

HEALTH AND DENTAL CARE COVERAGE

This section describes health and dental care coverage from military sources that may be available to surviving family members.

Health Care Coverage

Eligibility

Are surviving family members eligible to receive health care coverage from military providers?

The primary provider of health care coverage to dependents of active duty service members is called TRICARE. There are different TRICARE plans, called TRICARE Prime, TRICARE Standard and TRICARE Extra, which are explained later in this section. Generally, surviving spouses and children of deceased service members continue to be eligible for TRICARE health benefits. The service's personnel department determines eligibility for health care coverage. Please visit www.tricare-osd.mil for more information.

Surviving spouses remain eligible for TRICARE unless and until they remarry. However, under certain circumstances, if the marriage is later annulled, the spouse may regain eligibility for TRICARE.

Children of the deceased service member are also eligible for TRICARE. This includes children (1) born within marriage, (2) adopted children and (3) children born outside of marriage to a male service member whose paternity has been established in court, or who resided with the service member and received more than 50% of his or her financial support from the service member.

When do the benefits for children terminate?

Children may retain their health care coverage benefits until they marry or reach their 21st birthday, whichever comes first. Children enrolled as full-time students in accredited schools can extend care coverage until their 23rd birthday. Severely disabled children may be covered by TRICARE indefinitely in some circumstances.

To find the nearest uniformed service identification card facility, search by ZIP code at www.dmdc.osd.mil/rsl or contact DEERS at (800) 538-9552.

To obtain TRICARE enrollment and eligibility forms and instructions on how to submit them, visit TRICARE's website at www.tricare.osd.mil/enrollment/index.cfm or call the regional TRICARE representative at the telephone number indicated at the end of this section.

Address changes with TRICARE can be made by family members, without any special permission, online at www.tricare.osd.mil/DEERSAddress, by telephone at (800) 538-9552, or by writing to: The Defense Manpower, Data Center Support Office, Attn: COA, 400 Gigling Road, Seaside, CA 93955-6771.



Are surviving spouses of deceased reserve or national guard service members still eligible for TRICARE?

Surviving spouses and children of reservists and guardsmen called to active duty service for a period of more than 30 consecutive days are eligible for TRICARE.

Continuing TRICARE Coverage

How can surviving family members obtain and ensure continuation of TRICARE coverage?

To receive TRICARE, surviving family members must register with the Defense Enrollment Eligibility Reporting System (DEERS). DEERS is a worldwide computerized database of uniformed services members and their family members and is the key to receiving healthcare benefits. In order to ensure continuation of benefits under TRICARE, surviving family members must update their enrollment through DEERS each year.

Typically, a service member will have originally registered his or her family members by submitting an Application for Uniform Services Identification Card and DEERS Enrollment (DD Form 1172) to the service member's personnel office. However, surviving family members must also register and update their records by submitting a notarized DD Form 1172. The nearest personnel office should be able to provide the required documents.

Once a surviving family member has established eligibility for TRICARE by enrolling in DEERS, the family member must also submit the applicable TRICARE enrollment forms for his or her program and region. To retain eligibility, surviving family members should check their enrollment information in both DEERS and TRICARE each year.

Surviving family members who are 65 years of age or older must enroll in Medicare (Part B) to remain eligible for TRICARE. In addition, if a surviving spouse or child is eligible for Medicare (Part A) as a result of a disability or certain types of kidney diseases, the person who is eligible must also be enrolled in Medicare (Part B) to remain eligible for TRICARE. Issues related to Medicare are described below.

What about enrolling a newborn child?

Surviving family members must submit a notarized copy of the DD Form 1172 and birth certificate of the child within a year of birth. Once enrolled in DEERS, newborns will be covered by TRICARE Prime for 60 days starting from the date of birth if another family member is enrolled in TRICARE Prime. To continue coverage under TRICARE Prime, the newborn must be separately enrolled in TRICARE Prime within the 60 day period; otherwise, coverage for the newborn will automatically be changed to TRICARE Standard. The differences between TRICARE Prime and Standard are discussed below.

Different Plans and Payments

Do the TRICARE coverage rates change?

Surviving family members remain eligible for TRICARE benefits at the active duty dependent rates for three years after the service member's death. **At the end of the three-year period, TRICARE eligibility continues but at the retiree dependent rates, which are higher. Conversion to the retiree dependent rates should occur automatically; however, surviving family members receiving TRICARE coverage should verify their continued enrollment at the time of conversion.**

Do TRICARE benefits change after the conversion to the retiree dependent rates?

