

2014

Wounded, Ill and Injured **COMPENSATION AND BENEFITS HANDBOOK**



OFFICE OF
WARRIOR CARE POLICY

FORWARD

Welcome to the DoD Compensation and Benefits Handbook for Wounded, Ill, and Injured Members of the Armed Forces. If you are a Service member in any of those categories, you should find this Handbook to be a useful reference.

First, please know that your service to your country and the sacrifices you have made are appreciated by all Americans. We owe our liberty to patriots like you and those who came before you. The American people, through their elected representatives, have put in place many programs to help you as you go through your recovery, rehabilitation, and reintegration, whether that is return to military service or a return to civilian life.

This Handbook was designed to answer your questions in the order in which they are most likely to arise. It is intended as a quick reference for you and your loved ones during rehabilitation and reintegration. This version will link you to all of the resource sites you will need, it will answer most of your immediate questions and lead you to the right places to answer the rest.

Many of the answers to your questions will depend on your specific, personal circumstances. Take advantage of the assistance of your Recovery Care Coordinator (RCC), Non-Medical Care Manager (NMCM) or Federal Recovery Coordinator (FRC), if assigned, to find the answers to your questions or help you contact the appropriate experts.

This handbook is available electronically at: <http://warriorcare.dodlive.mil/>.

TABLE OF CONTENTS

CHAPTER 1: RECOVERY	1
SECTION 1: RECOVERY COORDINATORS	1
SECTION 2: MILITARY WOUNDED WARRIOR PROGRAM OFFICES	1
SECTION 3: NATIONAL RESOURCE DIRECTORY (NRD)	3
SECTION 4: PRIVACY PROTECTIONS	4
CHAPTER 2: YOUR MEDICAL CARE	5
SECTION 1: TRICARE	5
SECTION 2: TRICARE PRIME	5
SECTION 3: TRICARE STANDARD AND TRICARE EXTRA	6
SECTION 4: TRICARE AND MEDICARE	7
SECTION 5: TRICARE TRANSITIONAL ASSISTANCE MANAGEMENT PROGRAM (TAMP)	7
SECTION 6: TRICARE RESERVE SELECT (TRS)	8
SECTION 7: TRICARE RETIRED RESERVE (TRR)	8
SECTION 8: THE TRICARE DENTAL PROGRAM (TDP)	8
SECTION 9: TRICARE RETIREE DENTAL PROGRAM (TRDP)	9
SECTION 10: TRICARE MENTAL AND BEHAVIORAL HEALTH CARE	9
SECTION 11: COMMUNITY CARE UNIT (CCU)	9
SECTION 12: SEPARATING FROM THE MILITARY	9
SECTION 13: TRAVEL FOR FOLLOW-UP CARE	9
SECTION 14: TRAVEL PAY FOR MEDICAL TREATMENT	10
SECTION 15: TRAVEL FOR YOUR FAMILY	10
SECTION 16: FAMILY AND MEDICAL LEAVE ACT	11
CHAPTER 3: DOD PAY AND ALLOWANCES	12
SECTION 1: YOUR PAY WHILE RECOVERING	12
SECTION 2: SAVINGS DEPOSIT PROGRAM (SDP)	14
SECTION 3: FEDERAL THRIFT SAVINGS PLAN (TSP)	14
SECTION 4: TUITION ASSISTANCE (TA) PROGRAM	15
SECTION 5: TRAUMATIC SERVICE MEMBERS' GROUP LIFE INSURANCE PROGRAM (TSGLI)	15
SECTION 6: EXCESS LEAVE AND PERMISSIVE TDY (PTDY)	17
CHAPTER 4: THE INTEGRATED DISABILITY EVALUATION SYSTEM (IDES)	18
SECTION 1: THE REFERRAL AND CLAIMS DEVELOPMENT PROCESS	18
SECTION 2: THE MEDICAL EXAMINATION AND MEDICAL EVALUATION BOARD (MEB) PROCESS	19
SECTION 3: THE PHYSICAL EVALUATION BOARD (PEB)	19
SECTION 4: PEB DISPOSITION FINDINGS	20
SECTION 5: UNDERSTANDING DISABILITY RATINGS AND BENEFITS	21
SECTION 6: YOUR RIGHT TO APPEAL THE PEB'S DECISION	22
CHAPTER 5: DOD DISABILITY COMPENSATION	23
SECTION 1: SEVERANCE PAY	23
SECTION 2: TEMPORARY DISABILITY RETIREMENT LIST (TDRL)	24
SECTION 3: PERMANENT DISABILITY RETIRED LIST (PDRL)	25
SECTION 4: CONCURRENT RETIREMENT AND DISABILITY PAY (CRDP) AND COMBAT- RELATED SPECIAL COMPENSATION (CRSC)	25

TABLE OF CONTENTS

CHAPTER 6: THE SURVIVOR BENEFIT PLAN (SBP)	27
CHAPTER 7: SOCIAL SECURITY BENEFITS	36
SECTION 1: DISABILITY BENEFITS FOR YOU	36
SECTION 2: SOCIAL SECURITY BENEFITS FOR YOUR FAMILY	37
CHAPTER 8: REINTEGRATION INTO CIVILIAN LIFE	39
SECTION 1: TRANSITION ASSISTANCE PROGRAM (TAP).....	39
SECTION 2: VETERANS BENEFITS BRIEFINGS I AND II	41
SECTION 3: VA VOCATIONAL REHABILITATION AND EMPLOYMENT PROGRAM	41
SECTION 4: EMPLOYMENT PROGRAMS OF OTHER GOVERNMENT AGENCIES	42
SECTION 5: VET CENTERS	43
SECTION 6: EDUCATION BENEFITS.....	43
SECTION 7: UNEMPLOYMENT COMPENSATION FOR FORMER SERVICE MEMBERS	50
SECTION 8: REEMPLOYMENT RIGHTS.....	50
SECTION 9: IMPORTANT FORMS.....	51
CHAPTER 9: DEPARTMENT OF VETERANS AFFAIRS (VA) BENEFITS	53
SECTION 1: VA DISABILITY COMPENSATION	53
SECTION 2: VA HEALTH CARE BENEFITS	53
SECTION 3: VA LIFE INSURANCE PROGRAMS.....	58
SECTION 4: SURVIVORS’ AND DEPENDENTS’ EDUCATIONAL ASSISTANCE	60
SECTION 5: VOCATIONAL AND EDUCATIONAL COUNSELING	60
SECTION 6: VEHICLE PURCHASE AND ADAPTATION	60
SECTION 7: SPECIALLY ADAPTED HOUSING GRANT	60
SECTION 8: CLOTHING ALLOWANCE.....	61
SECTION 9: VETERANS IDENTIFICATION CARD.....	61
SECTION 10: VA HOME LOAN GUARANTY PROGRAM.....	61
SECTION 11: COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS PROGRAM	61
SECTION 12: RESPITE CARE PROGRAM	61
CHAPTER 10: FAMILY AND CAREGIVER SUPPORT	63
SECTION 1: CHILDCARE FEE ASSISTANCE.....	63
SECTION 2: CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP).....	63
SECTION 3: ECHO HOME HEALTH CARE (EHHC)	63
SECTION 4: EXTENDED CARE HEALTH OPTION (ECHO)	64
SECTION 5: FAMILY TRAVEL AND TRANSPORTATION.....	64
SECTION 6: LEGAL ASSISTANCE.....	65
SECTION 7: MILITARY FAMILY PROVISIONS OF THE FAMILY MEDICAL LEAVE ACT (FMLA)	65
SECTION 8: MILITARY SPOUSE CAREER ADVANCEMENT ACCOUNT PROGRAM (MYCAA)	65
SECTION 9: MILITARY ONESOURCE.....	65
SECTION 10: NEW PARENT SUPPORT PROGRAM (NPSP)	66
SECTION 11: SPECIAL COMPENSATION FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (SCAADL)	66
SECTION 12: SPOUSE EDUCATION AND CAREER OPPORTUNITIES (SECO)	66
SECTION 13: TRICARE BEHAVIORAL AND MENTAL HEALTH CARE BENEFITS FOR DEPENDENTS.....	66
SECTION 14: TRICARE RESPITE CARE PROGRAMS.....	67
APPENDIX: TRICARE CONTACT INFORMATION	68

CHAPTER 1: RECOVERY

SECTION 1: RECOVERY COORDINATORS

If you are seriously wounded, ill, or injured, you will have personalized help to guide you through the recovery process. A **Recovery Care Coordinator (RCC)**, a **Non-Medical Care Manager (NMCM)** and potentially a **Federal Recovery Coordinator (FRC)** will be assigned to help you in your non-medical case management. RCCs, and NMCMs are typically assigned to seriously wounded, ill, or injured Service members whose medical conditions are expected to last at least 180 days. The Federal Recovery Coordination Program (FRCP) provides care coordination for severely wounded, ill, and injured Service members, Veterans, and their families. Their goals are the same: to help you get the right care and support from the right people at the right time.

Your RCC and Non-Medical Care Manager are members of your Service's Wounded Warrior program team and are trained to help build a Comprehensive Recovery Plan (CRP) that identifies your needs and lays out the path for you to meet personal and professional goals during your recovery, rehabilitation, and reintegration. Your RCC will work with you and your family, as well as your doctors, nurses, social workers, case managers, and Wounded Warrior program staff to create your CRP or Comprehensive Transition Plan (CTP) and put it into action.

Federal Recovery Coordinators, managed by the Department of Veterans Affairs (VA), help the more severely wounded, ill, or injured Service members. FRCs develop a Federal Individualized Recovery Plan by collaborating with the Service member or Veteran, his/her family or caregiver and the Service member's health care team. They track the care, management and transition of a recovering Service member or Veteran through recovery, rehabilitation, and reintegration.

A key part of the recovery plan is the identification of the benefits and compensation to which you are entitled and helping you apply for them. Your RCC or FRC will provide oversight and assistance, identifying gaps in your non-medical services to address everything from home adaptation, transportation and finances to child care and educational goals. He or she will work with your other care providers to ensure that you are connected with the appropriate federal, state, local, non-profit, and private sector programs to meet your goals. You can trust your RCC or FRC to be a valuable resource and advocate for information and assistance.

Think of your RCC, your NMCM, your AW2 Advocate, or your FRC as your own Command Center – someone who helps make sure you get the right care by the right people at the right time.

SECTION 2: MILITARY WOUNDED WARRIOR PROGRAM OFFICES

Each military Service and United States Special Operations Command (USSOCOM) has established a team of advisors to help recovering Service members recover and reintegrate either back onto active duty or into civilian life. They assist with issues such as:

- Pay and personnel matters
- Invitational travel orders
- Lodging and housing adaptation
- Child and youth programs
- Transportation needs

CHAPTER 1: RECOVERY

- Legal and guardianship issues
- Education and training benefits
- Commissary and Exchange access
- Respite care
- TBI and PTSD support services
- Other non-medical support services

Each of these teams is described below.

Warrior Transition Units (WTU)

At the heart of the Warrior Care and Transition Program are 29 WTUs at major Army installations worldwide, and 13 Community Care Units (formally known as CBTUs) located regionally around the United States. These units provide holistic care and leadership to Soldiers who are expected to require six months of rehabilitative treatment, and/or need complex medical case management. While a WTU closely resembles a “line” Army unit, with a professional cadre and integrated multidisciplinary team, its singular mission is to provide a comprehensive care management that allows assigned members to heal and transition. Each assigned Warrior in Transition’s care is managed by a triad of care, consisting of a primary care manager (normally a physician), a nurse case manager and a squad leader (an NCO, usually a staff sergeant), to direct and supervise the individual healing process.

Army Wounded Warrior Program (AW2)

The AW2 Program’s mission is to provide personalized support for severely injured soldiers no matter where they are located. AW2 Advocates are located at military treatment facilities (MTFs) and at VA medical facilities. One of the major roles of the AW2 Advocate is to empower Soldiers and their families/caregivers to make informed and relevant decisions as they progress along the path to independence. They are considered career and education guides, benefits advisors, transition counselors, resource experts, family assistants and life coaches. Soldiers must meet specific conditions to qualify for the AW2 program. To learn more about the program, visit the AW2 website at: <http://www.wtc.army.mil/modules/soldier/s2-aw2EligibilityEnrollment.html> or call 1-877-393-9058.

Marine Corps Wounded Warrior Regiment

The Wounded Warrior Regiment provides and facilitates non-medical care to combat and non-combat wounded, ill, and injured Marines and Sailors attached to or in direct support of Marine units and their family members in order to assist them as they return to duty or transition to civilian life. We serve active, reserve and Veteran Marines.

Support begins at the identification of a wound, illness or injury. This support continues until the wounded Marine either returns to full duty or transitions back into civilian life. Even after release from active duty, assistance with reintegration, education, benefits, local governmental and non-governmental and Veterans’ organizations is provided by the District Injured Support Cell (DISC) Program, which is part of the Wounded Warrior Regiment.

To learn more about the Wounded Warrior Regiment and District Injured Support Cell (DISC) Program, go to the Wounded Warrior Regiment website at: www.woundedwarriorregiment.org, or call 1-877-4USMCWW (1-877-487-6299).

Navy Wounded Warrior Safe Harbor

Navy Wounded Warrior Safe Harbor is the Navy’s non-medical care management program supporting seriously wounded, ill, and injured sailors and their families. It also collaborates with the

CHAPTER 1: RECOVERY

U.S. Coast Guard to support Coast Guardsmen and their families. Navy Safe Harbor Recovery Care Coordinators and Non-medical Care Managers are located at major Navy treatment facilities throughout the United States, Veterans Affairs Polytrauma Centers, and other medical treatment centers. They provide support to sailors with combat-related wounds or injuries, as well as those who are seriously injured in shipboard or liberty accidents (e.g., motor vehicle or motorcycle accidents), or incur a serious illness, whether physical or psychological. Non-medical care management support is individually tailored to meet the unique needs of Service members and their families. Navy Safe Harbor extends support beyond separation or retirement from service through the Anchor Program, a partnership with the Navy Reserve and retired members to provide mentor support during reintegration to the community. To learn more about the Navy's Safe Harbor program, visit their website at: <http://safeharbor.navylive.dodlive.mil/>, or call them at 1-855-628-9997.

Air Force Warrior and Survivor Care

The Air Force Warrior and Survivor Care office provides policy and oversight for the Recovery Care Program. The Recovery Care Program ensures all wounded, and seriously ill or injured Airmen are assigned Recovery Team consisting of a Recovery Care Coordinator, a Non-Medical Care Manager, a Medical Care Manager and others as necessary to ensure all non-medical needs are addressed and to facilitate the logistical requirements of medical treatment in areas away from home. The Air Force's goal is to retain highly skilled men and women on active duty. If retention is not possible, the Recovery Care Program will ensure Wounded Warriors and their families receive the full range of transition assistance they require. For more information about the AFW2 Program, call their toll free number, 1-800-581-9437 between 7a.m. and 4p.m. (Central time), send an e-mail to: afwounded.warrior@randolph.af.mil, or visit the AFW2 website at: www.woundedwarrior.af.mil.

United States Special Operations Command (USSOCOM) Care Coalition

The USSOCOM Care Coalition's mission is to provide Special Operations Forces (SOF) warriors and their families a model advocacy program in order to enhance their quality of life and strengthen the overall readiness of special operations.

Central to this mission is comprehensive non-medical recovery services for SOF wounded, ill or injured warriors and their families.

The Care Coalition provides a system of support and advocacy to guide and assist SOF warriors and family or designated caregivers through treatment, rehabilitation, return to duty, or military retirement and transition into the civilian community.

SOF wounded, ill or injured, their families, and surviving families can count on USSOCOM Care Coalition to aggressively advocate on their behalf in coordination with the military Services to ensure their best interests are represented. To learn more about the USSOCOM Care Coalition program, visit their website at: www.socom.mil/care%20coalition, or call 1-877-672-3039.

SECTION 3: NATIONAL RESOURCE DIRECTORY (NRD)



National Resource Directory

An Online Partnership for Wounded, Ill and Injured Service Members,
Veterans, Their Families and Those Who Support Them

The National Resource Directory (NRD), found at www.NRD.gov, is a website developed by the Department of Defense, Department of Labor and Veterans Affairs. It connects wounded warriors, Service members, Veterans, their families, and caregivers to programs and services that support them.

The NRD provides access to services and resources at the national, state and local levels to support recovery, rehabilitation and community reintegration.

CHAPTER 1: RECOVERY

Visitors can find information on a variety of topics and access to a full range of medical and non-medical services and resources to assist you and your family in achieving your personal and professional goals.

The NRD includes nearly 15,000 links to resources available through federal, state and local governmental agencies; veterans benefit and service organizations; non-profit, professional, philanthropic, community and faith-based organizations; and academic institutions. Local resources can be found by entering your zip code.

The information on the NRD is organized into nine major categories, including:

- Benefits & Compensation
- Education & Training
- Employment
- Family & Caregiver Support
- Health
- Homeless Assistance
- Housing
- Transportation & Travel
- Other Services & Resources

SECTION 4: PRIVACY PROTECTIONS

Be assured that your privacy will be protected at all times throughout your recovery. The Privacy Act of 1974 safeguards your personally identifiable information (PII). Your protected health information (PHI) is safeguarded by the Privacy and Security rules implementing the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as well as the provisions of the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009. There are also numerous policies implemented by DoD and VA to further safeguard your privacy. This protection generally means that your PII and PHI may not be disclosed without your authorization except for specific purposes permitted under the law.

The law permits your PHI to be used and disclosed without your express authorization for purposes of treatment, payment, and healthcare operations by and among healthcare providers. In addition, your PHI may be disclosed to your military commanders for specific circumstances such as to assess your fitness for duty. This disclosure is limited to the minimum information necessary for your commander to make his or her determination. Your commander is obligated to safeguard any PHI received.

You may be asked to sign a HIPAA authorization form allowing health care providers and TRICARE to disclose your health information to your recovery coordinator. Like military commanders, recovery care coordinators are obligated under the Privacy Act to maintain the confidentiality of the information they receive.

To learn more about privacy protections within DoD, visit the web sites of the TMA Privacy Office and the Defense Privacy and Civil Liberties Office at: www.tricare.mil/tma/privacy. To learn more about privacy protections within the VA visit the Web site of the VA Privacy Service at: www.privacy.va.gov.

CHAPTER 2: YOUR MEDICAL CARE

One of your top concerns, alongside how you will pay your bills and what your future holds for you, is likely to be the medical care you will receive both now and in the future. While you are on active duty, your medical care is provided under a program called TRICARE. If you medically retire from the military, your health care may continue to be provided by TRICARE, but you may also be eligible to receive health care from the Department of Veterans Affairs (VA) at any of more than 1,127 VA medical centers and clinics across the country. To find the nearest VA Medical Center/Clinic go to: http://www.va.gov/landing2_locations.htm.

Please see Chapter 9, Section 2 for more information on VA health care benefits and eligibility. You may also view the VA website at: <http://www.va.gov/healthbenefits/apply/veterans.asp>.

SECTION 1: TRICARE



TRICARE is a family of health plans for the Military Health System that are designed to meet the needs of Service members and their families based upon their location and status (Active Duty, Reserves, National Guard, or Retired). Each of these programs is described briefly below. You are encouraged to visit the TRICARE website at: www.tricare.mil to learn more about them. You can enter the specifics of your situation and a “Plan Wizard” will provide you tailored information about the TRICARE programs that are available to you. You can also call the appropriate TRICARE customer service office at the phone numbers listed in the appendix in the back of this handbook.

Please keep in mind that eligibility to receive care under any TRICARE program is dependent upon you and your dependents being registered in the Defense Enrollment Eligibility Reporting System (DEERS). Active duty and retired Service members are automatically registered in DEERS, but they must ensure that their eligible family members are registered. It is critical that family members be accurately registered in DEERS because approval of TRICARE claims for their health care expenses depends upon it. Any personnel office that issues military ID cards can verify and update your information in DEERS. You can also call the DEERS Support Office at 1-800-538-9552 (TTY/TTD: 1-866-363-2883 for persons with hearing impairments).

SECTION 2: TRICARE PRIME

The program under which you are most likely receiving care on active duty is TRICARE Prime. All Service members on active duty receive their care under TRICARE Prime, including Reservists and National Guard personnel on orders to federal active duty for more than 30 days.

TRICARE Prime is a managed care option that provides the most affordable and comprehensive coverage within the TRICARE family of plans. Under TRICARE Prime, you have a Primary Care Manager (PCM), who is at the Military Treatment Facility (MTF) at which you are receiving care. Your PCM could also be a doctor in the civilian community who is under contract with TRICARE. TRICARE Prime is available in Prime Service Areas in each TRICARE Region (North, South, and West). To find out if a location is within a Prime Service Area, contact the appropriate TRICARE regional contractor, whose phone numbers are listed in the appendix at the end of this handbook, or visit the TRICARE website at: www.tricare.mil.

CHAPTER 2: YOUR MEDICAL CARE

If you don't live in a Prime Service Area, you may be eligible to receive care under the TRICARE Prime Remote program. TRICARE Prime Remote is a managed care option similar to TRICARE Prime for active duty Service members while they are assigned to remote duty stations in the United States. Remote locations are those that are at least 50 miles or an hour's drive away from a military treatment facility. Like Prime, enrollment is required, and you must use a TRICARE network Primary Care Manager if one is available in the local area. Similar programs, TRICARE Overseas Program-Prime and TRICARE Overseas Program-Remote, serve members in remote locations outside of the United States. More information is available at the TRICARE website.

If you are medically retired, you and your family may continue to receive your care through TRICARE Prime, but you must enroll in the plan and pay an annual (October 2013 – September 30, 2014) premium of \$273.84 for yourself or \$547.68 for both yourself and your family. Your Tricare rates will remain the same for the year that you were medically retired, but if you retire due to years of service your rates may increase according to current legislation.

U.S. Family Health Plan (USFHP)

USFHP is another TRICARE Prime option that is available in several areas of the country (Maine, Maryland, Massachusetts, New Jersey, New York, Pennsylvania, Texas, and Washington – but not all counties in all states). USFHP is available to active duty family members, retirees, retiree family members and survivors through networks of community-based, not-for-profit health care systems. Under USFHP, you receive your care from a primary care physician that you select from a network of private physicians affiliated with one of the not-for-profit health care systems offering the plan. For more information, visit www.usfamilyhealthplan.com, or call 1-800-748-7347.

SECTION 3: TRICARE STANDARD AND TRICARE EXTRA

If you retire, you and your family are automatically covered under TRICARE Standard and TRICARE Extra. Unlike TRICARE Prime, the managed-care option described above for which you must pay an enrollment fee, neither TRICARE Standard nor TRICARE Extra requires enrollment fees or premiums.

