

Chapter 7 – Health Care

Many members of the National Guard and Reserves are caught by surprise when they realize the actual cost of providing health care insurance for themselves and their families. Before your release from active duty, you need to arrange for health insurance protection for you and your family.

Demobilization/deactivation out-processing is your opportunity to learn about the types Department of Defense health care insurance plans you may be eligible to purchase based on your call-up for active duty service. Find out how long coverage will last, how much it will cost, what will be covered, what kind of out-of-pocket expenses you should expect to pay, and all the details **before** having any medical treatment or care provided to you or your family. This section of the guide will help you get started learning 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. As demobilizing/deactivating members of the Guard and Reserve, your health care insurance most likely changed for you and your family, once you were called to active duty. You now must ensure you and your family will be covered again.

Find out if there is a gap between the time your service-provided coverage ends and your current or new employer's coverage begins. During this time, you alone are responsible for paying all the medical bills that you and your family might incur. 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 should be explained to you during your demobilization out-processing. For specific health insurance questions, call the Health Benefits Advisor at the nearest military medical treatment facility once you have returned home or contact Military One Source at <http://www.militaryonesource.com> for assistance. Avoid running up medical bills without having prior approval for payment.

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 before being released from active duty to get additional information regarding health care and health insurance for the period following the service member's demobilization/deactivation. Expectant Service members who are being demobilized/deactivated from full-time military service prior to delivery may deliver the child in a military treatment facility after being released from active duty. Again, check with your local health benefits advisor before you are released from active duty to see if you are eligible.

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

While you are on full-time active duty, you and your family should have health care coverage. Be sure to verify that you are covered while you are activated. The range of health care services is vast, yet your out-of-pocket expense is minimal. So, take advantage of this coverage while it is available. Remember to:

- **Get a physical:** If military treatment facilities, personnel resources, and local policy permit, you and your family members should arrange to get health assessments and, if required, a release from active

duty /separation physical. 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 your release from active duty.

- **Get your records:** Even if you are in good health, get a copy (certified, if possible) of your medical records before being released from active duty by your unit or your individual supporting 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 back to your unit, or they may be transferred (with your consent) to the VA regional office nearest your home address.

Post-Deployment Health Assessment

A Post Deployment Health Assessment, DD Form 2796, "*Post-Deployment Health Assessment*," is required if a DD Form 2795 was required during the pre-deployment phase per the decision of the COCOM commander, Service component commander, or commander exercising operational control if any health threats evolved or exposures (OEH or CBRN) occurred during the deployment that warrant medical assessment or follow-up. Each individual who requires a DD Form 2796 must be scheduled for a face-to-face health assessment with a trained health care provider (physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, independent duty medical technician, or Special Forces medical sergeant) during in-theater medical out-processing or within 30 days after returning home or processing station.

The purpose of this screening is to review each Service member's current health, mental health, or psychosocial issues commonly associated with deployments, special medications taken during the deployment, exposures, and to discuss deployment-related health concerns.

The original completed DD Form 2796 will be maintained in the individual's permanent medical record. A copy will be sent electronically to the Army Medical Surveillance Activity (AMSA). DD Form 2796 should be completed as close to the redeployment date as possible, but not earlier than 30 days before the expected redeployment date and not later than 30 days after redeployment, and for Guard and Reserve Service members, before they are released from active duty.

A Medical debriefing on all significant health events, exposures and concerns will be conducted ideally within 5 days prior to departure from theater, but may be conducted within 5 days of return to CONUS/home station.

Post-Deployment Health Reassessment

The goal of the Post-Deployment Health Reassessment (PDHRA) is to identify deployment-related health concerns that may arise in the three to six months after returning from deployment. The PDHRA provides education, screening, assessment and access to care for a wide variety of questions and concerns you may have about your health after you return from deployment.

While deployed, you were focused on the mission at hand. Now that you have returned home, it is time to focus on your life, your health, and your future. We encourage you to take advantage of the health care and community services available to you through participation in the Post-Deployment Health Reassessment. The PDHRA empowers you to take control of your health and provides you with the chance to address your deployment-related health concerns with a health care professional. By identifying your health and readjustment concerns early, you can resolve problems that could – if left unattended – negatively affect your deployment status, career, family, or life beyond military service.

You should complete the PDHRA three-to-six months after returning from deployment. The PDHRA Program uses DD Form 2900, "*Post-Deployment Health Reassessment*," to document health concerns, assessment and referrals. The form itself can only be completed in an electronic or web-enabled format.

