

## HEALTH CARE DELIVERY PROGRAM (HCDP) - FIGURES

FIGURE 3-C-1 ASSIGNED HCDP PLANS

ASSIGNED HCDP PLAN COVERAGE CODE	ELIGIBLE HCDP PLAN COVERAGE CODE	HCDP TYPE CODE <sup>1</sup>	HCDP CODE
000	000	Z	000
001	106	M	002
001	128	M	002
002	109	M	002
002	123	M	005
002	124	M	005
002	125	M	005
002	126	M	005
002	127	M	011
002	150	M	002
003	107	M	002
003	108	M	002
003	129	M	002
003	130	M	002
003	140	M	002
003	400	S	012
004	114	M	002
004	115	M	002
004	120	M	002
004	123	M	005
004	124	M	005
004	125	M	005
004	126	M	005
004	127	M	011
004	143	M	002
005	110	M	002
005	111	M	002
005	144	M	002
007	112	M	002

<sup>1</sup> D = Dental / M = TRICARE / S = Special

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 3, ADDENDUM C

HEALTH CARE DELIVERY PROGRAM (HCDP) - FIGURES

FIGURE 3-C-1 ASSIGNED HCDP PLANS (CONTINUED)

ASSIGNED HCDP PLAN COVERAGE CODE	ELIGIBLE HCDP PLAN COVERAGE CODE	HCDP TYPE CODE <sup>1</sup>	HCDP CODE
007	113	M	002
008	118	M	002
008	119	M	002
008	120	M	002
008	123	M	005
008	124	M	005
008	125	M	005
008	126	M	005
008	127	M	011
008	145	M	002
009	116	M	002
009	117	M	002
009	120	M	002
009	146	M	002
010	131	M	002
010	132	M	002
010	142	M	002
010	400	S	012
014	133	M	002
014	123	M	005
014	124	M	005
014	125	M	005
014	126	M	005
014	127	M	011
014	141	M	002
015	134	M	002
015	135	M	002
015	147	M	002
016	138	M	002
016	139	M	002
016	148	M	002
017	136	M	002
017	137	M	002
017	149	M	002
018	118	M	002
018	119	M	002

<sup>1</sup> D = Dental / M = TRICARE / S = Special

**TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002**

CHAPTER 3, ADDENDUM C

HEALTH CARE DELIVERY PROGRAM (HCDP) - FIGURES

**FIGURE 3-C-1 ASSIGNED HCDP PLANS (CONTINUED)**

ASSIGNED HCDP PLAN COVERAGE CODE	ELIGIBLE HCDP PLAN COVERAGE CODE	HCDP TYPE CODE <sup>1</sup>	HCDP CODE
018	120	M	002
018	123	M	005
018	124	M	005
018	125	M	005
018	126	M	005
018	127	M	011
018	146	M	002
020	120	M	002
020	123	M	005
020	124	M	005
020	125	M	005
020	126	M	005
020	127	M	011
020	133	M	002
020	142	M	002
021	114	M	002
021	115	M	002
021	120	M	002
021	123	M	005
021	124	M	005
021	125	M	005
021	126	M	005
021	127	M	011
021	144	M	002
022	120	M	002
022	123	M	005
022	124	M	005
022	125	M	005
022	126	M	005
022	127	M	011
022	147	M	002
023	120	M	002
023	123	M	005
023	124	M	005
023	125	M	005
023	126	M	005

<sup>1</sup> D = Dental / M = TRICARE / S = Special

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 3, ADDENDUM C

HEALTH CARE DELIVERY PROGRAM (HCDP) - FIGURES

**FIGURE 3-C-1 ASSIGNED HCDP PLANS (CONTINUED)**

ASSIGNED HCDP PLAN COVERAGE CODE	ELIGIBLE HCDP PLAN COVERAGE CODE	HCDP TYPE CODE <sup>1</sup>	HCDP CODE
023	127	M	011
023	138	M	002
023	139	M	002
023	149	M	002
024	120	M	002
024	123	M	005
024	124	M	005
024	125	M	005
024	126	M	005
024	127	M	011
024	151	M	002

