

# Military Entitlements

*Benefits for Guard  
and Reserve*

## **Military Entitlements: Benefits for Guard and Reserve**

Discover the benefit options available to you, and find out what you need to do to take advantage of them. This publication includes easy-to-follow charts to help you calculate qualifying service, retired pay, and survivor annuity amounts; meet application deadlines; and determine your best health insurance options.

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# Introduction

If you are a currently serving or retired National Guard or Reserve officer, this guide will help you discover the qualifications required and determine what you need to do to receive all the benefits and entitlements you've earned through your military service.

**NOTE:** Throughout this guide, all references to reserve refer to reserve components and apply to the National Guard.



Contact MOAA  
about benefits and  
financial information.

- Email [beninfo@moaa.org](mailto:beninfo@moaa.org).
- Visit the MOAA Web Base at [www.moaa.org/benefitsinfo](http://www.moaa.org/benefitsinfo).
- Call the MOAA Member Service Center at (800) 234-MOAA (6622).
- Send to: MOAA  
Transition Center  
Benefits and Financial Education  
201 N. Washington St.  
Alexandria, VA 22314

# Chapter 1

## The Financial Rewards of Service

You most likely did not join the National Guard or Reserve for the retirement benefits. But it's a nice reward after many years of service. With recent changes to retirement pay qualifications, more and more guardmembers and reservists qualify for this valuable benefit.

### YOUR RESERVE RETIRED PAY

To qualify for military retired pay, you must meet all of the following criteria:

- attain age 60 or earlier eligible retirement age;\*
- not be entitled to receive military retired pay through any other provision of law;
- complete at least 20 years of qualifying military service; and
- serve the last six years of qualifying service as a member of a reserve component or eight years if service was completed between Jan. 1, 2002, and Sept. 30, 2002. This applies to former regular servicemembers who become reservists or join the National Guard).

Any member of a reserve component or a member of the Army of the United States without component who served before Aug. 16, 1945, must have performed either:

- active service (no specified length) during the period Sept. 9, 1940–Dec. 31, 1946, or
- active duty service (other than for training) during these three time periods: June 27, 1950–July 27, 1953; Aug. 14, 1961–May 30, 1963; or Aug. 5, 1964–March 27, 1973.

*\*For those who served on active duty orders in support of a contingency operation after Jan. 29, 2008, retirement age is reduced by three months for every 90 days served, down to a floor of age 50. From Jan. 29, 2008, to Sept. 30, 2014, each 90-day period of service must be completed within the fiscal year (Oct. 1–Sept. 30). Activations after Sept. 30, 2014, may be served over two consecutive fiscal years and still qualify to reduce the retirement age by three months.*

### Your qualifying service

Only military service — active duty or Reserve status in any of the uniformed services — can be credited as qualifying service toward the minimum 20-year requirement for retirement eligibility. Since July 1, 1949, any year in which at least 50



## HOW TO COMPUTE YOUR SERVICE AND RETIRED PAY

Retired pay computation depends on your date of initial entry to military service (DIEMS). It is computed by one of two methods:

**For service obligated before Sept. 8, 1980,** your monthly retired pay is equal to your total number of retirement points divided by 360, multiplied by 2.5 percent, times current basic pay of grade in which you retired.

**For service obligated after Sept. 8, 1980,** your monthly retired pay is equal to your total number of retirement points divided by 360, multiplied by 2.5 percent, times the average of the monthly base pay to which you would have been entitled had you been on active duty for the last three years as a member of a reserve component of an armed force.

retirement points are earned is a year of qualifying service. Points generally are credited as follows:

- active duty and active duty for training — one point per day;
- membership in an active status of a reserve component — 15 points for each year;
- authorized drills — one point per drill;
- funeral honor duty — one point per incidence of service; and
- satisfactory completion of authorized correspondence courses.

Effective Oct. 30, 2000, the number of reserve points permitted for conversion to active duty days each year for retired pay percentage purposes increased from 75 to 90. Between Sept. 23, 1996, and Oct. 30, 2000, 75 points can be used. Between July 1, 1949, and Sept. 23, 1996, only 60 points can be used.

Certain service is not qualifying service, including the inactive status of a reserve component (e.g., honorary, inactive, and retired reserve) or when insufficient retirement points are earned. This service would be credited only as service for basic pay purposes and not toward retirement. For example, reservists who earned only 45 retirement points during the year July 1, 1965, to June 30, 1966,

cannot receive credit for a qualifying year — toward the 20 years needed for retirement eligibility — but the points can be counted for basic (longevity) pay purposes. In addition, the 45 points they earned will be used to compute retired pay, assuming that at least 20 years of qualifying service are completed by age 60.

### **How to apply for retired pay**

Payment of retired pay is not automatic; you must apply for it by submitting a service-specific application within a certain number of days before you reach age 60.

The application is easy to complete and need not be documented by records. But a statement of service from your military department will be helpful, and you might want to attach a copy.

### **When does retired pay begin?**

Eligibility for your first monthly retired pay is 30 days after your 60th birthday (or earlier eligible retirement date). If you apply after age 60, your pay will be retroactive to your 60th birthday. Your claim must be received within six years after your 60th birthday to receive your full entitlement. If the claim

is filed more than six years after age 60, one day's retired pay will be lost for each day's delay.

Delaying the application after age 60 can affect your Survivor Benefit Plan (SBP) and health care benefits. The risk increases if you have not elected one of the options available under the Reserve Component Survivor Benefit Plan (RCSBP). Retirement pay stops with the death of the servicemember unless an SBP election has been made.

### **Getting your notification of eligibility**

Written notification (called the notice of eligibility or NOE) is sent to the servicemember within a year following completion of the required service. Upon issuance of an NOE, a reservist cannot be denied retired pay at age 60, even if an error revealed the retiree actually has less than 20 years of qualifying service (unless the notice was issued as the result of fraud on the part of the servicemember). An NOE must include the elections available under RCSBP and the effects of such elections.

If you have completed 20 years of qualifying service but have not been notified of your eligibility, you need to write to your military department and request your NOE.

### **Paying taxes on retired pay**

Your military retired pay, like other income, is federally taxed. The Defense Finance and Accounting Service or your pay center will withhold a certain amount each month based on your pay scale and claimed exemptions on IRS Form W-4. Each January, you will receive an IRS Form 1099-R statement showing the amount withheld and the amount of taxable retired pay you can use to calculate your federal income taxes.

## **DISABILITY COMPENSATION**

All National Guard and Reserve retirees drawing retired pay (i.e., those with "20 good years for retirement purposes") are eligible for Concurrent Retirement Disability Pay (CRDP) or Combat-Related Special Compensation (CRSC). CRSC provides immediate relief from the military retired pay offset for retirees of all service components with combat- or operations-related disabilities. Retirees

must apply for CRSC through their branch of service, and, if approved, they will receive a third form of payment intended to reimburse them for their lost retired pay. CRSC, like VA compensation, is tax-free.

With CRDP, retirees with at least 20 years of service who hold VA disability ratings of 50 percent or higher and who are receiving disability compensation from the VA no longer will have their retired pay offset by VA compensation as of Jan. 1, 2014. No application is required for CRDP.

Gray-area retirees become eligible for disability compensation when their retired pay begins at age 60, but pay is offset by disability compensation received from the VA.

## **SOCIAL SECURITY**

Don't worry if (or when) you qualify for Social Security retirement benefits earned on your own civilian covered employment. Your reserve retired pay will not reduce your Social Security payments nor will Social Security benefits reduce your military retired pay.

## **CIVIL SERVICE RETIREES**

If you are or will be a federal civil service retiree, you will be able to take credit for your active military service when you compute your civil service retirement and reserve retired pay. But you might have to make an adjustment at age 62 to receive annuity credit for active service performed after Dec. 31, 1956, if you qualify for Social Security retirement benefits.



