



TRICARE® Choices in the United States

MAY 2017

HANDBOOK



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



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Welcome to **TRICARE**

TRICARE is the Department of Defense's premier health care program serving 9.4 million 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 civilian regional contractors to administer your TRICARE benefit in three U.S. regions (North, South and West) and one overseas region. Your regional contractor is your go-to resource for information and assistance.

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.

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.



KEEP YOUR DEERS INFORMATION UP TO DATE

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

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

TRICARE COVERED SERVICES

This handbook describes the health care, dental and pharmacy 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 program option. Copayments and/or cost-shares may apply for certain covered services depending on your program option and beneficiary status. For a full list of covered services, go to www.tricare.mil/coveredservices.

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

The Affordable Care Act (ACA) requires most Americans to maintain basic health coverage, called minimum essential coverage. The TRICARE program meets the minimum essential coverage requirement under the ACA. The Internal Revenue Service will collect penalties from most individuals who don't maintain minimum essential coverage. You can find other health care coverage options at www.healthcare.gov.



YOUR TRICARE OPTIONS BY SPONSOR STATUS

Your TRICARE health care options can change if you move, have a life event like getting married or have a status change like a sponsor retiring from service. Use the following graphic to determine your options based on sponsor status.

FIND MORE INFORMATION



You can get more information about your TRICARE benefit at www.tricare.mil/publications or by calling your regional contractor.



Manage your TRICARE benefit through the TRICARE website at www.tricare.mil, where you can get to secure services, see what's covered, find a provider and much more.

We encourage you to use these resources to take full advantage of the TRICARE programs available to you.

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

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

SPONSOR STATUS



Active Duty

Includes National Guard and Reserve members called or ordered to active service for more than 30 days



Separated from Service

(non-retirement)



Retired



For up-to-date cost information for all TRICARE program options, see the *Costs and Fees* sheet at www.tricare.mil/publications or go to www.tricare.mil/costs.

HEALTH CARE OPTIONS

Sponsor options:

- TRICARE Prime
- TRICARE Prime Remote (TPR)

Family member options:

- TRICARE Prime
- TPR
- US Family Health Plan (USFHP) (depending on location)
- TRICARE Standard and TRICARE Extra
- TRICARE Young Adult (TYA)
- TRICARE For Life (TFL) (if entitled to Medicare Part A and have Medicare Part B)

Active Duty

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)

Separated from Service

Sponsor options:

- TRICARE Prime
- USFHP (depending on location and age)
- TRICARE Standard and TRICARE Extra
- TFL (if entitled to Medicare Part A and have Medicare Part B)

Family member options:

- TRICARE Prime
- USFHP (depending on location and age)
- TRICARE Standard and TRICARE Extra
- TYA
- TFL (if entitled to Medicare Part A and have Medicare Part B)

Retired



HELPFUL TERMS

Referral

When your primary care manager (PCM) sends you to another provider for care. If you have TRICARE Prime and see a provider other than your PCM for nonemergency care without a referral, you will pay more. Certain benefits, such as the Comprehensive Autism Care Demonstration, require a referral and continued authorizations.

Prior Authorization

A review of a requested health care service done by your regional contractor to see if the care will be covered by TRICARE. Check for services that need prior authorization by going to www.tricare.mil or your regional contractor's website.

Catastrophic Cap

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

Copayment

The fixed amount those with TRICARE Prime (who aren't active duty) pay for a covered health care service or drug.

Enrollment Fee

The yearly fee that retirees, their families and some others pay while in TRICARE Prime.

Fiscal Year

The TRICARE fiscal year is Oct. 1–Sept. 30.

TRICARE Prime® Options

TRICARE Prime is a health care option for active duty service members (ADSMs), retirees, family members and certain others. It is similar to a managed-care or health maintenance organization option, which means you get most of your care from a primary care manager (PCM).

Other TRICARE Prime options include:

- TPR, a TRICARE Prime option for ADSMs living and working in remote locations (outside of a Prime Service Area [PSA]) and their family members.
- USFHP, a TRICARE Prime option where care is provided through networks of community-based, not-for-profit health care systems in six areas of the U.S. For more information, go to www.usfhp.com.

