Updated January 2019

TRICARE® Overseas Program

Your TRICARE Benefit Outside the U.S.

BENVENUTI IN NAPOLI, ITALIA

PLEASE

- GET OUT FULL COPY OF ORDERS INCLUDING ALL AMENDMENTS

TRICARE Overseas Program

Latin America and Canada
Canada, the Caribbean Basin, Central and South America, Puerto Rico and the U.S. Virgin Islands

Eurasia-Africa
Africa, Europe and the Middle East

Pacific
American Samoa, Asia, Australia, Guam, India, Japan, New Zealand, Northern Mariana Islands, South Korea and Western Pacific remote countries

TOP Support

- TOP Regional Call Centers:
  - Help with enrollment, referrals and prior authorizations
  - Coordinate emergency, urgent and dental care
  - Available 24/7
- Medical Assistance:
  - Coordinates emergency care and locates emergency care facilities
- Global TRICARE Service Center (GTSC):
  - Helps you understand your benefit
  - Provides customer service and assistance by phone with enrollments, disenrollments, transfers and general inquiries
  - Available 24/7

TOP Support (continued)

- **TOP Point of Contact Program:**
  - Assists you with TRICARE enrollment and getting medical care in remote overseas locations
  - Helps you file medical and dental claims
- **TRICARE Service Centers:**
  - Located throughout overseas areas, typically at military hospitals and clinics
  - Provides resources when you seek care from a military hospital or clinic or TRICARE-authorized provider (network or non-network) in your overseas area
  - Helps you understand TRICARE program options, transfer enrollment, file claims, resolve problems, and file grievances
  - Locate a TSC at **www.tricare.mil/tsc**
- **U.S. Embassies and Consulates:**
  - For assistance, go to **www.usembassy.gov** to locate the nearest U.S. Embassy or Consulate

TOP Support (continued)

- **Near Patient Program:**
  - Provides in-country medical and non-medical professionals who can help you navigate the local overseas health care system
  - Works with TOP Prime and TOP Prime Remote beneficiaries, as well as TOP providers, military hospitals and clinics, and TRICARE Area Offices to address medical and cultural questions
  - **Available only in certain countries:** Bahrain, Belgium, Germany, Greece, Italy, Japan, Luxembourg, the Netherlands, Poland, Spain, and South Korea
- If you aren't receiving care in a Near Patient Program location, you should contact your TOP Regional Call Center for support.

TOP Support (continued)

- TRICARE Service Centers (TSCs):
  - Located throughout overseas areas, typically at military hospitals and clinics
  - Provide resources when you seek care from a military hospital or clinic or purchased care sector provider, which is an authorized civilian provider in your overseas area
  - Help you understand TRICARE program options, transfer enrollment, file claims, resolve problems and file grievances
  - Locate a TSC at **www.tricare.mil/tsc**
- TRICARE Area Office (TAO):
  - Located in each overseas area
  - Assist you with living or traveling overseas
  - TOP Point of Contact (POC) Program

MyCare Overseas™ Beneficiary Mobile App

- The MyCare Overseas mobile app is available for TOP beneficiaries. Through the mobile app and web-based portal, you can:
  - Get 24/7 access to the Beneficiary Support Center and your local Near Patient Team
  - Search for TOP network providers
  - Find country-specific information, such as emergency numbers
  - Check status of referrals, authorizations, and claims
  - Access real-time telephonic language translation assistance
  - Set appointment reminders
- To access MyCare Overseas:
  - Download app from Apple App Store or Google Play app store and register.
  - Visit the web-based portal at **https://top.internationalsos.com/beneficiary**.
- Learn more at **www.tricare-overseas.com/beneficiary-app**.

Keep DEERS Information Up To Date

Go to an **ID card office**. Find an office at **www.dmdc.osd.mil/rsl**.

Note: You must use this option to add family members in DEERS.

Log on to **http://milconnect.dmdc.osd.mil**.

Call **1-800-538-9552**.

Fax **1-831-655-8317**.

TOP Prime

- TOP Prime is available to ADSMs and their eligible, command-sponsored family members who live with them near a military hospital or clinic.
  - **Enrollment:** Enrollment is required.
  - **Costs:** No enrollment fees, but family members will pay cost-shares for prescriptions filled at overseas pharmacies.
  - **Getting care:** Get care from an assigned primary care manager at a military hospital or clinic in most cases. Referrals and/or pre-authorizations are required for specialty care.

