

# TRICARE®: Summary of Beneficiary Costs



This brochure is **not** all-inclusive. For additional information, please contact your local military treatment facility (MTF) or regional contractor.

## TRICARE PROGRAM OPTION COSTS

This brochure summarizes costs based on the TRICARE program option you are using in the United States (*overseas costs are not included*). Costs for the following TRICARE program options are included:

- TRICARE Prime Options
- TRICARE Standard and TRICARE Extra
- TRICARE Reserve Select (TRS)
- TRICARE Retired Reserve (TRR)
- TRICARE Young Adult (TYA)
- Continued Health Care Benefit Program (CHCBP)
- TRICARE For Life (TFL)
- TRICARE Pharmacy Program
- TRICARE Dental Options

Generally, these costs are subject to change yearly. Visit [www.tricare.mil/costs](http://www.tricare.mil/costs) for more information on costs.

## TRICARE PRIME OPTIONS

This section outlines the costs for TRICARE Prime, TRICARE Prime Remote (TPR), and TRICARE Prime Remote for Active Duty Family Members (TPRADFM). If you have questions about any of these options, contact your regional contractor.

### TRICARE Prime Annual Enrollment Fees

There are no enrollment fees for active duty service members (ADSMs), active duty family members (ADFMs), surviving spouses (*during the first three years*), and surviving dependent children\* enrolled in TRICARE Prime, TPR, or TPRADFM. Retired service members, their families, surviving spouses (*after the first three years*), eligible former spouses, and others are required to pay an annual enrollment fee, which is applied to the catastrophic cap. TRICARE Prime enrollment fees are subject to change each fiscal year (FY) (*October 1–September 30*). FY 2011 enrollment fees apply to current enrollments and enrollment applications received before October 1, 2011. FY 2012 enrollment fees apply to applications received on or after October 1, 2011. The table to the right details your enrollment fee payment rates.

FY 2011 Enrollment Fees	FY 2012 Enrollment Fees
\$230/Individual	\$260/Individual
\$460/Family	\$520/Family

\* Surviving dependent children are covered as ADFMs until reaching age 21 (or age 23 if enrolled in a full-time course of study in an approved institution of higher learning and dependent on the ADSM for over 50 percent of financial support at the time of the ADSM's death).

Payment Options		Payment Instructions
Monthly	<b>Automated Deduction from Retired Pay</b>	Complete an <i>Enrollment Fee Allotment Authorization</i> form ( <i>available at <a href="http://www.tricare.mil/forms">www.tricare.mil/forms</a> or from your regional contractor</i> ). Once authorized, your TRICARE Prime enrollment fee is deducted automatically from your retirement pay on a monthly basis. An initial three-month payment is required to allow time to establish the allotment. Your regional contractor can help you set up your automated deduction.
	<b>Electronic Funds Transfer (EFT)</b>	Provide your correct banking information <b>to your regional contractor</b> . Once authorized, your TRICARE Prime enrollment fee is deducted automatically from your bank account on a monthly basis. An initial three-month payment is required to allow time to establish the EFT. Refer to your regional contractor's Web site for forms and more information.
Quarterly or Annually <sup>1</sup>	<b>Visa® or MasterCard®</b>	Your initial payment will be charged to your credit card, and you will be sent a bill for each subsequent payment. Return the bill to your regional contractor along with the credit card authorization for each billing period. For your convenience, you may also make credit card payments online. Initial payments can be made through the Beneficiary Web Enrollment Web site at <a href="http://www.dmdc.osd.mil/appj/bwe/">www.dmdc.osd.mil/appj/bwe/</a> , and subsequent payments can be made through your regional contractor's Web site.

1. TRICARE has a limited refund policy. In most cases, TRICARE Prime enrollment fees will **not** be refunded. If you are close to age 65 and nearing eligibility for TFL, you should not choose the annual payment option.

