

Chapter 7 – Health Care Insurance

Many Service members are caught by surprise when they realize the actual cost of providing health care insurance for themselves and their families. Before you leave military service, you need to arrange for health insurance to protect you and your family. This section will help you learn about your options and plan for your health care insurance needs.

A. Health Care Insurance Planning Is Critical

Most people leaving the military get civilian jobs that provide health care insurance. The result is continuous coverage.

Sometimes, however, there is a gap between the time your service-provided coverage ends and your new employer's coverage begins. During this time, you alone are responsible for paying all the medical bills that you and your family might acquire. This could be devastating. A one-day stay in the hospital could cost thousands of dollars!

Fortunately, several resources are available to ensure continuous, comprehensive, quality health care for you and your family. Your options will be explained to you during your appointment at your Transition Office. For specific health insurance questions, call the Health Benefits Advisor at your military medical treatment facility.

Expecting a Baby?

If you and your spouse are expecting a baby, make sure your insurance covers the infant from the date of birth, as opposed to 12 or 13 days after birth. Medical expenses within these first two critical weeks can be costly and should be covered.

Expecting parents should meet with their local health benefits advisor early in the transition process to get additional information regarding health care and health insurance for the period following the service member's separation. Separating Active Duty Service members who separate from the military prior to delivery may be eligible to deliver the child in a military treatment facility after separation. Again, check with the Commander at your Military Treatment Facility and your health benefits advisor before you separate to see if you are eligible.

B. "Check Up" on Your Health Before You Leave

While you are in the service, you and your family have health care coverage. The range of health care services is vast, yet your out-of-pocket expense is minimal. Use this time wisely and make an appointment early. Remember:

- **Get a physical:** If military treatment facilities, personnel resources, and local policy permit, you and your family members should arrange for your separation physicals as early as possible. Any problems can be treated while your medical expenses are still fully covered by the service. Take care of as much as you can prior to separation.
- **Get your records:** Even if you are in good health, get a copy (certified, if possible) of your medical records from your medical treatment facility. These records will provide useful background information to the health care professionals who will assist you in your upcoming civilian life. Your military health records will be transferred (with your consent) to the VA regional office nearest your separation address.

C. Posttraumatic Stress Disorder

Posttraumatic Stress Disorder can occur following a life-threatening event like military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape. Most survivors of trauma return to normal given a little time. However, some people have stress reactions that don't go away on their own, or may even get worse over time. These individuals may develop PTSD.

People who suffer from PTSD often suffer from nightmares, flashbacks, difficulty sleeping, and feeling emotionally numb. These symptoms can significantly impair your daily life.

In addition PTSD is marked by clear physical and psychological symptoms. It often has symptoms like depression, substance abuse, problems of memory and cognition, and other physical and mental health problems. The disorder is also associated with difficulties in social or family life, including occupational instability, marital problems, family discord, and difficulties in parenting.

If you think you may be suffering from PTSD, the following list of resources and information will help you find help in dealing with PTSD and related conditions.

Online PTSD Resources:

National Center for Post-Traumatic Stress Disorder (PTSD)

A special center within Veterans Affairs create to advance the clinical care and social welfare of America's veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. <http://www.ncptsd.va.gov/index.html>

Ameriforce Deployment Guide

Fact sheets and information for service members and their families on post-deployment including home, finances, career, and more. <http://www.ameriforce.net/deployment/>

Courage to Care

A site created by Uniformed Services University for the Health Sciences, which belongs to the Center for Traumatic Studies and includes a wealth of additional information. 'Courage to Care' is an electronic health campaign for military and civilian professionals serving the military community, and for military men, women and families. <http://www.usuhs.mil/psy/courage.html>

Courage to Care: "The Helping National Guard and Reserve Reenter the Workplace" fact sheet, is specific to Reservists returning to the workplace can be found at:

<http://www.usuhs.mil/psy/GuardReserveReentryWorkplace.pdf>

Military OneSource

This free 24-hour service, provided by the Department of Defense, is available to all active duty, Guard, and Reserve members and their families. Consultants provide information and make referrals on a wide range of issues. You can reach the program by telephone at 1-800-342-9647 or through the website at <http://www.militaryonesource.com/>.

