

Traditional Guard/Drilling Benefit Cheat Sheet

MEDICAL

SERVICE MEMBER and FAMILY MEMBER

TRICARE RESERVE SELECT

- Freedom to choose Network or Non-Network Providers (as long as they except TRICARE)
- Monthly Premium: \$51.62 for Service Member Only, \$195.81 for Service Member and Family coverage
- Two-months premium due with enrollment
- Deductible based on Sponsor Rank E4 and below \$50 per individual/ \$150 per family, E5 and above \$150 per individual/ \$300 per family
- 15% cost share if see Network Provider (you pay 15% of bill)
- 20% cost share is see Non-Network
- To Enroll, Log on to: <https://dmdc.osd.mil/appj/trs/index.jsp>
- fill out form, print, sign and submit initial payment by mail or fax
- Health Net Federal Services, LLC
P.O. Box 105402
Atlanta, GA 30348-5402
- fax # is 1-888-299-4114
- Get application in by end of month for coverage to start the 1st of the following month
- Website:
<http://www.tricare.mil/mybenefit/home/overview/LearnAboutPlansAndCosts/TRICAREReserveSelect?>

DENTAL

SERVICE MEMBER and FAMILY MEMBER

Only covered if enrolled into TRICARE Dental Program

- 12 Month Enrollment Requirement
- Monthly premium comes out of Service Members military paycheck
- Cost-shares for non-preventative services
- Must be eligible in Defense Enrollment Eligibility Reporting System (DEERS)
- Fill TRICARE Dental Program enrollment form online at:
 - www.dmdc.osd.mil/appj/bwe
- Mail in form with initial premium payment to:
MetLife TRICARE Dental Program
Enrollment and Billing Services
P.O.Box 14185
Lexington, KY 40512
- Ph: 1-855-638-8371
- Get application in by 20th of month for coverage to start the 1st of the following month
- Website:
<http://tricare.mil/Dental/TDP.aspx>