



Your TRICARE Program

CAPSTONE Spouse Course

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May 13, 2025

Agenda

- Purpose and Highlights
- TRICARE and the Military Health System (MHS)
- Benefits and Coverage
 - Eligibility, Coverage, and Exclusions
 - Who and What TRICARE Pays
- TRICARE Plans
- T-5 Contracts
- TRICARE Overseas Program



Key Takeaways

Purpose – To foster better understanding of your TRICARE program and its health plans

Take Home Points

1. The Military Health System (MHS) provides a healthcare benefit to our 9.5 million beneficiaries both through the **Direct Care System (DCS)** at the military medical treatment facilities (MTFs) when capability/capacity exists, and in **private sector care (PSC)** under the TRICARE program
2. TRICARE **wraps-around** local MTFs to increase capacity and capability through TRICARE-authorized providers, suppliers, and pharmacies, network and non-network, in PSC including international host nation providers
3. In addition to Active-Duty Service Members (ADSMs), TRICARE covers Active-Duty Family Members (ADFMs), retirees and their families, and qualified survivors
 - The **family of TRICARE health plans** is administered by huge federal service contracts
4. The unique MHS promotes recruitment, retention, and readiness in the eight covered Uniformed Services
5. Grounded in statutory law, the TRICARE is a **federal health benefit** program. It is not health insurance.
 - TRICARE is implemented in federal regulation (32 CFR 199)
 - TRICARE contractors administer the program according to requirements specified in the four **TRICARE Manuals** (Policy (TPM), Operations (TOM), Reimbursement (TRS), and Systems (TSM))
6. www.tricare.mil contains the most up-to-date information for MHS beneficiaries; includes one website for each MTF
 - www.health.mil contains information for MHS and other government staff

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The Military Health System

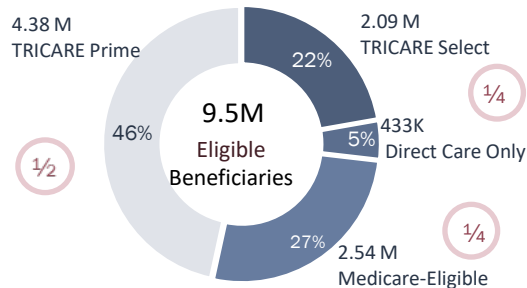
Direct Care System (DCS) of military hospitals and clinics

“Training Platform for Ready Medical Force”



	FY2024	
Inpatient Hospitals	US 32	Intl 13
Outpatient Clinics	US 481	Intl 91
Dental Clinics	US 88	Intl 27

Patients by TRICARE Plan



TRICARE Health Plans

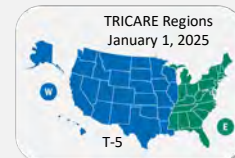
- TRICARE Prime
- TRICARE Select
- TRICARE for Life
- TRICARE Reserve Select
- US Family Health Plan (USFHP)
- TRICARE Young Adult
- TRICARE Dental Program
- Federal Employee Dental & Vision Insurance Plan (FEDVIP)

Private Sector Care (PSC)

“TRICARE authorized civilian providers, network and non-network”

Administered by:

- Two USA regions/contractors
 - TriWest
 - Humana
- One International contractor
 - International SOS



	FY2024
Network Providers	931,689
Network Hospitals	4,158
Behavioral Health facilities	2,148
Network Pharmacies	41,500
Network Dentists	105,000

Combat Support

Joint Medical Logistics	Research & Development	Global Public Health	Education & Training	Joint Trauma System
Identify and deliver medical materiel solutions to meet operational requirements	Provide novel medical tools, techniques, and clinical practice guidelines to modernize MHS capabilities for near-peer conflict	Provide combatant commands with near real-time disease and bio-surveillance threat information	Help build a ready medical force to execute operational medicine and readiness-related requirements	Maximize battlefield injury survival functional recovery rates



