

BENEFITS AND BENEFICIARY PAYMENTS

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AUTHORITY: [32 CFR 199.17](#)

I. POLICY

A. TOP Prime and TOP Standard services and supplies which otherwise fall within the range of TRICARE benefits, including enhanced benefits, prescription drugs and durable medical equipment may be approved for coverage under the TRICARE Overseas Program (TOP) when:

1. The diagnosis or description of illness supports the reasonableness of the procedure and is commonly accepted practice in a host country or region.

2. A nonavailability statement (NAS) is submitted with a claim for nonemergency inpatient care when the beneficiary resides within an overseas catchment area (usually a 40-mile radius) of a Uniformed Services Medical Treatment Facility (USMTF), when applicable. The requirement for NAS does not apply to TOP Prime enrollees and is replaced with an authorized referral from the PCM. The NAS requirement does not apply to overseas remote cite countries.

3. The NAS requirement does not apply to designated overseas remote site countries.

B. Payment/processing of TOP beneficiary stateside claims for health care will follow the payment procedures outlined in the TRICARE Reimbursement Manual, [Chapter 2, Section 1](#).

C. Waiver of rigid application by the Managed Care Support Contractor (MCS) of the requirements for processing/review of claims has been granted by the TMA Director to overcome variations between U.S. standards of health care practice and standards of health care practice in foreign countries. Examples of these variations are: 1) TOP host nation providers, network and non-network are not required to meet all TRICARE provider certification requirements to become a TOP host nation authorized provider; or 2) charges from taxi companies for driving physicians to accidents or private **residences**.

D. Payment/processing of TOP claims will follow the procedures outlined in this chapter and to the extent possible claims processing guidelines outlined in the TRICARE Operations Manual.

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E. Payment/processing of TOP Remote site location claims will follow the procedures/plan developed between the Regional Director and TMA. The TOP Remote site procedures may be obtained by contacting the appropriate TOP Regional Director or the TMA-W Chief Claims Operations Office at 16401 East Centretech Parkway, Aurora, CO, 80011.

F. The MCS contractor shall not reimburse claims for their enrolled and non-enrolled beneficiaries for overseas care determined to be unproven as defined in 32 CFR 199 or if this manual explicitly excludes or limit coverages of the service/supply. Additionally, the MCS contractor shall only reimburse overseas determined to be care medically necessary/appropriate as defined under TRICARE.

G. Copayments under the TOP shall be as follows:

1. Services and supplies rendered to TOP Standard beneficiaries are subject to the deductibles, copayments and cost-shares set forth in 32 CFR 199.4, for basic benefits and 32 CFR 199.5 for benefits available overseas under the Program for Persons with Disabilities (PPPWD).

2. Services and supplies rendered to TOP Prime enrollees will have no copayments and deductibles. PFPWD cost-shares set forth in 32 CFR 199.5 for benefits available overseas under the PFPWD still apply.

3. The policy of no copayments and deductibles under TOP Prime is subject to review/updating based on the member's enrollment status. See paragraph II. below for additional information on the benefits and costs under the TOP.

II. BENEFITS AND BENEFICIARY PAYMENTS UNDER THE TRICARE OVERSEAS PROGRAM (TOP) BEGINNING OCTOBER 1, 1997

NOTE 1: The beneficiary payments in this attachment shall be applied beginning FY 1998 and continue until revised.

NOTE 2: TOP TRICARE for Life beneficiaries copayment/cost share is the same as TRICARE Standard.

A. TOP Prime Annual Enrollment Fees:

TRICARE OVERSEAS PROGRAM PRIME		
ACTIVE DUTY FAMILY MEMBERS		RESERVED
E1 - E4	E5 & ABOVE	
None	None	Reserved

B. TOP Standard Program Annual Deductible:

Applies to all outpatient services, does not apply to the TOP Prime Program:

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TRICARE OVERSEAS STANDARD PROGRAM		
ACTIVE DUTY FAMILY MEMBERS		RETIREES, THEIR FAMILY MEMBERS AND SURVIVORS
E1 - E4	E5 & ABOVE	
\$50 per Individual \$100 Maximum per Family	\$150 per Individual \$300 Maximum per Family	\$150 per Individual \$300 Maximum per Family

NOTE 3: These charts are not intended to be a comprehensive listing of all services covered under the TOP or TRICARE. All care is subject to review for medical necessity and appropriateness.