TOP Select

- TOP Select is available to command-sponsored and non-command-sponsored ADFMs, retired service members and their family members, survivors, and others living or traveling overseas.
  - **Enrollment:** Enrollment is required.
  - **Costs:** No enrollment fee for ADFMs. Retirees, their families, and others pay enrollment fees.
  - **Getting care:** Seek care from any purchased care sector provider.*
    - Referrals aren't required for most health care services.
    - Pre-authorization is required for certain services.
    - Overseas providers aren't required to bill TRICARE for you.
    - Beneficiaries should expect to pay up front and file claims for reimbursement.

Note: ADSMs aren't eligible for TOP Select. Those enrolled in TOP Select in the Philippines and Panama are reimbursed based on government-provided foreign fee schedules.

* *In the Philippines, you're encouraged to seek care from Philippine Preferred Provider Network providers.*

Point-of-Service Option for Family Members

- The point-of-service (POS) option gives ADFMs using TOP Prime and TOP Prime Remote the freedom, at an additional cost, to get nonemergency health care services from any TRICARE-authorized provider without a PCM referral.
- There's a deductible when you use the POS option.
- The POS cost-share for outpatient and inpatient care is 50% of the TRICARE-allowable charge after the POS deductible is met.
- Outside the U.S. and U.S. territories, there may be no limit to the amount that nonparticipating non-network providers may bill.

Services Not Covered Overseas

- The following services are only offered in the U.S. and U.S. territories and aren't covered under the TRICARE Overseas Program:
  - **Home health care:** Covers part-time or intermittent skilled nursing services and home health care services for those confined to the home
  - **Hospice care:** Covers services if you or a TRICARE-eligible family member has a terminal illness
  - **Skilled nursing facility care:** Covers skilled nursing services; meals; physical and occupational therapy and speech pathology; and other services
  - **Partial hospitalization program (PHP):** Covers TRICARE-authorized PHP facilities for mental health and substance use disorders
- Look up covered services at **www.tricare.mil/coveredservices**.

Traveling in the U.S.

- **Those using TOP Prime and TOP Prime Remote:**
  - **Emergency care:** Call 911 or go to the nearest emergency room.
  - **Urgent care:** You can visit any TRICARE-authorized provider without a referral or authorization. Tell your PCM about your urgent care visit, especially if you may require follow-up care.
  - **Routine care:** Get routine care before traveling.
- **Those using TOP Select:**
  - **Network provider:** The provider files the claim with the TOP claims processor for you.
  - **Non-network provider:** Expect to pay up front and file a claim with the TOP claims processor in the area where you live.

Note: If you aren't sure where to go, the MHS Nurse Advice Line is available for nonemergency advice. Call 1-800-TRICARE (1-800-874-2273), option 1.

TRICARE Pharmacy Program

There are several ways to fill your covered prescriptions:

1. At any military pharmacy
2. Through TRICARE Pharmacy Home Delivery:
   - Prescriptions must be from a U.S.-licensed provider
   - Only available outside of U.S. territories if you have an APO/FPO address or are assigned to a U.S. Embassy or Consulate (Home delivery isn't an option in Germany)
3. At a TRICARE retail network pharmacy in U.S. territories*
4. At an overseas pharmacy (you may have to pay up front and file a claim with TRICARE for reimbursement)

For more information, go to **www.tricare.mil/pharmacy**.

* *Currently, there are no TRICARE retail network pharmacies in American Samoa.*

Overseas Dental Options

- Active duty dental care:
  - Where possible, ADSMs seek care at overseas military dental clinics.
  - ADSMs in remote overseas locations should call their TOP Regional Call Center to coordinate care.
- TRICARE Active Duty Dental Program (ADDP):
  - ADSMs enrolled in TOP Prime or TOP Prime Remote who are in the U.S. or U.S. territories for duty or leave may get care from civilian providers through the ADDP.
    - The ADDP benefit is administered by United Concordia Companies, Inc. (United Concordia).
    - Care must be coordinated through United Concordia.
  - Go to **www.tricare.mil/addp** for more information.

TRICARE and Other Health Insurance

- If you have other health insurance (OHI):
  - Fill out a *TRICARE Other Health Insurance Questionnaire*: **www.tricare.mil/forms**.
  - Follow the referral and authorization rules for your OHI.
  - Tell your provider about your OHI and TRICARE.
- After your OHI pays, TRICARE will pay the lesser of:
  - The billed amount, minus the payment from your OHI
  - The amount TRICARE would have paid without OHI
  - The OHI copayment or deductible
- For services covered by Medicare, OHI, and TFL, TRICARE pays last.

