

AGE 60 - RETIREMENT CHECKLIST

As of 27 August 2025

_____ **MONG Retirement requested transfer to the Retired Reserve** (If applicable)

_____ **Copy of retirement documents to HRC:**

- ___ DD Form 108 and DD 2656 Retirement Application submitted to HRC with:
- ___ Notification of Eligibility for Retired Pay at Age 60 (NOE) (20 Year Letter)
- ___ DD Form 2656-5 (Reserve Component Survivor Benefit Plan)
- ___ Retired Reserve Order
- ___ Final NGB Form 23 (Retirement Points History Statement)
- ___ NGB-22 / DD214-1 (Final Report of Separation and Record of Service)
- ___ Promotion order for highest grade held (Reduction order if admin/voluntary reduction)
- ___ Any DD Form 214's for Service after 28 Jan 2008 Early Retirement eligibility, MOB/REFRAD Orders

_____ **Age 60 Retirement Benefits Packet explained (By the Retirement Services Office):**

- ___ Retirement Calculator of Pay and RCSBP/SBP Cost explained beginning at Age 60
- ___ RCSBP/SBP (adoption, marriage, divorce, remarriage, death of spouse) 1 year from event
- ___ Retiree ID Card (for Sponsor and Dependents) upon receiving final HRC Retiree Orders
- ___ State Sponsored Life Insurance – (current Soldiers only), SSLI with MONGA phone: 573-632-4240 or website: www.mongaonline.com Other Life Insurances: AAFMAA, MBA, USAA, VGLI
- ___ Casualty Checklist; Council MAP; DS & My Pay logon; Reporting Deaths; MO Vet Cemetery
- ___ TRICARE Dental, Medical, and Pharmacy (Termination of Tricare-Retired Reserve ins. at age 60)

_____ **Importance of keeping address updated with RSO/HRC/DFAS**



[Type here]

For further assistance and/or question concerning retirement, contact the Retirement Services Office at (573) 638-9648 or (573) 638-9500, ext. 37011

BENEFITS

As an active RC, IRR, or Retired Reserve service member who has received a 20-year letter but has not received any retirement pay, you may be eligible to receive "gray area" benefits. The following table shows these benefits compared to the full retiree's.

Benefits	Gray Area (Active RC, IRR, or Retired Reserve)	Retiree (Age 60+; receiving retired pay)
ID Cards Obtain a DD Form 2(RES RET) and DD Form 1173-1 at any Reserve Component ID card-issuing facility with a copy of your 20-year letter and transfer or separation orders. Obtain a DD Form 2(Ret)(Blue) and DD Form 1173 (Uniformed Services identification and privilege card) for your family members at any ID card-issuing facility with a copy of your retirement orders.	Member - DD Form 2 (RES RET) Spouse/Dependents - DD Form 1173-1	Member - DD Form 2 (RET) Spouse/Dependents - DD Form 1173
Military Installations, Facilities and Activities Local post policies and in-country directives govern the use of facilities.		
Exchanges	Yes	Yes
Commissary	Yes	Yes
Shoppettes	Yes	Yes
Service Stations Gasoline coupons are not available in OCONUS for retirees.	Yes	Yes
Physical Fitness Center	Yes	Yes
Lodging Military lodging is available on a limited basis. Space A is "first come-first served" based on daily availability. Armed Forces Recreation Centers (AFRC) lodging is available to all ID card holders. Toll-Free number: 1-800-GO-ARMY-1 or 1-800-462-7691 Guest House is normally available on a limited basis.	Yes	Yes
Other Facilities Theater Recreation Center Officer/NCO/Enl Clubs Laundry/dry cleaning Bowling Alleys Beverage Stores Libraries Four Seasons MWR facilities Flower Shops Optical Shop Beauty/barber shop Check cashing/currency exchange	Yes	Yes
Medical Facilities	Member - No; except on ADT or AD (Eligible if returned to an active duty status) Spouse/Dependents - No	Member - Yes Spouse/Dependents - Yes

Tricare	Member - No Spouse/Dependents - No	Member - Yes (Until age 65) Spouse/Dependents - Yes (until 65) . After 65, Tricare for Life is second payor to Medicare.
TRICARE Retiree Dental Program (TRDP)	Yes (Gray Area Retirees)	Yes
Lodging /AFRC (4) Military lodging is available on a limited basis. Space A is "first come-first served" based on daily availability. Armed Forces Recreation Centers (AFRC) lodging is available to all ID card holders. Toll-Free number: 1-800-GO-ARMY-1 or 1-800-462-7691 Guest House is normally available on a limited basis.	Yes	Yes
Space-A Travel	Member - Yes; limited to CONUS Spouse/Dependents - No	Member - Yes Spouse/Dependents - Yes (OCONUS)
SATO/Carlson Wagonlit Travel	Yes	Yes
Legal Assistance	Limited (AR 27-3)	Yes
Survivor Assistance	Yes	Yes
Casualty Assistance	Yes	Yes
Family Services	Yes	Yes
VA Benefits	Yes, if Vet	Yes
Servicemembers Group Life Insurance (There are exceptions based on Reserve status. Please visit the Veterans Administration webpage for details.)	No	No
Veterans Group Life Insurance (There are exceptions based on Reserve status. Please visit the Veterans Administration webpage for details.)	Yes, if eligible and requested	Yes if eligible
State Benefits	See your State Representative	See your State Representative



Prudential

Office of Servicemembers'
Group Life Insurance

OSGLI
PO Box 41618
Philadelphia, PA 19176-1618
Phone: 800-419-1473
Fax: 800-236-6142

Veterans' Group Life Insurance Application Instructions

You have one year and 120 days from your date of separation to apply for Veterans' Group Life Insurance (VGLI). To apply for VGLI, visit myvgli.prudential.com, or complete the attached application and return it to the above address.

Important to know: You may be able to keep your SGLI coverage for up to two years after your separation if you separated with a disability and meet the legislative requirements. Visit va.gov/life-insurance/options-eligibility/sgli/ to download an application and apply today.

To complete the attached application, follow these easy steps:

- 1. Veteran Information.** Complete all fields under "Veteran Information." You **do not** have to fill out fields under "My Correct Address Information Is" if you've provided your correct address in the fields above. Complete all fields under "Additional Contact Information."
- 2. Coverage Election and Payment Method.** Choose your coverage amount and billing preferences. The chart below shows the most frequently requested coverage amounts and the monthly premium. Coverage is available in \$10,000 increments. For coverage amounts not shown below, please see the rate chart at insurance.va.gov or call 800-419-1473. Your initial VGLI coverage cannot exceed the amount of Servicemembers' Group Life Insurance you had at the time of discharge. However, if you had less than \$500,000 of SGLI at discharge and you get VGLI coverage, you will have the opportunity to increase your VGLI coverage by \$25,000 on your one-year anniversary and every five-year anniversary thereafter, up to the maximum of \$500,000, until age 60.

Amount of Coverage	Age 29 & Under	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80 & Over
\$500,000	\$35.00	\$45.00	\$60.00	\$80.00	\$105.00	\$165.00	\$300.00	\$495.00	\$735.00	\$1,130.00	\$2,140.00	\$2,250.00
\$450,000	\$31.50	\$40.50	\$54.00	\$72.00	\$94.50	\$148.50	\$270.00	\$445.50	\$661.50	\$1,017.00	\$1,926.00	\$2,025.00
\$400,000	\$28.00	\$36.00	\$48.00	\$64.00	\$84.00	\$132.00	\$240.00	\$396.00	\$588.00	\$904.00	\$1,712.00	\$1,800.00
\$350,000	\$24.50	\$31.50	\$42.00	\$56.00	\$73.50	\$115.50	\$210.00	\$346.50	\$514.50	\$791.00	\$1,498.00	\$1,575.00
\$300,000	\$21.00	\$27.00	\$36.00	\$48.00	\$63.00	\$99.00	\$180.00	\$297.00	\$441.00	\$678.00	\$1,284.00	\$1,350.00
\$250,000	\$17.50	\$22.50	\$30.00	\$40.00	\$52.50	\$82.50	\$150.00	\$247.50	\$367.50	\$565.00	\$1,070.00	\$1,125.00
\$200,000	\$14.00	\$18.00	\$24.00	\$32.00	\$42.00	\$66.00	\$120.00	\$198.00	\$294.00	\$452.00	\$856.00	\$900.00
\$150,000	\$10.50	\$13.50	\$18.00	\$24.00	\$31.50	\$49.50	\$90.00	\$148.50	\$220.50	\$339.00	\$642.00	\$675.00
\$100,000	\$7.00	\$9.00	\$12.00	\$16.00	\$21.00	\$33.00	\$60.00	\$99.00	\$147.00	\$226.00	\$428.00	\$450.00
\$50,000	\$3.50	\$4.50	\$6.00	\$8.00	\$10.50	\$16.50	\$30.00	\$49.50	\$73.50	\$113.00	\$214.00	\$225.00
\$10,000	\$0.70	\$0.90	\$1.20	\$1.60	\$2.10	\$3.30	\$6.00	\$9.90	\$14.70	\$22.60	\$42.80	\$45.00

- 3. Health Statement.** If your date of separation was less than 240 days ago, then you **do not** need to complete this section. If your date of separation was more than 240 days ago, then please be sure to complete this section.
- 4. Beneficiary Designation.** Use this section to name your beneficiaries. If you would like to name more beneficiaries than the application allows, please list those additional beneficiaries on a separate sheet of paper along with your name, Social Security number, signature, and date. Your beneficiary designation is not valid unless it is signed, dated, and received by OSGLI prior to your death.
- 5. Authorization/Signature.** Please sign and date the application and send it to OSGLI at the address above. Include your first VGLI premium payment and a copy of your DD-214 or most recent Leave and Earnings Statement with your application. **Your VGLI application is not considered complete unless we receive these items with your application.**

Questions?

For more information about VGLI, please visit insurance.va.gov or call 800-419-1473 (Monday to Friday, 8 a.m. to 5 p.m. ET.).



Prudential

Office of Servicemembers'
Group Life Insurance

Application For Veterans' Group Life Insurance

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IMPORTANT: No insurance may be granted unless a completed application has been received (38 U.S.C. 1977). Please complete all fields and correct any inaccurate information.

1

VETERAN INFORMATION (INFORMATION ON FILE)

First Name: MI:

Last Name:

Social Security Number: - -

Address 1:

Address 2:

City:

State: ZIP Code: - Country:

Date of Birth: - - Gender: ☐ Male ☐ Female Age

Branch of Service:

Date of Separation: - -

MM DD YYYY

MY CORRECT ADDRESS INFORMATION IS (check this box for changes ☐)

First Name: MI:

Last Name:

Address 1:

Address 2:

City:

State: ZIP Code: - Country:

ADDITIONAL CONTACT INFORMATION

Email:

☐ Please send me general information and newsletters by email

☐ Please send me notices related to my bill or policy by email

Daytime Phone: - -

Evening Phone: - -



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2 COVERAGE ELECTION AND PAYMENT METHOD

I am applying for the following amount of coverage: \$

Amount must be in multiples of \$10,000 and cannot exceed \$500,000 or the amount on date of discharge (whichever is less).

