



T R I C A R E
Latin America & Canada

TLAC InfoPak
(for Canada)

DoD Health Services Region 15
TRICARE Support Office
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YOUR PASSPORT TO WORLD CLASS QUALITY HEALTH CARE

Welcome to TRICARE Latin America & Canada (TLAC) Prime. I look forward to the challenges of assisting you and your family in having a positive and rewarding experience in your remote assignment. The Welcome Letter, TLAC InfoPak and TRICARE Pocket Card describes the benefits active duty service members and their families are entitled to as TLAC Prime enrollees and how we provide these benefits. TLAC Prime, though slightly different than TRICARE in CONUS, is also modeled on the Health Maintenance Organization (HMO) concept prevalent in the private sector in the United States.

Your TLAC InfoPak will provide you with essential information for obtaining health care while traveling in Latin America and Canada, at other overseas locations and in the United States. Please review it carefully and keep it with you when traveling for future reference.

Our goal is to add value to your overseas experience, keep you healthy and be easily accessible if you require healthcare. We strive to optimally provide the quality healthcare services as described in this handbook. Should we fail to meet your expectations, please tell us how we can better serve you. We encourage you to contact the TRICARE Latin America & Canada Support Office (TSO) and speak with a representative.

Best wishes for a healthy tour in Latin America & Canada that is challenging, exciting and enjoyable. We are here to support you.

ERIC B. SCHOOMAKER
Brigadier General, Medical Corps
Lead Agent, TRICARE Latin America & Canada

KEY POINTS OF TLAC PRIME

Active duty family members must accompany their sponsor and be listed on their Permanent Change of Station (PCS) orders and be eligible in DEERS to qualify for TLAC Prime enrollment.

The TRICARE Overseas Prime Program offers the greatest benefit worldwide for active duty and eligible active duty family members serving or residing outside the United States.

There is no co-payment for outpatient visits or procedures for Prime enrolled active duty family members.

The requirement for pre-authorization for civilian healthcare is waived for family members in areas which are not served by a Military Treatment Facility (MTF) including healthcare received while traveling in the United States (except for care received in Puerto Rico).

The Health Care Information Line (HCIL) is a nurse advisor available 24 hours a day, 7 days a week toll free at 800.400.8625 and offers basic healthcare decision making assistance.

All civilian healthcare must be a TRICARE covered benefit under the TRICARE/CHAMPUS rules. You will be financially responsible for 100% of the cost for healthcare received which is NOT a TRICARE covered benefit. If you have questions about what constitutes a covered benefit, contact the TRICARE Support Office at 888.777.8343, Option #3.

CARE IN HOST COUNTRY

Emergency Care:

For care involving potential loss of life, limb, or eyesight, seek care from the nearest medical facility.

- Dial the local number for ambulance service as provided by the American Embassy or Canadian Forces Health Facility (CFHF).
- Have your local address and phone number available. Do NOT hang up the phone until directed to do so by the operator.
- **Active duty and accompanying family members***. When emergency treatment or hospitalization in a local civilian facility is received, beneficiaries must contact the CFHF or American Embassy TRICARE POC as soon as possible so arrangements can be made for visits or to arrange a transfer to another facility in country or in CONUS.

** Note: Beneficiaries 17 years of age or younger residing in Ottawa should seek emergency care from Children's Hospital of Eastern Ontario, if feasible.*

Routine Care:

Active Duty and Accompanying Family Members. Your Primary Care Manager is a provider at the nearest CFHF if available.

Active duty should seek care from the nearest CFHF.

Family members should seek care as directed by the nearest CFHF. You may call the office of the Canadian Forces Medical Group at 613.945.6653 for help locating the nearest CFHF. The US/Canadian Memorandum of Understanding covers care received in Canada at no cost to you.

Specialty Care:

Active duty and accompanying family members must be referred by the CFHF for all specialty care. Contact the nearest CFHF for referral procedures.