US Naval Hospital Naples

Location: Support Site

Primary Care Clinics
Mon/Wed/Thu/Fri - 0730-1600
Tuesday - 0730-1145
Sick call - 0730-1100

For appointments:
COMM: 081-811-6000 DSN 629-6000

INTERNATIONAL SOS
(ISOS)

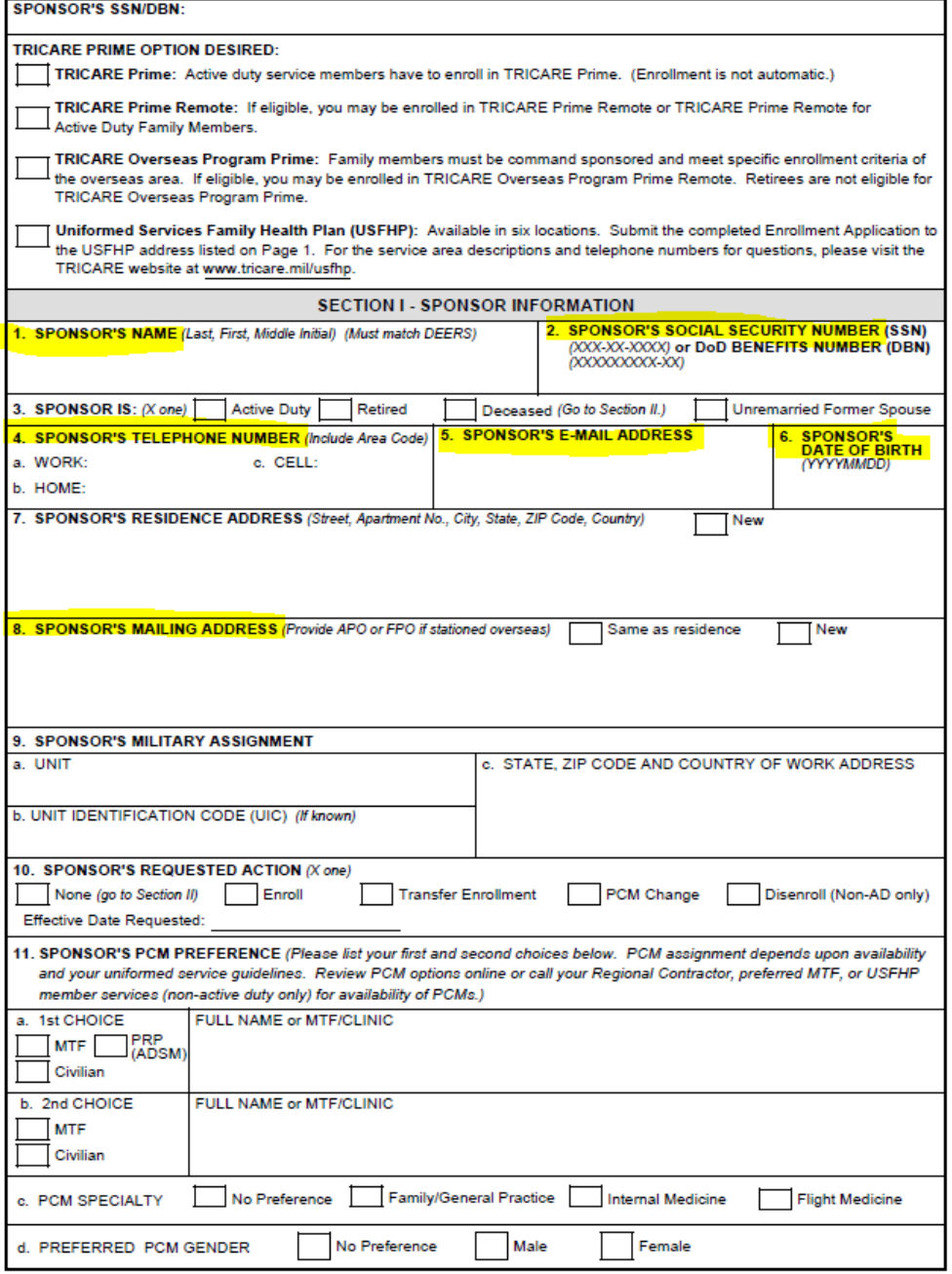
EURASIA/AFRICA EUROPEAN REGION

Includes the African Continent, All Middle Eastern Countries (P
This includes:
 Baltic States, Ukraine, Georgia, Kazakhstan, Kyrgyzstan and Uz

+44-20-8762-8384

(open 24 hours a day, 7 days a week, 365 days a year)
Anywhere outside of the NAPOLI area, you MUST contact ISOS to c

- Name
- SSN
- Phone Numbers
- Personal E-mail
- Date of Birth
- FPO Address
- Unit Information
- Support Site or Capo?



