Scope of Service Explanation
For
Tricare Beneficiaries

Active Duty
Active Duty Dependents
Military Reservists
National Guard
U.S. Coast Guard
Military Retirees
Military Retiree Dependents

The Law
Mandated in Federal Regulations 32 CFR Parts 728.79, 728.80, and 728.81; DOD Instruction 1400.6, and NAVMEDCOMINST 6320.3B medical and dental care/services are provided on a reimbursable basis.
Who is a Tricare Beneficiary?

TRICARE is available to active duty service members and retirees of the seven uniformed services, their family members, survivors and others who are registered in the Defense Enrollment Eligibility Reporting System (DEERS). Sponsors are automatically registered in DEERS. The sponsor must enroll their family members. When there is a change in information, each family member’s eligibility record must be updated separately.

TRICARE is also available to members of the National Guard and Reserves and their families, and benefits will vary depending on the sponsor’s military status.

Medical and Dental services are provided to Non-Active Duty Military beneficiaries and their dependents on a Space Available (Space A) basis.**

Registration in DEERS is the key...visit the DEERS Website https://www.dmdc.osd.mil/appj/address/login/SelectLogin.do or call 1-800-538-9552 to confirm or establish your eligibility for TRICARE.

http://www.tricare.mil/mybenefit/

Categories of Services Available

This is a summary of services and is not to be considered all inclusive.

1. **ROUTINE** Includes request for routine primary preventive examinations, tests to “check” ongoing health and wellness such as: Laboratory, Radiology, Optometry for general vision and glasses, Pharmacy, Physical Therapy, and Behavior Counseling. Provided for as Space Available appointments if other than Active Duty/AD Dependent.**

2. **ACUTE** Includes care necessary for an immediate change in medical or health conditions outside of the individual’s baseline record of entry such as: indigestion, pain, headache, nausea, infection, musculoskeletal injuries, unexpected exacerbation of chronic health conditions or diseases. Provided for as Space A appointments if other than Active Duty/AD Dependent.**

3. **URGENT/EMERGENT** Includes care necessary through the Emergency Department to handle conditions that present immediate danger to health and safety of a patient. Note that Medevac services are handled on a case-by-case basis. Tricare Standard enrollees please refer to the last page of this brochure concerning this service.

4. **OCCUPATIONAL HEALTH** Includes care for any occupationally related requirement or need: exposure surveillance, position certification and screening, residential screening program, care for an injury/illness that is directly related to performing official work duty. Note: All costs for this service are billed directly to the employer not the employee.

5. **PUBLIC HEALTH** (Includes services typically provided by the “local health department” as sanctioned by the Centers for Disease Control (CDC) examples are: well-baby/child (0-18 years old) check-ups and examinations, immunizations, communicable and sexually transmitted disease surveillance and response, environmental exposure care, travel and deployment health, health promotion activities and community support for preventing disease through education).

6. **DENTAL** (Routine, acute, and urgent general dentistry services as available) AD Military first, all other categories Space A. **Note: There are no orthodontic, prosthodontic, or comprehensive dental services provided at USNH GTMO.**

**Space Available “SPACE A” Appointments**

Space Available “Space A” appointments times are those unfilled by Active-Duty Military personnel or their dependents. These appointments are very limited and availability information may be requested in-person or via telephone to USNH GTMO Central/Dental Appointments Monday-Friday (except holidays) 0730-0900 and 1300-1600.

Reimbursement required:

Cost is determined per the Tricare Policy Manual. Tricare Standard enrollees please see below for information regarding emergency air transportation information.

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NOTE: TRICARE STANDARD BENEFICIARIES

According to the TRICARE Management Authority (TMA), as a TRICARE Standard participant, Medical Evacuation via air ambulance is a covered benefit. Granted there are some caveats to this benefit as listed below:

a. If the air ambulance company requires guarantee of payment, it is the responsibility of the beneficiary or their employer to provide the information.

b. Once the Medical Evacuation is complete, the air ambulance company must send the bill directly to the beneficiary. The bill must name the beneficiary as the “bill to” patient name. The company cannot submit the bill to TRICARE on behalf of the beneficiary.

c. The beneficiary must submit the bill to International SOS (the overseas TRICARE Contractor) for processing. Once the bill is processed, International SOS will send the payment to the beneficiary.

d. Once the beneficiary has received the payment it is their responsibility to submit the payment to the air ambulance company for claim closure.

For your information below is the contact information and address for claim submission:

www.tricare-overseas.com
1 877-563 9228
TRICARE Overseas Program
P.O. Box 7985
Madison, WI 53708-7985