

BENEFITS AND BENEFICIARY PAYMENTS

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AUTHORITY: [32 CFR 199.17](#)

I. POLICY

A. TOP Prime, TOP Standard and TOP TRICARE for Life (TFL) 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 the diagnosis or description of illness supports the reasonableness of the procedure and is commonly accepted practice in a host country or region:

B. A nonavailability statement (NAS) requirement as provided in [Chapter 1, Section 6.1](#) is met for non-emergency inpatient mental health 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 care authorization from the PCM. All care provided in remote overseas areas (see [Chapter 12, Section 12.2, Figure 12-12.2-7](#)) to TOP Prime enrollees will not require a care authorization.

NOTE: Overseas catchment areas for MTFs outside the United States are defined in the Catchment Area Directory Overseas, or maps provided by the Military Department. An NAS issued by an MTF outside the United States will not be valid for care received in a civilian facility within the United States. Also an NAS issued by the MTF inside the United States will not be valid for care received in a civilian facility outside the United States.

C. 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](#).

D. Waiver of rigid application by the Managed Care Support Contractor (MCSC) 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.

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E. 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.

F. Payment/processing of TRICARE Global Remote Overseas (TGRO) contractor claims will follow the procedures/process outlined in this chapter.

G. The overseas MCSC 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 overseas MCSC shall only reimburse overseas care determined to be care medically necessary/appropriate as defined under TRICARE.

H. Copayments under the TOP shall be as follows:

1. TOP Standard Program deductibles and cost-share amounts are defined in [32 CFR 199.4](#). They are identical to those applied under the stateside TRICARE Standard Program.

2. There is no TOP Extra Program.

3. TOP Prime has no enrollment fees, and deductibles and copayment are waived. Waiver of copayment and deductibles under TOP Prime are subject to review/updating based on enrollment status. See [paragraph II](#). below for additional information on the benefits and costs under the TOP.

4. **The Extended Care Health Option (ECHO) sponsor/beneficiary cost-share liability** outlined in [32 CFR 199.5](#) is applicable under the TOP (see [Chapter 9, Section 16.1](#)).

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 September 3, 2003 and continue until revised.

A. TOP Prime Annual Enrollment Fees/Deductibles

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

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B. TOP Standard Program Annual **Fiscal Year Deductible**

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

TRICARE OVERSEAS STANDARD PROGRAM		
ACTIVE DUTY FAMILY MEMBERS		RETIRES, 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 2: 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 3: 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.

C. TOP TRICARE For Life (TFL)

TOP TRICARE FOR LIFE	
RESERVED	RETIRES, THEIR FAMILY MEMBERS AND SURVIVORS
Reserved	25% of cost-share*

*Enrollment in Medicare Part B is required.

D. 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.
ANCILLARY SERVICES See the TRICARE Reimbursement Manual, Chapter 2, Section 1 for range of services.	None	None	
LABORATORY AND X-RAY SERVICES	None	None	

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D. 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	
ROUTINE PAP SMEARS Frequency to depend on physician recommendations based on the published guidelines of the American Academy of Obstetrics and Gynecology (see Note 3:).	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.
AMBULANCE SERVICES When medically necessary as defined by the TRICARE Reimbursement Manual and the service is a covered benefit.	None	None	
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	
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	

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D. 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	
OUTPATIENT MENTAL HEALTH TO INCLUDE HOME One hour of therapy, no more than two times each week (when medically necessary). Authorization required for 9th and subsequent visits per fiscal year.	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.
AMBULATORY SURGERY (same day)	None	None	
IMMUNIZATIONS (See Note 4): Immunizations required for active duty family members whose sponsors have permanent change of station orders to overseas locations.	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: Not covered under TOP Standard.
EYE EXAMINATIONS (See Note 4): One routine examination per year for family members of active duty sponsors.	None	None	
Note 4: Additional immunizations and eye examinations are covered under the TRICARE Overseas Program Prime "clinical preventive services". See Chapter 7, Section 2.2 and 2.2			
RETAIL PHARMACY BENEFITS			
NETWORK (Puerto Rico, Virgin Islands and Guam)	\$3 copayment per 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 brand name drug.	\$3 copayment per 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 brand name drug.	Active Duty Family Members: Cost share--\$9 or 20% of the covered costs after the deductible has been met, whichever is greater. Retirees, their Family Members and Survivors: Cost share--\$9 or 20% of the covered costs after the deductible has been met, whichever is greater.
NON-NETWORK (Puerto Rico, Virgin Islands and Guam)	POS of \$300/\$600, and after deductible is met, 50% of cost of prescription.	POS of \$300/\$600, and after deductible is met, 50% of cost of prescription.	

