

TRICARE Fundamentals Course

Dental

9

Participant Guide

References

10 USC

32 CFR §§ 199.13, 199.22

TRICARE Policy Manual, Chapter 16, 24, Section 10 (2008 version)

TRICARE Operations Manual, Chapter 17,18 (2002 version)

TRICARE Dental Program Benefit Booklet

www.trdp.org

www.addp-ucci.com



Brainteasers

What phrase is represented below?

YGOLOHCYSP

Riddle

What can run, but not walk?

Module Objectives



- Describe the Active Duty Dental Program (ADDP)
- Explain the TRICARE Dental Program (TDP) and who is eligible
- Explain the TRICARE Retiree Dental Program (TRDP) and who is eligible
- State how premiums are determined for the TRICARE Retiree Dental Program (TRDP)

1.0 Active Duty Dental Program (ADDP)

1.1 Purpose

- The Active Duty Dental Program, also known as ADDP, complements military dental treatment facility care by providing private sector dental care to ensure dental health and deployment readiness for active duty service members (ADSMs), activated National Guard or Reserve members, and members of the Commissioned Corps of the National Oceanic and Atmospheric Association (NOAA).
- ADDP is only available in the following areas:
 - United States
 - U.S. Virgin Islands
 - Guam
 - Puerto Rico
 - American Samoa
 - Northern Mariana Islands

In all other overseas areas, dental care is coordinated through the TRICARE Overseas Program contractor.

1.2 ADDP Contractor Role

The ADDP contractor administers the program. They are also responsible for coordinating appointments and developing a network of providers.

1.3 Eligibility

The following are eligible for dental care under the ADDP:

- Active duty uniformed service members who
 - Are referred by a military dental treatment facility (DTF) to a civilian dentist for any reason.
 - Live and work in a remote location, more than 50 miles from a military DTF.
- National Guard and Reserve members who:
 - Are called or ordered to federally funded active duty written for more than 30 consecutive days.
 - Receive delayed-effective-date active duty orders.
 - Members can verify ADDP eligibility by calling the ADDP contractor at 1-866-984-ADDP (2337).
- Line of Duty/Notice of Eligibility (LOD/NOE) Service Members
 - National Guard or Reserve members who incur a dental illness or injury during active duty status are only eligible for dental care with a valid LOD/NOE determination by their service.
 - DEERS does not show LOD/NOE status. ADSMs should contact their unit's medical representative to verify eligibility for care.
 - The DTF representative or unit medical representative must send LOD/NOE documentation to the ADDP contractor via fax or mail.

1.4 Enrollment

- The ADDP contractor verifies eligibility for the ADDP in the Defense Enrollment Eligibility Reporting System (DEERS).
- Members must ensure that their personal information is updated in DEERS. If eligibility cannot be confirmed, ADDP dental care is denied.
- ADSMs who live and work over 50 miles from a DTF receive an ADDP enrollment card in the mail from the Defense Manpower Data Center (DMDC).

- ADSMs who live and work within 50 miles of a DTF do not receive ADDP enrollment cards since the DTF is their primary source of care.

1.5 Network Dentists

- ADSMs are required to use a network dentist to receive covered dental services.
 - If a network dentist is not available, the ADSM or DTF must contact the ADDP contractor to receive authorization to use a non-network dentist.
 - ADSMs who use a non-network dentist without proper authorization must pay for all dental care received.
- A list of network dentists is available:
 - Online: addp-ucci.com
 - Phone: 1866-984-ADDP/2337

2.0 Dental Care Management Under ADDP

- How an ASDM's dental care is managed under the Active Duty Dental Program depends on their home and duty location.
- The ADDP has two options:
 - DTF Referred Care
 - Remote Active Duty Dental Care

2.1 Dental Treatment Facility (DTF) Referred Care

- Dental treatment facilities are the primary source for dental care for non-remote active duty service members, i.e., those who live and work within 50 miles of a military DTF.
- DTF referred care authorizes non-remote ADSMs to receive care from a civilian dentist when the military DTF is unable to provide the required care.

2.1.2 DTF Referrals to a Civilian Dentist

- The military DTF handles civilian dentist referrals for all non-remote active duty members.
- The DTF completes a referral request form online at addp-ucci.com before scheduling a civilian network dentist appointment.
 - The referral request form automatically populates a referral number and an appointment control number (ACN); both the referral number and the ACN are required before the service member schedules an appointment.
 - The DTF prints a referral request confirmation page for the ADSM to take to his or her civilian dental appointment; this page displays the ACN and the procedures required or authorized.
 - If the ADSM does not receive a referral ACN before getting care, the claim may be denied.
- ADSMs may only receive the services listed on the DTF referral.
 - If the civilian dentist determines there are additional services required, the dentist must contact the ADSM's DTF to seek approval to modify the referral.
 - If approved, the DTF modifies the referral online.
- Scheduling an appointment:
 - ADSMs and the DTF are encouraged to let the ADDP contractor schedule the appointment.
 - The contractor should make the appointment within two business days of the request to ensure the ADSM is seen within 21 days for routine care and 28 days for specialty care.
 - If the DTF determines the ADSM needs an immediate appointment, the DTF or the ADSM can make

an appointment with a network dentist directly, but must first contact the contractor to obtain an ACN.

- Appointments can be made with a network dentist by calling a Dental Care Finder at: 866-984-ADDP/2337.
- The contractor's online system cannot provide an immediate appointment.

2.1.3 Non-Remote ADSM Dental Emergencies

- Emergency dental care policies and procedures established by the military DTF apply to all non-remote ADSMs.
- Non-remote ADSMs who are traveling (leave, duty-related) do not require an ACN or referral if they are not within 50 miles of a military DTF; they may receive treatment from any civilian (including non-network) dentist.
- Although it is not required, non-remote ADSMs should use a network dentist for emergency dental care because they will not be authorized to use a non-network dentist for follow-up care.

2.2 Remote Active Duty Dental Care

Remote Active Duty Dental Care provides civilian dental coverage for remote ADSMs, i.e., those who live and work more than 50 miles from a military DTF.

