

TRICARE: Summary of Beneficiary Costs



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)
- Continued Health Care Benefit Program (CHCBP)
- TRICARE For Life (TFL)
- TRICARE Pharmacy Program
- TRICARE Dental Options

These costs are subject to change each year on October 1 unless otherwise stated. This brochure is **not** intended to be all-inclusive. Contact your local military treatment facility (MTF) or regional contractor (*see the For More Information section*) if you have questions, or visit www.tricare.mil/costs for more information.

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. **Note:** Eligible surviving spouses are also covered during the first three years following the death of the active duty service member (ADSM); surviving dependent children are covered until age 21 (*or age 23 if enrolled in a full-time course of study in an accredited institution of higher learning and dependent on the ADSM for more than 50 percent of financial support at the time of the ADSM's death*).

TRICARE Prime Annual Enrollment Fees

There are no enrollment fees for ADSMs and active duty family members (ADFM) enrolled in TRICARE Prime, TPR, or TPRADFM. Retired service members, their families, surviving spouses (*after the first three years*), eligible former spouses, and others enrolled in TRICARE Prime are required to pay an annual enrollment fee, which is applied to the catastrophic cap. The following table details your enrollment fee payment options.

Annual Enrollment Fees (not applicable for ADSMs and ADFMs)	
Individual	\$230
Family	\$460

Payment Options		Payment Instructions
Monthly	Allotment from Retired Pay	Complete an <i>Enrollment Fee Allotment Authorization</i> form (<i>available at www.tricare.mil or from your regional contractor</i>). Once authorized, your TRICARE Prime enrollment fee is deducted automatically from your retirement pay on a monthly basis. You must pay for the first three months (<i>\$57.50 individual or \$115 family</i>) when you enroll to allow time for the allotment to be established.
	Electronic Funds Transfer (EFT)	Provide your correct banking information to your regional contractor. Once authorized, your TRICARE Prime enrollment fee is deducted automatically from your bank account on a monthly basis. You must pay for the first three months (<i>\$57.50 individual or \$115 family</i>) when you enroll to allow time for EFT to be established.
Quarterly or Annually ¹	Check, Cashier's Check, or Money Order	A bill for your TRICARE Prime enrollment fee will be sent on a quarterly or annual basis, depending on your selection. Instructions for paying your bill are included on the billing statement.
	Visa® or MasterCard®	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 also can make credit card payments online. Initial payments can be made through the Beneficiary Web Enrollment Web site at www.dmdc.osd.mil/appj/bwe/ , 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 (PCM), 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 POS are not applied to your annual catastrophic cap. **Note:** The POS option is not available to ADSMs and does not apply to newborns or adoptees deemed to be enrolled in TRICARE Prime in their first 60 days, emergency care, or if you have other health insurance.

POS Deductible
\$300/Individual \$600/Family
POS Cost-Share
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.

TRICARE Prime, TPR, and TPRADFM Health Care Costs

The costs listed are for care received in civilian facilities. These costs are effective for fiscal year 2010 (October 1, 2009–September 30, 2010) 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) ¹
Annual Deductible ²	\$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	\$0 per day	\$11 per day (\$25 minimum charge) ³
Emergency Services	\$0 copayment per visit	\$30 copayment per visit
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) ³

1. The cost for inpatient care provided at an MTF is \$16.30 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 More Information section).

Prohibition of Waiving Cost-Shares and Deductibles

When using TRICARE Standard, TRICARE Extra, and TRS, 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 fiscal year 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	
ADFMs (sponsor rank E-4 and below)	\$50/Individual	\$100/Family
ADFMs (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 Activated in Support of a Contingency Operation (OEF, OIF, Noble Eagle)	\$0	

TRICARE Standard and TRICARE Extra Health Care Costs

The costs listed are for care received in civilian facilities. These costs are effective for fiscal year 2010 (October 1, 2009–September 30, 2010) and are subject to change each year on October 1.