When you choose a doctor, hospital, or other health care provider within the TRICARE network, you use the TRICARE Extra option, which means lower out-of-pocket costs and less paperwork for you. To find a TRICARE network provider, visit www.tricare.mil/findaprovider, contact your regional/overseas contractor, or visit your local TRICARE Service Center (TSC).

TRICARE Standard offers you the flexibility of seeing any non-network TRICARE authorized provider. If you need help choosing a provider, contact your regional/overseas contractor. Remember that using a non-network TRICARE authorized provider means that your costs will be higher. Visit www.tricare.mil for more information about applicable cost shares and deductibles. Members/retirees using TRICARE Standard or TRICARE Extra as their primary health plan often consider purchasing a TRICARE supplemental plan to help pay their share of the cost of care.

If you are a member of the National Guard or Reserve who was activated and are now demobilizing, but not retiring, treatments may still be covered by TRICARE for a condition determined by your service to be incurred or aggravated in the line of duty and documented in writing. Your eligibility is determined by your service based upon service-connected health issues you might have and must be reported by your command to DEERS. You may call the DEERS Support Office at 1-800-538-9552 (TTY/TTD: 1-866-363-2883 for persons with hearing impairments) if you have questions about your eligibility status.

CHAPTER 2: YOUR MEDICAL CARE

SECTION 4: TRICARE AND MEDICARE

When a military retiree becomes age 65, his or her primary health insurance becomes Medicare and TRICARE Standard serves as a secondary coverage under a program called TRICARE for Life. TRICARE Prime is no longer available. Similarly, retirees younger than 65 who have been receiving Social Security Disability Insurance (SSDI) payments (discussed in Chapter 7) for at least two years, or who suffer from certain diseases like kidney failure or Lou Gehrig's disease, also become eligible for Medicare. TRICARE Standard acts as a secondary coverage for them as well.

Medicare consists of two parts: Part A and Part B. Part A is premium-free insurance that covers most of the cost of hospital stays. Part B is optional insurance for which you must pay a premium (\$104.90 for most people in 2014, but is higher for those whose annual household incomes are more than \$85,000 per year). Part B covers physicians' services and most other outpatient hospital services. Medicare pays 80 percent of allowable charges. If you are enrolled in Medicare Part A, you must also enroll in and pay premiums for Medicare Part B to have TRICARE cover the other 20 percent of allowable charges. While on active duty, you are not required to have Medicare Part B, but after retiring from active duty, you must purchase Part B to remain eligible for TRICARE. However, you are strongly encouraged to purchase Part B while still on active duty to avoid a break in your TRICARE coverage. If you do not enroll in Part B when it is first offered to you (at the time you are enrolled in Part A), you may only enroll during the Medicare General Enrollment Period, which runs from January 1 through March 31 of each year. Your Medicare Part B coverage will start on July 1 of the year you sign up, so there may be a break in coverage depending on your retirement date. Additionally, your Part B premium will be increased by a 10 percent surcharge for each 12-month period you were eligible to enroll in Part B but didn't. If you have Medicare and TRICARE coverage, you have benefits of both plans available to you upon retirement.

If you qualify for Social Security disability payments and then recover, your Medicare entitlement may continue for up to 8 1/2 years after your disability payments end. During this period, you're still required to pay Part B premiums to remain TRICARE-eligible.

For more information, call TRICARE at 1-866-773-0404, or visit the TRICARE website at: www.tricare.mil. For more information about Medicare, visit the Medicare website at: www.medicare.gov.

SECTION 5: TRICARE TRANSITIONAL ASSISTANCE MANAGEMENT PROGRAM (TAMP)

This program provides 180 days of transitional health care benefits under the TRICARE family of health plans to help certain uniformed services members and their families transition to civilian life. You and your eligible family members may be covered for health benefits under TAMP if you, the sponsor, are:

- Involuntarily separating from active duty under honorable conditions
- A National Guard or Reserve member separating from a period of active duty that was more than 30 consecutive days in support of a contingency operation
- Separating from active duty following involuntary retention (stop-loss) in support of a contingency operation
- Separating from active duty following a voluntary agreement to stay on active duty for less than one year in support of a contingency operation
- Receiving a sole survivorship discharge

CHAPTER 2: YOUR MEDICAL CARE

- Separating from active duty and agree to become a member of the Selected Reserve of the Ready
- Reserve of the Reserve Component.

However, Service members should check with their Service personnel departments to see if they qualify because TAMP eligibility is determined by the Services and documented in DEERS.

If eligible, you may enroll yourself and your eligible family members in TRICARE Prime or TRICARE Prime Overseas or use TRICARE Standard, Extra, or TRICARE Standard Overseas. For more information, visit the TRICARE website at: www.tricare.mil/welcome/SpecialPrograms/.

If you were enrolled in a Prime program during your active duty period and reside in a Prime or Prime Overseas location during TAMP, you must enroll or reenroll at the beginning of your TAMP period to continue Prime.

SECTION 6: TRICARE RESERVE SELECT (TRS)

TRICARE Reserve Select (TRS) is a premium-based health plan available for purchase by qualified members of the Selected Reserves. Members who are eligible for, or enrolled in the Federal Employees Health Benefits (FEHB) program do not qualify for TRS. Monthly premiums payable by the member are subsidized and represent only 28% of the full cost of the coverage. Coverage is similar to that available to active duty families under TRICARE Standard and TRICARE Extra. For more information and current premium rates, visit the TRICARE website at: www.tricare.mil.

If you were covered by TRS prior to mobilization, and are interested in TRS upon demobilization, you need to qualify and purchase TRS again at that time.

SECTION 7: TRICARE RETIRED RESERVE (TRR)

TRICARE Retired Reserve (TRR) is a premium-based health plan available for purchase by qualified members of the Retired Reserve, who have not reached age 60, i.e. “Gray Area” retirees. Members who are eligible for, or enrolled in the Federal Employees Health Benefits (FEHB) program do not qualify for TRR. Monthly premiums payable by the member are not subsidized and represent the full cost of the coverage. Coverage is similar to that available to regular retirees and their families under TRICARE Standard and TRICARE Extra. For more information and current premium rates, visit the TRICARE website at: www.tricare.mil.

SECTION 8: THE TRICARE DENTAL PROGRAM (TDP)

The TDP is a voluntary, premium-based dental insurance plan available to active duty members and their families, as well as members of the National Guard and Reserve and their families. For more information about the TDP, visit <http://www.tricare.mil/dental/tdp.aspx> or call toll-free 1 855-638-8371.

If you are a National Guard or Reserve member and were enrolled in the TRICARE Dental Program (TDP) before being ordered to active duty, your TDP benefits automatically resume when you are deactivated. If your family was also enrolled in TDP before your activation, their enrollment in TDP continues uninterrupted; however, their premiums will return to the pre-activation rates.

CHAPTER 2: YOUR MEDICAL CARE

SECTION 9: TRICARE RETIREE DENTAL PROGRAM (TRDP)

If you are retired (including National Guard and Reserve retired members), you can enroll in the TRICARE Retiree Dental Program (TRDP). For more information, visit www.trdp.org, or call 1-888-838-8737.

SECTION 10: TRICARE MENTAL AND BEHAVIORAL HEALTH CARE

Active duty Service members (ADSMs) seeking care for mental and behavioral health conditions must first seek care at a military treatment facility (MTF), when available. ADSMs must have a referral from their primary care manager (PCM) and have prior authorization from their regional contractor before seeking any behavioral health care services outside the MTF. If enrolled in TRICARE Prime Remote, you may receive authorization from your Service point of contact (SPOC) at the Military Medical Support Office (MMSO) for civilian behavioral health care.

If you are medically retired and TRICARE eligible (to include Tricare Reserve Select and Tricare Reserve Retired), the first eight behavioral health care outpatient visits per fiscal year (October 1–September 30) do not require a referral or prior authorization from your regional contractor when getting care from a TRICARE authorized provider. (If you are enrolled in Prime, the provider must be a TRICARE network provider.) For eligible beneficiaries, TRICARE will cover care that is medically or psychologically necessary in both outpatient and inpatient settings. Visit the TRICARE website at: www.tricare.mil.

SECTION 11: COMMUNITY CARE UNIT (CCU)

If you are a member of the Active Duty Army, Army National Guard or Army Reserve, currently attached to a Warrior Transition Unit, and require only outpatient care, you may be eligible for transfer to a CCU (formally known as Community Based Warrior Transition Units (CBTUs)). This program allows you to live at home and receive outpatient care while performing military duties at a local military organization such as an armory or recruiting station. You cannot work at a civilian job while you are attached to a CCU. Each CCU is responsible for a specific area of the U.S. and for ensuring you receive the medical care you need. Your Warrior Transition Unit squad leader can provide you with information on the eligibility requirements and explain how to request a transfer. By August 2014, the Army will have established 13 CCU's across the U.S., thus replacing the former nine CBTU's.

SECTION 12: SEPARATING FROM THE MILITARY

If you have recently separated from the military you may file for VA health care benefits by completing VHA Form 10-10EZ at your nearest local VA medical center or by completing the form online at: <https://www.1010ez.med.va.gov>. Combat Veterans who were discharged or released from active service on or after January 28, 2003, are now eligible to enroll in the VA health care system for 5 years from the date of discharge or release. For more information on combat eligibility please see Chapter 9, Section 2 or visit the VA website at: http://www.va.gov/healthbenefits/resources/publications/IB-10-438_Combat_Veteran_Eligibility2-13.pdf (Go to page 50 to read about VA benefits and eligibility)

SECTION 13: TRAVEL FOR FOLLOW-UP CARE

If you should need to travel outside your local area for medical care, as an active duty Service member, your command will provide you with travel orders that authorize funding for transportation expenses, to include the cost of airline, train, vessel, or bus tickets to and from carrier terminals, and the cost of special conveyances, such as taxis. If you use your privately owned vehicle (automobile, plane or boat) to travel to an appointment, you may be entitled to a mileage allowance

CHAPTER 2: YOUR MEDICAL CARE

plus reimbursement of parking fees and tolls. Your travel orders will also authorize per diem to offset your costs for lodging, meals and incidental expenses.

Additionally, you may be authorized an attendant appointed by a medical authority or an escort appointed by your command if you are incapable of traveling alone.

SECTION 14: TRAVEL PAY FOR MEDICAL TREATMENT

If you are evacuated from a combat zone for medical treatment, you will receive per diem for the day you travel to and from that area. To receive this money, you will need to file a travel voucher (DD Form 1351-2). If you are being treated as an inpatient at a medical facility, you are not eligible for travel pay on those dates. When you are treated as an outpatient and/or you are eligible for PAC (see chapter 3) at a medical facility, you may also be eligible for travel pay, depending on where you are being treated. Each service handles travel payments differently. The Army travel pay is handled by the Defense Finance and Accounting Service – Indianapolis (DFAS-IN) Casualty Travel office. The Navy, Air Force, and Marine Corps handle travel pay at their local finance offices. If you have questions, you should contact your nearest finance office and ask for the Wounded Warrior Pay Management Team (WWPMT) point of contact.

SECTION 15: TRAVEL FOR YOUR FAMILY

Your family or designated individuals may want to be with you during your treatment to support you in your recovery. If you are being treated at a location away from your family, they may be able to travel at government expense to be with you. Travel for your family or designated individual is handled much like other military travel and requires submitting a travel voucher for payment. The orders for your family will be called Invitational Travel Authorizations (ITAs), Invitational Travel Orders (ITOs), or Emergency Family Member Travel (EFMT) orders, depending upon your Service.

Up to three members of your immediate family or designated individuals may be eligible to travel to your location while you are an inpatient. When you become an outpatient, the local finance office can provide orders for one individual, identified by the recovering service member, to remain with you during your recovery. Family members who are eligible for this travel include parents, spouses, children, and siblings. Like your travel orders, incremental payments and extensions to the orders may be needed if your stay as an inpatient or outpatient at the medical facility is extended. Your family members' travel orders will cover the cost of travel, hotel bills, meals, and some incidentals up to a maximum daily amount determined by your location. Some expenses, like rental car costs, are not reimbursable. Each Service handles the process of issuing orders for family members and reimbursing them for expenses in a slightly different manner.

- **Army:** The WWPMT at the local finance office will help your family fill out the travel vouchers needed to pay expenses. Additionally, your AW2 program advocate can help you get the process started. You can also get information by calling the DFAS Travel Pay customer service center toll-free at 888-332-7366.
- **Navy:** The local Personnel Support Detachment (PSD) at the medical facility or installation will help your family fill out the travel vouchers and answer any questions about the maximum amount authorized for the location. Additionally, your Safe Harbor program advocate can help get your family to your bedside. You and your family can also get additional information by calling the DFAS Travel Pay customer service center toll-free at 888-332-7366.
- **Marine Corps:** The Marine Detachment Team (MarDet) or the Inspector-Instructor (I-I) will give your family members their ITOs and can explain the maximum amounts of per diem at your location. The MarDet and I-I will also provide extensions for the orders if needed,

CHAPTER 2: YOUR MEDICAL CARE

help with filing travel vouchers every 30 days to receive payment, help fill out requests for advances, and answer any questions your family members may have. You can call the Marine Corps Casualty Branch toll-free at 800-847-1597 or 703-784-9512.

- **Air Force:** The Air Force appoints a Family Liaison Officer (FLO) for each Air Force member who suffers a combat-related wound, illness, or injury. The FLO will provide your family with the EFMT paperwork needed to get them to your location and will answer any questions they may have. If you or your family have any unresolved issues or need more information on EFMT, call toll-free at 800-433-0048 or 210-565-3505.

SECTION 16: FAMILY AND MEDICAL LEAVE ACT

The National Defense Authorization Act (NDAA) for Fiscal Year 2008 and 2010 added protection for families of military members under the Family and Medical Leave Act (FMLA) of 1993. Your family may have job protection when they take time off of work to care for you.

The changes permit a spouse, son, daughter, parent, or next of kin to take up to 26 work weeks of leave to care for a member of the Armed Forces, including members of the National Guard or Reserves. The changes apply to members with a serious injury or illness that requires medical treatment, recuperation, and/or therapy in outpatient status. The FMLA also applies to Service members retired due to disability.

Additionally, the 2008 and 2010 NDAA permits an employee to take FMLA leave for certain “qualifying exigencies” as defined by the Secretary of Labor, arising from a covered military member’s active duty status, or notification of an impending call or order to active duty status, in support of a contingency operation.

Some employers, such as those with fewer than 50 workers, may be exempt from the law.

The Department of Labor (DOL) offers your family members several ways to get information on eligibility. DOL has a web page to explain who can use the FMLA that can be found at www.dol.gov/whd/fmla.

If your family member feels he/she is eligible for unpaid leave under this law, but his/her employer disagrees, you or your family member can contact the DOL Wage and Hour Division. The division operates a toll-free hotline at 1-866-4US-WAGE (487-9243) that operates from 8 a.m. to 5 p.m. Eastern Standard Time, Monday through Friday. This is a general information hotline that will refer you to the local DOL office for assistance. Local DOL offices are also listed on the DOL web page at www.dol.gov/dol/location.htm.

CHAPTER 3: DoD PAY AND ALLOWANCES

SECTION 1: YOUR PAY WHILE RECOVERING

Pay and Allowance Continuation (PAC)

If you are hospitalized for treatment from a wound, illness, or injury you received in a combat operation, combat zone, hostile fire area, or from being exposed to a hostile fire event (regardless of location), you will continue to receive some of the pay and allowances (including any bonuses, Hardship Duty Pay Location (HDP-L), Hostile Fire Pay (HFP), special and incentive pays, or similar benefits) that you were getting when you were wounded, injured, or became ill. PAC continues for up to one year after you are first hospitalized, but it can be extended beyond the one-year limit for six-month periods under extraordinary circumstances. Combat Zone Tax Exclusion and Family Separation Pay are not included in PAC entitlements, and have separate eligibility requirements. You should discuss your situation with your Wounded Warrior Pay Management Team (WWPMT) representative or your chain of command to find out if you are eligible for PAC.

Basic Allowance for Housing (BAH)

Your BAH is paid to provide housing compensation based on your pay grade, for Active Component, the zip code of your permanent duty station (PDS), for Reserve Component, the zip code of your home of record (HOR) and dependency status. It is payable at a rate based on your assigned permanent duty station (PDS) when government quarters are not provided for you or your dependents at your permanent duty station or when you are temporarily residing away from your permanent duty station or deployed. A special waiver is required in order to receive a housing allowance based on a location other than the assigned permanent duty station. You are authorized to receive only one housing allowance; dual housing allowances are not authorized. BAH should not stop when you are temporarily residing away from your permanent duty station or deployed. You will continue receiving BAH throughout your medical treatment based on your dependency status and your permanent duty station. It will not change or terminate while you are being treated in a Military Treatment Facility (MTF) unless you receive Permanent Change of Station (PCS) orders. Contact your chain of command or administrative support section to determine your specific eligibility.

180-Day Family Housing Extension

If you are occupying family housing and separate from active duty, you would normally be required to vacate family housing as soon as you separate. If you are separating due to a medical condition, you may be eligible for an extension that will allow you to remain in family housing for up to 180 days beyond your transition date. Housing extensions are made on a space-available basis. Call your installation office and ask for details.

Basic Allowance for Subsistence (BAS)

If you are hospitalized, you will continue to receive your BAS at the standard rate while you are an inpatient. When you become an outpatient, you will continue to receive BAS as long as you are not issued a meal card to eat in a military dining facility. Contact your chain of command or administrative support section to determine your specific eligibility.

Family Separation Allowance (FSA)

This is an allowance you receive if you have dependents and are away from your permanent duty station for more than 30 days for temporary duty or on a temporary change of station. If you were receiving FSA while deployed and were then sent to a medical facility for treatment in a location other than your permanent duty station (PDS) for Active Component or your Home of Record (HOR) for Reserve Component, you will continue to be paid FSA unless ALL your dependents come to stay at

CHAPTER 3: DoD PAY AND ALLOWANCES

your location for than 30 days. The pay stops on the 31st day all your dependents are in your location or the day before you return to your permanent duty location. Contact the local pay office or the WWPM contact at your location for more information.

Caregiver Compensation (VA)

Active Duty Service members who have received a discharge date from their Service are also eligible to participate in VA's Program of Comprehensive Assistance for Family Caregivers. Veterans eligible for this program are those who sustained a serious injury – including traumatic brain injury, psychological trauma or other mental disorder – incurred or aggravated in the line of duty, on or after September 11, 2001. This particular program does not cover illnesses incurred while in Service.

Veterans eligible for this program must also be in need of personal care services because of an inability to perform one or more activities of daily living and/or need supervision or protection based on symptoms or residuals of neurological impairment or injury. The compensation is paid to the caregiver.

Hardship Duty Pay Location (HDP-L)

HDP-L is paid to members in designated hardship locations. These locations have living conditions that are well below the standard most members in the US would generally experience. HDP-L recognizes arduous living conditions, excessive physical hardship, and/or unhealthful conditions that exist in a location or assignment. This entitlement stops on the day you leave the hardship location, unless you are covered by PAC (see above for an explanation of PAC). PAC eligible soldiers are also entitled to HDP-L if evacuated during the first 30 days (see above for explanation for PAC).

Hostile Fire Pay/Imminent Danger Pay (HFP/IDP)

HFP/IDP are special pays that compensate for physical danger. You can collect one or the other, but not both at the same time. Hostile Fire Pay is paid if you take hostile fire or are exposed to an explosion of a hostile mine. Imminent Danger Pay is paid if you are in a foreign area, designated by the Secretary of Defense, with a threat of physical harm or imminent danger because of civil insurrection, civil war, terrorism, or wartime conditions. This entitlement stops on the day you leave the designated location, unless you are covered by PAC (see above for an explanation of PAC). Soldiers entitled to PAC are entitled to HFP and not IDP (see above for an explanation of PAC).

Incapacitation Pay

A Reserve component member who is unable to perform military duties, as determined by the Secretary concerned, due to an injury, illness, or disease incurred or aggravated in the line of duty is entitled to full pay and allowances, including all incentive and special pays to which entitled, if otherwise eligible, less any earned income as provided under 37 U.S.C. 204(g).

Special Compensation for Assistance with Activities of Daily Living (SCAADL)

SCAADL shall be paid to an eligible member of the Active or Reserve Component of the Military Services who has a permanent catastrophic injury or illness that was incurred or aggravated in the line of duty. SCAADL is authorized compensation to the Service member that offsets the economic burden borne by a primary caregiver providing non-medical care, support, and assistance for the member.

Special Compensation for Assistance with Activities of Daily Living (SCAADL) was authorized by the Fiscal Year 2010 National Defense Authorization Act. This special monthly compensation is for Service members who incur a permanent catastrophic injury or illness and require assistance with activities of daily living or who require constant supervision to prevent harm to self or to others. The SCAADL payments are based upon the U.S. Department of Labor's Bureau of Labor Statistics wage rate for home

CHAPTER 3: DoD PAY AND ALLOWANCES

health aides and are adjusted by the geographic area of residence/recovery and use a three-tier system based on the complexity of care, as determined by a DOD or VA physician. For the SCAADL application and guidance, see <http://warriorcare.dodlive.mil/benefits/caregiver-compensation> or contact a member of the recovery team.

Access to Special/Partial/Casual Pays

If you are being treated at a location that makes it difficult for you to get to your bank, you may be eligible for a special payment to cover incidental costs that arise during your treatment. The Army calls these “casual pays,” the Air Force calls them “partial pays,” and the Navy/Marine Corps call them “special pays.” This is an advance on your end-of-month paycheck, and will be automatically deducted from your pay during subsequent pay periods until it is paid back. The finance office closest to where you are located can help you with this request.