2.2.1 Remote ADSM Routine Dental Care

- Remote ADSMs can coordinate their own routine dental care or procedures as long as the treatment is less than \$750 per procedure or appointment, or the accumulative total is less than \$1,500 within a consecutive 12-month period.
- ADSMs must fill out an appointment request form online at addp-ucci.com to coordinate getting a civilian dental appointment; the appointment request form provides two options for appointment scheduling.

Option 1:

- The contractor's Dental Care Finders make the appointment, choosing from a list of network dentists. ADSMs may request a preferred network dentist by listing the dentist's contact information on the appointment request form.
- The contractor makes the appointment within two business days of the request to ensure the ADSM is seen within 21 days of the request for routine care.
- ADSMs may also call the contractor at 866-984-ADDP/2337 if they would like to schedule an immediate appointment after submitting the appointment request form online.

Option 2:

- Remote ADSMs can make their own network dental appointment by filling out the appointment request form online and indicate they will be responsible for scheduling the appointment.
 - They may select a preferred network dentist by listing the dentist's contact information on the appointment request form.
 - The contractor provides the ADSM with a list of three dentists, to include the ADSM's preferred dentist, within two business days of appointment request form submission.
- Once the appointment request form is received, the contractor assigns an ACN, which the ADSM provides to the dentist prior to receiving care.
- ADSMs are required to contact the contractor, as soon as possible after making the appointment, to provide the dentist's name, date and time of the appointment so that the member's records may be updated; this can be done via:
 - E-mail: addpdcf@ucci.com
 - Phone: 866-984-ADDP/2337
- ADSMs who experience problems getting an appointment within 21 days of their request should contact the

ADDP contractor at 866-984-ADDP/2337.

- If the ADSM has a preferred network dentist and that dentist is not available within 21 days, he or she can waive their right to an appointment within 21 days and schedule a later appointment with the preferred dentist.
- It is important for remote ADSMs to remember that they must wait until they receive an appointment control number from the contractor before making their appointments.

2.2.2 Remote ADDP Specialty Dental Care

- Remote ADSMs must receive prior authorization before receiving:
 - Specialty dental care (e.g., crowns, bridges, dentures, periodontal treatment)
 - Dental care greater than \$750 per procedure or appointment.
 - Dental care with an accumulative total larger than \$1,500 for treatment plans within a consecutive 12-month period.
 - Dental care from a non-network dentist.
- ADSMs must have their civilian dentist complete an authorization request form listing the treatment planned for that particular specialty appointment.
 - ADSMs requesting dental implant or orthodontic services must have a command memorandum form signed by their unit commander or designated representative.
 - The command memorandum form can be downloaded from <https://secure.addp-ucci.com/ddpddw/adsm/forms.xhtml>.
 - Once signed, the command memorandum is given to the civilian dentist, who submits it to the contractor as an attachment to the completed *Authorization Request Form*.
 - Civilian dentists can e-mail the command memorandum form to addpdcf@ucci.com, fax it to 866-308-4138, or mail it to the address provided below.
- Network dentists may download the *Authorization Request Form* from the contractor's web site, complete it, and send it, along with special diagnostic materials, in a single package to:

United Concordia Companies, Inc
ADDP Authorization Requests
P.O. Box 69431
Harrisburg, PA 17106-9431
tricare dental program.com/tdptws/home

- The authorization determination may take up to five business days.
- When the authorization is approved, the contractor assigns an ACN and notifies the ADSM and the dentist that an appointment can be scheduled using the assigned ACN.
- The ADSM is responsible for scheduling the appointment with the dentist.

2.2.3 Remote ADSM Dental Emergencies

- Emergency dental care doesn't require an authorization or an ACN.
- Emergency dental care includes any treatment necessary to relieve pain, treat infection, or control bleeding. Root canal treatment may be needed to relieve pain and infection, and is considered emergency dental care.
- Crowns, bridges, and denture services are not considered emergency dental care and therefore are not covered. ADSMs who elect to receive non-covered services as part of an episode of emergency dental care are responsible for payment of these services.
- Although it is not required, remote ADSMs should use a network dentist for emergency dental care because they will not be authorized to use a non-network dentist for follow-up care.

3.0 Cancelled and Missed Appointments

- All ADSMs who are unable to keep an appointment with the civilian dentist should cancel it as soon as possible or within 24 hours of the appointment.
- ADSMs must notify the ADDP contractor of the cancelled appointment and may reschedule it by phone at 866-984-ADDP/2337 or e-mail at addpcf@ucci.com.
- When extenuating circumstances prevents ADSMs from cancelling within 24 hours of the appointment, they must contact the ADDP contractor to reschedule and inform the ADDP contractor if they receive a bill from the civilian dentist for the missed appointment.

4.0 Payment for Services

- Network dentists submit claims on behalf of ADDP beneficiaries; the contractor pays network dentists directly.
- ADSMs approved to see a non-network dentist are responsible for paying out-of-pocket and filing a claim for reimbursement.
- Direct payments to non-network dentists, if requested, require contractor approval.
- The contractor must receive claims within 12 months after service was provided or claims will be denied.
- Claims can be filed using any standard American Dental Association claim form or the ADDP claim form.
- ADDP claim form can be completed online at addp-ucci.com, printed and mailed to the contractor.
- Claims and supporting documentation must include the following:
 - Date(s) of service
 - Specific dental problem
 - Procedure code(s)
 - Specific tooth or teeth treated for each service performed.
 - A complete description of the service performed, including applicable tooth/teeth numbers, if a procedure code is not provided.
 - Total charges
 - A dentist's bill or statement of charges if the specific service(s) provided are not found on the claim form.
- Submit claims to:

United Concordia Companies, Inc.
ADDP Claims
P.O. Box 69429
Harrisburg, PA 17106-9429

Note: It is highly recommended that claims are submitted within 60 days of service or as soon as possible to avoid the claim's being denied for lack of timely filing.

