CHAPTER 4 HEALTH AND WELL BEING



WHY THIS IS IMPORTANT

The experiences of thousands of Service members who have separated from the military suggest that this transition is likely to be stressful for you and your family—this stress may be harmful to you and your family's health and wellbeing. This chapter acquaints you with some useful knowledge and skills that help you to manage the stress related to transitions such as pre-mobilization, deployment, and post-mobilizations.

Health care and health insurance for you and your family is one of life's most important needs. Before you separate, review your current civilian health insurance and eligibility for TRICARE for Selected Reserve in order to protect you and your family. This chapter will help you make informed decisions about these arrangements.

PLANNING CONSIDERATIONS

EFFECTS OF A CAREER CHANGE

An Identity Challenge

Starting over as a civilian can be a stressful undertaking. The longer the military career, the greater identity one has with it—and the greater the potential for a stressful transition. Part of that stress comes from the loss of identity associated with the rank one has achieved over the years of military service. Rank signifies hard work, achievement, and status, among the many other things that distinguish one's identity. After separation, that rank no longer exists; you are just another civilian with no visible sign (rank) that informs others (and yourself) of your qualifications, achievements, and experience.

On the other hand, the absence of rank can represent an opportunity to grow, to start over, and reestablish an identity.

Expect Stress

Career transitions incur stress, but you can handle it better if you know how to recognize it and how to manage it. Stress is a state of being. It is a physical response, which if left unchecked can lead to mental and physical exhaustion and illness.

Natural stress is considered good because it enables one's body to respond to danger. Unnatural stress comes from sustained and unrelenting threats or dangers over which one has no control or period of rest. The body wears out under such conditions.

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Harmful stress can be grouped into the following categories:

- » Events that lead to the loss of a special relationship, such as divorce
- » Events you cannot control that make you feel helpless, such as an accident
- » Events with lasting consequences, such as a terminal illness or the loss of your job

Transitioning from the military can have aspects of all three categories. In a sense, you lose many special relationships by losing the daily interaction with your coworkers. If you are transitioning involuntarily, you may be in a situation that is beyond your control. Lastly, transition obviously has permanent consequences for your career.

Stress Indicators

- » Constant fatigue
- >> Headaches
- » Trouble sleeping or sleeping too much
- » Stomach problems
- » More frequent colds or other illnesses
- » Smoking or drinking more than usual
- >> Feeling nervous

Managing Transition-Related Stress

- Being irritable or angrier than you want to be
- Desire to be alone/away from other people
- Inability to eat or eating more than usual
- > Get Going: Work through the transition process and do not procrastinate. Put your situation in perspective and get on with your life. You are not the first person to go through transition; many thousands have come before you. You have dealt with difficult situations before, and you can handle whatever may be ahead.
- Sell Yourself: Don't be modest about your accomplishments. No one will come looking for you unless they know you are available.
- > Work at It: Work at planning your transition as if it were a job. However, keep it balanced or you'll burn out. Take time for yourself and your family.
- » Lighten Up: This is probably the most important piece of advice. Do not lose your sense of humor.
- » Keep Your Family Involved: Your family has a large stake in your transition and is experiencing many of the same feelings, worries, and uncertainties as you are. Do not keep your plans to yourself; get your family involved in this process.
- > Volunteer: Consider doing volunteer work. Your charitable actions will help others, keep you busy and happy, and assist you in getting to know the community beyond the military installations.
- **»** Take a Change Management Course: Consider taking a class in dealing with change before the first signs of stress appear.

HEALTH INSURANCE PLANNING

Transitioning directly to a civilian job normally means no gap in health insurance because the new employer provides it. Sometimes however, there is a gap between the time your service-provided coverage ends and your new employer's coverage begins. Worse yet, you may experience a period of not being employed after leaving the Service. Regardless, you are responsible for paying all the medical costs that you and your family might accrue during this gap in coverage, which could be overwhelming.

Fortunately, several resources are available to ensure continuous, comprehensive, quality health care for you and your family. Consult with the Health Benefits Advisor at your RC unit or nearest active component Medical Treatment Facility (MTF) for details about specific options and programs. For example, RC Service members who are released from active duty prior to the delivery of a child may be eligible for that child to be delivered in an MTF after separation, or, if not geographically close to an active installation, may be eligible for TRICARE coverage.