D. Transitional Health Care for You and Your Family

The Transitional Assistance Management Program (TAMP) offers transitional TRICARE coverage to certain separating active duty members and their eligible family members. Care is available for a limited time. TRICARE eligibility under the TAMP has been permanently extended to 180 days.

There are four categories of eligibility for TAMP:

- Members involuntarily separated from active duty and their eligible family members;

- National Guard and Reserve members, collectively known as the Reserve Component (RC), separated from active duty after being called up or ordered in support of a contingency operation for an active duty period of more than 30 days and their family members
- Members separated from active duty after being involuntarily retained in support of a contingency operation and their family members; and
- Members separated from active duty following a voluntary agreement to stay on active duty for less than one year in support of a contingency mission and their family members.

Active duty sponsors and family members enrolled in TRICARE Prime who desire to continue their enrollment upon the sponsor's separation from active duty status are required to reenroll. To reenroll, the sponsor or family member must complete and submit a TRICARE Prime enrollment application. Contact your servicing personnel center prior to separating to see if you are TAMP eligible.

Under TAMP, former active duty sponsors, former activated reservists, and family members of both are not eligible to enroll or reenroll in TRICARE Prime Remote or in TRICARE Prime Remote for Active Duty Family Members because both programs require the sponsor to be on active duty. Under the TAMP, the sponsor is no longer on active duty and is treated as an active duty family member for benefits and cost sharing purposes.

Note: Transitional health care does not apply to retirees.

Once your initial transitional health care ends: After this 180-day period, you and your family are no longer eligible to use military treatment facilities or TRICARE. However, you may purchase health care coverage, known as the Continued Health Care Benefit Program (CHCBP). You have 60 days after your initial transitional health care ends to enroll in CHCBP.

You and your family members will be issued over-stamped identification cards that will allow you to use military treatment facilities after your separation. The cards will be marked with the dates you are eligible for transitional health care

You can learn more about TRICARE at <http://www.tricare.osd.mil>.

All Others

If you separate voluntarily, you and your family are not eligible to use military treatment facilities or TRICARE. However, you may purchase extended transitional health care coverage (CHCBP) for up to 18 months of coverage. You have 60 days after separation to enroll in CHCBP. Your coverage will start the day after your separation.

E. CHCBP: Your Option to Purchase Temporary Medical Coverage

Following the loss of eligibility to military medical benefits, you or a family member may apply for temporary, transitional medical coverage under the Continued Health Care Benefit Program (CHCBP). CHCBP is a premium-based health care program providing medical coverage to a select group of former military beneficiaries. CHCBP is similar to, but not part of, TRICARE. The CHCBP program extends health care coverage to the following individuals when they lose military benefits:

- The service member (who can also enroll his or her family members)
- Certain former spouses who have not remarried
- Certain children who lose military coverage

DoD contracted with Humana Military Healthcare Services, Inc. to administer CHCBP. You may contact Humana Military Healthcare Services, Inc., in writing or by phone for information regarding CHCBP. This

includes your eligibility for enrolling in the program, to request a copy of the CHCBP enrollment application, to obtain information regarding the health care benefits that are available to CHCBP enrollees, and to obtain information regarding the premiums and out-of-pocket costs once you are enrolled.

Humana Military Healthcare Services, Inc.

Attn: CHCBP
P.O. Box 740072
Louisville, KY 40201
1-800-444-5445

A copy of the CHCBP enrollment application can also be found on the web at <http://www.humana-military.com/chcbp/pdf/dd2837.pdf>, <http://www.tricare.mil> and <http://www.humana-military.com>.

CHCBP Basics

Continuous coverage: CHCBP is a health care program intended to provide you with continuous health care coverage on a temporary basis following your loss of military benefits. It acts as a “bridge” between your military health benefits and your new job’s medical benefits, so you and your family will receive continuous medical coverage.

Preexisting condition coverage: If you purchase this conversion health care plan, CHCBP may entitle you to coverage for preexisting conditions often not covered by a new employer’s benefit plan.

Benefits: The CHCBP benefits are comparable to the TRICARE Standard benefits.

