

August 2015

TRICARE® CHOICES FOR NATIONAL GUARD AND RESERVE

At a Glance



www.tricare.mil
www.tricare.mil/trs
www.tricare.mil/trr

Visit the TRICARE Web site for more information on eligibility, enrollment, costs, and coverage. Enter your profile for individualized details based on your TRICARE program.

To maintain medical readiness and optimal health, National Guard and Reserve members* are encouraged to maintain continuous health and dental coverage, whether through TRICARE or other coverage they may be eligible to receive. *TRICARE Choices for National Guard and Reserve: At a Glance* provides an overview of TRICARE medical, pharmacy, and dental options in the United States. Your coverage will vary throughout your career depending on your uniformed service status: not activated, pre-activation/activated, deactivated, or retired. Eligibility for TRICARE is determined by law and the services, and information is maintained in the Defense Enrollment Eligibility Reporting System (DEERS). It is important for sponsors to keep DEERS records up to date. Refer to the *Coverage Options by Sponsor Status* section of this brochure to learn about the TRICARE options available to you and your family during each phase of your service. See the *For Information and Assistance* section of this brochure for contact information.

* Army National Guard, Army Reserve, Navy Reserve, Air National Guard, Air Force Reserve, Marine Corps Reserve, and Coast Guard Reserve

Coverage Options by Sponsor Status	2	
Qualify for and Purchase TRS or TRR	8	
TRICARE Pharmacy Program	10	
TRICARE Dental Options	11	
For Information and Assistance	12	



COVERAGE OPTIONS BY SPONSOR STATUS

As a National Guard or Reserve member or family member, your coverage will vary depending on your sponsor's uniformed service status: not activated, pre-activation/activated, deactivated, or retired. This graphic summarizes the program options available to you at each stage. In the following pages, you can find more information about all of these program options.



National Guard or Reserve member
(not including Individual Ready Reserve members)



Not Activated

Includes National Guard and Reserve members on inactive duty for training, annual training, and otherwise on active service for 30 days or less.



**Pre-Activation/
Activated**

Includes National Guard and Reserve members called or ordered to active service for more than 30 consecutive days in support of a contingency operation. These service members may be eligible for active duty health and dental benefits (*early eligibility*) up to 180 days before active duty begins, as shown in DEERS.



Deactivated

Includes National Guard and Reserve members released from a period of active duty.



Retired

Includes retired National Guard and Reserve members.

Find cost information for all TRICARE program options in *TRICARE Costs and Fees*, available at www.tricare.mil/smart or by visiting www.tricare.mil/costs.

COVERAGE OPTIONS BY SPONSOR STATUS

Not Activated

Sponsor TRICARE coverage options	Family member TRICARE coverage options
<ul style="list-style-type: none"> TRICARE Reserve Select (TRS) 	<ul style="list-style-type: none"> TRS TRICARE Young Adult (TYA)

Pre-Activation/Activated

Sponsor TRICARE coverage options	Family member TRICARE coverage options
<ul style="list-style-type: none"> TRICARE Prime TRICARE Prime Remote (TPR) 	<ul style="list-style-type: none"> TRICARE Prime/US Family Health Plan (USFHP) <i>(depending on location)</i> TRICARE Prime Remote for Active Duty Family Members TRICARE Standard and TRICARE Extra TYA

Deactivated

Sponsor TRICARE coverage options	Family member TRICARE coverage options
<ul style="list-style-type: none"> TRS Transitional Assistance Management Program (TAMP) Continued Health Care Benefit Program (CHCBP) 	<ul style="list-style-type: none"> TRS TYA TAMP CHCBP

Retired

Before reaching age 60	Ages 60–64	Ages 65 and older
<p>Sponsor's coverage options:</p> <ul style="list-style-type: none"> TRICARE Retired Reserve (TRR) <p>Family member's coverage options:</p> <ul style="list-style-type: none"> TRR TYA 	<p>Sponsor's coverage options:</p> <ul style="list-style-type: none"> TRICARE Prime/USFHP <i>(depending on location)</i> TRICARE Standard and TRICARE Extra TFL <i>(if entitled to Medicare Part A and have Medicare Part B)</i> <p>Family member's coverage options:</p> <ul style="list-style-type: none"> TRICARE Prime/USFHP <i>(depending on location)</i> TRICARE Standard and TRICARE Extra TYA TRICARE For Life (TFL) <i>(if entitled to Medicare Part A and have Medicare Part B)</i> 	<p>Sponsor's coverage options:</p> <ul style="list-style-type: none"> TFL <i>(if entitled to Medicare Part A and have Medicare Part B)</i> <p>Family member's coverage options:</p> <ul style="list-style-type: none"> TYA TFL <i>(if entitled to Medicare Part A and have Medicare Part B)</i>