Get a Physical Checkup

While on active duty you may be eligible for physical exams. If MTFs, personnel resources, and local policy permit, you and your family members should arrange for your release from Active Duty (REFRAD) physicals as early as possible. Any problems can be treated while your medical expenses are still fully covered by the Service. During demobilization, ensure that you complete a health assessment and seek medical treatment for any conditions prior to REFRAD. *Note: These may also document service-connected conditions for potential VA benefits.*

Get a Dental Checkup

Before you are released from active duty, you and your family (if they are eligible) should have routine dental checkups and obtain necessary treatment under the TRICARE Family Member Dental Plan prior to your expiration of eligibility for the program. Treatment can be completed prior to separation, at little or no cost to you. Emergencies will also be taken care of until your separation.

Secure Your Health Records



Get a copy (certified, if possible) of your medical records from your MTF. These records will provide useful background information to the health care professionals who will treat you in the future. Your military health records will be transferred (with your consent) to your RC unit (for unit members), Individual Ready Reserve Command (e.g., Human Resources Command for the Army), and/ or the VA regional office nearest your separation address.

Department of Defense (DoD) Mental Health Self Assessment Program

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.

FACTS AND ADVICE

HEALTH INSURANCE

Transitional Health Insurance

The Transitional Assistance Management Program (TAMP) offers transitional TRICARE coverage to certain separating active duty members and their eligible family members. TRICARE eligibility under TAMP has been permanently extended to 180 days.

There are four categories of eligibility for TAMP:

- 1. Members involuntarily separated from active duty and their eligible family members; and
- 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; and
- 3. Members separated from active duty after being involuntarily retained in support of a contingency operation and their family members; and
- 4. 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.

Under TAMP, former active duty sponsors, former activated Reservists, and family members 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 TAMP, the sponsor is no longer on active duty and is treated as an active duty family member for benefits and cost-sharing purposes.

Transitional Health Termination

After 180 days, you and your family are no longer eligible to use MTF or TRICARE. However, you may purchase health insurance 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 denote eligibility dates and allow you to use MTFs.

If you separate voluntarily (not one of the four categories listed above), you and your family are not eligible to use MTFs or TRICARE. However, you may purchase extended transitional health insurance (CHCBP) for up to 18 months. You have 60 days after separation to enroll in CHCBP, which will start the day after you separate.



Transitional health care does not apply to retirees.

Community-Based Warrior Transition Units (CBWTUs)

CBWTUs allow a recuperating soldier to live at home and to access medical facilities near home while remaining on active duty. The primary mission of the CBWTUs is to provide high-quality health care and administrative processing for Reserve Component soldiers while allowing them to live and perform duties close to their homes and families (they work at an armory or reserve center within the confines of their profiles).

At a Community Based Warrior Transition Unit (CBWTU), an experienced nurse case manager manages the soldier's care. The case manager coordinates health care appointments, tracks the soldier's progress, and ensures that his or her care meets Army and TRICARE standards. Medical care is focused on returning soldiers to their pre-mobilization health status. If after medical treatment, a soldier does not meet retention standards, he or she is referred to a series of boards under the PDES. The Physical Evaluation Board (PEB) has responsibility for determining fitness for duty or any service-connected disability (SCD).

TRICARE Reserve Select (TRS)

TRS is a premium-based health plan available worldwide to Selected Reserve members of the Ready Reserve (and their families) who are not eligible for or enrolled in the Federal Employee Health Benefits (FEHB) program (as defined in Chapter 89 of Title 5 USC) or currently covered under FEHB, either under their own eligibility or through a family member.



ELIGIBILITY

TRS is a great option for you and your family if you are:

- » A member of the Selected Reserves of the Ready Reserve;
- » Not on active duty orders or covered by the Transitional Assistance Management Program; and
- » Not eligible for or enrolled in the FEHB.

The plan provides comprehensive health care coverage when you're not activated and covered by active duty TRICARE benefits. And, because you can see any provider, you don't have to change providers if you already have one.

Plan Overview

You may visit any TRICARE-authorized provider, network or non-network. Care at MTFs is on a space-available basis only. You do not need a referral for any type of care but some services may require prior authorization. The type of provider you see determines how much you'll pay out of pocket. If you're visiting a network provider, you'll pay less out of pocket and the provider will file claims for you.

Monthly Premiums

TRS premium rates are established annually on a calendar year basis. You are required to pay the monthly premiums if you decide to enroll in TRS.