SPONSOR'S SSN/DBN:

TRICARE PRIME OPTION DESIRED:

☐ **TRICARE Prime:** Active duty service members have to enroll in TRICARE Prime. (Enrollment is not automatic.)

☐ **TRICARE Prime Remote:** If eligible, you may be enrolled in TRICARE Prime Remote or TRICARE Prime Remote for Active Duty Family Members.

☐ **TRICARE Overseas Program Prime:** Family members must be command sponsored and meet specific enrollment criteria of the overseas area. If eligible, you may be enrolled in TRICARE Overseas Program Prime Remote. Retirees are not eligible for TRICARE Overseas Program Prime.

☐ **Uniformed Services Family Health Plan (USFHP):** Available in six locations. Submit the completed Enrollment Application to the USFHP address listed on Page 1. For the service area descriptions and telephone numbers for questions, please visit the TRICARE website at www.tricare.mil/usfhp.

SECTION I - SPONSOR INFORMATION

1. SPONSOR'S NAME *(Last, First, Middle Initial) (Must match DEERS)*

2. SPONSOR'S SOCIAL SECURITY NUMBER (SSN) *(XXX-XX-XXXX)* **or DoD BENEFITS NUMBER (DBN)** *(XXXXXXXXX-XX)*

3. SPONSOR IS: *(X one)* ☐ Active Duty ☐ Retired ☐ Deceased *(Go to Section II.)* ☐ Unremarried Former Spouse

4. SPONSOR'S TELEPHONE NUMBER *(Include Area Code)*
a. WORK: c. CELL:
b. HOME:

5. SPONSOR'S E-MAIL ADDRESS

6. SPONSOR'S DATE OF BIRTH *(YYYYMMDD)*

7. SPONSOR'S RESIDENCE ADDRESS *(Street, Apartment No., City, State, ZIP Code, Country)* ☐ New

8. SPONSOR'S MAILING ADDRESS *(Provide APO or FPO if stationed overseas)* ☐ Same as residence ☐ New

9. SPONSOR'S MILITARY ASSIGNMENT

a. UNIT

b. UNIT IDENTIFICATION CODE (UIC) *(If known)*

c. STATE, ZIP CODE AND COUNTRY OF WORK ADDRESS

10. SPONSOR'S REQUESTED ACTION *(X one)*

☐ None *(go to Section II)* ☐ Enroll ☐ Transfer Enrollment ☐ PCM Change ☐ Disenroll (Non-AD only)

Effective Date Requested: _____

11. SPONSOR'S PCM PREFERENCE *(Please list your first and second choices below. PCM assignment depends upon availability and your uniformed service guidelines. Review PCM options online or call your Regional Contractor, preferred MTF, or USFHP member services (non-active duty only) for availability of PCMs.)*