5.0 TRICARE Dental Program (TDP)

5.1 Purpose

- The TRICARE Dental Program (TDP) provides worldwide dental coverage to eligible, enrolled beneficiaries.
- The TDP is a voluntary, premium-based dental insurance plan administered and underwritten by the TDP contractor.

5.2 Eligibility

- The following beneficiary categories may purchase TDP coverage:
 - Family members of active duty, National Guard, and Reserve service members, including:

- Spouses
- Unmarried children under age 21, or age 23 if enrolled as a full-time student in an accredited institution of higher learning and dependent on the sponsor for 50% of their financial support
- Non-active duty National Guard or Reserve members and their families
- To be TDP eligible, the sponsor must have at least 12 months remaining on their service commitment at the time of enrollment.
 - In some circumstances, the 12-month minimum enrollment requirement may be waived for family members of National Guard and Reserve and IRR, and for sponsors who are activated in support of certain contingency operations.
- Enrollment eligibility is verified through DEERS.

6.0 TDP Enrollment

- Enrollment is required for TDP coverage.
- **Effective Date:** Once the completed TDP Enrollment/Change form is received, eligibility confirmed, and the appropriate initial premium payment received, the TDP contractor enrolls the family and/or eligible National Guard or Reserve sponsor.
 - If the TDP Enrollment/Change form and the initial payment are received by the 20th of the month, coverage begins the first day of the following month.
 - If the TDP Enrollment/Change form and initial premium payment are received after the 20th of the month, coverage begins the first day of the second month.
- There are two types of enrollment plans:
 - Single Plan: Includes one active duty family member (ADFM), or one National Guard or Reserve family member, or one National Guard or Reserve sponsor
 - Family Plan: Includes two or more eligible family members. A National Guard or Reserve sponsor cannot be included in the family plan.
- National Guard and Reserve sponsors:
 - Enroll independent of their family members.
 - May enroll their family members, but are not required to be enrolled themselves.
 - When the sponsor chooses to enroll, including family member(s), there are separate premium payments for each contract; one for the sponsor and one for the family member(s).

6.1 Special Types of Enrollment

Under the TDP family enrollment, all eligible family members must be enrolled, except in the following situations:

- **Children under age 4** may be voluntarily enrolled at any time. However, a sponsor may choose not to enroll these children if there is only one member of the family age 4 or older enrolled. Children are automatically enrolled on the first day of the month following the month they turn 4, as long as there are other family members enrolled. This may result in the premium rate changing from a single plan to a family plan.
- **Split Enrollment.** If a sponsor has family members residing in two or more locations, (e.g., in the case of children who are attending college away from home or living with a divorced spouse) the sponsor may choose to enroll only the family members residing in one location. This does not mean the family members cannot be covered; it simply means that the sponsor is not required to cover them; contact the TDP contractor if this applies, so the enrollment status is reflected appropriately.
- Two sponsors cannot enroll the same family member(s).
- In the instance where both the husband and wife are service members, two sponsors cannot enroll each other as a family member.

6.2 Enrollment Methods

- **Online:** Complete the TDP Enrollment/Change form at TRICAREdentalprogram.com and make the initial payment using Visa®/MasterCard® only.
- **By Mail:** Download the TDP Enrollment/Change form, complete it, and mail it along with the initial premium to the TDP contractor at:

United Concordia/TDP
P.O. Box 827583
Philadelphia, PA 19182-7583

- **Fax:** Download the TDP Enrollment/Change form, fax the completed form to 1-888-734-1944, and call the contractor at (888) 622-2256 to make the initial premium payment.
- **Enrollment forms** are also available by calling United Concordia's Enrollment and Billing Member Services Department at (888) 622-2256, or by visiting the local TRICARE Service Center or military DTF.
- See the Appendix for a sample TDP Enrollment/Change form.

7.0 Premiums (February 1, 2011- April 30, 2012)

- TDP premiums are determined by the TDP enrollment plan (single or family) and the military status of the sponsor. Monthly premiums must be paid in full because partial payments are not accepted.
- The Government pays part of the monthly premium for ADFMs, National Guard and Reserve, and IRR members (special mobilization category only).
- IRR members (other than special mobilization category) and all National Guard and Reserve and IRR family members are responsible for the full amount of the premium cost.
- If the member's military status changes, the premiums change accordingly.
- For information about current premiums and cost shares, visit: tricaredentalprogram.com/tdptws/enrollees.

7.1 Premium Shares

Enrollee Category	Premium Share
Active Duty Family Members	60% Government 40% Enrollee
Selected Reserve and IRR (Special Mobilization Category) Members	60% Government 40% Enrollee
IRR (other than Special Mobilization Category) Members	100% Enrollee
Selected Reserve and IRR Family Members	100% Enrollee

7.2 Monthly Premiums

	Rates effective through April 30, 2012		
Plan Type	Active Duty	Nat'l Guard / SELRES	IRR
Sponsor Only	N/A	\$12.69	\$31.72
Single (one family member excluding sponsor)*	\$12.69	\$31.72	\$31.72
Family (more than one family member excluding sponsor)	\$31.72	\$79.29	\$79.29
Sponsor and Family	N/A	\$91.98	\$111.01

* If both the sponsor and a single family member enroll, the premium due is the total of the sponsor only and the single premium.

7.3 Payment Methods

- If the sponsor has a military payroll account and sufficient funds are available at the time of collection, the Government collects the sponsor's share of the premium in advance through a uniformed services finance center.
- If the TDP contractor is unable to obtain the requested premium payment from the member's military payroll account for any reason, the sponsor is responsible for paying the premium directly. When this occurs, premium collection transfers from the uniformed services finance center payroll allotment or deduction to direct billing by the TDP contractor.
- Only premiums for ADFMs, active National Guard/Reserve family members, and non-active duty National Guard/Reserve members may be taken from the sponsor's military payroll account. Premium payments for non-active duty National Guard and Reserve family members are paid directly to TDP contractor.
- Beneficiaries can pay online using their Visa®/MasterCard®, or checking account. They may specify the date for the monthly premium payment or set up an automatic electronic funds transfer (EFT).
- Beneficiaries may mail their premium payment check or money order, along with the invoice, to the following address:

United Concordia/TDP
P.O. Box 82758
Philadelphia, PA 19182-7583

8.0 National Guard and Reserve Members

8.1 Dental Readiness Assessments

- All members of the National Guard and Reserve are required to have an annual dental examination.
- DD Form 2813, *DoD Active Duty/Reserve Forces Dental Examination*, is used to document the member's dental health, it is available online at: dtic.mil/whs/directives/infomgt/forms/eforms/dd2813.pdf.
- TDP-participating dentists complete the DD Form 2813 at no cost to TDP enrollees.
- National Guard and Reserve members are responsible for obtaining the examination, providing the form to the dentist, and reporting their dental readiness status to their service component.