2011 MONTHLY PREMIUMS

- » TRS Member-Only Coverage: \$53.16 per month
- » TRS Member-and-Family Coverage: \$197.76 per month



PURCHASING TRS

Purchasing TRS is a two-step process, and you must complete the process online.

» Step 1: Qualify

Log on to the Defense Manpower Data Center (DMDC) Reserve Component Purchased TRICARE Application. To log on, you must have either a DoD Common Access Card (CAC), DFAS (MyPay) Account, or DoD Self-Service Logon (DS Logon) Premium (Level 2) account. The DS Logon Premium (Level 2) account is given to a user who has registered using their CAC or DFAS myPay Login ID or who has completed an in-person proofing process by an agency official. Complete the Reserve Component Health Coverage Request Form (DD Form 2896-1). Print and mail your completed form to your regional contractor.

» Step 2: Purchase

You may purchase the plan at any time throughout the year—there are no tiers or open seasons. Mail or fax your completed DD Form 2896-1, "Reserve Component Health Coverage Request Form," along with the first month's premium payment to your regional contractor within the specified deadline.

Out-of-Pocket Costs

After you've met an annual deductible; you're responsible to pay a cost-share (or percentage). Here's a quick snapshot of TRS costs

TYPE OF PROVIDER	OUTPATIENT COST SHARE	INPATIENT COST SHARE
Network Providers	15% of the negotiated rate	\$16.85 per day (\$25 minimum charge)
Non-Network Providers	20% of the TRICARE allowable charge	\$16.85 per day (\$25 minimum charge)

Continued Health Care Benefit Program (CHCBP)

CHCBP is a health insurance program intended to provide veterans with continuous health care coverage on a temporary basis following the termination of military benefits. It acts as a "bridge" between military health benefits and those acquired in the civilian world.

- CHCBP may entitle you to coverage for preexisting conditions often not covered by a new employer's benefit plan.
- » CHCBP benefits are comparable to TRICARE Standard benefits.
- » A premium payment for the first 90 days of 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.
- 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)



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

- » A completed DD Form 2837, "CHCBP Application."
- Documentation as requested on the 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.

For all enrollees, CHCBP coverage is effective on the day after the termination of military benefits.

MEDICAL CARE FOR RETIREES

TRICARE offers retiree beneficiaries four options in obtaining medical care.

- 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 MTF 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. Enrollees are responsible for paying the annual deductible and cost shares at a reduced rate. The network provider will file the claims.

- 3. TRICARE Standard—This is a fee-for-service option that requires an annual deductible and cost share after the deductible has been reached. Under TRICARE Standard enrollees are responsible for filing claims.
- 4. TRICARE for Life (TFL)—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 TFL. There are no TFL enrollment fees, but enrollees 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.

Supplemental Health Insurance for Retirees

One short stay in the hospital could offset the cost of several years of supplemental health insurance. Even though you are covered by TRICARE, a supplemental insurance policy is a good idea for retirees.

- » TRICARE does not cover all costs.
- » TRICARE has a yearly deductible to be paid.
- TRICARE has a yearly cap on non-covered expenses; the cap is extremely high, and you are responsible for the cost of non-covered items up to that amount if you are covered by health insurance with your new employer, you may use TRICARE as your supplemental insurance for that policy.



Check with your TRICARE advisor concerning your particular circumstances.

Shopping for Supplemental Health Insurance

There are many places to obtain supplemental health insurance. Several fraternal associations and many commercial insurance companies offer such plans. Insurance plans vary greatly with which medical procedures are covered and the percentage the policy will pay.

When shopping for health insurance, first consider the benefits you may have as a retiree or veteran. Then purchase supplemental insurance. The trick is to find a supplemental insurance plan that covers all your anticipated needs without paying for benefits that duplicate what you already have.

There are five basic types of health insurance coverage:

- 1. Hospital expense insurance pays for hospital bills either in part or in full. Watch out for policies that do not pay for the first eight to 10 days of a hospital stay (the average hospital stay is fewer than eight days).
- 2. Surgical expense insurance covers surgeon fees. Beware: For major surgeries, all of the fees may not be covered. Read the policy carefully before you sign.
- 3. Medical expense insurance covers doctor's visits in the hospital, in the doctor's office or house calls.