COVERAGE OPTIONS BY SPONSOR STATUS

**National Guard
and Reserve members
and their families have
TRICARE coverage
options for every
duty status**



TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR) are available for purchase by qualified sponsors who are not activated. Selected Reserve and Retired Reserve members do not qualify to purchase TRS or TRR if they are eligible for or enrolled in the Federal Employees Health Benefits (FEHB) Program. National Guard and Reserve members called or ordered to active service for more than 30 consecutive days are covered as active duty service members (ADSMs), and their family members are covered as active duty family members (ADFMs). For more information on enrolling in a TRICARE program option, visit www.tricare.mil/enroll.

Not Activated

Includes service members on inactive duty for training, annual training, and otherwise on active service for 30 days or less.

Line of Duty Care

Line of duty (LOD) care covers treatment of an injury, illness, or disease incurred or aggravated in the line of duty.

Contact your service or Reserve component for LOD determination. LOD care is not available for family members.

TRICARE Reserve Select®

Description

- Premium-based health care plan that qualified Selected Reserve members may purchase for themselves and/or their family members
- Coverage and costs for care similar to TRICARE Standard and TRICARE Extra for ADFMs, except that TRS has monthly premiums

Enrolling

- Enrollment required
- Offers member-only and member-and-family coverage
- Must qualify for and purchase TRS to participate
- Initial two-month premium payment due with enrollment form

Costs

- Monthly premiums, an annual deductible, and cost-shares apply

Getting care

- Receive care from any TRICARE-authorized provider (*network or non-network*)
- Receive care at a military hospital or clinic on a space-available basis
- No referrals required
- Some services require prior authorization

COVERAGE OPTIONS BY SPONSOR STATUS

Pre-Activation/Activated

National Guard and Reserve members called or ordered to active service for more than 30 consecutive days in support of a contingency operation may be eligible for active duty health and dental benefits (*early eligibility*) up to 180 days before active duty begins, as shown in DEERS.

TRICARE Prime® Options

Description	<ul style="list-style-type: none">• Includes TRICARE Prime, TRICARE Prime Remote, and US Family Health Plan (USFHP) (<i>ADSMs are not eligible for USFHP</i>)• Similar to a managed care option, available in specific geographic areas• ADSMs, or National Guard and Reserve members called or ordered to active service for more than 30 consecutive days, must enroll in a TRICARE Prime option; their family members may choose to enroll in a TRICARE Prime option as well, or may choose coverage under TRICARE Standard and TRICARE Extra
Enrolling	<ul style="list-style-type: none">• Enrollment required
Costs	<ul style="list-style-type: none">• Offers lowest out-of-pocket costs• ADSMs, ADFMs, surviving spouses (<i>during the first three years</i>), and surviving dependent children have no enrollment costs• All others pay an annual enrollment fee• ADSMs and ADFMs have no premiums, no deductible, and no out-of-pocket costs
Getting care	<ul style="list-style-type: none">• Receive most care from a military hospital or clinic or civilian network primary care manager (PCM)• Referrals and/or prior authorizations required for specialty care• If traveling or between duty stations, you must receive all nonemergency care at a military hospital or clinic if one is available, or get a referral from your PCM

TRICARE Standard® and TRICARE Extra

Description	<ul style="list-style-type: none">• TRICARE Standard: A fee-for-service option available worldwide to eligible non-ADSMs• TRICARE Extra: A preferred provider option in areas with established TRICARE networks (<i>not available overseas</i>)
Enrolling	<ul style="list-style-type: none">• No enrollment required
Costs	<ul style="list-style-type: none">• No enrollment costs• No premiums• An annual deductible and cost-shares apply
Getting care	<ul style="list-style-type: none">• No referrals required• Some services require prior authorization• TRICARE Standard: Receive care from TRICARE-authorized non-network providers• TRICARE Extra: Receive care from TRICARE network providers• Receive care at a military hospital or clinic on a space-available basis

TRICARE Young Adult

A parent who is a member of the Selected Reserve or Retired Reserve may be a TRICARE Young Adult (TYA) sponsor if he or she is either eligible for premium-free TRICARE or covered by a premium-based TRICARE program (*TRS or TRR*). Your geographic location and sponsor's status determine whether you qualify for TYA Prime and/or TYA Standard. For more information, visit www.tricare.mil/tya.

