

TRICARE Europe



Welcome to
Aviano AB, Italy

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Medical Service Coordinators
TRICARE Service Center



TRICARE OVERSEAS PROGRAM PRIME ENROLLMENT APPLICATION

SPONSOR INFORMATION

CAN BE COMPLETED BY ANY ADULT BENEFICIARY. SEE REVERSE FOR DIRECTIONS. PLEASE PRINT CLEARLY.

Overseas Area (Circle One) TRICARE Europe TRICARE Pacific TRICARE Latin America and Canada

1. Sponsor Name (last, first, middle initial) 2. Sponsor Social Security Number 3. Sex 4. City and Country 5. Date of Birth (dd/mm/yy) 6. Rank 7. Telephone Numbers 8. Duty Address (Unit, Office Symbol, Station, APO/FPO) 9. DEROS/PRD (*required*) 10. Mailing Address 11. Sponsor Branch of Service (Must be Active Duty) 12. E-Mail Address (if available) Please Print Clearly 13. Sponsor Status (circle One) 14. Preferred Military Treatment Facility Site/ PCM (if applicable)

FAMILY MEMBER INFORMATION

LIST ALL FAMILY MEMBERS WHO ARE EITHER COMMAND SPONSORED, OR RESIDED WITH THE SPONSOR IN COUNTRY AT THE TIME OF ACTIVATION, WHO ARE APPLYING FOR ENROLLMENT IN A TRICARE OVERSEAS PRIME OPTION. PLEASE PRINT CLEARLY. (Please do not list members not physically residing with you.)

15. Family Member Name (last, first, middle initial) 16. Date of Birth (dd/mmm/yy) 17. Relation to Sponsor 18. Date of Arrival in Country 19. Current City & Country of Residence 20. Military Treatment Facility (if applicable) 21. PCM Selection

22. SIGNATURE: "I have read the instructions on the reverse side of this form and understand the Privacy Act Statement listed there. I further request enrollment for myself and my listed family members in the TRICARE Overseas Program Prime option."

SIGNATURE DATE



Overview

- Overview of TRICARE Europe
- How your health plan works
- How your Dental plan works
- Community specific information



TRICARE Europe

Options

- ❑ TRICARE Overseas Prime
 - Active Duty
 - Active Duty Family Members that are command sponsored

- ❑ TRICARE Standard
 - Active Duty Family Members that are **NOT** command sponsored
 - Retirees and their Family Members



TRICARE Europe

Options Compared - Cost

	Prime	Standard
Enrollment	\$0	\$0 (no enrollment required)
Annual deductibles	\$0	<ul style="list-style-type: none"> • E1-E4: \$50/individual; \$100 family maximum ▪ E5+: \$150/individual; \$300 family maximum
Outpatient Visits <ul style="list-style-type: none"> • in military facility • civilian provider 	\$0 \$0	20% (co-pay)
Inpatient Stays <ul style="list-style-type: none"> • military facility • civilian facility 	Per Diem charge \$0	Greater of \$25 or \$14.35 per day
Catastrophic Cap (Max Pay out for covered benefit)		ADFM: \$1,000 Retiree/Family: \$3,000



Aviano PCM Teams

- ❑ Family Practice (Area 1)
- ❑ Flight Medicine (Area F)
- ❑ Pediatrics (Area 1)



TRICARE Dental Program

Features

- TRICARE Dental Program is a voluntary Paid Insurance Plan for eligible active duty FAMILY MEMBERS
- Family Members may use Dental Treatment Facilities on a space-available basis while OCONUS
- To enroll online visit www.tricaredentalprogram.com The site also contains instructions for enrollment by mail
- You must pay the first months premium at the time of enrollment.

Aviano's Dental Clinic 632-5060



Out of Area Care

- ❑ Emergencies: Nearest ER!



- ❑ Routine Care should be delivered at your MTF
- ❑ Contact your TRICARE Service Center whenever leaving your area for 60 days or greater
- ❑ **Take Your TRICARE Passport!**



Nurse Advice Line



□ Ask-A-Nurse Service

- 24 hours a day, 7 days a week
- Phone # 632-5000 or 00800-475-92330
- Determines if a condition is of an emergency nature
- Staffed by Registered Nurses
- After duty hours Ask-A-Nurse can assist you in booking an acute appointment at the Aviano MTF if an appointment is needed



TRICARE Mail Order Pharmacy

- The DoD TRICARE Mail Order Pharmacy (TMOP) program by Express Scripts
 - Designed to provide you and your family medications that you need
 - First time users must register with Express Scripts
 - Returning users have easy online access for refills
 - Meds delivered to your PSC Box
 - Co-payment for dependents (\$3 Generic/\$9 Brand)
 - No charge for Active Duty

ITALIAN HEALTHCARE

- Clinical Quality: Excellent
 - High tech, sophisticated
 - Many doctors US-trained
 - Some key differences...





ITALIAN HEALTHCARE

❑ Service Quality: "Different"

- Creature Comforts
- Language Barrier
- Bedside Manner





HELP!!!

□ TRICARE Service Center 632-5133/0434-305133
Area 1 Bldg 121 Main Clinic

- Off Base Appointments
- Referrals
- Claims
- Patient Movement
- PCM Changes
- Medical Translations
- TRICARE Enrollments
- Health Benefits Advisor
- Medical Evaluation Boards
- Line of Duty Determinations

We encourage your feedback regarding care, treatment, services and patient safety

Please

- ✓ Complete a customer comment form
- ✓ Call the Medical Group Customer Advocate Office at 632-5035
- ✓ Call the Patient Safety Office at 632-5071

Thank you
The 31st Medical Group
Customer Relations &
Patient Safety Office
2nd Floor Office 2B52



Questions ?



Point of Contact

TRICARE SERVICE CENTER
Area 1 Bldg 121 Main Clinic
Hours 0730-1630

MEDICAL SERVICE COORDINATOR
Phone: DSN 632-5133 or 0434-30-5133