

# COMMONWEALTH OF PUERTO RICO TRICARE OVERSEAS PRIME

**YOUR GUIDE TO TRICARE  
PROGRAMS AND INFORMATION**



# INTRODUCTION – WELCOME TO TRICARE PUERTO RICO PRIME

This brochure is intended to help beneficiaries understand TRICARE Overseas Program (TOP) Prime as it is administered in the Commonwealth of Puerto Rico. The Department of Defense contracted with Humana Military Healthcare Services (HMHS) to provide a managed health care system to deliver TRICARE Prime benefits to **active duty service members and their eligible family members enrolled in TRICARE Prime in Puerto Rico.**

In addition, active duty personnel who are in Puerto Rico temporarily on TDY/TAD, deployment, liberty or leave will be provided urgent or emergency care through the HMHS network of Puerto Rico providers. The Puerto Rico provider will file the claim on behalf of the beneficiary—along with the coordination of any necessary referrals and authorizations. Contact the Humana Military Puerto Rico Call Center, the nearest TRICARE Service Center (TSC) or the TRICARE Area Office (TAO) at Fort Gordon for further information. Information on how to contact these offices is found in Section 22 of this guide. **The information provided in this brochure does not apply to Military Health System beneficiaries not enrolled in Prime in Puerto Rico, such as unaccompanied active duty family members, retirees and their family members or dependent parents.**

TOP Prime offers a cashless, claimless health care benefit for active duty and eligible active duty family members serving and residing in Puerto Rico. There are no enrollment fees for active duty and eligible active duty family members. In addition, there are no copayments for those enrolled in TRICARE Prime in Puerto Rico as long as the processes described in this guide or instructions from key TRICARE Prime in Puerto Rico staff are followed. (The exception is that there are copayments when using the TRICARE Retail Pharmacy Program.)

For TRICARE to cover its portion of health care expenses, the civilian health care provided a beneficiary must be a TRICARE covered benefit. Beneficiaries are financially responsible for the entire cost of health care received that is not a TRICARE benefit. Contact a TRICARE Service Center or the Humana Military Puerto Rico Call Center for questions concerning TRICARE covered benefits.

This brochure does not provide information about all the important features of TRICARE coverage. As questions arise, beneficiaries are encouraged to use easily available information sources. They should contact the nearest TRICARE Service Center (TSC), call the Humana Military Puerto Rico Call Center at 1-800-700-7104 between 8:00 a.m. and 5:00 p.m. Monday through Friday or access the following Web sites for additional information: [www.humana-military.com](http://www.humana-military.com); or [www.tricare.osd.mil](http://www.tricare.osd.mil); or <http://tricare15.army.mil/>.

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# COMMONWEALTH OF PUERTO RICO TRICARE OVERSEAS PRIME

## 1. ELIGIBILITY

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All active duty service members on permanent change of station (PCS) assignment orders in Puerto Rico are eligible and must enroll in TRICARE Prime. In order to be eligible to enroll in TRICARE Prime in Puerto Rico, active duty family members must be on service funded (accompanied) orders or reside with their active duty sponsor at their overseas duty assignment location. AND the family member(s) must be entitled to TRICARE benefits as reflected in personal records in the Defense Enrollment Eligibility Reporting System (DEERS). If family members are not eligible in DEERS, they are not eligible to use the Military Health System (MHS), which includes care at military medical treatment facilities and the TRICARE network of civilian providers. Service sponsors should contact the nearest military personnel office for information on how to register family members in DEERS.

## 2. ENROLLMENT

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In order to enroll in TRICARE Prime, sponsors or legal guardians must complete and submit an enrollment form along with a copy of the sponsor's current assignment orders to the TRICARE Area Office (TAO) or the nearest TRICARE Service Center (TSC). Enrollment forms may be requested from the nearest TSC, TAO or via the Internet at <http://tricare15.army.mil/prico15.shtml>. After the enrollment form is processed, enrolled household members will receive a TRICARE Prime enrollment card that shows enrollment as a TRICARE Latin America & Canada Prime enrollee.

When enrolled in TRICARE Prime, beneficiaries will be assigned to a primary care manager (PCM) who provides or coordinates all health care. As a TRICARE Prime member, a relationship is built and medical history established with the PCM.