<sup>1</sup> D = Dental / M = TRICARE / S = Special

FIGURE 3-C-2 HCDDP COVERAGE PLAN DETAILS

HCDDP COVERAGE CODE	HCDDP PLAN COVERAGE NAME	HCDDP STATUS CODE <sup>1</sup>	HCDDP BEGIN DATE <sup>2</sup>	HCDDP END DATE <sup>2</sup>	HCDDP CODE <sup>3</sup>	HCDDP PLAN POLICY ENROLLMENT PERIOD MAXIMUM MONTHS	PCM SELECTION REQUIRED INDICATOR CODE <sup>4</sup>	HCDDP ENROLLMENT FEE PAYMENT REQUIRED INDICATOR CODE <sup>4</sup>	FAMILY PLAN <sup>7</sup> <sup>4</sup>	FAMILY PLAN RULE ENFORCED <sup>7</sup> <sup>4</sup>	HCDDP PLAN COVERAGE CODE PAIR	HCDDP PLAN PERSON ELIGIBILITY TYPE CODE <sup>5</sup>	HCDDP PLAN OCONUS INDICATOR CODE <sup>4</sup>	HCDDP REMOTE COVERAGE PLAN <sup>7</sup> <sup>4</sup>	HCDDP ENROLLMENT CROSS TRANSFER TYPE CODE <sup>6</sup>	PCM NETWORK PROVIDER TYPE OPTION CODE <sup>7</sup>
000	No coverage plan	Z	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	N/A	Z	Z	Z	Z
001	Direct Care for Active Duty Sponsors	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	S	Z	Z	Z	Z
002	Direct Care for Active Duty Family Members	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	D	Z	Z	Z	Z
003	TRICARE Standard for Active Duty Family Members	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	D	Z	Z	Z	Z
004	Direct Care for Survivors of Active Duty Deceased Sponsors	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	D	Z	Z	Z	Z
005	TRICARE Standard for Survivors of AD Deceased Sponsors	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	D	Z	Z	Z	Z
006	Direct Care for Transitional Assistance Family Members	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	D	Z	Z	Z	Z
007	TRICARE Standard for TAMP Sponsors and Family Members	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	B	Z	Z	Z	Z
008	Direct Care for Retired Sponsors and Family Members	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	B	Z	Z	Z	Z
009	TRICARE Standard for Retired/MOH Sponsors and Family Members	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	B	Z	Z	Z	Z
010	TRICARE Standard for Trans Survivors of AD Deceased Sponsors	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	D	Z	Z	Z	Z
011	Direct Care for CONUS DoD Affiliates	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	S	Z	Z	Z	Z
012	TRICARE Standard for CONUS DoD Affiliates	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	S	Z	Z	Z	Z
013	Direct Care for OCONUS DoD Affiliates	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	S	Z	Z	Z	Z
014	Direct Care for Trans Survivors of AD Deceased Sponsors	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	D	Z	Z	Z	Z
015	TRICARE Standard for Trans Surv of Grd/Res Deceased Sponsors	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	D	Z	Z	Z	Z
016	Direct Care for Survivors of Guard/Reserve Deceased Sponsors	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	D	Z	Z	Z	Z
017	TRICARE Standard for Survivors of Grd/Res Deceased Sponsors	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	D	Z	Z	Z	Z
018	TRICARE for Life for Retired Sponsors and Family Members	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	B	Z	Z	Z	Z
019	Limited Direct Care with LOD Injuries for Grd/Res Sponsors	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	S	Z	Z	Z	Z
020	TRICARE for Life for Trans Survivors of AD Deceased Sponsors	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	D	Z	Z	Z	Z
021	TRICARE for Life for Survivors of AD Deceased Sponsors	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	D	Z	Z	Z	Z
022	TRICARE for Life for Trans Surv of Grd/Res Deceased Sponsors	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	S	Z	Z	Z	Z
023	TRICARE for Life for Survivors of Grd/Res Deceased Sponsors	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	S	Z	Z	Z	Z

<sup>1</sup> A=Assigned / E=Enrolled / Z=Not Applicable

<sup>2</sup> ccymmdd

<sup>3</sup> See Data Dictionary

<sup>4</sup> Z = Not Applicable / N = No / Y = Yes

<sup>5</sup> B = Both / D = Dependents / S = Sponsors

<sup>6</sup> B = Allowed between MCSCs and **USFHP providers** / D = Allowed between **USFHP providers** only / M = Allowed between MCSCs only / N = No transfers allowed / Z = Not Applicable

<sup>7</sup> A = Direct Care, Resource Sharing, Civilian, USFHP / D = Direct Care, Resource Sharing / R = Civilian, USFHP or None / U = USFHP only / Z = N/A

