

INTRODUCTION

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I. GENERAL

A. The TRICARE Overseas Program (TOP) is the Department of Defense's managed health care program outside the Continental United States (OCONUS) authorized under [32 CFR 199.17](#). TOP blends many of the features of the Department of Defense TRICARE Program **in the continental United States (CONUS)** while also allowing for the significant cultural differences unique to foreign countries and their health care practices. Cultural differences may apply to things like location of care (provider comes to a patient's home), or the way in which the care is provided, i.e., things commonly done by a provider class **in CONUS** may be performed by a physician assistant or physician overseas depending on the country. This does not imply that we will accept a different standard of care other than U.S. standards; however, those services may be covered and payable under TRICARE. The TOP consists of three overseas areas identified as TRICARE Europe, TRICARE Pacific and TRICARE Latin America/Canada (**TLAC**), including the Caribbean Basin (see [Chapter 12, Section 12.2, Figure 12-12.2-4](#) for a list of countries by region).

B. Each overseas **TRICARE Area Office (TAO)** Director has designated specific overseas locations as remote and has contracted with a TRICARE Global Remote Overseas (TGRO) **healthcare** contractor to provide a managed healthcare system to deliver TRICARE Prime benefits to eligible beneficiaries in remote overseas areas under the TOP. Under the TGRO **healthcare** contract, remote overseas location healthcare is defined as cities/countries **where the TGRO contractor is required to develop networks or provide care in the overseas locations** listed in [Chapter 12, Section 12.2, Figure 12-12.2-5](#). A remote beneficiary is a beneficiary who resides in an overseas remote area and is enrolled to a remote **Defense Medical Information System Identification (DMIS-ID)** (see [Chapter 12, Section 12.2, Figure 12-12.2-14](#)). **Traveling Active Duty Service Members (ADSMs) should contact the TGRO or TRICARE Puerto Rico Contract (TPRC) healthcare contractor prior to seeking care when possible, or prior to making payment for healthcare to facilitate cashless claimless services for urgent or emergent care.** Information for accessing care through the TGRO contractor may be obtained by contacting the appropriate overseas **TAO**. Care offered under the TGRO **healthcare** contract **includes routine, urgent, and emergent medical care** for ADSMs **who are permanently assigned and enrolled to that TGRO location and TGRO-enrolled Active Duty Family Members (ADFM)s who are Command Sponsored (as defined in the Joint Federal Travel Regulations, Volume I, Appendix A at <https://secureapp2.hqda.pentagon.mil/perdiem/>) or on orders** in remote overseas areas. **Dental care for permanently assigned ADSMs is covered under the auspices of the TGRO contract. ADFMs must be enrolled in the**

TRICARE Dental Program (TDP) to be eligible to receive dental care in remote areas and they are responsible for dental claims filing. ADSMs who are on temporary duty (TAD/TDY), in an authorized leave status, or deployed in a remote overseas area identified in Chapter 12, Section 12.2, Figure 12-12.2-5 are authorized urgent and emergent health care and dental care, except as noted under the TGRO contract. Information on accessing care in overseas designated remote locations may be obtained by contacting the appropriate overseas TAO.

C. In addition, the Overseas Area Director for TLAC has designated Puerto Rico as a remote overseas location. Under the TPRC, remote overseas healthcare is defined by cities indicated in Chapter 12, Section 12.2, Figure 12-12.2-5 and within the Commonwealth of Puerto Rico. A remote site beneficiary is identified by enrollment to a remote overseas site DMIS-ID. Beneficiaries are eligible as defined in the scope of the TPRC contract.

D. Support for the TOP is the responsibility of the TOP overseas TAO Directors. The TAO Directors have the authority to seek contract support for services necessary to satisfy TOP-related requirements within their jurisdiction except for claims payment and processing responsibilities. The TAO Directors may contract directly for support services or include this requirement in existing TMA Managed Care contracts. The provisions of the TRICARE Policy Manual (TPM), TRICARE Reimbursement Manual (TRM), TRICARE Operations Manual (TOM), and the TRICARE Systems Manual (TSM) only apply to the TOP when specifically stated in this chapter or in the contract requirements.