## 3. THE PRIMARY CARE MANAGER (PCM)

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As a personal physician, the PCM builds a relationship with his or her Prime enrollee and becomes knowledgeable about the beneficiary's medical history and familiar with their unique health care needs. The PCM follows the beneficiary's episode(s) of care throughout needed treatment and recommends preventive care based on their medical history. A PCM may be a general practitioner, family practitioner, internist, obstetrician/gynecologist or pediatrician. Depending on the location and/or military treatment facility (MTF) Commander's direction, a PCM may be an individual provider, a group of providers in the MTF or a civilian provider in the local community. Beneficiaries are assigned a particular PCM based on their choice or based on the MTF Commander's guidance. There may be different PCMs assigned for each member of the family depending on what providers are available within the MTF or the local community. While it is best to develop a long-term relationship with the PCM, beneficiaries may ask to change their assigned PCM up to two times per enrollment year.

TRICARE Prime Puerto Rico enrollees must have all their non-emergency, routine care either provided by or coordinated by their assigned PCM. When the PCM determines that specialty care is needed, the PCM refers the beneficiary to either a military or civilian specialist who is a member of the TRICARE Prime network. After hours, contact the Humana Military Puerto Rico Call Center for assistance in locating a civilian provider.

## 4. REFERRALS FOR NON-EMERGENCY CARE

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One way that the PCM coordinates care is through the use of referrals. Whenever a beneficiary needs to see a specialist or go to a hospital for non-emergency medical care, the care must be referred by the assigned PCM and approved by the Health Care Finder (HCF) at the Humana Military Puerto Rico Call Center. To see a second specialist, or obtain treatment other than that stated on the original referral, the beneficiary must get another referral from his or her PCM and again get approval from the HCF. For specialty care referrals, the beneficiary will receive a letter by mail that gives the authorization number and the name/telephone number of the specialist the beneficiary is authorized to visit. The beneficiary should then call the specialist to make an appointment. If a beneficiary needs assistance in making the appointment or wants to change the specialist, he or she should call the Humana Military Puerto Rico Call Center at 1-800-700-7104. If the beneficiary has not received the letter within six days from the date the PCM submitted the referral, the beneficiary should call the Humana Military Puerto Rico Call Center.

## 5. URGENT OR EMERGENCY CARE

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TRICARE defines a true emergency as:

- The sudden and unexpected onset or the acute worsening of a medical condition that is threatening to life, limb or sight, and requires immediate treatment.

- A medical condition that requires immediate medical treatment to relieve suffering from painful symptoms.
- Pregnancy-related medical emergencies involving a sudden or unexpected medical complication that puts the mother, the baby, or both at risk.
- A psychiatric inpatient admission is an emergency when the patient is determined by a physician to be at immediate risk of serious harm to self or others as a result of mental disorder and requires immediate, continuous, skilled observation at an acute level of care.

Emergency conditions include loss of consciousness, convulsions, shortness of breath, chest pain, drug overdose, major depression and other acute conditions.

TRICARE covers emergency department medical care in cases that are, or appear to be, true emergencies. In an emergency, beneficiaries should call 911 or go straight to a facility that is equipped to handle emergency conditions, such as a hospital emergency room.

TRICARE Prime members, or someone acting on their behalf, should notify the Humana Military Puerto Rico Call Center as soon as possible after receiving emergency care so that any necessary follow-up care can be arranged.

TRICARE defines urgent care as:

- Medically necessary treatment that is required for illness or injury that would not result in further disability or death if not treated immediately.
- The illness or injury requires professional attention, and should be treated within 24 hours to avoid development of further complications if treatment is not received.

This includes primary/specialty care that is designated as mission essential, creating the need for an urgent health care referral. The beneficiary's PCM should be the first choice when seeking urgent care; if the PCM is unable to treat the condition, an authorization and referral needs to be obtained.

## 6. MATERNITY CARE

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If a beneficiary suspects she is pregnant, she must seek care from her PCM first, who will then treat or may refer the beneficiary to a TRICARE network obstetrics (OB) provider from the list of network providers at [www.humana-military.com](http://www.humana-military.com). Please note that ultrasounds that are not medically necessary are not a TRICARE covered benefit and would be denied for payment. Remember, all care received must be a TRICARE covered benefit.

Newborns of active duty families in Puerto Rico automatically receive the cost-sharing benefits of TRICARE Prime for 120 days from their date of birth. For continued coverage under Prime starting on the 121st day, parents must first register the newborn child in DEERS, then enroll their newborn child in TRICARE Prime by completing and submitting an enrollment form. Parents must register their newborn in DEERS within 365 days of the baby's birth to be eligible for continued TRICARE benefits.

Note: Beginning on 1 January 2005, the continued coverage requirement will drop from the 121st day to the 61st day.