Your SGLI amount on the date of your discharge was: \$

I would like my payment cycle to be: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

I have enclosed my first premium payment of: \$

☐ Automatic Monthly Deductions from military retirement pay.

☐ Automatic Monthly Deductions from VA Compensation.

My VA claim file number is:

Have you been able to work since leaving the service? ☐ Yes ☐ No

If no, is this due to a disability incurred while in the service? ☐ Yes ☐ No

3 HEALTH STATEMENT (Please attach a separate sheet with details for any question answered "yes")

Have you had or been treated for or had known indications of:

	Y	N		Y	N
A. Heart trouble or abnormal pulse?	<input type="checkbox"/>	<input type="checkbox"/>	F. Disorders of kidney, bladder, or urinary system?	<input type="checkbox"/>	<input type="checkbox"/>
B. High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	G. Liver or gall bladder disorder?	<input type="checkbox"/>	<input type="checkbox"/>
C. Diabetes or sugar in urine?	<input type="checkbox"/>	<input type="checkbox"/>	H. Stomach or intestinal disorder?	<input type="checkbox"/>	<input type="checkbox"/>
D. Cancer or tumors?	<input type="checkbox"/>	<input type="checkbox"/>	I. Arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
E. Lung or respiratory disorders?	<input type="checkbox"/>	<input type="checkbox"/>			

In the past five years have you:

	Y	N		Y	N
J. Been declined or postponed for any form of life or health insurance or offered a policy with a higher premium because of health reasons only?	<input type="checkbox"/>	<input type="checkbox"/>	O. Used barbiturates, heroin, opiates, or other narcotics or been treated for alcoholism?	<input type="checkbox"/>	<input type="checkbox"/>
K. Been absent from work for more than five continuous days because of sickness or injury?	<input type="checkbox"/>	<input type="checkbox"/>	P. Been diagnosed as having Acquired Immunodeficiency Syndrome (AIDS) or AIDS-related complex (ARC)?	<input type="checkbox"/>	<input type="checkbox"/>
L. Been advised to have a surgical procedure?	<input type="checkbox"/>	<input type="checkbox"/>	Q. Do you have any known physical impairments, deformities, or ill-health not covered above?	<input type="checkbox"/>	<input type="checkbox"/>
M. Been a patient or been advised to enter a hospital or health care facility?	<input type="checkbox"/>	<input type="checkbox"/>	R. Do you have a service-connected disability?	<input type="checkbox"/>	<input type="checkbox"/>
N. Consulted, been attended, or examined by a doctor or other practitioner other than annual or periodic physicals?	<input type="checkbox"/>	<input type="checkbox"/>			

If yes, what is the VA claim file number? _____

Veteran's Signature:

X

Date: - -
MM DD YYYY



* 8 7 1 4 A 0 0 2 *

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4

BENEFICIARY DESIGNATION

Beneficiary(ies) and Benefit Payment Options

I designate the following beneficiary(ies) to receive my insurance proceeds. I understand that the primary beneficiary(ies) will receive payment upon my death. The share of any primary beneficiary who dies before me will be distributed equally among the remaining primary beneficiaries. If all primary beneficiary(ies) die before me, the insurance will be paid to the secondary beneficiaries. I understand that unless I have named a beneficiary(ies) below, my insurance will be paid under the provisions of the law (38 U.S.C. 1970). The designation below cancels any prior SGLI or VGLI beneficiary designation or payment instruction.

A. Primary Beneficiaries

The total for all primary beneficiaries must equal 100%.

- 1. Type** ☐ Child ☐ Parent ☐ Spouse ☐ Other Family ☐ Other ☐ Estate ☐ Charitable Institution
(Select One)

Gender: ☐ Male ☐ Female

First Name: [] [] [] [] [] [] [] [] [] [] [] [] [] [] MI: []

Last Name:

Other:

Address: _____

Phone: _____ Social Security Number: _____

Payment: ☐ Lump Sum* ☐ 36 Installments Share: %

- 2. Type** ☐ Child ☐ Parent ☐ Spouse ☐ Other Family ☐ Other ☐ Estate ☐ Charitable Institution
(Select One)

Gender: ☐ Male ☐ Female

First Name: [] [] [] [] [] [] [] [] [] [] [] [] [] MI: []

Last Name:

Other:

Address: _____

Phone: _____ Social Security Number: _____

Payment: ☐ Lump Sum* ☐ 36 Installments Share: %

To list more beneficiary(ies) please copy and attach additional pages.

(must equal 100%) **TOTAL**

*If you elect a lump-sum payment, the beneficiary(ies) will be given the option of receiving the lump-sum payment through the Prudential Alliance Account by check or Electronic Funds Transfer (EFT). Alliance is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

The funds in an Alliance Account begin earning interest immediately and will continue to earn interest until all funds are withdrawn. Interest is accrued daily, compounded daily, and credited every month. The interest rate may change and will vary over time subject to a minimum rate that will not change more than once every 90 days. You will be advised in advance of any change to the minimum interest rate via your quarterly Alliance Account statement or by calling Customer Support at 877 255-4262.

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.



OSGLI use only

B. Secondary Beneficiaries

The total for all secondary beneficiaries must equal 100%.

1. Type ☐ Child ☐ Parent ☐ Spouse ☐ Other Family ☐ Other ☐ Estate ☐ Charitable Institution
(Select One)

Gender: ☐ Male ☐ Female

First Name: MI:

Last Name:

Other:

Address:

Phone: Social Security Number:

Payment: ☐ Lump Sum* ☐ 36 Installments Share: %

2. Type ☐ Child ☐ Parent ☐ Spouse ☐ Other Family ☐ Other ☐ Estate ☐ Charitable Institution
(Select One)

Gender: ☐ Male ☐ Female

First Name: MI:

Last Name:

Other:

Address:

Phone: Social Security Number:

Payment: ☐ Lump Sum* ☐ 36 Installments Share: %

To list more beneficiary(ies) please copy and attach additional pages.

(must equal 100%) TOTAL

5 AUTHORIZATION/SIGNATURE

I authorize OSGLI to record and consider the individuals/institutions that I have named on this form as beneficiaries for VGLI benefits, specifically those names I have entered in section A ("Primary Beneficiaries") and also section B ("Secondary Beneficiaries").

I understand that I cannot have combined SGLI and VGLI coverage for more than \$500,000. I understand that unless I have named a beneficiary(ies) above, my insurance will be paid under provisions of Federal Law.

Veteran's Signature:

X

Date: - -
MM DD YYYY

The Veteran must sign and date this form.

The signature date must be the date this form is actually signed.

Submit the completed form by fax to 800-236-6142 or mail to: OSGLI, PO BOX 41618, Philadelphia, PA 19176-1618

Please keep a copy of the completed form for your records.



You will have access to your LES's for 1 Year after your separation date. The next time you will have access to them will be at your Early Drop date or age 60

New to myPay? How to Get Started

myPay provides convenient access to a range of information about your payments, and lets you easily update your contact information or your tax withholding, check your SBP coverage and your AOP beneficiary (retirees), submit your annual certification (annuitants), or download your tax documents. And when you have an email address in myPay, you can receive important email messages from DFAS about your pay account and information from your branch of service.

If you've never used myPay, you can request an initial password on the myPay homepage using the "Forgot or Need a Password" link. The password will be mailed to the address you have on file with DFAS and you will receive it in about 10 business days. Once you receive your password in the mail, you can return to the myPay homepage and login with your social security number and the password you received in the mail to create your myPay profile. Just follow the steps below.

myPay is available using the internet from your computer or your mobile device browser at: <https://mypay.dfas.mil>

1. Click the "Forgot or Need a Password" link on the myPay homepage to request a temporary password

The screenshot shows the myPay homepage. At the top is a navigation bar with links: myPay, ACCESSIBILITY/SECTION 508, SECURITY, FAQ, QUICK LINKS, CONTACT US, and STAY CONNECTED WITH DFAS. Below the navigation bar is a banner with three YouTube video thumbnails. To the right of the thumbnails is a text box that reads: "If you've never accessed myPay, need help changing your myPay password, or changing your email address in myPay, check out our online training tutorials available on YouTube." Below the banner is a "Sign In" section with a "Login ID" input field, a "Password" input field, and a "Sign In" button. A red arrow points to the "Forgot or Need a Password?" link below the "Sign In" button. Below the "Sign In" section is a "Smart Card Login" section with a "CAC | PIV" icon and the text "Insert card then select Authentication Certificate". Below the "Smart Card Login" section is a "New User" section with the text "New to myPay? Read how new accounts are added. View Tutorial for a step-by-step walkthrough." and a "Create your myPay Profile" button. At the bottom of the page is a "System Availability" section with the heading "Recurring Weekly System Maintenance:" and two lists of maintenance times for "All myPay Customers" and "Marine Corps Customers".

You must keep your Log ID and Password to access

2. Enter your Social Security Number, check the box affirming you are the account owner, and click "Continue"

FORGOT OR NEED A PASSWORD ✕

USE THIS PROCESS if you have lost, do not remember or have not received a Password. This process will determine if you can reset your Password online by answering established Security Questions for Password resets, or if we can email or mail a new temporary Password.

THIS PROCESS WILL VOID YOUR CURRENT PASSWORD.

Login ID ▲

OR

Social Security Number ▲

18 U.S.C. § 1030 prohibits unauthorized or fraudulent access to government computer systems. If the credentials you enter are not your own, you are in violation of this law and should exit this system immediately. Completing this action may subject you to a fine of up to \$5,000 or double the value of anything obtained via this unauthorized access, plus up to five years imprisonment.

☐ I am the individual associated with the information provided above and I elect to continue with this transaction.

▲ Required to continue.

Continue

3. Choose "mail to my address of record with Military Retired" and click the "Send me a Password" button. Your temporary password will be mailed to your address on record with Retired and Annuitant Pay. You should receive it in about 10 business days.

FORGOT OR NEED A PASSWORD ✕

Please select only one (1) of the following:

☐ Mail to my address of record with Army Military Retiree

Mail delivery time will vary and may take up to ten days.

Send me a Password

4. Once you receive your temporary password, return to the myPay homepage, go to the New User Module and click the “Create your myPay Profile” button.

The screenshot shows the myPay homepage. At the top is a navigation bar with links for Accessibility/Section 508, Security, FAQ, Quick Links, and Contact Us. On the right of the bar is a 'STAY CONNECTED WITH DFAS' section with YouTube and Facebook icons. The main content area is divided into two columns. The left column features a 'myPay on YouTube' banner with three video thumbnails, followed by a section titled 'System Availability' with a sub-header 'Recurring Weekly System Maintenance:'. Below this, it lists maintenance schedules for myPay, Travel Advice of Payment (AoP), and Travel Advice of Payment (AoP) on specific days. The right column has a 'Sign In' section with fields for 'Login ID' and 'Password', a 'Sign In' button, and links for 'Forgot your Login ID?' and 'Forgot or Need a Password?'. Below the sign-in section is a 'Smart Card Login' section with a CAC | PIV icon and a link to 'Insert card then select Authentication Certificate'. At the bottom right is a 'New User' section with a link to 'View Tutorial' and a prominent blue button labeled 'Create your myPay Profile' which is pointed to by a red arrow.