- 4. Major medical insurance pays practically every form of hospital and outpatient care as long as a licensed physician provides the care. Most people choose major medical because it is so comprehensive. However, the payments for this type of coverage are high.
- 5. Disability insurance pays a percentage of your normal income if a disability prevents you from doing your job.

When looking at your health insurance coverage, take a moment to review your insurance on your automobile, personal property, real estate, and loan payments. Insurers sometimes offer discounts to customers who purchase several types of insurance from the same company.

Health Insurance for 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 children's 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.

VA MEDICAL CARE

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.

VA Health Care Eligibility

Eligibility for VA health care depends on 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 SCD 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.

The application process determines whether you have qualifying service as a veteran and what your veteran status is by evaluating your character of discharge and the length of military service.

VA Combat Veteran Authority

The VA offers veterans who served in a theater of combat operations and were discharged from active duty on or after January 28, 2003, an enhanced enrollment placement for five years, or more, after the date they leave the service. If the veteran served in combat after November 11, 1998 and was discharged from active duty before January 28, 2003, he or she may apply for enrollment. Also eligible are activated Reservists or members of the National Guard who served on active duty in a theater of combat operation after November 11, 1998 and left service under any conditions other than dishonorable.

Family Members and Survivors

The VA may provide medical care for the children and spouse of a veteran with a SCD, even after the veteran's death.

VA Health Care Benefits for Disabled Veterans

The law ensures that VA care will continue for disabled veterans with service-connected disabilities.

Veterans with non-service-connected disabilities will also continue to receive VA medical care, but on a space-available basis, and a co-payment may be charged. Laws are subject to change, and there are many applicable details. Contact the VA for the latest information on disability benefits.

Classifying Disabled Veterans

The VA makes an important distinction among veterans based on the nature of their disability. This distinction determines the cost and availability of VA medical services.

	SERVICE-CONNECTED DISABILITY	NON-SERVICE-CONNECTED DISABILITY
OVERVIEW	Any veteran who was disabled by injury or disease incurred or aggravated during active military service in the line of duty will receive VA medical care on a mandatory basis. In general, this means that service will be provided as needed at no cost to the veteran.	Any veteran whose disability originated outside of active service will receive VA medical care on a discretionary basis. Examples of such disabilities might include disabling arthritis that you inherited from your parents, loss of the use of your legs after a fall during a ski vacation, contracting malaria, etc. The VA generally provides medical care to those in the discretionary category on a space-available basis, as long as the veteran agrees to make a co- payment.
OUTPATIENT CARE	If you have a single disability or a combined disability rating of 50% or more, the VA will furnish outpatient care without limitation. If your disability rating is less than 50%, the VA will treat at no cost only those conditions that are service- connected	With very few exceptions, outpatient care is only provided to veterans with service- connected disabilities. Contact your local VA office for details.
HOSPITAL CARE	The VA is required to provide hospital care at no cost. All medical services are covered while you are hospitalized. This coverage also may include transportation under certain circumstances.	Hospital care in VA facilities may or may not be provided to veterans in the discretionary category, depending on whether space and resources are available. However, you must agree to pay a deductible of what you would pay under Medicare.
NURSING HOME CARE	The VA may or may not provide nursing home or domiciliary care, depending on your income and disability. For more information, call the VA.	The VA may or may not provide nursing home care, depending on whether space and resources are available. However, you must pay a co-payment. Contact the VA for details.

Lower Income Veterans

Lower income veterans receive benefits similar to those in the mandatory classification.

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VA COMPENSATION AND PENSION PROGRAMS

The VA offers the Veteran Disability Compensation and Veteran Pension programs that provide assistance based on your personal circumstances.

VA Disability Compensation

If you are a military veteran with a service-related disability, you may qualify for monthly disability compensation benefits. These benefits are paid to veterans who are disabled by an injury or disease that occurred while on active duty, active duty for training, or was made worse by active military service. These benefits are tax free. You may be eligible for disability compensation if you have a service-related disability and you were discharged under other than dishonorable conditions. The amount of compensation that can be paid through this program ranges from \$123 to \$2,673 per month, depending on the severity of your disabilities.

Your monthly compensation rate may also include Special Monthly Compensation (SMC) based on other circumstances. For example, you may receive SMC if you have any of the following:

- » Very severe disabilities or loss of limb(s)
- >> A spouse, child(ren), or dependent parent(s)
- » A seriously disabled spouse



You can apply for compensation benefits by filling out VA Form 21-526, "Veterans Application for Compensation and/or Pension."