II. TRICARE OVERSEAS PROGRAM (TOP) MANAGEMENT RESPONSIBILITIES

A. TOP Overseas TAO Directors or their designees are responsible for planning and delivering services to meet the health needs of their area of responsibility to include oversight and administration of contracted tasks, such as monitoring oversight and performance monitoring for the TGRO and Puerto Rico healthcare contracts, and excluding claims adjudication whether through the available MTFs or the TGRO contractor/TPRC. The overseas TAO Directors or their designees are expected to provide an Administrative Contracting Officer (ACO) and/or an Alternate Contracting Officers Representative (ACOR) to monitor and assist in the administration of the TOP contract issues. In concert with the MTF commanders, the TAO Directors or designees are responsible for TOP enrollment, TOP utilization management, TOP beneficiary/host nation provider support/education, TOP marketing and TOP host nation provider certification/recertification, development of a TOP Preferred Provider Network, designation/termination of host nation providers to the TOP Preferred Provider Network, and ongoing oversight and management of the Overseas Partnership Program (see Chapter 12, Section 4.2). The TAO Directors or their designees will serve as a primary contact/facilitator to the TRICARE Managed Care Support Contractor (MCSC), South Region (hereinafter referred to as the "overseas claims processing contractor"), and the TRICARE Management Activity (TMA) for issues relating to their areas of responsibility. Each TAO will offer the typical services offered by a CONUS MCSC TRICARE Service Center (TSC). The TAO Directors or their designees are expected to provide ongoing oversight and administration of those tasks for which they are responsible. The TAO Directors or their designees for the TOP will be designated by the Assistant Secretary of Defense, Health Affairs (ASD(HA)). TAO Director offices will not always be physically located within the same region as the overseas claims processing contractor responsible for processing TOP claims and may be co-located within a CONUS TRICARE Regional Office. TOP will have three (3) TAO Directors.

B. MTF Commanders are responsible for managing the health care delivery plan for all ADSMs and TRICARE enrollees who are under the TOP, as well as for providing care to other Military Health Services System beneficiaries who are eligible for care in MTFs. The MTF Commanders will work directly with the TAO Directors or TAO Director's designee for network development and local initiatives such as TGRO/TPRC.

C. The overseas claims processing contractor is responsible only for the processing of overseas claims for overseas Prime, Standard, TRICARE For Life (TFL), and pharmacy claims in non-Medicare OCONUS areas for beneficiaries considered to be within the overseas claims processing contractor's jurisdictional responsibility. This includes claims submitted by the TGRO and TPRC contractors. The overseas claims processing contractor shall provide a designated Point of Contact (POC) to assist the TAO Directors or designee(s) and the TGRO/TPRC contractor designee(s). Additionally, every CONUS regional MCSC shall offer traveling TOP beneficiaries use of existing toll free Health Care Finders numbers/services to locate a CONUS TRICARE network provider (see Chapter 12, Section 11.1 for additional information).

D. The TGRO and TPRC contractors are responsible for providing comprehensive health care management and related support services for DoD TRICARE Prime enrolled beneficiaries in designated remote overseas areas. With the exception of ADFM dental care, all health care services provided under these contracts in designated remote areas shall be cashless and claimless for TOP Prime enrolled ADSM and ADFM. Following the delivery of health care and payment to overseas providers, the TGRO contractor/TPRC shall submit all remote health care claims to the TMA overseas claims processing contractor responsible for processing foreign claims (ADFM dental care is processed through the TDP contractor if enrolled in TDP).

NOTE 1: Claims for remote emergent and urgent care for Navy and Marine Corps personnel who are deployed and/or on liberty status in TGRO locations are to be paid by the TGRO contractor. The overseas claims processing contractor shall reimburse the TGRO contractor for these claims.

NOTE 2: Claims for remote emergent and urgent care for Puerto Rico TOP Prime remote area Navy and Marine Corps plus all TOP Prime who are deployed and/or on liberty status in Puerto Rico are to be paid by the TPRC. The overseas claims processing contractor shall reimburse the TPRC for these claims.

III. OVERSEAS BENEFIT PACKAGES

A. TOP Prime Plan offers overseas enrollees TRICARE Prime Benefits to include access to Primary Care Manager (PCM), clinical preventative services and speciality services. Also under this program there are no copayment and deductibles.

B. TOP Standard is identical to TRICARE Standard in CONUS with benefits, deductibles, and cost-shares unchanged; however, beneficiaries residing OCONUS and it's U.S. Territories may be required to pay up front and file a claim for reimbursement.