5. Create your account by entering your Social Security Number and your temporary password and click the “Submit” button.

The screenshot shows a form titled 'CREATE YOUR ACCOUNT ACCESS'. It includes a close button (X) in the top right corner. The form contains a message: 'This feature is for customers who have not created a Login ID for account access.' followed by three bullet points: 'To create a Login ID and profile you will need your Social Security Number and a temporary Password.', 'Your initial temporary Password will automatically be generated after your pay has been established. For more information on when to expect your first Password, read about how new accounts are added.', and 'If 30 days have passed since you started receiving pay and you have not received your initial temporary Password, request one now.' Below the message are two input fields: 'Social Security Number' and 'Password'. Two red arrows point to these fields from the left. A blue 'Submit' button is located at the bottom right of the form.

6. You will be prompted to create a Login ID and a permanent password.

Create Account

Create Account

You are required to establish a new Password by entering the desired Password twice.

The password must:

- Be 8 to 20 characters in length
- Contain at least one uppercase letter (A-Z)
- Contain at least one lowercase letter (a-z)
- Contain at least one number (0-9)
- Contain at least one of the following special characters: ! @ # % ^ & * ~ + = _ - , . / ; ' " { } [] | \ : " ` ~
- Change at least four characters from your previous password

The password cannot:

- Contain spaces
- Be one of your last five previous passwords

Password Pitfalls: Avoid creating passwords that use:

- No literary words in any language
- Personal information: first name, family, address, license, passport number, or similar information
- Sequences or repeated characters: Examples: "12345678", "000000", ability or adjacent letters on your keyboard (e.g., qwerty)

The password will expire in 180 days.

Enter your password:

Re-enter your password:

The PASSWORD MUST:

- not include any spaces
- contain at least 1 uppercase letter (a-z)
- contain at least 1 lowercase letter (a-z)
- contain at least 1 number (0-9)
- contain at least 1 special character (! @ # \$ % ^ & * ~ + = _ - , . / ; ' " { } [] | \ : " `)
- be 8 to 20 characters in length
- re-entered password must match password

7. Follow the on-screen instructions for creating your Login ID and Password, then select Create Account when finished.
8. Your Login ID and password are the keys to keeping your retired or annuity pay account current, so be sure to remember them!

This is a tool to help someone through the hardship after a spouse passes.
It is non binding agreement.

DEVELOPED PRIMARILY FOR USE BY RETIREES OF ALL THE ARMED FORCES
“RETIREES CASUALTY ASSISTANCE CHECKLIST”
(For later use by next of kin)

As of Date: _____

Retirees Name _____ SSN _____ Ser# (Other) _____
(First) (Middle) (Last)

Military Grade _____ Date of Retirement _____ Branch of Svc. _____ Yrs. of Svc. _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____

Month Day Year

Date of Marriage _____ Place of Marriage _____

Month Day Year

Father's Name _____ DOB _____ Place of Birth _____

Month Day Year

Mother's Maiden Name _____ DOB _____ Place of Birth _____

Month Day Year

Documents needed to claim death benefits:

- ☐ Copies of report(s) of separation from active duty (DD Form 214, etc.)
- ☐ Copy of retirement orders
- ☐ Copies of birth and death certificates
- ☐ Beneficiaries birth certificate(s) and marriage and/or divorce data
- ☐ Social Security data (see below)
- ☐ VA Insurance data (see below)

Plus- You should always have the following documents on hand:

- ☐ Updated Will and “LETTER OF INSTRUCTIONS”
- ☐ Names of banks, credit unions, etc. (account numbers)
- ☐ Updated lists of assets and liabilities
- ☐ Insurance policies, numbers, instructions, payments, etc.
- ☐ Adoption or naturalization papers (if applicable)

Location of these Documents:

Note:
See “Letter of Instructions” for location of other documents.

Part I – Veterans Administration Data (if applicable)

VA Compensation \$ _____ Disability Claim # _____ Remarks _____

VA Insurance Policy nr(s) _____ / _____ File # _____

Type _____ Amount \$ _____ / _____ Location of Policies _____

Any known paid-up-add'l VA Insurance \$ _____ As of date _____

Other remarks _____

Veteran's claim nr(s) (other) _____ Patients data card # _____

Part II – Retirement Pay Data (see Retiree Account Statements)

Retiree gross and net pay data: as of date _____

Gross pay \$ _____

Deduction \$ _____ For _____

Deduction \$ _____ For _____

Deduction \$ _____ For _____

Net pay \$ _____

Deduction \$ _____ For _____

Deduction \$ _____ For _____

Deduction \$ _____ For _____

Taxable income \$ _____

Survivor coverage information (coverage type: spouse only, etc.): _____ Monthly Cost: \$ _____

Survivor Benefit Plan Annuity:

55% annuity amount \$ _____

35% annuity amount \$ _____

RSFPP Annuity: \$ _____

Supplemental SBP: \$ _____

Annuity Base Amount: \$ _____

Note: See "Retiree Account Statement" for
explanation of Social Security Offset/2-tier Formula

Effective _____

Part III – Social Security (when applicable)

Social Security Claim # _____ Month Filed _____

Type of Benefit(s) _____ Beginning month of entitlement _____

Amount monthly \$ _____ Bank and acct. # (direct deposit) _____

Note: No payment is payable for the month of death (call 1-800-772-1213)

Part IV – Miscellaneous (Things to know and plan for upon death of retiree)

Disposition instructions for the body (burial, cremation, memorial service, etc.)

Info required for Death Certificate (date/place of birth, father's name, mother's maiden name, etc.)

Info required for Obituary Notice (names, relation and locations of appropriate relatives, etc.)

Widows will need a new ID card (military, medical, commissary, base exchange, etc.)

Necessary changes in your "DEERS" program will have to be made

It may take several months to clear estates (you may require at least 8 copies of death certificates)

Contents of your safety deposit box should be known

Direct deposit of Social Security benefits & military retirement payments (entitlements) must be immediately changed

Named beneficiaries on insurance policies become very important (keep current)

There may be some entitlement to burial benefits (headstone, payments, etc.)

Check VA for Presidential Memorial Certificate

An American flag can be obtained (check VA and Post Office)

The survivor should update appropriate will

Extra credit cards should be destroyed or cancelled

Appropriate changes should be made to all joint ownerships

Contact insurance companies as appropriate

Be prepared to turn in Retirees ID card (where and when required)

Note:
MAKE EVERY EFFORT
to retain "Original"
documents (Provide
Certified copies whenever
possible).

Fill in and keep handy the following office phone numbers:

<u>Office/Organization</u>	<u>Phone Number</u>
Casualty Assistance	_____
Retiree Activities Office	_____
Hospital	_____
Legal Office (Military)	_____
VA Hotline	1-800-827-1000
Social Security Hotline	1-800-772-1213
DEERS (Information)	_____
Other	_____
Finance (DFAS – Cleveland)	_____
SBP (Annuity Pay Info)	_____
Other <u>Pass & ID</u>	_____

OTHER IMPORTANT NUMBERS

<u>Organization</u>	<u>Local and 800#</u>
Mortuary Affairs	
American Red Cross	
Family Support Center	
VA Insurance Center	1-800-669-8477
USAF Mil Pers Ctr	1-800-531-7502
Army Retired Services	1-800-360-4909
USMC Retiree Affairs	1-800-336-4649
USCG Pay & Pay Center	1-800-712-8724
Navy Retired Activities	1-800-255-8950

Note: Spouse/Next of Kin should have a copy of this document or know where to locate it.

GENERAL INFORMATION

Directions for preparing and maintaining an Emergency Medical Information Record.

1. Complete all applicable items on the Emergency Medical Information document, preparing an individual copy (file) for each member of the household.
2. Create a “water proof tube” made of 2” diameter x 11 ¾” length, Schedule #125 white PVC pipe with two (2) 2” flat PVC end caps (These materials can be secured from any irrigation or hardware supplier). Paint the two end caps RED and use a black marker to print (in large letters) EMERGENCY MEDICAL INFORMATION on the white surface of the PVC tube (label stock can also be used).
3. Place all documents pertaining to each individual of the household (with attachments) in an individual 8 ½” x 11” plastic sheet protector (Avery #PV119 or similar). Place the completed document in the “waterproof tube” for safety and store the tube in the kitchen refrigerator door storage area with the RED end caps installed. (It is possible that more than one (1) tube may be required, depending upon the family size.)
4. Instruct all family members, custodians, care givers, children or house sitters and any other assistance personnel who will be in the home, that an EMERGENCY MEDICAL INFORMATION (EMI) tube is stored in the kitchen refrigerator door storage area. In case of an emergency the EMI tube is to be made available to the Emergency Medical Service personnel -- fire, emergency aid -- when they arrive at the home. Notify the Emergency Medical Service personnel that EMERGENCY MEDICAL INFORMATION on the patient is located in the kitchen refrigerator door storage area.
5. Emergency Medical Service personnel will retrieve the appropriate file from the tube to assist in your medical care. They may take the individual file to the hospital to assist in the patient care.
6. When the patient leaves the hospital, arrange for pick-up of the individual EMI file. Return file to its storage location within the refrigerator storage area EMI tube.
7. Update your file on a regular basis to reflect current medical treatment, at least once a year, more often if necessary. It would also be advisable to maintain a copy in a safety deposit box or other safe place, in case the original was lost.
8. An information card should be prepared and attached to each vehicle registration, listing family members, address and telephone number (home and office). Also identify on the “card” that emergency medical information for each member of the family is maintained and retrievable from the EMI tube which is stored in the residence kitchen refrigerator.

EMERGENCY MEDICAL INFORMATION

Either fill in or circle the correct response.

1. Patient: _____ Sex: M F SS# _____

First
Initial
Last
2. Address: _____

Street (Apt.)
City
State
Zip
3. Telephone: Home#: _____ Work#: _____
Cell#: _____ Cell#: _____
4. Date of Birth: _____ Place: _____ Religion: _____

day/month/year
5. Blood Type: _____ Bleeding Problems: _____
6. Medical Aids: Pacemaker yes no Model# _____
Heart Valve yes no Name/Type _____
Implants yes no Name/Type _____
Hearing Aids yes no # _____ Type _____
Dentures yes no Upper _____ Lower _____
Oxygen yes no
Others (identify): _____
7. List Surgeries or Hospitalizations within last five (5) years:
Surgery _____ Date _____
Surgery _____ Date _____
Surgery _____ Date _____
Copy Attached #7? yes no
8. Childhood diseases:
Mumps _____ Measles _____ Chicken Pox _____
9. List Vaccinations: Type: _____ Date: _____
List Allergies (if any): _____
List Medications Allergic To (if any): _____
Copy Attached #9? yes no
10. Identify location of all medications (either prescription or over-the-counter) in the HOME.
11. List all MEDICAL PROBLEMS currently treated for: _____

12. List all current physician-prescribed prescriptions and over-the-counter medications:

Type (pill, capsule, liquid, injection)_____ Dosage _____

(Recommend that a copy of medication information provided also be retained for each individual billfold.)