TYA coverage is available for purchase by qualified dependents who have aged out of TRICARE and are **all** of the following:

- A dependent of a TRICARE-eligible sponsor
- Unmarried
- At least age 21 but have not reached age 26
- Not a uniformed service sponsor (*e.g., a member of the Selected Reserve*)
- Not eligible for or enrolled in an employer-sponsored health care plan based on your own employment

COVERAGE OPTIONS BY SPONSOR STATUS

Deactivated

National Guard and Reserve members released from a period of active duty.

TRICARE Reserve Select

Description	<ul style="list-style-type: none">• Premium-based health care plan that qualified Selected Reserve members may purchase for themselves and/or their family members• Coverage and costs for care similar to TRICARE Standard and TRICARE Extra for ADFMs, except that TRS has monthly premiums
Enrolling	<ul style="list-style-type: none">• Enrollment required• Offers member-only and member-and-family coverage• Must qualify for and purchase TRS to participate• Initial two-month premium payment due with enrollment form
Costs	<ul style="list-style-type: none">• Monthly premiums, an annual deductible, and cost-shares apply
Getting care	<ul style="list-style-type: none">• Receive care from any TRICARE-authorized provider (<i>network or non-network</i>)• Receive care at a military hospital or clinic on a space-available basis• No referrals required• Some services require prior authorization

Extended TRS and TRICARE Dental Program Coverage Following Involuntary Separation

Certain members who are involuntarily separated from the Selected Reserve under other than adverse conditions may have access to extended TRS and TRICARE Dental Program coverage up to 180 days from their separation date. For more information, contact your service personnel unit.

Transitional Assistance Management Program

TAMP provides 180 days of transitional health care benefits to help certain service members and their families transition to civilian life. For more information, visit www.tricare.mil/tamp.

Continued Health Care Benefit Program

The Continued Health Care Benefit Program (CHCBP) is a premium-based health care program administered by Humana Military. Though not a TRICARE program, CHCBP offers continued health coverage (*18–36 months*) after TRICARE coverage ends. Certain former spouses who have not 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. Visit www.tricare.mil/chcbp for more information. **Note:** Beneficiaries enrolled in CHCBP are not legally entitled to space-available care at military hospitals and clinics.

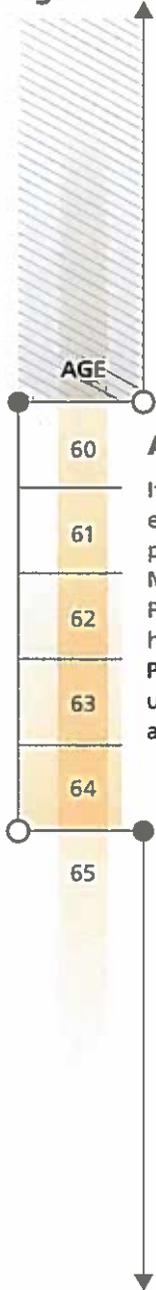
TRICARE's Covered Services

This brochure describes each TRICARE program option. These options differ in terms of the providers you see, the way you get care, the costs involved, if any, and whether you file claims. Generally, you have the same covered services, including clinical preventive, mental health care, maternity, and pharmacy services, with any TRICARE program option (*e.g., TRICARE Prime, TRICARE Standard*). Copayments and/or cost-shares may apply for certain covered services depending on your TRICARE program option and beneficiary status (*active duty sponsors and families have no out-of-pocket costs when following the rules of their program option*). For a full list of TRICARE's covered services, including limitations and exclusions, visit www.tricare.mil/coveredservices.

COVERAGE OPTIONS BY SPONSOR STATUS

Retired

Before reaching age 60



Ages 60–64

If you are entitled to premium-free Medicare Part A and have Medicare Part B, you may use TFL as early as age 60.

Age 65 and older

For more information about TFL, visit www.tricare.mil/tfl.