The benefits under each plan will change slightly after the three-year conversion period. For example, the use of Military Treatment Facilities is open to surviving family members, but due to limited capacity at some locations there is a priority system in place. This priority system and the change in benefits and rates are explained in detail on the website at www.tricare.osd.mil/factsheets.

What are the different TRICARE plans?

There are three different TRICARE plans, each with a slightly different benefit package: TRICARE Prime, TRICARE Standard and TRICARE Extra. Surviving family members are eligible for all three plans depending upon availability at their location. Each plan is described briefly below.

TRICARE Prime is a managed care option similar to a civilian health maintenance organization, or HMO. TRICARE Prime offers fewer out-of-pocket costs than any other TRICARE option. TRICARE Prime enrollees receive most of their care from a military treatment facility, augmented by the TRICARE contractor's Preferred Provider Network. TRICARE Prime enrollees are assigned a primary care manager. TRICARE Prime is not available in all areas.

TRICARE Standard is a plan under which enrollees can select the authorized provider of their choice. People who want coverage from a current civilian provider often opt for this plan, although having this flexibility means that care generally costs more. Treatment also may be available at a military treatment facility, if space permits and after TRICARE Prime beneficiaries have been served. TRICARE Standard may be the only coverage available in some areas. This option was formerly known as CHAMPUS.

TRICARE Extra is a plan that has some of the attributes of the other two plans. Under this option, the enrollee will choose a doctor, hospital, or other medical provider listed in the TRICARE Provider Directory. Although the options are more limited than under TRICARE Standard, it is not necessary to work through a primary care manager to obtain care as required with TRICARE Prime.

A tool to compare TRICARE plans may be found at www.tricare.osd.mil/TRICAREcomparisons/admin/index.cfm.



How should surviving family members select a plan?

The selection of the best TRICARE plan for a surviving family member will depend upon a number of factors, including family situation, availability of other health care coverage and location. In order to determine the best TRICARE plan, contact the TRICARE regional representative at the telephone number provided at the end of this section.

Do surviving family members who do not live near a military treatment facility (MTF) qualify for the TRICARE Prime Remote for Active Duty Family Members (TPRADFM) program?

Under the TPRADFM program, surviving family members (including surviving family members of reservists and guardsmen) are not eligible to enroll in TPRADFM, since the program requires the surviving family members to reside with the active duty sponsor. Surviving family members who do not live near an MTF may use the TRICARE Standard or TRICARE Extra benefit. If the surviving family moves to a TRICARE Prime area, they may enroll in TRICARE Prime. To determine if an area offers TRICARE Prime, surviving family members may contact their TRICARE regional representative. Contact information can be found at www.tricare.osd.mil and at the end of this section.

Do surviving family members (including surviving family members of reservists and guardsmen) who do not live near a military treatment facility (MTF) qualify for TRICARE benefits?

Yes. Surviving family members who do not live near an MTF may use the TRICARE Standard or TRICARE Extra benefit. If the surviving family moves to a TRICARE Prime area, they may enroll in TRICARE Prime. To determine if an area offers TRICARE Prime, surviving family members may contact their TRICARE regional representative. Contact information can be found at www.tricare.osd.mil and at the end of this section.

Does eligibility continue for surviving family members (including surviving family members of reservists and guardsmen) enrolled in the TRICARE Prime Remote for Active Duty Family Members (TPRADFM) program at the time of the service member's death?

No. Eligibility for the TPRADFM program does not continue for surviving family members after the death of the service member. Surviving family members who do not live near a military treatment facility may use the TRICARE Standard or TRICARE Extra benefit. If the surviving family moves to a TRICARE Prime area, they may enroll in TRICARE Prime. To determine if an area offers TRICARE Prime, surviving family members may contact their TRICARE regional representative. Contact information can be found at www.tricare.osd.mil and at the end of this section.



What if the surviving family members live outside of the United States?

In certain countries overseas, surviving family members may be eligible for the TRICARE Global Remote Overseas, which enables enrollees to obtain health care in overseas locations where military treatment facilities are not available.

Dental Care Coverage

Are surviving family members of deceased service members eligible to receive dental care coverage?

Generally, surviving spouses and children of deceased service members are eligible for TRICARE's dental programs. The eligibility requirements for TRICARE's dental programs are the same as those for the health benefits.

What dental care coverage programs are available?