Many states tax retired pay; exemption amounts vary by state. For details about state taxes, visit [www.moaa.org/taxguide](http://www.moaa.org/taxguide).

## Chapter 2

# Survivor Benefits

The Survivor Benefit Plan (SBP) and Reserve Component SBP (RCSBP) offer a cost-effective way to provide your survivors with an income after you die. The program has several advantages over traditional annuities and life insurance products. Program costs are subsidized by the federal government, and premiums are deducted from your retirement pay before taxes. And because the annuity grows with regular cost-of-living increases, SBP participation is highly recommended as a component of your estate planning.

### STANDARD SBP

Standard SBP is available for reserve retirees retiring with pay at age 60. SBP allows you to leave a portion of retired pay to your survivors. The annuity, with periodic cost-of-living increases, is payable after your death. As soon as the Defense Finance and Accounting Service (DFAS) or your retired pay center receives notification of your death, your surviving spouse will be sent a form to claim the SBP annuity. Unlike life insurance, the SBP annuity is not a lump-sum payment but a lifetime benefit to your eligible beneficiaries, providing a regular, reliable income that can't be maxed out. SBP holds several key advantages over alternative plans:

- the benefit amount increases regularly to keep pace with inflation;
- premiums are tax-deductible; and
- costs are subsidized by the federal government.

### **Amount of annuity**

The SBP annuity (the amount your survivor receives) is 55 percent of the covered base amount. The maximum base amount is your gross monthly retired pay, but it can be as low as \$300. (See chart on facing page.)



## SBP ANNUITIES PAYABLE

Your gross monthly retired pay	Base amount you elect monthly	SBP annuity your survivor receives
\$1,000	maximum \$1,000	$\$1,000 \times 55\% = \$550$
\$700	\$500	$\$500 \times 55\% = \$275$
\$600	minimum \$300	$\$300 \times 55\% = \$165$

The SBP annuity is calculated as 55 percent of whatever base amount you choose.

### SBP COVERAGE

#### Spouse-only

A spouse married to a servicemember on the date of retirement is eligible for SBP on the date retired pay begins, with no length-of-marriage requirement.

If you are unmarried on the date of retirement but later marry, you may provide SBP coverage for the first spouse acquired after retirement. But you must notify DFAS prior to the first anniversary of the marriage.

Computing the cost of SBP is as easy as choosing your base amount, which may range from a minimum of \$300 up to a maximum of your gross retired pay.

The monthly cost is a flat 6.5 percent of the base amount. Thus, if your base amount is \$1,000, your monthly cost would be \$65.

If you first became a member of the uniformed services before March 1, 1990, and your base annuity amount is less than \$1,320, you have the option of having SBP costs calculated under an older costing formula.

#### Spouse and children

SBP benefits for spouse and child coverage are paid to your surviving spouse. Payments are made to unmarried children only if the surviving spouse is no longer eligible because of remarriage before age 55 or death. The annuity would be divided evenly among eligible children. See “Child-only,” coverage for eligibility requirements for children to receive benefits.

The cost of SBP for spouse and children is the sum of the premium for spousal coverage and an additional cost based on the ages of the youngest child and both spouses.

For example, suppose you’re a 43-year-old lieutenant colonel who completed 20 years active service sometime after Oct. 1, 1985, and your monthly gross retired pay is \$3,396.50. Your spouse is two years younger, and you have three children, ages 10, 12, and 15. Assuming maximum coverage, multiply the base amount by the cost factor (in

this case, .00023) and you get the additional cost for child coverage. Cost factors are established in tables available from DoD.

As with spouse-only coverage, if you first became a member of the uniformed services before March 1, 1990, and your base annuity amount is less than \$1,320, you can have SBP costs calculated under the original cost formula.

#### Former spouse/former spouse and children

If you are currently married and elect SBP coverage for a former spouse, your current spouse must be notified, but spousal concurrence is not required.

Many servicemembers assume coverage will continue for their spouse after they divorce. But if you want to continue coverage for your now-former spouse, you must convert your SBP election from spouse coverage to former spouse coverage within one year of the date of your divorce.

You also may be required to provide an annuity to the former spouse by court order, such as in cases of divorce, but only if you already were enrolled for spousal coverage under SBP. The benefit level for former spouse coverage has to remain the same as for spouse coverage. The court may not dictate a level of coverage greater or lower than that elected before the divorce.

DFAS requires a copy of the divorce decree, and the former spouse must provide a deemed election to receive the SBP annuity within one year of the date of the final divorce.

### MONTHLY BASE ANNUITY COST

<b>Spouse-only</b>	$\$1,320 \times 6.5\% =$ \$85.80
<b>Children coverage</b>	Cost factor .00023 x $\$1,320 = 30$
<b>Total Cost</b>	\$86.10



The cost for former spouse or former spouse and children coverage is set according to the same formula as spouse and spouse/children coverage.

### **Child-only**

Another option is to select coverage for your child(ren) only. This may be appropriate for retirees with school-age children and/or children who may be disabled or unable to care for themselves. A dependent child may be an adopted child, stepchild, grandchild, foster child, or recognized natural child (if the recognized natural child lived with the servicemember in a regular parent-child relationship).

Before you elect this coverage, please note that once you elect child-only coverage, you cannot later add coverage for your spouse or former spouse.

The cost formula for child-only coverage is based on your age and the age of your youngest child. If you selected the maximum base amount — \$3,396.30 — you multiply this by the cost factor (.0039, if you are 43 and your youngest child is 10) to arrive at the monthly premium of \$13.25 monthly. Remember, deductions for child coverage stop when there is no longer an eligible child beneficiary.

The annuity is always 55 percent of the base amount — it does not vary according to how many children you select as beneficiaries.

- Proceeds are shared equally by all eligible children.
- Payments will be made to unmarried children until they reach age 18\*.
- Payments will be made until age 22\* for an unmarried child attending school full-time.

*\*For children whose birthdays fall before July 1 or after Aug. 31, benefits cease July 1 of the year in which they turns 22. For example, if your child's birthday is Nov. 18, his or her benefits would cease July 1 of the following year.*

Three other considerations for child-only coverage:

- If you add a new dependent child after all your other children have become ineligible for an annuity — and all premiums for their coverage have been terminated — the newly acquired child is eligible for an annuity even if you fail to notify the concerned financial center of the child's existence. But you would be responsible for all delinquent premiums before annuity payments could begin.
- If you can document that a grandchild lives with you and is supported by you, that grandchild can

qualify as a dependent child with certain limitations. This situation can become very technical. Discuss your specific situation thoroughly with DFAS in Cleveland.

- If both you and your spouse are SBP participants, it is possible for your children to receive more than one SBP annuity if you both designate the children as your beneficiary.

### **Insurable interest coverage**

What about SBP coverage for retirees who have neither a spouse nor eligible children? The “persons with insurance interest” feature of SBP can apply to a relative or other person.

It is important to note that the benefit to the insurable interest beneficiary is not 55 percent of the base amount as it is for other beneficiaries. The benefit here is 55 percent of your gross retired pay less the premiums for this coverage.

The definition of a person with insurable interest is someone with a reasonable and lawful expectation of financial support from the continued life of the servicemember or a person having a reasonable and lawful basis founded upon the relationship of parties to each other, either financial or of blood or affinity, to expect some benefit or advantage from the continuance of the life of the retiree. Proof of financial benefit from the continuance of the life of the servicemember is required.

Examples of related persons with an insurable interest include:

- parents, stepparents, grandparents, grandchildren, aunts, uncles, sisters, brothers, half-sisters, half-brothers, or any other person more closely related than cousin; and
- unrelated people such as a close business associate who would be financially affected by your death, a business partner, joint property owner, etcetera.