a. 1st CHOICE ☐ MTF ☐ PRP (ADSM) ☐ Civilian — FULL NAME or MTF/CLINIC

b. 2nd CHOICE ☐ MTF ☐ Civilian — FULL NAME or MTF/CLINIC

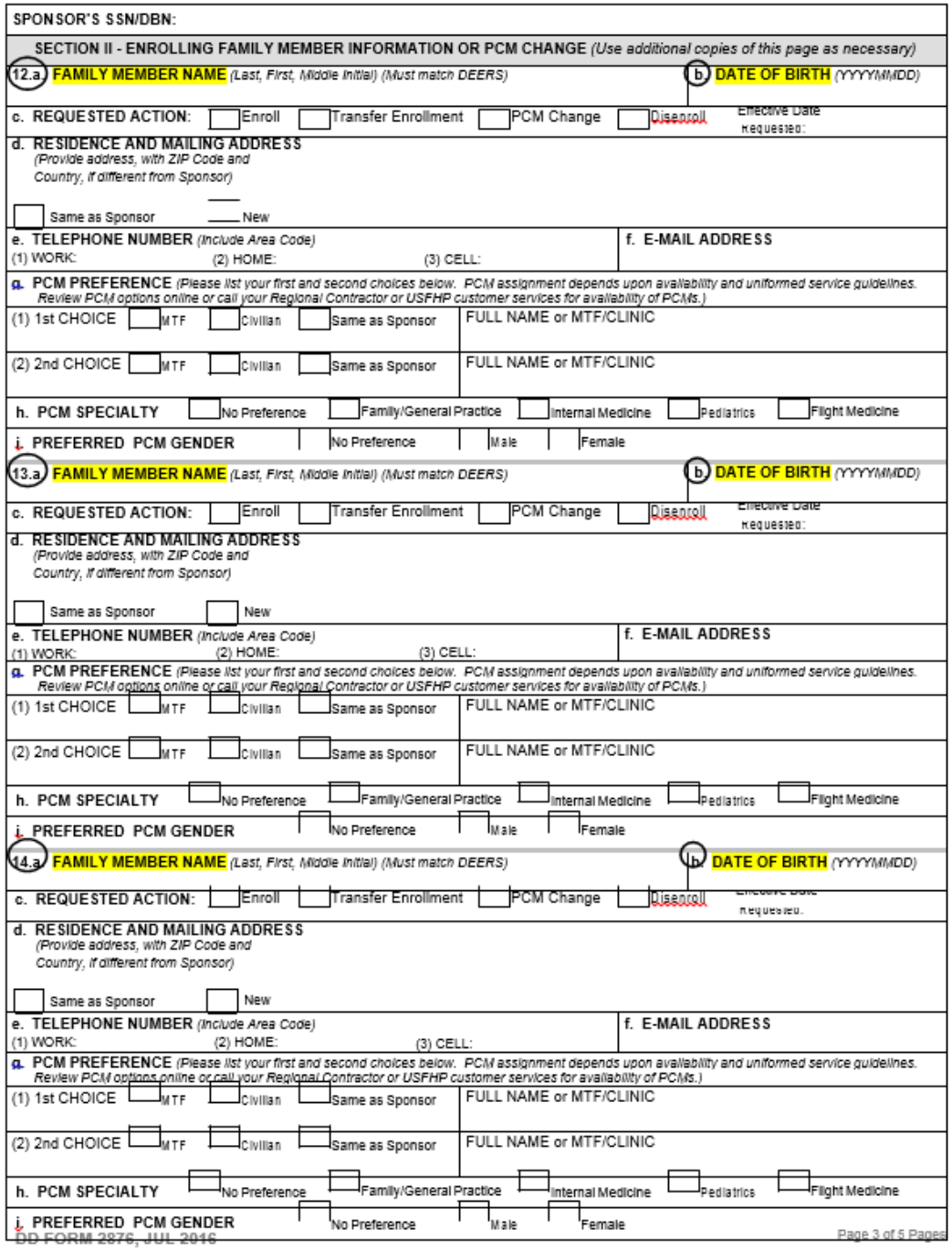
c. PCM SPECIALTY ☐ No Preference ☐ Family/General Practice ☐ Internal Medicine ☐ Flight Medicine

d. PREFERRED PCM GENDER ☐ No Preference ☐ Male ☐ Female

Command Sponsored Dependents Currently in Italy

- Name
- Date of Birth

* For dependents who are arriving on station later: Please visit the Tricare office upon arrival to enroll.



SPONSOR'S SSN/DBN:

SECTION II - ENROLLING FAMILY MEMBER INFORMATION OR PCM CHANGE *(Use additional copies of this page as necessary)*

12.a. FAMILY MEMBER NAME *(Last, First, Middle Initial) (Must match DEERS)* b. DATE OF BIRTH *(YYYYMMDD)*

c. REQUESTED ACTION: ☐ Enroll ☐ Transfer Enrollment ☐ PCM Change ☐ Disenroll Effective Date Requested:

d. RESIDENCE AND MAILING ADDRESS *(Provide address, with ZIP Code and Country, if different from Sponsor)*

☐ Same as Sponsor ☐ New

e. TELEPHONE NUMBER *(Include Area Code)* f. E-MAIL ADDRESS

(1) WORK: (2) HOME: (3) CELL:

g. PCM PREFERENCE *(Please list your first and second choices below. PCM assignment depends upon availability and uniformed service guidelines. Review PCM options online or call your Regional Contractor or USFHP customer services for availability of PCMs.)*

(1) 1st CHOICE ☐ MTF ☐ Civilian ☐ Same as Sponsor FULL NAME or MTF/CLINIC

(2) 2nd CHOICE ☐ MTF ☐ Civilian ☐ Same as Sponsor FULL NAME or MTF/CLINIC

h. PCM SPECIALTY ☐ No Preference ☐ Family/General Practice ☐ Internal Medicine ☐ Pediatrics ☐ Flight Medicine

i. PREFERRED PCM GENDER ☐ No Preference ☐ Male ☐ Female

13.a. FAMILY MEMBER NAME *(Last, First, Middle Initial) (Must match DEERS)* b. DATE OF BIRTH *(YYYYMMDD)*

c. REQUESTED ACTION: ☐ Enroll ☐ Transfer Enrollment ☐ PCM Change ☐ Disenroll Effective Date Requested:

d. RESIDENCE AND MAILING ADDRESS *(Provide address, with ZIP Code and Country, if different from Sponsor)*