Telephone: Home#: Work#:

Cell: Home#: Work#:

Telephone: Home#: Work#:

Cell: Home#: Work#:

Name	Address
------	---------

Telephone: Home#: Work#:

Cell: Home#: Work#:

Copy Attached #15? yes no

17. Ophthalmologist: _____ Phone: _____
First Initial Last

18. Dentist: _____ Phone: _____
First Initial Last

19. Specialists: _____ Phone: _____

First Initial Last

20. Preferred Hospital: 1st 2nd

21. Medical Insurance (private): yes no If yes, policy#:_____
- Name of Insurance Company:_____
- Copy of Medical Insurance Card Attached #21? yes no
22. Medicare: yes no If yes, policy#:_____
- Copy of Medical Insurance Card Attached #22? yes no
23. Medicaid: yes no If yes, policy#:_____
- Copy of Medical Insurance Card Attached #23? yes no
24. Military Identification Card (if applicable) _____Active _____Retired
- Copy of Military ID Card Attached #24? yes no
- (Medical Insurance and Military ID Cards can all be photocopied onto one sheet)
25. Parents: Father _____Living? yes no
- First Initial Last
- Mother _____Living? yes no
- First Maiden Last
26. Adopted: yes no
- If yes provide as much information on your parents' health that you know: _____
- _____
- Copy Attached #26? yes no
27. Marital Status: single married divorced separated
- widow widower significant other
28. I (have) (have not) COMPLETED a *Durable Power of Attorney*.
- Copy Attached #28? yes no
- Copy has been provided to Primary Physician? yes no
- Location of Original Document?_____
29. I (have) (have not) COMPLETED a *Directive to Physicians* (living will).
- Copy Attached #29? yes no
- Copy has been provided to Primary Physician? yes no
- Location of Original Document?_____
30. Organ/Tissue Donor: yes no
- If YES, I have discussed donation with my family members? yes no
- Signature of Donor:_____Date:_____

PREPARED (DATE) _____ UPDATED (DATE) _____

DEVELOPED PRIMARILY FOR USE BY RETIREES OF ALL ARMED FORCES

LETTER OF INSTRUCTIONS

Date: _____

I. From Retiree: _____ **SSN:** _____

To Spouse/Next of Kin: _____ **SSN:** _____

II. The following forms and documents should be located and gathered up immediately upon death and the Casualty Assistance Representative at _____ be contacted immediately at () _____ or in person:

- Retiree Casualty Assistance Checklist
- Estate Planning Document
- Military Identification Card(s)
- Retiree's Last Pay Statement (known as a Retiree Account Statement)
- Birth Certificate(s)
- DD Forms 214
- Retirement Orders

Note: While gathering these documents, make arrangements to purchase certified copies of death certificate (up to 5). Since these can be expensive, use photocopies wherever they are accepted.

III. Once the above items are located, the following things need to be done right away:

- Notify Social Security (1-800-772-1213)
- Advise bank where retirement checks are sent
- Spouse to get new identification card (Military)
- Contact Private Insurance Companies (Casualty Assistance Rep. At Base will assist in getting V.A. Insurance)
- Change titles on all vehicles as well as all other "Joint Tenancy"
- Contact all other interested agencies

IV. You can expect the Casualty Assistance people at _____ to fill out the following paperwork:

- The Initial Retiree Death Report
- SF 1174 to be sent to DFAS-Cleveland for arrears in pay
- DD Form 1184, W-4P and FMS Form 2231 to be sent to DFAS-Denver for payment of SBP and/or RSFPP where appropriate
- VA Form 21-534 to be sent to VA as claim form for death benefits insurance (NSLI, VGLI, or SGLI) when appropriate

Note: These are only general type of considerations since each C A R and individual will have their own personal requirements. Also, the individual services may have different needs and requirements.

BURIAL INFORMATION

Who should be notified of your death?

Name	Relationship	Address	Phone#
------	--------------	---------	--------

_____	_____	_____	_____
_____	_____	_____	_____

Do you want to be (circle one): Buried Cremated?

Name of cemetery where you want to be buried: _____

Do you want to be buried in your uniform? YES NO

Do you want a memorial service? YES NO If yes, where?

Have you purchased a burial plot? YES NO If yes, where?

Do you have a preference of funeral home? YES NO If yes, which one?

Do you want a military honor guard? YES NO

INFORMATION

Enrolled in RSFPP, SBP, SSBP (circle all that apply)

Did you disenroll from this plan? Yes No (circle one)

VA Claim #

Eligible to draw VA disability compensation (even if not currently in receipt): Yes No (circle one)

Receiving Social Security: Yes No (circle one) If yes, age at which first received:

Organ donor: Yes No (circle one)

Is there a living will?

Date of Marriage: _____ Place of Marriage (City, State, Country): _____

LOCATION OF DOCUMENTS

DOCUMENT

WHERE LOCATED

Living will	_____
Current Retired Pay Statement	_____
Marriage Certificate(s)	_____
Divorce Decree(s)/property settlements(s)	_____
(from previous marriages of retiree or spouse)	_____
Death certificate(s) (from previous marriages of retiree or spouse)	_____
Birth certificates/adoption papers (retiree, spouse, children)	_____
DD Form(s) 214 (Active Duty Discharge	_____

Retirement Orders

Will

Vehicle Title

Investment papers (CDs, Mutual Funds,

Burial plot information

Medical and dental records

Tax returns

Account# (check or savings)

New Child SBP Coverage

A Retired Soldier with no eligible children at retirement may elect child SBP within one year of acquiring the first eligible child after retirement. Follow the procedures outlined in section, Notifying DFAS of SBP Election Changes. Failure to request SBP for the first dependent child following retirement closes the child SBP category. If the Retired Soldier already has child SBP coverage, the Soldier should notify DFAS-CL that he/she have an additional dependent child and provide the documentation to verify the child's legal dependency.

Changing Insurable Interest Beneficiary

Within 180 days of the death of his/her insurable interest beneficiary, a Retired Soldier may elect in writing a new insurable interest beneficiary. For this election to be valid, the Retired Soldier must live two years past the effective date of the election. If the Retired Soldier dies before the end of the two years, the election is invalid and any premiums paid for the new insurable interest election will be paid to the Retired Soldier's SBP beneficiary. The premium for the new insurable interest beneficiary will be based on the age of the new beneficiary. Any premium increases due to age difference between the Retired Soldier and the new beneficiary will be applied retroactively to the entire period of the insurable interest election.

SBP Termination/Withdrawal

Retired Soldiers may terminate SBP coverage between the 25th and 36th month following the date they began to receive retired pay with spouse or former spouse concurrence. No SBP premiums paid will be refunded, no annuity will be payable upon death, and SBP participation may not be resumed under any circumstance. Reservists who terminate SBP under this provision

will continue to pay RCSBP premiums for RCSBP coverage previously received. Requests for termination between the 25th and 36th month following the date of receipt of retired pay (effective date of retirement) will be submitted to DFAS on a DD Form 2656-2 (SBP Termination Request).

Retired Soldiers may withdraw if they have been rated by the VA as 100% service-connected disabled for ten or more continuous years or not less than five continuous years from the last date of active duty. Withdrawal is allowed because the Veterans Administration (VA) will presume the Retired Soldier's death is service connected and the surviving spouse will receive VA Dependency and Indemnity Compensation. A request for withdrawal requires the written consent of the beneficiary. When the Retired Soldier dies, the surviving spouse will be entitled to a refund of all SBP premiums paid.

Retired Soldiers that combine their military and Federal civilian retirement may do one of the following: (1) *drop military SBP in favor of the Civil Service Survivor Annuity*; (2) *keep military SBP, decline the Civil Service Survivor Annuity, and pay SBP costs directly to DFAS*.

A Retired Soldier with insurable interest coverage may voluntarily terminate coverage at any time without the beneficiary's concurrence with the exception of an insurable interest election for former spouse prior to November 8, 1985.



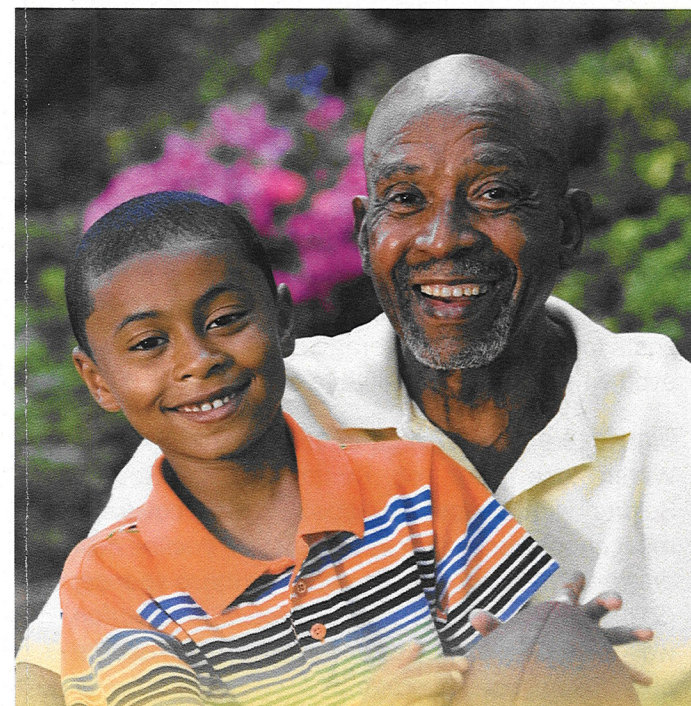
RETIRED



U.S. ARMY

This pamphlet was updated
Sep 11 by HQDA, Army Retirement
Services, 200 Stovall St., Alexandria,
VA 22332-0470. See also: www.armyg1.army.mil/retire

MAINTAINING YOUR SURVIVOR BENEFIT PLAN (SBP) ELECTION AFTER RETIREMENT



You are responsible for updating your SBP election after retirement! Every issue of Army Echoes reminds Retired Soldiers to update their Survivor Benefit Plan (SBP) election within one year of events that change your dependents such as gaining a child, marriage, divorce, or death. Ignoring this reminder can result in a Retired Soldier or surviving spouse accumulating a substantial debt or, in some cases, losing SBP coverage for a dependent.

WHAT YOU NEED TO DO!

RETIRED



U.S. ARMY

Notifying DFAS of SBP Election Changes

To change an SBP election, unless otherwise noted, submit a DD Form 2656-6 (SBP Election Change Certificate) to the Defense Finance And Accounting Service (DFAS) with supporting documentation (divorce decree, marriage certificate, death certificate, birth certificate, adoption decree, or guardianship decree). The address is on the DD Form 2656-6.

You can contact the nearest Retirement Services Officer (RSO) for assistance. RSO contact information is available on the Army G-1 RSO Homepage at <http://www.armyg1.army.mil/rso/rso.asp>.

SBP Premiums When You Have No Eligible Beneficiary

SBP premiums are suspended when DFAS is properly notified there is no eligible SBP beneficiary for an SBP category. However, a retired Reserve Soldier will continue to pay child RCSBP costs for the RCSBP coverage previously received even when there is no eligible child.