C. TOP TFL is available for dual-eligible TRICARE-Medicare beneficiaries enrolled in Medicare Part B. TOP TFL is first payer and will cost-share 75% of billed charges for

TRICARE covered benefits. The beneficiary is responsible for **fiscal year deductible of \$150 individual/\$300 family and** the remainder (25%) of the billed charges. TFL cost-shares apply to civilian care provided. **In locations where Medicare is available (Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, and the Northern Mariana Islands), Medicare will be first payer and TFL will be second payer (through the TRICARE Dual Eligible Fiscal Intermediary contractor (TDEFIC)).**

NOTE: Medicare-eligible ADFMs do not need to be enrolled in Medicare Part B to continue their TRICARE coverage.

D. TRICARE Plus offers beneficiaries empanelment option in a MTF with capacity for primary care. MTFs offering this program are determined by each service.

IV. GEOGRAPHIC AVAILABILITY

A. The TOP is effective in all geographic areas and territorial waters **OCONUS**.

B. Claims for services provided on a commercial ship that is outside the territorial waters of the United States are to be processed as foreign claims regardless of the provider's home address. If the provider is certified within the United States, reimbursement for the claim is to be based on the provider's home address. If the provider is not certified within the United States, reimbursement will follow the procedures for foreign claims. This does not include healthcare for enrolled ADSM on a ship at sea or on a ship at home port.

V. TOP CLAIMS PROCESSING RESPONSIBILITY

The overseas **claims processing contractor** is responsible for processing all claims outlined below, **unless a different procedure is noted**.

A. All TRICARE Standard care for ADFM and retirees and their family members living overseas for care provided overseas, including adjunctive dental.

B. All TOP Prime claims for overseas enrolled beneficiaries.

C. **All Medicare-TRICARE dual-eligible beneficiaries claims for beneficiaries who live overseas and receive care overseas**, except for TFL and dual-eligible beneficiary claims in Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the North Mariana Islands which are processed by the TDEFIC **(TOM, Chapter 22, Section 1)**.

D. All claims submitted by the TGRO contractor **/TPRC** for ADSMs and ADFMs **who are** enrolled to a **designated** remote overseas area DMIS-ID, and all other ADSM claims for urgent/emergent care **received** in a remote overseas area. TGRO contractor claims submission for remote area countries identified by one asterisk in **Chapter 12, Section 12.2, Figure 12-12.2-5** will be effective September 1, 2003, and October 1, 2003, for remote area countries identified by no asterisk in **Figure 12-12.2-5**.

E. Non-enrolled Reserve or National Guard under a Presidential recall or activated **for more than 30 consecutive** days overseas who obtain overseas care, claims shall be processed by the overseas **claims processing contractor**. Effective September 1, 2003 or October 1, 2003,

if their care is facilitated by the TGRO contractor or TPRC, the TGRO contractor or TPRC shall submit their claims to the overseas claims processing contractor for processing as outlined in [paragraph V.D.](#) above.

F. CONUS/Overseas Enrolled Reserve or National Guard under a Presidential recall or activated for more than 30 consecutive days who obtain overseas care claims shall be processed by the overseas claims processing contractor. Effective September 1, 2003, or October 1, 2003, as outlined in [paragraph V.D.](#) above, if their care is facilitated by the TGRO contractor or TPRC, the TGRO contractor or TPRC shall submit their claims to the overseas claims processing contractor for claims processing.

G. Reserve Component (RC) members on orders for 30 consecutive days or less, who are injured while traveling to or from annual training or during their annual training who receive civilian medical care OCONUS, claims should be processed by the overseas claims processing contractor (for further guidance see [Chapter 12, Section 11.1, paragraph V.D.14.](#)). For designated remote locations covered under the TGRO contract or TPRC, RC members who are injured while traveling to or from annual training, who receive urgent/emergent care facilitated by the TGRO contractor or TPRC, claims shall be submitted by the TGRO contractor or TPRC to the overseas claims processing contractor responsible for processing foreign claims.