Be sure to attach copies of any of the following documents to your application:

- » Discharge or separation papers (DD Form 214 or equivalent)
- » National Guard Service members should also include a copy of their military orders, presidential proclamation or executive order that clearly demonstrates the federal nature of the service
- Dependency records (marriage and children's birth certificates), as applicable
- » Medical evidence (doctor and hospital reports)

Veterans Pension

Wartime veterans with limited incomes who are permanently and totally disabled or age 65 or older may be eligible for a Veteran Pension. The Veterans Pension (also known as VA Pension) is a non-service-connected benefit that provides a monthly payment to supplement income.



ELIGIBILITY

- » Discharged from service under other than dishonorable conditions; and
- Served 90 days or more of active duty and at least one day of that service had to occur during a period of war*; and
- » Countable family income is below a yearly limit set by law; and
- >> Permanently and totally disabled; or
- » Age 65 or older.

The application for Veterans Pension is the same as the VA Application for Compensation.

Benefits Delivery at Discharge (BDD)

BDD is a popular program, available at limited locations in the United States, that allow veterans' self-identified disability claims to be processed six months prior to separation.



At BDD sites, Service members can submit VA Form 21-526 and medical documentation to a local VA representative in order to establish their claims.

VA schedules necessary specialty appointments and a compensation and pension examination by a VA doctor. Disposition of the claim is projected as a goal of no later than two months after the date of discharge on the DD Form 214.

Quick Start



Quick Start allows Service members the opportunity to submit an application for service-connected compensation while still on active duty, which will speed up the acquirement of VA compensation benefits.

Service members with 1–59 days remaining on active duty, or full-time Reserve or National Guard (Title 10 or Title 32), or Service members who do not meet the BDD criteria requiring availability for all examinations prior to discharge may apply through Quick Start.

Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA): Medical Care for Family Members and Survivors

The CHAMPVA helps pay for medical services and supplies veterans' family members and survivors obtain from civilian sources.

^{*} Anyone who enlisted after September 7, 1980, generally must have served at least 24 months or the full period for which called or ordered to active duty. Military service from August 2, 1990, through a date to be set by law or Presidential Proclamation is considered to be a period of war (Gulf War). VA Pension pays you the difference between your countable family income and the yearly income limit. This difference is generally paid in 12 equal monthly payments rounded down to the nearest dollar.



ELIGIBILITY

To qualify, family members and survivors must *not* be eligible for Medicare or TRICARE. The following are eligible for CHAMPVA:

- » The spouse or child of a veteran who has a permanent and total SCD.
- The surviving spouse or child of a veteran who died as a result of a service-connected condition.
- The surviving spouse of child of a person who died while on active military service in the line of duty.
- A surviving spouse who remarries may qualify for care under CHAMPVA after the subsequent marriage is terminated.

Social Security Administration Benefits for Wounded Warriors

Service members can receive expedited processing of disability claims from Social Security. Benefits available through Social Security are different than those from the VA and require a separate application.

The expedited process is used for military Service members who become disabled while on active military service on or after October 1, 2001, regardless of where the disability occurs.



You can apply via the following methods:

- » File online at <u>www.socialsecurity.gov</u>.
- >> File in-person at your nearest Social Security office.
- Call 1-800-772-1213 or TTY 1-800-325-0778 to schedule an appointment.

If filing in person and your disability occurred *while you were on active duty* October 1, 2001 or later, ensure you explicitly report information regarding your military service to your claims representative. If you are filing online you will need to annotate that you became disabled while on active duty in the remarks section so that your case will receive expedited processing.

If your disability occurred while you were on active duty October 1, 2001 or later, make sure to explicitly report it as such and your case will receive expedited processing.

DENTAL HEALTH CARE

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

TRICARE Dental Program

The DoD offers the TRICARE Dental Program (TDP) through the TRICARE Management Activity (TMA) and the United Concordia Companies, Inc., administers and underwrites the program. 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 Plan (TRDP)

The Federal Services division of Delta Dental Plan of California, located in Sacramento, California, administers and underwrites the TRDP. The TRDP offers comprehensive, cost-effective dental coverage for uniformed services retirees and their eligible family members.