8.2 TDP Enrollment

- National Guard and Reserve sponsors are eligible to enroll in the TDP when they are not on active duty for more than 30 consecutive days (See Section 7.2 for enrollment methods).
- If a TDP-enrolled National Guard or Reserve sponsor is called or ordered to active duty on federally funded orders for more than 30 consecutive days, he or she is automatically disenrolled from the TDP and re-enrolled upon deactivation.
- Re-enrollment is contingent upon the sponsor's status in the 12-month lock-in period.

Note: A National Guard or Reserve sponsor is not considered part of a family plan and can be enrolled even if the family is not enrolled. The sponsor pays a separate monthly premium.

9.0 TDP Survivor Coverage

- The TDP survivor benefit entitles the surviving spouse and child(ren) to receive TDP benefits, regardless of whether they were previously enrolled in the TDP.
- The TDP survivor benefit also applies to enrolled family members of the Selected Reserve (National Guard or Reserve) and the IRR (special mobilization only), regardless of whether the sponsor was on active duty orders or enrolled in the TDP at the time of his/her death.
- The benefit expires three years from the month following the sponsor's death.
- Eligible surviving family members enrolled at the time of their sponsor's death are automatically disenrolled from their current TDP coverage plan and enrolled in a TDP survivor benefit plan. The TDP contractor notifies survivors of the disenrollment and the terms of the TDP survivor benefit.
- The Government pays 100 percent of the TDP Survivor Benefit premium for the three years; however, family members are still responsible for any applicable cost shares.
 - When a surviving family member is a child under age 4 that was not voluntarily enrolled in the TDP before the sponsor's death, in order for the child to be eligible, other eligible family members must be enrolled or the child must be the only eligible dependent of the deceased sponsor.
 - When a surviving spouse was an active duty member at the time of the military spouse's death, and later separates or is discharged from active duty, the surviving spouse is also eligible for the survivor benefit for up to three years from the spouse's death.
 - The survivor benefit is also available to family members that were not enrolled in the TDP at the time of the sponsor's death, but were previously enrolled in the TDP and disenrolled because either the sponsor was transferred to a stateside duty station where space-available dental care was readily available in the military DTF or because the sponsor was transferred to an overseas location.
- Contractual lock-in and lock-out provisions are not applicable to the TDP survivor benefit.
- Surviving family members are eligible for the TRICARE Retiree Dental Program (TRDP) once the three-year TDP Survivor Benefit period ends.
 - The TRDP also may be available to surviving family members who do not qualify for the TDP Survivor Benefit (See Section 16.0).

10.0 TRICARE Dental Program Portability

When relocating, beneficiaries should try to obtain copies of their dental records to avoid repeating and paying for procedures at their new location.

10.1 Within the United States

- When traveling or moving within the United States, beneficiaries can visit any TDP-participating dentist.
- Beneficiaries can call the TDP contractor at 1-800-866-8499 or visit the web site at: tricare dental program.com to find a participating network dentist.

10.2 From Stateside to Overseas

- **Traveling:** TDP-enrollees who reside stateside are also covered while traveling overseas; however, they are responsible for all cost shares and the difference between the TDP maximum allowable charge and the provider's actual charge for covered services.
- **Moving:** TDP-enrollees may elect to disenroll from the TDP within 90 calendar days of relocation to an overseas area. It is recommended that TDP enrollees do not disenroll prior to overseas relocation until they determine if and what dental care is available in overseas military dental treatment facilities.

10.3 From Overseas to Stateside

TDP-enrollees who reside overseas are also covered stateside, but are subject to stateside dental benefits program procedures for processing claims.

11.0 TRICARE Dental Program Covered Services and Cost Shares

- The TDP stateside and overseas service areas differ from TRICARE health care service areas.
- Stateside (Includes select overseas locations)
 - The TDP stateside service area includes the 50 United States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. The TDP provides selected services; including endodontic, periodontic, and oral surgery at reduced cost shares for pay grades E-1 to E-4.
- Overseas
 - The TDP overseas service area includes all other countries, island masses, and territorial waters not in the stateside service area. Unlike cost shares in the stateside service area, cost shares in the overseas service area are the same for all enrollees, regardless of the sponsor's pay grade.
- The following chart provides an overview of cost shares for types of services covered under the TDP, both stateside and overseas.

11.1 Covered Services and Cost Shares

Covered Services	Cost Share by Enrollee Category		
	Stateside		Overseas
	Pay Grades E1 – E4	All Other/ Pay Grades	Command Sponsored*
Diagnostic	0%	0%	0%
Preventive**	0%	0%	0%
Sealants	20%	20%	0%
Basic Restorative	20%	20%	0%
Endodontic	30%	40%	0%
Periodontic	30%	40%	0%
Oral Surgery	30%	40%	0%
Other Restorative	50%	50%	50%
Implant Services	50%	50%	50%
Prosthodontic	50%	50%	50%
Orthodontic ***	50%	50%	50%
General Anesthesia	40%	40%	0%
Intravenous Sedation	50%	50%	0%
Consultation / Office Visit	20%	20%	0%
Post Surgical Services	20%	20%	0%
Miscellaneous Services (occlusal guard, athletic mouthguard)	50%	50%	0%

*Selected Reserve and IRR family members and IRR (other than Special Mobilization Category) members are responsible for the applicable cost share portion regardless of where the treatment is received.