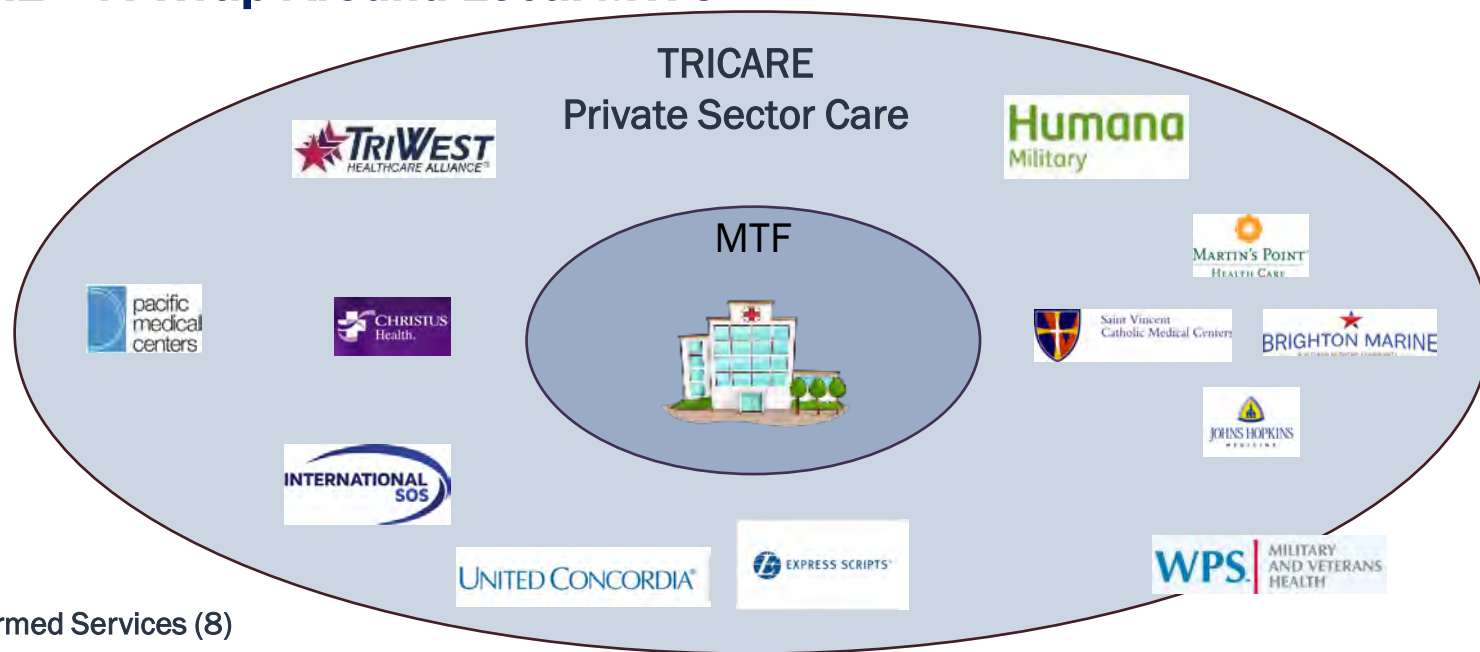
Source: FY 2024
Evaluation of the TRICARE
Program, pgs. 11-12

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TRICARE – A Wrap-Around Local MTFs

5



Uniformed Services (8)

[10 USC §101](#)

United States Army	United States Navy	United States Space Force
United States Marine Corps	United States Air Force	United States Coast Guard
United States Public Health Service (PHS) Commissioned Corps		
National Oceanic and Atmospheric Administration Commissioned Officer Corps (NOAA)		