### Point-of-Service Option

The point-of-service (POS) option allows you to receive nonemergency care from any TRICARE-authorized provider without requesting a referral from your primary care manager, resulting in higher out-of-pocket costs. The POS deductible applies only to outpatient services, and the cost-share applies to both inpatient and outpatient care. Out-of-pocket expenses you pay under the POS option are not applied to your annual catastrophic cap. **Note:** The POS option is not available to ADSMs and does not apply to newborns or newly adopted children in the first 60 days after birth or adoption, emergency care, or if you have other health insurance.

<b>POS Deductible</b>
\$300/Individual
\$600/Family
<b>POS Cost-Share</b>
50% after POS deductible is met

## US Family Health Plan

The US Family Health Plan (USFHP) is a TRICARE Prime option providing coverage for ADFMs, retirees, and retiree family members in six geographic regions in the United States. The plan is available to beneficiaries of all ages, including those age 65 and older, and costs are the same as for TRICARE Prime. All TRICARE Prime benefits are included, plus enhancements that vary by plan location.

**Note:** ADSMs are not eligible to enroll in USFHP.

## TRICARE Prime, TPR, and TPRADFM Health Care Costs

The costs listed are for care received in civilian facilities. These costs are effective for FY 2012 (October 1, 2011–September 30, 2012) and are subject to change each year on October 1.

Type of Care	ADSMs and ADFMs (TRICARE Prime, TPR, or TPRADFM)	Retirees, Their Families, and All Others (TRICARE Prime) <sup>1</sup>
Annual Deductible <sup>2</sup>	\$0	\$0
Outpatient Visits	\$0 copayment per visit	\$12 copayment per visit
Clinical Preventive Services	\$0 copayment per service	\$0 copayment per service
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	\$0 copayment	20% of negotiated fee
Hospitalization (non-MTF)	\$0 per day	\$11 per day (\$25 minimum charge) <sup>3</sup>
Ambulance Services	\$0 copayment per visit	\$20 copayment per occurrence
Emergency Services	\$0 copayment per visit	\$30 copayment per visit
Ambulatory Surgery	\$0 copayment	\$25 copayment
Outpatient Behavioral Health	\$0 copayment per visit	\$25 (individual visit), \$17 (group visit)
Inpatient Behavioral Health	\$0 per day	\$40 per day
Inpatient Skilled Nursing	\$0 per day	\$11 per day (\$25 minimum charge) <sup>3</sup>

1. The cost for inpatient care provided at an MTF is \$17.05 per day for retiree family members.

2. The annual deductible is \$0 unless the POS option is used.

3. Example: If your stay lasts one or two days, your charge for the stay will be \$25. If your stay lasts more than two days, your charge will be \$11 multiplied by the number of days of your stay.

## TRICARE STANDARD AND TRICARE EXTRA

This section highlights your costs when using TRICARE Standard and TRICARE Extra. Remember, TRICARE Standard and TRICARE Extra can be used interchangeably, and the option you use determines your out-of-pocket expense. If you have additional questions, contact your regional contractor (*see the For Information and Assistance section of this brochure*).

### Prohibition of Waiving Cost-Shares and Deductibles

When using TRICARE Standard, TRICARE Extra, TRS, and TRR you are responsible, under law, to pay an annual deductible and cost-shares associated with your care. The law prohibits health care providers from waiving the deductible or cost-shares and requires providers to make reasonable efforts to collect these amounts. Providers who offer to waive deductibles and cost-shares, or who advertise that they will do so, can be suspended or excluded as TRICARE-authorized providers.

### Balance Billing and Violation of Participation Agreements

Nonparticipating providers may charge up to 15 percent above the TRICARE-allowable charge. This amount is your responsibility and will not be reimbursed by TRICARE. Participating providers are prohibited from balance billing—billing you for any amount in excess of the TRICARE-allowable charge, less any applicable cost-share you pay. Once a participating provider marks “yes” on the claim form for that service, he or she cannot later revoke or cancel that decision. Participating providers who attempt to fraudulently collect higher payments are in violation of the participation agreement. **Note:** Non-network providers may choose to participate on a claim-by-claim basis.