TRICARE Retired Reserve®

Description	<ul style="list-style-type: none"> Premium-based health care plan that qualified Retired Reserve members may purchase for themselves and/or their family members until reaching age 60
Enrolling	<ul style="list-style-type: none"> Enrollment required Offers member-only and member-and-family coverage Must qualify for and purchase TRR to participate Initial two-month premium payment due with enrollment form
Costs	<ul style="list-style-type: none"> Monthly premiums, an annual deductible, and cost-shares apply
Getting care	<ul style="list-style-type: none"> Receive care from any TRICARE-authorized provider (<i>network or non-network</i>) Receive care at a military hospital or clinic on a space-available basis No referrals required Some services require prior authorization

After TRICARE Retired Reserve Ends

Retired Reserve members ages 60–64 and their family members are eligible for premium-free TRICARE Standard and TRICARE Extra, or may enroll in TRICARE Prime (*if in a Prime Service Area*), which requires payment of the annual TRICARE Prime enrollment fee. Beneficiaries who are entitled to premium-free Medicare Part A and also have Medicare Part B become eligible for TRICARE For Life (TFL). In general, if you become entitled to Medicare Part A, you must also have Medicare Part B to remain eligible for TRICARE.

Note: If you become eligible for retirement pay before reaching age 60, you still are not eligible for premium-free TRICARE program options (*i.e., TRICARE Prime, TRICARE Standard*) until reaching age 60.

TRICARE For Life

Description	<ul style="list-style-type: none"> TRICARE's Medicare-wraparound coverage available to TRICARE beneficiaries entitled to Medicare Part A and who have Medicare Part B, regardless of age or place of residence
Enrolling	<ul style="list-style-type: none"> No enrollment required Must be entitled to premium-free Medicare Part A and have Medicare Part B
Costs	<ul style="list-style-type: none"> No enrollment fees No monthly TFL premiums
Getting care	<ul style="list-style-type: none"> Receive care from Medicare-participating, Medicare-nonparticipating, or opt-out providers. Medicare-participating providers agree to accept the Medicare-approved amount as payment in full. Medicare-nonparticipating providers do not accept the Medicare-approved amount as payment in full. They may charge up to 15 percent above the Medicare-approved amount, a cost that will be covered by TFL. Note: Significant out-of-pocket expenses will be incurred if you receive services from opt-out providers. Includes TRICARE pharmacy benefits

QUALIFY FOR AND PURCHASE TRS OR TRR

National Guard and Reserve members and their families may qualify to purchase TRS or TRR at various points in their careers. Below are step-by-step instructions for qualifying for and purchasing TRS or TRR.

Qualify for TRS or TRR

To qualify for TRS or TRR:

- Log on to the Defense Manpower Data Center (DMDC) Reserve Component Purchased TRICARE Application at www.dmdc.osd.mil/appj/reservetricare. To use the Web site, you will need a Common Access Card, Defense Finance and Accounting Service myPay PIN, or a Department of Defense (DoD) Self-Service Logon (DS Logon). For more information on signing up for a DS Logon, visit <https://myaccess.dmdc.osd.mil>.
- Select “Purchase Coverage” and follow the instructions.
- Print and sign the completed *Reserve Component Health Coverage Request* form (DD Form 2896-1). Those who do not qualify will not be able to complete or print the form.

Note: If you experience a technical problem, contact the DMDC Support Office at 1-800-477-8227.

Sponsors or survivors who qualify to purchase TRS or TRR will be able to proceed to “Purchase TRS or TRR.”

Purchase TRS or TRR

Mail the completed and signed *DD Form 2896-1* with the premium payment amount printed on the form to your regional contractor by the applicable deadline.

General Enrollment

You may purchase TRS or TRR coverage to begin in any month of the year.

- **Deadline:** Application form must be postmarked or received no later than the last day of the month before coverage is to begin.
- **Effective date:** Coverage begins the first day of the next month or the first day of the second month as indicated on *DD Form 2896-1*.

