

## BENEFITS AND BENEFICIARY PAYMENTS

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### 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) as provided in [Chapter 1, Section 6.1](#) is **needed** 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). The requirement for NAS does not apply to TOP Prime enrollees and is replaced with a care authorization from the **Primary Care Manager (PCM)** (**TGRO/TPRC may act as a PCM for 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 (**CONUS**) claims for health care will follow the payment procedures outlined in the TRICARE Reimbursement Manual (**TRM**), [Chapter 2, Section 1](#).

D. Waiver of rigid application by the Managed Care Support Contractor (MCSC) (**hereinafter known as "claims processing contractor"**) 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 (TOM).

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

G. The overseas claims processing contractor shall not reimburse claims 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 claims processing contractor 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 CONUS TRICARE Standard Program.

2. There is no TOP Extra Program.

3. TOP Prime has no enrollment fees, and deductibles and copayment are waived except for TOP Prime active duty family members (ADFM)s who receive care under the Point of Service (POS) option and pharmacy services in CONUS and U.S. Territories where TRICARE Retail Pharmacy (TRRx) services are available. 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 TOP

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.

A. TOP Prime Annual Enrollment Fees/Deductibles

TOP PRIME		
ADFM's		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.

TOP STANDARD		
ADFMs		RETIRES, THEIR FAMILY MEMBERS & SURVIVORS, AND ELIGIBLE FORMER SPOUSES
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

**C. TOP TRICARE For Life (TFL)** (Excludes dual-eligible claims from Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, and the Northern Marianas Islands, which are processed under the TDEFIC contract.)

TOP TFL	
RESERVED	RETIRES, THEIR FAMILY MEMBERS & SURVIVORS, AND ELIGIBLE FORMER SPOUSES
Reserved	25% of the covered costs after the deductible has been met*

\*Enrollment in Medicare Part B is required.

**D. Outpatient Overseas Services**

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS)			
TRICARE BENEFITS	TOP PRIME		TOP STANDARD
TYPE OF SERVICE	ADFMs		
	E1 - E4	E5 & ABOVE	
<b>INDIVIDUAL HOST NATION PROVIDER SERVICES</b> 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	<b>ADFMs:</b> Cost share--20% of the covered costs after the deductible has been met.  <b>Retirees, their Family Members &amp; Survivors, and Eligible Former Spouses:</b> Cost share--25% of the covered costs after the deductible has been met.
<b>ANCILLARY SERVICES</b> See the TRM, <a href="#">Chapter 2, Section 1</a> for range of services.	None	None	
<b>LABORATORY AND X-RAY SERVICES</b>	None	None	
<b>ROUTINE PAP SMEARS</b> Frequency to depend on physician recommendations based on the published guidelines of the American Academy of Obstetrics and Gynecology.	None	None	

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D. Outpatient Overseas Services (Continued)

BENEFICIARY COPAYMENT/COST-SHARE (SEE POS)			
TRICARE BENEFITS	TOP PRIME		TOP STANDARD
TYPE OF SERVICE	ADFMS		
	E1 - E4	E5 & ABOVE	
<b>AMBULANCE SERVICES</b> When medically necessary as defined by the TRM and the service is a covered benefit.	None	None	<b>ADFMS:</b> Cost share--20% of the covered costs after the deductible has been met.
<b>EMERGENCY SERVICES</b> Emergency and urgently needed care obtained on an outpatient basis, both network and non-network, and in and out of the Region.	None	None	<b>Retirees, their Family Members &amp; Survivors, and Eligible Former Spouses:</b> Cost share--25% of the covered costs after the deductible has been met.
<b>DURABLE MEDICAL EQUIPMENT (DME), PROSTHETIC DEVICES, AND MEDICAL SUPPLIES PRESCRIBED BY A HOST NATION AUTHORIZED PROVIDER WHICH ARE COVERED BENEFITS</b> (If dispensed for use outside of the office or after the home visit.)	None	None	
<b>FAMILY HEALTH SERVICES</b> Family planning and well baby care (up to 24 months of age). The exclusions listed in this TRICARE Policy Manual (TPM) will apply.	None	None	
<b>OUTPATIENT MENTAL HEALTH TO INCLUDE HOME</b> 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	
<b>AMBULATORY SURGERY (same day)</b>	None	None	
<b>IMMUNIZATIONS (See Note 1)</b> Immunizations required for ADFMS whose sponsors have permanent change of station orders to overseas locations.	None	None	<b>None</b>
<b>EYE EXAMINATIONS (See Note 1)</b> One routine examination per year for family members of active duty sponsors.	None	None	<b>ADFMS:</b> Cost-share 20% of the covered costs after the deductible has been met.  <b>Retirees, their Family Members &amp; Survivors, and Eligible Former Spouses:</b> Not covered under TOP Standard.

NOTE 1: Additional immunizations and eye examinations are covered under the TOP Prime "clinical preventive services". See [Chapter 7, Section 2.1](#) and [2.2](#).

