

TRICARE OVERSEAS PROGRAM (TOP) PRIME - ENROLLMENT

ISSUE DATE: August 20, 1997

AUTHORITY: [32 CFR 199.17](#)

I. POLICY

A. In order to receive the TRICARE Overseas Program Prime (TOP) benefits and the special cost sharing provisions of TOP Prime, enrollee beneficiaries must enroll. Active Duty service members are automatically enrolled; enrollee beneficiaries for the TOP Prime program must take specific action to enroll.

B. TOP eligible enrollments shall be performed by the TOP Lead Agent(s), or their designee, and recorded on the Defense Enrollment Eligibility Reporting System (DEERS). TOP enrollees will be given a TOP Prime enrollment card developed by each overseas Lead Agent (see).

C. No TOP-enrollee beneficiary who resides in a TOP region shall be denied enrollment or re-enrollment in, or be required to disenroll from, the TOP Prime program because of a prior or current medical condition.

D. TOP beneficiary eligible enrollment may occur at any time and remains effective for the overseas tour length of the sponsor. If the TOP Prime is extended to other categories of TRICARE enrollees (i.e., retirees, etc.), enrollment is for a 12 month period.

E. TOP beneficiary eligible enrollment may be on an individual or family basis.

F. Enrollment fees are not required at this time for TOP Prime enrollees.

G. TOP Prime enrollees shall be automatically enrolled each year, by the Lead Agent, or his/her designee, unless the TOP enrollee chooses to disenroll in advance of the renewal date.

H. For TOP emergency cases that should be placed under immediate management, TOP MTF Commanders and/or the Lead Agents may approve exceptions on a case-by-case basis for retroactive enrollment with an effective date not earlier than the first day of the month that the application is submitted.

I. OCONUS MHS beneficiaries who are Medicare eligible or who are not otherwise eligible to enroll in the TOP Prime shall register for the purpose of accessing care in the OCONUS MTF and using services of TOP Health Care Finder (HCF) services. This

registration is NOT enrollment in the TOP Prime program and no TOP Prime benefits or services (other than access to the services of HCFs and network providers) applies to this beneficiary group.

J. TOP enrollees must either transfer enrollment when they move to another TRICARE Region where Prime is offered or disenroll. The losing TOP region shall provide continuing coverage until (1) the enrollee applies for enrollment in the new location, or (2) the enrollee disenrolls. The authorization/referral rules for traveling TOP Prime beneficiaries will continue to apply (i.e., preauthorization/referral for care, while traveling in CONUS is not required, CONUS Prime copays, etc.). Claims will continue to be processed by the designated CONUS contractor for processing foreign claims. Point of Service Option is not applicable for TOP Prime beneficiaries during the transient period.

K. TOP Prime enrollees may disenroll from the TOP Prime at any time.

L. Disenrollment shall be required when beneficiaries no longer live within the TOP region, or when they are no longer eligible for TRICARE.

M. To the extent possible, TOP Lead Agents will follow the enrollment/disenrollment/portability of enrollment requirements outlined in [Chapter 12, Section 1.1](#) and in the Operations Manual (TRICARE Operations Manual).

ENCLOSURE 1 SAMPLE OF TRICARE OVERSEAS PROGRAM PRIME ENROLLEE CARD



Name: _____
 Sponsor SSN: _____
 Primary Care Manager: _____
 TRICARE Service Center Telephone: _____

Important Things to Remember

- Go to your Primary Care Manager (PCM) for all medical care and/or referrals to a specialist.
- In emergencies, go to the nearest emergency room and notify your TRICARE Service Center within 72 hours. If traveling in the United States, no pre-authorization is required, but ask for a network provider, or ensure the civilian provider accepts TRICARE/CHAMPUS assignment.
- For civilian provider care submit an itemized statement with a CHAMPUS Claim Form (DD Form 2642) to: Foreign Claims, WPS-CHAMPUS, PO Box 8976, Madison, WI 53708-8976
- For eligibility verification, benefits or claim information call your local TRICARE Service Center.
- This card is for identification purposes and does not guarantee coverage.



Name: _____
 Sponsor SSN: _____
 PCM: _____
 PCM/TSC Telephone Number: _____

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