



**Prime Enrollee
TLAC InfoPak
(for Remote Latin America)**

DoD Health Services Region 15
TRICARE Latin America & Canada
PO Box 7380, Fort Gordon, GA 30905-9800

1.888.777.8343, Option #3 or 1.706.787.2424
DSN: 773.2424 Fax 1.706.787.3024
E-Mail: tricare15@se.amedd.army.mil
Website: tricare15.amedd.army.mil

Active duty traveling in CONUS should seek routine care from the nearest Military Treatment Facility (MTF) if feasible. Otherwise you must contact the Military Medical Services Office at 1.888.647.6676 for routine civilian healthcare authorization.

Family Members traveling in CONUS should seek care at the nearest MTF if feasible. **Use your TLAC mailing address on all civilian claims. Be sure to inform the billing office to submit all claims to WPS, PO Box 7985, Madison, WI 53707-7985.**

See section "Traveling with TLAC Prime in CONUS" for further information.

March 2003

Your Passport To World Class Quality Health Care

Welcome to TRICARE Latin America & Canada (TLAC) Prime. I am looking forward to the challenges of assisting you and your family in having a positive and rewarding experience in your remote assignment. This booklet 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 this handbook 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 to be easily accessible if you are ill. 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 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

"Notice for Civilian Providers"

TLAC Prime enrollees can be identified by their green or tan military identification card (Family Members will have "Civilian/Yes" indicated in the medical block on the reverse side), and a TLAC Prime enrollment card. You are encouraged to make copies of these documents upon the member's first visit. In the United States, TLAC Prime family members do not require a referral or preauthorization for any type of medical care, except inpatient mental health. Any care received must still be a covered benefit under the TRICARE/CHAMPUS rules. Family member claims must be submitted to Wisconsin Physician Services (WPS), PO Box 7985, Madison, WI 53707-7985. If you have any questions concerning the TLAC Prime program, call toll free at 1.888.777.8343, Option #3, or commercial at 1.706.787.2424, Monday through Friday 0800 to 1600 EST or FAX at 1.706.787.3024.

Director
DoD Health Services Region 15
TRICARE Latin America & Canada
Fort Gordon, Georgia 30905-5650

Contacts for Help

If you need TRICARE assistance, please contact the TRICARE Point of Contact serving your area, or the TRICARE Support Office (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>tricare15.army.mil</u>

TRICARE Service Center **US Naval Hospital, Roosevelt Roads, Puerto Rico**

Business Hours Phone	888.849.4371
Commercial	787.865.5913
DSN	831.xxxx
Emergency Room	787.865.5997

TRICARE Service Center **Rodriguez Army Health Clinic, Fort Buchanan, Puerto Rico**

Business Hours Phone	787.707.2534
Fax	787.707.2045
DSN	740.xxxx

International SOS (ISOS) - Network

PCM Call Center (appointments) 800.834.5514 (toll free) or 215.701.2800 (call collect)
(see Page 13 for toll free access numbers)

Other Important Telephone Numbers

TRICARE Mail Order Pharmacy (TMOP) Express Scripts	866.363.8667 or 866.275.4732
Wisconsin Physician Services (WPS)	608.301.2310/11

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.

There is no cost for TLAC Prime enrollment for active duty service members and eligible active duty family members. Your PCM is the ISOS TLAC PCM Call Center, please call the # on your Prime card.

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).

All civilian healthcare must meet the TRICARE benefit rules concerning allowable care. In essence, you may not seek care that would not normally be covered as a TRICARE benefit, and expect to be reimbursed for that care.

- *You will be financially responsible for 100% of the cost for care received which is NOT a TRICARE covered benefit.*

TRICARE PORTABILITY

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

Temporarily Out of TLAC Area: When traveling out of the TLAC area for more than 60 days, Prime enrollments should be transferred to the new region. Upon return to TLAC, a new enrollment form must be completed to transfer back to TLAC.

PCS from TLAC: When PCSing from TLAC, beneficiaries remain enrolled in TLAC Prime until they transfer their enrollment to their new region or up to a maximum of 60 days. Transfer your enrollment by calling the new region's toll free number or by visiting the nearest TSC.

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

Annual Enrollment Renewal: TRICARE Prime family member enrollment is effective for one year. An annual renewal letter is mailed to the beneficiary 30-60 days prior to their enrollment end date to provide them the choice to disenroll. Beneficiaries who choose to remain enrolled in Prime may disregard the letter as renewal occurs automatically.

Disenrollment: Beneficiaries 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.

HEALTH ENROLLMENT ASSESSMENT REVIEW

The HEAR Survey is an important part of the TLAC Prime benefit. Completing the HEAR Survey provides confidential information to the PCM about a beneficiary's current health status and health behaviors. Included in the HEAR Survey are questions about lifestyle such as tobacco consumption, nutrition and exercise habits. Other questions address the health history and stress. All of these questions are designed to help healthcare providers meet the healthcare needs and design wellness programs that will benefit each beneficiary.