SECTION 2: SAVINGS DEPOSIT PROGRAM (SDP)

When you are deployed in support of a contingency operation and/or conflict, to an area that makes you eligible for HFP/IDP and are there for at least 30 consecutive days (or at least one day in three consecutive months), you are allowed monthly deposits, not to exceed current monthly unallotted pay and allowances, for a maximum deposit of \$10,000 in a DoD savings account that receives a 10 percent per annum (applied quarterly at 2.5 percent). If you are evacuated, you may withdraw that money from your SDP account should you need the funds for immediate expenses. If you do not wish to withdraw right away, DFAS will automatically transfer the balance of your SDP into your regular military pay 120 days after you leave the combat zone. If you wish to withdraw your money before then, you can fill out a withdrawal request form on the myPay website at <https://mypay.dfas.mil/mypay.aspx>. You can also withdraw your money by sending an e-mail to CCL-SDP@dfas.mil, or by sending a fax to 216-522-5060. You may also mail your request to:

DFAS-Cleveland Center (DFAS-CL) ATTN: SDP
Special Claims
1240 East 9th Street
Cleveland, OH 44199-2055

Your request for withdrawal must include your name, social security number, and the date you left the combat zone. Keep in mind that your SDP will continue to accrue interest for 90 days after you leave the combat zone, so withdrawal before that point will reduce the interest you receive on your savings. For more information, contact the SDP Help Line toll-free at 888-332-7411, commercial: 216-522-5096, or DSN: 580-5096. You can also request information by sending an e-mail to CCL-SDP@dfas.mil.

SECTION 3: FEDERAL THRIFT SAVINGS PLAN (TSP)

If you have been participating in the TSP (a retirement investment and savings program the federal government provides for federal civilian employees and military personnel (similar to a 401K)), you may leave your account intact even if you separate from active duty. You would still be able to manage your account investments, but you would not be able to make any future contributions. You may, however, transfer any pre-tax eligible rollover distribution (as determined by the Internal Revenue Service) into your TSP account after your discharge from the Service. You can choose to withdraw all or a portion of your account value, but you would have to pay taxes on the withdrawal, and you may be subject to an additional 10% tax penalty if you are under age 59-1/2. This penalty does not apply if you leave federal service in the year you become 55 or older. Furthermore, relief from this penalty is available to eligible Reservists called to active duty for a period greater than 179 days after September 11, 2001. If you do not wish to leave your funds invested with the TSP, a better option for some than withdrawing your funds is to roll over your TSP account balance into an

CHAPTER 3: DoD PAY AND ALLOWANCES

Individual Retirement Account (IRA) with any financial institution of your choosing, or if you become employed with an employer who offers a 401K, you may be able to transfer your account balance into your new 401K. Your customer service representative at your financial institution or your new employer will provide you the paperwork needed to do so. To learn more about your options with the TSP, visit the TSP website at www.tsp.gov/lifeevents/military.

SECTION 4: TUITION ASSISTANCE (TA) PROGRAM

If you are retained for military service, you may experience a newfound desire to pursue new educational goals or continue pursuing educational goals in which you were previously involved. You may be eligible to receive up to \$4,500 per fiscal year (\$250 per semester credit hour or \$166 per quarter credit hour) under the TA Program. The TA Program funds up to 100 percent of institutional charges for tuition, instructional fees, laboratory fees, computer fees and mandatory enrollment fees for postsecondary education, from vocational certification through graduate school. Books are not covered. TA payments are not authorized for courses leading to a lateral or lower-level degree than you might already have (i.e. a second Associate's or Bachelor's degree).

Active duty members may elect to use the MGIB "Top-Up" in addition to TA to cover high cost courses. "Top-Up" is a program that allows GI Bill participants to use the GI Bill to supplement the tuition and fees not covered by TA. To be eligible, the Service member must be a GI Bill participant on active duty, and served at least two full years.

In 2008, DoD successfully amended the law to allow the Ready Reserve members to receive tuition assistance. Reserve Components (RC) officers incur a four-year obligation to serve in the Selected Reserve (SELRS) or Individual Ready Reserve (IRR) upon completion of their course.

Enlisted members must have enough time left on their enlistments to complete the desired course. Officers must agree to remain on active duty for an additional 2 years after completing their last TA-funded course (one year for Coast Guard officers).

For more information, you should contact your organization's education counselor or visit your service's website:

- **Army:** www.GoArmyEd.com
- **Navy:** www.navycollege.navy.mil
- **Marines:**
<http://www.mccsmcrd.com/personalandprofessionaldevelopment/educationcenter/tuitionassistance/index.html>
- **Air Force:** www.my.af.mil (CAC/ECA required)

SECTION 5: TRAUMATIC SERVICE MEMBERS' GROUP LIFE INSURANCE PROGRAM (TSGLI)

Although the TSGLI program is administered by Prudential Insurance Company for VA, you are most likely to apply for benefits under this program, if you qualify, while you are still on active duty.

If you are participating in the Service members' Group Life Insurance (SGLI) program, you are automatically covered under the TSGLI program. To qualify for TSGLI payment, you must have suffered a qualifying traumatic injury after December 1, 2005, regardless of your component (Active, Reserve, or National Guard) or the location in which you experienced the traumatic injury. This benefit is also provided retroactively for Service member who incurred severe losses as a result of traumatic injuries incurred between October 7, 2001 and November 30, 2005, regardless of the

CHAPTER 3: DoD PAY AND ALLOWANCES

geographic location where the injury occurred, and regardless of whether the coverage was in effect at the time of injury.

The TSGLI program provides emergency financial assistance to recovering Service members who suffer traumatic injuries, both on or off duty. Payments range from \$25,000 to \$100,000 in increments of \$25,000. You are not required to be separated or retired from active duty to receive it. TSGLI payments are a one-time, tax-free, lump sum payment **per traumatic injury**; it is not on-going income replacement. The amount you would receive depends on your injury.

Qualifying traumatic injuries are those resulting from external force, violence, chemical, biological, or radiological weapons or accidental ingestion of a contaminated substance. Such traumatic injuries must cause physical damage to the body. Qualifying injuries and payment amounts are listed in the TSGLI Schedule of Losses, which you can find on the VA website at www.insurance.va.gov.

For example:

If the member has:	The amount that will be paid is:
Total and permanent loss of sight in both eyes or hearing in both ears	\$100,000*
Total and permanent loss of sight in one eye	\$50,000*
Amputation of one hand at or above the wrist or one foot at or above the ankle	\$50,000*

**Note that \$100,000 is the maximum amount that can be paid per traumatic injury. If a member loses sight in both eyes and the loss of a hand in one traumatic injury, for example, the maximum payable is \$100,000, not \$150,000.*

All qualifying losses that are a result of a traumatic injury must occur within 730 days of an identifiable traumatic injury. There are certain circumstances under which a traumatic injury will not be covered by TSGLI. A traumatic injury does not include damage caused by:

- Mental disorder or a mental or physical illness or disease, (not including illness or disease caused by a wound infection, biological, chemical, or radiological weapon, or accidental ingestion of a contaminated substance)
- Attempted suicide, whether the Service member was sane or insane
- Intentionally self-inflicted injury or any attempt to inflict such injury
- Medical or surgical treatment
- Willful use an illegal or controlled substance unless administered or consumed on the advice of a medical professional
- Incurred while committing or attempting to commit a felony

If you feel that you qualify for TSGLI, you can obtain a TSGLI claim form by visiting: <http://benefits.va.gov/insurance/tsgli.asp> or contacting the TSGLI point of contact for your service:

- **Army:** (800) 237-1336 (Option 2)
- **Navy:** (800) 368-3202
- **Marine Corps:** (877) 216-0825 or (703) 784-3605
- **Air Force:** (210) 565-3505
- **National Guard:** (800) 237-1336 (Option 2)
- **Air National Guard:** (703) 607-1239

CHAPTER 3: DoD PAY AND ALLOWANCES

- **Air Reserves:** (800) 525-0102, Ext 227
- **Coast Guard:** (703) 872-6638

SECTION 6: EXCESS LEAVE AND PERMISSIVE TDY (PTDY)

Your eligibility for excess leave and permissive TDY is dependent on the conditions under which you leave active duty. If you are leaving voluntarily, you are not eligible for excess leave/permissive TDY. Retirees are also ineligible for excess leave but are eligible for permissive TDY (20 days for retirees stationed within the continental United States and 30 days for retirees stationed outside the continental United States) for the purpose of job/house hunting and other relocation-related activities. If you are leaving active duty under involuntary conditions, you may be eligible for excess leave or permissive TDY and should check with your personnel office for details. Excess leave and permissive TDY require approval by your commander.

CHAPTER 4: THE INTEGRATED DISABILITY EVALUATION SYSTEM (IDES)

Each military department has established its own procedures under public law and Department of Defense (DoD) guidelines administering the IDES. In the IDES, a service member completes the integrated processes of both DoD and VA simultaneously, using one set of medical examinations to determine fitness for duty as well as level of disability. This integrated process reduces the previous lag between separation from DoD and receipt of VA benefits, reducing the financial impact on a wounded, ill, or injured Service member and their family. While there are some differences between the Services systems, all have the same general steps:

- Allow recovery time for the service member
- Evaluate service members' fitness for duty
- Authorize return to duty for those who are found fit
- Approve disability separations or retirements, including making benefits determinations, for those who are found unfit.

When you suffer a wound, illness, or injury, the doctors and staff of an appropriate medical facility will treat you. For many members, this is the end of the process if they recover from their medical condition(s). For a small number of members, a wound, illness, or injury can result in a permanent condition that may make them unfit for continued duty in their current job.

Each service uses a slightly different method to determine when to enter a member into the IDES (or legacy DES process for initial entry trainees and military academy cadets). Additionally, because of unique missions and an individual Service member's job classification, retention standards can vary. The Army, for instance, uses a physical profile system that measures soldiers' physical limitations in six areas with a level between 1 (fully healthy) to a 4 (severely limited) in each. If a soldier receives a permanent level 3 or 4 in any area, the doctor is required to recommend that a Medical Evaluation Board (MEB) review the soldier's case. The Air Force evaluates a member for retention, and if their condition is limiting, they will designate an assignment limitation code and reevaluate the member at a later date. If the condition is not expected to improve within 12 months, and the condition is stable, they will be referred into the IDES. In the Navy and Marine Corps, the process begins with the doctor recommending entry into the IDES with no prior profiling requirement. You should talk with your chain of command and your doctors to find out how the IDES process begins for your service.

SECTION 1: THE REFERRAL AND CLAIMS DEVELOPMENT PROCESS

Every patient is different, therefore, a doctor will wait to refer you into the IDES until he or she sees how you respond to treatment and rehabilitation therapy. The doctor will refer your case to the IDES only after becoming satisfied that all that can be medically done to improve your condition has been done, though the Services generally require doctors to initiate the process after 12 months of treatment for the same injury or illness. In his or her referral, the doctor will identify the condition(s) that he or she believes to be potentially unfitting for continued service.

When you are referred into the IDES, the Military Treatment Facility administrative staff will assign a Physical Evaluation Board Liaison Officer (PEBLO) to manage your case as you progress through the process. The PEBLO will counsel you on the process, explaining the sequence of events that will occur and describing your responsibilities while in the IDES. The PEBLO will work with you to gather all of your medical records, including any treatment you may have received from a civilian

CHAPTER 4: THE INTEGRATED DISABILITY EVALUATION SYSTEM (IDES)

doctor. Together, you will complete Section 2 of VA Form 21-0819, the VA Disability Claim form. When you have finished that step of the process, the PEBLO will refer your case to a local VA Medical Services Coordinator (MSC).

The MSC will review your medical records with you to help identify any potentially disabling conditions that occurred during, or were aggravated by, your military service. Working together, you will complete the VA Disability Claims form, noting all conditions that may be eligible for a VA disability rating, not just those that the referring physician identified as potentially unfitting for continued service. Once this claim development step is complete, the MSC will schedule the medical examinations needed to evaluate all of your conditions. The MSC will provide the examination schedule to your PEBLO, who will then brief both you and your chain of command to ensure that you understand where you have to be on what day. Once scheduled by the MSC, the medical examination becomes your place of duty for the given day and time.

SECTION 2: THE MEDICAL EXAMINATION AND MEDICAL EVALUATION BOARD (MEB) PROCESS

Once your VA Benefits claim is completed, the VA MSC will schedule the examinations necessary to determine your level of disability. These examinations will be performed by a VA or contracted physician; the results will be used to establish both your DoD and VA disability ratings. Every effort will be made to conduct the examinations at a location close to your duty station (or home, in the case of Reserve component personnel). When the examinations are complete, the physician makes the results available to the VA MSC, who in turn shares them with your PEBLO.

When the PEBLO receives the examination results, he or she will coordinate with administrative staff at your Military Treatment Facility to convene a Medical Evaluation Board (MEB). The PEBLO will build a packet of information containing your medical records, results from tests and medical examinations performed related to your condition, letters from your chain of command describing how the injury or illness impacts your ability to perform your duties, copies of your performance evaluation reports, and other personnel records that the MEB may require. The MEB will review this information and determine whether you meet your service's medical retention standards. While each service has individual rules, generally, the MEB is made up of medical care professionals, and in the case of mental health conditions, includes a mental health care provider as well.

When the MEB members review your case, they are responsible for answering the question, "Do you meet Service retention standards?" In answering this question, there are several decisions they can make. They may determine that you meet medical retention standards and return you to full duty in your current job. If they determine that you do not meet the medical retention standards, they will forward a recommendation to the Physical Evaluation Board (PEB). That recommendation will be in the form of a MEB report, which identifies the medical condition(s) that do not meet the retention standards. Note that the MEB does not determine your fitness for duty or level of disability.

Upon request, you may be assigned an impartial physician or other appropriate health care professional to review the medical evidence presented in the narrative summary or medical board findings. You may present a rebuttal to the results of the medical evaluation board.

SECTION 3: THE PHYSICAL EVALUATION BOARD (PEB)

The Department of Defense (DoD) regulations list minimum requirements for the membership of a PEB, but leaves the exact determination of who will sit on the board up to the military department to decide. Generally, the Services have opted for a three-person PEB, with a mix of military and civilian members. The president of the PEB is generally a colonel, Navy captain, or civilian equivalent, and the other board members include a field-grade personnel officer and a senior medical officer. This ensures

CHAPTER 4: THE INTEGRATED DISABILITY EVALUATION SYSTEM (IDES)

that each board has the expertise of a line officer in the president of the board, the medical knowledge of a senior medical officer, and the personnel policy knowledge of a senior personnel officer.

The PEB will meet informally to review your case and will not require you to attend the informal meeting. Using the packet developed by the PEBLO during the MEB process, the board will review your medical record, the doctor's narrative summary, your personnel evaluations, and letters from your commander. If the board determines that one or more of your medical conditions make you unfit for continued service, they will forward your case to a VA Disability Rating Activity Site (DRAS) and request that the DRAS develop a proposed disability rating for each of your referred and claimed conditions. The board will receive the proposed rating from the DRAS and use the disability percentage for each of your unfitting conditions to establish a DoD disability rating. The members will then determine your disposition – return to duty, separation, or permanent or temporary retirement.

The PEBLO will notify you of the findings and your proposed disability rating determined by the informal PEB (IPEB). At this point, if you were found “unfit” you must choose between rebutting the IPEB, requesting a formal PEB, or accepting the informal PEB findings. Government legal counsel is available to consult (by telephone or otherwise) with you regarding your rights and elections following receipt of the decision from the IPEB. If you choose to have a formal PEB hearing, you will be allowed to appear before the PEB and discuss your case with the board members to ask them to reconsider the informal PEB's decision. You can also provide them additional information important to that reconsideration. Additionally, you have a right to be represented by legal counsel at the formal PEB. Members found fit by the PEB cannot later be separated by their Service on the basis of suitability under Section 534 of the National Defense Authorization Act (NDAA) for Fiscal Year 2011. More information on the disability rating percentages, the benefits those percentages provide, and your right to legal counsel and appeals of PEB decisions are in later sections of this chapter.

SECTION 4: PEB DISPOSITION FINDINGS

When the PEB provides its final disposition of your case, there are five possible outcomes. These outcomes are based on your combined rating, based on the “unfitting” conditions. The dispositions available from the PEB are:

1. **Return to Duty.** If your conditions are not considered severe enough to make you unfit for duty, you will be returned to your job and service. No disability benefits would be paid while you continue to serve, but you may be eligible for VA benefits after you leave the military.
2. **Separate without Benefits.** Some injuries are determined to be “not in the line of duty.” These are injuries which are a result of intentional misconduct or willful negligence on your part or that took place when you were not on orders if you are a National Guard or Reserve member. If your injury is found to be “not in the line of duty” but is “unfitting,” you could be separated without benefits for those injuries. If your injury or illness resulted from a medical problem that you had before you entered service and the injury or illness was not aggravated by your service, you may also be separated without benefits. There are some special rules for this situation. If you have served more than six months in the military, you could be eligible for benefits unless there is compelling medical evidence showing that the condition existed at the same level of severity before you joined. Your PEBLO or legal counsel can help you understand the rules for separation without disability benefits.
3. **Separate with Severance Pay.** If one or more of your conditions is considered “unfitting” for continued service, but the combined disability rating of all your unfitting conditions is less than 30 percent, you may be separated from active duty and be awarded severance pay based on your time in service and current pay grade.

CHAPTER 4: THE INTEGRATED DISABILITY EVALUATION SYSTEM (IDES)

- 4. Transfer to the Permanent Disability Retired List (PDRL).** If all your unfitting conditions resulted in a combined disability rating of 30 percent or higher, and your condition is considered stable (meaning your disability rating is unlikely to change within 5 years), you will be permanently retired for disability and placed on the PDRL. This provides you with disability retirement pay, access to TRICARE for you and your eligible dependents, commissary and exchange privileges, and all other benefits of regular military retirement. If you have more than 20 years of service and your combined disability rating is 0-20 percent, you will be allowed to retire with all the regular retirement benefits. Your local finance office or the DFAS Wounded Warrior Pay Management Team will help you calculate the amount of retired pay you will receive.
- 5. Transfer to the Temporary Disability Retirement List (TDRL).** The TDRL allows the service to ensure a medical condition stabilizes before making a final disability determination. If you are eligible for permanent disability retirement, but your condition is not considered stable, you will be temporarily retired and placed on the TDRL for a maximum of 5 years. Every 12-18 months, you will be reevaluated to see if your condition has stabilized and if you can return to active duty. Benefits while on the TDRL are the same as those for the PDRL. If, during those 5 years, the service determines that your condition is stable and that you are fit for duty, your service will offer you the chance to return to duty. If your condition stabilizes but you are not able to return to duty, you will be transferred to the PDRL.

SECTION 5: UNDERSTANDING DISABILITY RATINGS AND BENEFITS

If the PEB finds you unfit based on one or more of your conditions, they will provide you with a combined disability ratings percentage. This is an important number because it determines what type of separation you receive and, subsequently, the types of benefits you are eligible to receive from the DoD. You will also likely receive a disability rating percentage from the VA, which may be different than the rating percentage you receive from DoD.

Some Service members are confused when they receive a higher combined disability rating from the VA than from DoD. It is important to remember that the PEB calculates your combined rating based only on conditions that make you unfit for continued military service. So if the VA finds that you have disabilities that are connected to your military service but do not make you unfit for military service (e.g. treatable high blood pressure or a small loss of hearing) you may receive a higher disability rating from the VA.

The combined disability rating is not calculated by adding the percentage of disability for each condition rated “unfitting.” Rather, the highest disability rating is considered first, then the second highest, and so on in order of severity. If you have a 60 percent disability, the VA Schedule for Rating Disabilities (VASRD) considers you to be 40 percent “efficient.” Efficiency is a measure of your total health minus your disability, so someone with a 60 percent disability has only 40 percent of his or her total health that is not impacted by the disability. The next highest disability percentage will be applied to the 40 percent efficiency left after the initial 60 percent rating is applied to the total healthy score of 100 percent efficient.

Example: Member with three unfitting conditions rated 60, 30, and 20 percent.

- First rating is 60 percent of the whole person, leaving the member with 40 percent efficiency.
- Second rating is 30 percent of the 40 percent efficiency, which is a loss of 12 percent efficiency ($.30 \times .40 = .12$). This is added to the first disability rating percentage of 60, for a cumulative score of 72 percent combined disability from the first two conditions. This leaves the member with 28 percent efficiency.

CHAPTER 4: THE INTEGRATED DISABILITY EVALUATION SYSTEM (IDES)

- Third rating is 20 percent of the 28 percent efficiency, which is a loss of six percent efficiency ($.20 \times .28 = .056$, which is rounded up to .06). Added to the combined disability in the second rating of 72 and the rating becomes 78 percent.
- The combined rating of 78 percent must be rounded to the nearest 10, giving the member a combined rating of 80 percent.

SECTION 6: YOUR RIGHT TO APPEAL THE PEB'S DECISION

As mentioned earlier, while the IDES is guided by public law, each Service has its own administrative policies for how it applies the law. One thing that all of the Service systems provide you is a right to appeal the decisions of the PEB. Your PEBLO can assist you. You have the right to hire an attorney of your choosing, at your own expense, or you may ask to have a military lawyer represent you at no cost. If you are not successful with your appeal and are still separated or retired, you may petition your Service's Board for Correction of Military (or Navy) Records. To learn more about your Service's Correction Board, visit the website for your service below:

- **Army:** Army Board for Correction of Military Records (ABCMR): <http://arba.army.pentagon.mil>.
- **Navy and Marine Corps:** Board for the Correction of Naval Records (BCNR): <http://www.donhq.navy.mil/bcnc/bcnc.htm>
- **Air Force:** Air Force Board for Correction of Military Records (AFBCMR): <http://www.afpc.af.mil/afveteraninformation/airforceboardforcorrectionofmilitaryrecords/>

CHAPTER 5: DoD DISABILITY COMPENSATION

In the preceding chapter, you read about the various possible findings that a PEB can make regarding your case (Return to Duty, Separate without Benefits, Separate with Severance Pay, Transfer to the TDRL, and Transfer to the PDRL). Three of those dispositions – Separate with Severance Pay, Transfer to the TDRL, and Transfer to the PDRL – will result in you receiving compensation from DoD (you may also qualify for disability compensation from the VA). You should contact your local finance or personnel office, or the WWPMT member at your location, to get details about your particular situation.

SECTION 1: SEVERANCE PAY

For those who are separated with severance pay rather than medically retired, the pay is calculated by taking your base pay, multiplying it by two, and multiplying that number by the number of years of service you have completed. The minimum multiplier for years of service, regardless of the number of years you have served, will be three years of service, or for those injured in a combat zone or combat-related operations six years of service. So, if you are separated after only two years of service, you will receive credit for three years of service when calculating your severance pay or six years if you were injured in a combat zone. Because those with 20 or more years of service are given retirement pay regardless of their combined disability rating, the maximum severance multiplier for years of service is 19.