**Non-Medically Necessary Continental United States (CONUS) Delivery:** If a pregnant beneficiary decides to return to CONUS for delivery, TRICARE will not be responsible for the cost for travel, lodging and per diem. The mother-to-be should transfer her Prime enrollment to the CONUS region where she is going to deliver, or disenroll herself from TRICARE Puerto Rico Prime and use the TRICARE Standard benefit while in CONUS. Beneficiaries should contact the regional contractor's toll-free number or visit the nearest TRICARE Service Center in the stateside region for further enrollment and maternity care information.

## 7. BEHAVIORAL HEALTH

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### 7.A. Active Duty

The member's PCM must refer active duty for all behavioral health care. A Health Care Finder (HCF) at the Humana Military Puerto Rico Call Center will process the referral and assist the active duty member with finding a network behavioral health professional.

### 7.B. Family Members

Prime-enrolled active duty family members are authorized eight outpatient behavioral health visits per fiscal year (1 October through 30 September) without a referral; however, the ninth and following outpatient visits must be referred by the PCM and preauthorized by the HCF. Please note the preauthorization requirements detailed on page 7.

## 8. EYE EXAMS, GLASSES OR CONTACTS

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Active duty service members are authorized to receive routine eye examinations once a year, no referral required. Glasses and/or contact lenses that are purchased locally by the service member are not covered and the member will not be reimbursed for purchase costs. Active duty service members may obtain eyeglasses through an MTF, or find out how to place an order for glasses via the Internet at: <http://tricare15.army.mil/eyeglasses15.shtml>.

Routine eye examinations are authorized for active duty family members once a year from a TRICARE network optometrist or ophthalmologist, no referral required. Glasses and/or contact lenses are not covered benefits.

## 9. HEALTH CARE INFORMATION

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Access to information on current health care problems is provided by TRICARE civilian or military health care providers and treatment facilities. TRICARE offers many options for general health care information, including the following:

Beneficiaries may obtain 24/7 general health care information by visiting TRICARE Online at [www.tricareonline.com](http://www.tricareonline.com).

Beneficiaries may access information about TRICARE benefits on the TRICARE Web site at [www.tricare.osd.mil](http://www.tricare.osd.mil) or by calling the resource appropriate to your overseas location.

## 10. PRE-AUTHORIZATION

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To ensure cashless, claimless care, all care provided by anyone other than the assigned PCM must be authorized before the care is delivered, or “preauthorized.” All civilian care (except appointments to an assigned civilian PCM) requires prior authorization. Some civilian care, including all clinical preventive services, laboratory services, radiology services, immunizations and physicals, does not require preauthorizations.

If preauthorization is not obtained as required, the claim may be denied or paid with POS penalties applied (see end of this section). The PCM is responsible for initiating the referral and request for preauthorization with the Humana Military Puerto Rico Call Center. Beneficiaries should call the Humana Military Puerto Rico Call Center with any questions concerning their referral or preauthorization.

Behavioral health care requires a referral and authorization for active duty members and for family members after their first eight visits. There are special administrative procedures to be followed in order for the behavioral health care claim to be accurately and

promptly processed. Beneficiaries, at their first behavioral health care visit, can help their behavioral health care providers get their claims processed by reminding them to contact the behavioral health subcontractor, APS Military for Puerto Rico TRICARE Prime, through the Humana Military Puerto Rico Call Center at 1-800-700-7104.

Effective 1 January 2005, all TOP Prime active duty family members (ADFMs) enrolled in a remote overseas DMIS ID code location covered under the TRICARE Global Remote Overseas (TGRO) or Puerto Rico Contracts (PRC) will be required to coordinate their non-emergency host nation/civilian health care through the TGRO or PRC contractor. Effective 1 January 2005, failure to get civilian care authorized will result in Point of Service (POS) option charges, including satisfaction of an annual deductible and a 50% cost-share for medical services, following their deductible satisfaction.

## 11. ACCESS GUIDELINES

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The access standards for TRICARE Prime are:

- **Emergency services** are covered. Access to a TRICARE network hospital will be available 24 hours a day, seven days a week.
- **Primary Care Managers** will be available within a 30-minute drive from the beneficiary’s home.
- **Specialty care** will be available within a one-hour drive from the beneficiary’s home.

There may be times when these guidelines cannot be met due to the lack of a specialist in a particular location or the distance the member has to travel to reach a major health care facility. In such a situation, contact the Humana Military Puerto Rico Call Center or visit [www.humana-military.com](http://www.humana-military.com) for assistance in locating a provider.