Marriage or Remarriage after Retirement

Within one year of remarriage, a Retired Soldier with suspended spouse SBP coverage must choose one of three options: (1) *decline coverage for the new spouse and any future spouse*; (2) *increase coverage if the previous SBP election was for reduced spouse coverage*; or (3) *resume previous spouse coverage*.

The Retired Soldier must inform DFAS of the remarriage and choice of spouse SBP coverage by the first anniversary of the remarriage or, by law, the new spouse is automatically enrolled with the previous level of SBP coverage. The new spouse is the SBP beneficiary on the first anniversary of the marriage and the Retired Soldier owes SBP premiums from that date.

No Spouse at Retirement

A Retired Soldier, who was unmarried at retirement, is eligible to elect spouse SBP coverage during retirement. However, the Retired Soldier must provide DFAS an SBP election for the new spouse within one year of the marriage or the spouse SBP category is closed for that spouse and any future spouse. SBP Premiums for the new spouse election start on the first anniversary of the marriage.

Marriage after Retirement Spouse Eligibility

When a Retired Soldier marries after retirement, the spouse is not an eligible SBP beneficiary until the first anniversary of the marriage. There are two exceptions that provide the spouse immediate SBP coverage: (1) *marriage is to the spouse the Retired Soldier elected spouse coverage for at retirement or during the 21 Sep 72 - 20 Mar 74 SBP open enrollment (SBP coverage and costs are effective immediately)*; (2) *Retired Soldier remarries and has a child of that marriage, the new spouse is an eligible SBP beneficiary and premiums start effective at the birth of the child or at the one year anniversary of the marriage, whichever is first*.

Retired Soldier SBP Actions at Divorce

If the Retired Soldier had spouse SBP coverage, the court may award former spouse SBP coverage in the divorce. The Retired Soldier has one-year from the date of the divorce to request voluntary or court-ordered former spouse SBP coverage. Former spouse SBP requests must be submitted to DFAS on a DD Form 2656-1 (SBP Election Statement for Former Spouse Coverage) with the divorce decree and any subsequent court orders. Former spouse SBP premiums are retroactive to the date of divorce. If the Retired Soldier takes no action within one year of divorce,

the Retired Soldier is precluded by law from changing the SBP to former spouse.

Retired Soldiers who do not want to change their SBP elections to former spouse, either voluntarily or court ordered, must submit a DD Form 2656-6 (Survivor Benefit Plan Election Change Certificate) to DFAS with a copy of the divorce decree. DFAS will change the spouse SBP to suspended spouse coverage and stop the spouse SBP premiums retroactive to the date of divorce.

Former Spouse "Deemed" SBP Election

If the court awarded former spouse SBP, the former spouse has one year from the date of the first court order that addressed and awarded the former spouse SBP to "deem" the election. Deeming the SBP election allows the former spouse to ensure the SBP election is changed to former spouse.

The Retired Soldier can only change the SBP election within one year of the divorce. If the court order awarding former spouse SBP is one year or more after the date of the divorce, only the former spouse can change the SBP election by deeming former spouse coverage.

To deem former spouse SBP, the former spouse must submit a DD Form 2656-10 (SBP/RCSBP Request for Deemed Election) to DFAS with a copy of the divorce and court order awarding former spouse SBP or if a written agreement, provide the written agreement awarding former spouse SBP and the court order incorporating, ratifying, or approving the written agreement.





1,000,000!

**This is a newsletter
you will get once a
quarter**

An Army Force Multiplier

By Mark E. Overberg, *Director Army Retirement Services*

In October, the United States Army exceeded one million Retired Soldiers! That's as many Retired Soldiers as there are Soldiers serving on active duty, in the Army National Guard, and in the Army Reserve – combined. Retired Soldiers are an Army force multiplier.

In 2012, Gen. Raymond T. Odierno, the Army Chief of Staff, created the Soldier for Life (SFL) program to instill a new mindset which proclaims that service to the nation continues after uniformed service ends. In 2015, the Director of Army Retirement Services, retired Col. John W. Radke, coined the Retired Soldier mission statement during a conversation with Army Chief of Staff Gen. James C. McConville, then the Army G-1.

Mission: Hire & Inspire

The intent of Hire & Inspire is that your mission changed when you retired. No longer are you training and deploying to

fight and win our nation's wars. But you still have a duty to the nation. And the Army still needs you. So let's break down the mission statement.

Hire: We want you to mentor veterans where you live and help them get jobs. This helps veterans and their families, so they are more likely to become our ambassadors as Soldiers for Life. But this also helps the Army. The money spent on veterans' unemployment compensation can instead be spent on training and equipping today's Soldiers.

Inspire: We want you to inspire Americans in three ways. But to do this, Americans must **see you** as a Retired Soldier – out of your uniform. Wear the U.S. Army Retired Lapel Button and put the Soldier for Life window sticker on your car. These are conversation starters. You inspire Americans just by telling your Army stories. Stories that need to be told. Your stories make Soldiers real to Americans. Tell them what being a Soldier means to you. Tell them about the sacrifices you and your family made. Dispel their negative stereotypes about veterans. Your stories help Americans understand why we need an Army, trained and ready to defend their freedoms. We need Americans to understand the Army. Their support will ensure the Army remains a formidable foe for our adversaries and a critical partner for our allies. By continuing to set an example in your daily life, you influence Americans to see military service as a viable career for their children.

Still Serving: There are many ways you can still serve the Army. The Army's largest demographic should not be its most underutilized asset. Continue to serve. Be a Soldier for Life.

(Continued on page 2)

Army version of the Bear Facts



**Army Retired
Lapel Button**



**SFL Window
Sticker**

Oct 2020 - Jan 2021

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This is for the retiree and the spouse. You will need Service Members NGB 22 or DD 214

STATE OF MISSOURI
MISSOURI VETERANS CEMETERY PRECERTIFICATION APPLICATION

PLEASE INDICATE CEMETERY PREFERENCE BY MARKING THE APPROPRIATE BOX

<input type="checkbox"/> MISSOURI VETERANS CEMETERY 17357 STARS AND STRIPES WAY BLOOMFIELD, MO 63825 P: 573.568.3871 F: 573.568.3421	<input type="checkbox"/> MISSOURI VETERANS CEMETERY 25350 HIGHWAY H WAYNESVILLE, MO 65583 P: 573.774.3496 F: 573.774.2160	<input type="checkbox"/> MISSOURI VETERANS CEMETERY 20109 BUSINESS HIGHWAY 13 HIGGINSVILLE, MO 64037 P: 660.584.5252 F: 660.584.9525
<input type="checkbox"/> MISSOURI VETERANS CEMETERY 1479 COUNTY ROAD 1675 JACKSONVILLE, MO 65260 P: 660.295.4237 F: 660.295.4259	<input type="checkbox"/> MISSOURI VETERANS CEMETERY 5201 SOUTH SOUTHWOOD ROAD SPRINGFIELD, MO 65804 P: 417.823.3944 F: 417.823.0252	

PLEASE READ ALL INSTRUCTIONS AND REQUIREMENTS. This application will be used by the Missouri Veterans Cemetery to pre-certify eligibility for burial in any Missouri Veterans Cemetery. A COPY OF THE VETERANS DISCHARGE PAPERS OR DD 214 IS REQUIRED AND MUST ACCOMPANY THIS APPLICATION.

VETERAN APPLICANT'S NAME, PERSONAL AND SERVICE INFORMATION: (Type or print legibly)

1. FIRST		2. MIDDLE (or Initial)		3. LAST (Legal Last Name; not Maiden Name)		4. SUFFIX	
5. CURRENT ADDRESS (Number, Street)		6. CITY		7. STATE		8. ZIP CODE	
9. DATE OF BIRTH (MM/DD/YYYY)	10. SOCIAL SECURITY NUMBER (XXX-XX-XXXX)	11. MARITAL STATUS: MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/>		12. GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		13. MILITARY STATUS: VETERAN <input type="checkbox"/> RETIRED <input type="checkbox"/>	

SPOUSE'S NAME AND PERSONAL INFORMATION:

(Marriage documentation must be provided)

14. FIRST		15. MIDDLE (or Initial)		16. LAST (Legal Last Name; not Maiden Name)		17. SUFFIX	
18. DATE OF BIRTH (MM/DD/YYYY)	19. SOCIAL SECURITY NUMBER (XXX-XX-XXXX)	20. WILL VETERAN'S SPOUSE ALSO BE INTERRED AT THIS CEMETERY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. IS SPOUSE ALSO A VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/>		(Documentation must be provided at this time)	
22. IF SPOUSE IS ALSO A VETERAN, PLEASE CHOOSE ONE OF THE FOLLOWING: (Only if eligible and all documentation received prior to veteran spouse burial, otherwise will be in same gravesite)				I DESIRE TO BE INTERRED WITH VETERAN OR <input type="checkbox"/> I DESIRE ADJACENT GRAVE/NICHE OF MY OWN <input type="checkbox"/>			

PERSONS FOUND GUILTY OF A FEDERAL OR STATE CAPITAL CRIME, ARE INELIGIBLE.

***38 U.S.C. § 2411 Summary Persons Found Guilty of a Capital Crime and Persons Convicted of Certain Sex Offenses**

Under 38 U.S.C. § 2411, interment or memorialization in a VA national cemetery or in Arlington National Cemetery is prohibited if a person is convicted of a federal or state capital crime, for which a sentence of imprisonment for life or the death penalty may be imposed and the conviction is final. Federal officials may not inter in veterans cemeteries persons who are shown by clear and convincing evidence to have committed a federal or state capital crime but were unavailable for trial due to death or flight to avoid prosecution. Federally funded state veterans cemeteries must also adhere to this law. This prohibition is also extended to furnishing a Presidential Memorial Certificate, a burial flag, and a headstone or marker. Under 38 U.S.C. § 2411, interment or memorialization in a VA national cemetery or in Arlington National Cemetery is prohibited if a person is convicted of a Tier III sex offense, who was sentenced to a minimum of life imprisonment and whose conviction is final. Federally funded state and tribal organization veterans cemeteries must also adhere to this law. This prohibition also applies to Presidential Memorial Certificate, burial flag, and headstone and marker benefits.

I certify under the penalty of perjury that I have read and understand all of the rules, regulations, requirements and obligations for interment in the Missouri Veterans Cemetery.

Printed Name: _____

Signature: _____ Date: _____

23. Telephone Number

*****DO NOT WRITE BELOW THIS LINE*****

To be completed by Missouri Veterans Cemetery.

This application has been reviewed and burial has been authorized in the Missouri Veterans Cemetery.

___ Approved ___ Disapproved Signature _____ Date _____

Precertification Application Instructions and Requirements for Missouri Veterans Cemetery

All of the Missouri Veterans Cemeteries strive to offer the highest quality of care and provide a number of free benefits to the veteran and their eligible dependents.