**FIGURE 3-C-2 HCDDP COVERAGE PLAN DETAILS (CONTINUED)**

HCDDP COVERAGE CODE	HCDDP PLAN COVERAGE NAME	HCDDP STATUS CODE <sup>1</sup>	HCDDP BEGIN DATE <sup>2</sup>	HCDDP END DATE <sup>2</sup>	HCDDP CODE <sup>3</sup>	HCDDP PLAN POLICY ENROLLMENT PERIOD MAXIMUM MONTHS	PCM SELECTION REQUIRED INDICATOR CODE <sup>4</sup>	HCDDP ENROLLMENT FEE PAYMENT REQUIRED INDICATOR CODE <sup>4</sup>	FAMILY PLAN? <sup>4</sup>	FAMILY PLAN RULE ENFORCED? <sup>4</sup>	HCDDP PLAN COVERAGE CODE PAIR	HCDDP PLAN PERSON ELIGIBILITY TYPE CODE <sup>5</sup>	HCDDP PLAN OCONUS INDICATOR CODE <sup>4</sup>	HCDDP REMOTE COVERAGE PLAN? <sup>4</sup>	HCDDP ENROLLMENT CROSS TRANSFER TYPE CODE <sup>6</sup>	PCM NETWORK PROVIDER TYPE OPTION CODE <sup>7</sup>
024	Direct Care for Trans Surv of Grd/Res Deceased Sponsors	A	19111101	30000101	000	N/A	Z	Z	Z	Z	N/A	S	Z	Z	Z	Z
101	CHAMPUS Reform Initiative (CRI) - CHAMPUS Prime (history)	E	19111101	19981231	010	99	N	N	N	N	000	B	N	N	N	Z
102	Fort Sill - CAM Program (history)	E	19731201	19920930	010	99	N	N	N	N	000	B	N	N	N	Z
103	Fort Carson- CAM Program (history)	E	19890901	19920930	010	99	N	N	N	N	000	B	N	N	N	Z
104	Bergstrom AFB - CAM Program (history)	E	19900101	19930430	010	99	N	N	N	N	000	B	N	N	N	Z
105	Luke/Williams AFB - CAM Program (history)	E	19820701	19970430	010	99	N	N	N	N	000	B	N	N	N	Z
106	Prime Individual Cvg for ADSM	E	19921001	30000101	002	99	Y	N	N	N	000	S	Y	N	M	D
107	Prime Individual Cvg for ADFM	E	19761016	30000101	002	12	Y	N	N	Y	108	D	Y	N	B	A
108	Prime Family Cvg for ADFM	E	19830301	30000101	002	12	Y	N	Y	N	107	D	Y	N	B	A
109	<b>USFHP Providers</b> DC Cvg for ADFM	E	19830101	30000101	002	12	Y	N	Y	N	000	D	N	N	D	U
110	Prime Individual Cvg for Survivors of ADSM	E	19830301	30000101	002	12	Y	Y	N	Y	111	D	N	N	B	A
111	Prime Family Cvg for Survivors of ADSM	E	19830301	30000101	002	12	Y	Y	Y	N	110	D	N	N	B	A
112	Prime Individual Cvg for TAMP Sponsor/Family	E	19830301	30000101	002	4	Y	N	N	Y	113	B	N	N	B	A
113	Prime Family Cvg for TAMP Sponsor/Family	E	19830301	30000101	002	4	Y	N	Y	N	112	B	N	N	B	A
114	<b>USFHP Providers</b> DC Individual Coverage for Survivors of ADDS	E	19830301	30000101	002	12	Y	Y	N	Y	115	D	N	N	D	U
115	<b>USFHP Providers</b> DC Family Coverage for Survivors of ADDS	E	19830301	30000101	002	12	Y	Y	Y	N	114	D	N	N	D	U
116	Prime Individual Cvg for NAD and Medal of Honor	E	19830301	30000101	002	12	Y	Y	N	Y	117	B	N	N	B	A
117	Prime Family Cvg for NAD and Medal of Honor	E	19830301	30000101	002	12	Y	Y	Y	N	116	B	N	N	B	A
118	<b>USFHP Providers</b> DC Individual Cvg for NAD	E	19830301	30000101	002	12	Y	Y	N	Y	119	B	N	N	D	U
119	<b>USFHP Providers</b> DC Family Cvg for NAD	E	19830301	30000101	002	12	Y	Y	Y	N	118	B	N	N	D	U
120	TRICARE Senior Prime	E	19950301	20011231	002	36	Y	N	M	N	000	B	N	N	N	D
121	CHCBP Individual Cvg	E	19551023	30000101	003	99	N	N	M	S	122	B	Y	N	N	Z
122	CHCBP Family Cvg	E	19941001	30000101	003	99	N	N	Y	N	121	B	N	N	N	Z
123	FEHBP Individual Standard Cvg	E	20000101	20021231	005	99	N	N	N	Y	124	B	N	N	N	Z