Even if you are unmarried and don't have eligible children, you can choose coverage for relatives such as sisters, parents, cousins, and grandchildren — or other parties such as business associates. A former spouse cannot be named as a beneficiary under this option.

Other circumstances include:

- If you are unmarried, you may elect an insurable interest annuity under SBP for your dependent child; and
- If you are unmarried, with adult children, you can elect insurable interest coverage for one of those adult children.

**Note:** An insurable interest beneficiary's eligibility is not affected by that person's age, student status, or financial or marital status. If you elect this coverage, you can change it to cover a spouse and/or children acquired after retirement.

The cost of insurable interest participation is considerably higher than the basic spouse-only cost. It is 10 percent of your gross retired pay plus an additional 5 percent of that pay for each full five years the beneficiary is younger than you are.

The total cost cannot exceed 40 percent of the retired pay. The annuity is 55 percent of the retired pay remaining after the cost has been deducted (there is no reduction to 35 percent at age 62).

If you want to change your election to cover a newly acquired spouse or child, you must do so within one year after marrying or acquiring a child. A written request for this change should be submitted to the servicemember's financial center or pay center.

You can cancel an insurable interest election. A written request for such withdrawal should be submitted to the servicemember's financial center.

### **Spousal concurrence**

Because your decision on SBP is of vital importance to you and your spouse, the law requires you to obtain your spouse's concurrence in writing if you do not elect the maximum spouse coverage at the time of retirement. If all requirements for an election needing the spouse's concurrence have not been satisfied before retirement, full spouse coverage will be implemented, regardless of any request by the servicemember to do otherwise.

If spousal concurrence is not obtained as a result of some administrative error, the servicemember should request an administrative correction of records. Spousal concurrence is not required if you elect to provide coverage for a former spouse or former spouse and children. Spousal concurrence also is not required if you establish that you cannot determine your spouse's whereabouts or that, because of exceptional circumstances, seeking the spouse's concurrence would be inappropriate. Such exceptional circumstances are evaluated on a case-by-case basis. When a servicemember claims the spouse's whereabouts are unknown, the servicemember must sign a statement to that effect.



## RCSBP

Because reserve members must wait until age 60 to collect retirement pay — and standard SBP coverage — RCSBP was created as a supplemental program to provide for coverage between completion of 20 qualifying years of service and receipt of retired pay at age 60. Why do 93 percent of retiring reserve members participate in RCSBP? The program has several built-in advantages you won't find in life insurance or other programs:

- Premiums are subsidized. On average, the typical reserve retiree will end up paying for only 35 percent of the lifetime benefits received by the average survivor. The government covers the remainder of the costs.
- The annuity is protected against inflation. A unique feature of RCSBP is that annuity payments rise in tandem with COLAs. Your survivor's annuity will be protected against the rising cost of living by periodic increases that continue as long as he or she lives.
- Premiums don't begin until age 60. Reserve retirees do not pay premiums until their retired pay starts at age 60. But reserve personnel have the option to cover their spouse immediately following receipt of their notice of eligibility (NOE). This means there can be a span of 20 years or more in which no premiums are paid and a spouse is covered in the event of the reservist's death.

### Enrolling in RCSBP

As you approach the day when you qualify for retirement pay, you will receive a 20-year NOE letter. You then have 90 days to make your decision on RCSBP from three options.

#### OPTION A: DELAYED DECISION

If you choose not to participate in RCSBP, you will be given an opportunity to enroll in standard SBP at age 60. If you die before age 60, your survivor(s) will be ineligible to receive a percentage of your retired pay.

#### OPTION B: DELAYED ANNUITY

You guarantee your eligible survivor(s) an annuity that starts the day after you die but is delayed if you die before the age of 60. If you die before age 60, the annuity will start the day you would have turned 60. Thus, if you die at age 52, your survivor(s) will have to wait eight years for the annuity to start.



The law requires you to obtain your spouse's concurrence in writing if you do not elect the maximum spouse coverage at the time of retirement.

#### OPTION C: IMMEDIATE ANNUITY

You guarantee your survivor an immediate annuity beginning the day after you die, no matter what your age is. You need your spouse's concurrence in writing if you choose Options A or B or child-only coverage. If you do not make an election or fail to respond, or if your spouse does not concur with the reduced coverage, you automatically will be enrolled in Option C for full coverage, provided you have an eligible beneficiary.

#### RCSBP costs and benefits

The RCSBP annuity is calculated by the same formula governing SBP. Essentially, your survivors' annuity will equal 55 percent of the base amount you select (between \$300 and your maximum retirement pay). Keep in mind the annuity they receive will rise in tandem with the Consumer Price Index through cost-of-living adjustments.

#### OPTION A: DELAYED DECISION

If you choose Option A, RCSBP does not apply. Instead, your standard coverage begins at age 60 and premiums cost 6.5 percent of the base amount you choose. Thus, if you chose a base amount of \$1,000 a month, your premiums would be \$65 a month. Your eligible survivor(s) will receive a total of \$550 each month.

Options B and C are more complicated because premiums are determined by actuarial tables provided by DoD. The costs for RCSBP depend on many factors, including the difference in ages between the servicemember and his/her spouse along with the elected annuity base amount of coverage.

#### OPTION B: DELAYED ANNUITY

Annuity payments begin on what would have been your 60th birthday, should you die before that age. If you die after age 60, the annuity begins on the day after your death.

### OPTION C: IMMEDIATE ANNUITY

Annuity payments begin on the day after you die, regardless of your age at death. You can request an official estimate of the costs for your specific situation by calling the appropriate service telephone number listed below. This request should be made as close to age 60 as possible so a more accurate answer can be provided.

### A MAJOR FACTOR IN ESTATE PLANNING

The additional, low-cost survivor coverage SBP and RCSBP offer should be a major consideration in your overall estate planning. At the very least, the decision you have to make about SBP can hardly be made accurately without a thorough review of all of your insurance coverage. To help you determine your needs, check your civilian

insurance policies for adequate coverage in view of mounting values, and determine whether any changes to your beneficiaries are needed. You and your spouse's increasing ages and changes in your children's earning power might indicate that a change in beneficiary is desirable. Keep in mind that all insurance companies *must* pay the proceeds of your insurance to the beneficiary designated in the policy. It is important to review all policies. If you decide to make changes, your insurance agents can supply you with the necessary forms.

And remember, if you have a policy made payable to your estate, payment of the policy's proceeds must await the process of a formal administration in probate court. This could be costly and reduce your estate considerably.

## CONTACTS FOR CHANGING YOUR ELECTION

If you have a question or need to make a change to your election, contact the appropriate service:

#### Army National Guard/Army Reserve

U.S. Army Human Resources  
Command AHRC-PAP-T  
1 Reserve Way  
St. Louis, MO 63132  
(800) 318-5298 • (314) 592-0553

#### Navy Reserve

Commanding Officer  
U.S. Naval Reserve Personnel Center  
Code N32  
4400 Dauphine St.  
New Orleans, LA 70149  
(866) 827-5672

#### Air National Guard/Air Force Reserve

HQ DPSPE  
6760 E. Irvington Place No. 4000  
Denver, CO 80280  
(800) 525-0102, ask for "entitlements"  
(303) 676-6438

#### Marine Corps Reserve

HQ, U.S. Marine Corps  
Manpower & Reserve Affairs  
(MMSR-5)  
3280 Russell Road  
Quantico, VA 22134  
(703) 784-9304

#### Coast Guard Reserve

CO (RAS)  
U.S. Coast Guard Personnel Service Center  
444 S.E. Quincy St.  
Topeka, KS 66683  
(800) 772-8724 • (785) 339-3415  
psc-rds@hrsic.uscg.mil