Severance Pay Calculation Example:

The calculation for an E-4 with two years of service in 2014 separated for a *non-combat zone injury* would be:

$$\$2,101.80 \text{ (base pay)} \times 2 = \$4,203.60$$

$$\$4,203.60 \times 3 \text{ (minimum years of service for non-combat zone injury)} = \$12,610.80$$

For the same E-4 with two years of service in 2010, but who was *injured in a combat zone or combat-related operations*, the calculation would be:

$$\$1,986.30 \text{ (base pay)} \times 2 = \$4,203.60$$

$$\$4,203.60 \times 6 \text{ (minimum years of service for combat zone or combat-related operations injury)} = \$25,221.60$$

If a member separating with severance pay also qualifies for VA disability compensation, the member will not receive the VA compensation until the total severance pay has been recouped. For the E-4 described above, for example, if he were to receive a 20 percent disability rating from the VA, his compensation would be \$258.83 per month (2014 rate). It would take 8 years and 2 months to repay the \$25,221.60 severance pay, so he would begin receiving his VA disability compensation at that time. (*It would actually take a little less time because of COLA increases to VA disability compensation during the interim.*) Severance pay subject to VA offset is not subject to federal taxation.

However, if you incur a disability in the line of duty in a combat zone or during performance of duty in combat-related operations, there will be *no recoupment* of your disability severance pay.

SECTION 2: TEMPORARY DISABILITY RETIREMENT LIST (TDRL)

If the PEB finds you unfit for duty with a 30 percent or higher combined disability rating, but your condition is not considered stable (it may worsen or improve), then you will be placed on the TDRL. Your compensation under TDRL is determined using one of two methods.

Under the first method, your retired pay is based on your combined disability percentage, but it can never be less than 50 percent of your “retired pay base”.

For a member who entered service before September 8, 1980, the retired pay base is the monthly basic pay of the grade or rank in which the member was serving when placed on the TDRL or the highest temporary grade or rank in which the member served satisfactorily or to which the member was entitled on the date before retirement or placement on the TDRL, whichever is higher.

For a member who entered service after September 7, 1980, the retired pay base is the average of the highest 36 months of basic pay received. (See DoD Financial Management Regulation 7000.14R, Volume 7B, Chapter 3, Paragraph 030101.)

Additionally, disability retirement pay can never be more than 75 percent of a member’s retired pay base, so a combined rating of 80-100 percent will result in retirement compensation equal to 75 percent of a member’s retired pay base.

30 – 40 percent disability rating = 50 percent of retired pay base

50 – 70 percent disability rating = that percentage of retired pay base

80 – 100 percent disability rating = 75 percent of retired pay base

or [2.5 percent] x [years of service] if sum is greater than percentage of disability

Under the second method, your retirement is based on your time in service. Under this formula, your compensation would be determined by taking 2.5 percent multiplied by your total number of years of service to come up with the percentage of retired pay.

[2.5 percent] x [years of service] = that percentage of retired pay base (including amounts exceeding 75 percent of retired pay base for those with more than 30 years of service)

Your TDRL payment will be based on the method that gives you the highest percentage of your retired pay base. You will never be placed on the TDRL with less than 50 percent of your retired pay base.

Every 18 months, you will have a physical exam to see whether your condition has changed or stabilized. Those examinations will determine whether you remain on TDRL, return to duty, are discharged with or without severance pay, or are moved to the PDRL.

If you are fit for duty, you will have the choice of returning to duty or being discharged without severance pay. Your TDRL payments will stop.

If your condition has stabilized, and you are still unfit for duty with a disability rating between 0-20 percent, you will be discharged with severance pay as previously discussed.

If your condition has stabilized and your disability is rated at 30 percent or higher, you will be transferred to the PDRL.

You can only stay on TDRL for five years.

At the end of five years, you must be declared fit or unfit, given a percentage of disability, and either returned to duty, discharged, or placed on PDRL.

SECTION 3: PERMANENT DISABILITY RETIRED LIST (PDRL)

If you are found unfit by the PEB with a 30 percent or greater combined disability rating, and your condition is considered stable (unlikely to improve), you will be placed on the PDRL. You will also be placed on PDRL if you have less than 30 percent disability but have completed 20 or more years of service.

Your retired pay will be computed in the same way as previously described for TDRL, but without the 50 percent minimum. In other words, you will receive retirement pay based on your combined disability rating percentage, or you will receive retirement pay based on your years of service. Like TDRL, you receive the amount that is the greater of the two methods for determining pay, but disability retirement pay cannot exceed 75 percent of your retired pay base, unless retirement is based on years of service in excess of 30 years.

- 30 – 70 percent disability rating = that percentage of retired pay base
- 80 – 100 percent disability rating = 75 percent of retired pay base
- or 2.5 percent x Years of Service if sum is greater than percentage of disability

SECTION 4: CONCURRENT RETIREMENT AND DISABILITY PAY (CRDP) AND COMBAT-RELATED SPECIAL COMPENSATION (CRSC)

If you are medically retired, your DoD disability retired pay may be reduced (waived) by the amount of VA disability compensation you are awarded. However, to compensate for the reduction, the CRDP and CRSC programs were enacted by legislation to replace the portion that is waived:

To qualify for CRDP, a member must have a VA disability rating of at least 50 percent and retired for longevity and be receiving retired pay or have a Chapter 61 disability retirement with at least 20 years of service. Payment is not made separately from military retired pay or VA compensation; it simply replaces the amount of military retired pay that is reduced by VA compensation. The end result is full receipt of military retired pay and VA disability compensation.

CRDP was originally implemented with a graduated implementation schedule that began in 2004 (2003 for some retirees) and will be fully implemented by 2014. Members with 100 disability ratings are already fully entitled to both their military retired pay and VA disability compensation up to the amount of the earned for years of service. Members with less than 100 percent disability ratings will have their military retired pay only partially reduced by the amount of their VA disability compensation until 1 January 2014, when the offset will be completely eliminated. If you receive benefits at the 100 percent rate because of an individual's unemployability, as of 2009, you are entitled to full CRDP.

A military retiree does not need to apply for CRDP; the Defense Finance and Accounting Service (DFAS) obtains information from the VA and pays it monthly as part of the member's military retired pay.

To qualify for CRSC, a member must be retired for longevity, (or be medically retired with any number of years of service) and have a disability that is directly combat-related (i.e., a disability that is service-connected but not combat-related would not qualify). The computation method to determine the payment amount is rather complicated. It is based on the difference between what a member's retired pay would be based for his or her years of service (a hypothetical amount for members with less than 20 years of service because one cannot receive longevity retired pay with less than 20 years of service) and what the member is receiving in disability retired pay. That figure is then subtracted from the amount of the member's VA disability compensation, and the remainder, if any, is paid to the member as CRSC. The maximum CRSC payment cannot exceed what the

CHAPTER 5: DOD DISABILITY COMPENSATION

member's longevity retired pay would be (or hypothetical retired pay for those with less than 20 years of service) based on the member's years of service. It is possible that members with lower disability rating percentages and fewer years of service, especially at lower ranks, may have no CRSC entitlement. Contact the appropriate Service organization listed below for additional information.

A military retiree cannot receive both CRDP and CRSC at the same time. The two benefits will be calculated and compared annually by DFAS, and the greater of the two will automatically be paid to the member. However, if a member's personal circumstances make it more advantageous to take the lower amount; the member may choose to do so during an annual open season from December through January.

To receive CRSC, members must apply to their military branch of service. They must enclose evidence to show how their disability was incurred in a combat-related situation (i.e. incurred as a direct result of armed conflict; as a result of hazardous service; in the performance of duty under conditions simulating war (training); or through an instrumentality of war). For those members who are approved, their military branch of service will send an award letter to them and a copy to DFAS. Once DFAS receives the approved award letter, payment will be initiated within approximately 30 days. Retroactive payments will generally be issued within 30 days of receiving the first monthly payment. Applications should be submitted to the following addresses:

Army

Combat-Related Special Compensation (CRSC)
200 Stovall Street
Alexandria, VA 22332-0470
Phone: 1-866-281-3254
Website: www.hrc.army.mil/site/crsc/index.html

Air Force

United States Air Force Disability Division (CRSC)
550 C Street West Ste 6
Randolph AFB TX 78150-4708
Phone: 1-800-525-0102
Website: <http://www.afpc.af.mil/library/combat.asp>

Navy and Marine Corps

Secretary of the Navy Council of Review Boards
Attn: Combat-Related Special Compensation Branch
720 Kennon Street SE, Suite 309
Washington Navy Yard, Washington, DC 20374. Phone: 1-877-366-2772
Website: www.hq.navy.mil/corb/CRSCB/combatrelated.htm

Coast Guard

Commander (adm-1-CRSC) U.S. Coast Guard Personnel Command
4200 Wilson Boulevard
Arlington, VA 22203-1804
Website: www.uscg.mil/hr/psc

CHAPTER 6: THE SURVIVOR BENEFIT PLAN (SBP)

If you are transferred to either the TDRL or PDRL and receive disability retirement pay, or if you retire with at least 20 years of service, you will have the opportunity to participate in a life-insurance type of program called the Survivor Benefit Plan (SBP). Your retired pay stops when you die. If you wish to have an annuity based on your retired pay passed on to your surviving spouse, eligible children, or someone else, you can do so by participating in SBP. You are already covered by SBP at no cost while serving on active duty, but after you retire, your participation becomes voluntary. SBP is highly subsidized by the federal government, but it is not free. You must pay a premium out of each monthly retirement check. SBP doesn't pay a lump-sum death benefit like typical life insurance; it pays a monthly, cost-of-living-adjusted income to your survivors (referred to as an "SBP annuity"). The great majority of retirees take maximum advantage of this program. A complete description of the SBP program is too extensive for this handbook, but below is a summary of how it works.

Making Your SBP Election

Shortly before you retire, you must submit **DD Form 2656, "Data for Payment of Retired Personnel"** to the Defense Finance and Accounting Service-Cleveland Center (DFAS-CL), on which you must make an SBP election. You will designate the amount of your retired pay you wish to protect with SBP, and you will name your beneficiary(s); or, you may decline to participate.

Participation in SBP is Voluntary

However, if you are married or have a child, you will be automatically enrolled in SBP at the maximum level for all eligible dependents (spouse and children) unless you decline SBP or choose a reduced level of coverage. If you are married and want to decline SBP or participate at a reduced level, you must do so in writing before your date of retirement with your spouse's written and notarized concurrence. Once made, your SBP election should be viewed as permanent, but you have options to change it later if the status of your dependents changes. You also have the option to terminate your election between the 24th and 36th month after you retire. If you decline to enroll in SBP, or if you terminate after you retire, you will never have the option to enroll again.

If you are not married or have no dependent children when you retire, you may choose to enroll in SBP in the future. You have one year from the date of marriage or the date you acquire children to enroll.

Choosing Your "Base Amount"

Your SBP election is not an all-or-nothing decision; you have many levels of participation from which you can choose. When you enroll in SBP, you will select a figure called a "Base Amount". Monthly income payments to your beneficiary are always 55 percent of your Base Amount. You can choose a Base Amount of as little as \$300 or as much as your full retired pay. A \$300 base amount, for example, would pay your beneficiary an annuity of \$165 per month (55 percent of your \$300 Base Amount). Likewise, if you designate your full retired pay as your Base Amount, your beneficiary would receive a monthly annuity equal to 55 percent of your full retired pay. After retirement, each time military retired pay receives a cost-of-living adjustment, your Base Amount and your survivor's annuity will increase at the same time by the same percentage. This assures that your survivor's SBP annuity will have the same purchasing power in the future that it has today.

Choosing Your Beneficiary

There are several categories of beneficiaries from which you can choose:

- Spouse-Only

CHAPTER 6: THE SURVIVOR BENEFIT PLAN (SBP)

- Child-Only
- Spouse-and-Child
- Former Spouse-Only
- Former Spouse-and-Child
- Insurable Interest

Each of them is described below:

Spouse-Only

If you are married on the day you retire, your spouse is immediately eligible to receive maximum SBP benefits if you were to die. If you are single when you retire, you may enroll in SBP if you get married later, but you must do so within one year of the date of your marriage, and your new spouse would become eligible for benefits after one year of marriage. If you have an eligible beneficiary and do not enroll in SBP when you have the opportunity, you will **never** be able to enroll again. If you are married and enroll in SBP, then later lose your spouse through death or divorce, your SBP election would become “suspended”, i.e., you would still be in SBP with “Spouse” coverage, even though you would not have an eligible spouse. Your premiums would also be suspended. If you later remarry, your SBP election automatically reactivates, and your new spouse would become eligible to receive benefits after one year of marriage. During that first year of remarriage, you may choose to withdraw permanently from the program, or if you had been participating with a reduced Base Amount, you may increase your Base Amount to any amount up to your full retired pay. If you were to increase your Base Amount, you would become obligated to pay premiums for the higher amount retroactive to your date of enrollment. Your new spouse would not need to concur with your election, but DFAS is required to inform him or her of your election.

Your surviving spouse can receive SBP benefits for life. Remarriage before age 55, however, would suspend his or her eligibility to receive benefits, but if that marriage later ends by death or divorce, eligibility to receive benefits is restored, regardless of how many years might pass before then.

Child-Only

Under this election, you can name your children as your SBP beneficiaries. All eligible children, including any children you might acquire in the future, would automatically become beneficiaries. Eligible children include natural children, adopted children, stepchildren, and foster children who live with you in a normal parent-child relationship. Children are eligible to receive benefits until age 18, and if they go on to college, until age 22. If they were to become incapable of self-support due to a physical or mental disability, either before age 18 or between the ages of 18 and 22 while attending college, they would be eligible to receive benefits for life, as long as they remain unmarried and incapable of self-support.

The 55 percent SBP annuity is divided equally among all eligible children. As older children exhaust their eligibility by turning age 18 (or 22), the annuity is divided equally among the remaining children. Annuities are paid to the guardian of the child until the child reaches the Age of Majority in the child’s state of residence, when it is then paid directly to the child. (*The Age of Majority in most states is age 18, but it is age 19 in Alabama and Nebraska, and age 21 in Mississippi, Pennsylvania, and Puerto Rico.*)

Spouse-and-Child

This is the default option if you are married and have children when you retire. You will be enrolled in SBP with this option automatically at the maximum level unless you elect otherwise, with

CHAPTER 6: THE SURVIVOR BENEFIT PLAN (SBP)

your spouse's written concurrence (as previously discussed). Under a Spouse-and-Child election, the SBP annuity would be paid to your surviving spouse just as it would be under the Spouse-Only option previously described. The difference is that if your surviving spouse were to die or lose eligibility to receive benefits by remarrying before age 55, the benefits would be paid to your surviving children, just as they would be under the Child-Only option above.

Former Spouse

SBP annuities for a former spouse are paid in the same manner as they would be for a surviving spouse (55 percent of your elected Base Amount). If you have a former spouse on your date of retirement, you can name your former spouse as your SBP beneficiary. If you have a former spouse at the time but choose to not name him or her as your beneficiary, you may never name that former spouse as your beneficiary later. If you enroll in SBP with Spouse coverage and then divorce after you retire, you may change your election from Spouse coverage to Former Spouse coverage for that spouse, but you must do so within one year of your date of divorce. If your former spouse were to remarry before age 55, his or her eligibility would be suspended, just like it would be for a surviving spouse. Your election would still remain in effect, but in a suspended status, because his or her eligibility would be restored if that marriage later ends by death or divorce.

Former Spouse-and-Child

You can add children to a Former Spouse election in the same manner that you can for Spouse coverage. Only children acquired during your marriage to your former spouse may be included. If either of you have children from previous relationships whom you did not adopt, they could not be covered, even if they were previously covered under a Spouse-and-Child or a Child-Only election.

Insurable Interest

If you are unmarried when you retire and have no dependent children, you may enroll in SBP with an "Insurable Interest" beneficiary. An Insurable Interest beneficiary is someone who has a financial interest in your continued life. Such a relationship is presumed to exist for anybody related to you more closely than a cousin (mother, father, aunt, uncle, grandparents, brother, or sister). There is one exception: if you are unmarried and have one child, you may name that child as an Insurable Interest beneficiary. Doing so would allow your child to remain your beneficiary for life, but it is very expensive and benefits would be significantly less, as discussed later. You may name an unrelated person, such as a fiancé' or a business partner, but you must provide documented evidence of a financial relationship. Unlike other elections, an Insurable Interest election can be terminated at any time.

SBP Premiums

SBP "premiums" are paid in the form of a reduction in your retired pay. They are therefore exempt from taxation. You pay premiums only when you have an eligible beneficiary. Except for Spouse or Former Spouse elections, premiums are calculated differently for each category of beneficiary.

Spouse or Former Spouse Coverage

Monthly premiums for both Spouse and Former Spouse coverage are the same: 6.5 percent of your elected Base Amount. For example, if your Base Amount is \$3,000, your SBP "premium" would be \$195 per month ($\$3,000 \times 6.5\%$). If you first entered the military before 1 March 1990, you are "grandfathered" under an old provision that could result in your premiums being a little less. This alternative option is also available to disability and reserve component retirees regardless of their military service entry date. The DoD Office of the Actuary hosts an SBP premium calculator on their website, <http://actuary.defense.gov>, if you'd like some help calculating it.

CHAPTER 6: THE SURVIVOR BENEFIT PLAN (SBP)

Child-Only Coverage

The premiums for SBP Child-Only coverage are very modest and are based upon actuarial factors determined by a combination of your age and your youngest child's age on your birthday nearest to your date of retirement. It doesn't matter how many children you have, since there is only one 55 percent annuity that is divided equally among all eligible children. All possible combinations are too numerous to cite in this handbook, but you can obtain a precise quote by going to the DOD Office of the Actuary website referred to above. Here are some examples for selected age combinations to give you an idea of the cost:

For each \$1,000 of a Base Amount, the monthly premiums for Child-Only coverage would be:

Premiums for "Child-Only" Coverage per \$1,000 of Base Amount

Member's Age	Youngest Child's Age					
	2	4	6	10	14	17
25	\$11.11	\$9.70	\$8.40	\$6.00	\$3.70	\$2.30
30	13.40	11.80	10.20	7.20	4.40	2.80
40	5.30	4.30	3.50	2.20	1.30	.80
50	13.20	10.80	8.70	5.30	2.90	1.60

Spouse-and-Child Coverage

The premiums for Spouse-and-Child coverage are calculated by adding the cost for Spouse-Only coverage (6.5% of your Base Amount) to a very small, actuarially determined cost for the "and-Child" portion of the coverage. The cost to add a child to Spouse coverage is extremely inexpensive because benefits are payable to the children only in the rare situation in which both parents have died, or the retiree has died and the surviving spouse remarries before age 55, while the youngest child is eligible to receive benefits. The ages of both the member and the spouse and the age of the youngest child are all factors in determining the cost. Again, you can get an accurate premium calculation at the DOD Office of the Actuary website, but here are some examples for different age combinations, assuming both the retiree and the spouse are the same age:

For each \$1,000 Base Amount, the monthly premiums for Spouse-and-Child coverage would be:

- \$65.00 (6.5% of \$1,000 Base Amount) + the appropriate cost shown in the table below:

Premiums for "Child" Portion of "Spouse-and-Child" per \$1,000 of Base Amount

Member and Spouse Same Age	Youngest Child's Age					
	2	4	6	10	14	17
25	\$3.56	\$3.02	\$2.51	\$1.54	\$.74	\$.35
30	2.89	2.43	1.99	1.21	.59	.29
35	1.35	1.12	.91	.53	.24	.11
40	.53	.43	.34	.18	.08	.03
45	.56	.43	.33	.18	.08	.03
50	.95	.66	.45	.21	.09	.04

Former Spouse-and-Child Coverage

Calculated the same way as premiums for Spouse-and-Child coverage.

Insurable Interest

Premiums for this category of coverage are calculated much differently than they are for all other categories. First, only your full retired pay can be selected as your Base Amount. Monthly costs are then 10 percent of your Base Amount, plus an additional five percent for each full five years that your beneficiary is younger than you. For example, a 38-year-old retiring member with retired pay of \$2,000 per month who wants to name his 22-year-old sister as his Insurable Interest beneficiary would pay 10 percent of his \$2,000 Base Amount (\$200), plus another 15 percent of his Base Amount (\$300 – five percent for each full five years, and she is 16 years younger than he is), for a total cost of 25 percent of his retired pay per month (\$500).

Monthly SBP annuities for Insurable Interest beneficiaries are also less than those for all other categories. To calculate the annuity, you must first subtract the monthly premium from the Base Amount to determine an “Adjusted Base Amount”. The monthly annuity is then 55 percent of the Adjusted Base Amount. In the example above, the monthly annuity would be \$825 ($\$2,000 \text{ Base Amount} - \$500 \text{ Premium} = \$1,500 \text{ Adjusted Base Amount} \times 55\% = \825).

Terminating Coverage

If you enroll in SBP, you will have the option to terminate your election between the 24th and 36th month after you retire. You won't be able to make any changes to your election during this period – only to terminate it – so make sure you and your spouse give careful consideration to your election before you make it. As previously mentioned, you may terminate an insurable interest election at any time. If you terminate, you will never be able to re-enroll, regardless of any changes in your dependency status and you will not receive a refund of premiums already paid.

SBP premiums are payable for a total of 30 years (360 months), or until age 70, whichever comes later. Any type of premium you pay counts toward your paid-up status (Spouse, Child, Former Spouse, etc.). Periods during which you do not have an eligible beneficiary, and therefore don't pay premiums, do not count. For example, if you enroll in SBP and then get divorced and remain single for five years before remarrying, you will not pay premiums during those five years, nor will you during your first year of remarriage (because you only pay premiums for eligible beneficiaries, and a new spouse does not become eligible until after one year of marriage). Those six years, therefore, would not count toward your paid-up status. However, if you have Spouse-and-Child coverage and continue paying Child-Only premiums during those six years, they would count.

SBP annuities are reduced dollar-for-dollar by DIC (Dependency and Indemnity Compensation), which is a tax-free monthly payment from the Department of Veterans Affairs (VA) to surviving spouses of veterans who die of a service-connected disability or condition related to a service-connected disability. For 2010, DIC is \$1,154 per month. To partially compensate your surviving spouse for this offset, he or she would receive a monthly payment from DoD referred to as a **Special Survivor Indemnity Allowance (SSIA)**. For Fiscal Year (FY) 2014, the monthly payment is \$150, and will increase to \$200 during FY 2015, \$275 during FY 2016, and \$310 during FY 2017. Since SBP is a benefit for which you must pay, your surviving spouse would receive a refund of any premiums you had paid for the portion of the SBP annuity that gets offset by DIC. For example, if DIC were to offset half of your survivor's SBP annuity, and you had paid \$10,000 in SBP premiums over the years, he or she would receive a refund of \$5,000.

