

**SUMMARY OF MAJOR CHANGES TO CHAPTER 54
DOD 7000.14-R, VOLUME 7A
MILITARY PAY POLICY AND PROCEDURES - ACTIVE DUTY AND RESERVE PAY**

New and revised instructions are indicated by a star placed immediately before the new or revised section, paragraph, subparagraph, decision logic table, etc.

Page	Paragraph	Explanation of Change/Revision	Effective Date
54-4	540105.A	IC 30-99 revises the TRICARE-FMDP coverage to \$8.53 for individual coverage and \$21.33 for family coverage effective August 1, 1999 with deductions beginning July 1999.	Aug 1, 1999
54-4	540105.A	IC 35-00 supercedes IC 30-99 which revises the TRICARE-FMDP coverage to \$7.88 for individual coverage and \$19.70 for family coverage with deductions beginning July 2000.	Dec 18, 2000

Interim change IC 35-00 is incorporated in this change.

CHAPTER 54

TRICARE DENTAL PLANS

5401 TRICARE FAMILY MEMBER DENTAL PLAN (TFMDP)

540101. Enrollment Eligibility

A voluntary dental insurance program for spouses and children of active duty members was established on August 1, 1987. Eligibility for enrollment in the TFMDP is limited to dependent children and spouses of active duty members eligible for health benefits under the program administered by the Office of Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) who are enrolled in the Defense Enrollment and Eligibility Reporting System (DEERS). Family members may reside anywhere in the world, but must receive care in one of the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, or Canada. The active duty member must intend to remain on active duty for the minimum period of enrollment at the time eligible dependents are enrolled. The minimum enrollment period is 24 months, during which a member may not disenroll voluntarily except under the conditions discussed in section 540104, below. Any member who does not have 24 months remaining on his or her period of active duty may enroll family members, if it is the intent of both the Military Service and the member to have the member remain on active duty for at least 24 months. All dependent family members (spouse and dependent children) age 4 and above residing in the family's household must be enrolled if any member of the family household is to be enrolled. If one or more family members are in an area where dental care is not available, but the other family members are in an area with military dental care, family members who do not have access to military dental care may be enrolled while the remaining family members are not. This may occur when:

- A. Children are attending college away from home
- B. Children are living with an ex-spouse
- C. Children are living with relatives away from the main family unit
- D. Children are in a foster home.

See DoD Directive 6410.3 (reference (dd)), August 16, 1989, for further information concerning enrollment eligibility. TFMDP is administered by the OCHAMPUS.

540102. Enrollment

A. Initial Enrollment. The member may enroll voluntarily in the TFMDP at any time. Procedures for enrolling or changing enrollment status are published in Military Service regulations. The DD Form 2494 is used to enroll in the TFMDP, or for effecting enrollment changes or terminations in the TFMDP. Enrollment shall be effective the first of the month following the month in which the DD Form 2494 is received by the applicable Military Service administrative office.

B. Voluntary Changes to Enrollment Status. Enrollment will be effective the first of the month following the month in which the DD Form 2494 is received by the applicable Military Service administrative office.

C. Involuntary Changes to Enrollment Status Due to Loss or Gain in Dependent Eligibility. Changes in enrollment status from family to individual as a result of loss of dependent eligibility are effective the first day of the month following the month in which the eligibility change occurs. An automatic enrollment status change occurs when an enrolled member's dependent child becomes 4 years of age, at which time the enrollment coverage shall change from individual to family if family coverage had not already been elected. This change in coverage shall be effected the first of the month after the child turns 4 years of age, and is supported by the DD Form 2494 already on file for the member.

540103. Disenrollment

A. Voluntary Disenrollment. The member may terminate enrollment voluntarily at any time after the minimum period of enrollment by completing the applicable procedures established in Military Service regulations. All voluntary terminations are effective on the last day of the month in which the member completes the DD Form 2494 electing termination of participation in the TFMDP.

B. Separation or Absence. Enrollment in the TFMDP is terminated automatically when the member terminates active duty service or when the member enters a non-pay status over 1 month in duration regardless of whether the member has completed the minimum enrollment period. Terminations in these 2 situations are automatic without completion of any additional procedures. When a member terminates active service, TFMDP coverage is terminated as of the last day of the month in which the member terminates active service. When a member enters a non-pay status of over 30 days, TFMDP coverage is terminated as of 11:59 p.m. of the day the Military Service member became ineligible for basic pay.

C. Loss of Eligibility. When a member no longer has dependents eligible to participate in the TFMDP, the member must complete disenrollment procedures established by the Military Service concerned; however, the TFMDP coverage will be terminated as of the last day of the month in which the member lost dependent eligibility. A member is considered to no longer have eligible dependents when:

1. The member becomes divorced and the only enrolled dependent was the spouse,
2. The member's only enrolled dependent was a child who is emancipated,
3. All enrolled dependents establish a permanent residence in an area not eligible for the TFMDF, or
4. All enrolled dependents die.

D. Other Dental Insurance. Members may not terminate enrollment immediately following enrollment of their family members in an employment-based dental insurance plan (i.e., spouse becomes entitled to another dental plan). To terminate enrollment on this basis, members first must complete the initial 24 month minimum enrollment requirement.