+ QUALIFYING FOR A TRICARE PRIME OPTION

To get TRICARE Prime, you must live in a PSA. You may also get TRICARE Prime if you live within 100 miles of an available PCM and waive your drive-time access standards. To find out if you live in an area where you can get TRICARE Prime, go to www.tricare.mil/psa. For more information about drive-time access standards, go to www.tricare.mil/primeaccess.

TPR is an option for ADSMs and active duty family members (ADFM)s living and working in remote areas.

+ ENROLLING IN A TRICARE PRIME OPTION

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

- ADSMs must use TRICARE Prime or TPR.
- ADFMs can choose to enroll in TRICARE Prime, TPR or USFHP, if available, or use TRICARE Standard and TRICARE Extra.
- Retirees and retiree family members may enroll in TRICARE Prime or USFHP. If neither is available, you can use TRICARE Standard and TRICARE Extra.

You have three options to enroll in a TRICARE Prime program:

- Use the Beneficiary Web Enrollment website at www.dmdc.osd.mil/appj/bwe.
- Call your regional contractor.
- Submit a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form* (DD Form 2876) to your regional contractor. You can find this form at www.tricare.mil/forms.

GETTING CARE WITH A TRICARE PRIME OPTION

When you enroll in a TRICARE Prime option, you will get most of your routine care from a PCM who you select or are assigned. Your PCM may be:

- At a military hospital or clinic
- A civilian TRICARE network provider
- A primary care provider under USFHP

Referrals and prior authorizations may be required for certain services. Most TRICARE Prime beneficiaries can get urgent care without a referral through the Urgent Care Pilot. For more information, go to www.tricare.mil/urgentcarepilot.

ENROLLMENT COSTS

ADSMs and ADFMs have no enrollment costs. Retirees pay yearly enrollment fees. For cost details, go to www.tricare.mil/costs.

COSTS FOR COVERED CARE

ADSMs have no out-of-pocket costs for covered health care services from a PCM, or with the appropriate referral and prior authorization. ADFMs have no out-of-pocket costs for covered health care services from a network provider in their enrolled TRICARE region, or with the appropriate referral and prior authorization.

Retirees pay copayments for covered health care services from network providers in their enrolled TRICARE region. When following the rules of the TRICARE Prime program option, out-of-pocket costs are limited to the catastrophic cap amount for that fiscal year (Oct. 1–Sept. 30). For more information, see www.tricare.mil/costs.

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

The point-of-service (POS) option allows non-ADSMs to see any TRICARE-authorized provider without a referral. This means you pay more money 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. For more information, go to www.tricare.mil/pointofservice.





TRICARE Standard® Options



HELPFUL TERMS

TRICARE-Authorized Provider

A provider approved by TRICARE to give health care services to beneficiaries. A provider must be TRICARE-authorized for TRICARE to pay any part of your claim.

Network Provider

A provider that accepts payment from TRICARE as the full payment for any covered health care services you get. You can save money by seeing network providers. They also file claims for you.

Non-Network Provider

A provider that doesn't have an agreement with TRICARE and may not file claims for you. There are two types of non-network providers: participating and nonparticipating.

Cost-Share

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



TRICARE Standard and TRICARE Extra are for TRICARE-eligible beneficiaries who aren't able to, or choose not to, enroll in a TRICARE Prime option. These programs let you manage your own health care and get care from any TRICARE-authorized provider without a referral.

Unlike TRICARE Prime options, enrollment isn't required, meaning there are no forms to fill out and no yearly enrollment fees to pay. ADSMs may not use TRICARE Standard and TRICARE Extra.



GETTING CARE WITH TRICARE STANDARD AND TRICARE EXTRA

The key difference between TRICARE Standard and TRICARE Extra is in your choice of providers. With TRICARE Standard, you choose TRICARE-authorized non-network providers, pay higher cost-shares and may have to file your own claims. With TRICARE Extra, you choose TRICARE network providers, pay lower cost-shares and your provider files your claims. TRICARE Extra isn't available overseas. To find a TRICARE network provider, go to www.tricare.mil/findaprovider or call your regional contractor.

