



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY  
AURORA, COLORADO 80011-9066

TRICARE  
MANAGEMENT ACTIVITY

**MB&RB**

**CHANGE 112  
6010.54-M  
DECEMBER 3, 2009**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE POLICY MANUAL (TPM), AUGUST 2002**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

**CHANGE TITLE: WAIVER OF COST-SHARES FOR CERTAIN CLINICAL PREVENTIVE SERVICES**

**CONREQ: 14708**

**PAGE CHANGE(S): See page 2.**

**SUMMARY OF CHANGE(S): This change corrects a formatting error in Aug 2002 TPM, Change No. 99. These same pages were inadvertently attached to the Aug 2002 TPM, Change No. 111, please disregard, they are not applicable to Change No. 111.**

**EFFECTIVE DATE: October 14, 2008.**

**IMPLEMENTATION DATE: Upon direction of the Contracting Officer.**

**Reta Michak  
Acting Chief, Medical Benefits and  
Reimbursement Branch**

**ATTACHMENT(S): 2 PAGE(S)  
DISTRIBUTION: 6010.54-M**

**CHANGE 112**  
**6010.54-M**  
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**REMOVE PAGE(S)**

**CHAPTER 12**

Section 2.1, pages 3 and 4

**INSERT PAGE(S)**

Section 2.1, pages 3 and 4

**TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002**

CHAPTER 12, SECTION 2.1

BENEFITS AND BENEFICIARY PAYMENTS

**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,<br>AND ELIGIBLE FORMER SPOUSES |
| E1 - E4   | E5 & ABOVE                                       |   |
| \$50 per Individual<br>\$100 Maximum per Family | \$150 per Individual<br>\$300 Maximum per Family | \$150 per Individual<br>\$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,<br>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><br>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><br>Cost share--20% of the covered costs after the deductible has been met.<br><br><b>Retirees, their Family Members &amp; Survivors, and Eligible Former Spouses:</b><br>Cost share--25% of the covered costs after the deductible has been met. |
| <b>ANCILLARY SERVICES</b><br>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><br>Frequency to depend on physician recommendations based on the published guidelines of the American Academy of Obstetrics and Gynecology.   | None      | None       |  |

**TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002**

CHAPTER 12, SECTION 2.1

BENEFITS AND BENEFICIARY PAYMENTS

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><br>When medically necessary as defined by the TRM and the service is a covered benefit.  | None      | None       | <b>ADFMS:</b><br>Cost share--20% of the covered costs after the deductible has been met.  |
| <b>EMERGENCY SERVICES</b><br>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><br>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><br>(If dispensed for use outside of the office or after the home visit.) | None      | None       |   |
| <b>FAMILY HEALTH SERVICES</b><br>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><br>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><br>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><br>One routine examination per year for family members of active duty sponsors.   | None      | None       | <b>ADFMS:</b><br>Cost-share 20% of the covered costs after the deductible has been met.<br><br><b>Retirees, their Family Members &amp; Survivors, and Eligible Former Spouses:</b><br>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](#).