**Q: When can I be covered under TRICARE Reserve Select (TRS)?**

**A: TRS coverage may become effective the day after your eligibility for 180 days of Transitional Assistance Management Program coverage ends.**

**Q: How long can I purchase TRS coverage?**

**A: You can purchase TRS coverage as long as you remain within a drilling billet for pay.**

**Q: What is my obligation if I accept this benefit?**

**A: There is no additional obligation.**

**Q: How much does it cost?**

**A: For calendar year 2015, the monthly premium for member-only coverage is \$50.75, and the monthly premium for member-and-family coverage is \$205.62.**

**Q: Is TRS the same TRICARE my family and I received while I was on active duty?**

**A: It depends on the type of TRICARE coverage you had while on active duty. TRS is similar to the coverage in that it has an annual catastrophic cap. The main difference between TRICARE Standard and TRS is that you will have to pay monthly premiums for TRS.**

**Q: What is the deadline to select TRS?**

**A: Enrollment is rolling. Once you qualify, you may purchase the plan at any time throughout the year. Your coverage begins on the first day of the month selected on the TRS request form (following the month it is postmarked).**

**Q: Can I get coverage for my family?**

**A: Yes. The two options under TRS are member-only and member and family. Members cannot purchase TRS for their families unless they insure themselves.**



TRICARE Reserve Select

TRICARE Prime

TRICARE Standard (formerly CHAMPUS)

TRICARE Extra

TRICARE Plus

TRICARE For Life

TRICARE Retiree Dental Program

## Chapter 3

# Your Medical Care Benefits

For reservists who receive retired pay and reach age 60, the health care benefit is identical to that of their active duty counterparts. When a servicemember dies, surviving family members remain eligible for TRICARE benefits at active duty dependent rates for a three-year period. At the end of the three-year period, TRICARE eligibility continues but at retiree dependent rates.

### TRICARE RESERVE SELECT

TRICARE Reserve Select (TRS) allows reservists and guardmembers in pay drilling billets and their families to purchase TRICARE coverage for self or self and family.

Your monthly premium amount is based on the type of coverage you select. TRS offers two types of coverage: TRS member-only or TRS member-and-family coverage, which you'll select when you complete a Reserve Component Health Coverage Request Form (DD Form 2896-1) on the Guard and Reserve Web Portal.

To begin coverage, you must submit an initial payment equal to one month's premium with your completed TRS request form.

**NOTE:** TRS is a TRICARE Standard/Extra benefit only.

**Q: How do I sign up for TRS?**

**A: Step 1: Qualify**

To qualify, you must be a member of the Selected Reserve of the Ready Reserve, and you cannot be eligible for or enrolled in the Federal Employee Health Benefits Plan (FEHBP) (as defined in Title 5 U.S.C., Chapter 89) or currently covered under the FEHBP, either under your own eligibility or through a family member.

Follow these steps to qualify for TRS:

1. Log on to the Guard and Reserve Web portal: (<https://www.dmdc.osd.mil/appj/trs>)
2. Follow the instructions.
3. Print and sign the TRS request form (DD Form 2896-1).

Once you qualify, you may purchase the plan at any time throughout the year; there are no tiers or open seasons.

**Step 2: Purchase**

Mail or fax your completed TRS request form along with the first month's premium payment to your regional contractor within the specified deadline.

**TRICARE PRIME**

TRICARE Prime is similar to a health maintenance organization (HMO) and is the only option requiring an annual enrollment fee. The Prime option also can call for copayments. Enrollees receive care through a military treatment facility (MTF) or a supporting network of civilian providers supplying services at negotiated, discounted rates. From the beneficiary's perspective, it is the least costly option for those needing frequent care. When you enroll in TRICARE Prime, you agree to coordinate your entire health care through a primary care manager (PCM). Your PCM will make sure you get the right kind of care in the most appropriate setting. When hospital or specialist care is needed, your PCM will make those arrangements for you.

To use TRICARE Prime and receive all of the benefits it offers, you must do three things:

1. Verify eligibility. You must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) to be eligible for TRICARE. To ensure prompt enrollment processing, verify your DEERS information for accuracy. You also must live in a Prime Service Area (PSA) to be eligible for Prime. Typically, PSAs are within 40 miles of an MTF.

2. Enroll. You must enroll in TRICARE Prime. Retirees and their family members and survivors will pay a nonrefundable enrollment fee (enrollment period is 12 full months).

3. Choose a PCM. Your PCM is the health care professional who will coordinate all your care. Selection and assignment of your PCM is governed by the availability of your choice and by MTF commander policy in your area.

**The benefits of TRICARE Prime**

There's rarely a claim form to fill out. TRICARE network providers will file any TRICARE-related paperwork for you. If you are covered by health insurance other than TRICARE, you must file claims with your other insurance carrier first.

TRICARE Prime also offers a variety of clinical preventive service benefits. You receive a number of free preventive health services, such as health screenings, immunizations, educational programs, and other important health care information.

**Point-of-service benefits**

For those times when you decide to seek non-emergency care outside of the TRICARE network without a referral from your PCM, TRICARE Prime also offers point-of-service benefits to help cover a portion of the cost. When using point-of-service benefits, prior authorization for certain medical procedures is required. There is an annual deductible, and you pay 50 percent of the cost of care. Additionally, you might incur charges greater than what TRICARE will pay (balance bill).

A non-availability statement is not required for inpatient or outpatient point-of-service care.

**Use of MTFs**

Retirees and their families who do not enroll in TRICARE Prime may continue to use MTFs as capacity exists (i.e., if a particular facility can accommodate them). A priority system has been established for access to health care in an MTF:

- active duty servicemembers
- active duty family members who are enrolled in TRICARE Prime
- retirees and their family members and survivors enrolled in TRICARE Prime
- family members of active duty servicemembers who are *not* enrolled in TRICARE Prime (for the purpose of determining access priority, survivors of military sponsors who died on active

duty who are *not* enrolled in TRICARE Prime are in this priority group)

- all other eligible people, including retirees and their family members who are *not* enrolled in TRICARE Prime. This includes beneficiaries enrolled in TRICARE Plus (see page 16).

TRICARE-eligible beneficiaries are not permitted to enroll in the TRICARE Prime program once they become eligible for Medicare. As a result, Medicare-eligible retirees and their spouses will find treatment in MTFs restricted to a space-available basis or available through TRICARE Plus.

### TRICARE STANDARD (FORMERLY CHAMPUS)

TRICARE Standard beneficiaries have a wide choice of providers but will pay higher costs than Prime beneficiaries. This fee-for-service program requires annual deductibles and copayments (20 percent for active duty and 25 percent for retirees). TRICARE Standard has no enrollment fee, but it provides the greatest choice of providers.

#### **Your TRICARE Standard benefits**

To qualify as a TRICARE Standard benefit, a service or supply simply must be medically necessary for the required diagnosis and treatment of an illness or injury. A \$150 deductible (\$300 a family) is required each fiscal year for outpatient care. Treatment on an inpatient or outpatient basis can be for medical and surgical conditions; nervous, mental, and chronic conditions; and contagious diseases. In general, TRICARE Standard will share the cost of any medical procedure or type of medical care accepted as being part of good medical practice.

TRICARE Standard beneficiaries can receive inpatient care at civilian hospitals without obtaining prior approval from their MTF.

TRICARE Standard coverage also includes but is not limited to:

- necessary supplies;
- prescription drugs;
- insulin;
- ambulance service when medically warranted;
- rental of durable equipment such as wheelchairs or hospital beds (before renting, ask a service facility if it can be borrowed);
- mammograms and Pap tests;
- certain major organ/bone marrow transplants;
- hospice care; and
- immunizations.