The TRDP also makes available a premium-based dental insurance program for military retirees, members of the Retired Reserve receiving retired pay, un-remarried surviving spouses, and dependents. Eligible beneficiaries will pay the full cost of the dental insurance coverage. TRDP features basic dental care and treatment, to include diagnostic services, preventative services, basic restoration services, endodontic, surgical services, and emergency services.

Transitional Dental Care

The VA provides one-time dental care for veterans who 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.

Following Separation



You will need to obtain dental insurance from your new employer or through a private insurer. Many fraternal associations provide access to group life, health, and dental insurance at competitive rates.

As a RC Selected Reserve member, you may want to consider the TDP. The TDP offers continuous dental coverage throughout the sponsor's changing status—from inactive to active duty. When the sponsor is activated, family members will enjoy reduced monthly premiums. TDP is the only dental plan sponsored by the DoD for National Guard/Reserve sponsors *and* their families, and offers a nationwide network of more than 65,000 participating dentists, high-quality customer service, and comprehensive dental coverage designed for military families. Government-shared cost-shares and premiums ensure you get the most coverage for minimal out-of-pocket costs, and costs can be as low as \$12.69 per month (as of 2011). Under the TDP, examinations and cleanings are covered at 100% when you use one of our network dentists. Fillings, crowns, bridges, root canals, and orthodontics are also covered.

RESOURCES

STRESS: WHERE TO GO FOR HELP

Various agencies on and off base provide counseling for personal issues, marital issues, parent-child conflicts, stress-related concerns, and alcohol and drug abuse. While you are on active duty, these services are free on military installations.

For information, assistance, and referrals, the following resources are helpful:

- » Family Center, Chaplain's Office, and Military mental health care facility
- » The Department of Veterans Affairs at 1-800-827-1000
- » VA Vet Center: <u>www.vetcenter.va.gov</u>
- » Military OneSource 24/7 Support at 1-800-342-9647; or online at: www.militaryonesource.com
- » Military Family Network: <u>www.emilitary.org</u>

Ameriforce Deployment Guide

This resource offers fact sheets and information for Service members and their families on post-deployment issues, including home, finances, career, and more: <u>www.ameriforce.net/deployment</u>.

National Center for PTSD

The National Center for PTSD is a special center within the VA 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: www.ncptsd.va.gov.

Courage to Care

Courage to Care is an electronic health campaign for military and civilian professionals serving the military community: <u>www.usuhs.mil/psy/courage</u>.

Military OneSource

This free, 24-hour service provided by the DoD, 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 at 1-800-342-9647 or through the website at <u>www.militaryonesource.com</u>.

InTransition Mental Health Coaching and Support Program

Are you looking at an upcoming change in status, relocation, or return to civilian life? If so, and if you are currently receiving mental health care, transferring to a new provider can be easy. Change of status can disrupt anyone's military life. *InTransition* provides you with encouragement from a personal coach and access to other resources to help you get started with your new provider, get your questions answered, and continue your treatment. You can reach the program at 800-424-7877; outside the U.S. toll-free: 800-424-4685 (DSN); outside the U.S. collect: 314-387-4700, or through the website at www.health.mil.InTransition.

HEALTH INSURANCE

Transitional Health Insurance www.tricare.mil/mybenefit

TRICARE

www.tricare.mil

- Health Benefits Advisors/Beneficiary Counselor and Assistance Coordinators (BCAC) at MTFs: Locate the BCAC for your state at www.tricare.mil/bcacdcao/.
- TRICARE for Life: <u>www.tricare.mil/tfl</u> or call Wisconsin Physicians Service-TFL at 1-866-773-0404 (1-866-773-0405 TTY/TDD for the hearing impaired).
- For more information regarding the Retiree Dental Program: Consult the TRICARE website <u>www.tricare.mil</u> or call 1-800-866-8499.

TRICARE Reserve Select

For more information, download a copy of the TRICARE Reserve Select Flyer.

CHCBP

Contact Humana Military Healthcare Services, Inc., in writing or by phone for information about CHCBP, which includes enrollment eligibility, application instructions, benefits details, and costs for coverage.

Humana Military Healthcare Services, Inc. Attn: CHCBP P.O. Box 740072 Louisville, KY 40201 P: 1-800-444-5445 www.humanamilitary.com

VA HEALTH CARE

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

To apply for VA health care benefits, including enrollment, you must fill out an application. Enrollment forms and instructions can be found at: <u>www.1010ez.med.va.gov/sec/vha</u>.