☐ Same as Sponsor ☐ New

e. TELEPHONE NUMBER *(Include Area Code)* f. E-MAIL ADDRESS

(1) WORK: (2) HOME: (3) CELL:

g. PCM PREFERENCE *(Please list your first and second choices below. PCM assignment depends upon availability and uniformed service guidelines. Review PCM options online or call your Regional Contractor or USFHP customer services for availability of PCMs.)*

(1) 1st CHOICE ☐ MTF ☐ Civilian ☐ Same as Sponsor FULL NAME or MTF/CLINIC

(2) 2nd CHOICE ☐ MTF ☐ Civilian ☐ Same as Sponsor FULL NAME or MTF/CLINIC

h. PCM SPECIALTY ☐ No Preference ☐ Family/General Practice ☐ Internal Medicine ☐ Pediatrics ☐ Flight Medicine

i. PREFERRED PCM GENDER ☐ No Preference ☐ Male ☐ Female

14.a. FAMILY MEMBER NAME *(Last, First, Middle Initial) (Must match DEERS)* b. DATE OF BIRTH *(YYYYMMDD)*

c. REQUESTED ACTION: ☐ Enroll ☐ Transfer Enrollment ☐ PCM Change ☐ Disenroll Effective Date Requested:

d. RESIDENCE AND MAILING ADDRESS *(Provide address, with ZIP Code and Country, if different from Sponsor)*

☐ Same as Sponsor ☐ New

e. TELEPHONE NUMBER *(Include Area Code)* f. E-MAIL ADDRESS

(1) WORK: (2) HOME: (3) CELL:

g. PCM PREFERENCE *(Please list your first and second choices below. PCM assignment depends upon availability and uniformed service guidelines. Review PCM options online or call your Regional Contractor or USFHP customer services for availability of PCMs.)*

(1) 1st CHOICE ☐ MTF ☐ Civilian ☐ Same as Sponsor FULL NAME or MTF/CLINIC

(2) 2nd CHOICE ☐ MTF ☐ Civilian ☐ Same as Sponsor FULL NAME or MTF/CLINIC

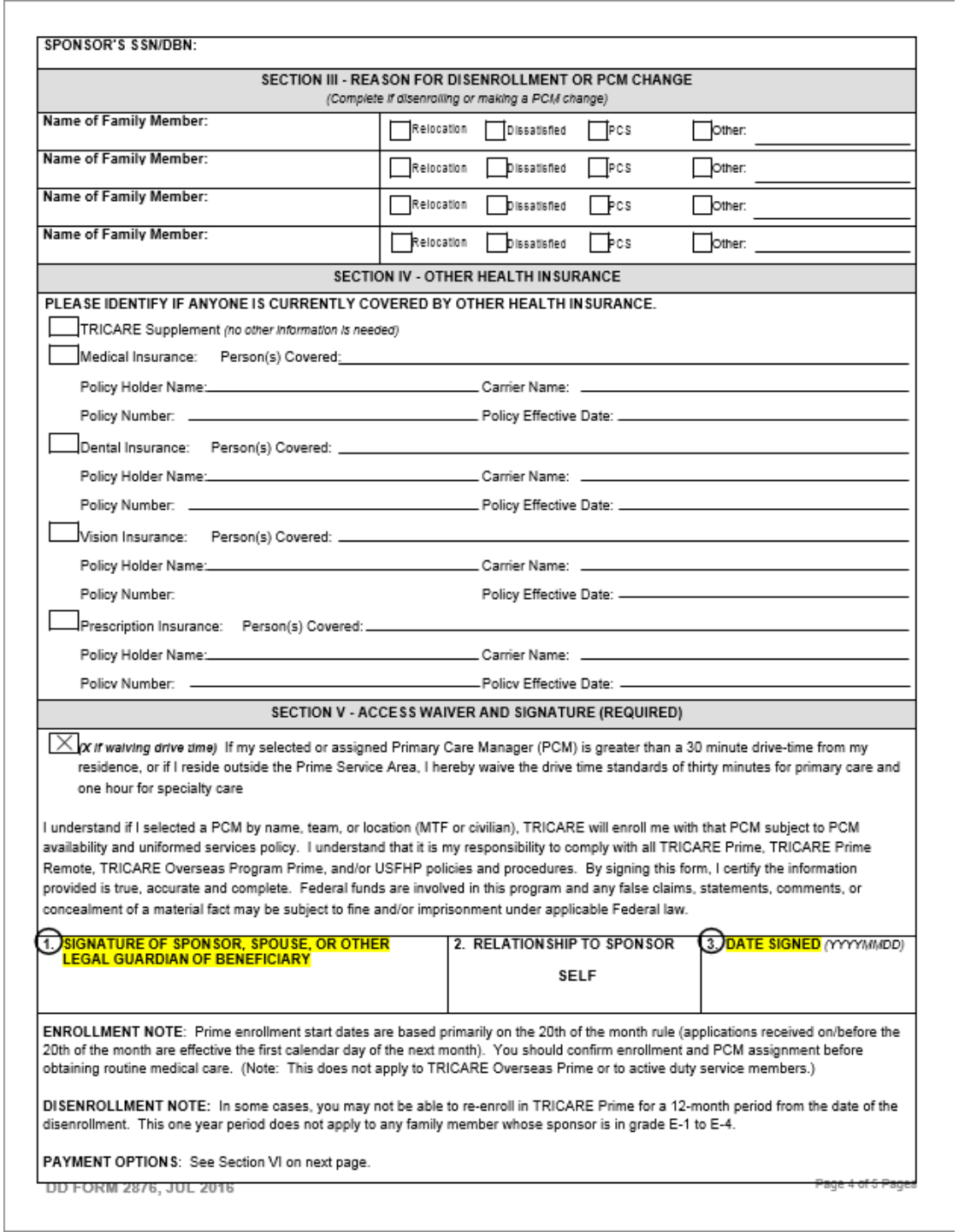
h. PCM SPECIALTY ☐ No Preference ☐ Family/General Practice ☐ Internal Medicine ☐ Pediatrics ☐ Flight Medicine