Enrollment and Coverage

Eligible beneficiaries must enroll in CHCBP within 60 days following the loss of entitlement to the Military Health System. To enroll, you will be required to submit:

- A completed DD Form 2837, "Continued Health Care Benefit Program (CHCBP) Application."
- Documentation as requested on the enrollment form, e.g., DD Form 214, "Certificate of Release or Discharge from Active Duty;" final divorce decree; DD Form 1173, "Uniformed Services Identification and Privilege Card." Additional information and documentation may be required to confirm an applicant's eligibility for CHCBP.
- A premium payment for the first 90-days of health coverage.

The premium rates are approximately \$930 per quarter for individuals and \$2,000 per quarter for families. Humana Military Healthcare Services, Inc. will bill you for subsequent quarterly premiums through your period of eligibility once you are enrolled.

The program uses existing TRICARE providers and follows most of the rules and procedures of the TRICARE Standard program.

Depending on your beneficiary category, CHCBP coverage is limited to either 18 or 36 months as follows:

- 18 months for separating Service Members and their families
- 36 months for others who are eligible (in some cases, former spouses who have not remarried may continue coverage beyond 36 months if they meet certain criteria)

You may not select the effective date of coverage under CHCBP. For all enrollees, CHCBP coverage must be effective on the day after you lose military benefits.

All Others

If you separate voluntarily, you and your family are not eligible to use military treatment facilities or TRICARE. However, you may purchase extended transitional health care coverage (CHCBP) for up to 18 months of coverage. You have 60 days after separation to enroll in CHCBP. Your coverage will start the day after your separation.

For more information about CHCBP, write to Humana Military Healthcare Services, Inc., visit their website at <http://www.humana-military.com/chcbp/main.htm> or call their toll-free line at 1-800-444-5445.

F. Medical Care Overview for Retirees

TRICARE offers Retiree beneficiaries three options in obtaining medical care.

1. TRICARE Prime: This is a health maintenance organization-type managed care program for which retirees are required to pay an annual enrollment fee. Enrollees are assigned a primary care manager, who determines the most appropriate, available source of care—either a military treatment facility or a civilian network provider. Enrollees pay little or no co-payment, and usually are not required to file claims for their care.
2. TRICARE Extra: This is a preferred provider organization-type program; no enrollment is required, however care has to be provided by a TRICARE network provider. You will be responsible for paying the annual deductible and cost shares at a reduced rate. The network provider will file your claim.
3. TRICARE Standard: This is a fee for service option that requires an annual deductible and cost shares after the deductible has been reached. Under TRICARE Standard you are responsible for filing your claim.

Beneficiaries should contact their Health Benefits Advisors/Beneficiary Counselor and Assistance Coordinators (BCAC) at MTFs or stop in at your TRICARE Service Center for more assistance. You can locate the BCAC for your state at <http://www.tricare.mil/bcacdcao/>.

TRICARE For Life

If a member or family member becomes entitled to Medicare Part A, whether due to a disability or when they turn 65, they are eligible for TRICARE For Life (TFL). There are no TFL enrollment fees, but you are required to pay Medicare Part B premiums (unless the sponsor is on active duty). When using TFL, TRICARE is the second payer after Medicare in most cases. For more information about TFL visit <http://www.tricare.mil/tfl> or search on “TRICARE For Life; you may also call Wisconsin Physicians Service-TFL at 1-866-773-0404 (1-866-773-0405 TTY/TDD for the hearing impaired).

Survivors

Family members are entitled to TRICARE benefits as transitional survivors or survivors if their active duty service sponsor who died while serving on active duty for a period of more than 30 days. TRICARE pays transitional survivor claims at the active duty family member payment rate and pays survivor claims at the retiree payment rate for surviving spouses while eligible children claims process at the active duty family member rate. Transitional survivors pay no enrollment fees or co-payments when they use TRICARE Prime. They will, however, pay cost shares and deductibles at the active duty family member rate to use TRICARE Standard or TRICARE Extra. Contact your regional contractor or visit <http://www.tricare.mil/>.

G. Department of Veterans Affairs (VA) Medical Care

Recent legislation has changed the eligibility requirements for VA medical care. In some cases, veterans and their families may still be eligible to receive medical benefits through VA. However, VA's medical care system is set up to provide quality medical care to those who need it most and can afford it least.

This means that the least fortunate veterans may receive unlimited medical care at no cost. On the other hand, most veterans will find their VA medical benefits are limited. Therefore, these "typical" veterans should *not* rely on the VA as their sole source of medical services.