Access standards also require that maximum wait times for appointments are:

- 24 hours for acute (serious) illness
- One week for routine visits (health problems that are not urgent)
- Four weeks (28 days) for preventive health visits
- Four weeks (28 days) for specialty care referral appointments. The urgency and time frame for the appointment for specialty care is determined by the beneficiary’s assigned PCM.

## 12. AEROMEDICAL EVACUATION

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Active duty service members and their family members enrolled in Prime are eligible for aeromedical evacuation (AE) coordinated by the Humana Military Puerto Rico Call Center. AE is provided for medically necessary, urgent and emergency care not available locally. The assigned PCM and the HCFs at the Humana Military Puerto Rico Call Center will work together to authorize and arrange AE.

When required non-emergency care is not available within Puerto Rico, the Humana Military Puerto Rico Call Center will assist in coordinating necessary off-island care. Travel costs are the responsibility of the sponsor's command.

## 13. OBTAINING CARE WHEN TRAVELING IN THE CONTINENTAL UNITED STATES (CONUS)

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Beneficiaries should always carry the Uniformed Services identification card and Prime enrollment Card(s) when traveling.

When stateside, if an MTF is available within a reasonable distance, beneficiaries should seek all health care at that MTF. Family members are required to obtain preauthorization only for inpatient behavioral health care.

Puerto Rico Prime enrollees have the same access-to-care priority as MTF-enrolled Prime beneficiaries.

If it is necessary to seek civilian care, both active duty members and their Puerto Rico Prime enrolled family members should seek care from a TRICARE network provider. If care is received from a non-network provider, beneficiaries may be responsible for an additional charge of up to 15 percent above the TRICARE Maximum Allowable Charge (TMAC).

When looking to find a TRICARE network provider, beneficiaries can get assistance by calling the toll free telephone number for the region where they are seeking medical care. Visit [www.tricare.osd.mil](http://www.tricare.osd.mil) for a listing of regional phone numbers.

Civilian providers in all 50 states should submit claims for TOP beneficiaries to Wisconsin Physicians Service (WPS). Information on how to contact WPS is on the back of the Prime enrollment card and should be presented to the stateside provider when receiving care. Network providers are required to file claims on behalf of TRICARE beneficiaries. However, when beneficiaries receive care from a non-network provider, the beneficiary becomes responsible for filing claims with WPS using the DD 2642 form, the TRICARE Claim Form. Beneficiaries need to include a copy of the provider's bill and use their own overseas mailing address. The claim form is available on the Internet at: <http://tricare15.army.mil>. Once the beneficiary gets a check from TRICARE, he or she needs to send it to the provider from whom they received care. If the check isn't forwarded to the provider, the beneficiary's bill could get sent to collection by the provider's office due to the fact that the claim wasn't paid.

# 14. TRICARE RETAIL PHARMACY PROGRAM (TRRx)

Where available (CONUS, Puerto Rico and the US Virgin Islands), beneficiaries can get their prescriptions filled either at an MTF or at a TRICARE Retail Network Pharmacy. Beneficiaries can go to the following Web site to locate a network pharmacy in Puerto Rico: <http://member.express-scripts.com/dodCustom/home.do>. They can also contact the nearest TSC or Humana Military Puerto

Rico Call Center for help with locating a network pharmacy. Beneficiaries may also call the TRRx call center at 1-866-DoD-TRRx (1-866-363-8779) for assistance in locating a pharmacy or for getting answers to their retail pharmacy questions. Active duty service members have no copayment for pharmacy services. The pharmacy copayment structure for non-active duty beneficiary prescriptions is as follows:

<b>TRICARE PHARMACY COPAYMENTS</b>			
<b>PLACE OF SERVICE</b>	<b>TIER 1 Generic</b>	<b>TIER 2 FORMULARY (Brand Name)</b>	<b>TIER 3<sup>^</sup> NON-FORMULARY</b>
<b>Military treatment facility (MTF) Pharmacy</b>	\$0	\$0	\$0
<b>TRICARE Mail Order Pharmacy (TMOP) (up to a 90-day supply)</b>	\$3	\$9*	\$22**
<b>Retail Network Pharmacy (up to a 30-day supply)</b>	\$3	\$9*	\$22**
<b>Non-Network Retail Pharmacy (up to a 30-day supply)</b>  Note: Beneficiaries using non-network pharmacies may have to pay the total amount of their prescription first and file a claim to receive partial reimbursement.	*\$9 or 20% of total cost, whichever is greater, after deductible is met (E1-E4: \$50/person; \$100/family; All others: \$150/person, \$300/family)  TRICARE Prime: 50% cost-share after Point of Service (POS) deductibles (\$300 per person/\$600 per family deductible; 50% cost-share)  <u>Overseas active duty family members enrolled in TRICARE Prime:</u> (other than Guam, Puerto Rico or Virgin Islands): No cost-share  <u>Overseas active duty family members not enrolled in TRICARE Prime:</u> \$9 or 20% of total cost (whichever is greater) after deductible is met for generic and formulary drugs, and \$22 or 20% (whichever is greater)	**\$22 or 20% of total cost, whichever is greater, after deductible is met (E1-E4: \$50/person; \$100/family; All others: \$150/person, \$300/family)  TRICARE Prime: 50% cost-share after Point of Service (POS) deductibles (\$300 per person/\$600 per family deductible; 50% cost-share)  <u>Overseas retirees and family members:</u> \$9 or 20% of total cost, whichever is greater, after deductible is met for generic and formulary drugs, and \$22 or 20%, whichever is greater, for non-formulary drugs.	

