare Options 5

↔ R

Overseas Provider Types 12

ſø

TRICARE Pharmacy Program 13



Dental and Vision Options 14

15

Helpful Resources

3

Your TRICARE health plan options can change if you have a TRICARE Qualifying Life Event, like moving, getting married, or retiring. Use the following table 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 Overseas¹ (command sponsorship required) TRICARE Prime Remote Overseas¹ (command sponsorship required) TRICARE Prime Remote Overseas TRICARE Select Overseas TRICARE Select Overseas TRICARE Young Adult TRICARE For Life (if entitled to Medicare Part A and have Medicare Part B)² | |
| 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 TRICARE Young Adult | |
| 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 Continued Health Care Benefit Program | |
| Retired | Sponsor options: TRICARE Select Overseas TRICARE For Life² Family member options: TRICARE Select Overseas TRICARE Young Adult TRICARE For Life² | |

1. Command sponsorship required

2. If entitled to Medicare Part A and have Medicare Part B

TRICARE AND THE AFFORDABLE CARE ACT

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 healthcare coverage options at www.healthcare.gov.

BENEFICIARY GROUPS

You fall into one of two categories based on when your sponsor became affiliated with the uniformed services, either through enlistment or appointment:

- If your sponsor's initial enlistment or appointment occurred before Jan. 1, 2018, you're in Group A.
- If your sponsor's initial enlistment or appointment occurred on or after Jan. 1, 2018, you're in **Group B**.

Group A and Group B have different enrollment fees and out-of-pocket costs.

TRICARE Prime Overseas Options

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

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 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 TRICARE Qualifying Life Event 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 instructions, visit www.tricare.mil/enroll.

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

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.

HELPFUL TERMS

TRICARE 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 healthcare plan for the following year. To learn more, visit www. tricare.mil/openseason.

HELPFUL TERMS

Referral

When your primary care manager 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 healthcare service to see if TRICARE will cover the care. To check services that need pre-authorization, go to www.tricare.mil/authorization.

Retroactive authorization

A referral for care given to TRICARE Prime Overseas family members up to three business days after a healthcare 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-ofservice option.

Catastrophic cap

The most you or your family will pay for covered healthcare services each calendar year.

TRICARE Prime Overseas Options (continued)

TRICARE PRIME OVERSEAS COSTS

TRICARE Prime Overseas and TRICARE Prime Remote Overseas have no enrollment fees.

You don't have any out-of-pocket costs when you get covered healthcare 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 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**.

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.

TRICARE Select Overseas is available to:

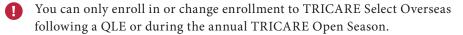
- ADFMs
- Retired service members and their family members
- Family members of activated National Guard and Reserve members
- Those in the Transitional Assistance Management Program
- Retired National Guard and Reserve members (at least age 60) and their family members
- Survivors
- Medal of Honor recipients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

TRICARE Select Overseas (continued)

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.



C 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, in most situations.
- Certain services require pre-authorization. For more details, go to **www.tricare.mil/authorization** or contact International SOS.
- You can get care at certain military hospitals or clinics, if space is available.

C TRICARE SELECT OVERSEAS COSTS

There's 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. 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 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, go to **www.tricare.mil/overseasclaims** or call International SOS.

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 healthcare service that you pay.

Copayment

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

Options for National Guard and Reserve

HELPFUL TERMS

Premium

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

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



TRICARE Reserve Select and TRICARE Retired Reserve are premium-based healthcare plans for certain qualified Selected Reserve and Retired Reserve members, family members, and survivors. TRS and TRR offer comprehensive healthcare 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, in most situations.
- 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 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.

C 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. 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 get care outside of the U.S. and U.S. territories and you don't have OHI, TRICARE is the primary payer for your care.

Outside the U.S. and U.S. territories, 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 deductibles, cost-shares, and catastrophic cap. If you get covered services from a network provider, your 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.

For reimbursement for overseas care, you must submit a claim. Be sure to include 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 about filing overseas claims, visit www.tricare.mil/overseasclaims.