**Space maintainers are fully covered for enrollees under age 19 when involving posterior teeth. They are covered at a 20% cost share when replacing anterior teeth only. Sealants are covered at 20% as noted above.

***Orthodontic treatment is available for enrolled family members (non-spouse) up to 21 years of age, or 23 if a full-time student, or enrolled in full time course of study at a DoD approved institution of higher learning and reliant on sponsor for 50% financial support. In all cases, coverage is effective until the end of the month the family member loses eligibility. Orthodontic treatment is also available for spouses and National Guard or Reserve members up to, but not including, 23 years of age. National Guard and Reserve members should check with their unit commanders to ensure compliance with service policies prior to receiving orthodontic treatment.

11.2 Overseas Cost Share Exceptions

There are some exceptions to the cost shares listed in the previous chart:

- The Government will pay TDP-enrolled command-sponsored active duty family member (ADFM) and Selected Reserve and IRR (Special Mobilization Category) member cost shares for all services except orthodontic, implant services, prosthodontic, and other restorative services for overseas providers.
- The Government will not pay enrollee cost-shares for any services received in the CONUS service area, regardless of whether or not the enrollee is returning to the CONUS service area on a permanent or temporary basis.
- Coverage for non-command sponsored family members residing overseas is the same as stateside coverage. Accordingly, the government does not pay for any enrollee cost-shares for these populations. All cost shares are the responsibility of the member.

11.3 Annual and Lifetime Maximum Benefit

The annual and lifetime maximums for the overseas service area are the same as for the stateside service area for orthodontics and other dental services (maximum amount the plan will pay for covered dental services).

Maximum	Description
Annual Maximum Benefit	\$1,200 per enrollee per contract year (August 1- April 30 each contracted year) for non-orthodontic services (payment by the government not to exceed \$1,200)*
Lifetime Maximum Benefit	\$1,500 per enrollee for orthodontic treatment If an enrollee receives orthodontic services (other than orthodontic diagnostic services), payments for these services will not exceed \$1,500 during the enrollees' eligibility lifetime. Orthodontic diagnostic services are applied to the \$1,200 annual maximum. In the overseas service area, the government will pay for any costs in excess of the dental contractor's fee allowance up to the billed charge for all enrollees except Selected Reserve and IRR family members and IRR (other than Special Mobilization Category) members. The government will not pay for the portion of a non-command-sponsored enrollee's maximum that has already been paid by the dental contractor nor will the government pay for any costs once the maximum has been met.

* Payments for certain diagnostic and preventive services are not applied against the annual maximum. Please refer to the TRICARE Dental Program Benefit Booklet for these specific services.

12.0 TDP Disenrollment

- To disenroll, TDP enrollees must complete a TDP Enrollment/Change form.
 - If the form is received by the 20th of the month, the cancellation is processed for the first day of the following month.
 - If received after the 20th of the month, the cancellation is processed for the first day of the second month and premiums are due for that one month.
 - **Cancellation Example:** If a beneficiary decides to cancel their TDP coverage for December, they must submit a TDP Enrollment/Change form by the 20th of November for the cancellation to be processed 1 December. The beneficiary is responsible for November's payment. If the TDP Enrollment/Change form is received after the 20th of November, the cancellation is effective 1 January. The beneficiary is

responsible for payments in the months of November and December.

- Beneficiaries must remain enrolled in the TDP for a minimum of 12 months or they must have a valid reason to be considered and approved for disenrollment before the end of the 12-month initial enrollment period; see *exceptions below*.

12.1 Disenrolling Before Completing the Initial 12-month Enrollment Period

Situation	Description
Loss of eligibility	Sponsor or family member loses eligibility for the TDP due to death, divorce, marriage, age limit of the child, or end of entitlement.
Sponsor and family are relocated to the overseas service area	Sponsor may elect to disenroll and/or disenroll his or her family members from the TDP within 90 calendar days of relocation. The date of the relocation must be included on the disenrollment request. The disenrollment is processed based on the date the TDP Enrollment/Change form is received.
Active duty sponsor receives permanent change of station orders	When an active duty sponsor transfers with TDP-enrolled family members to a duty station where space-available dental care is available at the military DTF, the sponsor may elect to disenroll his or her family within 90 calendar days of the transfer. The disenrollment is processed based on the date the TDP Enrollment/Change form is received.
National Guard or Reserve sponsor deactivation (sponsor activated more than 30 consecutive days in support of specific contingency operations)	Family members will be disenrolled before the end of the mandatory 12-month initial enrollment period if initially enrolled within 30 days of sponsor activation.
Transfer to standby or retired reserve	A National Guard or Reserve member will be disenrolled before the end of the mandatory 12-month enrollment period if the member is transferred to the Standby Reserve or Retired Reserve.

13.0 TDP Claims

Provider	TDP Contractor Pays	Who Submits Claim
Participating Dentist	Dentist	Dentist
Non-participating Dentist	Enrollee	Enrollee

- The provider type determines who is responsible for filing a TDP claim—either participating (in the TDP network) or non-participating (outside of the TDP network).
- TDP-participating dentists handle all of the paperwork, including filing claims.
- The TDP contractor reimburses the network dentist directly for covered services, minus the cost share paid by the TDP enrollee.
- TDP non-participating dentists may leave it up to TDP enrollees to file their own claims. In this case, enrollees are responsible for paying the dentist and the TDP contractor reimburses enrollees directly for covered services, minus the enrollee's cost share. The TDP contractor pays non-participating dentists directly when TDP enrollees indicate on the claim form that the dentist is to receive the payment.