H. CONUS-based TRICARE beneficiaries traveling to an OCONUS location (other than where enrolled if enrolled overseas) who seek civilian host nation urgent or emergent care must file claims with their enrolled regional claims processor or their regional claims processor where they reside. ADSMs should contact the TGRO contractor/TPRC prior to incurring any out-of-pocket expenses (TGRO/TPRC may be able to pay the provider for this care). Routine care for ADSMs or ADFMs should be sought from their PCM. Beneficiaries should utilize the services of an MTF wherever possible. Beneficiaries should contact TGRO/TPRC Call Centers respectively, or the American Embassy Health Unit as appropriate for assistance with locating a remote overseas provider. For processing guidelines, see [Chapter 12, Section 11.1.](#)

NOTE: For TRICARE Prime ADFMs residing in the 50 United States or the District of Columbia (DC) who receive ambulance/aeromedical evacuation services facilitated by the TGRO contractor, claims shall be submitted by the TGRO contractor to the overseas claims processing contractor responsible for processing foreign claims. For additional guidelines, see [Chapter 12, Section 10.4.](#)

I. All claims for TOP beneficiaries enrolled or residing overseas who receive care while traveling or visiting CONUS shall be processed by the overseas claims processing contractor responsible for where the overseas beneficiary resides or is enrolled, except for TOP TFL and dual-eligible beneficiaries. Claims for TOP TFL and dual-eligible beneficiaries who live overseas and receive care while traveling or visiting CONUS will be paid by the TDEFIC.

NOTE: Claims submitted by or from TOP eligible beneficiaries who return to CONUS and receive healthcare shall be processed by the appropriate contractor as follows:

1. Non-enrolled TRICARE overseas eligible beneficiary claims for care received in CONUS shall be processed by the overseas claims processing contractor following existing CONUS TRICARE Standard cost-sharing and benefit requirements.

2. TOP Prime enrolled beneficiary claims for care received in CONUS, including adjunctive dental, shall be processed by the contractor responsible for processing TRICARE overseas claims following existing requirements for TRICARE Prime benefits, including enhanced benefits and cost-share. For care authorization requirements for Prime beneficiaries while traveling in the United States, see [Chapter 12, Section 8.1](#). TOP beneficiaries will be encouraged by the overseas TAO Director or designee to utilize CONUS MTFs and current CONUS TRICARE network providers whenever possible.

VI. ELIGIBILITY

A. An individual is considered to be eligible for TOP if they are shown as eligible on the Defense Enrollment Eligibility Reporting System (DEERS). The DEERS record will indicate the dates of eligibility. See [Chapter 12, Section 3.1](#) for additional information on TRICARE eligibility or refer to [32 CFR 199.3](#). TFL eligibility also requires Medicare Part B enrollment. Family members of ADSM of the Armed Forces of foreign NATO nations are not eligible for the TOP.

B. RC members who are called to active duty for more than 30 consecutive days and their family members are eligible for the TOP if the sponsor was living in an overseas or remote overseas location at the time of mobilization. The family must have had the same overseas residential address as the sponsor at the time of mobilization. RC personnel and their family members are eligible for care under the TGRO/TPRC healthcare contract if they meet the above guidelines.

NOTE: Newborns/adoptees of RC members who are called to active duty for more than 30 consecutive days are eligible for TOP/TRICARE benefits the same as other TRICARE eligible beneficiaries.

C. TAMP eligibles are eligible for the TOP, excluding TGRO, if the beneficiary meets the eligibility requirements for enrollment into TOP Prime. DEERS should be used for determination of eligibility to TAMP Overseas. TAO Directors or their designees should follow the guidelines outlined in [Chapter 12, Section 3.5](#) when administering the program overseas. TOP payment of claims for these beneficiaries shall be based on DEERS enrollment status.

VII. TOP PRIME ENROLLMENT

A. Eligibility for enrollment into TOP Prime is available to ADSMs permanently residing overseas and ADFMs who are on Permanent Change of Station (PCS) orders to accompany the sponsor to the overseas location or on service funded orders to relocate overseas without the sponsor. Only ADFMs who meet the Joint Federal Travel Regulation (JFTR) definition of Command Sponsored shall be eligible for enrollment into TOP Prime or TGRO, with the following exceptions:

1. If the ADSM and his/her Command Sponsored ADFM are enrolled in TOP Prime or TGRO and the sponsor is reassigned on unaccompanied orders to a location that does not permit Command Sponsored family members, the family member(s) can remain enrolled at their current TOP Prime or TGRO site, as long as they remain Command Sponsored. If the family member(s) do not relocate elsewhere during the sponsor's PCS move, then the family may remain enrolled in TOP Prime or TGRO for a period based on the length of the sponsor's unaccompanied orders but not to exceed two years. The normal unaccompanied tour is 24 months or fewer.