For eligibility requirements, go to: <u>www.va.gov/healtheligibility</u> or call your VA regional office toll free at 1-800-827-1000.

There are 58 VA regional offices and 171 VA medical centers located through the nation, in addition to numerous outpatient clinics, vet centers, and national cemeteries. The toll-free telephone number for VA regional offices is 1-800-827-1000. Also, visit the VA website at <u>www.va.gov</u>.

VA DISABILITY COMPENSATION AND PENSION

vabenefits.vba.va.gov/vonapp

Vet Centers

Vet Centers provide readjustment counseling and outreach services to all veterans who served in any combat zone. Services are also available for their family members for military-related issues. Veterans have earned these benefits through their service and all are provided at no cost to the veteran or family.

Readjustment counseling provides a wide range of services to combat veterans to help them make a satisfying transition from military to civilian life. Services include:

- » Individual counseling
- » Group counseling
- » Marital and family counseling
- » Bereavement counseling
- » Medical referrals
- Assistance in applying for VA Benefits
- » Employment counseling

- » Guidance and referral
- » Alcohol/drug assessments
- Information and referral to community resources
- Military sexual trauma counseling and referral
- Outreach and community education

VA's readjustment counseling is provided at community-based Vet Centers located near veterans and their families. There is no cost for Vet Center readjustment counseling. Find your nearest Vet Center in the online Vet Center Directory at: <u>iris.custhelp.com/</u> <u>app/answers/detail</u> or check the local blue (government) pages in your telephone book.

The Vet Center staff is available toll free during normal business hours at 1-800-905-4675 (Eastern) and 1-866-496-8838 (Pacific).

The National Guard has placed a TAA at each of the State Joint Forces Headquarters to serve as the statewide point of contact and coordinator for easy access to VA benefits and to provide assistance in access to entitlements through the Military health System (TRICARE). In May 2005, the partnership between the National Guard and VA was solidified when the Chief of the National Guard Bureau signed a Memorandum of Agreement with the Under Secretary of Health and Under Secretary of Benefits at the VA. The hallmark of this partnership is that VA has access to soldiers and families at unit events, and family programs as part of VA's outreach program targeted at returning soldiers and their families. The goal of the partnership is to educate all Guard members and their families about their entitlements and how to access the VA.

For more information, visit: <u>www.taapmo.com/taaprogram</u>.

SOCIAL SECURITY ADMINISTRATION BENEFITS FOR WOUNDED WARRIORS

To learn more about this benefit, visit the Social Security Wounded Warriors website at <u>www.socialsecurity.gov/woundedwarriors</u>.

DisabilityInfo.gov—The Online Disability Resource

The federal government has created the <u>www.disabilityinfo.gov</u> website, which is designed to give people with disabilities and many others access to the information and resources they need to live full and independent lives in the workplace and in their communities. Managed by the DOL Office of Disability Employment Policy (<u>www.dol.gov/odep</u>), DisabilityInfo.gov offers a broad range of valuable information for people with disabilities and their family members, health care professionals, service providers, and many others.

Easy to navigate, DisabilityInfo.gov is organized by subject areas that include benefits, civil rights, community life, education, employment, health, housing, technology, and transportation. By selecting a category from the tabs at the top of the home page, users are directed to valuable information covering state and local resources, news and events, grants and funding, laws and regulations, and more. Several sections of the site link to disability-related programs geared toward veterans and the military community.

With 21 federal agencies contributing content to this website, DisabilityInfo.gov contains extensive, frequently-updated information on a host of crosscutting topics. Areas of particular interest to the military community and their families include information on the availability of assistive technologies for DoD employees and Service members with disabilities, links to employment programs for transitioning wounded Service members in addition to information on benefits, compensation and health care programs, links to relocation and employment services as well as special needs programs for military families, and many other DoD programs serving troops and their families.

DisabilityInfo.gov also offers a free subscription service in which you can sign up to receive *DisabilityConnection*, a quarterly newsletter, as well as other e-mail alerts covering information tailored to your individual interests. Visit <u>service.govdelivery.com/</u> <u>service/user.html?code=USODEP</u>.

CHAMPVA: Medical Care for Family Members and Survivors

www.va.gov/hac/forbeneficiaries/champva/champva

For details and submitting new health care claims, contact:

VA Health Administration Center CHAMPVA P.O. Box 65024 Denver, CO 80206-9024 P: 1-800-733-8387 126