### Annual Outpatient Deductible

When using TRICARE Standard and TRICARE Extra, you are required to meet an annual deductible each FY for outpatient services before cost-sharing begins. The annual deductible varies based on your beneficiary category and type of coverage (*individual or family*).

**Note:** ADSMs may not use TRICARE Standard or TRICARE Extra.

Beneficiary Category	Outpatient Deductible	
ADSMs and TRS (sponsor rank E-4 and below)	\$50/Individual	\$100/Family
ADSMs and TRS (sponsor rank E-5 and above)	\$150/Individual	\$300/Family
Retired Service Members, Their Families, and All Others	\$150/Individual	\$300/Family
Family Members of National Guard and Reserve Members Activated for More Than 30 Consecutive Days in Support of a Contingency Operation	\$0	

## TRICARE Standard and TRICARE Extra Health Care Costs

The costs listed are for care received in civilian facilities. These costs are effective for FY 2012 (October 1, 2011–September 30, 2012) and are subject to change each year on October 1.

Type of Care	TRICARE Standard <sup>1</sup>	TRICARE Extra <sup>1</sup>
<b>Outpatient Visits</b>	<b>ADFMs and TRS:</b> 20% after the annual deductible is met <b>Retirees, Their Families, and All Others:</b> 25% after the annual deductible is met	<b>ADFMs and TRS:</b> 15% after the annual deductible is met <b>Retirees, Their Families, and All Others:</b> 20% after the annual deductible is met
<b>Clinical Preventive Services<sup>2</sup></b>	<b>ADFMs and TRS:</b> 20% after the annual deductible is met <b>Retirees, Their Families, and All Others:</b> 25% after the annual deductible is met	<b>ADFMs and TRS:</b> 15% after the annual deductible is met <b>Retirees, Their Families, and All Others:</b> 20% after the annual deductible is met
<b>Durable Medical Equipment, Prosthetics, Orthotics, and Supplies</b>	<b>ADFMs and TRS:</b> 20% after the annual deductible is met <b>Retirees, Their Families, and All Others:</b> 25% after the annual deductible is met	<b>ADFMs and TRS:</b> 15% after the annual deductible is met <b>Retirees, Their Families, and All Others:</b> 20% after the annual deductible is met
<b>Hospitalization</b>	<b>ADFMs and TRS:</b> \$17.05 per day (\$25 minimum charge) <sup>3</sup> <b>Retirees, Their Families, and All Others:</b> \$708 per day or 25% of billed charges for institutional services, whichever is less, <b>plus</b> 25% cost-share for separately billed services	<b>ADFMs and TRS:</b> \$17.05 per day (\$25 minimum charge) <sup>3</sup> <b>Retirees, Their Families, and All Others:</b> \$250 per day or 25% of billed charges for institutional services, whichever is less, <b>plus</b> 20% cost-share for separately billed services
<b>Emergency Services</b>	<b>ADFMs and TRS:</b> 20% after the annual deductible is met <b>Retirees, Their Families, and All Others:</b> 25% after the annual deductible is met	<b>ADFMs and TRS:</b> 15% after the annual deductible is met <b>Retirees, Their Families, and All Others:</b> 20% after the annual deductible is met
<b>Ambulatory Surgery</b>	<b>ADFMs and TRS:</b> \$25 <b>Retirees, Their Families, and All Others:</b> 25% after the annual deductible is met	<b>ADFMs and TRS:</b> \$25 <b>Retirees, Their Families, and All Others:</b> 20% after the annual deductible is met
<b>Outpatient Behavioral Health</b>	<b>ADFMs and TRS:</b> 20% after the annual deductible is met <b>Retirees, Their Families, and All Others:</b> 25% after the annual deductible is met	<b>ADFMs and TRS:</b> 15% after the annual deductible is met <b>Retirees, Their Families, and All Others:</b> 20% after the annual deductible is met
<b>Inpatient Behavioral Health</b>	<b>ADFMs and TRS:</b> \$20 per day (\$25 minimum charge) <sup>3</sup> <b>Retirees, Their Families, and All Others:</b> • High-Volume Hospital: 25% of the hospital-specific per diem • Low-Volume Hospital: \$208 per day or 25% of the billed charges, whichever is less	<b>ADFMs and TRS:</b> \$20 per day (\$25 minimum charge) <sup>3</sup> <b>Retirees, Their Families, and All Others:</b> 20% of the total charge, <b>plus</b> 20% cost-share for separately billed services
<b>Inpatient Skilled Nursing</b>	<b>ADFMs and TRS:</b> \$17.05 per day (\$25 minimum charge) <sup>3</sup> <b>Retirees, Their Families, and All Others:</b> 25% of allowed charges for institutional services, <b>plus</b> 25% cost-share for separately billed services	<b>ADFMs and TRS:</b> \$17.05 per day (\$25 minimum charge) <sup>3</sup> <b>Retirees, Their Families, and All Others:</b> \$250 per day or 20% of billed charges for institutional services, whichever is less, <b>plus</b> 20% cost-share for separately billed services