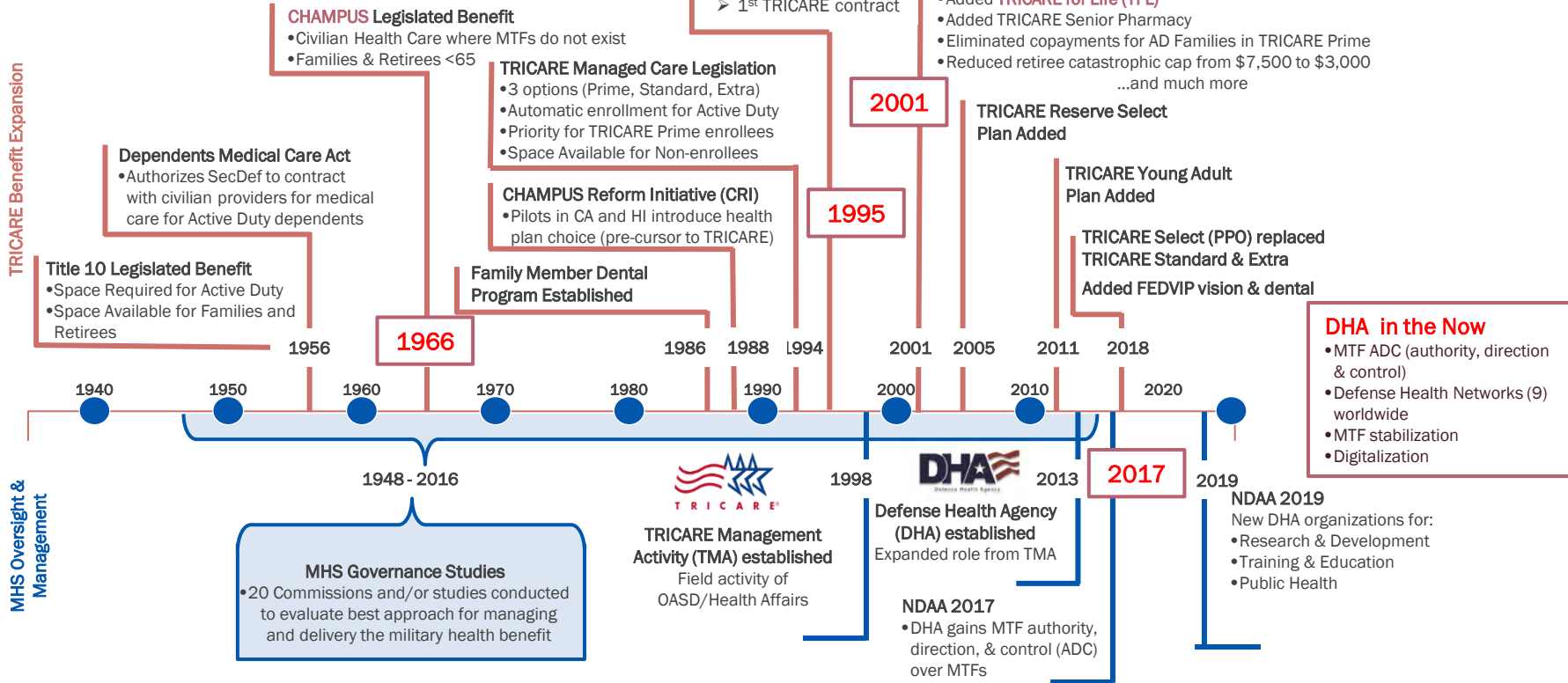
} Armed Forces (6)

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TRICARE BENEFIT Evolution

DoD Health Benefits Have Been
Expanding Steadily Since 1995



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TRICARE Benefits and Coverage



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Who and What TRICARE Covers

AKA the TRICARE Basic Benefit

Active-duty service members 10 U.S.C. 1074	<ul style="list-style-type: none"> Private sector care is covered under rules of the Supplemental Health Care Program (SHCP) In addition to covered services, non-covered services can be provided with an approved SHCP waiver from DHA Director (or designee)
Active-duty family members 10 U.S.C. 1079	<ul style="list-style-type: none"> Only covered services that are medically necessary or psychologically necessary can be provided New or emerging services or technology must be confirmed “proven” using a hierarchy of reliable evidence (32 CFR 199.2)
Retirees and family members 10 U.S.C. 1086	



What TRICARE Pays

- Cost-shares are required by law and cannot be waived
- TRICARE must reimburse like Medicare where practicable, by law ([10 USC 1079](#)). Not practicable includes:
 - Most areas overseas
 - Areas where reimbursement does not align with needs of younger/healthier population (e.g., maternity)
- Network discounts are permitted by law
- Locality-based waivers (LBW) – rates may be increased in certain localities, or for specific providers, to prevent severely limited access to care





Find My Login

Search TRICARE...

Search

Plans & Eligibility

Getting Care

What's Covered

Costs

Life Events

Patient Resources

Covered Services

Learn more about what we cover - including health, dental, and pharmacy.


[Home](#) > [What's Covered](#) > Health Care

[Need Larger Text?](#)

Health Care

Exclusions

Health Care

Search by keyword or browse common categories to see if something is covered or not covered.

Who you are and your health plan will determine:

- How to [book an appointment](#)
- Your [referral and authorization](#) requirements
- Your [out-of-pocket costs](#)

You can see all items excluded (not covered) on the [Exclusions](#) page.

To check if your prescription drugs are covered, visit the [TRICARE Formulary](#).

Want to know more?

Learn [how a benefit becomes covered by TRICARE](#).

[View Search Tips](#).