Type of Care	TRICARE Standard ¹	TRICARE Extra ¹
Outpatient Visits	ADFM and TRS: 20% after the annual deductible is met Retirees, Their Families, and All Others: 25% after the annual deductible is met	ADFM and TRS: 15% after the annual deductible is met Retirees, Their Families, and All Others: 20% after the annual deductible is met
Clinical Preventive Services²	ADFM and TRS: 20% after the annual deductible is met Retirees, Their Families, and All Others: 25% after the annual deductible is met	ADFM and TRS: 15% after the annual deductible is met Retirees, Their Families, and All Others: 20% after the annual deductible is met
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	ADFM and TRS: 20% after the annual deductible is met Retirees, Their Families, and All Others: 25% after the annual deductible is met	ADFM and TRS: 15% after the annual deductible is met Retirees, Their Families, and All Others: 20% after the annual deductible is met
Hospitalization	ADFM and TRS: \$16.30 per day (\$25 minimum charge) ³ Retirees, Their Families, and All Others: \$535 per day or 25% of billed charges for institutional services, whichever is less, plus 25% cost-share for separately billed services	ADFM and TRS: \$16.30 per day (\$25 minimum charge) ³ Retirees, Their Families, and All Others: \$250 per day or 25% of billed charges for institutional services, whichever is less, plus 20% cost-share for separately billed services
Emergency Services	ADFM and TRS: 20% after the annual deductible is met Retirees, Their Families, and All Others: 25% after the annual deductible is met	ADFM and TRS: 15% after the annual deductible is met Retirees, Their Families, and All Others: 20% after the annual deductible is met
Outpatient Behavioral Health	ADFM and TRS: 20% after the annual deductible is met Retirees, Their Families, and All Others: 25% after the annual deductible is met	ADFM and TRS: 15% after the annual deductible is met Retirees, Their Families, and All Others: 20% after the annual deductible is met
Inpatient Behavioral Health	ADFM and TRS: \$20 per day (\$25 minimum charge) ³ Retirees, Their Families, and All Others: • High-Volume Hospital: 25% of the hospital-specific per diem • Low-Volume Hospital: \$197 per day or 25% of the billed charges, whichever is less	ADFM and TRS: \$20 per day (\$25 minimum charge) ³ Retirees, Their Families, and All Others: 20% of the total charge, plus 20% cost-share for separately billed services
Inpatient Skilled Nursing	ADFM and TRS: \$16.30 per day (\$25 minimum charge) ³ Retirees, Their Families, and All Others: 25% of allowed charges for institutional services, plus 25% cost-share for separately billed services	ADFM and TRS: \$16.30 per day (\$25 minimum charge) ³ Retirees, Their Families, and All Others: \$250 per day or 20% of billed charges for institutional services, whichever is less, plus 20% cost-share for separately billed services

1. The cost for inpatient care provided at an MTF is \$16.30 per day for ADFMs and retiree family members.

2. In accordance with a change by the federal government, 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 \$16.30 (or \$20 for inpatient behavioral health) multiplied by the number of days of your stay.

TRICARE RESERVE SELECT

Purchase of TRS coverage is available to all members of the Selected Reserve, regardless of any active duty served, unless:

- You are eligible for the Federal Employees Health Benefits (FEHB) program (as defined in Chapter 89 of Title 5, United States Code)
- You are currently covered under FEHB, either under your own eligibility or through a family member

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 and are not applied to the catastrophic cap. **Note:** Cost-shares and deductibles are the same as those listed previously for TRICARE Standard and TRICARE Extra ADFMs.

Type of Coverage	Monthly Premium
TRS Member-Only	\$49.62
TRS Member-and-Family	\$197.65

CONTINUED HEALTH CARE BENEFIT PROGRAM

Quarterly Premiums	
Individual	\$933
Family	\$1,996

CHCBP is a premium-based health care program available to former ADSMs and ADFMs, including qualifying National Guard and Reserve members and their families. CHCBP offers 18–36 months of transitional coverage after TRICARE eligibility ends and before your civilian health care plan is effective.