#### **TRICARE Standard exclusions**

Excluded by law from coverage are

- care that is not medically necessary;
- care that is experimental in nature and has not been established as good medical practice;
- domiciliary or custodial care (long term care or assisted living);
- physical examinations (only available under TRICARE Prime);
- eyeglasses or eye examinations for correction of ordinary refractive error;
- prosthetic devices (other than artificial limbs and eyes), hearing aids, and orthopedic footwear; and
- dental care except if required as a necessary adjunct to medical or surgical treatment.

#### **Sharing the costs**

For retired personnel and their dependents, TRICARE Standard pays 75 percent of the allowable charges for authorized care. The allowable charge is the maximum that TRICARE Standard will pay for a specific medical procedure or service.

A diagnosis-related group (DRG) payment system is established for inpatient medical care. (All hospitals that accept Medicare payments must participate in the TRICARE Standard DRG payment system.) For each admission to a hospital subject to the DRG system, all beneficiaries, other than active duty dependents, will pay the smaller of 25 percent of the billed charges or a fixed daily amount. The fixed daily amount in 2015 is \$250 a day for network hospitals or \$764 a day for non-network hospitals. Inpatient services received in a non-DRG participating hospital still will be billed at 25 percent of the allowable charges.

A catastrophic cost cap is placed on TRICARE-covered medical bills in any fiscal year. The limit an active duty family will have to pay is \$1,000; the limit for all other TRICARE-eligible families is \$3,000. The allowable charge is based on what most providers nationwide have billed for a particular medical service (with an adjustment for particular locations). Your cost share is based on the allowable charge, no matter what the provider actually bills you. Doctors and other services and supply providers participate in TRICARE voluntarily. Participation means three things:

- The doctor or other provider of services agrees to furnish the authorized services to the beneficiary.
- The doctor or other provider of services will submit the claim to the TRICARE contractor for payment.

- The doctor or other provider of services agrees to accept the allowable charge as determined by the government as full payment for his or her services, with the understanding that neither the patient nor the sponsor will be responsible for further payment of any charges for authorized care except the statutory cost-sharing portion that must be paid by the beneficiary.

If the provider you choose is a TRICARE participant, you will not be required to pay more than the usual cost share under the program. If the provider you choose is not a TRICARE participant, you must understand that you will probably have to pay more than you would with a participating provider.

### **Insurance and other technical requirements**

The law requires retired personnel and their eligible family members who are enrolled in other health insurance coverage (provided by law through employment or private insurance) to use those health benefits before TRICARE benefits are available. Thereafter, TRICARE will pay the remaining charges, provided such charges do not exceed 115 percent of the maximum allowable charge amount. By law, you are not liable for any balanced billing above 115 percent.

Payments under supplemental TRICARE plans or income protection plans have no effect on TRICARE payments. Certain services and supplies require written preauthorization from TRICARE prior to receipt; otherwise TRICARE will not share the cost.

### **Preventive care**

Preventive care is not an authorized benefit under TRICARE Standard or Extra. TRICARE does not share the cost of care for services such as routine annual or employment-related physical exams.

Flu shots and periodic chest X-rays (when there are no presenting symptoms and the test is not provided in connection with a diagnosed, related illness) are examples of preventive care not covered. But the program will share the cost of certain immunizations, Pap tests, and mammograms.

### **Unauthorized providers**

Beneficiaries should check with providers of medical services and suppliers to ensure they have been certified as authorized providers by TRICARE. Services and supplies furnished by providers who are not TRICARE-authorized are not reimbursable. The following is a partial list of the types of

providers who are not TRICARE-authorized:

- institutions such as homes for the aged or infirm, rest homes, nursing homes, intermediate care facilities, halfway houses, and institutions of similar purpose;
- naturopaths (practitioners of drugless therapies using physical forces such as air, light, water, heat, and massage);
- counselors, except marriage and family counselors, who meet TRICARE standards;
- technicians, even when their services are medically related;
- audiologists and speech pathologists, unless their services are rendered as part of medical treatment addressed to a physical defect itself and not to any educational or occupational defect;
- occupational therapists, unless their services are part of medical treatment rendered during otherwise covered inpatient confinement;
- medical attendants, companions, or sitters; and
- any class of provider not specifically listed as authorized in the TRICARE regulation.

### **TRICARE EXTRA**

This is a lower-cost version of TRICARE Standard that requires no enrollment fee and applies only when beneficiaries use civilian providers who are part of DoD's preferred-provider network. Deductibles are the same as TRICARE Standard, but copayments are 5 percent lower (20 percent for retirees).

### **TRICARE PLUS**

TRICARE Plus is an MTF primary care enrollment program offered at selected local MTFs. All beneficiaries eligible for care in MTFs (except those enrolled in TRICARE Prime, a civilian HMO, or Medicare HMO) can seek enrollment for primary care at MTFs where enrollment capacity exists.

### **TRICARE Plus benefits**

- Enrollees use their designated primary care provider at the MTF as their principal source of health care.
- Enrollees can continue to obtain care from civilian and/or Medicare providers; TRICARE Standard/Extra or Medicare rules apply.
- There are no enrollment fees.
- TRICARE Plus enrollees will receive primary care appointments with the same access standards as TRICARE Prime enrollees.
- Eligible beneficiaries with existing relationships

## 2015 TRICARE COMPARISON

	TRICARE Standard	TRICARE Prime
Choice of civilian doctors, hospitals, clinics	Unlimited	Must choose from government-approved network
<b>ENROLLMENT FEES</b>		
Active duty	None	None
Retirees	None	Individual: \$277.92/Family: \$555.84
<b>ANNUAL OUTPATIENT DEDUCTIBLES</b>		
E-4 and below	Individual: \$50/Family: \$100	None
E-5 and above	Individual: \$150/Family: \$300	None
Retirees	Individual: \$150/Family: \$300	None
<b>COPAYMENTS FOR VISIT TO CIVILIAN DOCTOR</b>		
E-5 and above	20%*	\$0
Retirees	25%*	\$12
<b>AMBULANCE SERVICE</b>		
E-5 and above	Network: 15% negotiated fee/non-Network: 20% of allowable charge	\$0
Retirees	Network: 20% negotiated fee/non-network: 25% of allowable charge	\$20 per occurrence
<b>OUTPATIENT SURGERY</b>		
E-5 and above	\$25	\$0
Retirees	\$25	25%
<b>COPAYMENTS AT CIVILIAN HOSPITALS FOR INPATIENT CARE</b>		
E-5 and above	\$17.80 a day (\$25 minimum per stay); \$20 a day, mental health	\$0 a day; \$20 a day, mental health
Retirees	Network: \$250 a day; non-network: \$764 a day or 25% for institutional services, whichever is less, plus 20% network/25% non-network separately billed professional charges	\$11 a day (\$25 minimum charge)

**\*TRICARE covers its share of the bill for charges the government deems “customary and reasonable.” If a doctor charges more than TRICARE allows, TRICARE does not cover the excess.**

with primary care providers at MTFs will have the first opportunity to enroll, pending space in the facility and resources.

### **TRICARE Plus limitations**

- TRICARE Plus will not be available at all MTFs. Local commanders will retain discretion to continue or discontinue TRICARE Plus at individual MTFs depending on their capacities, capabilities, and missions.
- TRICARE Plus is an MTF primary care access program, not a health plan. TRICARE Plus is not applicable with civilian providers, so TRICARE Standard/Extra rules will apply for most enrollees.
- TRICARE Plus does not guarantee access to specialty care at the MTF where the beneficiary is enrolled.
- TRICARE Plus is not a portable benefit. Enrollment at one facility will not guarantee access at another facility.
- Beneficiaries enrolled in an HMO or similar program through another sponsor (TRICARE Prime, employer-sponsored HMO, Medicare Choice) are not eligible for TRICARE Plus because they have an established primary care relationship.