If you have Medicare Part A and Part B, you have TFL.

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 is a premium-based healthcare 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 healthcare coverage while transitioning to civilian life.

Transitional Assistance Management Program

The Transitional Assistance Management Program 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 is a premium-based healthcare 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: While in CHCBP, you aren't eligible to receive care at military hospitals and clinics, except in a medical emergency.

EXTENDED CARE HEALTH OPTION

The Extended Care Health Option 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 (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**.

BENEFICIARY SUPPORT CENTER

The Beneficiary Support Center 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. Call the TRICARE Overseas Program Regional Call Center to connect to the BSC. 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.

🗘 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. The NPP provides in-country medical professionals who work with TRICARE Overseas providers and help you navigate the local healthcare 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.

GETTING CARE IN THE PHILIPPINES

There are two provider types in the Philippines: Preferred Provider Network 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 get 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.

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 TYPE | DESCRIPTION | 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. |

TRICARE PHARMACY PROGRAM

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 and your location. Over-the-counter 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 another 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 for covered drugs. In the Philippines, you must use a certified pharmacy.

| 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. Ship to any address in the U.S. and U.S. territories. In other locations, you must have an APO/FPO/DPO address or be assigned to a U.S. Embassy or Consulate. |
| TRICARE retail network pharmacies Located in the U.S. and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands | No cost for ADSMs. All others pay one copayment for each 30-day supply of covered drugs. No need to file claims |
| 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. |

Note: In the U.S. and U.S. territories, all beneficiaries (except ADSMs) can only fill certain brand-name maintenance drugs at a retail pharmacy twice. After that, you must fill your long-term medication through home delivery or a military pharmacy. Learn more at **www.tricare.mil/maintenance**.

C 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*

- Covered by TRICARE
- Widely available
- Lowest cost to you

\$

Brand-name formulary drugs*

(\$)(\$

- Covered by TRICARE
- Generally available
- Moderate cost

Non-formulary drugs*

- Covered by TRICARE
- May not be available
- Higher cost

\$\$\$

Non-covered drugs

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

\$\$\$\$

* May require pre-authorization or determination of medical necessity

Dental Coverage

TRICARE offers dental coverage options with worldwide, portable coverage. There are three dental options that are separate from TRICARE healthcare options: Active Duty Dental Program, TRICARE Dental Program, and Federal Employees Dental and Vision Insurance Program. For eligibility and more information, go to www.tricare.mil/dental.

| PLAN | WHO S ELIGIBLE | DETAILS |
|--|--|--|
| Active Duty Dental Program Administered by United Concordia www.addp-ucci.com | Certain active duty service members Certain National Guard and Reserve members called or ordered to active duty for more than 30 days for a federal preplanned mission or in support of a contingency operation Certain others | Provides coverage for civilian dental care to ensure dental health and deployment readiness. Available worldwide in two service areas: CONUS (continental U.S.)—includes the U.S. territories of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands OCONUS (outside the continental U.S.)—all other countries, island masses, and territorial waters outside the ADDP CONUS service area. |
| 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 Certain survivors | Voluntary enrollment Single and family plans Monthly premiums Coverage for most preventive and diagnostic services |
| Federal Employees Dental and Vision Insurance Program Offered by the U.S. Office of Personnel Management www.benefeds.gov | 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 | 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. |

Vision Coverage

Retirees, their eligible family members, and ADFMs enrolled in a TRICARE health plan may qualify to purchase vision coverage through FEDVIP. The U.S. Office of Personnel Management offers FEDVIP. When eligible, you can enroll during the fall Federal Benefits Open Season or following a FEDVIP QLE.

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

Getting Care

Your beneficiary category and TRICARE plan determine your rules for getting care. Learn more at **www.tricare.mil/gettingcare** and check out the following resources.