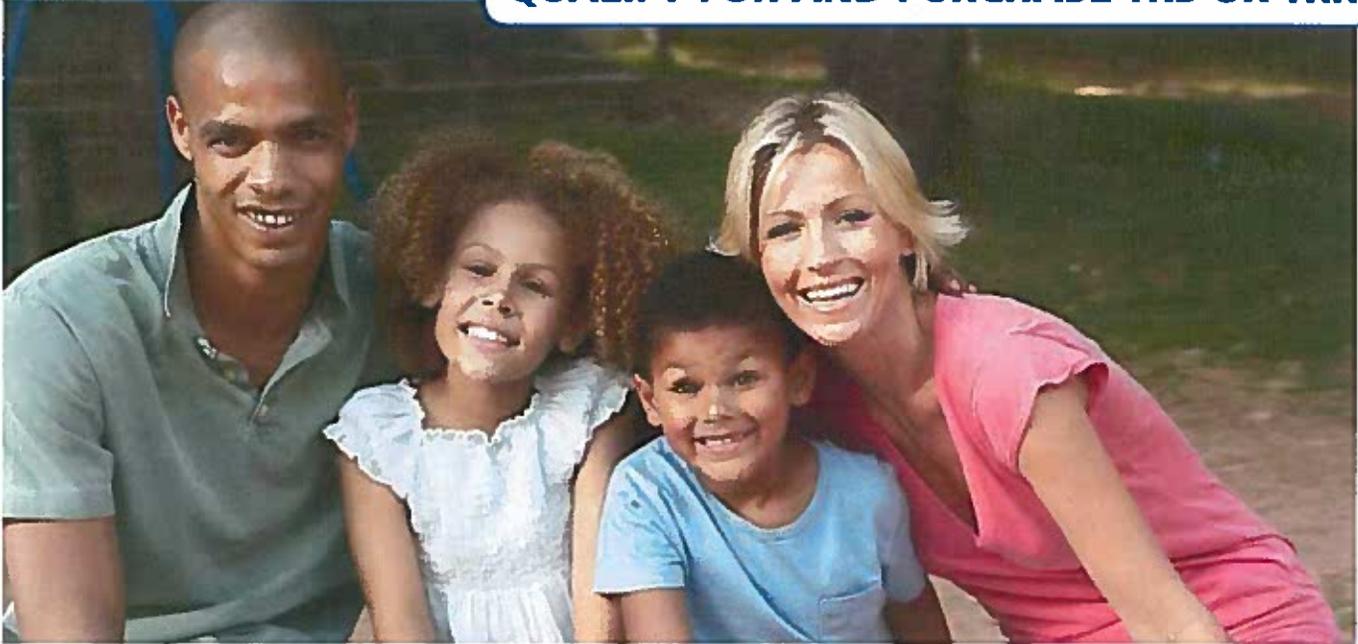
Two months of premiums are required when initially purchasing TRS or TRR. Payment may be made with a personal check, cashier’s check, money order, or credit/debit card (*i.e., Visa/MasterCard*). After the initial payment, all monthly premium payments must be made by either automated electronic funds transfer or recurring automated credit/debit card payment.

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

Under the Affordable Care Act (ACA), you must have health care coverage that meets a minimum standard called minimum essential coverage; otherwise, you must qualify for an exemption. TRICARE coverage meets the minimum essential coverage requirement under the ACA. Most people who do not meet this provision of the law will be required to pay a fee for each month they do not have adequate coverage. The fee will be collected each year with federal tax returns. You can find other health care coverage options at www.healthcare.gov.

TRICARE must be able to verify your coverage status based on what is listed in the Defense Enrollment Eligibility Reporting System (DEERS). Your Social Security number (SSN) and the SSNs of each of your covered family members must be included in DEERS for your TRICARE coverage to be reflected accurately. For more information about TRICARE and the ACA, visit www.tricare.mil/aca.

QUALIFY FOR AND PURCHASE TRS OR TRR



Loss of Other TRICARE Coverage

If you lose coverage under another TRICARE option due to your sponsor's change in status and you qualify for TRS or TRR, you may purchase TRS or TRR with no break in coverage.

- **Deadline:** Application must be postmarked or received no later than 30 days after the loss of other TRICARE coverage.
- **Effective date:** TRS or TRR coverage begins the day after you lose your prior TRICARE coverage.

Survivor Coverage

If you qualify for and want to purchase survivor coverage, see "General Enrollment" earlier in this section.

If **TRS coverage** is in effect when the sponsor dies, qualified survivors may purchase or continue coverage under TRS for up to six months from the date of the sponsor's death. If **TRR coverage** is in effect when the sponsor dies, qualified survivors may purchase or continue TRR coverage until the day the sponsor would have reached age 60.