Non-Medically Necessary CONUS Delivery:

- Cost for travel, lodging and per diem are the sponsor's responsibility.
- Beneficiaries should enroll in Prime with the Region where they will deliver. *or*
- Disenroll from TLAC Prime and use the TRICARE Standard benefit.
- If you choose to deliver in CONUS using your TRICARE Standard benefit, you may be required to get a Non-Availability Statement (NAS) prior to receiving any OB care. Contact the nearest Military Treatment Facility (MTF) for further information.
- If you enroll in TRICARE Prime where you plan to deliver, contact the nearest TSC in that region for further information.
- Contact the closest CONUS MTF or the TSO for further guidance.

Ultrasounds that are not medically necessary are not a covered benefit. All care received must be a TRICARE covered benefit. Contact the TSO for further information on covered benefits.

MENTAL HEALTH

Outpatient Mental Healthcare:

- Active duty must contact the nearest CFHF for mental healthcare in Canada.
- Family members' first eight outpatient mental health visits per fiscal year (1 October through 30 September), are authorized without pre-approval; however, ninth and subsequent outpatient visits must be pre-authorized. Contact the TSO at 888.777.8343, Option #3 for further information.

Inpatient Mental Healthcare:

- Active duty must contact the nearest CFHF or the TSO for further information.
- Family members must contact the TSO for pre-authorization.

AEROMEDICAL EVACUATION

Active duty and active duty family members are eligible for Aeromedical Evacuation (AE). AE is provided for urgent and emergent care NOT available locally. Contact the nearest CFHF or TSO for further information.

EYE EXAMS, GLASSES OR CONTACTS

Routine eye examinations are authorized for Active Duty Family members once a year. Glasses and/or contact lenses are not covered benefits.

Active Duty members are also authorized routine eye examinations once a year. Active Duty members may obtain eyeglasses through a Military Treatment Facility or may order eyeglasses through Dwight David Eisenhower Army Medical Center via the website at <http://tricare15.army.mil/eyeglasses15.htm>. Glasses and /or contact lenses that are purchased locally by the service member are not covered benefits and will not be reimbursed.

HEALTH ENROLLMENT ASSESSMENT REVIEW (HEAR)

The HEAR Survey is an important part of the TLAC Prime benefit. Completing the HEAR Survey provides confidential information to your PCM about your current health status and health behaviors. Included in the HEAR Survey are questions about lifestyle such as tobacco consumption, nutrition and exercise habits, health history, and stress.

Beneficiaries should:

- Complete the HEAR Survey as soon as possible following the HEAR Do's and Don'ts in the welcome package.
- Return the completed HEAR Survey to the TSO via the pre-addressed return envelope.

After the HEAR Survey is scanned and processed, you and your PCM will receive a copy of the results with appropriate recommendations for follow-up.

TRAVELING WITH TLAC PRIME IN CONUS

TLAC Prime Enrollees should always carry their TRICARE Pocket Card and Prime ID Card(s).

Active Duty:

- If an MTF is available in a reasonable distance, seek healthcare at that MTF.
- Any routine care outside a MTF must have prior authorization. If a MTF is NOT available, call Military Medical Services Office (MMSO) toll free at 888.647.6676, Option #2, then Option #1 for pre-authorization. Failure to get pre-authorization will cause beneficiaries to be held financially responsible for all or part of the healthcare costs.
- If an active duty TLAC Prime enrollee is traveling in CONUS and incurs a bill for civilian urgent or emergent healthcare, claims should be filed with Foreign Claims, WPS with a copy of the bill and a completed DD Form 2642 CHAMPUS Claim Form (same as for family members). When filing claims, beneficiaries must use their OCONUS mailing address. The claim form is available on the web at the following address: <http://www.tricare.osd.mil/ClaimForms/>
- **Inpatient Mental Healthcare.** Active duty personnel must contact Military Medical Services Office (MMSO) for pre-authorization at 888.647.6676, Option #2, then Option #1.

Family Members:

- If an MTF is available in a reasonable distance, seek healthcare at that MTF. TLAC Prime enrollees have the same access to care priority as local Prime enrollees.
- Authorization is not required for medical care received outside the TLAC area.
- If MTF care is not reasonably available, TLAC Prime enrollees should seek care from a network provider. ADFMs seeking civilian care should ensure they are seen by a TRICARE network or authorized provider. If care is received from a non-network provider, the patient is responsible for the co-payment and up to an additional charge of 15% above the TRICARE Maximum Allowable Charge.
- Call the toll free telephone number for the region where medical care is required for assistance in locating a network provider (see Regional Contacts on page 9).
 - Providers should file claims to WPS with a copy of the bill.
 - Family members may file their own claims with WPS using the DD 2642, CHAMPUS Claim Form. Include a copy of the bill and use the OCONUS return mailing address. The claim form is available on the web at: <http://www.tricare.osd.mil/ClaimForms/>.