SBP premiums are paid with pre-tax dollars. Since SBP premiums are paid in the form of a reduction in retired pay, they are not includable as taxable income. If, for example, your SBP premium is \$100, and you are in the 28 percent marginal tax bracket, your true out-of-pocket cost would be only \$72. That is important to know to understand the true cost of SBP, especially if you were to consider purchasing life insurance as an alternative to SBP.

SBP While on Active Duty

While serving on active duty, you are covered by SBP at no charge with a default election of “Spouse-and- Child” coverage. If you were to die in the line of duty on active duty, your survivor’s SBP annuity would be 55 percent of what your retired pay would have been if you had retired with a 100 percent disability, which is 75 percent of the average of your highest 36 months of base pay (usually the 36 months prior to your death). For example, if you are an E6 with nine years of service in 2010, your average base pay over the past 36 months is \$2,869. Your retired pay entitlement, therefore, would have been 75 percent of \$2,869, or \$2,151 per month. Your surviving spouse’s monthly SBP annuity would be 55 percent of \$2,151, or \$1,183. SBP is based only on your base pay; other allowances are not considered.

If you have children, your surviving spouse would have a very important decision to make. Surviving spouses of members who die on active duty usually receive Disability and Indemnity Compensation (DIC) from the VA, as discussed earlier, and his or her SBP annuity would be reduced by the amount of DIC (\$1,154 in 2010). To avoid that reduction and increase household income while children are still dependents, surviving spouses may choose to forego SBP for himself or herself and instead choose to have the SBP annuity paid to eligible children under the “Child Only” option. Children’s SBP benefits are not reduced by compensation from the VA. A downside to choosing this option is that the surviving spouse would forego eligibility to receive SBP benefits for the rest of his or her life. The age of the youngest child becomes a very important consideration because SBP benefits would be payable only until that child turns age 18 (or 22 if he or she goes on to college).

As difficult as it might be to consider so soon after losing a spouse, it is important that a surviving spouse consider the impact that remarriage would have on his or her SBP benefits before making the decision to opt for Child-Only benefits. Remarriage before age 55 suspends a surviving spouse’s eligibility to receive benefits. If that were to happen while children are still eligible to receive benefits, the SBP annuity would be paid to the children, just as it would be under a “Child Only” election. An important difference, however, is that if that remarriage were to ever end because of divorce or the death of the subsequent spouse, eligibility to receive SBP benefits would be fully restored, regardless of the age at which loss of the subsequent spouse might occur.

Make the Right Decision

Regardless of the nature of your military career, your family’s interest in your active duty pay is protected by SBP while you are on active duty. After you retire, SBP is available to help protect your family’s interest in your retired pay. It is you and your spouse’s decision whether you wish to continue being protected by SBP after you retire. Your retired pay is likely to be one of your most valuable assets, worth hundreds of thousands of dollars over your lifetime, and because of cost-of-living adjustments, it will remain a valuable asset well into your old age. The security you will enjoy of having your retired pay guaranteed for life by the federal government is security that you would deny your surviving spouse if you were to decline SBP. And remember: your SBP decision is not an “all-or-nothing” decision; if there is some reason why you feel that maximum SBP is not appropriate for you; consider participating at a reduced level. Very rarely is it appropriate to decline SBP altogether. Study your options and make the best decision possible for you and your family. For additional information, visit: http://www.benefits.va.gov/compensation/resources_comp03.asp.

SBP for Reservists and National Guardsmen

SBP for Reservists and members of the National Guard works similarly to SBP for Regular and disabled retirees. All of the previously discussed beneficiary options and eligibility criteria are the same, but there are some key differences in premiums and annuity values. The program for Reservists and National Guard personnel is called the “Reserve Component Survivor Benefit Plan” (RCSBP). It becomes operative only after a member has served a total of 20 qualifying years as a Reservist or

CHAPTER 6: THE SURVIVOR BENEFIT PLAN (SBP)

National Guardsman. Before then, while serving on periods of active duty, regular SBP, as previously described, would be in force, just as it would be for anyone else on active duty.

When Reservists and Guardsmen complete 20 years of qualifying service, they receive their “Notice of Eligibility” (NOE) for retired pay beginning at age 60 (also referred to as the “20-Year Letter”). Together with that notice, they receive a description of RCSBP and an election certificate, Reserve Component Survivor Benefit Plan (RCSBP) Election Certificate, DD Form 2656-5, on which they can make their RCSBP elections. RCSBP is SBP coverage that is in effect during the “Grey Area” between a Reservist’s completion of 20 years of service and the commencement of retired pay at age 60. Key to understanding how RCSBP works is recognizing that SBP premiums are paid in the form of a reduction in retired pay, but since Reservists do not receive retired pay until age 60, there is no way for them to pay premiums for Grey Area RCSBP coverage until then. Therefore, they must pay both the 6.5% of their elected Base Amount for basic SBP, plus an additional amount for RCSBP after they begin receiving retired pay.

Reservists have 90 days after receiving their 20-Year Letter to make their RCSBP elections. If they do not make an election, they are automatically enrolled in RCSBP at the maximum level with Spouse-and-Child coverage if they are married and have children. To decline coverage or elect a reduced Base Amount, married members must do so in writing, using the RCSBP Election Certificate, and their spouses must concur in writing, with their signatures notarized.

Besides the beneficiary options previously discussed, Reservists have three options from which they must choose when they receive their 20-Year Letter:

Option A	Decline to make an election until age 60 (when Regular SBP becomes available).
Option B	Elect to provide an annuity that will begin on the member’s 60 th birthday, or later if the member lives beyond age 60.
Option C	Elect to provide an annuity that will begin immediately upon the member’s death, regardless of age

RCSBP Premiums for Spouse-Only and Former Spouse-Only Coverage

The RCSBP premiums that Reservists must pay are different for each of the above options. (Note: There is no RCSBP premium for Option A, since the member is declining coverage, essentially choosing to defer making an election until becoming eligible for regular SBP when retired pay begins at age 60.) The premiums for Options B and C are calculated using actuarial factors based upon both the member’s and the member’s spouse’s ages on their birth dates nearest to the date of the member’s 20-Year Letter.

The following table illustrates RCSBP premiums for the most typical age combinations, *expressed as an additional percentage of their elected Base Amounts, over and above the 6.5% they would pay for basic SBP*:

RCSBP Premiums for “Spouse-Only” Coverage as a Percent of Base

Member’s Age	Deferred Annuity—Option B		Immediate Annuity—Option C	
	Spouse 0–4 Years Younger Than Member (%)	Spouse 1–4 Years Older Than Member (%)	Spouse 0–4 Years Younger Than Member (%)	Spouse 1-4 Years Older Than Member (%)
38	2.27%	2.21%	3.59%	3.69%
40	2.19	2.13	3.36	3.43
42	2.10	2.04	3.13	3.17
44	2.00	1.94	2.89	2.91

CHAPTER 6: THE SURVIVOR BENEFIT PLAN (SBP)

Member's Age	Deferred Annuity—Option B		Immediate Annuity—Option C	
	Spouse 0–4 Years Younger Than Member (%)	Spouse 1–4 Years Older Than Member (%)	Spouse 0–4 Years Younger Than Member (%)	Spouse 1-4 Years Older Than Member (%)
46	1.89	1.82	2.64	2.64
48	1.76	1.69	2.38	2.36
50	1.61	1.54	2.10	2.07

For example, a 42-year-old Reservist whose spouse is 2 years younger than he is who elects an Immediate Annuity – Option C, would pay (beginning at age 60, when retired pay starts) 6.5% of his elected Base Amount for basic SBP, plus an additional 3.13% for the RCSBP coverage that was in force between ages 42 and 60, for a total of 9.63% of his elected Base Amount.

Calculations for a Base Amount of \$2,000:

Base Amount:	\$2,000
SBP Premium Rate:	$\times .065$
Basic SBP Premium:	\$130.00
Plus RCSBP Premium	$+ \underline{62.60}$ (3.13% of Base Amount, from table)
Total SBP/RCSBP Premium:	\$192.60 (9.63% of Base Amount)

However, if a Reservist chooses a Base Amount of less than \$1,554*, the cost for basic SBP would be calculated under a two-part formula, rather than the standard 6.5% rate (which results in a lower premium):

2.5 percent of the first \$725* of the designated Base Amount (referred to as the “Threshold”), plus 10 percent of the remaining Base Amount.

Calculations for a Base Amount of \$1,000:

Base Amount:	\$ 1,000 (Cost factor)
Minus Threshold Amount:	$- 725 \times .025 = \$18.13$
Remaining Base Amount:	$\$275 \times .10 = +27.50$
Basic SBP Premium:	\$45.63
Plus RCSBP Premium:	(3.13% of Base Amount, from table) +31.30
Total SBP/RCSBP Premium:	(7.69% of Base Amount) \$76.93

*2010 figure; increases each time there is an increase in active duty pay.

RCSBP Premiums for Child-Only Coverage

Similar to Child-Only premiums for basic SBP, RCSBP premiums for Child-Only coverage are based upon the member's age and the age of the youngest child. The number of age combinations is too great to illustrate in this Handbook (DFAS calculates the premium when your retired pay begins), but here are the premiums for some typical age combinations to give you an idea:

RCSBP Premiums for Child-Only Coverage per \$1,000 of Base Amount

Member's Age	Deferred Annuity—Option B			Immediate Annuity—Option C		
	Youngest Child Age 2	Youngest Child Age 10	Youngest Child Age 16	Youngest Child Age 2	Youngest Child Age 10	Youngest Child Age 16
38	\$.10	\$.10	\$.10	\$9.30	\$1.70	\$.30
40	.10	.10	.10	9.40	1.90	.30
42	.80	.10	.10	9.10	2.00	.30
44	1.80	.10	.10	8.40	2.30	.40
46	3.40	.10	.10	7.60	2.60	.40
48	4.70	.10	.10	6.80	3.00	.50
50	5.60	.60	.10	6.10	3.50	.60

RCSBP Premiums for “Child” Portion of “Spouse-and-Child” Coverage

There is NO COST for the “Child” portion of “Spouse-and-Child” coverage.

RCSBP Annuities

RCSBP annuities are also calculated differently than they are for basic SBP. Under basic SBP, survivor’s annuities are calculated at 55 percent of the member’s elected Base Amount. Under RCSBP, the member’s Base Amount is first reduced by the amount of the RCSBP premium, then the survivor’s annuity is calculated at 55 percent of the adjusted Base Amount.

For the above example:

Base Amount: \$1,000.00
 RCSBP Premium: (3.13% of Base Amount, from table) - 31.30
 Adjusted Base Amount: \$968.70 x .55
RCSBP Survivor’s Annuity: \$532.79

Terminating Coverage

Just like with regular SBP, Reservists have the option to terminate their RCSBP elections between the 24th and 36th month after they begin receiving retired pay. No changes can be made to their elections during this time period. Only terminations are allowed. The RCSBP premium for the period of coverage during the Grey Area will continue, however, since coverage was in force during that period. Only the cost for basic SBP (6.5% of the Base Amount, or the lower cost under the two-part formula) is waived thereafter.

CHAPTER 7: SOCIAL SECURITY BENEFITS

SECTION 1: DISABILITY BENEFITS FOR YOU

Like many military members, you are probably aware that benefits are available from DoD and VA sources, but you may not be aware that the Social Security Administration (SSA) also may be able to provide disability benefits if your health prevents you from working.

Being on active duty or getting military pay does not automatically prevent you from receiving Social Security disability benefits. You should still apply for Social Security if you think you are disabled. If you are receiving treatment from a MTF and are working in a designated therapy program or are on limited duty, Social Security will evaluate your work activity to determine your eligibility for benefits (the actual work activity is the controlling factor, not the amount of pay you receive or your military status).

If you were injured on or after 1 October, 2001 while on active duty, regardless of where your injuries occurred, you are eligible for expedited processing of disability benefits from the SSA.

The SSA pays disability benefits through two programs:

- Social Security Disability Insurance Program (SSDI)
- Supplemental Security Income (SSI)

For you or your family to receive SSDI benefits, you have to be considered “insured” by the SSA. This means you have worked long enough (which varies depending on your age) and paid enough Social Security taxes to qualify.

Eligibility for SSI has nothing to do with your earnings history; it is entirely dependent on your financial need based upon your income (and part of your spouse’s income, if you are married) and assets and your ability to work. For more information about Social Security’s disability programs, go to: www.socialsecurity.gov/woundedwarriors.

Social Security’s definition of disability:

- You must be unable to do substantial work because of your medical condition(s).
- Your medical condition(s) must have lasted, or be expected to last, at least one year or be expected to result in death.

Social Security does not pay money for partial disabilities or short-term disabilities.

How to Apply for Benefits

You can apply for disability benefits while in the military or after separating from the military. This also applies if you are still hospitalized, in a rehabilitation program or undergoing outpatient treatment in an MTF or civilian medical facility. You may apply online at www.socialsecurity.gov/woundedwarriors or in person at the nearest Social Security Office by calling 1-800-772-1213 (TTY: 1-800-325-0778) M-F between the hours of 7 a.m. and 7 p.m. to schedule an appointment.

What You Need to Apply

- Proof of identity
- Proof of age
- Proof of U.S. citizenship or legal residency, if foreign born
- Form DD214, if discharged from the military service

CHAPTER 7: SOCIAL SECURITY BENEFITS

- W-2 Form or income tax return from the previous year
- Proof of military and/or worker's compensation benefits (or payments)
- Social Security numbers of your spouse and minor children
- Checking or savings account number, if you have one
- Name, address and phone number of a contact person, in case you are unavailable
- Medical records that you may have and/or that you can easily obtain from all military and civilian sources

Important: File your application for disability benefits as soon as possible with available documentation. Do not delay your filing because you do not have all of your documentation.

You can apply for disability benefits while in the military or after separating from the military.

How Social Security Decides to Pay Claims

Your claim is handled by the state Disability Determination Services (DDS) office that makes disability decisions. Medical and vocational experts from the DDS will contact your physicians and/or other providers (e.g., Clinical Psychologists, hospitals, clinics, etc.) where you receive treatment to retrieve your medical records. The DDS may ask you to have an examination or medical test. You will not have to pay for these exams or tests.

The length of time to receive a decision on your disability claim could vary. It depends on:

1. The nature of your disability
2. How quickly the DDS office obtains medical evidence from your doctor or medical sources
3. Whether it is necessary to send you for a medical examination in order to obtain evidence to support your claim

What You Can Do to Expedite the Process

You can expedite the process by being prepared for your interview. It also helps to have information about your work history and contact information for physicians (and other providers/facilities) who have treated you. After you file a claim, it is uniquely identified as a military Service member claim and is expedited through all phases of processing (if disabled on or after October 1, 2001 while on active duty). Disability claims that have been filed online are also expedited.

Note: You can prevent delays by notifying SSA of any change in address or if you are being seen or treated by any new doctors, hospitals or clinics while they are working on your claim.

SECTION 2: SOCIAL SECURITY BENEFITS FOR YOUR FAMILY

If you qualify for Social Security disability payments, certain members of your family may qualify for benefits based on your employment history. They include:

- Your spouse at any age, if he or she is caring for a child of yours who is younger than 16 or disabled
- Your unmarried child, including an adopted child, or in some cases, a stepchild or grandchild. The child must be younger than 18 years of age or younger than 19 if in elementary school or secondary school (not college)

CHAPTER 7: SOCIAL SECURITY BENEFITS

- Your unmarried child, age 18 or older, if he or she has a disability that started before age 22 (the child's disability must meet the definition of disability for adults)
- Your spouse, if he or she is 62 years or older

Note: In some cases, a divorced spouse may qualify for benefits based on your earnings if he or she was married to you for at least 10 years, is not currently married and is at least 62 years of age. The money paid to a divorced spouse does not reduce your benefit or any benefit due to your current spouse or children.

How to Contact Social Security

For more information and publications, visit: www.socialsecurity.gov, or call toll-free: 1-800-772-1213 (TTY:1-800-325-0778) M-F between the hours of 7 a.m. and 7 p.m. to schedule an appointment.

CHAPTER 8: REINTEGRATION INTO CIVILIAN LIFE

If you are separated from the military or medically retired from the military, you may wish or need to rejoin the civilian workforce. It is important to be aware of all of the programs and services that are available to make your transition as easy as possible. Whether you are entering the workforce for the first time or are returning to a previous position, there are a lot of resources available to help you. This chapter will provide you with information regarding the Department of Defense's Transition Assistance Program and programs from other government agencies.

SECTION 1: TRANSITION ASSISTANCE PROGRAM (TAP)

The Transition Assistance Program (TAP) provides information and training to ensure those who are leaving the Service are prepared for their next step - whether pursuing additional education, finding a job in the public or private sector, or starting their own business. Officially unveiled in November 2012, the redesigned TAP includes an outcome-based curriculum known as Transition GPS (Goals Plans Success) transforms the way the military prepares its Service members transitioning to civilian life. We reshaped TAP into a cohesive, modular, outcome-based program that bolsters and standardizes the opportunities, services and training that members receive to better prepare them to pursue their post-Service career goals, whether employment, entering into higher education, attending career technical training, or starting their own business.

Career Readiness Standards (CRS) are at the heart of the transition redesign. Just as Service members must meet military mission readiness standards while on Active Duty, Service members will meet CRS before their transition to civilian life. The program incorporates the many Veteran support activities across the U.S. government into one comprehensive effort. The Departments of Defense, Veterans Affairs and Labor, and the Small Business Administration, advised by the Department of Education, deliver services to enable our Service members to be "career ready."

One of the biggest changes included in Transition GPS is that participation in specific training sessions to prepare for separation (namely the Pre-Separation Counseling session, the VA benefits briefings, enrollment in eBenefits, and the Department of Labor (DOL) Employment Workshop) is now mandatory for all Service members including reservists and Guardsmen separating after 180 days of continuous Title 10 active duty, per the VOW to Hire Heroes Act of 2011, codified in Chapter 58, Title 10, U.S. Code.

Transition GPS includes a core curriculum and individually chosen modules on education, career technical training and entrepreneurship. The modules embrace the Military Services' cultural differences by allowing the Services the flexibility to modify the program but not change the program's standardized curriculum or mandatory learning objectives. The end state for each Service member is to meet the CRS for the career path they have chosen, regardless of their branch of Service.

Mandatory outcome-based activities and training modules help Service members prepare their Individual Transition Plan (ITP); help them evaluate how their military education, training and experience will transfer to civilian career requirements; and effectively demonstrate they are postured to meet post-separation goals. The training includes a Military Occupational Code "MOC" crosswalk between their military-related technical and occupational skills and the knowledge, skills and abilities in the civilian workforce increases a Service member's awareness of their technical and "valued" skills and how they relate competitively to their job search efforts. Service members also receive financial planning training where they will develop a twelve-month budget based on their individual plans after leaving the military. Service members develop an ITP that is tailored with supporting documents, reviewed by a transition staff member, and used as evidence of preparation for transition.

CHAPTER 8: REINTEGRATION INTO CIVILIAN LIFE

The revised VA benefits briefings inform Service members of how to obtain and use their Veteran benefits and pertinent resources, as well as enrollment in eBenefits. The DOL Employment Workshop has been brought up-to-date with the latest in best practices for conducting a job search, to include the use of social media, and has been made more interactive to better engage adult learners. The Employment Workshop is more tightly focused on the tools and mechanics of getting a job in today's competitive environment and includes resume preparation and interviewing skills practice, as well as obtaining a "Gold Card" to receive priority career guidance and job search services at any American Jobs Centers (formerly Career One-Stop) in the country.

Transitioning Service members will also have the option of selecting from one or more two-day tailored tracks within the Transition GPS curriculum: an Accessing Higher Education track, for those pursuing college education; a Career Technical Training track, for those seeking industry-recognized credentials in shorter-term training programs; and an Entrepreneurship track, for those wanting to start a business.

The redesigned TAP curriculum is designed to provide Service members with the skills-building training, services, resources and tools they need to meet the career readiness standards. Shortly before they depart the military, Service members demonstrate these standards through a verification process called Capstone. This process includes an opportunity to connect Service members with agency partners who provide them support as Veterans.

The final implementation phase of the program, to be implemented by the end of 2014, will integrate transition preparation throughout a Service member's career to ensure men and women enter the civilian workforce "career-ready." Each Service member will develop a plan within the military life cycle that designate training and touch points along the Service member's career path, to allow the member the time and resources to prepare for a smooth transition from the military.

Department of Labor Employment Workshops (DOLEW)

Employment assistance services begin with attendance at a workshop. DOLEW Workshops are conducted by Department of Labor instructors. These workshops are designed to give you the basic knowledge and skills necessary to plan and execute a successful job search. This includes:

- Assessing your preferences, skills, experience, and education/training
- Making career decisions regarding your career objectives and financial needs
- Obtaining an interview by identifying job opportunities, writing effective resumes and applications, and researching potential employers
- Winning the job by preparing for and participating in successful interviews

Your transition office can provide additional employment assistance and resources. Services will vary by location, but often include:

- Individual counseling and assistance
- Job fairs
- Job search libraries
- Access to job listings
- Automated tools for preparing resumes, cover letters, and federal job applications
- Assistance in preparing resumes and cover letters
- Assistance in preparing for interviews

Not everyone is fortunate enough to be located on a major installation with a Transition Assistance Office. Even those who are located on major installations may find that duties prevent their using the

CHAPTER 8: REINTEGRATION INTO CIVILIAN LIFE

services of these offices as much as they would like. Whether you're hospitalized, assigned to a remote location, or just tied up with duties, the DoD official Transition Assistance Program website, (www.dodtap.mil), is designed to provide much of the information you need, along with access to other websites that can provide even more information and assistance.

SECTION 2: VETERANS BENEFITS BRIEFINGS I AND II

Veterans benefits briefings I and II are an integral component of transition assistance that involves working with Service members who may be released because of a disability or who believe they have a disability qualifying them for VA's Vocational Rehabilitation and Employment Program (VR&E). The goal of Veterans Benefits Briefings I and II is to encourage and assist potentially eligible Service members in making an informed decision about VA's VR&E program. It is also intended to quickly deliver vocational rehabilitation services to eligible Service members by assisting them in filing an application for vocational rehabilitation benefits.

Veterans Benefits Briefings I and II presentations are generally group sessions that include a comprehensive discussion of VR&E and educational/vocational counseling available to separating Service members and veterans. Usually, the VA Regional Office VR&E Officer will coordinate Veterans Benefits Briefings I and II sessions for Service members who are hospitalized, convalescing, or receiving outpatient treatment for a disability and who are unable to attend a Veterans Benefits Briefings I and II group session.