If TRS or TRR member-and-family coverage is in effect at the time of the sponsor's death:

- DEERS will automatically convert member-and-family coverage to survivor coverage.
- **Deadline to opt out:** If survivors do not want TRS or TRR survivor coverage, a written letter or a *DD Form 2896-1* must be postmarked or received no later than 60 days after the date of the sponsor's death. Premiums will be refunded if no claims were submitted during this 60-day period. To access the *DD Form 2896-1*, log on to the DMDC Reserve Component Purchased TRICARE Application at www.dmdc.osd.mil/appj/reservetricare.

If TRS or TRR member-only coverage is in effect at the time of the sponsor's death:

- Eligible survivors may qualify to purchase TRS or TRR survivor coverage. Purchased TRS survivor coverage may continue for up to six months from the date of the sponsor's death, while purchased TRR survivor coverage may continue until the date the sponsor would have reached age 60.
- **Deadline to purchase coverage:** The TRS survivor coverage request must be postmarked or received no later than 60 days after the date of the sponsor's death. TRR survivors may purchase coverage anytime after the sponsor's death, provided the sponsor would not have reached age 60 at the time of purchase.

Note: Surviving family members who are eligible for or enrolled in the FEHB Program may purchase TRS or TRR.

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. Some drugs are only covered through TRICARE Pharmacy Home Delivery. To learn more, search for your drug at www.express-scripts.com/tricareformulary.

The TRICARE Pharmacy Program is available to all TRICARE-eligible beneficiaries registered in DEERS, except beneficiaries enrolled in USFHP. Express Scripts, Inc. administers the TRICARE pharmacy benefit. For more information, visit www.express-scripts.com/TRICARE.

Options for filling prescriptions	Description of options
Military pharmacies	<ul style="list-style-type: none"> • Receive up to a 90-day supply of most medications at no cost • Most accept prescriptions from both civilian and military providers, regardless of whether you are enrolled at a military hospital or clinic; call your local military pharmacy to ensure it carries your medication
TRICARE Pharmacy Home Delivery	<ul style="list-style-type: none"> • No cost for ADSMs • For all others, no cost to receive up to a 90-day supply of generic formulary drugs; copayments apply for brand-name and non-formulary drugs (<i>up to a 90-day supply</i>) • Prescriptions delivered with free standard shipping, and refills can be easily ordered online, by phone, or by mail
TRICARE retail network pharmacies	<ul style="list-style-type: none"> • Fill your prescriptions without having to submit a claim • Pay one copayment for each 30-day supply when you present your prescription along with your uniformed services identification card to the pharmacist • Visit one of more than 57,000 TRICARE retail network pharmacies in the United States and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands; currently, there are no TRICARE retail network pharmacies in American Samoa
Non-network pharmacies	<ul style="list-style-type: none"> • Pay full price for your medication and file a claim for reimbursement • Reimbursements are subject to deductibles, out-of-network cost-shares, and TRICARE-required copayments • All deductibles must be met before any reimbursement can be made

Formulary and Non-Formulary Drugs

The DoD has established a three-tier uniform formulary that groups prescription drugs that may be reimbursed by TRICARE. The graphic below shows how drugs in each tier may vary in availability and cost. Some special categories of drugs may have additional limitations. You can find the details for your specific drug at www.express-scripts.com/tricareformulary.

Visit www.tricare.mil/pharmacy for more information.

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Tier 1

Generic formulary drugs

- Widely available
- Generic drugs
- Lowest out-of-pocket costs



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Tier 2

Brand-name formulary drugs

- Generally available
- Brand-name drugs
- Higher out-of-pocket costs



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Tier 3

Non-formulary drugs

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





TRICARE Offers Dental Coverage Options with Worldwide Portable Coverage

This section highlights your dental program options when using the TRICARE Active Duty Dental Program (ADDP), the TRICARE Dental Program, or the TRICARE Retiree Dental Program (TRDP). ADSMs generally receive care at military dental clinics, but may sometimes use the ADDP, described below. These dental options are separate from TRICARE health care options. For more information, visit www.tricare.mil/dental.