NOTE 4: An eligible former spouse is responsible for payment of copayment/cost-sharing amounts identical to those required for beneficiaries and other family members of active duty members.

III. OUTPATIENT OVERSEAS SERVICES

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)			
TRICARE BENEFITS	TRICARE OVERSEAS PROGRAM PRIME		TRICARE OVERSEAS STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS		
	E1 - E4	E5 & ABOVE	
INDIVIDUAL HOST NATION PROVIDER SERVICES Office visits; outpatient office-based medical and surgical care; consultation, diagnosis and treatment by a specialist; allergy tests and treatment; osteopathic manipulation; medical supplies used within the office including casts, dressings, and splints.	None	None	Active Duty Family Members: Cost share--20% of the covered costs after the deductible has been met. Retirees, their Family Members and Survivors: Cost share--25% of the covered costs after the deductible has been met.
LABORATORY AND X-RAY SERVICES	None	None	
ANCILLARY SERVICES See the TRICARE Reimbursement Manual, Chapter 2, Section 1 for range of services.	None	None	
ROUTINE PAP SMEARS Frequency to depend on physician recommendations based on published guidelines of the American Academy of Obstetrics (see Note 4).	None	None	
AMBULANCE SERVICES When medically necessary as defined by this TRICARE Policy Manual and the service is a covered benefit.	None	None	

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III. OUTPATIENT OVERSEAS SERVICES (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)			
TRICARE BENEFITS	TRICARE OVERSEAS PROGRAM PRIME		TRICARE OVERSEAS STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS		
	E1 - E4	E5 & ABOVE	
EMERGENCY SERVICES Emergency and urgently needed care obtained on an outpatient basis, both network and non-network, and in and out of the Region.	None	None	Active Duty Family Members: Cost share--20% of the covered costs after the deductible has been met. Retirees, their Family Members and Survivors: Cost share--25% of the covered costs after the deductible has been met.
DURABLE MEDICAL EQUIPMENT (DME), PROSTHETIC DEVICES, AND MEDICAL SUPPLIES PRESCRIBED BY A HOST NATION AUTHORIZED PROVIDER WHICH ARE COVERED BENEFITS (If dispensed for use outside of the office or after the home visit.)	None	None	
HOME HEALTH CARE Part-time skilled nursing care, physical, speech & occupational therapy, medical supplies, DME, portable x-ray, and drugs when medically necessary and which are covered benefits. Note: There is a single copayment for the home health visit and all related services and supplies.	None	None	
FAMILY HEALTH SERVICES Family planning and well baby care (up to 24 months of age). The exclusions listed in this TRICARE Policy Manual will apply.	None	None	
OUTPATIENT MENTAL HEALTH Medical necessity required. Authorization required for 9th and subsequent visits per fiscal year.	None	None	

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III. OUTPATIENT OVERSEAS SERVICES (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POINT OF SERVICE)			
TRICARE BENEFITS	TRICARE OVERSEAS PROGRAM PRIME		TRICARE OVERSEAS STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS		
	E1 - E4	E5 & ABOVE	
TRICARE APPROVED PRESCRIPTION DRUGS	None	None	<p>Active Duty Family Members: Cost share--\$9 or 20% of the covered costs after the deductible has been met, whichever is greater.</p> <p>Retirees, their Family Members and Survivors: Cost share--\$9 or 20% of the covered costs after the deductible has been met, whichever is greater.</p>
NATIONAL MAIL ORDER PHARMACY	\$3 copayment 30 day Rx up to a 90-day supply of generic drug, \$9 per 30 day Rx up to a 90-day supply of a formulary brand name drug	\$3 copayment 30 day Rx up to a 90-day supply of generic drug, \$9 per 30 day Rx up to a 90-day supply of a formulary brand name drug	\$3 copayment 30 day Rx up to a 90-day supply of generic drug, \$9 per 30 day Rx up to a 90-day supply of a formulary brand name drug.
AMBULATORY SURGERY (same day)	None	None	<p>Active Duty Family Members: \$25 of the covered costs after the deductible has been met.</p> <p>Retirees, their Family Members and Survivors: 25% of the covered costs after the deductible has been met.</p>
<p>IMMUNIZATIONS (See Note 5): Immunizations required for active duty family members whose sponsors have permanent change of station orders to overseas locations.</p>	None	None	<p>Active Duty Family Members: Cost-share 20% of the covered costs after the deductible has been met.</p> <p>Retirees, their Family Members and Survivors: Not covered under TOP Standard.</p>
<p>EYE EXAMINATIONS (See Note 5): One routine examination per year for family members of active duty sponsors.</p>	None	None	<p>Active Duty Family Members: Cost-share 20% of the covered costs after the deductible has been met.</p> <p>Retirees, their Family Members and Survivors: Not covered under TOP Standard</p>

Note 5: Additional immunizations and eye examinations are covered under the TRICARE Overseas Program Prime "clinical preventive services". See Chapter 7, Sections 2.1 and 2.2.