1. The cost for inpatient care provided at an MTF is \$17.05 per day for ADFMs and retiree family members.

2. No cost-shares are required for routine immunizations, well-child visits, and certain preventive screening exams.

3. Example: If your hospital stay lasts one day, your charge for the stay will be \$25. If your hospital stay lasts more than one day, your charge will be \$17.05 (or \$20 for inpatient behavioral health) multiplied by the number of days of your stay.

## TRICARE RESERVE SELECT

National Guard and Reserve members may qualify to purchase TRS coverage if they are:

- Members of the Selected Reserve of the Ready Reserve
- **Not** eligible for, or enrolled in, the Federal Employees Health Benefits (FEHB) program

Type of Coverage	Monthly Premium 2011	Monthly Premium 2012
TRS Member-Only	\$53.16	\$54.35
TRS Member-and-Family	\$197.76	\$192.89

Even if they are eligible for or enrolled in the FEHB program, surviving family members may qualify to purchase TRS. TRS monthly premium amounts are determined by the type of coverage you purchase: TRS member-only or TRS member-and-family. TRS premiums are adjusted annually, effective January 1. Monthly premiums, payments above the TRICARE-allowable charge, and payments for non-covered services are not credited toward the TRS catastrophic cap. **Note:** Cost-shares and deductibles are the same as those listed previously for TRICARE Standard and TRICARE Extra ADFMs.

## TRICARE RETIRED RESERVE

Qualified Retired Reserve members may purchase TRR coverage if they are:

- Members of the Retired Reserve of a Reserve Component who are qualified for non-regular retirement
- Under age 60
- **Not** eligible for, or enrolled in, the FEHB program

Type of Coverage	Monthly Premium 2011	Monthly Premium 2012
TRR Member-Only	\$408.01	\$419.72
TRR Member-and-Family	\$1,020.05	\$1,024.43

Even if they are eligible for or enrolled in the FEHB program, surviving family members may qualify to purchase TRR. TRR monthly premium amounts are determined by the type of coverage you purchase: TRR member-only or TRR member-and-family. TRR premiums are adjusted annually, effective January 1. Monthly premiums, payments above the TRICARE-allowable charge, and payments for non-covered services are not credited toward the TRR catastrophic cap. **Note:** Cost-shares and deductibles are the same as those listed previously for TRICARE Standard and TRICARE Extra retirees, their families, and all others.

## TRICARE YOUNG ADULT

TYA is a premium-based health care plan available for purchase by qualified dependents who have “aged out” of TRICARE benefits. TYA includes medical and pharmacy benefits, but excludes dental coverage. Adult-age dependents may purchase TYA coverage based on their uniformed service sponsors’ status and where they live. TYA premiums are adjusted annually, effective January 1.

Type of Coverage	Monthly Premium 2011	Monthly Premium 2012
TYA Prime	Not available	\$201
TYA Standard	\$186	\$176

Qualified dependents may purchase TYA coverage if they are:

- A dependent of an eligible uniformed service sponsor\*
- Unmarried
- At least age 21 (*or age 23 if enrolled in a full-time course of study at an approved institution of higher learning and if the sponsor provides over 50 percent of the financial support*), but have not yet reached age 26
- **Not** eligible to enroll in an employer-sponsored health plan under their own employment as defined in TYA regulations
- **Not** otherwise eligible for TRICARE program coverage

For additional information about TYA, please visit [www.tricare.mil/tya](http://www.tricare.mil/tya).