Though you don't need referrals with TRICARE Standard and TRICARE Extra, you may need prior authorization from your regional contractor for some services.

COSTS FOR COVERED CARE

With TRICARE Standard, you pay a yearly deductible and cost-shares. When following the rules of your program option, your out-of-pocket expenses will be limited to your catastrophic cap. Nonparticipating non-network providers may charge up to 15 percent above the TRICARE-allowable amount. You're responsible for this amount, plus your deductible and cost-shares.

With TRICARE Extra, you pay a yearly deductible and discounted cost-shares. When following the rules of your program option, your out-of-pocket expenses will be limited to your catastrophic cap. For costs, go to www.tricare.mil/costs.

FILING CLAIMS

Submit claims to the regional contractor for the area where you live. In the U.S. and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands), claims must be filed within one year of the date of service or date of inpatient discharge. You're responsible for confirming your claims are received. For assistance, call your regional contractor.

INVITE YOUR PROVIDER TO BECOME TRICARE-AUTHORIZED

If your provider isn't TRICARE-authorized, but wants to see TRICARE patients, tell your provider he or she can do so without signing a contract with your regional contractor. Most providers with a valid professional license (issued by a state or a qualified accreditation organization) can become TRICARE-authorized and then TRICARE will pay them for covered services.

To invite your provider to become TRICARE-authorized, go to www.tricare.mil/findaprovider and click "learn more" next to "Do you want to invite your provider to join TRICARE?" to download a handout to give to your provider. The handout explains the benefits of being TRICARE-authorized and includes information about the authorization process.



HELPFUL TERMS

Yearly Deductible

A fixed amount you pay for covered services each fiscal year before TRICARE pays anything. You may have a deductible if you use TRICARE Standard or TRICARE Extra or if you have TRICARE Prime and see a provider without a referral.

Claim

A request for payment from TRICARE that goes to your regional contractor after you get a covered health care service.



TRICARE Standard Options (continued)

Premium-based health care plans that work like TRICARE Standard with the same cost-shares and choice of providers can be purchased by those who qualify. These plans include TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR) and CHCBP. For more on CHCBP, see “Transitional Coverage Options” in the *Other TRICARE Program Options* section.

+ TRICARE RESERVE SELECT® AND TRICARE RETIRED RESERVE®

TRS and TRR are premium-based, worldwide health care plans for certain qualified Selected Reserve or Retired Reserve members, their family members and survivors. TRS and TRR offer comprehensive health care coverage similar to TRICARE Standard.

- Enrollment is required.
- An initial two-month premium payment is due when you enroll.
- Monthly premiums, a yearly deductible and cost-shares apply.
- Get care from any TRICARE-authorized provider without a referral.
- Certain services require prior authorization.

Note: When your National Guard or Reserve sponsor is activated for more than 30 days, this coverage stops while you get active duty benefits.

To find out more about TRS and TRR, including how to enroll, go to www.tricare.mil/reserve.



HELPFUL TERMS

Premium

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



PURCHASE TRICARE RESERVE SELECT AND TRICARE RETIRED RESERVE

Complete the *Reserve Component Health Coverage Request* form (DD Form 2896-1) on the Defense Manpower Data Center (DMDC) Reserve Component Purchased TRICARE Application at www.dmdc.osd.mil/appj/reservetricare.

Mail or fax the completed *DD Form 2896-1* along with payment (if applicable) to your TRICARE regional contractor. Those who don't qualify won't be able to get to the form. Sponsors or survivors who qualify to purchase TRS or TRR will be able to proceed to “Purchase TRS or TRR.” You may purchase TRS or TRR coverage anytime of the year. Coverage begins the first day of the next month or the first day of the second month based on when your *DD Form 2896-1* is submitted.



TRICARE For Life

If you're entitled to Medicare Part A, you generally must have Medicare Part B to keep TRICARE, regardless of your age or where you live. This is a requirement based on federal law governing these programs. If you're eligible for TRICARE and have Medicare Part A and Part B, you're automatically covered by TFL. See the following table for more information on what Medicare Part A and Part B and TFL cover.