i. PREFERRED PCM GENDER ☐ No Preference ☐ Male ☐ Female

DD FORM 2876, JUL 2016

Page 3 of 5 Pages

- Sign and Date Your Enrollment
- Make Sure Your Orders are in the Folder
- “Last Name, First Name” is on your folder tab.



SPONSOR'S SSN/DBN:

SECTION III - REASON FOR DISENROLLMENT OR PCM CHANGE
(Complete if disenrolling or making a PCM change)

Name of Family Member:	☐ Relocation ☐ Dissatisfied ☐ PCS ☐ Other: _____
Name of Family Member:	☐ Relocation ☐ Dissatisfied ☐ PCS ☐ Other: _____
Name of Family Member:	☐ Relocation ☐ Dissatisfied ☐ PCS ☐ Other: _____
Name of Family Member:	☐ Relocation ☐ Dissatisfied ☐ PCS ☐ Other: _____

SECTION IV - OTHER HEALTH INSURANCE

PLEASE IDENTIFY IF ANYONE IS CURRENTLY COVERED BY OTHER HEALTH INSURANCE.

☐ TRICARE Supplement *(no other information is needed)*

☐ Medical Insurance: Person(s) Covered: _____

Policy Holder Name: _____ Carrier Name: _____

Policy Number: _____ Policy Effective Date: _____

☐ Dental Insurance: Person(s) Covered: _____

Policy Holder Name: _____ Carrier Name: _____

Policy Number: _____ Policy Effective Date: _____

☐ Vision Insurance: Person(s) Covered: _____

Policy Holder Name: _____ Carrier Name: _____

Policy Number: Policy Effective Date: _____

☐ Prescription Insurance: Person(s) Covered: _____

Policy Holder Name: _____ Carrier Name: _____

Policy Number: _____ Policy Effective Date: _____

SECTION V - ACCESS WAIVER AND SIGNATURE (REQUIRED)

☒ *(X if waiving drive time)* If my selected or assigned Primary Care Manager (PCM) is greater than a 30 minute drive-time from my residence, or if I reside outside the Prime Service Area, I hereby waive the drive time standards of thirty minutes for primary care and one hour for specialty care

I understand if I selected a PCM by name, team, or location (MTF or civilian), TRICARE will enroll me with that PCM subject to PCM availability and uniformed services policy. I understand that it is my responsibility to comply with all TRICARE Prime, TRICARE Prime Remote, TRICARE Overseas Program Prime, and/or USFHP policies and procedures. By signing this form, I certify the information provided is true, accurate and complete. Federal funds are involved in this program and any false claims, statements, comments, or concealment of a material fact may be subject to fine and/or imprisonment under applicable Federal law.