*\* If you are an adult child of a non-activated member of the Selected Reserve of the Ready Reserve or of the Retired Reserve, your sponsor must be enrolled in TRS or TRR for you to be eligible to purchase TYA coverage.*

## CONTINUED HEALTH CARE BENEFIT PROGRAM

CHCBP is a premium-based health care program available to former ADSMs and their eligible family members, unremarried former spouses, emancipated children, and unmarried children by adoption or legal custody. CHCBP offers 18–36 months of transitional coverage after TRICARE eligibility ends. If you qualify, you can purchase CHCBP within 60 days of losing TRICARE or Transitional Assistance Management Program eligibility. CHCBP benefits and rules are similar to those under TRICARE Standard, but you must pay quarterly premiums as shown. These rates apply for FY 2012 (*October 1, 2011–September 30, 2012*). For more information, contact the CHCBP administrator, Humana Military Healthcare Services, Inc., at **1-800-444-5445** or visit [www.humana-military.com](http://www.humana-military.com).

Quarterly Premiums	
Individual	\$1,065
Family	\$2,390

## CATASTROPHIC CAP

The catastrophic cap is the maximum out-of-pocket amount you will pay each FY (*October 1, 2011–September 30, 2012*) for TRICARE-covered services. You are not responsible for any amounts above the catastrophic cap in a given FY, except for services that are not covered, POS charges, and the additional 15 percent that nonparticipating providers may charge above the TRICARE-allowable charge. The catastrophic cap amount is based on your beneficiary category and is not affected by the program option you are using. **Note:** POS deductibles, cost-share amounts, and TRS, TRR, and TYA premiums are not creditable to the enrollment/FY catastrophic cap.

ADFM and TRS	Retirees, Their Families, and All Others
\$1,000 per family, per FY	\$3,000 per family, per FY

## TRICARE FOR LIFE

When using TFL, TRICARE is the second payer after Medicare in most cases. You have minimal out-of-pocket costs with TFL. There are no TFL enrollment fees, but you are required to pay Medicare Part B premiums. Visit [www.medicare.gov](http://www.medicare.gov) for the current Medicare Part B premium amounts. For additional information about TFL, contact Wisconsin Physicians Service (*see the For Information and Assistance section of this brochure*) or visit [www.tricare.mil/tfl](http://www.tricare.mil/tfl).

### TRICARE For Life Health Care Costs

The following table highlights your TFL out-of-pocket costs. For a detailed breakdown, visit [www.tricare.mil/costs](http://www.tricare.mil/costs).

Type of Service	What Medicare Pays	What TRICARE Pays	What You Pay
Covered by TRICARE and Medicare	Medicare's authorized amount	Remaining amount	Nothing
Covered by Medicare but not TRICARE	Medicare's authorized amount	Nothing	Medicare deductible and cost-share
Covered by TRICARE but not Medicare	Nothing	TRICARE's authorized amount	TRICARE deductible and cost-share
Not Covered by TRICARE or Medicare	Nothing	Nothing	Total amount charged

## TRICARE PHARMACY PROGRAM

Pharmacy costs are based on whether the prescription is classified as formulary generic (*Tier 1*), formulary brand name (*Tier 2*), or non-formulary (*Tier 3*), and where you choose to have your prescription filled. **Note:** Your TRICARE program option only affects your pharmacy benefit if you have a prescription filled at a non-network pharmacy or if you are a USFHP enrollee. USFHP enrollees must fill prescriptions through USFHP pharmacies.

If medical necessity is established and written on the prescription, non-formulary prescriptions may be filled at the formulary costs. For more information, visit [www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy). Use the Formulary Search Tool at [http://pec.ha.osd.mil/formulary\\_search.php](http://pec.ha.osd.mil/formulary_search.php) to find costs for specific medications. **Note:** TRICARE retail network pharmacies are only available in the United States, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. You may be required to pay up front at host nation pharmacies and file a claim for reimbursement.