13.1 Claim Forms

- The TDP contractor accepts claims filed on any standard American Dental Association claim form or on the TDP claim form.
- Claim forms can be completed online at tricare.mil/mybenefit/Download/Forms/TDPCLAIMForm.pdf, then printed and mailed to the TDP contractor at:

TDP Claims Processing
P.O. Box 69411
Harrisburg, PA 17106-9411

- A separate claim form must be submitted for each TDP enrollee receiving services. For example, if a family of four is treated by the same dentist on the same day, four separate claim forms should be submitted.
- A claim may be denied if the following information is not included with the claim:
 - Date(s) of service
 - Specific dental problem
 - Procedure code(s)
 - Specific tooth or teeth treated for each service performed
 - Total charges
 - A complete description of the service performed, including all applicable tooth or teeth numbers, if a procedure code is not provided. Procedure codes are codes used to identify and define specific dental services.
 - A dentist's bill or statement of charges should also be submitted if the specific service(s) provided are not listed on the claim form.

13.2 Deadline for Filing Claims

Claims should be filed within 60 days of the dental service; however they must be submitted within one year of the date of service or payment will be denied. Prompt submission is vital for orthodontic care, because the banding date is used to determine the filing timeline.

13.3 Dental Explanation of Benefits

- A Dental Explanation of Benefits (DEOB) is a statement that explains how a claim is processed.
- A DEOB is mailed to the enrollee explaining the enrollee's cost share (if any) and what services were covered.
- TDP network dentists also receive a copy of the DEOB.

14.0 Exercise

Use the DEOB provided to answer the following questions:

- Q1.** How many procedures did the dentist perform on 02/01/11?
- Q2.** What are the procedure codes for the prophylaxis (dental cleaning) and the comprehensive evaluation?
- Q3.** How much did the dentist charge for each procedure?
- Q4.** What are the TDP allowable charges for each procedure performed?
- Q5.** What is stated in remark Q1030?

15.0 TDP Appeals

There are three levels of appeal for denial of TDP claims: reconsideration, formal review, and hearing. All initial denials and appeal denials explain how, where, and by when to file for the next level of review.

15.1 Reconsideration

- Enrollees and dentists may formally request that the TDP contractor review an initial payment determination to evaluate whether the initial payment decision was correct.
- The request must be in writing and must be postmarked or received by the TDP contractor within 90 calendar days of the issue date of the DEOB. If supporting records will be submitted at a later date, the appeal letter should contain the expected date of submission.
- These instructions, as well as the patient's right to appeal, are also provided on the DEOB. Requests for reconsiderations must be submitted separately from dental claim forms. If submitted together in the same envelope, the reconsideration will be processed as a claim and denied as a duplicate.
- Reconsideration requests must be submitted to:

Stateside:

United Concordia
TDP Customer Service
P.O. Box 69410
Harrisburg, PA 17106-9410

Overseas:

United Concordia
TDP OCONUS Dental Unit
P.O. Box 69418
Harrisburg, PA 17106-9418 U.S.A.

15.2 Formal Review

- Enrollees may request a formal review from the TRICARE Management Activity (TMA) if they disagree with the TDP contractor's reconsideration decision and if the amount remaining in dispute is \$50 or more.
- The formal review process is the same as the Factual Determination appeal process for medical claims. (See *Claims and Appeals*, 17.1)

15.3 Hearing

- Enrollees may request a hearing with TMA if they disagree with the formal review decision from TMA and the amount in dispute is \$300 or more.
- The hearing process is the same as the Factual Determination appeal process for medical claims. (See *Claims and Appeals*, 17.1)

16.0 TRICARE Retiree Dental Program (TRDP)

- The TRICARE Retiree Dental Program (TRDP) is offered by the Department of Defense through the TRICARE Management Activity (TMA).
- The TRDP offers a premium-based, voluntary group benefit program of comprehensive dental coverage for retired members of the uniformed services and their family members, unmarried surviving spouses, children of deceased members, and other select individuals.
- This fee-for-service/preferred provider program offers enrollees access to any licensed dentist in all the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, and Canada.
 - Dental coverage is offered worldwide through the following group plans:
 - Enhanced TRDP (group plan #4601)
 - Enhanced-Overseas TRDP (group plan #4602)
 - Basic Program (group plan #4600). This plan is not available to new enrollees apart from family members of a current enrollee, who may be added to the sponsor's existing account. Doing so extends the enrollment commitment by 12 months for both the sponsor and the new member.

16.1 Eligibility

TRDP is voluntary and open to the following beneficiary categories:

- Former members of the uniformed services who are entitled to uniformed services retired pay. Includes those who are 65 years or over.
- Current spouses of an TRDP-enrolled member.
- National Guard and Reserve Retirees (includes those who are not yet 60 years old, aka "Gray-Area Reservists").
- Children of TRDP-enrolled members
 - Includes children up to age 21 or age 23, if they meet full-time student status.
 - Includes children who are older than 23, if they become incapacitated before losing eligibility.
- An unremarried surviving spouse or eligible child of a deceased member who died on retired status or who died while on active duty for a period of more than 30 days and whose eligible family members are not eligible, or are no longer eligible, for dental benefits under the active duty family member dental plan (TRICARE Dental Program).
- Medal of Honor (MOH) recipients and their eligible family members, or an unremarried surviving spouse and eligible family members of a deceased MOH recipient.
- Current spouses and/or eligible children of certain non-enrolled members. Must have documented proof the non-enrolled member is: (a) eligible to receive ongoing comprehensive dental care from the Department of Veterans Affairs, (b) enrolled in a dental plan through employment but the plan is not available to family members, or (c) unable to obtain benefits through the TRDP due to a current and enduring medical or dental condition.

16.2 Enrollment

- New enrollees must commit to remain enrolled in the Enhanced TRDP for an initial 12-month period. Following the initial enrollment commitment period, enrollment in the TRDP is continued automatically on a month-to-month basis.
- Beneficiaries may enroll by using one of the following methods:
 - Online: trdp.org (may use a major credit card)
 - "Family member(s) only" enrollment applications are not accepted online. Applications are submitted by mail because specific documentation is required.

- Phone: (888) 838-8737 or International Toll-Free at +866-721-8737 (may use a major credit card).
- Mail:
 - Use online premium search to determine current premium prepayment
 - Download application from www.trdp.org/pro/enroll
 - Send complete application along with premium prepayment to:

Delta Dental of California
Federal Government Programs
PO Box 537008
Sacramento, CA 95853-7008
- As mandated by Public Law 104-201, premium payments are collected through retired pay allotment. A two-month premium prepayment must accompany the enrollment application to cover monthly premium payments until a monthly payment plan is established.
 - Any unused portion of the prepayment is refunded to the enrollee during the third month of enrollment, if the allotment went into effect before the third month.