<sup>1</sup> A=Assigned / E=Enrolled / Z=Not Applicable  
<sup>2</sup> ccymmdd  
<sup>3</sup> See Data Dictionary  
<sup>4</sup> Z = Not Applicable / N = No / Y = Yes  
<sup>5</sup> B = Both / D = Dependents / S = Sponsors  
<sup>6</sup> B = Allowed between MCSCs and **USFHP providers** / D = Allowed between **USFHP providers** only / M = Allowed between MCSCs only / N = No transfers allowed / Z = Not Applicable  
<sup>7</sup> A = Direct Care, Resource Sharing, Civilian, USFHP / D = Direct Care, Resource Sharing / R = Civilian, USFHP or None / U = USFHP only / Z = N/A

**FIGURE 3-C-2 HCDDP COVERAGE PLAN DETAILS (CONTINUED)**

HCDDP COVERAGE CODE	HCDDP PLAN COVERAGE NAME	HCDDP STATUS CODE <sup>1</sup>	HCDDP BEGIN DATE <sup>2</sup>	HCDDP END DATE <sup>2</sup>	HCDDP CODE <sup>3</sup>	HCDDP PLAN POLICY ENROLLMENT PERIOD MAXIMUM MONTHS	PCM SELECTION REQUIRED INDICATOR CODE <sup>4</sup>	HCDDP ENROLLMENT FEE PAYMENT REQUIRED INDICATOR CODE <sup>4</sup>	FAMILY PLAN? <sup>4</sup>	FAMILY PLAN RULE ENFORCED? <sup>4</sup>	HCDDP PLAN COVERAGE CODE PAIR	HCDDP PLAN PERSON ELIGIBILITY TYPE CODE <sup>5</sup>	HCDDP PLAN OCONUS INDICATOR CODE <sup>4</sup>	HCDDP REMOTE COVERAGE PLAN? <sup>4</sup>	HCDDP ENROLLMENT CROSS TRANSFER TYPE CODE <sup>6</sup>	PCM NETWORK PROVIDER TYPE OPTION CODE <sup>7</sup>
124	FEHBP Family Standard Cvg	E	20000101	20021231	005	99	N	N	Y	N	123	B	N	N	N	Z
125	FEHBP Individual High Cvg	E	20000101	20021231	005	99	N	N	N	Y	126	B	N	N	N	Z
126	FEHBP Family High Cvg	E	20000101	20021231	005	99	N	N	Y	N	125	B	N	N	N	Z
127	TRICARE Senior Supplement Demonstration	E	20000101	20021231	011	99	N	N	N	N	000	B	N	N	N	Z
128	TPR Individual Cvg for ADSMs	E	19940415	30000101	002	99	Y	N	N	N	000	S	N	Y	B	R
129	TPR Individual Cvg for ADFMs	E	20020401	30000101	002	12	Y	N	N	Y	130	D	N	Y	B	R
130	TPR Family Cvg for ADFMs	E	20020401	30000101	002	12	Y	N	Y	N	129	D	N	Y	B	R
131	Prime Individual Cvg for Transitional Survivors of ADSM	E	19931001	30000101	002	12	Y	N	N	Y	132	D	Y	N	B	A
132	Prime Family Cvg for Transitional Survivors of ADSM	E	19931001	30000101	002	12	Y	N	Y	N	131	D	Y	N	B	A
133	<b>USFHP Providers</b> DC for Transitional Survivors of ADDS	E	20001001	30000101	002	12	Y	N	Y	N	000	D	N	N	D	U
134	Prime Individual Cvg for Transitional Survivors of GRDS	E	20001001	30000101	002	12	Y	N	N	Y	135	D	Y	N	B	A
135	Prime Family Cvg for Transitional Survivors of GRDS	E	20001001	30000101	002	12	Y	N	Y	N	134	D	Y	N	B	A
136	Prime Individual Cvg for Survivors of GRDS	E	20001001	30000101	002	12	Y	Y	N	Y	137	D	N	N	B	A
137	Prime Family Cvg for Survivors of GRDS	E	20001001	30000101	002	12	Y	Y	Y	N	136	D	N	N	B	A
138	<b>USFHP Providers</b> DC Individual Cvg for Survivors of GRDS	E	20001001	30000101	002	12	Y	Y	N	Y	139	D	N	N	D	U
139	<b>USFHP Providers</b> DC Family Cvg for Survivors of GRDS	E	20001001	30000101	002	12	Y	Y	Y	N	138	D	N	N	D	U
140	TRICARE Plus with CHC Cvg for ADFM	E	20011001	30000101	002	99	Y	N	N	P	000	D	Y	N	N	D
141	TRICARE Plus Cvg for Transitional Surv of ADSM	E	20011001	30000101	002	99	Y	N	N	P	000	D	Y	N	N	D
142	TRICARE Plus with CHC Cvg for Transitional Survivors of ADSM	E	20011001	30000101	002	99	Y	N	N	P	000	D	Y	N	N	D
143	TRICARE Plus Cvg for Survivors of ADSM	E	20011001	30000101	002	99	Y	N	N	P	000	D	Y	N	N	D
144	TRICARE Plus with CHC Cvg for Survivors of ADSM	E	20011001	30000101	002	99	Y	N	N	P	000	D	Y	N	N	D
145	TRICARE Plus Cvg for NAD and Medal of Honor	E	20011001	30000101	002	99	Y	N	N	P	000	B	Y	N	N	D
146	TRICARE Plus with CHC Cvg for NAD and Medal of Honor	E	20011001	30000101	002	99	Y	N	N	P	000	B	Y	N	N	D
147	TRICARE Plus with CHC Cvg for Transitional Survivors of GRDS	E	20011001	30000101	002	99	Y	N	N	P	000	D	Y	N	N	D