<sup>^</sup>There are no medications yet listed in the third tier. Third-tier medications are generally unavailable in the MTF.

# 15. TRICARE MAIL ORDER PHARMACY

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The TRICARE Mail Order Pharmacy (TMOP) is a mail order prescription service that provides refill prescription services for TRICARE covered medications. The use is limited in Puerto Rico since beneficiaries wishing to use this service must have a prescription written by a US credentialed provider and have a United States ZIP-coded mailing address. Answers to TMOP questions can be obtained by calling the TMOP call center at 1-866-DoD-TMOP (1-866-363-8667).

# 16. RESERVE COMPONENT (RC)

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Activated Reserve Component (National Guard and Reserve) service members are eligible for enrollment in TRICARE Prime in Puerto Rico when activated in Puerto Rico for more than 30 consecutive days. All active duty service members will be assigned to an MTF PCM when possible. Members permanently residing in US Territories or overseas will enroll at their residential mailing address and not at their mobilization site.

Family members of activated RC service members are eligible for enrollment in TRICARE Prime in Puerto Rico if:

- They are eligible in DEERS.
- At the time of activation, they reside with their activated active duty sponsor at their Puerto Rico home address.

Eligibility for TOP Prime requires the family be on the sponsor's order to accompany the sponsor to the overseas location. A family member cannot be Prime if he or she relocates within the overseas region, relocates to another overseas region, or relocates from a stateside location to

an overseas region; in these situations, TRICARE Overseas Prime enrollment is not portable and does not transfer to the new location.

RC service members who are activated for contingency operations and their eligible family members are eligible for extended health benefits under the Transitional Assistance Management Program (TAMP) upon demobilization and separation from active duty. These beneficiaries remain eligible for Prime upon demobilization provided they were eligible for Prime during the activation period. A new TRICARE Prime enrollment form must be completed to enroll in Prime during the TAMP period. RC members should contact the nearest TSC or the TAO for more information about their benefits. Information can also be obtained online at [www.tricare.osd.mil/reserve](http://www.tricare.osd.mil/reserve).

# 17. APPEALING DECISIONS

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## 17.A. Active Duty

To appeal decisions made by HMHS that denies any TRICARE benefit or medical/dental treatment, beneficiaries should address any issues in writing to the following:

Director  
TRICARE Area Office (Latin America & Canada)  
TLAC – Bldg 38802 (OPS)  
Ft Gordon, GA 30905-5650

The active duty member should provide any supporting documentation that he or she feels would change the denial decision.

## 17.B. Family Members

Following the instructions furnished along with the denial or unfavorable decision, beneficiaries may submit a written request for reconsideration of the decision. The appeal procedures described in the TRICARE Beneficiary Handbook are the ones used and may be helpful for review. The TRICARE Beneficiary Handbook can be accessed at [www.TRICARE.osd.mil/](http://www.TRICARE.osd.mil/).

Some issues may NOT be appealed, such as TRICARE Regulations or the TRICARE maximum allowable charge (TMAC) reimbursement rate.

For additional assistance preparing the appeal, beneficiaries should contact the nearest TSC or the Humana Military Puerto Rico Call Center. Customer Service Representatives cannot prepare the appeal, but will be able to explain the process.

Prior to departure from Puerto Rico, beneficiaries must complete a PCS Transfer Form. To obtain a PCS Transfer Form, beneficiaries should contact the nearest TSC or the TAO. They can fax the completed form to the TAO at 1-706-787-3024.

To transfer the enrollment to the new duty station/residence, access the new contractor's Web site, call the new region's toll free number or visit the nearest TSC. The regional Web sites and numbers may be found at [www.tricare.osd.mil](http://www.tricare.osd.mil).