- **Outpatient Mental Healthcare.** Eight outpatient mental health visits per fiscal year (1 October through 30 September), are authorized without pre-approval; however, ninth and subsequent outpatient visits must be pre-authorized by contacting the TSO at 888.777.8343, Option #3.
- **Inpatient Mental Healthcare.** Family members must contact CHOICE Behavioral Health for pre-authorization at 800.700.8646, ext. 2008.

Co-payments for Prime enrolled active duty family members receiving healthcare in CONUS are WAIVED.

The Pharmacy co-payment/reimbursement structure for CONUS prescriptions has changed. Keep in mind you will have to pay up-front and file for reimbursement less copay as below. Contact the regional TRICARE Service Center for information on locating a network pharmacy.

Your Cost		
Place of Service	Generic Drugs	Brand Name Drugs
Military Treatment Facility	\$0	\$0
TRICARE Mail Order Pharmacy (up to a 90-day supply)	\$3	\$9
TRICARE Retail Networks (up to a 30-day supply)	\$3	\$9
Non-Network Pharmacies	Prime: \$300 per person/\$600 per family, Point of Service Penalty is 50% after deductible (in CONUS). Standard: \$9 or 20% of total cost (whichever is greater). Existing deductibles and Point of Service penalties apply (E-4 & below \$50 per person \$100 per family, and E-5 & above \$150 per person/\$300 per family).	

APPEALING MEDICAL AND CLAIMS DECISIONS

Active Duty: For appeal of denied claim or Medical/Dental TDY/TAD, address your issue in writing to the following offices in order:

- Medical Director, Lead Agent, TRICARE Regions 3/15, Fort Gordon
- Director, TRICARE Region 15
- Lead Agent, TRICARE Region 15

The address for all of the above is:

- *(Title from above as appropriate)*
 TRICARE Latin America & Canada
 LASE – Bldg. 38801
 Fort Gordon, GA 30905-5650

Family Members: For denied or non-covered claims when filed directly to WPS for healthcare, follow the appeal process on the reverse side of the Explanation of Benefits.

To appeal a medical TAD/TDY decision follow the procedure outlined under Active Duty.

Some issues may NOT be appealed, such as those pertaining to TRICARE/CHAMPUS Regulations or the TRICARE Maximum Allowable Charge (TMAC) reimbursement rate.

TRICARE PORTABILITY

Enrollment Portability allows TRICARE Prime enrollees to transfer their healthcare coverage from one TRICARE region to another.

Traveling Outside of TLAC: When traveling out of the TLAC area for more than 60 days, Prime enrollees should transfer their enrollment to the new region. Upon return to TLAC a new enrollment form must be completed to transfer the enrollment back to TLAC.

Permanent Change of Station (PCS) from TLAC: When PCSing from TLAC, beneficiaries remain enrolled in TLAC Prime until they transfer their enrollment to their new region (up to a maximum of 60 days). To transfer, call the new region's toll free number (see Regional Contacts on page 12), or contact the nearest TRICARE Service Center (TSC).

The family member's TRICARE coverage automatically converts to the TRICARE Standard benefit 60 days after departure from TLAC if not already enrolled in Prime in the new region within that time.

ANNUAL ENROLLMENT RENEWAL AND DISENROLLMENT

TRICARE Prime family member enrollment is effective for one year. An annual renewal letter is mailed to the beneficiary 30-60 days prior to the enrollment end date to provide them the option to disenroll. Family members who choose to remain enrolled in Prime may disregard the letter as renewal occurs automatically. Active duty enrollments do not require renewal.