If you served in the Gulf War, the Office of the Special Assistant for Gulf War Illnesses has established a website <http://www.gulfink.osd.mil/> to provide information to you. In addition to the website, you may also call the Gulf War/Agent Orange Hotline at 1-800-749-8387 for additional information.

VA Health Care Eligibility

Eligibility for VA health care is dependent upon a number of variables, which may influence the final determination of the services for which you qualify. These factors include the nature of your discharge from military service (e.g., honorable, other than honorable, dishonorable), length of service, and the VA determination on any service-connected disability claims, income level, and the available VA resources.

Generally, you must be enrolled in the VA health care system to receive benefits offered in the Medical Benefits Package. To apply for VA health care benefits, including enrollment you must fill out an application. Enrollment forms and instructions can be found at: <https://www.1010ez.med.va.gov/sec/vha/1010ez/>.

The application process is used to determine:

1. Whether you have qualifying service as a veteran
2. What your veteran status is so that you can be placed into one of the eight priority groups

Eligibility for health care through VA is a two-step process:

1. VA must determine your eligibility status as a veteran by reviewing your:
 - Character of Discharge from active military service, and your
 - Length of active military service
2. VA must determine whether you qualify for one of eight enrollment priority groups

Go to <http://www.va.gov/healtheligibility/> for more information.

Call your VA regional office toll free at 1-800-827-1000.

Disabled Veterans

The VA makes an important distinction among veterans with disabilities. Veterans whose disability is service connected fall under the mandatory classification of VA medical care. Veterans whose disability is non-service connected fall under the discretionary classification. For more information, **see Chapter 12 for further details.**

Family Members and Survivors

The VA may provide medical care for the children and spouse of a veteran with a service-connected disability, even after the veteran's death. For information, see the section on CHAMPVA.

Lower Income Veterans

Lower income veterans receive benefits similar to those in the mandatory classification. To contact the VA for details call 1-800-827-1000 or visit <http://www.va.gov/> to find the nearest VA facility.

H. Dental Care

Dental care is distinct from medical care. As a result, the types and amounts of coverage are different, as noted below.

Many fraternal associations provide access to group life, health, and dental insurance at competitive rates.

- **Before you separate:** Early in your transition process, you and your family should have routine dental checkups. You should also ensure that your family members obtain necessary treatment under the TRICARE Family Member Dental Plan prior to your expiration of eligibility for the program. If problems are found early enough, work can be completed prior to separation, at little or no cost to you. Emergencies will also be taken care of until your separation.

Shortly after you separate: The VA provides one-time dental care for veterans if you apply within 90 days after separation. However, you will not receive dental care if the military provided a dental examination and treatment within 90 days prior to your separation.

TRICARE Dental Program

The TRICARE Dental Program (TDP) is offered by the Department of Defense (DoD) through the TRICARE Management Activity (TMA). United Concordia Companies, Inc., administers and underwrites the TDP for the TMA. The TDP is a high-quality, cost-effective dental care benefit for eligible family members of all active duty uniformed Service members; as well as members of the Selected Reserve and Individual Ready Reserve (IRR) and their eligible family members.

TRICARE Retiree Dental Program. The TRICARE Retiree Dental Program (TRDP) is offered by the Department of Defense (DoD) through the TRICARE Management Activity (TMA). The Federal Services division of Delta Dental Plan of California, located in Sacramento, California, administers and underwrites the TRDP for the TMA. The TRDP offers comprehensive, cost-effective dental coverage for uniformed services retirees and their eligible family members.

The TRDP will also make available a premium-based dental insurance program for military retirees, members of the Retired Reserve receiving a retired pay, un-remarried surviving spouses, and dependents. Eligible beneficiaries will pay the full cost of the dental insurance coverage. TRDP will feature a basic dental care and treatment, to include diagnostic services, preventative services, basic restoration services, endodontics, surgical services, and emergency services. Retiring members should explore this program, depending on their future employer's health benefits package.

Retirees: You should check with your local military dental facility regarding dental services.

- **Following separation:** You will need to obtain dental insurance from your new employer or through a private insurer.

DELTA Dental terminates upon separation from the Service. To learn more about your entitlement to dental care, contact your VA regional office. For more information regarding the Retiree Dental Program: consult the TRICARE website <http://www.tricare.osd.mil> or call 1.800.866.8499.