## 18. TRICARE PORTABILITY

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Enrollment portability allows TRICARE Prime enrollees to transfer their health care coverage from one TRICARE region to another.

### 18.A. Traveling Outside of Puerto Rico

When traveling outside of Puerto Rico for more than 60 days and remaining in one area, Prime enrollees should transfer their enrollment to the new region. Upon return to Puerto Rico, a new enrollment form must be completed to transfer the enrollment back. If enrollment is not transferred, beneficiaries are required to work with their PCM and the HCF to get routine care authorized at the new location or be willing to pay more through the Point of Service (POS) option.

### 18.B. Permanent Change of Station (PCS) from Puerto Rico

When PCSing from Puerto Rico, beneficiaries remain enrolled in TRICARE Prime Puerto Rico until they transfer their enrollment to their new region (up to a maximum of 60 days). TRICARE Prime coverage automatically converts to the TRICARE Standard benefit 60 days after the sponsor's departure from Puerto Rico if not already enrolled in Prime in the new region within that time.

## 19. ANNUAL ENROLLMENT RENEWAL AND DISENROLLMENT

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TRICARE Prime family member enrollment is effective for one year, based on the government's fiscal year. An annual renewal letter is mailed to other than active duty Prime enrollees 30-60 days prior to the enrollment end date to provide them the option to disenroll from Prime. Family members who choose to remain enrolled in Prime may disregard the letter as Prime enrollment renewal occurs automatically.

Active duty service members' enrollments do not require renewal and active duty service members may not choose to disenroll.

Active duty family members who choose to disenroll must sign the letter and return it to the TAO for processing. Beneficiaries who are approved for early disenrollment may not be able to re-enroll in TRICARE Prime Puerto Rico for a period of 12 months – they are “locked out.” Beneficiaries who disenroll, but are TRICARE eligible, will still be covered under TRICARE Standard.

# 20. DENTAL PROGRAM

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## 20.A. Dental Care for Active Duty Service Members

Active duty service members assigned to a military PCM at an MTF with dental treatment capabilities must seek all routine dental care from the military dental treatment facility. Other active duty service members can obtain cashless, claimless dental care through a network of dental providers made up of dentists who meet Humana Military hygiene and clinical practice standards. All civilian dental care requires preauthorization by HMHS. For assistance in locating a network dentist, contact the Humana Military Puerto Rico Call Center. HCFs will help active duty TRICARE Puerto Rico Prime enrollees get dental care and will manage referrals for urgent or emergency dental care of active duty service members not permanently assigned in the Commonwealth of Puerto Rico.

Non-emergency dental care over \$500 per episode or \$1,500 per year and active duty orthodontic services require special authorization. The HCF will assist active duty members and providers to ensure each request for care is coordinated and complete, including radiographs, diagnosis, treatment plan, proposed duration of care, probable cost, and the projected length of tour of duty at the current duty station. Once the request is forwarded and Humana Military receives the authorization decision from the Director, Latin America, active duty members and providers will be notified.

## 20.B. Dental Care for Family Members

Dental Care will be provided to active duty family members through the TRICARE Dental Program (TDP), offered by the Department of Defense (DoD) through the TRICARE Management Activity (TMA). United Concordia currently administers the TDP. The TDP is a high quality, cost-effective dental care option for family members of all active duty Uniformed Service personnel and for Selected Reserve and Individual Ready Reserve (IRR) members and/or their families. Under the TDP, Puerto Rico is included in the CONUS, or “Continental United States,” service area.

To be eligible for the TDP, the sponsor must have at least 12 months remaining on his or her service commitment with their parent Service at the time of enrollment. To avoid eligibility problems, sponsors must ensure that family member information in DEERS is accurate and up-to-date.

To enroll family members, the sponsor must complete a United Concordia enrollment form (available via the World Wide Web at [www.ucci.com/tdp/tdp.html](http://www.ucci.com/tdp/tdp.html)).

Beneficiaries can:

- Fax the enrollment form to United Concordia toll free at 1-888-734-1944, (include a credit card number to cover the cost of the first month's premium);
- Enroll online at the Web site shown above (include a credit card number to cover the cost of the first month's premium); or
- Mail the form directly to United Concordia with a check or money order.

## 20.C. Obtaining General Dentistry Care

Active duty family members enrolled in TDP may seek dental care from the dentist of their choice; however, seeking treatment from a United Concordia participating dentist can save money, time and paperwork. Beneficiaries are responsible for cost-shares listed in the United Concordia TDP Handbook. Prior to receiving any dental care, call United Concordia at 1-800-866-8499 to verify enrollment and benefits and for assistance in locating a participating dentist. Active duty family members are subject to the UCCI pre-determination/authorization requirements.