Active duty service members may not choose to disenroll. Family members who choose to disenroll must sign the letter and return it to the TSO for processing. Beneficiaries who are approved for early disenrollment will not be able to re-enroll in TLAC Prime for a period of 12 months. Beneficiaries who disenroll but are TRICARE eligible will still be covered under TRICARE Standard.

DENTAL PROGRAM FAST FACTS

Active Duty:

Active duty personnel should contact the nearest CFHF to make a dental appointment in Canada.

Family Members (OCONUS Plan):

* The TRICARE Dental Program (TDP) changed as of 1 February 2001. All enrolled beneficiaries, whether enrolled prior to 1 February 2001 or after, will receive a TDP enrollment card. If you are enrolled and have not received your card, contact United Concordia at 800.866.8499 or 717.975.5017. **You do not need to re-enroll.**

The TDP is a voluntary comprehensive dental plan available to all active duty family members of the seven Uniformed Services. To avoid eligibility problems, sponsors must ensure that family member information in DEERS is accurate and up-to-date. *To enroll your family members, the sponsor must complete a United Concordia enrollment form (available via the World Wide Web at <http://www.ucci.com/tdp/tdp.html>). DD form 2494 or 2494-1 dental enrollment forms will no longer be accepted at your military personnel office.

* You can fax the enrollment form to United Concordia toll free at 888.734.1944, (you must include your credit card number to cover the cost of the first months premium).

* You can enroll online, (you must include your credit card number to cover the cost of the first months premium).

* Or you can mail the form directly to United Concordia with your check or money order.

- **General Dentistry:** Obtain dental care from the dentist of your choice. Beneficiaries are responsible for cost shares listed in the United Concordia TDP Handbook. Prior to receiving any dental care, call United Concordia at 800.866.8499 or 717.975.5017 to verify your enrollment and benefits and for assistance in locating a participating dentist. Active duty family members are subject to the UCCI pre-determination/authorization requirements. *Limited anesthesia is now a covered benefit.
- **Orthodontic Care:** All family members (non-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 800.866.8499 or 717.975.5017 to verify your enrollment and benefits. The maximum lifetime benefit is \$1500 per family member. For assistance in locating a participating orthodontist and information on pre-authorization procedures call the TSO at 888.777.8343 Option #3.

<u>Covered Services</u>	<u>Plan Pays</u>
Preventive/Diagnostic	100%
Emergency Treatment	100%
Basic Restorative	80%*
Sealants	80%*
Endodontics	60%*
Periodontics	60%*
Oral Surgery	60%*
Other Restorative Services	50%
Prosthodontics	50%
Orthodontics	50%

* In the OCONUS service area, your cost shares are paid by the Government (100%) if maximums have not been met. For information about the OCONUS program, call United Concordia at 800.866.8499, or email them at www.fmdpoconus@ucci.com or you may write them at:

United Concordia Companies, Inc.
TDP OCONUS Dental Unit
P.O. Box 898238
Camp Hill, PA 17089-8238

For more information about TFMDP, please contact the Health Benefits Advisor at the TSO.

CONTACTS FOR HELP

If you need TRICARE assistance, contact the TRICARE Point of Contact serving your area or the TSO.

TRICARE Support Office
Lead Agent Office TRICARE Region 15
Fort Gordon, Georgia

Business Hours Phone	888.777.8343, Option #3
Commercial	706.787.2424
FAX	706.787.3024
DSN	773.xxxx
E-Mail	<u>tricare15@se.amedd.army.mil</u>
Website	<u>http://tricare15.army.mil</u>

Other Important Telephone Numbers

American Embassy Health Unit Representative Ottawa Canada	705.494.6011, extension 2110
Canadian Medical Group Chief of Staff	613.945.6653
National Defense Medical Centre (NDMC) (for information on locating remote healthcare)	613.945.6653
NDMC Patient Registrar For registration, appointments, referrals or civilian claim reimbursement in Ottawa)	613.733.6600, extension 3123
Health Care Information Line (HCIL)	800.400.8625
TRICARE Mail Order Pharmacy (TMOP) Express Scripts	866.275.4732 (<i>Prescription must be signed by a provider with a DEA #</i>)
Wisconsin Physician Services (WPS) Website	877.616.5963 (toll free) or 608.301.2310/11 <u>http://www.wpsic.com/tricare/</u>
<u>Send claims to:</u> Wisconsin Physician Services (WPS) Attn: Foreign Claims PO Box 7985 Madison, WI 53707-7985	
Military Medical Services Office (MMSO) Website	888.647.6676, Option #2, then Option #1 <u>http://navymedicine.med.navy.mil/mmso/</u>