SECTION 3: VA VOCATIONAL REHABILITATION AND EMPLOYMENT PROGRAM

If your wound, illness, or injury makes you unable to continue working in a job for which you are trained, you may be eligible for Vocational Rehabilitation from either the VA's Vocational Rehabilitation and Employment (VR&E) program or a state Vocational Rehabilitation (VR) and Supported Employment (SE) center funded by the Department of Education. The VA VR&E program is intended for veterans who have a combined service-connected disability rating of 20 percent or more (or a rating of 10 percent with a serious employment handicap) or Service Members who are enrolled into the OSD Employment and Education Program (E2I). The mission of VR&E is to help veterans with service-connected disabilities prepare for and find suitable employment. For individuals entitled to benefits but with disabilities so severe that they cannot immediately consider work as a viable option, VR&E offers services to improve their ability to live as independently as possible. The Department of Education funds state VR and SE program centers that are available to anyone with a disability impacting employment. The centers are limited in how many people they can serve, so an assessment process is used to determine those with the most significant disabilities and ensure they have priority for services.

Services/benefits that may be provided by VR&E include:

- Comprehensive vocational evaluation to determine abilities, skills, interests, and needs
- Vocational counseling and rehabilitation planning
- Employment services such as job-seeking skills, resume development, and other work readiness assistance
- Assistance finding and keeping a job, including the use of special employer incentives
- If needed, training such as on-the-job-training, apprenticeships, and non-paid work experiences
- If needed, post-secondary training at a college, vocational, technical or business school

CHAPTER 8: REINTEGRATION INTO CIVILIAN LIFE

- Supportive vocational rehabilitation services including case management, counseling, and medical referral
- Independent living services

If your disabilities are so severe that you are unable to work, independent living services may be provided. A program of independent living provides the services and assistance necessary to ensure each eligible veteran is capable, to the maximum extent possible, of living independently and participating in family and community life activities, with the added potential of eventually returning to work.

To receive an evaluation for VR&E services, an active duty Service member must expect to receive an honorable discharge upon separation from active duty and have a VA service-connected disability memorandum rating of 20 percent or more. A veteran must have received, or will receive, a discharge that is other than dishonorable and have a service-connected disability rating of at least 10 percent (the veteran would be entitled to VR&E services with a serious employment handicap and 10 percent rating) or 20 percent (the veteran would be entitled to VR&E Services with an employment handicap and 20 percent rating). Applications for VR&E services must be submitted using VA Form 28-1900. For more information, visit the VR&E page on the VA website at: www.vba.va.gov/bln/vre.

The basic period of eligibility in which VR&E services may be used is 12 years from the latter of the date of separation from active duty or the date the veteran was first notified by the VA of a service-connected disability rating. The basic period of eligibility may be extended if a Vocational Rehabilitation Counselor (VRC) determines that a veteran has a Serious Employment Handicap.

State Vocational Rehabilitation Programs

State VR programs work with veterans with non-service-connected disabilities who are not eligible for vocational rehabilitation services through the VA.

You can find your State VR and SE agency on the Job Accommodation Network site at: www.askjan.org, or call 1-800-526-7234 (TTY: 1-877-781-9403).

SECTION 4: EMPLOYMENT PROGRAMS OF OTHER GOVERNMENT AGENCIES

State Workforce Agency (SWA) or American Job Center (AJC)

Assistance in finding jobs is offered to veterans at local State Workforce Agency (SWA) offices throughout the country. The local SWA offers services both to job seekers and employers at no charge. Although the SWA provides assistance to everyone looking for a job, veterans are given priority. The SWA staff will evaluate your interests, skills, aptitudes and abilities and match them with employers' job requirements. Qualified applicants are referred to employers for job interviews. Qualified veterans are referred to job openings ahead of non-veterans. Call the number in your area, under State Government or access America's Service Locator at www.servicelocator.org.

Priority of service for veterans at the State Workforce Agency is offered to all veterans. This means that they are offered service before non-veterans, look for the signs posted at your local American Job Center (AJC).

Americans with Disabilities Act (ADA) National Network

The ADA National Network provides information, guidance and training on the Americans with Disabilities Act, tailored to meet the needs of business, government and individuals at local, regional and national levels. The ADA National Network consists of ten Regional ADA National Network Centers located throughout the United States. Contact them at 1-800-949-4232 or visit their website at: www.adata.org.

CHAPTER 8: REINTEGRATION INTO CIVILIAN LIFE

Department of Labor, Disability Resources

This information on the ADA, along with links to agencies that enforce the provisions outlined in the Act can be accessed online at: www.dol.gov/dol/topic/disability.

Office of Personnel Management, Federal Employment of People with Disabilities

This is the federal government's centralized website with information on federal disability hiring programs, resources for federal employees with disabilities, and discussion of laws and regulations on hiring and discrimination of disabled persons. Visit the site at: www.opm.gov/disability.

Some federal agencies also have their own programs to provide expertise and support in providing reasonable accommodations. For agency-specific programs and to select an agency to see its specialized programs for people with disabilities, please visit: www.dol.gov/odep/pubs/misc/advance.htm.

Veterans' Preference Information

Disabled veterans, who served on active duty during specified time periods, or specific campaigns, are entitled to preference over others in hiring for virtually all federal government jobs. For more information about how veterans' preference works, visit the Office of Personnel Management site at: www.fedshirevets.gov/job/vetpref/index.aspx. To learn more about the laws regarding veterans' preferences and to see what your eligibility allows, visit the Veterans' Preference Advisor at: www.dol.gov/elaws/vetspref.htm.

Other Employment Resources

The National Resource Directory (NRD), discussed in Chapter 1, contains numerous referrals to both federal and state government and nongovernment organizations that can help you find employment. Visit the NRD online at: <https://www.nrd.gov/>.

SECTION 5: VET CENTERS

The VA reaches out to returning combat veterans through its Vet Center program. Vet Centers provide readjustment counseling and outreach services to all veterans who served in a combat zone at no cost. Vet Centers also provide military sexual trauma counseling and referral to all veterans who experienced sexual assault or sexual harassment during military service (service in a combat zone is not required). Services are also available for your family members for military-related issues. Readjustment counseling encompasses a wide range of services to assist you in making 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.

Vet Centers have initiated an aggressive outreach campaign to welcome home and educate returning Service members at military demobilization and National Guard and Reserve sites.

SECTION 6: EDUCATION BENEFITS

Most education benefits for veterans are provided by the VA, although there are a number of other education programs for veterans sponsored by other state and federal government agencies.

VA Education Benefits

The GI Bill was signed into law by President Franklin D. Roosevelt on 22 June 1944. It was under this program that home loans and educational assistance were first provided to American veterans returning home after World War II. Since then, it has undergone a number of changes to continue providing education benefits to our veterans. In 1984, Congressman "Sonny" Montgomery

CHAPTER 8: REINTEGRATION INTO CIVILIAN LIFE

introduced legislation that revamped veterans' education benefits, and that revamped program became known as the "Montgomery GI Bill". It has undergone a number of modifications over the years to extend benefits to veterans who served both before and after it was enacted. Eligibility criteria can be a bit confusing. Benefits under MGIB are still available to eligible veterans, but a major revision was enacted in 2008 that extends even greater benefits to veterans who have served their country since 9/11. It has become known as the "Post-9/11 GI Bill".

Post-9/11 GI Bill

The Post-9/11 GI Bill became effective on 1 August 2009, and has no contribution requirement (like the MGIB). The Post-9/11 GI Bill provides financial support for education and housing to individuals with at least 90 days of aggregate service after September 10, 2001, or individuals discharged with a service-connected disability after 30 days. To be eligible for the Post-9/11 GI Bill:

- Veteran must have been honorably discharged from the Armed Forces; or
- Released from active duty with service characterized as honorable and placed on the retired list, temporary or permanent disability retired lists, or transferred to the Fleet Reserve or the Fleet Marine Corps Reserve; or
- Released from active duty with service characterized as honorable for further service in a Reserve component; or
- Continue to serve on active duty
- National Guard (Title 32) and Reserve Service members who meet the aforementioned active duty requirements.

Approved training under the Post-9/11 GI Bill includes graduate and undergraduate degrees, vocational/technical training, on-the-job training, flight training, correspondence training, licensing and national testing programs, entrepreneurship training, and tutorial assistance. All training programs must be approved for GI Bill benefits. Check with your VA educational counselor for more information, call the GI Bill Hotline at 1-888-GIBILL-1 (1-888-442-4551), or visit the VA website at: www.gibill.va.gov.

Generally, the number of months of entitlement you can receive is 36 months, and you have 15 years following your release from active duty to use your benefits.

The Post 9-11 GI Bill will pay eligible individuals:

- Full tuition & fees directly to the school for all public school in-state students. For those attending private or foreign schools tuition & fees are capped at the national maximum rate. A number of educational institutions whose tuition and fees exceed maximum in-state rates participate in the "Yellow Ribbon Program" with the VA and agree to lesser rates. To learn more about the Yellow Ribbon Program, visit the VA website at: www.gibill.va.gov/benefits/post_911_gibill/yellow_ribbon_program.html.
- A monthly housing allowance based on the Basic Allowance for Housing for an E-5 with dependents at the location of the school.
- For active duty and reserve component, an annual books & supplies stipend of up to \$1,000.
- A one-time rural benefit payment for eligible individuals.
- A modified living stipend to students who are enrolled in distance learning (on-line) education programs.

If you are attending school at less than half time you will not receive the housing allowance. If you are on active duty, you will not receive the housing allowance or books & supplies stipend.

CHAPTER 8: REINTEGRATION INTO CIVILIAN LIFE

Transferring Post-9/11 GI Bill Eligibility to Your Dependents

One of the provisions of the Post-9/11 GI Bill allows certain Service members to transfer their entitlement to their spouses or dependent children. Approval is made on a case-by-case basis by DoD based upon the following criteria:

- You must have at least six years of service in the Armed Forces on the date of approval and agree to serve four additional years in the Armed Forces from the date of election; or
- You have at least 10 years of service in the Armed Forces (active duty and/or selected reserve) on the date of approval, are precluded by policy or statute from committing to four additional years, and you agree to serve for the maximum amount of time allowed by such policy or statute; or
- You are or will become retirement eligible before 1 August 2013 (i.e. have completed 20 years of active duty or qualifying years of Reserve service.)
- For those who become retirement-eligible before 1 August 2011, two years of additional service after approval of transfer are required
- For those who become retirement-eligible between 1 August 2011 and 1 August 2012, three years of additional service after approval of transfer are required.

Montgomery GI Bill – Active Duty (MGIB)

The MGIB program provides up to 36 months of education benefits. Benefits may be used for degree and certificate programs, flight training, apprenticeship/on-the-job training and correspondence courses. Remedial, deficiency, and refresher courses may be approved under certain circumstances. Generally, benefits are payable for 10 years following your release from active duty. This program is also commonly known as Chapter 30.

Eligibility Criteria

Eligibility criteria have varied since the program was first enacted. To be eligible today, you must have signed up for the program when you first entered active duty sometime after 30 June 1985 and agreed to pay \$100 a month for your first 12 months. You must have continuously served on active duty for three years (or two years if that was the term of your first enlistment), or two years if you entered the Selected Reserve within a year of leaving active duty and subsequently served four years in the Selected Reserves. You must have received an honorable discharge and have a high school diploma or GED, or, in some cases, 12 hours of college credit.

Veterans who served during earlier periods could still be eligible if less than 10 years have passed since they were released from active duty. Check the VA website at www.va.gov for more specific eligibility criteria for other periods of service.

You can apply online at: <http://gibill.va.gov/apply-for-benefits/application> or by calling 1-888-GI BILL-1 (1-888-442-4551) to have a form mailed to you.

Montgomery GI Bill – Selected Reserve (MGIB-SR)

The MGIB-SR program may be available to you if you are a member of the Selected Reserve. To qualify, you must meet the following requirements:

- Have a six-year obligation to serve in the Selected Reserve signed after June 30, 1985. If you are an officer, you must have agreed to serve six years in addition to your original obligation.
- Complete your initial active duty for training (IADT);

CHAPTER 8: REINTEGRATION INTO CIVILIAN LIFE

- Meet the requirement to receive a high school diploma or equivalency certificate before completing IADT. You may not use 12 hours toward a college degree to meet this requirement;
- Remain in good standing while serving in an active Selected Reserve unit.

The VA will pay a monthly benefit paid to you based on the type of training. If you are attending school, your payment is based on your training time (i.e. full time, half time).

Your unit will give you a DD Form 2384-1, Notice of Basic Eligibility, when you become eligible for the program. Your unit will also code your eligibility into the DoD personnel system so that VA may verify your eligibility.

Veterans Educational Assistance Program (VEAP)

VEAP is available if you entered service for the first time between January 1, 1977 and June 30, 1985 and opened a contribution account before April 1, 1987. You would have had to voluntarily contribute up to \$2,700, completed your first period of active duty, and been discharged under conditions other than dishonorable. The VEAP program is available to very few Service members on active duty today. For those who may be eligible, check the VA website at: www.vba.va.gov/VBA/benefits/factsheets/education/CH32eg_0906.doc or call the GI Bill Hotline at: 1-888-GI BILL-1 (1-888-442-4551).

Reserve Educational Assistance Program (REAP)

REAP was established as a part of the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005. It is a Department of Defense education benefit program designed to provide educational assistance to members of the Reserve components called or ordered to active duty in response to a war or national emergency (contingency operation) as declared by the President or Congress. This program makes certain reservists who were activated for at least 90 days after September 11, 2001 either eligible for education benefits or eligible for increased benefits. Learn more at the VA website at: <http://www.benefits.va.gov/gibill/reap.asp>.

U.S. Department of Education Financial Aid Programs

Federal Student Aid, an office of the U.S. Department of Education, offers over \$141 billion per year in financial aid that help millions of students manage the cost of education each year. There are three categories of federal student aid: grants, work-study, and loans. Find out more by visiting: <http://studentaid.ed.gov>.

Eligibility for Federal Student Aid is based on financial need along with several other factors. The financial aid administrator at the college or career school you plan to attend can help you determine your eligibility.

To receive aid from the programs, you must:

- Enroll in an institution that is accredited by an agency recognized by the Department of Education and authorized to provide postsecondary education in the State in which it is located;
- Demonstrate financial need (except for certain loans – your school can explain which loans are not need based);
- Have a high school diploma or a GED certificate, meet other standards your state establishes that the department approves, or complete a high school education in a home school setting that is treated as such under state law;
- Be working toward a degree or certificate in an eligible program;
- Be a U.S. citizen or eligible noncitizen;

CHAPTER 8: REINTEGRATION INTO CIVILIAN LIFE

- Have a valid Social Security Number (unless you're from the Republic of the Marshall Islands, the Federated States of Micronesia, or the Republic of Palau);
- Register with the Selective Service, if you're not already registered please visit www.sss.gov or you can call 1-847-688-6888 (TTY users can call 1-847-688-2567);
- Maintain satisfactory academic progress once in school;
- Certify that you are not in default on a federal student loan and do not owe money on a federal student grant; and
- Certify that you will use federal student aid only for educational purposes.

You may be eligible for federal student aid even if you are receiving benefits under the Montgomery GI Bill or the Post-9/11 GI Bill. When you complete your Free Application for federal student aid (FAFSA), you will be asked what you will be receiving in veterans' educational benefits from the VA. Your school will take into consideration the amount you list on the application, along with any other financial assistance you are eligible to receive, in preparing your financial aid package.

To apply for federal student aid, complete the FAFSA. You can apply online or on paper. Get further instructions on the application process at: www.fafsa.ed.gov. You should also apply for a Federal Student Aid Personal Identification Number (PIN), which allows you to sign your application electronically, speeding up the application process. Apply for a PIN at: www.pin.ed.gov.

Re-Enrollment Support for Service Members

Service members who were enrolled in postsecondary education programs before being called into service may also have certain rights if they return to their previous institutions. Under certain circumstances, schools offering Federal Student Aid are required to readmit service members and reservists who were temporarily unable to attend class or had to suspend their studies due to service requirements. Schools must readmit these service members under the same academic status as the students had when they last attended the institution.



FAFSA4caster

Federal Student Aid provides a tool called FAFSA4caster, designed to help students and their families plan for college. The FAFSA4caster provides students with an early estimate of their eligibility for federal student financial assistance. Visit the website at: <https://fafsa.ed.gov> for more information.

Department of Education – Veterans Upward Bound (VUB) Program

The VUB program is a free Department of Education program designed to help eligible veterans refresh their academic skills so that they can successfully complete the post-secondary school of their choosing.

The VUB program services include:

- Basic skills development, which is designed to help veterans successfully complete a high school equivalency program and gain admission to college education programs;
- Short-term remedial or refresher classes for high school graduates who have put off pursuing a college education;
- Assistance with applications to the college or university of choice;
- Assistance with applying for financial aid;

CHAPTER 8: REINTEGRATION INTO CIVILIAN LIFE

- Personalized counseling;
- Academic advice and assistance;
- Career counseling;
- Assistance in getting veterans services from other available resources;
- Exposure to cultural events, academic programs, and other educational activities.

To be eligible for VUB you must:

- Be a veteran with 181 or more days of active duty service and separated under conditions other than dishonorable;
- Meet the criteria for low income according to guidelines published annually by the Department of Education, and/or a first-generation potential college graduate;
- Demonstrate academic need for VUB; and
- Meet other local eligibility criteria as noted in the local VUB project's Approved Grant Proposal, such as county of residence, etc.

For more information, as well as a link to individual program locations, visit: <http://navub.org>.



Troops to Teachers (TTT)

The TTT program is funded and overseen by the Department of Education and operated by the DoD. The TTT program helps recruit quality teachers for schools that serve students from low-income families throughout America. TTT assists military personnel in making successful transitions to second careers in teaching. A network of state TTT offices has been established to provide participants with counseling and assistance regarding certification requirements, routes to state certification, and employment leads. Pending annual appropriation of funds, financial assistance is available to eligible individuals as stipends up to \$5,000 to help pay for teacher certification costs or as bonuses of \$10,000 to teach in schools serving a high percentage of students from low-income families.

You can access the TTT website at www.proudtoserveagain.com, which provides information and resource links, including links to state Departments of Education, state certification offices, model resumes, programs leading to teacher certification and job listing sites in public education. An Internet Referral System has been established to enable participants to search for job vacancies online and post resumes for view by school districts searching for teachers. A "Mentor Connection" site provides access to TTT participants who have made the transition to teaching and are also available to respond to questions from prospective teachers.

Eligibility

Military personnel within several years of retirement are encouraged to register with TTT. Counseling and guidance is available to help individuals assess academic background, identify programs that will lead to state teacher certification and identify potential employment opportunities.

CHAPTER 8: REINTEGRATION INTO CIVILIAN LIFE

Financial Assistance

As a veteran separated due to service-connected disability, you are eligible for immediate financial assistance.

Educational Requirements

Those interested in elementary or secondary teaching positions must have a bachelor's degree from an accredited college. Individuals who do not have a baccalaureate degree, but have experience in a vocational/technical field may also submit an application. There is also a growing need for teachers with backgrounds in areas such as: electronics; construction trades; computer technology; health services; food services and other vocational/technical fields.

Hire in Advance Program

This program guarantees teaching jobs for eligible Service members up to three years before they retire or separate from active duty. Troops who qualify for the Hire in Advance program can send in applications and interview with school officials, who can officially hire them up to three years before they leave active duty. The TTT and the Hire in Advance Program are both open to military spouses, as well. For more information, visit: www.proudtoserveagain.com.

State Vocational Rehabilitation (VR) and Supported Employment (SE) Programs Funded by Department of Education

The VR and SE programs are designed to empower you to train for and find work that matches your strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. The programs are designed to assist those with significant disabilities, so you will have to go through an assessment process and be listed on an "order of selection" list with others seeking VR and SE services. Those with the most significant disabilities have priority in the VR and SE programs.

If you are eligible to receive VR services, you must develop an "Individual Plan for Employment." You will have the opportunity to make an informed choice in selecting, among other things, an employment outcome, needed VR services, and providers of those VR services. VR services are those you may need in order to achieve your employment outcome. These include, but are not limited to, the following:

- An assessment for determining eligibility and VR needs;
- Vocational counseling, guidance and referral services;
- Physical and mental restoration services;
- Vocational and other training, including on-the-job training;
- Maintenance for additional costs incurred while the individual is receiving certain VR services;
- Transportation related to other VR services;
- Interpreter services for individuals who are deaf;
- Reader services for individuals who are blind;
- Services to assist students with disabilities to transition from school to work;
- Personal assistance services (including training in managing, supervising and directing personal assistance services) while an individual is receiving VR services;
- Rehabilitation technology services and devices;
- Supported employment services;

CHAPTER 8: REINTEGRATION INTO CIVILIAN LIFE

- Job placement services.

Based on your financial resources, the state VR agency may require you to help pay for services. The state VR agency will also identify and use comparable services and benefits from other programs for which you are eligible as part of the overall plan of services. These services are available, subject to the eligibility and order of selection requirements discussed below, to anyone with a disability, including any veteran with a service-connected or non-service-connected disability.

Program Eligibility Requirements

To be eligible for services, you must have an impairment that results in a substantial impediment to employment; must be able to benefit in terms of an employment outcome from services; and must require VR services to prepare for, secure, retain, or regain a high quality employment outcome.

However, all eligible individuals may not receive services. Public law requires VR to serve individuals with the most significant disabilities first when there are not enough resources to serve everyone who is eligible for VR services. This means that individuals with the most significant disabilities are given priority over those individuals with less significant disabilities. This process is called an “order of selection.” Individuals who are determined eligible for VR services but who cannot be served at the time of eligibility determination as a result of the order of selection are put on a waiting list for services.

SECTION 7: UNEMPLOYMENT COMPENSATION FOR FORMER SERVICE MEMBERS

You should know that you may qualify for unemployment compensation if you are unable to find a new job right away. Under United States Code, Title 5, Section 8521, a former Service member is eligible to receive unemployment compensation if released from active duty under honorable conditions.

Your state employment office handles unemployment compensation. Benefits vary from state to state. Because of this, only the office where you apply will be able to tell you the amount and duration of your entitlement. Retirees will almost certainly receive a lesser amount, or no amount, since retirement pay usually offsets (reduces) the amount of unemployment compensation they might receive. You should visit the Local Veterans Employment Representative (LVER) at your state employment office. The LVER can assist you with applying for unemployment compensation. You will need to take your DD 214, your social security card, and your civilian and military job history or resume.