BENEFITS

- Burial Space
- Upright Granite Headstone
- Grave liner
- Placement of cremation remains in either a columbarium niche or in-ground burial with upright granite headstone
- Opening and closing of the grave
- Perpetual care

ELIGIBILITY:

- Criteria for burial at a Missouri Veterans Cemetery is the same as for a national cemetery. For a complete list of eligibility criteria for veterans, spouses and dependents, please visit the National Cemetery Administration website at www.cem.va.gov/burial_benefits/eligible.asp
- Marriage - Veteran and spouse must be legally married. Any former spouse of an eligible veteran whose marriage to that veteran has been terminated by annulment or divorce is not eligible.

Military Service:

- Veterans may request military records at the National Archives website at <https://www.archives.gov/Veterans/military-service-records>

Residency:

- There are no residency requirements for burial in a Missouri Veterans Cemetery.

FEES:

- There is no charge for burial in a Missouri Veterans Cemetery.

Retiree Council Group compiled these websites to help Retirees

Subject: Fwd: Sites for VA related matters.

PLEASE pass this along to any veterans you know is very helpful for all Servicemen and women of all wars.

Comment: Someone has gone to a lot of trouble. If this helps one person, then it was worthwhile. Please pass this on to all Veterans on your-mail list.

Below are web-sites that provide information on Veterans benefits and how to file/ask for them. Accordingly, there are many sites that explain how to obtain books, military/medical records, information and how to appeal a denied claim with the VA. Please pass this information on to every Veteran you know. Nearly 100% of this information is free and available for all veterans, the only catch is: you have to ask for it, because they won't tell you about a specific benefit unless you ask for it. You need to know what questions to ask so the right doors open for you and then be ready to have an advocate who is willing to work with and for you, stay in the process, and press for your rights and your best interests.

Appeals http://www.warms.vba.va.gov/admin21/m21_1/mr/part1/ch05.doc

Board of Veteran's Appeals <http://www.va.gov/vbs/bva/>

CARES Commission <http://www.va.gov/vbs/bva/>

CARES Draft National Plan <http://www1.va.gov/cares/page.cfm?pg=105>

Center for Minority Veterans <http://www1.va.gov/centerforminorityveterans/>

Center for Veterans Enterprise <http://www.vetbiz.gov/default2.htm>

Center for Women Veterans <http://www1.va.gov/womenvet/>

Clarification on the changes in VA healthcare for Gulf War

Veterans <http://www.gulfwarvets.com/ubb/Forum1/HTML/000016.html>

Classified Records - American Gulf War Veterans

Assoc <http://www.gulfwarvets.com/ubb/Forum18/HTML/000011.html>

Compensation for Disabilities Associated with the Gulf War

Service http://www.warms.vba.va.gov/admin21/m21_1/part6%20/ch07.doc

Compensation Rate Tables, 12-1-03 <http://www.vba.va.gov/bln/21/Rates/comp01.htm>

Department of Veterans Affairs Home Page <http://www.va.gov/>

Directory of Veterans Service

Organizations <http://www1.va.gov/vso/index.cfm?template=view>

Disability Examination Worksheets Index,

Comp <http://www.vba.va.gov/bln/21/Benefits/exams/index.htm>

Due Process http://www.warms.vba.va.gov/admin21/m21_1/mr/part1/ch02.doc

Duty to Assist http://www.warms.vba.va.gov/admin21/m21_1/mr/part1/ch01.doc

Electronic Code of Federal Regulations <http://www.gpoaccess.gov/ecfr/>

Emergency, Non-emergency, and Fee Basis

Care <http://www1.va.gov/opa/vadocs/fedben.pdf>

Environmental Agents <http://www1.va.gov/environagents/>

Environmental Agents

M10 http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1002

Establishing Combat Veteran

Eligibility http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=315

EVALUATION PROTOCOL FOR GULF WAR AND IRAQI FREEDOM VETERANS
WITH POTENTIAL EXPOSURE TO DEPLETED URANIUM

(DU) <http://www1.va.gov/gulfwar/docs/DUHandbook1303122304.DOC> and http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1158

See also, Depleted Uranium Fact

Sheet <http://www1.va.gov/gulfwar/docs/DepletedUraniumFAQSheet.doc>

EVALUATION PROTOCOL FOR NON-GULF WAR VETERANS WITH POTENTIAL
EXPOSURE TO DEPLETED URANIUM

(DU) <http://www1.va.gov/gulfwar/docs/DUHANDBOOKNONGW130340304.DOC>

Fee Basis, PRIORITY FOR OUTPATIENT MEDICAL SERVICES AND INPATIENT
HOSPITAL

CARE http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=206 Federal
Benefits for Veterans and Dependents

2005 <http://www1.va.gov/opa/vadocs/fedben.pdf> OR, http://www1.va.gov/opa/vadocs/current_benefits.htm

Forms and Records Request <http://www.va.gov/vaforms/>

General Compensation

Provisions <http://www.access.gpo.gov/uscode/title38/partii chapter11 subchaptervi .html>

Geriatrics and Extended Care <http://www1.va.gov/geriatricsshg/>

Guideline for Chronic Pain and Fatigue MUS-

CPG http://www.oqp.med.va.gov/cpg/cpgn/mus/mus_base.htm

Guide to Gulf War Veteran's Health <http://www1.va.gov/gulfwar/docs/VHlgulfwar.pdf>
Gulf War Subject

Index <http://www1.va.gov/GulfWar/page.cfm?pg=7&template=main&letter=A>

Gulf War Veteran's Illnesses

Q&A's <http://www1.va.gov/gulfwar/docs/GWIllnessesQandAsIB1041.pdf>

Hearings http://www.warms.vba.va.gov/admin21/m21_1/mr/part1/ch04.doc

Homeless Veterans <http://www1.va.gov/homeless/>

HSR&D Home <http://www.hsr.d.research.va.gov/>

Index to Disability Examination Worksheets C&P

exams <http://www.vba.va.gov/bln/21/benefits/exams/index.htm>

Ionizing Radiation <http://www1.va.gov/irad/>

Iraqi Freedom/Enduring Freedom Veterans VBA <http://www.vba.va.gov/EFIF/>

M 10 for spouses and children

< http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1007

M10 Part III Change

1 http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1008

M21-1 Table of Contents http://www.warms.vba.va.gov/M21_1.html

Mental Disorders, Schedule of

Ratings http://www.warms.vba.va.gov/regs/38CFR/BOOKC/PART4/S4_130..DOC

Mental Health Program

Guidelines http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1094

Mental Illness Research, Education and Clinical Centers <http://www.mirecc.med.va.gov/>

MS (Multiple Sclerosis) Centers of Excellence <http://www.va.gov/ms/about.asp>

My Health e Vet <http://www.myhealth.va.gov/NASDVA.COM> <http://nasdva.com/>

National Association of State Directors <http://www.nasdva.com/>

National Center for Health Promotion and Disease

Prevention <http://www.nchdpd.med.va.gov/postdeploymentlinks.asp>

Neurological Conditions and Convulsive Disorders, Schedule of

Ratings <http://www.warms.vba.va.gov/regs/38cfr/bookc/part4/s4%5F124a.doc>

OMI (Office of Medical Inspector) <http://www.omi.cio.med.va.gov/>

Online VA Form 10-10EZ <https://www.1010ez.med.va.gov/sec/vha/1010ez/>

Parkinson's disease and related neurodegenerative

disorders <http://www1.va.gov/resdev/funding/solicitations/docs/parkinsons.pdf> and, <http://www1.va.gov/padrece/>

Peacetime Disability Compensation http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse_usc&docid=Cite:+38USC1131

Pension for Non-Service-Connected Disability or

Death http://www.access.gpo.gov/uscode/title38/partii_chapter15_subchapteri.html and, http://www.access.gpo.gov/uscode/title38/partii_chapter15_subchapterii.html and, http://www.access.gpo.gov/uscode/title38/partii_chapter15_subchapteriii.html

Persian Gulf

Registry http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1003

This program is now referred to as Gulf War Registry Program (to include Operation Iraqi Freedom) as of March 7,

2005: http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1232

Persian Gulf Registry Referral

Centers http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1006

Persian Gulf Veterans' Illnesses Research 1999, Annual Report To

Congress http://www1.va.gov/resdev/1999_Gulf_War_Veterans'_Illnesses_Appendices.doc

Persian Gulf Veterans' Illnesses Research 2002, Annual Report To

Congress http://www1.va.gov/resdev/prt/gulf_war_2002/GulfWarRpt02.pdf

Phase I PGR http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1004

Phase II PGR http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1005

Policy Manual Index <http://www.va.gov/publ/direc/eds/edsmps.htm>

Power of

Attorney http://www.warms.vba.va.gov/admin21/m21_1/mr/part1/ch03.doc Project 112 (Including Project SHAD) <http://www1.va.gov/shad/>

Prosthetics

Eligibility http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=337

Public Health and Environmental Hazards Home

Page <http://www.vethealth.cio.med.va.gov/>

Public Health/SARS <http://www..publichealth.va.gov/SARS/>

Publications Manuals <http://www1.va.gov/vhapublications/publications.cfm?Pub=4>

Publications and

Reports http://www1.va.gov/resdev/prt/pubs_individual.cfm?webpage=gulf_war.htm

Records Center and Vault Homepage <http://www.aac.va.gov/vault/default.html>

Records Center and Vault Site Map <http://www.aac.va.gov/vault/sitemap.html>

REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM CLAIMANT'S

RECORDS <http://www.forms.va.gov/va/Internet/VARF/getformharness.asp?formName=3288-form.xft>

Research Advisory Committee on Gulf War Veterans Illnesses April 11, 2002 http://www1.va.gov/rac-gwvi/docs/Minutes_April112002.doc

Research Advisory Committee on Gulf War Veterans Illnesses

http://www1.va.gov/rac-gwvi/docs/ReportandRecommendations_2004.pdf

Research and Development http://www.appc1.va.gov/resdev/programs/all_programs.cfm

Survivor's and Dependents' Educational

Assistance http://www.access.gpo.gov/uscode/title38/partiii_chapter35_.html

Title 38 Index Parts 0-17

http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv1_02.tpl

http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv1_02.tpl

Part 18

http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv2_02..tpl

http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?sid=1b0c269b510d3157fbf8f8801bc9b3dc&c=ecfr&tpl=/ecfrbrowse/Title38/38cfrv2_02..tpl

Title 38 Part 3 Adjudication Subpart Pension, Compensation, and Dependency and

Indemnity Compensation http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&tpl=/ecfrbrowse/Title38/38cfr3_main_02.tpl

http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&tpl=/ecfrbrowse/Title38/38cfr3_main_02.tpl

Title 38 Pensions, Bonuses & Veterans Relief (also Â§ 3.317 Compensation for certain disabilities due to undiagnosed illnesses found here) http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&tpl=/ecfrbrowse/Title38/38cfr3_main_02.tpl Title 38 PART 4--SCHEDULE FOR RATING DISABILITIES Subpart B--

DISABILITY RATINGS

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=ab7641afd195c84a49a2067dbbcf95c0&rgn=div6&view=text&node=38:1.0.1.1.5.2&idno=38>

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=ab7641afd195c84a49a2067dbbcf95c0&rgn=div6&view=text&node=38:1.0.1.1.5.2&idno=38>