DENTAL EXPLANATION OF BENEFITS

KEEP FOR YOUR TAX RECORDS

Sponsor: SGT John Smith

SSN: XXXXX1234
ICN: 06123456789

Page: 1 of 1
Date: 2/10/11

Beneficiary: Sally Smith

Provider: Family Dentistry
(001234567)

PROCEDURE DESCRIPTION PROCEDURE CODE (NUMBER OF SERVICES) *TOOTH DESCRIPTION*	SERVICE DATE(S)	PROVIDER'S CHARGE	ALLOWANCE	AMOUNT PAID	AMOUNT NOT PAID	REMARKS
PROPHYLAXIS ADULT (001) D1110	2/01/11	48.00	44.00	44.00	4.00	Q1030
COMPREHENSIVE EVALUATION (001) D0150	2/01/11	22.00	21.00	21.00	1.00	Q1030
TOTALS		70.00	65.00	65.00	5.00	

Q1030 These services were performed by a Participating Provider. This provider has agreed to accept the TDP ALLOWANCE for this service, unless otherwise notated in the TDP benefit booklet.

The TDP Contractor has paid the Provider the amount shown in the AMOUNT PAID column.

THIS IS NOT A BILL

- If funds are insufficient to allow the automatic deductions, TRDP will notify the enrollee about other payment options.
- A 30-day grace period begins on the coverage effective date.
 - During the grace period, enrollees may voluntarily end their enrollment without obligation as long as no benefits were used during that time.
 - After the grace period, enrollees remain enrolled for the duration of the 12-month enrollment commitment period and must pay all premiums, unless they meet certain disenrollment criteria.

16.2.1 New Retiree Enrollment Opportunity

- Retirees, including retired Guard and Reserve members, who enroll within four months of their retirement date are eligible for a waiver of the 12-month waiting period for the full scope of benefits. (See 16.3)
- They must submit a copy of their retirement orders with the enrollment form.
- ADSMs and their eligible family members may enroll during the month before their retirement effective date to avoid a gap in dental coverage.

16.3 Covered Services

- All TRDP enrollees receive the following benefits immediately upon their enrollment effective date:
 - Two cleanings and exams in a 12-month period at 100 percent of the allowed amount.
 - Dental accident coverage at 100 percent of the allowed amount.
 - Additional diagnostic and preventive services at 100 percent of the allowed amount.
 - Basic restorative (an allowance toward payment for three or more surface tooth-colored filling on back teeth) at 80 percent of the allowed amount.
 - Extractions, root canals and gum treatment at 60 percent of the allowed amount.
- Some TRDP services are subject to a 12-month waiting period. Services that are available after the 12-month waiting period include:
 - Cast crowns, cast restorations, and bridges are covered at 50 percent of the allowed amount.
 - Implants at 50 percent of the allowed amount.
 - Coverage for full and partial dentures at 50 percent of the allowed amount.
 - Orthodontic coverage for both adolescents and adults at 50 percent of the allowed amount up to the lifetime maximum of \$1,500.

16.4 TRDP-Participating Networks

- The TRDP is structured as a Delta Dental preferred provider organization/dental provider organization (PPO/DPO) that allows enrollees to seek treatment from Delta Dental Select and Delta Dental PPO/DPO network dentists.
- While enrollees in the TRDP may receive care from any licensed dentist in the local service area, they are encouraged to seek treatment from a TRDP network dentist.

16.5 TRDP-Participating Providers

- Network Dentists:
 - Are responsible for submitting claims for TRDP enrollees for all treatment provided.
 - Have payments sent directly to their office.
 - Are reimbursed based on local TRDP negotiated reimbursement rates.
 - Cannot charge TRDP enrollees the difference between the Delta Dental negotiated fee and the billed charge.

- Agree to adhere to the processing policies for TRDP covered services based on national TRDP contractor processing policies.

16.6 Non-Participating Providers

- Non-network dentists:
 - Are U.S. dentists who do not belong to a Delta Dental network, and includes those who reside outside the 50 United States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, and Canada.
 - Are allowed to collect payment in full, up to the billed charge from the enrollee at the time services are rendered.
 - Will not receive direct payment
 - Payment is sent to the enrollee, who is responsible for paying the dental provider.
 - The TRDP contractor pays the same percentage for covered services as if the enrollee had gone to a participating network dentist.
 - Overseas dentists are reimbursed in U.S. currency for TRDP services based on a non-network fee schedule.

16.7 Deductibles

Each enrollee must satisfy an annual benefit year deductible of \$50 for certain services

- The total annual deductible amount will not exceed \$150 per family.
- Diagnostic and preventive services, as well as orthodontic services and dental accident procedures, are not subject to the annual benefit year deductible.

16.8 Maximum Caps That TRDP Pays Toward Coverage

- TRDP pays:
 - Annual maximum of \$1,200, against which preventive and diagnostic services are not counted.
 - A separate dental accident annual maximum of \$1,000.
 - Lifetime orthodontic maximum of \$1,500.

16.9 Premium Rates

- Premium rates for the TRDP vary depending upon where the enrollee lives and the number of family members enrolled.
- Types of plans available are: single, two-party, and family (three or more persons).
- Premium rates are adjusted on October 1 of each benefit year (October 1 through September 30).
- To view the premium rate for a specific region, visit the TRDP web site at trdp.org/pro/premiumSrch.html and enter a five-digit zip code
 - Beneficiaries living in Canada should enter "99999" as their zip code.
 - Beneficiaries living outside of the U.S. and Canada who do not have a U.S. postal code should enter "00000" as their zip code.
- Enrollees can also get premium information by calling the Customer Service toll-free number at 888-838-8737 or international toll-free number at 866-721-8737.