Give Feedback

TRICARE Health Plans



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TRICARE Network of Providers

- TRICARE contractors certify providers as TRICARE authorized providers
 - TRICARE can only pay claims for services TRICARE authorized providers deliver
 - **TRICARE Network** providers are the subset of TRICARE authorized providers who signed an active agreement with a TRICARE contractor
- The TRICARE Network **wraps around** the Direct Care System to meet the primary, specialty, inpatient, outpatient, and pharmacy needs of the TRICARE enrolled population
 - **Network adequacy** – TRICARE contractors establish & maintain the TRICARE network of individual and institutional providers sufficient in number, mix, and geographic distribution to provide the full scope of benefits for TRICARE health plan enrollees within **TRICARE access to care standards**
 - **Quality standards** – performance of contract requirements is monitored by DHA's TRICARE Health Plan (THP) directorate for all Prime Service Areas (PSA), non-PSAs (i.e., U.S. areas remote from MTFs), and worldwide
- TRICARE network is accredited by a **nationally recognized accrediting body**
 - Address provider licensure, education, training, hospital privileges, and liability insurance
 - Both TRICARE regional contractors hold URAC accreditation
 - The U.S. Family Health Plans (6) are accredited by URAC or National Committee for Quality Assurance (NCQA)



TRICARE Plans

- **TRICARE Select** (PPO model) – a non-“gatekeeper” plan for enrollment worldwide
 - No referrals required for coverage
 - TRICARE authorized providers, network and non-network
- **TRICARE Prime** (HMO model) – a “gatekeeper” plan in Prime Service Areas (PSAs).
Requires referrals. Enrollees are assigned to a primary care manager (PCM).
Mandatory enrollment for active-duty service members (ADSMs).
Variations:
 - **TRICARE Prime Remote** (TPR) – available for certain ADSMs in areas geographically remote from MTFs, i.e. outside PSAs
 - **TRICARE Prime Remote for Active-Duty Family Members** (TPRADFM) – offered to certain ADFMs of a TPR-enrolled Service member, i.e. outside PSAs
 - TRICARE Overseas Program (**TOP**) **Prime** and **TOP Prime Remote**
 - **US Family Health Plan** (USFHP) – closed network TRICARE Prime plan offered in six designated service areas in the U.S.



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Saint Vincent
Catholic Medical Centers



MARTIN'S POINT
HEALTH CARE



TRICARE Plans

(Continued)

TRICARE Overseas Program (TOP) – coverage for all eligible overseas beneficiaries, including eligible Reserve Component (RC) Service members



- Also includes dental coverage for TOP Prime Remote ADSMs
- Other eligible beneficiaries may purchase TRICARE Dental Program (TDP) coverage

Premium-based TRICARE health plans

- **TRICARE Reserve Select (TRS)** – member/family TRICARE Select coverage available for purchase by qualified Selected Reserve members and qualified survivors
- **TRICARE Retired Reserve (TRR)** – member/family TRICARE Select coverage available for purchase by qualified Retired Reserve members and qualified survivors
- **TRICARE Young Adult (TYA)** – individual Prime or Select coverage available for purchase by sponsor to cover qualified family members under the age of 26 who have lost or will lose TRICARE eligibility due to age (compare to Affordable Care Act)



TRICARE Plans

(Continued)

TRICARE For Life (TFL) - wraparound coverage for TRICARE beneficiaries who have both Medicare Part A and Medicare Part B, regardless of age or place of residence



- TFL pays Medicare deductibles and copayments, for TRICARE covered services
- TFL coverage will begin automatically the first day an individual has both Medicare Parts A and B.
 - Medicare is awarded in the 25th month of receiving SSDI (for those under 65).
 - or
 - *** Sign up for Medicare Parts A and B two months before your 65th birthday !! ***
- Medicare card and Uniformed Services ID card are proof of TFL coverage and must be presented at time of service
- TFL beneficiaries may get care from:
 - Medicare participating and Medicare nonparticipating providers
 - Military hospitals and clinics **if** space is available
- Avoid getting TFL-covered services from either (a) the VA for non-service connected conditions, or (b) a Medicare opt-out provider.
 - Medicare cannot pay anything for services from either of these providers
 - Patient will be responsible for **billed charges** minus 20% of TRICARE allowable charge paid by TRICARE



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TRICARE Plans

(Continued)