TRICARE Dental Program (TDP) is available for three years of continued coverage for surviving family members enrolled in the TDP at the time of the service member's death. In some very limited circumstances, this requirement is waived. For example, recent legislation permits enrollment of a child of a deceased service member, under certain circumstances, if the child was below the minimum age for enrollment at the time of the service member's death. Surviving family members should call the TRICARE regional representative to explore this possibility.

Enhanced TRICARE Retiree Dental Program (Enhanced TRDP) may be available for surviving family members not eligible for TDP or if the three-year continued coverage period under TDP has ended.

For a more complete description of benefits available under the Enhanced TRDP, visit the contract administrator's website at www.ddpdelta.org/basic/dwnld/BasicBB_web.pdf or call Delta Dental Plan at the telephone number listed in the table at the end of this section.

Enrollment applications for Enhanced TRDP are available by calling Delta at (888) 838-8737. Online enrollment is available at www.trdp.com. Survivors may also enroll by completing and returning an enrollment application along with a check, money order or credit card payment information to Delta at: Delta Dental Plan of California, Federal Services, P.O. Box 537008, Sacramento, CA 95853-7008.

Delta customer service representatives are available by phone: (888) 336-3260 or (888) 838-8737 or email at ddpservice@delta.org.

For more information about the Tricare Global Remote Overseas, visit TRICARE's website at www.tricare.osd.mil/overseas/index.cfm or call (888) 777-8343.

For a more complete description of benefits available under the TDP, visit the contract administrator's website at www.ucci.com/forms/TDPBenefitBooklet.pdf or call United Concordia Companies, Inc., the administrator and underwriter of the TDP, at the telephone number listed at the end of this section.

Applications for enrollment and changing benefits under TDP are available by calling UCCI at (888) 622-2256. Online enrollment is available at www.ucci.com.



Although the coverage of these two programs is similar, the TDP generally costs less than the Enhanced TRDP.

What is the enrollment process?

Enrollment in the TDP is handled by United Concordia Companies, Inc. (UCCI), the TDP contract administrator. Once enrolled in TDP, surviving family members must stay in the TDP for at least 12 months with some permitted exceptions, such as loss of DEERS eligibility because of divorce or marriage of a child. After 12 months, enrollment continues on a month-to-month basis.

Enrollment in the Enhanced TRDP is handled by Delta Dental Plan (Delta), the Enhanced TRDP contract administrator. Surviving family members must enroll within 120 days of the service member's death. Once enrolled in Enhanced TRDP, surviving family members must stay in the program for at least 12 months with some permitted exceptions, such as loss of DEERS eligibility because of divorce or marriage of a child.

How can surviving family members obtain and ensure continuation of TRICARE dental coverage?

As with TRICARE health care coverage, the information in DEERS about the surviving family member must be current and be updated every year.

Other Programs

What program is available if a surviving family member is not eligible for TRICARE?

Surviving family members who are not eligible for TRICARE may be eligible for the Civilian Health and Medical Program of the Department of Veterans Affairs (VA), or CHAMPVA, a health benefits program run by the VA. CHAMPVA is a "fee for service" program, meaning it provides partial reimbursement for most medical expenses.

Surviving spouses remain eligible for CHAMPVA unless they remarry before the age of 55. However, if the marriage later ends in divorce, is annulled or the subsequent spouse dies, the surviving spouse may regain eligibility for CHAMPVA.

Children may retain their CHAMPVA benefits until they marry or they reach their 18th birthday, whichever comes first. Children enrolled in accredited schools as full-time students can extend coverage to their 23rd birthday. If a full-time student incurs a disabling illness or injury and is no longer enrolled as a full-time student, eligibility for reinstatement of benefits may continue for six months after the disability ceases, for two years after the onset of the disability, or until the student's 23rd birthday, whichever comes first.



What does CHAMPVA cover?

CHAMPVA is similar to TRICARE Standard. For a more complete description of the benefits CHAMPVA provides, please see the CHAMPVA Handbook available at the CHAMPVA website listed in the sidebar on this page, or call the CHAMPVA Health Administration Center at the telephone number listed at the end of this section.

What does CHAMPVA cost?

CHAMPVA has a two-part cost structure. First, enrollees must pay an annual deductible of \$50 per beneficiary (up to \$100 per family) for outpatient care such as doctors' visits and prescriptions. Second, other medical services and supplies have a cost share. CHAMPVA will pay 75% of the allowable amount after the deductible is met for covered medical services and supplies and the enrollee is required to pay their cost share portion.