## 20.D. Obtaining Orthodontic Care

All family members (other than spouses) are eligible for orthodontic treatment up to, but not including, age 21 (or up to age 23 if enrolled full-time at an accredited college or university). All spouses are eligible up to, but not including, age 23. Prior to receiving any orthodontic care, call United Concordia at the number listed above to verify enrollment and benefits and for assistance in locating a participating orthodontist.

The following table provides an overview of the member's cost-shares for types of services covered under the TDP. The TDP provides selected services at a reduced cost-share for members who are in pay grades E-1 to E-4. These include endodontics, periodontics and oral surgery services. The TDP pays the percent of the dentist's usual charges shown here:

CONUS Covered Services	Pay Grade E-1 to E-4, Plan Pays	All Other Pay Grades, Plan Pays
Preventive/Diagnostic	100%	100%
Emergency Treatment	100%	100%
Basic Restorative	80%	80%
Sealants	80%	80%
Endodontics	70%	60%
Periodontics	70%	60%
Oral Surgery	70%	60%
Other Restorative Services	50%	50%
Prosthodontics	50%	50%
Orthodontics	50%	50%

For information about the CONUS program, call United Concordia at 1-800-866-8499 or email them at [conus.ucci.com](http://conus.ucci.com) or write them at:

United Concordia Companies, Inc.  
TDP Customer Service  
PO Box 69410  
Harrisburg, PA 17106-9410

## 21. GLOSSARY OF TRICARE TERMS

**Allowable Charge, also TRICARE Allowable Charge** – The term “allowable charge” is the maximum amount TRICARE will authorize for medical and other services furnished in an inpatient or outpatient setting. The allowable charge is normally the lowest of the actual billed charge or the allowable charge. For example, if the allowable charge for a service is \$90 and the billed charge is \$50, TRICARE will pay \$50 (actual billed charge); if the billed charge is \$100, TRICARE will pay \$90 (the allowable charge). In the case of inpatient hospital payments, the DRG is the TRICARE allowable charge of the billed amount regardless.

**Authorized Provider** – An authorized provider is a hospital or institutional provider, a physician or other individual professional provider, or other provider of services, meeting specific educational, licensing, and other requirements. Authorized providers are not necessarily network providers. TRICARE will share costs if a beneficiary sees a provider of this type.

**Balance Billing** – A term used to describe when a provider bills a beneficiary for the rest of the charges. A beneficiary cannot be billed for the remainder or “balance” of the provider charges after TRICARE (and other health insurance) has paid everything it's going to pay. A beneficiary is not legally responsible for amounts above 15 percent of the TRICARE allowable charge, even if the provider is not network and does not accept assignment of benefits. Network providers are prohibited from balance billing.

**Catastrophic Cap** – The maximum out-of-pocket expenses for which TRICARE beneficiaries are responsible in a given fiscal year (October 1–September 30). The catastrophic cap for active duty families is \$1,000, and the catastrophic cap for all other TRICARE eligible families is \$3,000.

**Claims Processor** – The contractor that handles the TRICARE claims for care received within a particular state or region. They're also called “fiscal intermediaries” or FIs. They issue TRICARE explanation of benefits and have toll-free phone numbers to handle your claims questions.

**Copayment** – The fixed amount a TRICARE Prime\* enrollee will pay for care in the civilian provider network. Active duty service members and active duty family members are not required to pay copayments for services received from a network provider under TRICARE Prime.

*\*Includes TRICARE Prime Remote and TRICARE Prime Remote for Active Duty Family Members.*

**Cost-Share** – The percentage of the allowable charges a beneficiary will pay under TRICARE Extra and Standard. The cost-share depends on the sponsor's status—active duty or retired.

**Deductible** – The annual amount a TRICARE Extra or TRICARE Standard beneficiary must pay for covered outpatient benefits before TRICARE begins to share costs. TRICARE Prime and TRICARE Prime Remote for Active Duty Family Members (TPRADFM) beneficiaries do not have an annual deductible, unless they are utilizing their Point-of-Service (POS) option.

**Defense Enrollment Eligibility Reporting System (DEERS)** – A system operated by the Department of Defense and used by TRICARE contractors to determine and confirm the eligibility of beneficiaries. Beneficiaries are responsible for maintaining the accuracy of their DEERS records and updating the system as necessary.

**Explanation of Benefits (EOB)** – A statement sent to beneficiaries showing that claims were processed and the amount paid to providers. If denied, an explanation of denial is provided.