Temporary Continuation of Coverage

- **Transitional Assistance Management Program (TAMP)** – offers 180 days of premium-free TRICARE Select or TRICARE Prime (in PSA) coverage upon separation from active duty for certain sponsors
 - ADFM cost-sharing applies to both sponsor and family members
- **Continued Health Care Benefit Program (CHCBP)** – offers full-cost premium-based medical coverage to certain beneficiaries for 18–36 months after TRICARE eligibility or premium-based plan coverage ends
 - No MTF access



Dental Plans (by DoD)

UNITED CONCORDIA®

- **Active-Duty Dental Program (ADDP)**
 - ADSMs – remote from Dental Treatment facilities (DTFs) or care referred by DTFs
 - Reserve Service members – while activated 30 or more days/covered by TAMP (family members not included)
- **TRICARE Dental Program (TDP)** – premium-based coverage
 - ADFMs
 - Members of the Ready Reserve and their eligible family members
 - ✓ Selected Reserve (drilling Guard/Reserve)
 - ✓ Individual Ready Reserve (IRR), Inactive National Guard (ING)

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TRICARE Pharmacy Program

- All TRICARE health plans, except USFHP, include pharmacy coverage through the TRICARE Pharmacy Program.
- You may fill prescriptions through:
 - Military pharmacies
 - TRICARE Pharmacy Home Delivery (some limitations overseas)
 - TRICARE retail network pharmacies
 - Non-network pharmacies or overseas pharmacies
- Most retirees and their family members are required to fill certain maintenance medications through home delivery.
- Learn more about your pharmacy options and copayments at <https://www.tricare.mil/pharmacy>.



Other Benefit Programs

- **Federal Employee Dental and Vision Insurance Program (FEDVIP)**
 - administered by U.S. Office of Personnel Management (OPM), not by DoD
 - FEDVIP exclusions:
 - ✓ ADSMs. Enrollees in TYA, CHCBP, and TAMP
 - ✓ DoD eligible persons not enrolled in a TRICARE health plan, i.e. direct care only
 - ✓ Foreign Force members and their families
 - **Dental** plan – retirees, including members of the Retired Reserve, their families, and survivors.
 - ✓ Additional exclusion – anyone eligible for the TRICARE Dental Program (TDP)
 - **Vision** plan – TFL & TRICARE health plan enrollees, including TRS & TRR enrollees (i.e. must be enrolled)
- **Extended Care Health Option (ECHO)** – a supplemental program to the **TRICARE Basic Program**.
 - Provides eligible Active-Duty Family Members (ADFMs) with an additional financial resource to assist in the reduction of the disabling effects of the beneficiary's qualifying condition
- **TRICARE Plus** – program offering primary care priority access at some military hospitals and clinics
 - Each military hospital or clinic commander/director decides if TRICARE Plus is offered
- **Women, Infants, and Children (WIC) Overseas Program** – supplemental food and nutrition program for qualified families as certified by a WIC Overseas counselor





Next Generation of TRICARE Contracts (T-5)

T-5 Overview

Supports the National Defense Strategy and Military Health System Transformation

Optimizes Readiness of Medical Forces

By creating incentives to refer care back to into DoD Military Medical Treatment Facilities (MTFs)

Improves Access to Care

With greater opportunities to leverage virtual health technology

Aligns Quality Outcomes

To ensure the same high standards for care in MTFs and in civilian networks

Provides Stability & Smooth Contract Transition

8 contract years of health care delivery with an estimated value of \$136B



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T-5 Contract Objectives

- Readiness - Support the MHS readiness mission by partnering with the Military Medical Treatment Facilities (MTFs) to optimize the delivery of health care services to enhance the clinical expertise of providers in the direct care system (see definition of MTF optimization in the TRICARE Manual, Definitions¹) for all TRICARE-eligible beneficiaries (see definition at Title 32 Code of Federal Regulations (CFR) Part 199.17(a)(6)(i))
- Experience of Care - Provide a care experience that is patient and family centered, compassionate, convenient, equitable, safe, and always of the highest quality
- Manage Per Capita Cost - Create value by focusing on quality, eliminating waste, and reducing unwarranted variation; considering the total cost of care over time, not just the cost of an individual health care activity
- Population Health - Within the constraints, boundaries, and benefits of the current program, encourage beneficiaries and providers to seek ways to improve health