Your unit or commander will notify you when it's time to complete the assessment. First, you will complete a questionnaire that will gather your current demographic and health status information. After you have completed the form, a healthcare provider will discuss with you any deployment health concerns or questions. Together with the provider, you can determine what additional services or referrals are needed.

For additional information on PDHA and PDHRA go to <https://fhposd.mil/pdhrainfo/index.jsp>

C. Posttraumatic Stress Disorder (PTSD)

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:

DoD Mental Health Self Assessment Program is a mental health and alcohol screening and referral program provided for military families and service members affected by deployment and mobilization. This voluntary and anonymous program is offered online, by phone, and through special events held at installations and reserve units. Anonymous, self-assessments are available for depression, bipolar disorder, alcohol use, post-traumatic stress disorder (PTSD), and generalized anxiety disorder. Individualized results and military health resources, including TRICARE, Vet Centers and Military OneSource are provided at the end of every assessment.

More information can be found at <http://www.pdhealth.mil/mhsa.asp>.

National Center for Post-Traumatic Stress Disorder (PTSD)

A special center within the Department of Veterans Affairs created 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. TRICARE Reserve Select (TRS)

TRICARE Reserve Select (TRS) is a premium based TRICARE health plan available for purchase by qualified members of the Selected Reserve (SelRes) when not called to Active Duty.

TRS features:

- Comprehensive health care benefits
- Covered benefits similar to TRICARE Standard and TRICARE Extra
- TRICARE Standard and TRICARE Extra cost sharing, deductibles, and catastrophic caps that apply to active-duty family members (including TRS members, him/herself).

There are two types of coverage: TRS member-only coverage and TRS member and family coverage. You pay monthly premiums, in advance. There is no annual or quarterly billing. Ordinarily, premium costs are adjusted January 1 every year, with new costs published in the months just before January.

You can check your eligibility for TRICARE Reserve Select on the Guard/Reserve portal at <https://www.dmdc.osd.mil/appj/esgr/privacyAction.do>. Contact your servicing personnel office for time sensitive qualifying requirements.

For more information on TRS, including your service Point of Contact information, go to <http://www.tricare.mil/reserve/reserveselect/index.cfm>.

E. Transitional Health Care for You and Your Family

The Transitional Assistance Management Program (TAMP) offers transitional TRICARE coverage to certain separating members and their eligible family members. Care is available for a limited time

Effective Oct. 28, 2004, 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.

You and your eligible family members who were previously enrolled in TRICARE Prime and 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.

Once your initial transitional health care ends 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 must enroll in CHCBP within 60 days of losing your TRICARE eligibility to qualify for the benefits. .

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.mil/>

F. 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

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 visit <http://www.humana-military.com/chcbp/main.htm> or call their toll-free line at 1-800-444-5445.

G. Medical Care Overview for National Guard and Reserve

TRICARE offers 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/>.

H. Department of Veterans Affairs (VA) Medical Care

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For most veterans, entry into the VA health care system begins by applying for enrollment. There are eight (8) Priority Groups, with Priority Group 1 being the highest and Priority Group 8 being the lowest. Once enrolled, veterans have access to VA's comprehensive Medical Benefits Package and can receive health care at VA health care facilities anywhere in the country. Veterans are assigned to a Priority Group based on such factors as service-connected disability, household income, or special eligibility factors such as combat veteran status or recipient of the Purple Heart award and/or former Prisoner of War. Detailed information regarding Priority Groups is listed on the web at <http://www.va.gov/healtheligibility/Library/pubs/EPG/>.

Effective January 17, 2003, VA is no longer enrolling new Priority Group 8 veterans.

VA Health Care Enrollment

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, simply fill out a 10-10EZ Application for Health Care Benefits. This Enrollment form and instructions can be found at: <https://http://www.va.gov/1010ez.htm> or you may apply at your local VA medical center or call the VA Health Benefits Call Center at 1 877-237-VETS (8387).

Returning Combat Veterans

Veterans, including **Reserve and National Guard members**, who served on active duty in a theater of combat operations during a period of war after the Gulf War or in combat against a hostile force after Nov. 11, 1998, are eligible for enrollment in Priority Group 6 unless otherwise eligible for enrollment in a higher Priority Group. For two years after discharge or release from active duty, these veterans receive cost-free health care services for conditions that may be related to their combat service but some may be required to pay co-pays for conditions not related to their service.

Special Note: If you served in the Gulf War, the Office of the Special Assistant for Gulf War Illnesses has established a website <http://www.gulflink.osd.mil/> to provide information to you. You may also call the Gulf War/Agent Orange Hotline at **1-800-749-8387** for additional information or visit VA's Environment Agents web site at <http://vaww1.va.gov/environagents/>.