### **TRICARE FOR LIFE**

TRICARE For Life covers all retirees, spouses, and survivors who are age 65 and older, in addition to those under age 65 who are eligible for Medicare Part A (for hospitalization payments) and enrolled in Medicare Part B (for other provider payments).

Find details on TRICARE For Life coverage, costs, and benefits in MOAA's *Aging Into Medicare and TRICARE For Life* publication. Download the guide at [www.moaa.org/publications](http://www.moaa.org/publications), or call (800) 234-MOAA (6622).

### **TRICARE RETIREE DENTAL PROGRAM (TRDP)**

The TRDP offers dental coverage throughout the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, and Canada.

The federal services division of Delta Dental of California administers this voluntary dental plan with self-paid premiums.

#### **Eligibility**

To be eligible for the TRDP, an individual must be one of the following:

- A.** a member of the uniformed services who is entitled to retired pay, including those age 65 and older;
- B.** a member of the National Guard or Retired Reserve who, regardless of age, has transferred to retired reserve status. This includes those in the “gray area” who are under age 60 and entitled to retired pay but might not yet be receiving it;
- C.** a current spouse of a retired servicemember, as described in A. or B., who is enrolled in the program;
- D.** an eligible child of a retired member, as described in A. or B., who is under age 21 or under age 23 and a full-time student or who became disabled prior to age 21 (or age 23 if a full-time student);
- E.** an unmarried surviving spouse or eligible child of a deceased retired member or of a member who died while on active duty for a period of more than 30 days and whose eligible family members are not eligible or no longer eligible for dental benefits under the family member dental plan. To find out if you qualify for TRDP, or to enroll, call Delta Dental of California at (888) 838-8737;
- F.** a spouse and/or eligible child of certain non-enrolled members with documented proof the non-enrolled member is
  - eligible to receive ongoing, comprehensive dental care from the VA; or
  - enrolled in a dental plan through other employment not available to family members; or
  - unable to obtain benefits from the TRDP because of a current and enduring medical or dental condition. Former spouses and unremarried surviving spouses are not eligible at this time; and
- G.** a Medal of Honor recipient and eligible spouse and/or child or an eligible spouse or child of a deceased recipient. Documentation of these qualifying circumstances is required for enrollment.

#### **Enrollment**

Those electing to enroll commit to remaining in the program for a minimum of 12 months. The 12-month commitment is determined by each enrollee's coverage effective date. There is a grace period of 30 days from the coverage effective date during which termination of enrollment may be allowed without further enrollment obligation, providing no benefits have been used. Under government rules, only limited voluntary termination of enrollment is allowed during the initial 12-month commitment if the 30-day option is not exercised. After the initial 12 months, enrollment renewal is automatic and on a month-to-month basis.



## 2015 TRICARE COVERAGE & COPAYMENTS

	<b>Active Duty Servicemembers and Dependents</b>	<b>Retired Servicemembers and Dependents</b>
Enrollment in TRICARE Prime	Active duty servicemembers must be enrolled in TRICARE Prime. Dependents can choose which option they prefer — TRICARE Prime, Extra, or Standard — based on the availability in their area	Retired servicemembers and their dependents can choose which option they prefer — TRICARE Prime, Extra, or Standard — based on the availability in their area
TRICARE Prime	<ul style="list-style-type: none"> <li>• No enrollment fees for active duty servicemembers</li> <li>• No copayments for any health care visit to a network or referred provider</li> </ul>	<ul style="list-style-type: none"> <li>• Enrollment fees apply — \$277.92 for individuals, \$555.84 for families</li> <li>• Copayments (\$12) required for outpatient visits to network providers</li> <li>• Inpatient care: \$11 a day, \$25 minimum network or referred provider</li> <li>• Inpatient mental health: \$40 a day</li> </ul>
TRICARE Extra	<ul style="list-style-type: none"> <li>• Inpatient care: \$17.80** a day or \$25, whichever is more</li> <li>• Outpatient care: 15 percent of the negotiated cost</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient network care: lesser of \$250 a day or 25 percent of hospitals billed charges, plus 20 percent of allowable charge for separately billed professional services</li> <li>• Outpatient care: 20 percent of the negotiated cost</li> </ul>
TRICARE Standard	<ul style="list-style-type: none"> <li>• Inpatient care: greater of \$17.80** a day or \$25</li> <li>• Outpatient care — lesser of 20% of allowable charges billed charges, plus 25% of allowable</li> <li>• Annual outpatient deductible: \$50 for individuals, plus charge for separately billed professional charges; \$100 for families (E-1 to E-4)</li> <li>• Civilian inpatient mental health: \$20 a day</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient non-network care: lesser of \$764** a day or 25 percent of hospital's billed charges</li> <li>• Outpatient care: 25% of allowable charges</li> <li>• Annual outpatient deductible: \$150 for individuals, \$300 for families</li> <li>• Civilian inpatient mental health: lesser of \$175* a day or 25 percent of allowable fees, plus 25 percent of allowable charge for separately billed professional fees</li> </ul>
Catastrophic Cap*	\$1,000 annually	\$3,000 annually
Eligibility for Medicare (age, disability or end-stage renal disease)	Active duty family members are not required to enroll in Medicare Part B to remain eligible for TRICARE	Retired servicemembers and their dependents <i>must</i> enroll in Medicare Part B to remain eligible for TRICARE

**\* The catastrophic cap is the maximum out-of-pocket cost for TRICARE-covered benefits in any fiscal year. It is per family, per fiscal year and applies to the enrollment year for TRICARE Prime enrollees and to the calendar year for TRICARE Extra and Standard users.**

**\*\* Rates are current for FY 2015; rates change every fiscal year.**

An exception to the first 12-month waiting period for coverage of additional benefits, such as cast crowns, onlays, and bridges; full and partial dentures; and orthodontics, will be made for those who enroll in the enhanced TRDP within 120 days of their retirement from active duty, as well as for those who are Medal of Honor recipients.

**Covered services**

TRDP pays 100 percent of diagnostic and preventive services from a network dentist. For more information on covered services, visit [www.trdp.org](http://www.trdp.org).

**Monthly premiums**

Monthly premiums are determined regionally according to the first three digits of the ZIP code in which the retiree resides and the applicable

enrollment option. You can determine your monthly premium at <http://trdp.org/retirees/premiums.html>.

Monthly premiums will be deducted by the Defense Finance and Accounting Service or other finance center, as appropriate, through mandatory retired-pay allotment. Prepayment of two months of premiums must be included with the enrollment application. This is used to pay monthly premiums until the automated monthly payment process is established. Any unused portion of the prepayment will be refunded after the monthly payment process is established. Retirees with pay insufficient to cover monthly premiums and enrollees who do not receive retired pay will be billed by Delta Dental. In this case, certain explicit payment procedures must be followed.



## 2015 TRICARE COVERAGE & COPAYMENTS

	<b>Rx Amount</b>	<b>Copayment</b>	<b>Deductible</b>
Military Pharmacy	Varies by facility (often a 30-day supply)	None	None
TRICARE Pharmacy Home Delivery	90-day supply of most nonnarcotic drugs or 30-day supply of a narcotic prescription	\$0 for generic \$16 for brand name \$46 for non-formulary*	None
Retail Pharmacy (Network)	30-day supply of medication	\$8 for generic \$20 for brand name \$47 for non-formulary*	None
Retail Pharmacy (Non-Network)**	30-day supply of medication	The greater of 20% of the cost of the drugs or \$20 for formulary or \$47 for non-formulary after meeting annual deductible	\$150 a year

**\*If medical necessity is established for a non-formulary drug, patients may qualify for the formulary cost share for up to a 30-day supply in the TRICARE Pharmacy Home Delivery or a 90-day supply in the home-delivery program.**

**\*\*TRICARE Prime beneficiaries using a non-network retail pharmacy pay a point-of-service charge of \$300 a person (\$600 family) plus 50 percent cost share.**

**For more information on non-formulary medications, use the TRICARE Formulary Search tool at [www.tricareformularysearch.org](http://www.tricareformularysearch.org).**

### **Annual deductible and maximum benefit**

An annual deductible of \$50 (with a limit of \$150 on the annual deduction for the entire family) applies to each enrollee each year.