The following table summarizes the costs for prescription drugs. **Note:** There are no pharmacy costs for ADSMs.

Type of Pharmacy	Formulary Costs		Non-Formulary Costs ( <i>Tier 3</i> ) <sup>1</sup>
	Generic ( <i>Tier 1</i> )	Brand Name ( <i>Tier 2</i> )	
MTF ( <i>up to a 90-day supply</i> )	\$0	\$0	Not available
TRICARE Pharmacy Home Delivery ( <i>up to a 90-day supply</i> )	\$0	\$9	\$25
Retail Network Pharmacy <sup>2</sup> ( <i>up to a 30-day supply</i> )	\$5	\$12	\$25
Non-Network Retail Pharmacy ( <i>up to a 30-day supply</i> )	<b>TRICARE Prime/TPRADFM:</b> 50% cost-share applies after POS deductible is met <b>TRICARE Standard/TRICARE Extra:</b> \$12 or 20% of the total cost ( <i>whichever is greater</i> ) after the annual deductible is met		<b>TRICARE Prime/TPRADFM:</b> 50% cost-share applies after POS deductible is met <b>TRICARE Standard/TRICARE Extra:</b> \$25 or 20% of the total cost ( <i>whichever is greater</i> ) after the annual deductible is met

1. Approval is required for ADSMs. Non-formulary drugs may be obtained free of charge by ADSMs only if medical necessity has been established. All other beneficiaries will pay the copayments listed above. Medical-necessity information should be submitted along with the prescription. The Department of Defense Pharmacy and Therapeutics Committee may set quantity limits on some medications. For more information, visit [www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy).

2. You can convert maintenance prescriptions—prescriptions you take on a regular basis—that you have filled at a TRICARE retail network pharmacy to TRICARE Pharmacy Home Delivery via the Member Choice Center (*see the For Information and Assistance section of this brochure*).

## TRICARE DENTAL OPTIONS

This section highlights your dental costs when you are using the TRICARE Active Duty Dental Program (ADDP), the TRICARE Dental Program (TDP), or the TRICARE Retiree Dental Program (TRDP). These dental options are separate from TRICARE health care program options. Your out-of-pocket expenses for any of the costs listed in this section are not applied to the TRICARE catastrophic cap.

### Active Duty Dental Program

If you are an ADSM, you will receive most dental care from military dental treatment facilities at no cost. However, if enrolled in TPR, you are covered automatically by the ADDP. The ADDP supplements military dental care by providing for routine, specialty, and emergency dental services. There are no out-of-pocket costs when using the ADDP. However, for services that require prior authorization (e.g., *comprehensive care, such as orthodontics or crowns*), ADSMs may be responsible for the cost of care if they do not obtain authorization. For additional information about the ADDP, visit [www.addp-ucci.com](http://www.addp-ucci.com).

### TRICARE Dental Program

The TDP is available to ADFMs and National Guard and Reserve members and their families. **Note:** This section only highlights costs for the continental United States program. Limitations apply to certain services based on your beneficiary category. For more information about the TDP, contact United Concordia Companies, Inc. (*see the For Information and Assistance section of this brochure*).

#### TDP Monthly Premiums

Monthly premium amounts are based on your beneficiary category and type of plan (*single or family*).

Beneficiary Category	Type of Plan	Monthly Premiums
		February 1, 2010–April 30, 2012
ADFM	Single ( <i>one family member</i> )	\$12.69
	Family ( <i>more than one family member</i> )	\$31.72
National Guard or Reserve Member <sup>1</sup>	Single ( <i>sponsor only</i> )	\$12.69
National Guard or Reserve Family Member <sup>1</sup>	Single ( <i>one family member, excluding sponsor</i> ) <sup>2</sup>	\$31.72
	Family ( <i>more than one family member, excluding sponsor</i> )	\$79.29
National Guard or Reserve Member and Family <sup>1</sup>	Single plan ( <i>sponsor only</i> ) and family plan	\$91.98
Individual Ready Reserve (IRR) Member <sup>1</sup>	Single ( <i>sponsor only</i> )	\$31.72
IRR Family Member <sup>1</sup>	Single ( <i>one family member, excluding sponsor</i> ) <sup>2</sup>	\$31.72
	Family ( <i>more than one family member, excluding sponsor</i> )	\$79.29
IRR Member and Family <sup>1</sup>	Single plan ( <i>sponsor only</i> ) and family plan	\$111.01