Note: There is no requirement for returning combat veterans to provide household income information, however, agreement to pay applicable co-payments must be given if not otherwise eligible for cost-free care for conditions clearly unrelated to their combat service.

To take advantage of this enhanced enrollment authority, you must apply for VA health care benefits within two years of your discharge from active duty.

Additionally, it is important to note that Reserve and National Guard members may also qualify for VA health care benefits, even without service in the theater of combat operations, if they were activated for federal service, served the full period for which they were called or ordered to active duty, and received a discharge other than dishonorable.** For more information on benefits for Reserve and National Guard members visit VA's Seamless Transition web site for National Guard and Reserve Personnel at http://www.seamlesstransition.va.gov/res_guard.asp.

** **Note:** *Active duty for training alone is not qualifying service time for VA health care benefit purposes.*

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

Family Members and Survivors

VA, through the Civilian health and medical Program of the Department of Veterans Affairs (CHAMPVA), may provide medical care for the children and spouse of veterans who have a VA permanent and total service-connected disability rating, or those survivors of veterans who died as a result of a service-connected disability, or who died while on active duty. Spouses and children who are eligible for TRICARE/CHAMPUS are not eligible for CHAMPVA benefits. Information on CHAMPVA benefits may be found on the CHAMPVA website www.va.gov/hac or by calling 1-800-733-8387.

VA Dental Care

VA may provide any treatment indicated as reasonably necessary for a one-time correction of dental conditions if you apply within 90 days after your separation/discharge. However, if the military provided a dental examination and treatment within 90 days prior to your separation this care cannot be provided. This is annotated in Block 17 of your DD-214. VA also provides dental care to eligible veterans in other situations. For further information regarding eligibility for VA dental benefits go to: <http://www.va.gov/healtheligibility/coveredservices/SpecialBenefits.asp#Dental>

Shortly after you are deactivated/demobilized: The VA provides one-time dental care for veterans. The requirements are to have a documented dental examination at a DTF within 90 days of separation from active duty; uncompleted dental care and you must apply to the VA within 90 days after separation. However, you will not receive dental care if the military provided a dental examination and completed all dental treatment within 90 days prior to your release from active duty.

TRICARE Dental Program

Before you are released from active duty: 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.

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. For more information on the TDP, please visit the TDP website at <http://www.tricare dental program.com/> or call customer service at 1-800-866-8499.

Following release from active duty: You will need to confirm reinstatement of dental insurance from your employer or you may have to purchase dental insurance through a private insurer. Make sure you know whether you and your family have dental insurance before receiving any kind of dental services after your release from active duty. **DO NOT WAIT UNTIL AN EMERGENCY OCCURS BEFORE YOU CHECK INTO YOUR DENTAL COVERAGE.**

Your military dental treatment facility and your family's TRICARE Dental Program (TDP) eligibility terminate upon separation from the service, with the exception of eligible survivors. To learn more about your entitlement to dental care, contact your VA regional office.

I. Community Based Health Care Organization

The Community Based Health Care Organization (CBHCO) Program was created to assist Guard and Reserve Service members injured in the line of duty to return to their homes where they will continue to receive medical care locally while they are evaluated for return to duty, medical release, or medical board.

To be eligible, the Service member must have a referral into the program from their respective branch of service. The CBHCO Program is not a TRICARE program. There will not be an indicator in the Defense Enrollment Eligibility Reporting System (DEERS) to reflect the Service member's participation in this program. National Guard and Reserve Service members must agree to remain on active duty status to be enrolled in CBHCO.

If the CBHCO Service member lives within a Prime service area with a Military Treatment Facility (MTF), they will be enrolled in the Prime to that MTF. If the CBHCO Service member lives outside a Prime service area, they will be enrolled in the TRICARE Prime Remote (TPR). Family members will also be eligible to enroll in either Prime or TPR based on location of residence.

The CBHCO units are responsible for the care coordination for all Service members who have been accepted into the CBHCO Program. There are three CBHCO units that are responsible for Service members enrolled in the West Region:

Madison, Wisconsin Unit – responsible for CBHCO beneficiaries who reside in Minnesota and Iowa. The Madison number is: (877) 504-2358 The Sacramento, California Unit – responsible for CBHCO beneficiaries who reside in California, Washington, and Oregon. The Sacramento phone number is (888) 543-2019

Sandy, Utah Unit – responsible for CBHCO beneficiaries who reside in Montana, North Dakota, South Dakota, Wyoming, Utah, Colorado, New Mexico and Arizona. The Sandy phone number is (801) 523-4605.

Provider questions regarding the CBCHO Program should be directed to the appropriate CBHCO unit at the number provided.