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 fiscal year 2010 (*October 1–September 30*). For more information, contact the CHCBP administrator, Humana Military Healthcare Services, Inc., at 1-800-444-5445, or visit www.humana-military.com.

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 (*unless you are an ADFM*). Visit www.medicare.gov for the current Medicare Part B premium amounts. For additional information about TFL, contact Wisconsin Physicians Service (*see the For More Information section*) or visit 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.

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

CATASTROPHIC CAP

The catastrophic cap is the maximum out-of-pocket amount you will pay each fiscal year for TRICARE-covered services. You are not responsible for any amounts above the catastrophic cap in a given fiscal year, 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 premiums are not creditable to the enrollment/fiscal year catastrophic cap.

ADFM's	Retirees, Their Families, and All Others	National Guard and Reserve Members and Their Families
\$1,000 per family, per fiscal year	\$3,000 per family, per fiscal year	\$1,000 per family, per fiscal year

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 matters if you have a prescription filled at a non-network pharmacy.

Non-formulary prescriptions may be filled at the formulary costs if medical necessity is established. For more information, visit www.tricare.mil/pharmacy. Use the Formulary Search Tool at www.tricareformularysearch.org 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>)
	Generic (<i>Tier 1</i>)	Brand Name (<i>Tier 2</i>)	
MTF (<i>up to a 90-day supply</i>)	\$0	\$0	Not available
Mail Order (<i>up to a 90-day supply</i>)	\$3	\$9	\$22
Network Retail ¹ (<i>up to a 30-day supply</i>)	\$3	\$9	\$22
Non-Network Retail (<i>up to a 30-day supply</i>)	TRICARE Prime/TPRADFM: POS fees apply TRICARE Standard/TRICARE Extra: \$9 or 20% of the total cost (<i>whichever is greater</i>) after the annual deductible is met		TRICARE Prime/TPRADFM: POS fees apply TRICARE Standard/TRICARE Extra: \$22 or 20% of the total cost (<i>whichever is greater</i>) after the annual deductible is met

1. You can convert maintenance prescriptions—prescriptions you take on a regular basis—that you have filled at a TRICARE retail network pharmacy to the TRICARE Mail Order Pharmacy via the Member Choice Center (*see the For More Information section*).

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 care from military dental treatment facilities at no cost. However, if enrolled in TPR, you are covered automatically by the ADDP. The ADDP augments 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*), service members may be responsible for the cost of care if they do not obtain the authorization. For additional information about the ADDP, visit 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 More Information section*).

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 by Enrollment Year	
		February 1, 2009–January 31, 2010	February 1, 2010–January 31, 2011
ADFM	Single (<i>one family member</i>)	\$12.12	\$12.69
ADFM	Family (<i>more than one family member</i>)	\$30.29	\$31.72
National Guard or Reserve Member ¹	Single (<i>sponsor only</i>)	\$12.12	\$12.69
National Guard or Reserve Family Member ¹	Single (<i>one family member, excluding sponsor</i>) ²	\$30.29	\$31.72
National Guard or Reserve Family Member ¹	Family (<i>more than one family member, excluding sponsor</i>)	\$75.73	\$79.29
National Guard or Reserve Member and Family ¹	Single plan (<i>sponsor only</i>) and family plan	\$87.85	\$91.98
Individual Ready Reserve (IRR) Member ¹	Single (<i>sponsor only</i>)	\$30.29	\$31.72
IRR Family Member ¹	Single (<i>one family member, excluding sponsor</i>) ²	\$30.29	\$31.72
IRR Family Member ¹	Family (<i>more than one family member, excluding sponsor</i>)	\$75.73	\$79.29
IRR Member and Family ¹	Single plan (<i>sponsor only</i>) and family plan	\$106.02	\$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 (except sealants) ¹	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 (occlusal guard, athletic mouthguard, bleaching)	50%	50%
Other Restorative	50%	50%
Implant Services	50%	50%
Prosthodontic	50%	50%
Orthodontic ²	50%	50%