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NEW TRICARE RETAIL PHARMACY CONTRACT STRUCTURE FOR OVERSEAS CLAIMS PROCESSING

LOCATION	BENEFICIARY CATEGORY/COST-SHARE				
	ADSMs	ADFMs ENROLLED	RETIRES STANDARD	OTHERS STANDARD	NON-ENROLLED ADFMs STANDARD
Puerto Rico, Virgin Islands, Guam*	No co-pay	\$3 Generic \$9 Brand \$22 Non-formulary	\$3 Generic \$9 Brand \$22 Non-formulary	\$3 Generic \$9 Brand \$22 Non-formulary	\$3 Generic \$9 Brand \$22 Non-formulary
Overseas/AS**	No co-pay	No co-pay	25%	25%	20%
Network Retail Rx when stateside*	No co-pay	\$3 Generic \$9 Brand \$22 Non-formulary	\$3 Generic \$9 Brand \$22 Non-formulary	\$3 Generic \$9 Brand \$22 Non-formulary	\$3 Generic \$9 Brand \$22 Non-formulary
Non-network Retail Rx when stateside	No co-pay	No co-pay	25%	25%	20%

AS = American Samoa
 * Note: Anyone who resides in PR, VI, or Guam will have to file claims through the new TRICARE Retail Pharmacy contractor. Co-pays apply to these locations. If TOP Prime enrollees in Puerto Rico, Virgin Islands, or Guam utilize a non-network pharmacy they will be subject to POS deductible of \$300/\$600, and after deductible is met, 50% of the cost of the prescription, even when in the CONUS mainland.
 ** Note: Overseas/AS pharmacy claims will be processed through the overseas MCSC when OCONUS or when a non-retail pharmacy is used when CONUS.

E. Outpatient Overseas Services:

CLINICAL PREVENTIVE SERVICES	BENEFICIARY COPAYMENT
TYPE OF SERVICE	TRICARE OVERSEAS PROGRAM PRIME
	ALL BENEFICIARIES CATEGORIES
CLINICAL PREVENTIVE SERVICES Includes those services listed in Chapter 7, Section 2.2 and 2.2.	No copayment.

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F. Inpatient Overseas Services:

BENEFICIARY COPAYMENT/COST-SHARE			
TRICARE BENEFITS	TRICARE OVERSEAS PROGRAM PRIME		TRICARE OVERSEAS STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS		
	E1 - E4	E5 & ABOVE	
<p>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 5)</p>	None	None	<p>Active Duty Family Members: Per diem charge (\$25 minimum charge per admission). No separate cost share for separately billed professional charges.</p> <p>Retirees, their Family Members and Survivors: 25% cost-share of billed charges for institutional services, plus 25% cost-share of allowable for separately billed professional charges.</p>
<p>MATERNITY Hospital and professional services (prenatal, postnatal). Unlimited services with authorization as medically necessary.(see Note 5)</p>	None	None	
<p>SKILLED NURSING FACILITY CARE Same benefit as under Medicare except that there is no day limit 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.</p> <p>NOTE: SNF benefit will be available in Medicare certified SNFs in Puerto Rico and the U.S. Territories (Guam, the Virgin Islands and American Samoa).</p>	None	None	
<p>INPATIENT MENTAL HEALTH (When medically necessary with authorization).</p>	None	None	

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G. Point Of Service (POS):

TRICARE BENEFITS	TRICARE OVERSEAS PROGRAM PRIME	TRICARE OVERSEAS STANDARD PROGRAM
TYPE OF SERVICE	ACTIVE DUTY FAMILY MEMBERS	
Applies to all non-emergency inpatient and outpatient services received by enrollees without Overseas Regional Director authorization or from a non-network provider without Overseas Regional Director authorization unless specifically excepted (see Notes 5, and 6 below).	Deductible: \$300.00 Individual: \$600.00 family	POS Option does not apply to TOP Standard beneficiaries.
Note 5: TRICARE/CHAMPUS reimbursement will be limited to 50% of the billed/allowed charges.		
Note 6: For TRICARE Pacific POS 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. For TRICARE Latin America and Canada, including the Caribbean Basin, POS applies in Puerto Rico and the Virgin Island.		

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