**Military Treatment Facility (MTF)** – A medical facility operated by the military that may provide inpatient and/or ambulatory care to eligible TRICARE beneficiaries. MTF capabilities vary from limited acute care clinics to teaching and tertiary care medical centers.

**Other Health Insurance (OHI)** – Any non-TRICARE health insurance that is not considered a supplement. This insurance is acquired through an employer, entitlement program, or other source. Under federal law, TRICARE is the secondary payer to all health benefits and insurance plans, except for Medicaid, TRICARE supplements, the Indiana Health Service, or other programs or plans as identified by TRICARE Management Activity (TMA).

**Participating Provider** – Providers who participate in TRICARE, also called “accepting assignment,” and who agree to accept the TRICARE-determined allowed cost or charge as the total charge for services—also known as the TRICARE allowable charge as the full fee for care. In the case of network providers, the negotiated rate is considered the full fee for care. Non-network, individual providers may participate on a case-by-case basis. Providers may seek applicable copayment, cost-shares, and deductibles from the beneficiary. Hospitals that participate in Medicare must, by law, also participate in TRICARE for inpatient care. For outpatient care, they may or may not participate.

**Sponsor** – The active duty service member (ADSM) or retiree through whom family members are eligible for TRICARE.

**Supplemental Insurance** – Health benefit plans that are specifically designed to supplement the TRICARE Standard benefits. Unlike other health insurance (OHI) plans, TRICARE supplemental plans are always secondary payers on TRICARE claims. These plans are frequently available from military associations and other private organizations and firms.

# 22. CONTACTS FOR HELP

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For further TRICARE assistance, contact the Humana Military Puerto Rico Call Center, nearest TSC or the TRICARE Area Office.

## HUMANA MILITARY PUERTO RICO CALL CENTER

Humana Military Healthcare Services  
PO Box 195519  
San Juan, PR 00919  
Phone: 1-800-700-7104  
Fax: 1-800-788-1366  
Web site: [www.humana-military.com](http://www.humana-military.com)

## TRICARE SERVICE CENTERS

### Rodriguez Army Health Clinic Fort Buchanan, Puerto Rico

Business Hours Phone: 787-707-2534  
Fax: 787-707-2537  
DSN: 740-2972, 740-2534  
Web site: <http://www.buchanan.army.mil>

### Ramey Clinic US Coast Guard Air Station, Puerto Rico

Business Hours Phone: 787-890-8477  
Fax: 787-890-8481  
DSN: None  
Web site: <http://tricare15.army.mil/borinquen15.shtml>

### USCG Sector San Juan Health Clinic

5 Calle La Puntilla  
San Juan, PR 00901-1800  
Phone: 787-729-2304/5  
Fax: 787-289-7991  
Web site: <http://tricare15.army.mil/coastguard15.shtml>

## TRICARE AREA OFFICE

Director  
TRICARE Area Office (Latin America & Canada)  
TLAC – Bldg 38802  
Ft. Gordon, GA 30905-5650  
Business Hours Phone: 1-888-777-8343, Option #3  
Commercial: 1-706-787-2424  
Fax: 1-706-787-3024  
DSN: 773-2424  
E-Mail: [tricare15@se.amedd.army.mil](mailto:tricare15@se.amedd.army.mil)  
Web site: <http://tricare15.army.mil>

## CLAIMS INFORMATION

Wisconsin Physician Services (WPS)  
Attn: Foreign Claims  
PO Box 7985  
Madison, WI 53707-7985  
Web site: <http://www.wpsic.com>  
1-877-616-5963

**For online access to all your claims information, you may register at [www.Tricare4U.com](http://www.Tricare4U.com).**

You may also call WPS Customer Service for assistance at 1-800-782-2680.

## OTHER IMPORTANT CONTACT INFORMATION

### TRICARE DEERS Support Office

1-800-538-9552

### TRICARE Retail Pharmacy (TRRx)

1-866-DOD-TRRX (1-866-363-8779)  
Web site: <http://www.tricare.osd.mil/pharmacy>  
TDD: 1-877-540-6261

### TRICARE Mail Order Pharmacy (TMOP)

Express Scripts  
PO Box 52150  
Phoenix, AZ 85072-9954  
Phone: 1-866-363-8667 or 1-866-275-4732  
Web site: [www.express-scripts.com](http://www.express-scripts.com)

### Military Medical Support Office (MMSO)

1-888-MHS-MMSO (1-888-647-6676)  
Web site: <http://mmso.med.navy.mil>



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