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

2. Orthodontic treatment is available for enrolled family members (non-spouse) up to, but not including, 21 years of age. A member who is enrolled as a full-time student at an accredited college or university is eligible up to, but not including, 23 years of age. Orthodontic treatment is also available for spouses and National Guard and Reserve members up to, but not including, 23 years of age. 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.

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.

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 fiscal year 2010 (*October 1, 2009–September 30, 2010*) 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 and use the “Premium Search” tool in the “Prospective Enrollees” section.

TRDP Cost-Shares, Annual Deductible, and Maximums

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

Benefits Available during the First 12 Months of Enrollment	Your Cost-Share (Amount You Pay) ¹
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) ¹
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 More Information section*).

For More Information

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

<p>TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) 1-800-555-2605 (<i>TRICARE Reserve Select</i>) Behavioral Health Care Provider Locator and Appointment Assistance Line: 1-877-747-9579 (8:00 a.m.–6:00 p.m. Eastern Time)¹ www.healthnetfederalservices.com</p>	<p>TRICARE South Region Humana Military Healthcare Services, Inc. 1-800-444-5445 1-877-298-3408 (<i>National Guard and Reserve</i>) 1-877-249-9179 (<i>Active duty programs</i>) Warrior Navigation and Assistance Program: 1-888-4GO-WNAP (1-888-446-9627) Behavioral Health Care Provider Locator and Appointment Assistance Line: 1-877-298-3514 (8:00 a.m.–7:00 p.m. Eastern Time)¹ www.humana-military.com</p>	<p>TRICARE West Region TriWest Healthcare Alliance Corp. 1-888-TRIWEST (1-888-874-9378) Behavioral Health Care Provider Locator and Appointment Assistance Line: 1-866-651-4970 (8:00 a.m.–6:00 p.m. in all West Region time zones)¹ www.triwest.com</p>
<p>TRICARE For Life Wisconsin Physicians Service 1-866-773-0404 1-866-773-0405 (<i>TTY/TDD for the hearing impaired</i>) www.TRICARE4u.com</p>	<p>US Family Health Plan 1-800-74-USFHP (1-800-748-7347) www.usfhp.com</p>	<p>TRICARE Pharmacy Program Express Scripts, Inc. 1-877-363-1303 Member Choice Center (<i>convert retail prescriptions to mail order</i>): 1-877-363-1433 www.tricare.mil/pharmacy www.express-scripts.com/TRICARE</p>
<p>Active Duty Dental Program United Concordia Companies, Inc. 1-866-948-ADDP (1-866-984-2337) (<i>Monday–Friday, 8:00 a.m.–8:00 p.m. Eastern Time. Saturday, 8:00 a.m.–5:00 p.m. Eastern Time</i>) www.addp-ucci.com</p>	<p>TRICARE Dental Program United Concordia Companies, Inc. 1-800-866-8499 www.TRICAREdentalprogram.com</p>	<p>TRICARE Retiree Dental Program Delta Dental of California 1-888-838-8737 www.trdp.org</p>
<p>Beneficiary Web Enrollment Web Site www.dmdc.osd.mil/appj/bwe/</p>	<p>TRICARE Web Site www.tricare.mil</p>	<p>Military Health System Web Site www.health.mil</p>

1. This service is available only to ADSMs and ADFMs enrolled in a TRICARE Prime option. ADSMs must have a primary care manager referral prior to calling this service for assistance.

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 regulation. Changes to TRICARE programs are continually made as public law and/or federal regulation 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 flyer at www.tricare.mil/evaluations/feedback.