How does a surviving family member apply for benefits under CHAMPVA?

In order to obtain benefits under CHAMPVA, a surviving family member must submit the following documents:

- (1) Application for CHAMPVA Benefits (VA Form 10-10D);
- (2) Other Health Care Coverage Certification (VA Form 10-7959C), which is a supplemental application for each family member;
- (3) Department of Veterans Affairs rating decision that shows a service-connected death rating; and
- (4) a copy of the casualty report. Please see the section on Death Certificates and Burial Benefits for information on obtaining copies.

In addition, the following additional documents may be required:

- (1) Marriage license (for surviving spouse);
- (2) School certification of full-time enrollment (for children ages 18-23);
- (3) Adoption court order (for surviving adopted children); or
- (4) A copy of the claimant's Medicare card (if Medicare eligible).

Generally, applicants can expect to receive notification from the Health Administration Center regarding the outcome of their application within 45 days. To avoid delays, it is important to attach all relevant supporting documentation to the application.

Does CHAMPVA provide dental coverage?

With very few exceptions, dental care is not covered by CHAMPVA. There may be times when dental coverage is included, but in all cases, preauthorization is required.

For a more complete description of CHAMPVA's benefits and costs, please see the CHAMPVA Handbook available at the CHAMPVA website: www.va.gov/hac/champva/handbook/chandbook.pdf.

CHAMPVA forms are available from the VA's website at www.va.gov/vaforms or by calling the Health Administration Center at 1-800-733-8387. The documents must be submitted by mail to: VA Health Administration Center, CHAMPVA-Eligibility, P.O. Box 65023, Denver, CO 80246-9028.



What if surviving family members have other health care coverage?

Surviving family members who have other health care coverage such as Medicare or health care coverage provided by a civilian employer must submit claims to that care coverage provider first before claiming benefits from CHAMPVA. CHAMPVA is always the secondary payer (by law) unless the recipient is receiving care under Medicaid, State Victims of Crime Compensation Program, or a supplementary insurance policy. In these cases, CHAMPVA pays first.

Medicare

What is Medicare?

Medicare provides health coverage to persons at least 65 years of age and, in limited cases, to persons under 65.

Medicare (Part A) provides coverage for inpatient hospital care, critical access hospitals (which are small facilities that give limited outpatient and inpatient services to people in rural areas) skilled nursing facilities, hospice care, and some home health care. Persons eligible for Medicare (Part A) do not have to pay any monthly premiums for Medicare (Part A) coverage.

Medicare (Part B) provides coverage for doctors' services, outpatient hospital care, and some other medical services that Medicare (Part A) does not cover, such as the services of physical and occupational therapists, and some home health care. Medicare (Part B) helps pay for these covered services and supplies when they are medically necessary. Enrollees will pay a monthly premium for Medicare (Part B).

What are the eligibility requirements for Medicare (Part A)?

A person who is 65 years old becomes eligible for Medicare (Part A) when that person or his or her spouse has worked for at least 10 years in Medicare-covered employment and is a citizen or permanent resident of the United States. Persons under 65 years old, including children with a disability or with permanent kidney failure requiring dialysis or transplant, might also qualify for coverage.

Contacts for Further Assistance

TRICARE makes Benefits Counselors and Assistance Coordinators available to beneficiaries. To find the nearest counselor, visit the TRICARE Benefits Counselor and Assistance Coordinator website provided below, or contact a regional TRICARE representative.

Contact information for the various health and dental care coverage programs discussed in this section is as follows:

For more information about Medicare, visit www.medicare.gov.



Program	Telephone	Website/Email
DEERS	(800) 538-9552	www.tricare.osd.mil/deers
TRICARE		www.tricare.osd.mil
Benefits Counselors and Assistance Coordinators Regional Representatives	Northeast (888) 999-5195 North (877) 874-2273 South (800) 444-5445 Southwest (800) 406-2832 Central (888) 874-9378 West (888) 874-9378 Overseas (888) 777-8343	See links on TRICARE home page
TRICARE Dental Program (TDP) - United Concordia Companies, Inc.	(888) 622-2256	www.ucci.com
Enhanced TRICARE Retiree Dental Program Delta Dental Plan of California	(888) 939-8737	www.trdp.org ddpservice@delta.org
CHAMPVA	(800) 733-8387	www.va.gov/hac
Medicare	(877) 267-2323	www.medicare.gov