17.0 Benefits with the Enhanced TRICARE Retiree Dental Program

Benefits available During the First 12 Months of Enrollment	Delta Dental Pays	
	Basic (Group #4600)	Enhanced and Enhanced Overseas (Group #4601 & Group #4602)
Diagnostic services	100%	100%
Preventive services	80%-100%	80%-100%
Basic Restorative services	80%	80%
Endodontics	60%	60%
Periodontics	60%	60%
Oral Surgery	60%	60%
Dental Accident Coverage	Not a Benefit	100%
Additional Services Available After 12 Months of Continuous Enrollment		
Cast, Crowns, Onlays, Bridges	Not a Benefit	50%
Implants	Not a Benefit	50%
Partial/Full Dentures	Not a Benefit	50%
Orthodontics	Not a Benefit	50%
Deductibles and Maximums		
Annual Deductible per Patient	\$50	\$50
Annual Maximum per Patient	\$1,000	\$1,200
Orthodontic Maximum per Patient	Not a Benefit	\$1,500
Dental Accident Maximum per Patient	Not a Benefit	\$1,000
Benefit Year: October 1- September 30. Note: The Basic option closed in 2000. ¹ Amalgam allowance for three or more surface posterior composites for enhanced program only. ² Children and adults are eligible for orthodontics. ³ Does not apply to diagnostic and preventive services covered at 100%, orthodontics, or dental accident coverage. ⁴ Family deductible limit of \$150. ⁵ Does not apply to diagnostic and preventive services covered at 100%.		

- When an enrollee uses any or all of the maximum benefit for orthodontics allowed under the TDP, he or she may still receive up to the maximum benefit available under the TRDP for in-process orthodontic treatment.
- When an enrollee becomes eligible for orthodontic coverage under the TRDP after orthodontic treatment began under the TDP (known as “in-process” treatment), the total amount payable under the TRDP is prorated according to the remaining portion of active treatment scheduled, as of the patient’s date of eligibility for orthodontic coverage.

17.0 TRDP Claims

- An advantage of seeking treatment from a participating network is that the dentist submits the claim on the members behalf.
 - Some non-network dentists (non-Delta or non-participating) may, but are not required to file claims. Alternatively, they may give the enrollee a standard dental claim form to complete.
 - Direct payment is made to all Delta Dental network dentists. However, when a non-network dentist renders services, payment is made to the enrollee who is responsible for filing a claim and paying the dentist.
- Claims are submitted using the retired sponsor’s social security number.
- Claims may be completed using any standard dental claim form; enrollees can download dental claim forms at trdp.org.
- Mail TRDP claim forms to:

Delta Dental of California
Federal Government Programs
PO Box 537008,
Sacramento, CA 95853-7008

- Enrollees needing assistance with completing the claims form may contact customer service staff at 1-888-838-8737 or international toll-free at +866-721-8737
- Beneficiaries can review their benefits, verify deductibles, and check on the status of claims by visiting the self-service Customer Toolkit at trdp.org.

18.0 TRDP Appeals

There are two levels of appeal for denial of TRDP claims: reconsideration and formal review. There must be a disputed question of fact, which, if resolved in favor of the appealing party, would result in the authorization of TRICARE benefits. All initial denials and appeal denials explain how, where, and by when to file for the next level of review.

18.1 Reconsideration

- The appealing party must file the request within 90 calendar days after the date of the notice of the initial denial determination.
- The request must be in writing, should state the issue in dispute, and should include a copy of all supporting documentation (e.g., a copy of the EOB) necessary for the review, although this is not required.

Send requests to:

Delta Dental of California
Federal Government Programs Appeals Department
PO Box 537015
Sacramento, CA 95853-7015

18.2 Formal Review

- Enrollees may request a formal review from the TRICARE Management Activity (TMA) if they disagree with the TRDP contractor's reconsideration decision and if the amount remaining in dispute is \$50 or more.
- The formal review process is the same as the Factual Determination appeal process for medical claims. (See *Claims and Appeals*, 17.1)

19.0 General Anesthesia for Dental Treatment

- General anesthesia is a TDP/TRDP-covered benefit when administered by a dental provider. In these instances, the member has a 40% cost share; the TDP does not cover the institutional or facility fee.
- The TRICARE medical benefit covers general anesthesia services for dental treatment provided to beneficiaries with developmental, mental, or physical disabilities and to children age 5 or under. Although this relates to dental procedures, it is administered through the TRICARE **medical** benefit.
- Payment for general anesthesia and institutional costs are based on the beneficiaries' selected TRICARE program option (e.g., TRICARE Prime, TRICARE Standard, TRICARE Extra) and paid by the regional or overseas claims processor. If beneficiaries qualify to use their medical benefit for anesthesia services, costs are not counted against their TDP \$1,200 annual maximum benefit. Qualifying beneficiaries should contact their regional contractor or overseas contractor for authorization before seeking anesthesia services associated with dental services.

20.0 Resources

Active Duty Dental Program

- Web site: addp-ucci.com
- E-mail: addpdcf@ucci.com
- General Inquiries
 - Phone: 866-984-ADDP/2337
 - Mail:

UCCI, Inc.,
ADDP Unit
P.O. Box 69429
Harrisburg, PA 17106

TRICARE Dental Program

- Enroll/make changes
 - Online: tricaredentalprogram.com
 - Phone: 888-622-2256
 - Fax: 888-734-1944
 - Mail:

United Concordia/TDP
Box 827583
Philadelphia, PA 19182-7583

TRICARE Retiree Dental Program

- Online: trdp.org
- Phone: 888-838-8737 or international toll-free at +866-721-873
- Written inquiries, please mail to:

Delta Dental of California
Federal Government Programs
PO Box 537008,
Sacramento, CA 95853-7008

Module Objectives



Summary

- **Describe the Active Duty Dental Program (ADDP)**
- **Explain the TRICARE Dental Program (TDP) and who is eligible**
- **Explain the TRICARE Retiree Dental Program (TRDP) and who is eligible**
- **State how premiums are determined for the TRICARE Retiree Dental Program**