Beneficiaries should:

1. Complete the HEAR Survey as soon as possible.
2. Return to the TSO via the pre-addressed return envelope.
3. Once received at the TSO, the HEAR Survey will be processed.
4. A letter will be sent to you outlining the areas to discuss with your PCM.

5. A report will go to your PCM for review.
6. You may receive a call from the TLAC PCM Call Center to follow up on any high risk indications of preventative care advice.

CARE IN HOST COUNTRY

Emergency Care:

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

- Dial the local number for ambulance service as provided by the American Embassy or military unit.
- Have a local address and phone number available. Do NOT hang up the phone until directed to do so by the host nation operator.
- When emergency treatment or hospitalization in a local civilian facility is received, beneficiaries must contact their unit commander and the TLAC PCM Call Center as soon as possible so arrangements can be made for visits or to arrange a transfer to another facility if needed.

Routine Care:

The Primary Care Provider (PCP) is the source of all routine care and can refer their patients to other resources as appropriate (see the PCM Call Center Toll-Free Access Numbers, page 13, for access to medical care from the ISOS Provider Network).

- TLAC Prime enrollees are encouraged to call the PCM Call Center or the Network Primary Care Provider directly for all medical care in all TLAC except in Canada, Puerto Rico and Cuba. This will ensure you incur no out of pocket costs for healthcare.
- Call the PCM Call Center at 215-701-2800 (call collect if your country does not have an 800#). The PCM Call Center will make an appointment for the beneficiary if they wish or provide the PCP's telephone number.
- The beneficiary must present the PCP with his/her TLAC Prime ID card and Uniformed Services ID card.
- The patient or patient's parent or guardian will be asked to sign a claim form to verify the visit.
- The PCP should provide the medical results of the visit to the patient. If the patient does not receive the results of the visit, contact the PCP.

If an ISOS Network Provider is NOT used, the beneficiary will be responsible for payment up front and for filing the claim for reimbursement.

AD service members must contact the TSO directly for an out of country medical appointment at a MTF for fitness for duty medical care, flight physicals, periodic medical exams etc.

To Access Specialty Care: Call the TLAC PCM Call Center for guidance. If the specialty care is available in country, the PCM Call Center will:

- Schedule an appointment for the beneficiary or provide the specialist's telephone number.
- Fax a guarantee of payment to the provider.

Once at the PCP's office, the beneficiary:

- Must present the PCP with his/her TLAC Prime ID Card and Uniformed Services ID Card (show parent's ID in the case of children under 10 years old)
- (Patient or patient's parent or guardian will be asked to sign a claim form to verify the visit.
- The Network Specialist will provide medical results of the visit to the patient.

- Additional specialty visits should be arranged through the TLAC PCM Call Center to utilize the cashless benefit.

If the specialty care is not available in country, or injury or diagnosis is a long-term disability and/or duty disqualifying, the TLAC PCM Call Center will contact the TSO for arrangements for an out of country medical appointment.

Appealing a Medical Decision: If the TLAC PCM Call Center determines that specialty care is not required, the beneficiary has the option to contact the TSO for further determination. Medical documentation is required from the PCP for review by the TLAC Medical Director for further evaluation.

Adding Providers to the I SOS Provider Network: Beneficiaries may submit requests for additions to the local provider network to the TLAC PCM Call Center. Include the provider's name, address and telephone number and their specialty, i.e. Family Medicine, Cardiology, General Practitioner etc.

MATERNITY

To receive maternity care in country:

- Beneficiary must contact the PCM Call Center.

TLAC PCM Call Center will:

- Schedule an appointment for the beneficiary.
- Fax a guarantee of payment to the provider.
- The specialty PCP will provide medical information of the visit to the patient.

If care is available in country, the beneficiary will continue maternity care with PCP.

If care is not available in country, the TLAC PCM Call Center will contact the TSO for arrangement of care in CONUS

- Beneficiary should remain enrolled in TLAC Prime for a medically necessary CONUS delivery.
- Upon approval of CONUS delivery, travel funds will be provided for either an MTF or civilian facility based on:
 - Mother's desires. When at all feasible, beneficiaries will be authorized to stay at a location close to or with family.
 - Medical necessity.
 - Cost.
 - Delivery at a MTF.
 - Stay in self-care type unit of MTF - meals at MTF.
 - Delivery at civilian facility or MTF
 - Contact nearest TSC at MTF for Non-Availability Statement (NAS) paperwork.
 - Stay with family - **No funds available for per diem.**
 - **Funds for father's TDY will not be covered unless medically indicated by physician.**
 - Documentation from provider is required.
- **If a TRICARE Prime family member CHOOSES to deliver in CONUS:**
 - Cost for travel, lodging and per diem are the sponsor's responsibility.
 - Beneficiary should enroll in the Prime Region where they will be delivering.

or

- Disenroll from TLAC Prime and use the TRICARE Standard benefit.
- Contact the closest MTF (if in the host country) or TSO Fort Gordon for guidance.
- A NAS may be required.