2. If ADFMs are allowed to relocate under the sponsor's PCS orders, in accordance with JFTR U5222, or Noncombatant Evacuation Orders without the sponsor to an OCONUS location supported by TOP Prime or TGRO, then the ADFMs will be eligible for enrollment in the overseas program consistent with their orders.

3. If ADFMs are currently enrolled in TOP Prime or TGRO and the family has a newborn or adopts a child, then the new family member will be eligible to enroll in the appropriate overseas program.

4. If the ADFM is a transitional survivor, that individual may remain enrolled in TOP Prime for the duration specified for transitional survivor benefits.

B. Those ADFMs who choose to reside overseas but are not Command Sponsored as defined in the JFTR, and who do not meet any of the exceptions listed above, will remain eligible for TRICARE Standard, TRICARE Plus, or space-available care when and where it is available.

C. Retirees and their family members are not eligible for the TOP Prime.

VIII. OTHER TOP BENEFITS

A. The TOP benefit package includes a limited mail service pharmacy program. The TRICARE Mail Order Pharmacy (TMOP) may be used by all TOP beneficiaries provided certain criteria are met, such as a U.S. credentialed provider to write the prescription and a U.S. ZIP coded address to ship to (APO, FPO, or Diplomatic Pouch Mail). Additionally, ADSMs or ADFMs assigned to overseas U.S. Embassies/State Departments may also use the TMOP. TOP beneficiaries who are covered by other health insurance (OHI) with a prescription drug benefit may not use TMOP unless the OHI plan does not cover the medication needed, or the OHI coverage limit has been met. The TMOP cannot ship drugs which must be refrigerated (e.g., insulin) to an overseas address. Drugs purchased by TOP eligible beneficiaries at overseas embassies may not be covered under TRICARE/TOP.

B. The TRICARE retail network pharmacy benefit is available overseas only in Puerto Rico, the U.S. Virgin Islands, and Guam.

C. Tick Borne Encephalitis (TBE) is a health concern unique to certain areas of Europe and Asia. Because of this, the TBE vaccine is specifically authorized as a covered service under TOP in endemic areas of Europe and Asia for at-risk ADFMs, retirees, or retiree family members when the vaccine is received from a TRICARE authorized provider. When covered,

the TBE vaccine shall be cost-shared as a clinical preventive service. See Chapter 7, Sections 2.1 and 2.2.

IX. ADMINISTRATIVE AND EFFECTIVE DATES

Definitions of administrative and effective dates related to TOP policy or program changes are identical to TRICARE and may be located in this manual in the INTRODUCTION section.

X. TOP BENEFIT POLICY (Chapter 12, Sections 2.1 and 2.2)

TOP benefit policy applies to the scope of services and items which may be considered for coverage by TRICARE within the intent of 32 CFR 199.4 and 199.5 in addition to allowing for the significant cultural differences unique to foreign countries and their health care practices/services when the procedure is determined to be "appropriate medical care" and is "medically or psychologically necessary" and is not unproven as defined in 32 CFR 199, and the TPM does not explicitly exclude or limit coverage of the service or supply. While appropriate medical care references the norm for medical practice in the U.S. the TOP gives consideration to the significant culture differences unique to foreign countries.

XI. TOP PROGRAM POLICY (Chapter 12, Sections 2.3 - 12.2)

A. TOP policy applies to beneficiary eligibility, provider eligibility, claims adjudication, claims payment and quality assurance. TOP Program policy implementation instructions are found in the TOM and TSM and shall be used by the overseas claims processing contractor and overseas TAO Directors, to the extent possible, unless otherwise specifically stated in this chapter or in the appropriate overseas claims processing contract.

B. The TOP policy provides the methodology for paying/allowing TOP services and items rendered by host nation authorized providers. These methods allow the overseas claims processing contractor to approve and pay for specific examples of overseas services or items which are not explicitly addressed in the TRICARE manuals.

C. Refer to Chapter 12, Section 11.1 for TOP claims payment and processing procedures.

D. Refer to the TOM, Appendix A for a list of Acronyms and Definitions used in this chapter.

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