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**RETAIL PHARMACY BENEFITS**

LOCATION	BENEFICIARY CATEGORY/COST-SHARE			
	ADSM	ADFM PRIME	ADFM STANDARD	RETIREE STANDARD (INCLUDES RETIREES, FAMILY MEMBERS, SURVIVORS, AND ELIGIBLE FORMER SPOUSES)
Puerto Rico, U.S. Virgin Islands, and Guam (See Note 2.)	No co-pay	\$0 MTF \$3 Generic \$9 Brand \$22 Non-formulary	\$0 MTF \$3 Generic \$9 Brand \$22 Non-formulary	\$0 MTF \$3 Generic \$9 Brand \$22 Non-formulary
Overseas/American Samoa (AS) (See Note 3.)	No co-pay	No co-pay	Annual deductible (based on rank) and 20% cost-share	Annual deductible (\$150/\$300) and 25% cost-share
Network Retail Rx when in CONUS (See Note 2.)	No co-pay	\$0 MTF \$3 Generic \$9 Brand \$22 Non-formulary	\$0 MTF \$3 Generic \$9 Brand \$22 Non-formulary	\$0 MTF \$3 Generic \$9 Brand \$22 Non-formulary
Non-Network Retail Rx when in CONUS	No co-pay	POS applies; \$300/\$600 deductible and 50% cost-share	\$9 or 20% of the covered costs (whichever is greater) after the annual deductible has been met (annual deductible based on rank)	\$9 or 20% of the covered costs (whichever is greater) after the annual deductible has been met

NOTE 2: TRICARE Prime beneficiaries residing in Puerto Rico, U.S. Virgin Islands, or Guam must fill their prescriptions at a TRICARE Retail Network Pharmacy (TRRx) or they will be subject to POS deductibles of \$300/\$600, and after deductible is met, 50% of the cost of the prescription regardless of where the TRRx pharmacy is located.

NOTE 3: Overseas beneficiary pharmacy claims will be processed through the overseas claims processing contractor for prescriptions purchased OCONUS (except for Puerto Rico, Guam, or the U.S. Virgin Islands). Prescriptions purchased in CONUS, Puerto Rico, Guam, or the U.S. Virgin Islands will be processed by the TRRx contractor.

**E. Outpatient Overseas Services**

CLINICAL PREVENTIVE SERVICES TYPE OF SERVICE	BENEFICIARY COPAYMENT	
	TOP PRIME	TOP STANDARD
<b>CLINICAL PREVENTIVE SERVICES</b> Includes those services listed in <a href="#">Chapter 7, Section 2.1</a> and <a href="#">2.2</a> .	<b>All Beneficiaries Categories:</b> No copayment.	<b>ADFMs:</b> Cost share--20% of the covered costs after the deductible has been met.  <b>Retirees, their Family Members &amp; Survivors, and Eligible Former Spouses:</b> Cost share--25% of the covered costs after the deductible has been met.

NOTE 4: Copayments are waived for certain preventive services under TOP Standard as described in the TRM, [Chapter 2, Section 1, paragraph I.C.3.j.](#) and [paragraph I.D.3.](#) . See [Chapter 7, Sections 2.1 and 2.5](#).

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F. Inpatient Overseas Services

BENEFICIARY COPAYMENT/COST-SHARE			
TRICARE BENEFITS	TOP PRIME		TOP STANDARD
TYPE OF SERVICE	ADFMS		
	E1 - E4	E5 & ABOVE	
<b>HOSPITALIZATION</b> 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.)	None	None	<b>ADFMS:</b> Per diem charge (\$25 minimum charge per admission). No separate cost share for separately billed professional charges.  <b>Retirees, their Family Members &amp; Survivors, and Eligible Former Spouses:</b> 25% cost-share of billed charges for institutional services, plus 25% cost-share of covered costs for separately billed professional charges.
<b>MATERNITY</b> Hospital and professional services (prenatal, postnatal). Unlimited services with authorization as medically necessary. (See Note 5.)	None	None	
<b>SKILLED NURSING FACILITY CARE</b> 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.  NOTE: SNF benefit will only be available in Medicare certified SNFs in Puerto Rico and the U.S. Territories (Guam, the U.S. Virgin Islands, and American Samoa).	None	None	
<b>INPATIENT MENTAL HEALTH</b> (When medically necessary with authorization.)	None	None	

G. Point Of Service (POS)

TRICARE BENEFITS	TOP PRIME	TOP STANDARD
TYPE OF SERVICE	ADFMS	
Applies to all non-emergency inpatient and outpatient services received by enrollees without overseas TRICARE Area Office (TAO) Director or MTF Commander authorization, or from a non-network provider without overseas TAO Director or MTF Commander authorization unless specifically excepted (see Notes 5 and 6).	<b>50% cost-share plus deductible:</b> \$300.00 individual \$600.00 family	POS Option does not apply to TOP Standard beneficiaries.
<b>NOTE 5:</b> TRICARE/CHAMPUS reimbursement will be limited to 50% of the billed/allowed charges after POS deductible has been met.		

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G. Point Of Service (POS)

TRICARE BENEFITS	TOP PRIME	
TYPE OF SERVICE	ADFMs	TOP STANDARD
<p><b>NOTE 6:</b> For TRICARE Pacific, POS applies to TGRO ADFM enrollees (in all locations) and TOP Prime ADFM enrollees in Guam, Japan, and Korea (only in the country to which they are enrolled). Under all other conditions, POS does not apply. For TRICARE Latin America and Canada, including the Caribbean Basin, POS applies region-wide except for Canada. For TRICARE Europe, POS applies to all locations under the TGRO contract.</p>		

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