Managed Care Support Contractors (MCSCs) T-5

- T-5 East: Humana Government Business (HGB) of Louisville, KY
 - \$70.9 billion Contract Value
 - Claims Processor/Fiscal Intermediary (FI): Palmetto Government Business Administrators (PGBA), Surfside Beach, SC / Florence, SC
 - January 1, 2025 - Started Health Care Delivery
- T-5 West: TriWest Healthcare Alliance of Phoenix, AZ
 - \$65.1 billion Contract Value
 - Claims Processor/FI: Palmetto Government Business Administrators (PGBA), Surfside Beach, SC / Florence, SC
 - January 1, 2025 - Started Health Care Delivery



Six States Migrated to West Region from East Region

Arkansas*	Texas	St. Louis area (Missouri)
Louisiana	Illinois	Rock Island (Iowa)
Oklahoma	Wisconsin	

T-5 TRICARE Regions
January 1, 2025



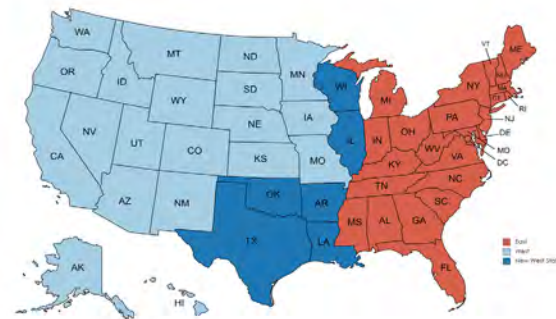
T2017 TRICARE Regions
Previous





- INDO-PACIFIC
- PACIFIC RIM
- WEST
- CENTRAL
- ATLANTIC
- EAST
- NATIONAL CAPITAL REGION
- EUROPE*
- CONTINENTAL

*TAO covers Europe DHN



Source: M2 Demographics, Tableau (frances.l.bautista.civ@health.mil)



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Constants During T-5 Transition

- Dual-eligible Medicare/TRICARE beneficiaries (2.2 M)
- TRICARE Overseas beneficiaries (400 K)
- Uniformed Services Family Health Plan enrollees (100 K)
- TRICARE Dental Program
- Prescription Drug Networks



References – TRICARE website

www.tricare.mil	Up-to-date TRICARE information
www.tricare.mil/mtf	MTF websites
www.newsroom.tricare.mil	Latest TRICARE news releases
www.tricare.mil/bcacdcao	Beneficiary Counseling and Assistance Coordinators (BCACs) and Debt Collection Assistance Officers (DCAOs)
www.tricare.mil/east	TRICARE East Region information
www.tricare.mil/west	TRICARE West Region information
www.tricare.mil/overseas	TRICARE Overseas information
www.tricare.mil/customerservice	TRICARE Customer Service



TRICARE Overseas Program



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TOP21 Contract vs Managed Care Support Contracts

TOP Contract (Overseas)	Managed Care Support Contract (United States)
Frequent fluctuation in # of eligible beneficiaries	# of eligible beneficiaries more stable
3 Geographical Areas	2 Geographical Areas (East/West)
106 Countries	1 Country
99 Languages	1 Language
Clinical Quality/Standard of Care are variable	Clinical Quality/Standard of Care requirements are uniform
Accommodates a wide range of cultural differences	Health care delivery largely standardized
Does not cover home health care, or facility charges for hospice, skilled nursing facility, partial hospitalization programs, inpatient rehab	Covers all aspects of Medicare certified home health care, hospice care, skilled nursing facility care, partial hospitalization programs



TOP21 Contract vs Managed Care Support Contracts

TOP Contract (Overseas)	Managed Care Support Contracts (United States)
Payment at time of service often expected (network providers agree to cashless, claimless)	Payment not usually expected at time of service
Billing based on host nation laws/practice	Bills are all inclusive
134 Foreign Currencies	1 Currency
3 years to file a claim (except PR/US territories)	1 year to file a claim
Contractor codes claims	Private Sector provider codes claims



TRICARE Overseas Program Contract (TOP21)

- Third Generation Overseas Contract
 - Contractor: International SOS (TOP contractor since 2010)
 - Start of Health Care Delivery under the TOP 21 contract: 1 September 2021: Contract ends 31 August 2028
- Health care support services include the development of private sector provider networks, referral management activities, medical evacuation, medical documentation collection, translation services, medical management, customer service/call center activities, beneficiary/provider education, marketing, and claims processing
- Requirements place emphasis on Clinical Quality, Beneficiary Experience, and Combatant Command Support

Primary Objectives of the TOP21 Contract:

- Optimal Beneficiary Experience of Care
- Flexible, Versatile, and Adaptable Overseas Health Care Delivery System
- Highest Level of Clinical Quality
- Efficient and Integrated Overseas Health Care Delivery



Questions?