Delta Dental will pay an annual maximum of \$1,300 per benefit year. Diagnostic services and some preventive procedures are not subject to the annual deductible and maximum. Orthodontic services and dental accident coverage are not subject to the annual deductible, and each has separate maximum benefits amounts.

### **Providers**

Enrollees may choose any licensed dentist for treatment, but there are incentives if enrollees seek treatment from the more than 67,000 dentist locations throughout the service area that are currently part of the Delta Dental of California network contracted to provide services to TRDP enrollees.

If enrollees go to an out-of-network dentist, Delta Dental of California pays the same percentage of covered services but cannot guarantee the dentist's fees. Out-of-network dentists will bill you for their normal fees, which may be higher than the program allowed amount for the service. You will be responsible for paying your copayment plus any difference between the allowed amount and the dentist's billed charge.

## Chapter 4

# Your Nonmedical Benefits

Most servicemembers focus on retirement pay and health care when evaluating their military benefits. Often overlooked are benefits such as military burial, access to base exchanges, and space-available (Space-A) travel — benefits unique to the military that can save you tens of thousands of dollars in the long run.

### SPACE-A TRAVEL ON MILITARY AIRCRAFT

Space-A travel can provide an inexpensive means of travel for you and your spouse or dependent children. Military retirees can sign up for Space-A travel by fax or email request directly to the departure location. Travelers can list five country destinations (the fifth can be “all,” to take advantage of opportune airlifts). Travelers also must provide the first names of any dependent family members traveling with them and a statement that required border clearance documents are current. Travelers remain on the register for 60 days. Travelers also can mail requests to the departure location, but mail requests take longer to reach their destinations and are not entered into the Space-A registry until they are stamped with the date and time upon receipt.

Some basic rules and suggestions for getting on board an aircraft include:

- Your military ID card will make you eligible for flights within the U.S. and overseas.
- Your spouse and children can travel only if accompanied by you.
- Only dependent children younger than 21 are eligible (older than 21 if incapacitated).
- Documents needed include military ID cards, passports, and immunization records, if applicable.
- Travel cannot be for personal gain or in connection with a business enterprise or employment.
- You may register in person at the passenger terminal or by fax or email.  
**Caution:** Confirm this information beforehand. Each terminal may have different requirements.
- You must be prepared to pay for any portion of the trip via commercial carrier.

There is no guarantee that Space-A will get you back home. Most international airports charge a per-person tax for CONUS outbound flights. Before leaving your home on a Space-A adventure, especially if you are going overseas, call a nearby Air Force or Navy base or one of the aerial ports of embarkation (APOE). They can provide the latest information about the availability of flights. Attendants will assist you

in reaching your destination. For additional information, visit [www.amc.af.mil/amctravel](http://www.amc.af.mil/amctravel).

Other important Space-A travel considerations include:

- Passengers are processed on a first-come, first-served basis with other Space-A travelers of like priority.
- Reservations cannot be made for any portion of the trip.
- Baggage is limited to a maximum of 140 pounds per person (two checked bags plus one small carry-on). No excess baggage will be allowed.
- Long, uncomfortable, frequently costly waiting periods can be encountered at the APOE because of large passenger backlogs.
- Official-duty passengers can cause Space-A travelers to be removed from an aircraft at any point en route.
- Billeting accommodations are nonexistent at passenger terminals and extremely limited at most APOE bases. Space-A travelers must be prepared to provide their own lodging in hotels or motels adjacent to the APOE.

If you are a member of the retired reserve, not yet eligible to receive retired pay but will qualify for such pay at age 60 (gray-area reservist), the following Space-A information might be of interest (note that in this instance, only the servicemember, not the spouse, is eligible):

- You may travel Space-A between Alaska, Hawaii, Puerto Rico, the U.S. Virgin Islands, Guam, and CONUS, or within these locales, except for Guam.
- You must have a valid military ID card (DD Form 2).
- You must have a letter from your military department indicating you have completed at least 20 years of qualifying service and will be eligible to receive reserve retired pay at age 60.



Find additional Space-A travel information — including documents, terminals, and contact information — on the Air Mobility Command website at [www.amc.af.mil/amctravel/index.asp](http://www.amc.af.mil/amctravel/index.asp).

## USE OF MILITARY INSTALLATION FACILITIES

Don't expect the same access to military benefits when traveling overseas. Privileges such as purchasing from commissaries and access to medical care generally are reserved for active duty personnel assigned to those facilities.

Generally, when you are eligible for retired pay (upon the completion of 20 years of qualifying military service), you and your spouse will be eligible for many military benefits. If you travel overseas and visit U.S. military installations, chances are you will not enjoy the same benefits. A prime example is medical care at U.S. facilities. Although authorized, medical care is strictly on a space-available basis because these facilities are staffed primarily for active duty personnel and their dependents.

Under the existing Status of Forces Agreements (SOFAs), the host government limits the use of commissary and exchange facilities to U.S. military and civilian personnel officially assigned to that overseas installation. Under international law, the host country has the right to make these limitations. The primary reason is to prohibit the importation of tax-free goods for the use of those not officially assigned to duty. Although DoD's policy is that military retirees abroad be accorded, to the extent possible, all privileges normally available in the U.S., the governing factor is the agreement between the U.S. and the country concerned.

SOFAs usually contain the tax-free provisions. In some countries, SOFAs have another name, such as Military Bases Agreements. SOFAs generally cover the breadth of the U.S. military presence in a given foreign country, including such matters as criminal jurisdiction and claims responsibility. When these SOFAs were negotiated (some as many as 40 to 50 years ago), either no mention was made of retirees or host governments rejected U.S. attempts to gain privileges for retirees.

Many retirees have suggested the existing SOFAs be amended to permit retiree and retiree family member purchases at overseas commissaries and exchanges. But there are two overriding reasons why this cannot be done.

First, remember the theory on which the tax-free privilege is based. It is a special exception by the host country in acknowledgment that those who enjoy the privilege are involuntarily in the host country to help defend that country.

Retirees and their family members, on the other hand, are not participating in the defense of that coun-



try. In fact, in some countries where the U.S. jointly occupies bases with the host nation's forces, a visitor can't even gain access to the base without proper credentials. A retiree ID card usually is not enough.

Conditions constantly are reviewed and are subject to change. Contact the overseas commander before departing to determine to what extent facilities are available.

### BURIAL PROCEDURES AND ALLOWANCES AND EXPENSES

Veterans are entitled to be buried in any national cemetery that has available space. You are eligible for ground burial in Arlington National Cemetery in Virginia if you served on active duty (other than training) and are receiving military retired pay. Interment within the columbarium in Arlington National Cemetery is open to all honorably discharged or retired (with or without pay) veterans.

#### Procedures

Application for burial in a national cemetery will be honored only at the time of death of a veteran or an eligible dependent. No grave sites are reserved in advance. The burial request must be made directly to the superintendent of the national cemetery. Remember, when an application for burial is received, the superintendent first must verify that the deceased is entitled to burial, and this might take extra time.