- Find a military hospital or clinic: Whether you're at home or traveling, find the nearest military hospital or clinic. Get started at www.tricare.mil/mtf.
- Find a doctor: The Find a Doctor Wizard can help you find TRICAREauthorized providers near you. Get started at www.tricare.mil/ finddoctor.
- **Covered services**: Explore TRICARE's comprehensive healthcare coverage. Search by keyword or browse by category at **www.tricare.mil**/ **coveredservices**.
- MHS GENESIS Patient Portal: Access your Military Health System health record 24/7. You can also book and cancel appointments, request prescription refills and renewals, see clinical notes and certain test results, and exchange secure messages with your military healthcare team. You can log in to the patient portal at https://my.mhsgenesis.health.mil. Learn more at www.tricare.mil/mhsgenesis.
- Military Health System Nurse Advice Line: Speak to a registered nurse by phone, web chat, or video chat 24/7. Get evidence-based healthcare advice, help finding an emergency or urgent care facility, and more. In the U.S., call 800-TRICARE (800-874-2273) and press option 1 to speak to a nurse. Overseas, go to www.mhsnurseadviceline.com to find your location-specific number.

FIND MORE INFORMATION

Check out the TRICARE Newsroom to read articles, watch videos and webinars, and more. Get started at https://newsroom.tricare.mil.

Find this handbook and explore a library of other handbooks, brochures, fact sheets, and more. Visit www.tricare.mil/ publications.

Have a question? Search frequently asked questions by keyword or browse by category at www.tricare.mil/faq.



For Information and Assistance

www.tricare.mil

TRICARE Overseas Program Areas

The Overseas Region is divided into three areas: Latin America and Canada, Eurasia-Africa, and Pacific. International SOS Government Services, Inc. is the TOP contractor. There are different customer service contacts and Medical Assistance numbers for each area. Find this contact information below or visit www.tricare-overseas.com for toll-free contact information.

Note: Only call Medical Assistance Numbers to coordinate overseas emergency care.

Latin America and Canada

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

TOP Regional Call Center +1-215-942-8393 (overseas) 877-451-8659 (stateside) tricarephl@internationalsos.com

Medical Assistance

+1-215-942-8320

TRICARE For Life

www.tricare.mil/tfl

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

Active Duty Dental Program

United Concordia Companies, Inc. 866-984-2337 (CONUS) 844-653-4058 (OCONUS) Country-specific access codes are available on www.addp-ucci.com.

Transitional Assistance Management Program www.tricare.mil/tamp

Eurasia-Africa

Africa, Europe, and the Middle East

TOP Regional Call Center +44-20-8762-8384 (overseas) 877-678-1207 (stateside) tricarelon@internationalsos.com

Medical Assistance +44-20-8762-8133

..... **TRICARE** Pharmacy Program

www.tricare.mil/pharmacy

U.S. and U.S. territories: Express Scripts, Inc.

TRICARE Dental Program

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

www.uccitdp.com _____

Continued Health Care Benefit Program

Humana Military 800-444-5445 www.tricare.mil/chcbp

Pacific

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

TOP Regional Call Center

+65-6339-2676 (overseas) 877-678-1208 (stateside) sin.tricare@internationalsos.com

Medical Assistance +65-6338-9277

Defense Enrollment Eligibility Reporting System 800-538-9552 www.tricare.mil/deers

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

Federal Employees Dental and Vision **Insurance Program** www.benefeds.gov

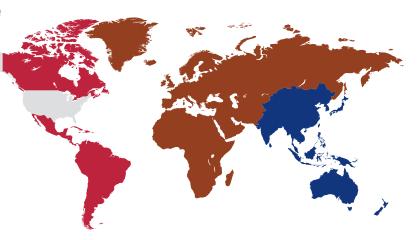
Military Health System www.health.mil

An Important Note About TRICARE Program Information

At the time of publication, this information is current. It's 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.

TRICARE is managed by the Defense Health Agency. DHA and TRICARE are registered trademarks of the Department of Defense, Defense Health Agency. All rights reserved.

Updated January 2025



877-363-1303 https://militaryrx.express-scripts.com