SECTION 8: REEMPLOYMENT RIGHTS

You may have the right to return to the job you held before you were deployed. Under the Uniformed Services Employment and Reemployment Rights Act (USERRA), if you meet basic eligibility criteria, and leave a civilian job to perform military service (voluntarily or involuntarily), you may be entitled to return to your civilian job after discharge or release from your military obligation.

Further, USERRA requires that returning Service members be reemployed in the job that they would have attained had they not been absent for military service with the same seniority, status, pay, and any other rights and benefits determined by seniority, assuming certain eligibility requirements are met.

To be eligible for reemployment rights, you cannot be absent from work for military duty for greater than a total of five years. However, there are important exceptions to the five-year limit,

CHAPTER 8: REINTEGRATION INTO CIVILIAN LIFE

including initial enlistments lasting more than five years, periodic National Guard and reserve training duty, and involuntary active duty extensions and recalls, especially during a time of national emergency.

You must also make an application for reemployment or report back to work after military service within a period of time, which is based on time spent on military duty:

- For service of less than 31 days, you must return at the beginning of the next regularly scheduled work period on the first full day after release from service, taking into account safe travel home plus an eight-hour rest period.
- For service of more than 30 days but less than 181 days, you must submit an application for reemployment within 14 days of release from service.
- For service of more than 180 days, an application for reemployment must be submitted within 90 days of release from service.

If you are recovering from injuries received during service or training, you may have up to two years to return to your job.

USERRA provides enhanced protection for disabled veterans, requiring employers to make reasonable efforts to accommodate the disability. USERRA also requires that reasonable efforts (such as training or retraining) be made to enable returning Service members to refresh or upgrade their skills to help them qualify for reemployment. More information on USERRA can be found on the Department of Labor website at: <http://www.dol.gov/vets/programs/userra/>. In addition, if you believe you have been denied reemployment or not properly reinstated because of your military service, you can file a complaint online through the site.

For more in-depth information regarding USERRA and the ADA, visit: http://www.eeoc.gov/eeoc/publications/ada_veterans_employers.cfm. In addition, some states have state-specific reemployment rights laws that provide further protections for Service members.

These programs can provide support throughout the entire process of preparing yourself for employment, finding a position that is right for you, and ensuring that you receive proper assistance in performing your duties. In addition, contact information for state agencies and VA offices are listed in the appendix at the end of this handbook.

SECTION 9: IMPORTANT FORMS

To qualify for benefits related to your military service after you separate from active duty, you may be required to provide proof of your service, so be sure to safeguard the following forms and have them accessible in case you need them:

DD 214 – Certificate of Release or Discharge from Active Duty

The DD 214 is one of the most important documents you will ever receive during your military service. It is your key to participation in all VA programs as well as several state and federal programs. Keep your original in a safe, fireproof place, and have certified photocopies available for reference. In many states, the DD 214 can be registered/recorded just like a land deed or other significant document. However, not all jurisdictions will protect your DD Form 214 from access by third parties. If your county recorder or town hall can provide safeguards from unauthorized access, the DD 214 can be registered there. The reason this is important is because the form includes your Social Security Number, among other personal information.

You may call the National Personnel Records Center at 1-314-801-0800 to request an application for replacement of your DD 214 or in a medical emergency or other situation in which your DD 214 or other records are needed immediately.

DD Form 2586 – Verification of Military Experience and Training

Your military service has given you valuable training and experience that can improve your chance of getting a good job or achieving your educational goals. As a Service member, you have had numerous training and job experiences, perhaps too many to easily recall and include on a job or college application. Fortunately, the military has made life a little easier in this regard. The DD Form 2586 (Verification of Military Experience and Training) is created from a Service member's automated records on file. It lists military job experience and training history, recommended college credit information, and civilian equivalent job titles. This document is designed to help you apply for jobs, but it is not a resume.

You can obtain a copy of your VMET by downloading it from <https://www.dmdc.osd.mil/tgps/>. If you discover an error or omission in your VMET document you should thoroughly read the "Frequently Asked Questions" section, which will explain most anomalies. Errors in the VMET may be correctable; however, you must contact your parent service. Note that there is no simple process to make changes to your DD Form 2586. The changes must pass through official channels and can take months. For more information or to request corrections, you can speak to your service's administrative contact:

- **Army:** Active, Reserve and National Guard personnel should contact their local personnel records manager. Additional questions may be submitted to the Army VMET On-Line Help Desk at: ymet@resourceconsultants.com.
- **Navy:** Sailors can get assistance via e-mail at: p662c12a@persnet.navy.mil or by calling 901-874-4384, or DSN: 882-4384.
- **Air Force:** AF personnel should review their VMET prior to separation to ensure corrective action can be taken. Active members should send their requests for corrections to AFPC/DPPF, Attn: VMET Correction, 550 C Street West, Ste 37, Randolph AFB TX, or by fax to 210-565-3385 or DSN 665-3385.
- **Marine Corps:** All Marines should contact their local administration office or Installation Personnel Administration Center. Assistance can also be provided through the Wounded Warrior Regiment, Sgt Merlin German Call Center at: 1-877-487-6299.

CHAPTER 9: DEPARTMENT OF VETERANS AFFAIRS (VA) BENEFITS

While you are on active duty, most of your benefits come from the Department of Defense. After you leave active duty, whether discharged or medically retired, you become eligible for a number of additional benefits from the VA.

The VA offers a variety of programs for which you may be eligible, depending on your situation. You can get an in-depth explanation of VA benefits online at: www.ebenefits.va.gov.

- OR -

You can review the latest Department of Veteran Affairs publication “Federal Benefits for Veterans, Dependents and Survivors” at: www.va.gov/opa/publications/benefits_book.asp to sell all program information.

All VA forms are available at: www.va.gov/vaforms.

Below are some highlights about your VA benefits.

SECTION 1: VA DISABILITY COMPENSATION

After being released from active duty, you may be eligible to receive monthly disability compensation from the VA if you have a service-connected disability. A service-connected disability is a disability incurred during or aggravated by your active military service. VA disability compensation is a tax-free, monthly payment based upon the severity of your disability. You do not need to be medically retired from the military to receive it. A Service member who is medically discharged with severance pay, for example, may be entitled to VA disability compensation. The severity of disability is categorized as a percentage of “lost wage-earning capacity” from the “whole person,” ranging from 0 percent to 100 percent (in 10 percent increments). Disability Compensation is paid for service-connected disabilities rated at 10 percent or higher. Payments range from \$129 per month for a 10 percent disability rating to \$810 per month for a 50 percent rating, or \$2,816 per month for a 100 percent disability rating or rating of total disability based on individual unemployability. Additional amounts may be payable if you are married or have children or have a parent who is dependent upon you. Veterans with certain severe disabilities may be eligible for additional Special Monthly Compensation (SMC). You can find a complete table of disability compensation rates at the VA website: www.vba.va.gov/bln/21/Rates.

Unlike your military disability rating, which is fixed at the time you are medically retired, your VA disability rating can change in the future. As your health changes over time, you can re-apply to VA to have your rating modified.

You do not pay federal or state income tax on VA disability compensation.

SECTION 2: VA HEALTH CARE BENEFITS

Basic Eligibility

If you separate from active duty under any condition other than dishonorable, you may qualify for VA health care benefits. If you are a member of the Reserves or National Guard who was called to active duty by a federal order and completed the full period for which you were called or ordered to active duty, you may be eligible for VA health care as well. Individuals who serve on active duty for training may also be eligible for VA health care if the individual was disabled from an injury or

CHAPTER 9: DEPARTMENT OF VETERANS AFFAIRS (VA) BENEFITS

disease incurred or aggravated in the line of duty. Those who serve on inactive duty for training may also be eligible for VA health care if the individual was disabled from an injury incurred or aggravated in the line of duty or an acute myocardial infarction, a cardiac arrest, or cerebrovascular accident occurring during such training. You must have served 24 continuous months or the full period for which you were called to active duty in order to be eligible. This minimum duty requirement may not apply to you if you were discharged for a disability incurred or aggravated in the line of duty. The minimum duty requirement also does not apply in order to receive care for conditions related to sexual assault or sexual harassment experienced during your military service (see Military Sexual Trauma).

VA Health Care Enrollment

To receive health care, veterans generally must enroll with the VA. To enroll, you must complete VA Form 10-10EZ, Application for Health Benefits, which may be obtained from any VA health care facility or regional benefits office, or by calling 1-877-222-VETS (8387) or at the VA website at: www.1010ez.med.va.gov/sec/vha/1010ez. Many military treatment facilities have VA representatives on staff that can help you with this request.

If you fall into one of the following categories, you are not required to be enrolled to receive care from the VA, but VA suggests that you still enroll because it allows them to better plan health resources for all veterans. The categories are:

- Veterans with a service-connected disability of 50 percent or more
- Veterans seeking care for a disability the military determined was incurred or aggravated in the line of duty, but which VA has not yet rated, within 12 months of discharge
- Veterans seeking care for a service-connected disability only
- Veterans seeking registry examinations (Ionizing Radiation, Agent Orange, Gulf War/Operation Iraqi Freedom and Depleted Uranium)
- Veterans eligible only for (or seeking only) care related to sexual assault or sexual harassment experienced during military service (see Military Sexual Trauma).

Note: VA Health Care and TRICARE beneficiaries may be eligible for both veterans' and TRICARE benefits. You are considered "dual-eligible" when you are eligible for both veterans' medical benefits and TRICARE benefits. If you seek care for a service-connected condition in VA medical facilities, you must receive that care under your veterans' benefits. VA does not bill TRICARE for treatment of service-connected conditions.

Service Disabled Veterans

If you are 50 percent or more disabled from service-connected conditions, unemployable due to service-connected conditions, or receiving care for a service-connected disability, you will receive priority in scheduling of hospital or outpatient medical appointments.

Combat Veterans

If you served in combat while on active duty, you are eligible for enhanced enrollment placement for 5 years after the date you leave Service. During the period of enhanced enrollment eligibility, you will receive VA treatment for any condition that may be related to your combat service at no cost to you. You may also be eligible for enhanced enrollment priority if you were an activated Reservist or member of the National Guard who served on active duty in a theater of combat operations after November 11, 1998 and left Service under any conditions other than dishonorable. If you enroll with VA under this "Combat Veteran" authority, you keep your enrollment eligibility even after your enhanced benefit period ends. However, at that time VA will reassess your eligibility and place you in the highest priority category for which you then qualify. Depending on

CHAPTER 9: DEPARTMENT OF VETERANS AFFAIRS (VA) BENEFITS

your household income, you may also be charged co-pays for your health care for conditions which have been determined by VA to not be service-connected.

If you do not enroll during your enhanced eligibility period, eligibility for enrollment and subsequent care is based on other factors, such as a compensable service-connected disability, VA pension status, catastrophic disability determination, or your financial circumstances. For this reason, you are strongly encouraged to apply for enrollment within your enhanced eligibility period even if you do not need health care at that time.

Military Sexual Trauma

VA offers free care (including medications) for both mental and physical health conditions related to sexual assault or sexual harassment experienced during military service. VA refers to these experiences as military sexual trauma (MST). There is no length of service, income, or other standard eligibility requirements to receive this free care, and Veterans who do not generally qualify for VA services may still be eligible. Veterans do not need to be service connected, do not need to have reported the incident(s) when they happened or have other documentation that they occurred, do not need to have sought help with a certain period of time since discharge, and do not need to have a specific diagnosis. To learn more about VA's services for MST, Veterans can speak to the MST Coordinator at their nearest VA medical center, speak to a Vet Center provider, or ask their current VA health care provider.

VA Health Care Priority Groups

When you apply for VA health care, you will be assigned to a priority group. These groups range from 1-8, with group 1 being the highest priority. If you are eligible for more than one priority group, VA will place you in the highest priority group for which you are eligible. The same types of services are generally available for all priority groups as part of the Medical Benefits Package (explained later in this section). The eligibility rules are complicated, and some are based upon how much income you have. The general rules for assignment to a priority group are listed below.

- Veterans with service-connected disabilities who are rated 50 percent or more disabled or are determined by VA to be unemployable due to a service-connected disability.
- Veterans with service-connected disabilities who are rated 30 or 40 percent disabled.
- Veterans who are former POWs or were awarded a Purple Heart, veterans with disabilities rated 10 and 20 percent; veterans discharged from the military for disabilities incurred in the line of duty; and veterans awarded special eligibility for disabilities incurred in treatment or vocational rehabilitation.
- Veterans who are receiving aid and attendance or housebound benefits and veterans who have been determined by VA to be catastrophically disabled.
- Non service-connected and non-compensable (0 percent) service-connected veterans who are determined to be unable to defray the expenses of needed care, in receipt of a VA pension, or eligible for Medicaid.
- Veterans of the Mexican border period or of World War I; compensable 0 percent service-connected veterans; veterans exposed to ionizing radiation during the occupation of Hiroshima or Nagasaki, Japan and during atmospheric testing; Project 112/SHAD participants. Veterans who agree to pay specified co-pays with income and/or net worth above the VA Means Test threshold and income below the geographic means test income threshold.
- Veterans with income and/or net worth above the VA Means Test income threshold and the geographic means test income threshold who agree to pay specified co-pays.

VA Medical Benefits Package

All enrolled veterans are provided VA's Medical Benefits package. While VA provides most care within the VA health care system, VA may authorize you to receive medical care in your home community at VA expense. This applies when VA is not able to provide economical hospital care or other medical services because of where you live, or if the VA cannot provide the care you need.

VA's Medical Benefits package includes:

- Outpatient medical, surgical, screenings and immunizations, and mental health care, including care for substance abuse;
- Preventive care includes: Periodic medical exams; health education, including nutrition education, maintenance of drug-use profiles, drug monitoring, and drug use education; and women's health, mental health and substance abuse preventive services;
- Inpatient hospital, medical, surgical, and mental health care, including care for substance abuse;
- Prescription drugs, including over-the-counter drugs and medical and surgical supplies available under the VA national formulary system;
- Emergency care in VA facilities;
- Bereavement counseling;
- Comprehensive rehabilitative services other than vocational services;
- Consultation, professional counseling, marriage and family counseling, training, and mental health services for the members of the immediate family or legal guardian of the Veteran, a family caregiver of an eligible Veteran or a caregiver of a covered Veteran or the individual in whose household such Veteran certifies an intention to live and are necessary in connection with that treatment;
- Durable medical equipment and prosthetic and orthotic devices. *Note: Eyeglasses and hearing aids are limited to veterans with a compensable service-connected disability, former prisoners of war, Purple Heart recipients, veterans in receipt of Aid & Attendance or Housebound benefits or those who have significant functional or cognitive impairments. Hearing aids may also be provided to non- compensable (0 percent) veterans as needed for a service-connected hearing disability;*
- Home health services;
- Reconstructive (plastic) surgery required as a result of a disease or trauma but not including cosmetic surgery that is not medically necessary;
- Respite, hospice, and palliative care;
- Payment of travel and travel expenses for eligible veterans (see Beneficiary Travel);
- Pregnancy and delivery service, to the extent authorized by law, and newborn care for up to the first 7 days after birth;
- Completion of forms includes: Completion of forms such as Family Medical Leave forms, life insurance applications, Department of Education forms for loan repayment exemptions based on disability, and non- VA disability program forms by health care professionals based on an examination or knowledge of the veteran's condition. This does not include the completion of forms for examinations if a third party customarily will pay health care practitioners for the examination but will not pay VA.

VA Dental Benefits

If you served on active duty for 90 days or more and apply for VA dental care within 180 days of separation from active duty, you may receive one-time treatment of your dental conditions if your certificate of discharge does not indicate that you received necessary dental care within 90 days prior to discharge or release.

Beneficiary Travel

You may be eligible for mileage reimbursement in association with obtaining VA health care services if:

- You have a service-connected (SC) rating of 30 percent or more, or
- You are traveling for treatment of a SC condition, or
- You receive VA pension, or
- Your income does not exceed the maximum annual VA pension rate, or
- You are traveling in relation to a Compensation and Pension (C&P) Examination

For more information on Beneficiary Travel visit VA website at: http://www.va.gov/healthbenefits/access/Beneficiary_travel.asp

Emergency Care in Non-VA Facilities

You may be eligible for reimbursement or payment for the cost of emergency medical care furnished by a non-VA facility that was not authorized in advance by VA. When VA facilities are not feasibly available, VA will provide reimbursement or payment for emergency treatment provided to a veteran for the following:

- An adjudicated service-connected disability;
- A non-service-connected disability associated with and held to be aggravating a service-connected disability;
- Any disability of a veteran if the veteran has a total disability permanent in nature from a service-connected disability;
- Any illness, injury, or dental condition of a veteran who is a participant in a vocational rehabilitation program and is medically determined to have been in need of care or treatment to make possible the veteran's entrance into a course of training, or prevent interruption of a course of training, or hasten the return to a course of training which was interrupted because of such illness, injury, or dental condition.

When VA facilities are not feasibly available, VA may also provide payment or reimbursement for emergency treatment provided to certain veterans for their non-service connected conditions.

Generally, to be eligible for payment or reimbursement a veteran must in general be:

- Enrolled in the VA Health Care System
- Have received care from VA within the last 24 months; and
- Be “personally liable” for the furnished treatment

Although not a condition of reimbursement or payment, please contact or have your non-VA emergency care provider contact the local VA medical center as soon as possible after initiation of non-VA emergency treatment. This will assist VA in coordinating your care and, as appropriate, arranging for an appropriate transfer to the local VA medical center. VA is, in general, authorized to pay for emergency treatment only up until the point that the emergency ends (i.e. the veteran's condition has stabilized and the veteran could be transferred to a VA or other federal facility).

VA Health Care for Families – Civilian Health and Medical Program of the Department of Veterans Affairs

Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a VA program established to provide health care benefits for:

- The spouse or child of a veteran who has a permanent and total service-connected disability;
- The surviving spouse or child of a veteran who dies as the result of a service-connected disability or who had a permanent and total service-connected disability at the time of death;
- The surviving spouse or child of a person who died in the active military, naval, or air service in the line of duty and not due to such person's own conduct;
- An individual designated by VA as a primary provider or personal care services and who is not entitled to care or services under a health-plan contract.

If you are eligible for benefits under the TRICARE program, your spouse and children are not eligible for CHAMPVA.

Generally, medical services and supplies are obtained through civilian sources. CHAMPVA shares the cost of most medically necessary care, including bills for inpatient and outpatient treatment, diagnostic tests, medical supplies, and medications. CHAMPVA also covers care in some health care facilities other than hospitals and outpatient clinics. Services and supplies that are not medically necessary or are specifically excluded from coverage are not covered under the CHAMPVA program. Some examples of those services include: abortions and abortion counseling; cosmetic surgery for cosmetic purposes; dental care and custodial care. For more information on covered and non-covered services and supplies, please consult the <http://www.va.gov/hac/forbeneficiaries/champva/handbook.asp>.

In most cases, CHAMPVA pays 75 percent of the VA allowable amount for hospital and professional charges for covered inpatient care. For outpatient care, after payment of a \$50.00 individual or \$100.00 family deductible has been met, CHAMPVA pays 75 percent of the VA allowable amount and the remaining 25 percent is the responsibility of the CHAMPVA beneficiary, with an annual out-of-pocket cap of \$3,000. Learn more about CHAMPVA at: www.va.gov/hac/forbeneficiaries/champva/champva.asp.

To apply for CHAMPVA benefits, mail a VA Form 10-10D to the Chief Business Office, Purchased Care, P.O. Box 469028, Denver, CO 80246-9028, or call (800) 733-8387.

SECTION 3: VA LIFE INSURANCE PROGRAMS

Service members' Group Life Insurance (SGLI) Total Disability Extension

If you are released from active duty or the Reserves, were covered by full time SGLI, and have a disability that prevents you from being gainfully employed, you may continue your SGLI coverage at no cost for up to two years from your date of discharge. The amount of coverage cannot exceed the amount that you had while in service. To apply, contact the Office of Service members' Group Life Insurance (OSGLI) at: 1-800-419-1473, or visit the VA website at: www.insurance.va.gov.

Service members' Group Life Insurance Traumatic Event Protection (TSGLI)

If you have SGLI coverage, then you are automatically covered by TSGLI. The TSGLI program provides short-term monetary assistance to you if you are severely injured and suffer a physical loss as a direct result of a traumatic event. Payments range from \$25,000 to a maximum of \$100,000. If you are covered by SGLI and suffer a qualifying loss, even if that loss did not occur in the line of

duty or in a combat situation, you may be eligible for a TSGLI payment. TSGLI is not just for active duty Service members. Like active duty members, reservists and members of the National Guard who have SGLI coverage are also covered by TSGLI in the same “24/7, anywhere in the world” manner as active duty members.

The TSGLI program became effective on December 1, 2005, but benefits are also payable to you if you had a qualifying loss due to a traumatic injury between October 7, 2001, and December 1, 2005, in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF). Public Law 111-275, enacted on October 13, 2010, provides that beginning on October 1, 2011, a TSGLI benefit can be paid if you were injured and suffered a qualifying loss during this period, even if it was not incurred in OEF or OIF.

Veterans’ Group Life Insurance (VGLI)

You may convert your SGLI coverage to VGLI within 120 days of leaving active duty regardless of your health (or, if you are unable to be gainfully employed due to a disability, after the two-year SGLI Disability Extension period expires, as described above). Veterans released from service after October 31, 2012, have 240 days to convert their SGLI to VGLI without evidence of good health. After the 120 day or 240 day period, you have an additional year to convert to VGLI, but you must meet good health requirements. If you are eligible for the SGLI Disability Extension, you are automatically converted to VGLI after the two-year extension period, unless you decline or fail to pay premiums.