Ultrasounds that are not medically necessary are not a covered benefit.

MENTAL HEALTH

Outpatient Mental Healthcare:

- The first eight outpatient mental health visits do not require pre-authorization, however, ninth and subsequent visits do.
- If the enrollee's primary care is received at a MTF, pre-authorization for ninth and subsequent outpatient mental health visits must be approved by the beneficiary's PCM.
- If the enrollee is not receiving care from an MTF, contact the TSO or PCM Call Center for pre-authorization of ninth and subsequent outpatient mental health visits.
- **The TLAC Mental Health Outpatient Form must be completed by the mental health provider and additional visits approved by TSO prior to seeking further care. (Please contact your TRICARE POC or the TSO to obtain this form)**

Inpatient Mental Healthcare - OCONUS: Contact the TLAC PCM Call Center.

Inpatient Mental Healthcare: ALL CONUS (to include Puerto Rico and the US Virgin Islands) inpatient mental health requires pre-authorization, contact CHOICE Behavioral at 1.800.700.8646, ext. 2065/2003.

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.

AEROMEDICAL EVACUATION

Active Duty (AD) and Active Duty Family Members (ADFMs) are eligible for Aeromedical Evacuation (AE). AE is provided for urgent and emergent care situations NOT available locally.

Prime beneficiaries in Central or South America, the Caribbean Basin or Canada (remote), should contact the nearest American Embassy/Consulate/TRICARE POC to initiate an AE mission.

TRAVELING WITH TLAC PRIME IN CONUS

TLAC Prime Enrollees should take their TLAC Prime ID Cards and Military ID Cards when traveling.

Emergency care involving potential loss of life, limb or eye-sight, obtain care from the nearest medical facility.

AD TRAVELING WITH TLAC PRIME

- 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 1-888-647-6676 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 AD TLAC Prime enrollee is traveling in CONUS and incurs a bill for civilian urgent or emergent healthcare, claims should be filed with Foreign Claims, Wisconsin Physician Services with a copy of the bill and a completed DD Form 2642 (CHAMPUS Claim Form, SAME AS 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/>

ADFM's TRAVELING WITH TLAC PRIME

- If an MTF is available in a reasonable distance, seek healthcare at that MTF. Prime enrollees may seek care at any MTF and have the same access to care priority as local Prime enrollees.
- Authorization is not required for medical care received outside the TLAC area, except in Puerto Rico. Contact the TSO for more information.
- 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 (telephone numbers for all TRICARE Regions are listed under Regional Resources). The TLAC Healthcare Passport also contains the “800” numbers for CONUS TRICARE contractors.
- Providers should file claims to Wisconsin Physician Services with a copy of the bill and a completed HCFA-1500 (Health Insurance Claims Form). 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/claims/1500-90.pdf>
- Prescriptions should be filled at the nearest MTF, from the National Mail Order Pharmacy, or from the nearest Network Pharmacy as priority requires.

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).	

BENEFICIARY REIMBURSEMENT

Active Duty

Please contact the American Embassy TRICARE POC or TSO for information regarding filing for payment/reimbursement of active duty healthcare. Active Duty claims (all services) for healthcare received outside the United States should be faxed to TSO at 706.787.3024. Please contact your TRICARE POC or the TSO for further information.

Active Duty Family Member

When seeking reimbursement for services not covered by ISOS, please file claims to Wisconsin Physician Services to the address listed below with a copy of the bill and a completed DD Form 2642 (CHAMPUS Claim Form). The claim form is available on the web at the following address: <http://www.tricare.osd.mil/ClaimForms/>

Wisconsin Physician Services (WPS)
P.O. Box 7985
Madison, WI 53707-7985

Appealing decisions on claims.

For denied or non-covered claims for healthcare, follow the appeal process on the reverse side of the Explanation of Benefits from WPS.

For appeal of denied claim or Medical/Dental TDY/TAD, please 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 as appropriate)*
TRICARE Latin America & Canada
LASE – Bldg. 38801
Fort Gordon, GA 30905-5650

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

Dental Program Fast Facts

Active Duty

Active duty service members should seek dental care through the TLAC PCM Call Center. When you call the TLAC PCM Call Center, you have the option of setting up an appointment or requesting the TLAC PCM Call Center personnel make your appointment for you. When you or the network dentist has made contact with the TLAC PCM Call Center, the TLAC PCM Call Center will fax the dentist a guarantee of payment. You will not have to pay for these dental services upfront. When visiting an ISOS dentist, you should present your TLAC Prime ID Card and Military ID Card to verify TLAC Prime enrollment and eligibility.