MEDICARE PART A (Hospital Insurance)	MEDICARE PART B (Medical Insurance)	TRICARE FOR LIFE
<ul style="list-style-type: none"> Inpatient hospital care Hospice care Inpatient skilled nursing facility care Some home health care 	<ul style="list-style-type: none"> Provider services Outpatient care Home health care Durable medical equipment Some preventive services 	<ul style="list-style-type: none"> Inpatient and outpatient wraparound coverage Pharmacy coverage Coverage for overseas care

+ TRICARE FOR LIFE COSTS

There are no enrollment fees for TFL, but you must have premium-free Medicare Part A and buy Part B, which is a premium-based plan. Go to www.medicare.gov for the current Part B premium amounts, which vary by income level. For more information about TFL, go to www.tricare.mil/tfl. You may also call Wisconsin Physicians Service (WPS)—Military and Veterans Health, the contractor that administers the TFL benefit. The following table highlights your TFL out-of-pocket costs. For detailed cost information, go to www.tricare.mil/costs.

TYPE OF CARE	MEDICARE PAYS	TRICARE PAYS	YOU PAY
Covered by TRICARE and Medicare	Medicare-authorized amount	TRICARE-allowable amount	Nothing
Covered by Medicare only	Medicare-authorized amount	Nothing	Medicare deductible and cost-share
Covered by TRICARE only	Nothing	TRICARE-allowable amount	TRICARE deductible and cost-share
Not covered by TRICARE or Medicare	Nothing	Nothing	Billed charges (which may be more than the Medicare-authorized or TRICARE-allowable amount)

+ TRICARE FOR LIFE AND U.S. DEPARTMENT OF VETERANS AFFAIRS BENEFITS

If you're eligible for both TFL and U.S. Department of Veterans Affairs (VA) benefits and choose to use your TFL benefit for health care not related to a service-connected injury or illness, you will pay more to see a VA provider. TRICARE will only pay up to 20 percent of the TRICARE-allowable amount for care you get at a VA facility and you may be responsible for the remaining amount.

With TFL, your least expensive option is to see a Medicare-participating or Medicare-nonparticipating provider. Medicare-participating providers agree to accept the Medicare-approved amount as payment in full. Medicare-nonparticipating providers don't accept the Medicare-approved amount as payment in full and may charge up to 15 percent above the Medicare-approved amount. This additional cost may be covered by TFL. If you get care from a VA provider, check with WPS to confirm coverage details.

**WISCONSIN
PHYSICIANS
SERVICE—
MILITARY AND
VETERANS
HEALTH**

1-866-773-0404
1-866-773-0405
(TDD/TTY)



Other TRICARE Program 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 have lost all TRICARE eligibility, you may qualify to buy coverage under CHCBP, discussed below.

+ TRICARE YOUNG ADULT

TYA is a premium-based health care plan for qualified dependents who have aged out of TRICARE. TYA Prime and TYA Standard are offered worldwide. Your location and sponsor's status determine whether you qualify for TYA Prime and/or TYA Standard.

TYA includes medical and pharmacy benefits, but not dental coverage. Coverage, provider choice and costs for TYA are the same as for TRICARE Prime and TRICARE Standard.

You may generally purchase TYA coverage if you're a dependent 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. For more information, go to www.tricare.mil/tya.

+ TRANSITIONAL COVERAGE OPTIONS

TRICARE offers benefits to help certain service members and their families transition to civilian life.

Transitional Assistance Management Program

TAMP offers 180 days of premium-free health care 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

CHCBP is a premium-based health care program from Humana Military. Though not a TRICARE program, 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. For more information, go to www.tricare.mil/chcbp.

Note: You're not legally entitled to space-available care at military hospitals or clinics while in CHCBP.





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. Express Scripts, Inc. manages the TRICARE pharmacy benefit for all TRICARE-eligible beneficiaries. If you're in USFHP, you have different pharmacy coverage.

For more information about the TRICARE pharmacy benefit, see the *TRICARE Pharmacy Program Handbook* at www.tricare.mil/publications or go to www.tricare.mil/pharmacy.