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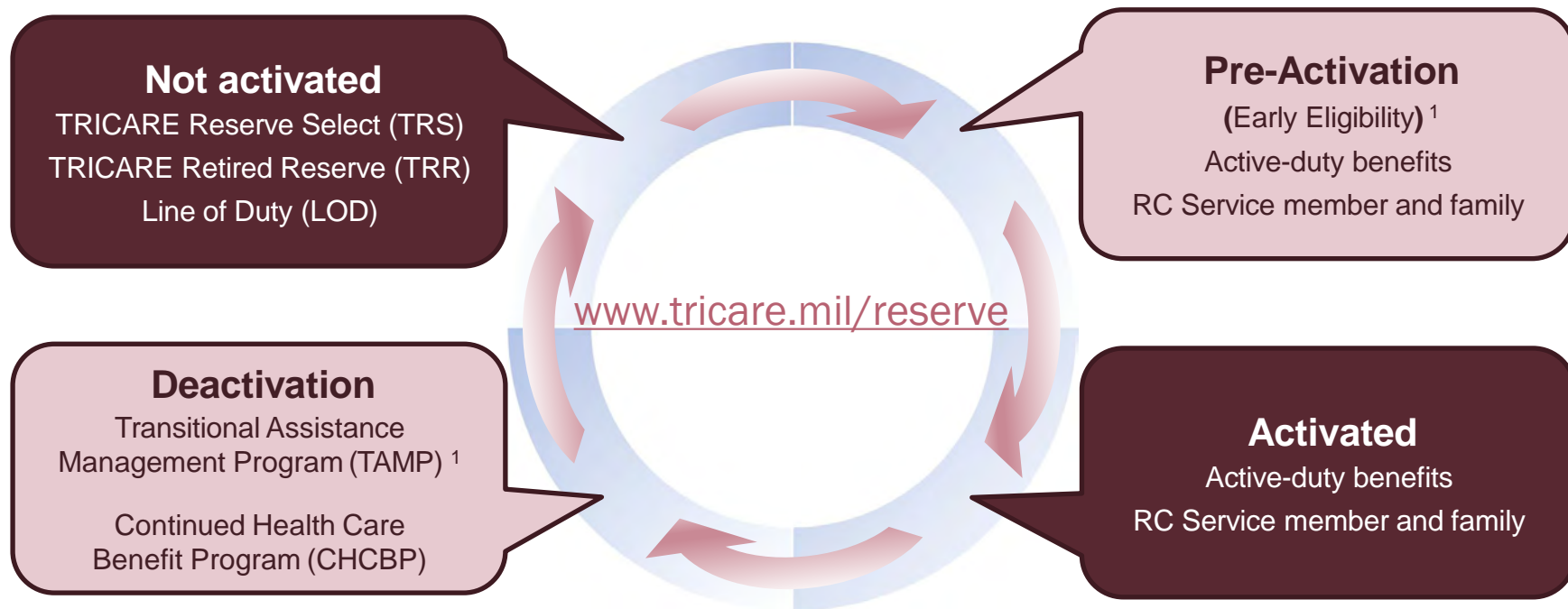
Back-up Slides



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Reserve Component Coverage “Life Cycle”



¹ Activation for a federal preplanned mission ([10 USC §12304b](#)) or in support of a contingency operation ([§101\(a\)\(13\)\(B\)](#))



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OCONUS TRICARE Region

Contact Information

The TRICARE Overseas Program is managed through three geographic areas.



Latin America & Canada

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

Eurasia-Africa

Europe, Africa, the Middle East, Pakistan, Russia, and several former Soviet Republics

Pacific

Asia, Guam, Australia, New Zealand, India, Japan, South Korea and Western Pacific remote countries



Latin America & Canada

+1-215-942-8393 (overseas)

1-877-451-8659 (stateside)

Eurasia-Africa

+44-20-8762-8384 (overseas)

1-877-678-1207 (stateside)

Pacific

Singapore:

+65-6339-2676 (overseas)

1-877-678-1208 (stateside)

Sydney:

+61-2-9273-2710 (overseas)

1-877-678-1209 (stateside)

Country Specific Contact Information: www.tricare-overseas.com



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