Your spouse and minor children also are eligible for burial in the same grave or niche. If your spouse or minor child should die before you and be buried in Arlington National Cemetery, you must agree at the time of the person's death to be buried in the same grave. This agreement rule applies only to Arlington burials. Unfortunately, adjoining grave sites no longer are available for members of the same family in national cemeteries.

If interment is in a national cemetery, eligibility for a headstone or grave marker automatically is established. If interment is in a private cemetery, a headstone or grave marker will be furnished for an unmarked grave upon request. It is provided without charge and shipped to the designated consignee. Apply to the Office of Memorial Programs, Department of Veterans Affairs, 810 Vermont Ave. NW, Washington, DC 20420. Or you may request an application by calling (800) 697-6947, Monday-Friday, 8 a.m.-4:30 p.m. Eastern time. Any VA office will provide information and assistance in filing the

### BENEFITS FOR RETIRED OR GRAY-AREA RESERVISTS (UNDER AGE 60)

Benefits	Eligibility
Burial flag	Yes
Commissary	Yes
Exchanges	Yes
Legal assistance	Limited
Military-affiliate radio service	Yes
Military clothing sales	Yes
Military recreational facilities	Yes
Officer/NCO clubs	Yes
Official library services	Yes
Post/base theater	Yes
Post/base facilities	Yes
Retention of commission	Yes (officers)
Reserve Component SBP	Yes
Survivor Benefit Plan (SBP)	No
Transient billeting	If available
Wearing of uniform	On appropriate occasions
Veterans Group Life Insurance	Yes
TRICARE/MTF	No
Retiree Dental Plan	Yes
Pay and allowances	No



application. Many funeral directors also will assist in filing this application.

All eligible veterans, including military retirees, are entitled to military funeral honors. At a minimum, the funeral honors ceremony will consist of the folding and presentation of the American flag and the playing of taps. At least two uniformed military personnel, in addition to a bugler, if available, will perform the ceremony.

If a bugler is not available, a high-quality CD recording will be used. One of the uniformed military personnel will be from the deceased veteran's parent military service and will present the flag to the next of kin. Funeral honors must be requested; they are not provided automatically. DoD policy calls for the funeral directors, rather than the next of kin, to contact the military at (877) MIL-HONR (645-4667) to coordinate the ceremonies. DoD has established a website, <https://www.dmdc.osd.mil/mfh>, that explains the funeral honors process.

Effective Oct. 28, 1992, reservists with 20 years of qualifying service are authorized to receive a government headstone or marker and burial flag. Headstones and markers are provided automatically to mark the graves of qualifying reservists buried in national cemeteries and state veterans' cemeteries. They also are provided, on application, for an unmarked grave of a qualifying reservist buried in a private cemetery. The VA pays the cost of the grave marker and shipping. If an individual is buried in a private cemetery, the VA does not pay the cost of placing the grave marker.

Reservists with 20 years of qualifying service (and their family members) are eligible for burial in a national cemetery, including a government headstone or marker and burial flag.

### **Allowances and expenses**

Your survivors should know the VA might pay allowances toward your burial expenses, up to the following:

- \$2,000 allowance if cause of death is service-connected. Payable if interred in a private or national cemetery. When authorized, the \$300 burial and/or plot allowances are not payable.

### **Non-Service-connected death**

- If a veteran died on or after Oct. 1, 2014, the VA will pay a \$300 burial allowance and \$745 for a plot.

- If a veteran died on or after Oct. 1, 2013, but before Oct. 1, 2014, the VA will pay a \$300 burial allowance and \$734 for a plot.
- If a veteran died on or after Oct. 1, 2012, but before Oct. 1, 2013, the VA will pay a \$300 burial allowance and \$722 for a plot.

The figures quoted above periodically are revised by legislative changes. Exact figures are available at the nearest VA office. It is important your children know this, too, because the claim can be filed by the person who bears the burial expenses, including the undertaker if he or she has not been paid. Also, most mortuaries are familiar with this benefit and will offer to file the claim, allowing corresponding credit in their statement of charges.

Payment of the \$300 burial allowance on behalf of veterans of any wartime period sharply was restricted effective Oct. 1, 1981. Under P.L. 97-35, payment of this allowance is limited to veterans "entitled to receive VA compensation or pension" and those who die in VA medical facilities. Only veterans entitled to receive VA disability compensation or pension are eligible for payment of the \$300 plot or interment allowance for burial in a nongovernment cemetery. The VA has determined the phrase "entitled to receive" includes only those veterans who have been awarded VA compensation or pension or who have submitted an application that is pending at the time of the veteran's death and would have been approved. It does not automatically apply to military disability retirees.

To qualify for the payment, a military retiree must have applied for and been found "entitled to receive" VA disability compensation. That a retiree chose not to waive all or part of his retired pay after being awarded VA compensation does not disqualify the proper claimant from receiving the \$300 allowance. Any person retired for disability should seriously consider filing a claim with the VA to establish eligibility for disability compensation and ultimately for payment of the burial allowance. The VA Form 21-530 used in filing claims for compensation can be obtained from the nearest VA office. Or you can call the nearest VA regional office at (800) 827-1000.

Social Security also provides a lump-sum death benefit to the surviving spouse or eligible child of a person who died fully or currently insured. The current maximum payable is \$255. Many survivors believe the government will pay all transportation

costs for shipping remains to a national cemetery, but this is true only in certain cases. The VA will pay the cost of transporting a veteran's remains if at the time of death he or she was:

- hospitalized or domiciled in a VA hospital or domiciliary;
- hospitalized or domiciled at the VA's expense;
- eligible to receive VA disability compensation; or
- whose death resulted from a service-connected disability.

The VA must receive claims for burial allowances within two years of the permanent burial or cremation of remains. This limit does not apply to claims for the service-connected burial allowance or the cost of transporting a veteran's remains to the burial site.

Similarly, if a person entitled to military retired pay dies while properly admitted to a military treatment facility (MTF), the survivors might be entitled to transportation or a transportation allowance payable by the retiree's military department.

Entitlement extends from the place of death to a burial place that is no farther distant than the decedent's last permanent residence, and the amount paid will not exceed these parameters.

Both the MTF and the burial must be in the U.S. or its territories. Military retirees and their dependents who die while outside the U.S. are entitled to air transportation of the remains from a location outside the U.S. to a point of entry in the U.S. Such air transportation may be provided without reimbursement on a space-available basis in a military or military-chartered aircraft.

**NOTE:** The military transportation benefit is not payable if the VA transportation allowance described previously is allowed. Other than the foregoing, the only expense borne by the government is for the grave site in a national cemetery and the actual interment, which includes opening, closing, and marking the grave.

## PRESIDENTIAL MEMORIAL CERTIFICATE (PMC) PROGRAM

The PMC Program was started by President John F. Kennedy in March 1962 to honor the memory of honorably discharged deceased veterans. The certificate, which bears the president's signature, expresses the country's grateful recognition of the veteran's service in the armed forces. The PMC Program is administered by the VA. Eligible recipients, or someone acting on their behalf, may apply for a PMC in person at any VA regional office or by U.S. mail only. Please be sure to enclose a copy of the veteran's discharge and death certificate.

If you would like to request a PMC, or if you requested one more than eight weeks ago and have not received it yet, either:

- fax your request and all supporting documents (copy of discharge and death certificate) to: (202) 565-8054, or
- mail your request and all supporting documents using the U.S. Postal Service to:

Presidential Memorial Certificates (41A1C),  
Department of Veterans Affairs,  
810 Vermont Ave. NW  
Washington, DC 20420

If you have questions about a certificate you have received, a request you already have sent in, or about the program in general, call (202) 565-4964 or email [pmc@mail.va.gov](mailto:pmc@mail.va.gov).



For more information about the Presidential Memorial Certificate Program, visit [www.cem.va.gov/pmc.asp](http://www.cem.va.gov/pmc.asp).

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