REGIONAL RESOURCES

TRICARE on the World Wide Web

www.tricare.osd.mil

Region 1	http://tricare.detrick.army.mil/ne/index.htm	1.888.999.5195
National Capital Region	ME, NH, VT, MS, CT, NY, PA, DE, MA, VA (Northern), Wash DC	
Region 2	http://www.tma.med.navy.mil	1.800-931-9501
Mid-Atlantic Region	VA (Southern), NC	
Region 3	http://www.humana-military.com	1.800.444.5445
Eisenhower Army Med. Center	SC, GA, FL (Except Panhandle), TN	
Region 4	http://www.humana-military.com	1.800.444.5445
Keesler AFB Medical Center	FL (Panhandle), AL, MS, LA (Eastern)	
Region 5	http://dodr5www.wpafb.af.mil	1.800.941.4501
TRICARE Heartland	WI, MI, IL, KY, IN, OH, WV	
Region 6	http://www.tricaresw.af.mil	1.800.406.2832
Foundation Federal Health Corp	AR, LA (Western), OK, TX (Except El Paso)	
Region 7	http://web01.region8.tricare.osd.mil	1.888.874.9378
TRIWEST Health Care Alliance	TX (El Paso), NM, AZ, NV, UT	
Region 8	http://eb01.region8.tricare.osd.mil	1.888.874.9378
TRIWEST Health Care Alliance	MO, IA, MN, KS, NE, SD, ND, WY, ID (Southern), CO, MT	
Region 9	http://www.reg9.med.navy.mil	1.800.242.6788
Foundation Federal Health Corp	CA (Southern)	
Region 10	http://usafsg.satx.disa.mil/~region10	1.800.242.6788
Foundation Federal Health Corp	CA (Northern)	
Region 11	http://tricarenw.mamc.amedd.army.mil	1.800.404.0110
Foundation Federal Health Corp	ID (Northern), OR, WA	
Region 12	http://tricare-pac.tamc.amedd.army.mil	1.800.242.6788
Foundation Federal Health Corp	HI, AK	
Region 13	http://webserver.europe.tricare.osd.mil	1.888.777.8343 <i>Option # 1</i>
TRICARE Europe		
Region 14	http://tricare-pac.tamc.amedd.army.mil/	1.888.777.8343 <i>Option #4</i>
TRICARE Pacific [Western Pacific]		
Region 15	http://www.tricare.osd.mil/tricare/tricarla.html	1.888.777.8343 <i>Option # 3</i>
TRICARE Latin America & Canada		
Support Office, Ft Gordon	GA	

GLOSSARY OF TRICARE TERMS

Allowable Charge

The amount on which TRICARE Standard figures your cost-share for covered care. TRICARE Standard figures the allowable charge from all professional (non-institutional) providers' bills nationwide, with adjustments for specific localities, over the last year. The claims processor can tell a provider the allowable charge amount for specific services or procedures. Also known as the "CHAMPUS Maximum Allowable Charge" (CMAC).

Authorized Provider

A doctor or other individual authorized provider of care, hospital or supplier who has applied to, and been approved by, TRICARE to provide medical care and supplies. Generally, that means the provider is licensed by the state, accredited by a national organization, or meets other standards of the medical community. If a provider is not authorized, TRICARE cannot help pay the bills.

Balance Billing

This is when a provider bills you for the rest of his or her charges (the "balance" of the charges), after your civilian health insurance plan or TRICARE has paid everything it's going to pay. Federal law says you aren't legally responsible for amounts in excess of 15 percent above the TRICARE allowable charge.

Claims Processor

That's the contractor that handles the TRICARE claims for care received within a particular state or region. They're also called TRICARE contractors and "fiscal intermediaries" or FIs. They have toll-free phone numbers to handle your questions.