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IV. INPATIENT OVERSEAS SERVICES

BENEFICIARY COPAYMENT/COST-SHARE		
TRICARE BENEFITS	TRICARE OVERSEAS PROGRAM PRIME	TRICARE OVERSEAS STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS	
CLINICAL PREVENTATIVE SERVICES Includes those services listed in Chapter 7, Sections 2.1 and 2.2. (See Note 6:)	None	None (see Note 3:)
HOSPITALIZATION Semiprivate room (and when medically necessary, special care units), general nursing, and hospital service. Includes inpatient physician and their surgical services, meals including special diets, drugs and medications while an inpatient, operating and recovery room, anesthesia, laboratory tests, x-rays and other radiology services, necessary medical supplies and appliances, blood and blood products. Unlimited services with authorization as medically necessary. (See Note 8:)	None	Active Duty Family Members: Per diem charge (\$25 minimum charge per admission). No separate cost-share for separately billed professional charges. Retirees, their Family Members and Survivors: Per diem copayment or 25% cost-share of the billed charges for institutional services, whichever is less, plus 25% cost-share of covered costs after the deductible has been met, for separately billed professional charges.
MATERNITY Hospital and professional services (prenatal, postnatal). Unlimited services with authorization as medically necessary. (See Note 8:)	None	
SKILLED NURSING FACILITY CARE Same benefit as under Medicare except that there is no day limits under TOP/ TRICARE. Benefit includes semiprivate room, regular nursing services, meals including special diets, physical, occupational and speech therapy, drugs furnished by the facility, necessary medical supplies, and appliances and medically necessary services. (See Note 8:)	None	
Note 6: No copayment may be collected for these services when they are billed and provided as specified in the Chapter 7, Sections 2.1 and 2.2.		
Note 7: No enhanced inpatient benefits under TOP Prime.		

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IV. INPATIENT OVERSEAS SERVICES (Continued)

BENEFICIARY COPAYMENT/COST-SHARE		
TRICARE BENEFITS	TRICARE OVERSEAS PROGRAM PRIME	TRICARE OVERSEAS STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS	
<p>INPATIENT MENTAL HEALTH (When medically necessary with authorization). Including Substance Use Treatment (Inpatient Partial) and Partial Hospitalization (See Note 8.)</p>	None	<p>Active Duty Family Members: \$20 per diem charge (\$25 charge per admission).</p> <p>Retirees, their Family Members and Survivors: Per diem copayment or 25% cost-share of the billed charges for institutional services, whichever is less, plus 25% cost-share of covered costs after the deductible has been met, for separately billed professional charges.</p> <p>RTC: 25% of the TRICARE allowed amount.</p> <p>Partial Hospitalization: 25% of the TRICARE allowed amount. Plus, 25% cost-share of allowable charges for separately billed professional charges.</p>

V. POINT OF SERVICE

TRICARE BENEFITS	TRICARE OVERSEAS PROGRAM PRIME	TRICARE OVERSEAS STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS	
<p>Applies to all non-emergency inpatient and outpatient services received by enrollees without Regional Director or designee authorization or from a host nation non-network provider without Regional Director or designee authorization unless specifically excepted.(See Note 8.)</p>	<p>Outpatient Deductible: \$300.00 individual \$600.00 family</p> <p>Inpatient/Outpatient Cost-Share: 50% of the covered costs after the deductible has been met. (See Note 8: and Note 9.)</p>	<p>Point of Service Option does not apply to TOP Standard beneficiaries.</p>
<p>Note 8: TRICARE/CHAMPUS Reimbursement will be limited to 50% of the billed/allowed charges.</p>		
<p>Note 9: For TRICARE Pacific Point of Service option only applies to TOP Prime members in Guam, Japan, and Korea and only in the country to which they are enrolled. Under all other conditions authorizations are not required.</p>		
<p>Note 10: For Puerto Rico and Virgin Island POS applies and retail network pharmacy also.</p>		

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