+ PHARMACY OPTIONS

OPTIONS FOR FILLING PRESCRIPTIONS	DESCRIPTION OF OPTIONS
Military pharmacies	<ul style="list-style-type: none"> No cost for up to a 90-day supply of most drugs Usually don't carry tier 3 drugs
TRICARE Pharmacy Home Delivery	<ul style="list-style-type: none"> No cost for ADSMs No cost for non-ADSMs for up to a 90-day supply of tier 1 drugs Copayments for non-ADSMs up to a 90-day supply of tier 2 and tier 3 drugs Drugs are mailed to you with free standard shipping
TRICARE retail network pharmacies	<ul style="list-style-type: none"> Pay one copayment for each 30-day supply No need to file a claim Located in the U.S. and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands
Non-network pharmacies	<ul style="list-style-type: none"> Pay full price and file a claim to get money back The amount of money you get back depends on deductibles, out-of-network cost-shares and copayments

+ THREE TIERS OF DRUGS

Drugs that are covered by TRICARE are grouped into three tiers. 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 tiers may cost more and be harder to get.

TIER 1

Generic drugs

- Widely available
- Lowest out-of-pocket costs

TIER 2

Brand-name drugs

- Generally available
- Higher out-of-pocket costs

TIER 3

Nonformulary drugs

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



TRICARE offers three dental options that are separate from TRICARE health care options:

- TRICARE Active Duty Dental Program (ADDP)
- TRICARE Dental Program (TDP)
- TRICARE Retiree Dental Program (TRDP)

ADSMs generally get care at military dental clinics, but may sometimes use the ADDP. For more information and for dental costs, go to www.tricare.mil/dental.

TRICARE Active Duty Dental Program

(Managed by United Concordia Companies, Inc.)

www.addp-ucci.com

- ADSMs
- National Guard and Reserve members called or ordered to active service for more than 30 days

TRICARE Dental Program

(Managed by United Concordia Companies, Inc.)

www.uccitdp.com

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

TRICARE Retiree Dental Program

(Managed by Delta Dental of California)

www.trdp.org

- 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



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

ADDP



Voluntary enrollment



Single and family plans



Monthly premiums



Coverage for most preventive and diagnostic services

TDP



Voluntary enrollment



Single, two-person and family (three or more people) plans



Premium rates depend on your location



Coverage for most preventive and diagnostic services

TRDP



For Information and Assistance

www.tricare.mil

You can sign up to get TRICARE news and publications by email at www.tricare.mil/subscriptions. To view, print or download TRICARE fact sheets, brochures and other benefit resources, go to www.tricare.mil/publications.

TRICARE North Region

Health Net Federal Services, LLC
1-877-TRICARE (1-877-874-2273)
www.hnfs.com

TRICARE South Region

Humana Military
1-800-444-5445
HumanaMilitary.com

TRICARE West Region

UnitedHealthcare Military & Veterans
1-877-988-WEST (1-877-988-9378)
www.uhcmilitarywest.com

TRICARE For Life

www.tricare.mil/tfl

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

TRICARE Young Adult

www.tricare.mil/tya

US Family Health Plan

www.tricare.mil/usfhp
1-800-74-USFHP (1-800-748-7347)
www.usfhp.com

TRICARE Reserve Select

www.tricare.mil/trs

TRICARE Retired Reserve

www.tricare.mil/trr

Reserve Affairs

www.people.mil

Defense Enrollment Eligibility Reporting System (DEERS)

1-800-538-9552
www.tricare.mil/deers

milConnect

(update DEERS, get eCorrespondence)

www.dmdc.osd.mil/milconnect

TRICARE Pharmacy Program

www.tricare.mil/pharmacy

Express Scripts, Inc.
1-877-363-1303
www.express-scripts.com/TRICARE

TRICARE Active Duty Dental Program

www.tricare.mil/addp

United Concordia Companies, Inc.
(U.S. and U.S. territories)
1-866-984-ADDP (1-866-984-2337)
www.addp-uccl.com

TRICARE Dental Program

www.tricare.mil/tdp

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

TRICARE Retiree Dental Program

www.tricare.mil/trdp

Delta Dental of California
1-855-827-6436 (stateside)
Dial the AT&T USA Direct Access Number
followed by 866-721-8737 (overseas)
www.trdp.org

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 Website

www.health.mil

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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