1. These amounts are only applicable when the sponsor is not on active duty orders.

2. If both the sponsor and a single family member are enrolling, the premium due is the total of the sponsor's single premium and the family member's single premium.

#### TDP Cost-Shares and Maximums

Type of Service	Your Cost-Share (Amount You Pay)	
	Sponsor Pay Grades E-1 to E-4	All Other Pay Grades
Diagnostic	0%	0%
Preventive ( <i>except sealants</i> ) <sup>1</sup>	0%	0%
Sealants	20%	20%
Consultation/Office Visit	20%	20%
Basic Restorative	20%	20%
Endodontic	30%	40%
Periodontic	30%	40%
Oral Surgery	30%	40%
General Anesthesia	40%	40%
Intravenous Sedation	50%	50%
Miscellaneous Services	50%	50%
Other Restorative	50%	50%
Implant Services	50%	50%
Prosthodontic	50%	50%
Orthodontic <sup>2</sup>	50%	50%

1. Space maintainers are fully covered for patients under age 19 when involving posterior teeth. They are covered at a 20 percent cost-share for patients under age 19 when replacing anterior teeth only. Sealants are covered at 20 percent as noted above.

2. Orthodontic treatment is available for enrolled family members (non-spouse) up to, but not including, age 21 unless enrolled as a full-time student. A member who is enrolled as a full-time student at an accredited college or university is eligible up to, but not including, age 23. Orthodontic treatment is also available for spouses and National Guard and Reserve members up to, but not including, age 23. In all cases, coverage is effective until the end of the month in which the member reaches the applicable age limit.

TDP Maximums	
The TDP limits how much it will pay per enrollee for dental services.	
Dental Program Annual Maximum Benefit	\$1,200 per enrollee per enrollment year for non-orthodontic services. Payments for certain diagnostic and preventive services are not applied to the annual maximum.
Orthodontic Lifetime Maximum Benefit	\$1,500 per enrollee during your lifetime for orthodontic services. Orthodontic diagnostic services are applied to the \$1,200 dental program annual maximum.

## Enhanced TRICARE Retiree Dental Program

The Enhanced TRDP is available to retirees and their eligible family members in the 50 United States, the District of Columbia, American Samoa, Canada, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. When traveling outside this enrollment area, Enhanced TRDP enrollees will be covered only for emergency treatment as necessary.

### TRDP Monthly Premiums

Monthly premiums for the Enhanced TRDP vary depending on your location and type of plan (*single, dual, or family*). Annual rates are effective for FY 2012 (*October 1, 2011–September 30, 2012*) and are subject to change each year. If you move or change your enrollment option, your monthly premium rate may increase or decrease accordingly. To view the premium rate for your region, visit [www.trdp.org](http://www.trdp.org) and use the “Premium Search” tool in the “Prospective Enrollees” section.

### TRDP Cost-Shares, Annual Deductible, and Maximums

The following tables provide an overview of the Enhanced TRDP costs.

Benefits Available during the First 12 Months of Enrollment	Your Cost-Share (Amount You Pay) <sup>1</sup>
Diagnostic Services (e.g., exams)	0%
Preventive Services (e.g., cleanings)	0%
Basic Restorative Services (e.g., fillings, including tooth-colored fillings on back teeth)	20%
Endodontics (e.g., root canals)	40%
Periodontics (e.g., gum treatments)	40%
Oral Surgery (e.g., extractions)	40%
Emergency Services (e.g., treatment for minor pain)	20%
Dental Accident Coverage	0%

1. The percentage paid is based on the allowed amount for each procedure. Your out-of-pocket costs may be higher if care is received from a nonparticipating provider.