540104. Exceptions to the Minimum Enrollment Period

Under the following conditions, a member may elect to disenroll from the TRICARE-FMDF prior to the end of the minimum enrollment period.

A. Orders. Termination of enrollment following a PCS move in CONUS is permitted only in areas where family members have access to space available dental care. If member desires to terminate enrollment, it must be done within 90 days of the date following the date of arrival at the new permanent duty station.

B. Areas Where TFMDF Is Not Offered. Members may terminate enrollment following a change in permanent duty station resulting in a move of the family's residence to areas where the TRICARE-FMDF is not offered.

C. Orders From Overseas Area. Members who depart overseas areas on or after October 1, 1995 (with 12 to 23 months of service obligation remaining), may enroll their family members in the TRICARE-FMDF during their remaining service period, if the family members accompanied the member on the overseas assignment and are now returning to CONUS. These enrollments will be assigned unique enrollment codes and are an exception to the 24-month minimum enrollment contract. Use of these unique enrollment codes is authorized only for members who were assigned to a dependent accompanied overseas tour. There is no grandfather period prior to the October 1, 1995, effective date and enrollment elections must be made within 30 days of a member reporting for duty at the new duty station. Note: Calculate the months remaining on the service obligation by adding only the full months remaining on the service obligation as of the date of enrollment. The member must have 12 full months of service remaining on the date of enrollment. To ensure the maximum enrollment period, eligible members shall be encouraged to enroll their family members prior to departing their overseas duty station.

540105. Deductions for TFMDP

★ A. Monthly Premium. *The monthly premium for TRICARE-FMDP coverage (effective August 1, 2000) is \$7.88 for individual coverage and \$19.70 for family coverage; deductions began as of July 2000. The monthly premium is not prorated under any circumstances. TRICARE-Family Member Dental Plan premiums are deducted from the member during the month preceding the effective date of the coverage. (IC 35-00)*

B. Retroactive Adjustment. When a notice of enrollment is received after the date the first premium collection was due, immediate collection shall be made of all past due premiums. When a notice of disenrollment is received, after premiums already have been collected or when TFMDP premiums were collected prior to notification of a loss of member or dependent eligibility, excess premiums shall be refunded to the member.

5402. TRICARE SELECTED RESERVE DENTAL PLAN (TSRDP)540201. General Provisions

A. Definitions. The following terms may vary from definitions used elsewhere in this Regulation and are applicable to this chapter only:

1. Covered Beneficiary. A member of a Uniformed Service (beneficiary) entitled under of Title 10, United States Code, Chapter 55, other than a beneficiary under section 10 U.S.C. 1074(a).

2. TRICARE Program. The managed health care program established by the Secretary of Defense under the authority of Title 10, United States Code, Chapter 55, principally 10 U.S.C. 1097, including the competitive selection of contractors to financially underwrite the delivery of health care services under the Civilian Health and Medical Program of the Uniformed Services.

540202. Entitlement

A. Members of the Selected Reserve voluntarily may enroll in the dental insurance plan. The plan will provide for premium sharing between the Department of Defense and the members enrolled in the plan.

B. The member's share may not exceed \$25 per month. The Secretary of Defense may reduce the monthly premium required to be paid by enlisted members if the Secretary determines that the reduction is appropriate in order to assist enlisted members to participate in the TSRDP. Interested eligible Selected Reservists may contact the dental contractor to obtain the premium cost for the current period.

C. The TSRDP provides benefits for basic dental care and treatment, including diagnostic services, preventative services, basic restorative services, and emergency oral examinations.

540203. Enrollment. Beginning on October 1, 1997, all eligible Selected Reservists have been identified to a contractor. The contractor is responsible for enrolling eligible members and collection of 4 months prepayment for premiums. After the initial enrollment and prepayment, the contractor will provide an electronic file, monthly, through the Defense Manpower Data Center to the supporting DFAS Centers and the United States Coast Guard (USCG) Finance Center to identify enrollees.

540204. Deductions. Beginning on November 1, 1997, all enrollees identified in the electronic file to DFAS and USCG Centers by the contractor have had the monthly premium deducted from any monies due. If the member is due no funds, or less than the entire amount of the premium, the contractor is responsible for billing the member directly for that premium.

540205. Failure to Make Premium Payments. Failure to make monthly premium payments shall result in disenrollment from the TSRDP and will subject the member to a 12-month lock out period. Following the lock out period, eligible members may reenroll if they so choose.

540206. Termination. TSRDP coverage shall terminate on the last day of the month in which the member is discharged; transfers to the Individual Ready Reserve, Standby Reserve, or Retired Reserve; or is ordered to active duty for a period of more than 30 days.

5401— TRICARE-Family Member Dental Plan

		10 U.S.C. 1076a DoD Directive 6410.3, Aug 16, 1989
	540101	10 U.S.C 1076A DODD 6410.3, Aug 16, 1989
	540103	DoD (OCHAMPUS) Memo, Mar 24, 1995
	540104.C	DoD (OCHAMPUS) Memo, Mar 24, 1995
	540105	DoD (OCHAMPUS) Memo, Apr 15, 1996
★(IC 35-00)	540105.A	<i>OASD/HA Memo, Jun 12, 2000</i>

5402—TRICARE-Selected Reserve
Dental Plan

540201	10 U.S.C. 1076B 32 CFR 199.21
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