Catastrophic Cap

A cost "cap" or upper limit has been placed on TRICARE Standard-covered medical bills in any fiscal year. The limit that an active-duty family will have to pay is \$1,000; the limit for all other TRICARE Standard-eligible families is \$7,500.

Co-Payment

This is a fixed amount you'll pay when you're enrolled in TRICARE Prime and you visit the doctor for some type of medical care. Sometimes, the terms "co-payment" and "cost-share" (see below) are used interchangeably.

Cost-Share

That's the percentage you pay-and the part TRICARE Standard pays-of the allowable charges for care on each claim. Your cost-share depends on your sponsor's status (active or retired) in the service. Your cost-share is paid in addition to the annual deductible for outpatient care and anything non-participating provider charges above the allowable charge. The TRICARE Standard cost-share is the difference between the allowable charge and your cost-share.

Deductible

That's the amount you must pay on your bills each year toward your outpatient medical care, before TRICARE begins sharing the cost of medical care. That is, you pay your provider(s) the first \$150 for an individual, or \$300 for a family, worth of medical bills each fiscal year-from October 1 through September 30 (for the families of active duty members in pay grade E-4 and below, the deductible amounts are \$50 for an individual and \$100 for a family). The contractor keeps track of your deductible and subtracts it from your claims during the year. How much you've paid toward your deductible is spelled out on the Explanation of Benefits. The deductible is separate from, and in addition to, your cost-share.

DEERS

The Defense Enrollment Eligibility Reporting System. That's the computerized data bank that lists all active and retired military members, and should also include their dependents. Active and retired service members are listed automatically, but they must take action to list their dependents and report any changes to family members' status (marriage, divorce, birth of a child, adoption, etc.), and any changes to mailing addresses. TRICARE contractors check DEERS before processing claims to make sure patients are eligible for TRICARE benefits.

Explanation of Benefits (EOB)

A statement the TRICARE contractor sends you and the provider who participates in TRICARE Standard that shows who provided the care, the kind of covered service or supply received, the allowable charge and amount billed, the amount TRICARE Standard paid, how much of your deductible's been paid, and your cost-share. It also gives the reason for denying a claim. Sometimes also called the TRICARE Explanation of Benefits (TEOB).

Military Hospitals

We use it as shorthand for all uniformed service hospitals including the ten former Public Health Service hospitals. Also, the acronym "MTF" (military treatment facility) is sometimes used to refer to military hospitals.

Non-Availability Statement (NAS)

That's a certification from the uniformed service hospital that says it can't provide the care you need. If you live in certain ZIP codes around a military hospital, you must get a Non-Availability Statement (NAS) before getting non-emergency *inpatient* care at a civilian hospital under TRICARE Standard. Don't forget-TRICARE does not determine eligibility, nor does it issue NASs. The statements must be entered electronically in the Defense Department's DEERS computer files by your nearby military medical facility.

Other Health Insurance

If you have other health care coverage-besides TRICARE Standard or TRICARE Extra or Prime-for yourself and your family through an employer, an association or a private insurer; or if a student in the family has a health care plan obtained through his or her school-that's what TRICARE considers "other health insurance" (OHI). It may also be called "double coverage" or "coordination of benefits." It doesn't include TRICARE supplemental insurance. It also does not include Medicaid.

Participate in TRICARE

Health care providers who "participate" in TRICARE, also called "accepting assignment," agree to accept the TRICARE allowable charge (including your cost-share and deductible, if any) as the full fee for your care. Individual providers can participate on a case-by-case basis. They file the claim for you and receive the check, if any, from TRICARE. Hospitals that participate in Medicare must, by law, also participate in TRICARE Standard for inpatient care. For outpatient care, hospitals may or may not participate.

Sponsor

The service member either active duty, retired or deceased, whose relationship to you (spouse, child, parent, etc.) establishes eligibility for TRICARE.

TRICARE Standard Supplemental Insurance

These are health benefit plans that are specifically designed to supplement TRICARE Standard benefits. They generally pay most or all of whatever's left after TRICARE Standard has paid its share of the cost of covered health care services and supplies. These plans are frequently available from military associations and other private organizations and firms. Such policies aren't necessarily just for retirees, but may be useful for other TRICARE-eligible families as well.