- **Increasing VGLI Coverage.** Public Law 111-275, enacted on October 13, 2010, will allow current VGLI policyholders who are under the age of 60 and not insured for the maximum amount of VGLI prescribed by law to increase their VGLI coverage by \$25,000, once every five years.
- **Converting VGLI to Permanent Insurance.** You can convert your VGLI to a permanent plan of insurance (e.g. whole life) at any time with any of 26 participating commercial insurance companies. For more information, contact the Office of Service members’ Group Life Insurance (OSGLI) at 1-800-419-1473, or visit the VA Insurance website at: www.insurance.va.gov.
- **Service-Disabled Veterans’ Insurance:** The Service-Disabled Veterans Insurance (S-DVI) program is a life insurance program for veterans with service-connected disabilities. S-DVI is available in a variety of permanent plans as well as term insurance. Policies are issued for a maximum face amount of \$10,000. In order to be eligible for S-DVI, you must have been released from active duty with other than a dishonorable discharge and received a rating for a new service-connected disability, and applied within the last two years of the rating (even a rating of 0%). An increase for a previously rated condition does not provide a new eligibility period for S-DVI. Contact the VA Insurance Service toll-free at 1-800-669-8477, or online at: www.insurance.va.gov for more information.
- **Waiver of S-DVI Premiums:** S-DVI policyholders who have a totally disabling mental or physical disability may be eligible to have their premiums waived. The policyholder’s disability must have begun before his or her 65th birthday, and must continue for at least six consecutive months.
- **Supplemental S-DVI:** Supplemental S-DVI currently provides up to \$20,000 of supplemental life insurance to S-DVI policyholders who are approved for waiver of premiums. Application must be made prior to age 65 and within 1 year of the date the waiver of premiums for S-DVI is granted. Premiums may not be waived on this supplemental coverage. Public Law 111-275, enacted on October 13, 2010, provides that

CHAPTER 9: DEPARTMENT OF VETERANS AFFAIRS (VA) BENEFITS

beginning on October 1, 2011, Supplemental S-DVI will be available to eligible S-DVI policyholders in the maximum amount of \$30,000.

- **Veterans' Mortgage Life Insurance:** The Veterans' Mortgage Life Insurance (VMLI) program provides mortgage life insurance to severely disabled veterans and Service members on active duty, ages 69 or younger. Only veterans and Service members who have received a Specially Adapted Housing Grant from VA are eligible. VMLI provides up to \$90,000 of mortgage life insurance payable to the mortgage holder (i.e., a bank or mortgage lender) in the event of your death. This coverage reduces as the amount of your mortgage is reduced. Beginning on October 1, 2011, the maximum amount of VMLI available to eligible veterans and Service members was \$150,000. On January 1, 2012, the available amount of VMLI coverage increased, to a maximum of \$200,000.

SECTION 4: SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE

This program provides educational assistance to your spouse or child if you:

- Are permanently and totally disabled as a result of a service-connected disability
- Die due to a service-connected disability or while rated permanently and totally disabled as a result of a service-connected disability
- Are missing in action or a prisoner of war

The program offers up to 45 months of education benefits to a surviving spouse or children. These benefits may be used for degree and certificate programs, apprenticeship, and on-the-job training. A surviving spouse can also use this program for correspondence courses. Remedial, deficiency and refresher courses may be approved under certain circumstances. A child of an eligible veteran must be between the ages of 18 and 26, and marriage does not terminate eligibility. Visit the VA website: www.gibill.va.gov for more information.

SECTION 5: VOCATIONAL AND EDUCATIONAL COUNSELING

This program provides professional and qualified vocational and educational counseling to you and your family members who are eligible for educational benefits under a program that VA administers. You are eligible if you are discharged or released from active duty under honorable conditions not more than one year before date of application or if you are on active duty and have six or fewer months remaining before your scheduled release or discharge from service.

SECTION 6: VEHICLE PURCHASE AND ADAPTATION

This benefit provides a one-time grant toward the purchase of a vehicle, whether you are a veteran or a Service member if you have one of the following disabilities as a result of injury or disease incurred or aggravated during active military service: permanent loss of use of one or both hands, permanent loss of use of one or both feet, burn injuries, or permanent impairment of vision in both eyes. Eligibility for specific adaptive equipment must be approved by the VA.

SECTION 7: SPECIALLY ADAPTED HOUSING GRANT

This grant helps pay for purchasing, building, or modifying a home to accommodate disabilities. It can also be used to reduce a mortgage on a home that is already adapted. There is no time limit on use of the grant. The current maximum grant amount allowable at the time of this publication (FY2014) is \$67,555. This amount will be adjusted annually based on a cost-of-construction index. Visit the VA website for more information.

CHAPTER 9: DEPARTMENT OF VETERANS AFFAIRS (VA) BENEFITS

SECTION 8: CLOTHING ALLOWANCE

This benefit is paid annually for Veterans with a service-connected disability or disabilities for which a prosthetic or orthopedic appliance is prescribed that tends to tear or wear clothing. This also applies to skin medication (ointments, lotions, etc) that cause irreparable damage to outer garments. As of December 2011, a Veteran may receive one or more clothing allowance payments. Veterans must reapply annually for this benefit. For eligibility or application information, visit the VA Web site.

SECTION 9: VETERANS IDENTIFICATION CARD

A Veterans Identification Card (VIC) will be issued to you for use at all VA health care facilities after you apply for health care and are verified as eligible. The VIC is a picture ID card with identifying information encoded on a magnetic strip and a bar code for use with some of the automated features available at some VA facilities. A VIC is not required to obtain VA health care. For more information on the VIC, please see VA website: http://www.va.gov/healthbenefits/access/veteran_identification_card.asp.

SECTION 10: VA HOME LOAN GUARANTY PROGRAM

The VA has a home loan guaranty program to help veterans finance the purchase of homes with favorable loan terms and usually without a down payment being necessary. For more information, visit the VA web site at: www.benefits.va.gov/homeloans.

SECTION 11: COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS PROGRAM

Service members who have been issued a date of medical discharge from the military and require ongoing supervision or assistance with performing basic functions of everyday life due to a serious injury or mental disorder (including PTSD or TBI or other mental disorder) incurred or aggravated in the line of duty on or after September 11, 2001 AND require at least six months of continuous caregiver support may meet the criteria for the VA's Family Caregiver Program. If approved, caregivers are entitled to a monthly stipend, travel expenses (including lodging and per diem when your veteran has to travel for medical care), access to health care insurance through ChampVA (if the Caregiver is not already entitled to care or services under a health care plan), mental health services and counseling, comprehensive VA Caregiver training provided by Easter Seals, and respite care (not less than 30 days per year).

The application is found at: <https://www.1010ez.med.va.gov/sec/vha/1010ez/Form/10-10CG.pdf>. It enables eligible Service members and veterans to designate one primary Family Caregiver and up to two secondary Family Caregivers if desired. Caregiver Support Coordinators are available at every VA medical center to assist with the application process. See <http://www.caregiver.va.gov/> for more information.

SECTION 12: RESPITE CARE PROGRAM

For caregivers enrolled in the VA Family Caregiver Program, VA medical centers can give the caregiver (family member or friend) a "break" by taking over the care for a limited time. Respite care can be helpful to Service members and Veterans of all ages, and their caregiver. They can receive respite care in an inpatient, outpatient or home setting.

VA medical centers may provide respite care to an eligible veteran for up to 30 days in a calendar year. Families and patients who are in need of respite care in excess of 30 days because of unforeseen difficulties, such as the unexpected death of the caregiver, may receive additional days of care with the

CHAPTER 9: DEPARTMENT OF VETERANS AFFAIRS (VA) BENEFITS

approval of the medical center director. Respite Care may be provided at the VA medical center, in a community setting or in the Veteran's home.

Respite is a covered benefit for all Veterans who are enrolled in the VA health care system or are eligible for VA health care without the need to enroll for such care.

A copay for respite care may be charged based on VA service-connected disability status and financial information. Contact your VA social worker/case manager to complete the Application for Extended Care Benefits (VA Form 10-10EC) to learn the amount of your copay.

See www.va.gov/GERIATRICS/Guide/LongTermCare/Respite_Care for more information.

CHAPTER 10: FAMILY AND CAREGIVER SUPPORT

Most, if not all families and caregivers of recovering Service members are new to the caregiving experience. This Family and Caregiver Support chapter summarizes the various compensation and benefits that assist and support them. Scanning this chapter shows the full scope of what's available and can help them feel less alone and overwhelmed.

The Warrior Care Policy office has created a Caregiver Resource Directory (CRD) for caregivers to turn to find quick answers to their questions, concerns and problems as they arise. To request a copy of the Caregiver Resource Directory, please email info@nrd.gov or mail your request to The Office of Warrior Care Policy, Attention: Recovery Coordination Program, 200 Stovall Street, Room 11N01, Alexandria, VA 22332-0800. The CRD e-version is updated monthly and is available at any time at <http://warriorcare.dodlive.mil>. For more comprehensive lists of national, state, and local resources, please visit the National Resource Directory at <https://www.nrd.gov/>.

SECTION 1: CHILDCARE FEE ASSISTANCE

There are several fee assistance programs for Service member's families with children ages birth through 12 years. To qualify, the member's spouse must be working or enrolled in school, though temporary assistance is available for spouses who are seeking employment. The services have their own additional eligibility requirements. The fee-assistance programs are Military Childcare in Your Neighborhood program for families of Active Duty Service Members and Civilians/Technicians who are unable to access on-post child care; Operation Military Child Care program for families of deployed or mobilized National Guard, Reserve and Active Duty Army soldiers during the duration of the deployment; and the Respite program that offers free hourly child care to support the unique child care needs for families of eligible Service members. See <http://www.naccrra.org/military-families> for more information.

SECTION 2: CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP)

CHCBP is similar to, but not part of, TRICARE, and is intended for Service members, families and caregivers who have lost their military health care coverage or will lose it soon. CHCBP acts as a bridge between military health benefits and a new civilian health plan. This includes Service members, certain unremarried former spouses, and children whose lose military coverage due to age. CHCBP benefits are comparable to TRICARE Standard with the same benefits, providers and program rules, except it is premium based. If qualified, Service members and caregivers can purchase CHCBP within 60 days of loss of eligibility from certain TRICARE health care programs. For more information, visit <http://www.humana-military.com/south/bene/TRICAREPrograms/chcbp.asp>.

SECTION 3: ECHO HOME HEALTH CARE (EHHC)

EHHC provides medically-necessary skilled services to those ECHO beneficiaries who are homebound and generally require more than 28 to 35 hours per week of home health services or respite care. The patient's primary care manager or attending physician will determine if the patient is eligible for EHHC services and will develop a plan of care which will be reviewed every 90 days or when there is a change in the patient's condition.

A TRICARE-authorized home health agency may provide skilled nursing care from a registered nurse, or by a licensed or vocational nurse under direct supervision of a registered nurse; services provided by a home health aide under direct supervision of a registered nurse; physical therapy, occupational therapy and speech-language pathology services; medical social services under the direction of a physician;

CHAPTER 10: FAMILY AND CAREGIVER SUPPORT

teaching and training activities; and medical supplies. For more information, please visit: <http://www.tricare.mil/Welcome/SpecialPrograms/ECHO/EHHC>.

SECTION 4: EXTENDED CARE HEALTH OPTION (ECHO)

ECHO supplements the basic TRICARE program and includes training, rehabilitation, special education, assistive technology devices, institutional care in private nonprofit, public and State institutions/facilities and, if appropriate, transportation to and from such institutions/facilities, home health care and respite care for the primary caregiver of ECHO-registered beneficiaries who are diagnosed with moderate or severe mental retardation, a serious physical disability, or an extraordinary physical or psychological condition. Primary caregivers of the ECHO-registered beneficiary are authorized up to 16 hours of in-home respite care per month, for up to 40 hours per week (eight hours per day, five days per week). Only one respite benefit can be used in the same calendar month; they cannot be used together. To use ECHO, qualified beneficiaries must be enrolled in the Exceptional Family Member Program and register through ECHO case managers in each TRICARE region. For more information, please visit: <http://www.tricare.mil/Welcome/SpecialPrograms/ECHO>.

SECTION 5: FAMILY TRAVEL AND TRANSPORTATION

While the Recovering Service Member is an inpatient status: Transportation, per diem and certain other expenses are authorized to visit a seriously wounded, ill or injured Service member on active duty member who is seriously wounded, seriously ill, seriously injured (including having a serious mental disorder) and who is expected to remain hospitalized in an inpatient status. Ordinarily, not more than three individuals are paid transportation and per diem. The member may change any or all of the designated individuals during the duration of the inpatient treatment. Each designated individual may be provided one round-trip between home and the medical facility in any 60-day period. However, not more than a total of three roundtrips may be provided in any 60-day period.

During outpatient status: When the recovering Service member becomes an outpatient, the Service member may designate someone to be his or her non-medical attendant who may be provided transportation, per diem and certain other expenses. The Secretarial Process may authorize/approve transportation and per diem for more than one non-medical attendant in extenuating circumstances. Family members who are eligible for this travel include parents, spouses, children, and siblings. Only one round-trip between the non-medical attendant's home and the treatment location is authorized. However, the non-medical attendant also may be provided transportation, while accompanying the member, from the treatment location to which the round trip was authorized to any other location to which the member is subsequently transferred for further treatment. The transportation authorized includes any local travel necessary to obtain treatment for the member at the member's permanent duty station.

Incremental payments and extensions to the orders may be issued if the stay is an extended one. Family members' travel orders will cover the cost of travel, hotel bills, meals, and some incidental expenses up to a maximum daily amount determined by the location. Each Service handles the processing or issuing of orders for family members and reimbursing them for expenses in a slightly different manner. Advanced payment of reimbursement is allowed.

A Service member or caregiver with questions about the non-medical attendant allowance should contact the local military treatment facility or regional director travel representative on Beneficiary Counseling and Assistance Coordination for assistance.

CHAPTER 10: FAMILY AND CAREGIVER SUPPORT

SECTION 6: LEGAL ASSISTANCE

Because the uncertainties involved in the recovery and rehabilitation phases, it is important to make legal arrangements early in the process. This includes preparing a will and establishing a durable power of attorney which gives the designated individual specified authorities; those with durable powers of attorney are authorized to act on another person's behalf. If the recovering Service member has not been medically retired and is still considered "in the military," then the nearest military installation probably has a legal service office that can advise the caregiver on the best way to protect the recovering service member and family and which papers should be drawn up. Sometimes these services are also available to retirees on a case-by-case basis.

SECTION 7: MILITARY FAMILY PROVISIONS OF THE FAMILY MEDICAL LEAVE ACT (FMLA)

The Act allows eligible employees who are the spouse, son, daughter, parent or next of kin of a covered Service member to take up to 26 weeks of FMLA leave during a single 12-month period to care for the Service member who is undergoing medical treatment, recuperation, or therapy, and is otherwise in outpatient status or is otherwise on the temporary disability retired list for a serious injury or illness incurred or aggravated in the line of active duty. This provision applies to the families of active duty, reserve component members and veterans who are undergoing medical treatment, recuperation, or therapy for a serious injury or illness at any time during the period of five years before the date on which the veteran received treatment.

There are some general employee and employer eligibility restrictions to consider such as the employee must have worked for the employer for at least 12 months (not necessarily consecutively); the employee must have worked for the employer for at least 1,250 hours in the previous consecutive 12-month period; and the employee must have worked at or is assigned to a worksite that has 50 or more employees or which is within 75 miles of worksites that taken together have a total of 50 or more employees.

SECTION 8: MILITARY SPOUSE CAREER ADVANCEMENT ACCOUNT PROGRAM (MyCAA)

This career development and employment assistance program helps military spouses pursue licenses, certificates, certifications or Associate's Degrees (excluding Associate's Degrees in General Studies, Liberal Arts, and Interdisciplinary Studies that do not have a concentration) necessary for gainful employment in high demand, high growth portable career fields and occupations. It is available to spouses of active duty service members in pay grades E1-E5, W1-W2, and O1-O2, including the spouses of activated Guard and Reserve members within those ranks. Spouses of Guard and Reserve members must be able to start and complete their courses while their sponsor is on Title 10 orders. The program offers a maximum financial benefit of \$4,000 with a fiscal year cap of \$2,000. Waivers will be available for spouses pursuing licensure or certification up to the total maximum assistance of \$4,000. Spouses must be able to finish their program of study within three years from the start date of the first course and the program is limited to associate degrees, certification and licensures. For more information, please see: <http://www.militaryonesource.mil/>.

SECTION 9: MILITARY ONESOURCE

Military OneSource is a DoD-funded program providing comprehensive information on every aspect of military life at no cost to active duty, Guard and Reserve service members, and their families. Information includes, but is not limited to, deployment, reunion, relationship, grief, spouse employment and education, parenting and child care, and much more. Services are available 24 hours a day by telephone and online. In addition to the website support, Military OneSource offers call center and

CHAPTER 10: FAMILY AND CAREGIVER SUPPORT

online support for consultations on a number of issues such as spouse education and career opportunities, issues specific to families with a member with special needs, health coaching, financial support and resources. Military OneSource also offers non-medical counseling services online, via telephone, or face-to-face. See www.militaryonesource.mil for more information.

SECTION 10: NEW PARENT SUPPORT PROGRAM (NPSP)

This outreach program offers in-home visits, parenting education classes, information and referrals for active duty personnel and family members who are either expecting a child, or have young children. It is easy to join and available on most military installations. The program's services are available at no cost to active-duty service members and their families who are expecting their first child or have at least one child under 3 years old (5 years old in the Marine Corps). If you are permitted to use a military treatment facility, you are still entitled to NPSP benefits, regardless of separation or retired status. Caregivers who would like to participate in the NPSP can enroll through the installation Family Advocacy Program or Family Support Center.

SECTION 11: SPECIAL COMPENSATION FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (SCAADL)

Special Compensation for Assistance with Activities of Daily Living (SCAADL) was authorized by the Fiscal Year 2010 National Defense Authorization Act. This special monthly compensation is for Service members who incur a permanent catastrophic injury or illness and require assistance with activities of daily living or who require constant supervision to prevent harm to self or to others. SCAADL helps offset the loss of income borne by a primary caregiver who provides non-medical care, support, and assistance for the Service member. The SCAADL payments are based upon the U.S. Department of Labor's Bureau of Labor Statistics wage rate for home health aides and are adjusted by the geographic area of residence/recovery and use a three-tier system based on the complexity of care, as determined by a DoD or VA physician. For the SCAADL application and guidance, see <http://warriorcare.dodlive.mil/benefits/caregiver-compensation> or contact a member of your recovery team. Also refer to Chapter 3, DoD Pay and Allowances.

SECTION 12: SPOUSE EDUCATION AND CAREER OPPORTUNITIES (SECO)

SECO is a comprehensive program providing spouses assistance with everything from exploring different career options to finding a job. SECO services are provided by counselors who are well educated on the life and challenges of being a military family. The Military Spouse Employment Partnership (MSEP) is a component of the SECO program and helps military spouses by connecting them to employers who are looking for talented employees. Families and caregivers can register for an account on the MSEP Career Portal to access resume and career building tools that assist in the job search. It also directly connects users to employers who are seeking to hire talented military spouses. To register with MSEP and to find more information, go to <https://msepjobs.militaryonesource.mil/>. To contact a Spouse Education and Career Opportunities Counselor please call 1-800-342-9647 or visit Military OneSource at www.militaryonesource.mil/seco.

SECTION 13: TRICARE BEHAVIORAL AND MENTAL HEALTH CARE BENEFITS FOR DEPENDENTS

TRICARE-eligible beneficiaries can receive mental and behavioral health care that is medically or psychologically necessary.

Outpatient Care from a Psychiatrist/Psychologist: You can schedule an appointment with a network psychiatrist or psychologist without a referral from your primary care manager (PCM). You are covered

CHAPTER 10: FAMILY AND CAREGIVER SUPPORT

for the first eight outpatient mental health visits per fiscal year (October 1–September 30). After the first eight visits, your provider will need to get authorization from your regional contractor if he or she deems it medically necessary. Please remember that you must visit a network provider. If you see a non-network provider without a referral, point of service fees will apply.

Outpatient Care from a Counselor: If seeking care from a mental health counselor, licensed professional counselor or pastoral counselor, you must have a referral and the care must be supervised by a physician (even if these types of counselors are in the TRICARE network).

Inpatient Care: If you need inpatient care (hospitalization) for a mental or behavioral health condition, you must have a referral and prior authorization from your regional contractor.

Caregivers may especially benefit from TRICARE's Telemental Health Services for behavioral health services including psychotherapy and medication management. If this program is available in your region, referral or authorization is not needed to set an online care appointment as long as the Telemental Health Care appointment is one of the first eight behavioral health sessions in a fiscal year. The same costs apply as for any other outpatient mental health appointment. Visit <http://www.humana-military.com/south/bene/tools-resources/handbooks/prime/vo-services-telemedicine.asp> for more information. Coverage and out-of-pocket costs may vary based on who you are and the program option you're using. Refer also to Chapter 2, Section 10 for the TRICARE mental and behavioral health care program for Service members.

SECTION 14: TRICARE RESPITE CARE PROGRAMS

This program offers short term care exclusively to active duty Service members and Guard/Reserve members who are injured in the line of duty who have a serious injury or that has resulted in or may result in a physical disability or an extraordinary physical or psychological condition. The program provides rest and change for primary caregivers who have been caring for the patient at home and assisting with activities of daily living. Respite care benefits are limited to 40 hours each calendar week, no more than five day per calendar week, and no more than eight hours per calendar day. Service members pay nothing out of pocket for these services and there is no benefit cap. Respite care must be provided by a TRICARE-authorized Home Health Agency. The service member's case manager or other approving authorities may approve respite care when the care plan includes frequent primary caregiver interventions (more than two during the eight-hour period per day that the primary caregiver would normally be sleeping). The Service member's case manager, or another approving authority, may approve respite care and help find an approved Home Health Agency.

APPENDIX: TRICARE CONTACT INFORMATION

Regional Toll Free Numbers

- North Region Contractor (HealthNet Federal Services, LLC): 1-877-874-2273
- South Region Contractor (Humana Military Healthcare Services, Inc.): 1-800-444-5445
- West Region Contractor (TriWest Healthcare Alliances): 1-888-874-9378

Regional Behavioral Health Provider Locator and Appointment Assistance

- North Region: 1-877-747-9579 (8:00 a.m. - 6:00 p.m.)
- South Region: 1-877-298-3514 (8:00 a.m. - 7:00 p.m.)
- West Region: 1-866-651- 4970 (24 hours per day)

Other TRICARE Programs

- TRICARE Dental Program: 1-855-638-8371
- TRICARE For Life: 1-866-773-0404
- TRICARE Mail Order Pharmacy: 1-877-363-1303
- TRICARE Online (TOL): 1-800-600-9332
- TRICARE Retail Pharmacy: 1-877-363-1303
- TRICARE Retiree Dental Program: 1-888-838-8737
- US Family Health Plan: 1-800-748-7347
- Defense Health Agency, Reserve and Service member Support office: 1-888-647-6676

TRICARE Overseas Telephone Numbers

- All Overseas Areas Toll-free Number (available from the United States only): 1-888-777-8343

TRICARE Area Offices (TAOs)

- TAO-Pacific: 011-81-6117-43-2036
- TAO-Latin America and Canada: 706-787-2424
- TAO-Europe: 011-49-6302-67-7432
- Puerto Rico Call Center: 1-800-700-7104
- TRICARE Dental Program Overseas: 1-888-418-0466



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