Additional Benefits Available after 12 Months of Continuous Enrollment or if Enrolled within Four Months after Retirement	Your Cost-Share (Amount You Pay) <sup>1</sup>
Cast Crowns, Onlays, and Bridges	50%
Partial/Full Dentures	50%
Orthodontics	50%
Dental Implants	50%

1. The percentage paid is based on the allowed amount for each procedure. Your out-of-pocket costs may be higher if care is received from a nonparticipating provider.

TRDP Annual Deductible
\$50 per person, per benefit year; \$150 cap per family

TRDP Maximums	
Annual Maximum	\$1,200
Orthodontic Maximum (per person, per lifetime)	\$1,500
Dental Accident Maximum (per person, per benefit year)	\$1,000

For more information about the Enhanced TRDP, contact Delta Dental® of California (*see the For Information and Assistance section of this brochure*).

## For Information and Assistance

If you have questions about any of the information listed in this brochure, contact the appropriate contractor listed below or visit [www.tricare.mil](http://www.tricare.mil). For additional details about the Military Health System (MHS), visit the MHS Web site at [www.health.mil](http://www.health.mil).

<p><b>TRICARE North Region</b> Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) 1-800-555-2605 (TRICARE Reserve Select) <a href="http://www.hnfs.com">www.hnfs.com</a></p>	<p><b>TRICARE South Region</b> Humana Military Healthcare Services, Inc. 1-800-444-5445 1-877-298-3408 (National Guard and Reserve) 1-877-249-9179 (Active duty programs) Warrior Navigation and Assistance Program: 1-888-4GO-WNAP (1-888-446-9627) <a href="http://www.humana-military.com">www.humana-military.com</a></p>	<p><b>TRICARE West Region</b> TriWest Healthcare Alliance 1-888-TRIWEST (1-888-874-9378) <a href="http://www.triwest.com">www.triwest.com</a></p>
<p><b>TRICARE For Life</b> Wisconsin Physicians Service 1-866-773-0404 1-866-773-0405 (TDD/TTY for the hearing impaired) <a href="http://www.TRICARE4u.com">www.TRICARE4u.com</a></p>	<p><b>US Family Health Plan</b> 1-800-74-USFHP (1-800-748-7347) <a href="http://www.usfhp.com">www.usfhp.com</a></p>	<p><b>TRICARE Pharmacy Program</b> Express Scripts, Inc. 1-877-363-1303 Member Choice Center (convert retail prescriptions to home delivery): 1-877-363-1433 <a href="http://www.tricare.mil/pharmacy">www.tricare.mil/pharmacy</a> <a href="http://www.express-scripts.com/TRICARE">www.express-scripts.com/TRICARE</a></p>
<p><b>Active Duty Dental Program</b> United Concordia Companies, Inc. 1-866-984-ADDP (1-866-984-2337) <a href="http://www.addp-ucci.com">www.addp-ucci.com</a></p>	<p><b>TRICARE Dental Program</b> United Concordia Companies, Inc. 1-800-866-8499 <a href="http://www.TRICAREdentalprogram.com">www.TRICAREdentalprogram.com</a></p>	<p><b>TRICARE Retiree Dental Program</b> Delta Dental® of California 1-888-838-8737 <a href="http://www.trdp.org">www.trdp.org</a></p>
<p><b>Beneficiary Web Enrollment Web Site</b> <a href="http://www.tricare.mil/bwe">www.tricare.mil/bwe</a></p>	<p><b>TRICARE Web Site</b> <a href="http://www.tricare.mil">www.tricare.mil</a></p>	<p><b>Military Health System Web Site</b> <a href="http://www.health.mil">www.health.mil</a></p>

### An Important Note about TRICARE Program Information

At the time of printing, 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 treatment facility guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

Please provide feedback on this brochure at [www.tricare.mil/evaluations/feedback](http://www.tricare.mil/evaluations/feedback).

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