Title 38 Â§ 4.16 Total disability ratings for compensation based on unemployability of the individual. PART 4 SCHEDULE FOR RATING DISABILITIES Subpart General Policy in Rating <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&rgn=div8&view=text&node=38:1.0.1.1.5.1.96.11&idno=38>

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=1b0c269b510d3157fbf8f8801bc9b3dc&rgn=div8&view=text&node=38:1.0.1.1.5.1.96.11&idno=38>

U.S. Court of Appeals for Veterans Claims <http://www.vetapp.gov/>

VA Best Practice Manual for Posttraumatic Stress Disorder

(PTSD) <http://www.avapl.org/pub/PTSD%20Manual%20final%206.pdf>

VA Fact Sheet <http://www1.va.gov/opa/fact/gwfs.html>

VA Health Care Eligibility <http://www.va.gov/healtheligibility/home/hecmmain.asp>

VA INSTITUTING GLOBAL ASSESSMENT OF FUNCTION

(GAF) <http://www.avapl.org/gaf/gaf.html>

VA Life Insurance Handbook Chapter

3 <http://www.insurance.va.gov/inForceGliSite/GLIhandbook/glibookdetch3.htm#310>

VA Loan Lending Limits and Jumbo Loans http://valoans.com/va_facts_limits.cfm

VA MS Research <http://www.va.gov/ms/about.asp>

VA National Hepatitis C Program <http://www.hepatitis.va.gov/>

VA Office of Research and Development <http://www1.va.gov/resdev/>

VA Trainee Pocket Card on Gulf War <http://www.va.gov/OAA/pocketcard/gulfwar.asp>

VA WMD EMSHG <http://www1.va.gov/emshg/>

VA WRIISC-DC <http://www.va.gov/WRIISC-DC/>

VAOIG Hotline Telephone Number and

Address <http://www.va.gov/oig/hotline/hotline3.htm>

Vet Center Eligibility - Readjustment Counseling

Service <http://www.va.gov/rcs/Eligibility.htm>

Veterans Benefits Administration Main Web Page <http://www.vba.va.gov/>

Veterans Legal and Benefits Information <http://valaw.org/>

VHA Forms, Publications, Manuals <http://www1.va.gov/vhapublications/>

VHA Programs - Clinical Programs &

Initiatives http://www1.va.gov/health_benefits/page.cfm?pg=13<http://webmaila.juno.com/webmail/new/UriBlockedError.aspx> >

VHA Public Health Strategic Health Care Group Home Page <http://www.publichealth.va.gov/>

VHI Guide to Gulf War Veterans

Health http://www1.va.gov/vhi_ind_study/gulfwar/istudy/index.asp

Vocational Rehabilitation <http://www.vba.va.gov/bln/vre/>

Vocational Rehabilitation

Subsistence <http://www.vba.va.gov/bln/vre/InterSubsistencefy04.doc>

VONAPP online <http://vabenefits.vba.va.gov/vonapp/main.asp>

WARMS - 38 CFR Book C <http://www.warms.vba.va.gov/bookc.html>

Wartime Disability Compensation http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=browse_usc&docid=Cite:+38USC1110

bin/getdoc.cgi?dbname=browse_usc&docid=Cite:+38USC1110

War-Related Illness and Injury Study Center - New Jersey <http://www.wri.med.va.gov/>

Welcome to the GI Bill Web Site <http://www.gibill.va.gov/>

What VA Social Workers Do <http://www1.va.gov/socialwork/page.cfm?pg=3>

WRIISC Patient Eligibility <http://www.illegion.org/va1.html>

Print this and save it in your VA files. There may be a need for its use in the future.

REPORT THE DEATH OF A GRAY AREA RETIREE

To report the death of a “Gray Area” retiree (under age 60), contact the following:

MISSOURI NATIONAL GUARD	573-638-9500 ext. 39648
RETIREMENT SERVICES OFFICE (RSO)	573-638-9500 ext. 37011

Or

HUMAN RESOURCES COMMAND (HRC)	502-613-8950
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The RSO will assist the survivor spouse/child(ren) in completing the paperwork to claim the Reserve Component Survivor Benefit Plan (RCSBP) annuity, if applicable.

Required paperwork is:

DD Form 2656-7, Verification for SBP Annuity
Marriage License
Copy of Soc Sec Card
Death Certificate
Twenty-Year Letter
DD Form 1883 or DD Form 2656-5, RCSBP Election
Certificate NGB Form 23, Retirement Points History
Order of Transfer to Retired Reserve or Discharge Order
NGB Form 22/DD Forms 214
Direct Deposit Form
W4P, Withholding Certificate for Pension or Annuity Payments
Child(ren) Birth Certificates

Paperwork will be sent to: HR Center of Excellence
ATTN: AHRC-PDP-TR
1600 Spearhead Division Ave, Dept 482
Ft. Knox, KY 40122-5402

If there is no surviving spouse or child(ren) or a previous RCSBP election was not made, HRC will be forwarded a copy of the death certificate and a copy of the Twenty-Year Letter and NGB Form 23. This will let HRC know the retiree will not be making an application for retired pay.

REPORT THE DEATH OF A SPOUSE/RCSBP ANNUITANT

Report the death of a spouse to the MONG Retirement Services Office at one of the numbers listed above. The RSO will help the retiree complete the necessary paperwork to remove the spouse the RCSBP election.

SSLI Overview

November 2015

Since 1963, the Missouri National Guard Association (MoNGA) has had an SSLI Program—or, State Sponsored Life Insurance Program. A SSLI Program is available in all 50 states and the District of Columbia, Puerto Rico, the Virgin Islands, and Guam. Like Missouri, the program in the other states and territories is sponsored by the state Guard association.¹ The general intent of the SSLI Program is to encourage persons to join and remain in the National Guard, ensure the morale and welfare of the Guard, and, simply stated, to take care of soldiers and airmen.

Guard members who elect to take part in the SSLI Program (participation is voluntary) are afforded various levels of life insurance coverage.² Participants have choices about the extent of coverage they desire. Payment for the insurance is deducted from the monthly salaries of program participants. Federal law gives authority for the salary deduction for SSLI Programs.

More narrowly, the Basic SSLI Program provides up to \$25,000 life insurance coverage on Guard members, \$25,000 on spouses, and \$10,000 on children. There is an Enhanced SSLI Program for persons who desire that provides up to \$260,000 on Guard members, \$155,000 on spouses, and \$35,000 on children. Coverage remains the same and monthly rates do not change when a member retires or leaves the National Guard. Coverage is provided until age 70. Coverage is guaranteed and can commence at any time—even after notification of a Guardsman's mobilization or assignment to a combat zone.

A professional TPA—The Shuey Group, Staunton Virginia—administers the Missouri SSLI Program. The insurance underwriter for the Missouri SSLI Program is AFBA 5Star, Alexandria, Virginia.

¹ In the states and territories, there is also an SGLI Program, or State Guard Life Insurance Program. This program is sponsored by the various state Guard units and is separate and distinct from the SSLI Program. The SGLI Program was begun in 1974.

² Participation in the SSLI Program is voluntary. However, for all persons who are active in the Missouri Guard, the Missouri SSLI Program provides a \$1,000 “no cost” death benefit—even in situations where the Guardsman has declined SSLI coverage.

Army RSO Survivor Benefit Plan (SBP) Retiring Soldier Counseling Statement
(Updated 19 August 2021)

I _____, by my signature, certify that I previously
(Print Rank/Full Name/Last Four of SSN)
received SBP counseling and understand the following:

1. My retired pay stops when I die. My participation in SBP is the only way my eligible beneficiaries will receive a portion of my retired pay after my death.
2. The SBP annuity is 55 percent of the base amount I choose. The base amount is the amount of my retired pay I elect to cover for SBP. The spouse SBP cost is 6.5 percent of the base amount. My base amount increases with any changes to gross retired pay to include yearly cost of living adjustments (COLA). This increases my retired pay, the SBP base amount, the SBP cost, and the SBP annuity. SBP premiums start from the effective date of my retirement, even if my retirement is backdated to an earlier date. Below is my estimated retired pay, SBP annuity, and SBP cost for my SBP election.
3. **SBP Base Amount \$ _____; SBP Annuity \$ _____; Monthly SBP Cost \$ _____.**
4. I must complete an SBP election on the DD form 2656, even if I have no eligible beneficiaries.
5. If for some reason I fail to make an SBP election prior to my retirement date, by law, my election will be full coverage for any spouse and or children I have at retirement.
6. If married and I elect less than the maximum spouse SBP coverage allowed by law, I will require my spouse's concurrence. Spouse concurrence must be signed on or after the date I signed and prior to my date placed on the retired list to be valid. Maximum spouse SBP and SBP costs for a REDUX retirement is full retired pay as if the retirement was high 36 month calculation. If a lump sum is elected at retirement under BRS, the maximum spouse SBP coverage is the full retired pay that would be received without the lump sum election.
7. My SBP election is generally irrevocable. I can terminate all SBP coverage between the 25th and 36th month following my retirement with my spouse's concurrence. There is no refund of premiums for coverage I already received and I will be barred from future SBP participation.
8. My SBP is paid-up and I will pay no more SBP premiums after making 360 SBP payments and reaching at least age 70.
9. If my SBP beneficiaries change (e.g. birth, death, divorce, or marriage) between completing my SBP election and my retirement date, a new DD Form 2656 with an updated SBP election is required.
10. If I do not elect SBP for a spouse or eligible child at retirement, I close those SBP categories forever.
11. My spouse's SBP annuity ends if remarried prior to age 55. If that marriage ends, the spouse SBP annuity restarts from that date and my spouse must re-apply for the SBP annuity.
12. If I elected spouse and children or children only SBP coverage, all my eligible children are covered.
13. If I elected spouse and children SBP, my spouse is the primary beneficiary. My SBP only goes to the children if my surviving spouse dies or remarries prior to age 55.
14. Children are eligible for SBP until age 18 or 22 if a full time unmarried student. A child that marries at any age loses eligibility for SBP, even if that marriage ends.
15. If I have a child who is totally incapacitated and the incapacitation occurred at an age the child would have been eligible for SBP, the child would receive the SBP annuity for life. The SBP annuity for an incapacitated child may be paid to a special needs trust established for the benefit of the child.

Army RSO Survivor Benefit Plan (SBP) Retiring Soldier Counseling Statement
(Updated 19 August 2021)

16. If I am unmarried at retirement and elect child SBP, I have one year from my first marriage after retirement to add my new spouse to my existing child SBP coverage. If I did not have a child at retirement and elected spouse SBP, I have one year from the date I gained the child to add a child to my existing spouse SBP coverage.

17. **No Beneficiary at Retirement.** If I have no beneficiary at retirement (spouse and or child), I understand the following: I have one year from my first marriage and or gaining a child to notify the Defense Finance and Accounting Service and request SBP coverage. If I take no action within one year, the SBP category is closed for not only that SBP beneficiary category but any future beneficiary in that SBP category. If I elect SBP, SBP premiums and coverage normally start at the first anniversary of the marriage for spouse and for a child at one year from gaining the child.