Pre-authorization is required for non-emergent dental care over \$500.00. Submit requests for pre-authorization of dental care to the TSO, in English, with dental examination to include X-rays and diagnosis, treatment plan, estimate of time required for care and probable cost, when and where the patient was last on duty at a station where dental services were available, and probable length of tour of duty at the patient's present station and present duty status.

Active Duty Family Members

* 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.

Family Members, all except Virgin Islands (OCONUS Plan): ISOS will not guarantee payment to any dentist for family member dental care; therefore, you are responsible for upfront costs. Using an ISOS network dentist will ensure that you receive dental care from a credentialed, quality dentist. Prior to receiving any dental care, you should verify your dental enrollment and benefits by calling United Concordia at 1-800-866-8499 or 717-975-5017. Under the TDP, family members may seek routine dental care from any local dentist. Beneficiaries are responsible for cost shares listed in the TLAC Overseas Family Member Dental Plan Brochure.

- **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. The annual maximum benefit for each family member is \$1200.
- **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.

Virgin Islands (CONUS) - Family members may obtain dental care from the dentist of their choice; however, receiving treatment from a United Concordia participating dentist can save you money, time, and paperwork. Beneficiaries are responsible for cost shares listed in the United Concordia TDP Handbook. Prior to receiving any dental care, you should verify your enrollment and benefits by calling United Concordia at 1-800-866-8499 or 717-975-5017.

Covered Services

Plan Pays

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 CONUS program, call United Concordia at 1.717.975.5017, or email them via the web at www.ucci.com or write them at:

United Concordia Companies, Inc.
TDP Customer Service
PO Box 898218
Camp Hill, PA 17089-8218

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 TDP, please contact the Health Benefits Advisor at the TSO.

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://webservice.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		

TLAC PCM Call Center Toll-Free Access Numbers

To reach the TLAC PCM Call Center, you will need to first dial the **Sprint** direct access code listed below. After reaching Sprint, you should dial 1-800-834-5514, or contact them collect at 215-701-2800 collect.

Country	Carrier	Access Number
Antigua	Cable and Wireless	#0 or 1-800-366-4663
Argentina	Telintar	0800-555-1003
Argentina	Telefonica de Argentina	0800-222-1003
Argentina	Telefonica de Argentina	0800-666-1003
Aruba	Setar	800-8870
Bahamas	Batelco	1-800-389-2111
Barbados	BET	1-800-534-0042
Belize	Belize Communications	812
Belize	Belize Communications	556
Bolivia	Entel	0800-3333
Brazil	Intelig	0800 + 88 + 88000
Brazil	Intelig	0800 + 88 + 87800
Brazil	Embratel	000-8016
Chile	Entel	800-360-777
Chile	CTC-Mundo	800-800-777
Colombia	Telecom	980-913-0010
Colombia	Orbitel	9805-1-23456
Colombia	Telecom	980-913-0110
Costa Rica	ICE	0-800-013-0123
Dominica	Cable and Wireless	1-800-744-2250
Dominican Rep.	Codetel	1-800-751-7877
Dominican Rep.	Tricom	1166*77
Ecuador	Pacifictel	1-800-999-171
Ecuador	Andinatel	999-171
El Salvador	CTE	800-1776
El Salvador	CTE	800-1525
Guatemala	Telgua	9999-195
Haiti	Teleco	172
Haiti	Teleco	171
Honduras	Hondutel	8000-121
Jamaica	Cable and Wireless	875
Jamaica	Cable and Wireless	#3
Jamaica	Cable and Wireless	1-800-877-8000
Mexico	Telmex	001-800-877-8000
Mexico	Protel	01-800-234-0000
Netherland Antilles	Antelcom	001-800-745-1111
Netherland Antilles	Antelcom	1-800-877-8000
Nicaragua	Enitel	161
Nicaragua	Enitel	171
Panama	Cable and Wireless	00-800-001-0115
Paraguay	Antelcom	008-13-800
Peru	Telefonica del Peru	0800-500-20
Trinidad/Tobago	TSTT	1-800-877-8000
Trinidad/Tobago	TSTT	23
Uruguay	Antel	000-417
Uruguay	Antel	000-41-877
Venezuela	Cantv	0 800 1 00 1111
Venezuela	Cantv	0 800 1 00 1110

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 nonavailability statement 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 nonavailability statements. 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 person-either active-duty, retired or deceased, whose relationship to you (spouse, parent, etc.) makes you eligible 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.