Dental program	Beneficiary category	Description of program
TRICARE Active Duty Dental Program	<ul style="list-style-type: none"> • ADSMs enrolled in a TRICARE Prime option • National Guard and Reserve members called or ordered to active service for more than 30 consecutive days 	<ul style="list-style-type: none"> • Benefit is administered by United Concordia Companies, Inc. • For ADSMs who are either referred for care by a military dental clinic to a civilian dentist or have a duty location and live more than 50 miles from a military dental clinic
TRICARE Dental Program	<ul style="list-style-type: none"> • Eligible ADFMs • Survivors • National Guard and Reserve members and their family members • Individual Ready Reserve members and their family members 	<ul style="list-style-type: none"> • Benefit is administered by MetLife • Voluntary enrollment and worldwide portable coverage • Single and family plans with monthly premiums • Lower specialty care cost-shares for pay grades E-1 through E-4 • Comprehensive coverage for most dental services • 100% coverage for most preventive and diagnostic services
TRICARE Retiree Dental Program	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Benefit is administered by Delta Dental of California • Voluntary enrollment and worldwide portable coverage • Single, two-person, and family (<i>three or more persons</i>) plans • Premium rates vary by location • Comprehensive coverage for most dental services • 100% coverage for most preventive and diagnostic services



FOR INFORMATION AND ASSISTANCE

You can sign up to receive TRICARE news and publications via e-mail at www.tricare.mil/subscriptions. To sign up for benefit correspondence by e-mail, visit <http://milconnect.dmdc.osd.mil>.

<p>TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com</p>	<p>TRICARE South Region Humana Military, a division of Humana Government Business 1-800-444-5445 HumanaMilitary.com</p>	<p>TRICARE West Region UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcmilitarywest.com</p>
<p>TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa¹ +44-20-8762-8384 (overseas) 1-877-678-1207 (stateside) tricarelon@internationalsos.com</p>	<p>TOP Regional Call Center—Latin America and Canada¹ +1-215-942-8393 (overseas) 1-877-451-8659 (stateside) tricareph@internationalsos.com</p>	<p>TOP Regional Call Centers—Pacific¹ Singapore: +65-6339-2676 (overseas) 1-877-678-1208 (stateside) sin.tricare@internationalsos.com Sydney: +61-2-9273-2710 (overseas) 1-877-678-1209 (stateside) sydricare@internationalsos.com</p>
<p>Defense Enrollment Eligibility Reporting System (DEERS) 1-800-538-9552 www.tricare.mil/deers MilConnect (update DEERS, get eCorrespondence) http://milconnect.dmdc.osd.mil My Access Center (obtain a DS Logon account) https://myaccess.dmdc.osd.mil</p>	<p>TRICARE Reserve Select www.tricare.mil/trs TRICARE Retired Reserve www.tricare.mil/trr Reserve Affairs http://ra.defense.gov DMDC Reserve Component Purchased TRICARE Application www.dmdc.osd.mil/app/reservetricare</p>	<p>TRICARE For Life www.tricare.mil/tfl Wisconsin Physicians Service (United States and U.S. territories) 1-866-773-0404 1-866-773-0405 (TDD/TTY) www.TRICARE4u.com</p>
<p>US Family Health Plan 1-800-74-USFHP (1-800-748-7347) www.tricare.mil/usfhp www.usfhp.com</p>	<p>TRICARE Young Adult www.tricare.mil/tya</p>	<p>TRICARE Pharmacy Program 1-877-363-1303 www.tricare.mil/pharmacy www.express-scripts.com/TRICARE</p>
<p>TRICARE Active Duty Dental Program www.tricare.mil/addp United Concordia Companies, Inc. (United States and U.S. territories) 1-866-984-ADDP (1-866-984-2337) www.addp-ucci.com</p>	<p>TRICARE Dental Program www.tricare.mil/tdp MetLife 1-855-MET-TDP1 (1-855-638-8371) (stateside) 1-855-MET-TDP2 (1-855-638-8372) (overseas) 1-855-MET-TDP3 (1-855-638-8373) (TDD/TTY) www.metlife.com/tricare</p>	<p>TRICARE Retiree Dental Program www.tricare.mil/trdp Delta Dental of California 1-888-838-8737 (stateside) Dial the AT&T USA Direct Access Number followed by 866-721-8737 (overseas) www.trdp.org</p>
<p>Transitional Assistance Management Program www.tricare.mil/tamp</p>	<p>Continued Health Care Benefit Program Humana Military 1-800-444-5445 www.tricare.mil/chcbp</p>	<p>TRICARE Web Site www.tricare.mil Military Health System Web Site www.health.mil</p>

1. For toll-free contact information, visit www.tricare-overseas.com.

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 your TRICARE regional contractor or local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.

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