1. SIGNATURE OF SPONSOR, SPOUSE, OR OTHER LEGAL GUARDIAN OF BENEFICIARY	2. RELATIONSHIP TO SPONSOR	3. DATE SIGNED *(YYYYMMDD)*
	SELF	

ENROLLMENT NOTE: Prime enrollment start dates are based primarily on the 20th of the month rule (applications received on/before the 20th of the month are effective the first calendar day of the next month). You should confirm enrollment and PCM assignment before obtaining routine medical care. (Note: This does not apply to TRICARE Overseas Prime or to active duty service members.)

DISENROLLMENT NOTE: In some cases, you may not be able to re-enroll in TRICARE Prime for a 12-month period from the date of the disenrollment. This one year period does not apply to any family member whose sponsor is in grade E-1 to E-4.

PAYMENT OPTIONS: See Section VI on next page.

TRICARE® OVERSEAS PROGRAM (TOP)

CONSENT FOR RELEASE OF MEDICAL INFORMATION FORM

THIS FORM IS FOR INTERNAL USE BY THE INTERNATIONAL SOS GROUP OF COMPANIES

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §§1079 and 1086, 32 U.S.C. Chapter 17; 32 CFR 199.17; 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To obtain information necessary for the processing of requirements and benefits related to the TRICARE Overseas Program (TOP), including but not limited to medical management, your medical related claims, and proper updates of your medical record.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. §552a(b) of the Privacy Act of 1974, as amended, these records may specifically be disclosed outside the Department of Defense as a routine use pursuant to 5 U.S.C. §552a(b)(3) as follows: to the Departments of Health and Human Services, Homeland Security, and Veterans Affairs, and to other Federal, State, local, or foreign government agencies, and to private business entities, including entities under contract with the Department of Defense and individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.

DISCLOSURE: Voluntary; however, failure to provide consent may result in the inability of International SOS to provide the full range of services and benefits under the TOP.

BENEFICIARY DETAILS:

Last Name:		**First Name:**	
Date of Birth:		**DoD ID Number:**	
italian Phone Number:		**Personal Email Address:**	

Section is to be signed by TRICARE Beneficiaries ONLY

RELEASE OF MEDICAL INFORMATION

International SOS Government Services, Inc. and its affiliated entities (International SOS) is a data processor on behalf of the Defense Health Agency (DHA) of your personal data. You may contact International SOS at any of its locations or methods as identified on http://www.tricare-overseas.com or in the footer below. Your personal data will be used for the following purposes:

1. *Collection of medical record to load into the United States (U.S.) Government system of record for TRICARE beneficiaries.*
2. *Translation of medical records to support your continued health care and maintenance of your medical record in the U.S. system of record.*
3. *Case Management, utilization management, and other medical management activities required under the TRICARE benefit.*
4. *Claims inquiries and processing in accordance with the TRICARE benefit.*

The categories of personal data you are being asked to consent to International SOS' collection and use are your name, address, email address, telephone number, DoD Benefits Number (DBN), Social Security Number, and Personal Health Information. International SOS will share this information on an as needed and required basis with the DHA, the cognizant Military Treatment Facility, third-party medical translation vendors and/or Wisconsin Physician Services Insurance Corporation.

Your personal data will be transferred out of the European Union or other locality you are in and sent to the entities referenced above which are in the U.S. or on U.S. soil. Your personal data will be processed and stored in accordance with U.S., EU, and other applicable laws and record retention requirements applicable to International SOS.

Under our processes and these laws, you have the right to request access to, rectify, erase and restrict the processing of your personal data. You also have the right to revoke this consent to use your personal data. If you feel International SOS has violated your rights under a cognizant privacy regulation, you have the right to file a complaint with the appropriate supervisory authority.

I consent to International SOS using my personal data for the purposes described in this notice and understand that I can withdraw my consent at any time. This consent authorization shall be in force and effect until two (2) years from the date of execution at which time this authorization expires.

☐ I consent ☐ I do not consent

Signature of Beneficiary or Legally Authorized Representative _____ **Date** _____

Printed Name and Relationship of Legally Authorized Representative to Patient _____ SELF SPONSOR

Address of the Beneficiary or Legally Authorized Representative CMR _____ BOX _____ APO, AE _____

***Note:** If the beneficiary (command sponsored dependent) is considered a minor, their legal or authorized representative [the parent/s entitled to custody or guardian, and for adults the person in charge or designee] must sign on behalf of the beneficiary.*

August 2021

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Email: tricarephil@internationalsos.com

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