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FIGURE 3-C-2 HCDDP COVERAGE PLAN DETAILS (CONTINUED)

HCDDP COVERAGE CODE	HCDDP PLAN COVERAGE NAME	HCDDP STATUS CODE <sup>1</sup>	HCDDP BEGIN DATE <sup>2</sup>	HCDDP END DATE <sup>2</sup>	HCDDP CODE <sup>3</sup>	HCDDP PLAN POLICY ENROLLMENT PERIOD MAXIMUM MONTHS	PCM SELECTION REQUIRED INDICATOR CODE <sup>4</sup>	HCDDP ENROLLMENT FEE PAYMENT REQUIRED INDICATOR CODE <sup>4</sup>	FAMILY PLAN? <sup>4</sup>	FAMILY PLAN RULE ENFORCED? <sup>4</sup>	HCDDP PLAN COVERAGE CODE PAIR	HCDDP PLAN PERSON ELIGIBILITY TYPE CODE <sup>5</sup>	HCDDP PLAN OCONUS INDICATOR CODE <sup>4</sup>	HCDDP REMOTE COVERAGE PLAN? <sup>4</sup>	HCDDP ENROLLMENT CROSS TRANSFER TYPE CODE <sup>6</sup>	PCM NETWORK PROVIDER TYPE OPTION CODE <sup>7</sup>
148	TRICARE Plus Cvg for Survivors of GRDS	E	20011001	30000101	002	99	Y	N	N	P	000	D	Y	N	N	D
149	TRICARE Plus with CHC Cvg for Survivors of GRDS	E	20011001	30000101	002	99	Y	N	N	P	000	D	Y	N	N	D
150	TRICARE Plus Coverage for ADFMs	E	20011001	30000101	002	99	Y	N	N	P	000	D	Y	N	N	D
151	TRICARE Plus Coverage for Transitional Survivors of GRDS	E	20011001	30000101	002	99	Y	N	N	P	000	D	Y	N	N	D
<sup>1</sup> A=Assigned / E=Enrolled / Z=Not Applicable <sup>2</sup> ccyyymmdd <sup>3</sup> See Data Dictionary <sup>4</sup> Z = Not Applicable / N = No / Y = Yes <sup>5</sup> B = Both / D = Dependents / S = Sponsors <sup>6</sup> B = Allowed between MCSCs and <b>USFHP providers</b> / D = Allowed between <b>USFHP providers</b> only / M = Allowed between MCSCs only / N = No transfers allowed / Z = Not Applicable <sup>7</sup> A = Direct Care, Resource Sharing, Civilian, USFHP / D = Direct Care, Resource Sharing / R = Civilian, USFHP or None / U = USFHP only / Z = N/A																