18. **Insurable Interest SBP Election.** Insurable interest SBP only applies if I am unmarried, have no eligible children, and do not desire to elect former spouse SBP. I understand I can elect SBP for someone who has an insurable interest in my life. If I elected insurable interest SBP and after retirement, I marry or have a child, I have one year to cancel my insurable interest SBP and elect spouse and or child SBP or I will close that SBP category permanently. I understand that if I am medically retired, my Insurable Interest election is not valid unless I live one year from retirement or if I die within one year, my death must not be attributable to a medical condition for which I was medically retired. At the death of my insurable interest beneficiary, I must make an election for a new insurable interest beneficiary within 180 days or close my insurable interest election permanently.

19. **Former Spouse at Retirement.** If I divorced prior to retirement, I can elect former spouse SBP coverage at my retirement. If court ordered and I do not elect former spouse SBP, the court may find me in contempt of court. An election of former spouse and children SBP coverage only includes the children of my marriage to my former spouse. With the death of the former spouse, an election for spouse SBP coverage may be made. Court ordered former spouse SBP can be changed by having all the court orders amended to show former spouse SBP is no longer court ordered and request spouse SBP as long as done within one year of marriage.

20. **SBP and VA Disability.** This section applies to Soldiers being medically retired or who have a possible future VA disability claim. If my death is determined by the VA to be service connected, my surviving spouse and eligible children will receive Dependency and Indemnity Compensation (DIC) from the VA. My surviving spouse's SBP will be offset by 2/3 of spouse DIC in Calendar Year (CY) 2021, by 1/3 of spouse DIC in CY 2022 and not offset starting January 1, 2023. If I die prior to January 1, 2023 and my spouse is eligible to receive both SBP and DIC, they will receive a prorated amount of the SBP premiums I paid. I may withdraw from SBP if the VA rates me as totally disabled either for not less than five continuous years from the date of last active duty or if awarded after retirement, for ten or more continuous years. If I withdraw from SBP for total disability, my surviving spouse will receive a full refund of all spouse SBP costs paid. If I am not rated by VA as totally disabled for the above timeframes, there is no guarantee VA will determine my death is service connected or that my survivors will receive DIC. If my VA disability compensation completely offsets my retired pay, I must pay my SBP premiums to DFAS through direct remittance or I may direct VA, by submit a DD Form 2891, to pay the premiums to DFAS from my disability pay. Unpaid SBP premiums carried over into a new billing month will accrue an interest fee.

Soldier's Signature: _____ **Date:** _____

Army SBP Counselor's Signature: _____ **Date:** _____

Printed Name: _____ **Installation/Location:** _____

Retirement Services Office: phone: _____ **E-Mail:** _____

Distribution: Soldier; DFAS with DD Form 2656; RSO with copy of DD Form 2656

IMPORTANT NOTICE!

The Retiree Dental and Vision Benefit

TAKE COMMAND

The TRICARE Retiree Dental Program ended
DEC. 31, 2018.

During the 2026 Open Season, you can enroll in the Office of Personnel Management's (OPM) **Federal Dental and Vision Insurance Program (FEDVIP)** for dental benefits in 2027. Also, for the first time, most military retirees and their family members who are enrolled in a TRICARE health plan will have the option to enroll in vision benefits through FEDVIP. To learn more and sign up for alerts, visit tricare.benefeds.com or tricare.mil/fedvip.



Dental care improves oral health.

Given increasing connections between oral and overall health, dental coverage is critical.



Most adults need vision correction.

Approximately 66% of Americans age 18 and over report using glasses, contacts or both.

2026 FEDVIP Dental Plans:

Aetna Dental	HealthPartners
BCBS FEP Dental	Humana Dental
Delta Dental	MetLife Federal
Dominion National	Triple-S Salud
EmblemHealth	United Concordia Dental
GEHA	United Healthcare Dental

2026 FEDVIP Vision Plans:

Aetna Vision
BCBS FEP Vision
The MetLife Federal UnitedHealthcare
Vision Vision Plan

Important Dates

You don't need to take action now. But, to prevent a gap in dental coverage when your TRDP plan ends, you must select and enroll in a FEDVIP dental plan during the next Federal Benefits Open Season.



Nov 9—Dec 14, 2026

Federal Benefits Open Season for FEDVIP



Jan 1, 2027

2025 FEDVIP plan
year begins

Federal Employees Dental and Vision Insurance Program (FEDVIP) Dental Premium Rate Charts							
		Biweekly Premium Rates			Monthly Premium Rates		
Plan - Option	Rating Region	Self-Only	Self Plus One	Self & Family	Self Only	Self-Plus One	Self & Family.
See for all plans. Please refer to the Dental Rating Chart to determine your specific region.							
Aetna Dental - High	0	\$19.75	\$39.50	\$59.25	\$42.79	\$85.58	\$128.38
Aetna Dental - High	1	\$17.93	\$35.86	\$53.78	\$38.85	\$77.70	\$116.52
Aetna Dental - High	2	\$19.75	\$39.50	\$59.25	\$42.79	\$85.58	\$128.38
Aetna Dental - High	3	\$21.01	\$42.01	\$63.02	\$45.52	\$91.02	\$136.54
Aetna Dental - High	4	\$23.19	\$46.38	\$69.57	\$50.25	\$100.49	\$150.74
Aetna Dental - High	5	\$25.19	\$50.35	\$75.53	\$54.58	\$109.09	\$163.65
Aetna Dental - Standard	0	\$12.26	\$24.51	\$36.75	\$26.56	\$53.11	\$79.63
Aetna Dental - Standard	1	\$11.14	\$22.27	\$33.41	\$24.14	\$48.25	\$72.39
Aetna Dental - Standard	2	\$12.26	\$24.51	\$36.75	\$26.56	\$53.11	\$79.63
Aetna Dental - Standard	3	\$13.03	\$26.06	\$39.09	\$28.23	\$56.46	\$84.70
Aetna Dental - Standard	4	\$14.36	\$28.71	\$43.06	\$31.11	\$62.21	\$93.30
Aetna Dental - Standard	5	\$15.58	\$31.17	\$46.75	\$33.76	\$67.54	\$101.29
Blue Cross Blue Shield FEP Dental - High	0	\$19.51	\$39.02	\$58.53	\$42.27	\$84.54	\$126.82
Blue Cross Blue Shield FEP Dental - High	1	\$19.51	\$39.02	\$58.53	\$42.27	\$84.54	\$126.82
Blue Cross Blue Shield FEP Dental - High	2	\$21.86	\$43.72	\$65.59	\$47.36	\$94.73	\$142.11
Blue Cross Blue Shield FEP Dental - High	3	\$23.79	\$47.57	\$71.36	\$51.55	\$103.07	\$154.61
Blue Cross Blue Shield FEP Dental - High	4	\$25.77	\$51.54	\$77.30	\$55.84	\$111.67	\$167.48
Blue Cross Blue Shield FEP Dental - High	5	\$28.84	\$57.69	\$86.53	\$62.49	\$125.00	\$187.48
Blue Cross Blue Shield FEP Dental - Standard	0	\$10.50	\$20.99	\$31.49	\$22.75	\$45.48	\$68.23
Blue Cross Blue Shield FEP Dental - Standard	1	\$10.50	\$20.99	\$31.49	\$22.75	\$45.48	\$68.23
Blue Cross Blue Shield FEP Dental - Standard	2	\$11.50	\$22.99	\$34.49	\$24.92	\$49.81	\$74.73
Blue Cross Blue Shield FEP Dental - Standard	3	\$13.06	\$26.12	\$39.18	\$28.30	\$56.59	\$84.89
Blue Cross Blue Shield FEP Dental - Standard	4	\$14.10	\$28.20	\$42.30	\$30.55	\$61.10	\$91.65
Blue Cross Blue Shield FEP Dental - Standard	5	\$15.56	\$31.13	\$46.69	\$33.71	\$67.45	\$101.16
Delta Dental's Federal Employees Dental Program - High	0	\$27.30	\$54.60	\$81.90	\$59.15	\$118.30	\$177.45

Delta Dental's Federal Employees Dental Program - High	1	\$18.31	\$36.61	\$54.92	\$39.67	\$79.32	\$118.99
Delta Dental's Federal Employees Dental Program - High	2	\$20.07	\$40.14	\$60.21	\$43.49	\$86.97	\$130.46
Delta Dental's Federal Employees Dental Program - High	3	\$22.02	\$44.05	\$66.07	\$47.71	\$95.44	\$143.15
Delta Dental's Federal Employees Dental Program - High	4	\$23.43	\$46.87	\$70.30	\$50.77	\$101.55	\$152.32
Delta Dental's Federal Employees Dental Program - High	5	\$27.30	\$54.60	\$81.90	\$59.15	\$118.30	\$177.45
Delta Dental's Federal Employees Dental Program - Standard	0	\$14.65	\$29.30	\$43.95	\$31.74	\$63.48	\$95.23
Delta Dental's Federal Employees Dental Program - Standard	1	\$10.33	\$20.65	\$30.98	\$22.38	\$44.74	\$67.12
Delta Dental's Federal Employees Dental Program - Standard	2	\$11.25	\$22.49	\$33.74	\$24.38	\$48.73	\$73.10
Delta Dental's Federal Employees Dental Program - Standard	3	\$12.12	\$24.24	\$36.35	\$26.26	\$52.52	\$78.76
Delta Dental's Federal Employees Dental Program - Standard	4	\$12.79	\$25.58	\$38.37	\$27.71	\$55.42	\$83.14
Delta Dental's Federal Employees Dental Program - Standard	5	\$14.65	\$29.30	\$43.95	\$31.74	\$63.48	\$95.23
Dominion National - High	1	\$9.84	\$19.68	\$29.52	\$21.32	\$42.64	\$63.96
Dominion National - High	2	\$10.91	\$21.82	\$32.74	\$23.64	\$47.28	\$70.94
Dominion National - High	3	\$14.51	\$29.02	\$43.54	\$31.44	\$62.88	\$94.34
Dominion National - Standard	1	\$5.84	\$11.67	\$17.51	\$12.65	\$25.29	\$37.94
Dominion National - Standard	2	\$7.46	\$14.92	\$22.38	\$16.16	\$32.33	\$48.49
Dominion National - Standard	3	\$8.57	\$17.15	\$25.72	\$18.57	\$37.16	\$55.73
EmblemHealth Dental - High	1	\$31.83	\$63.60	\$95.43	\$68.97	\$137.80	\$206.77
EmblemHealth Dental - Standard	1	\$21.16	\$42.29	\$63.46	\$45.85	\$91.63	\$137.50

GEHA Connection Dental Federal - High	0	\$28.23	\$56.46	\$84.63	\$61.17	\$122.33	\$183.37
GEHA Connection Dental Federal - High	1	\$18.97	\$37.92	\$56.88	\$41.10	\$82.16	\$123.24
GEHA Connection Dental Federal - High	2	\$21.32	\$42.62	\$63.95	\$46.19	\$92.34	\$138.56
GEHA Connection Dental Federal - High	3	\$23.26	\$46.53	\$69.79	\$50.40	\$100.82	\$151.21
GEHA Connection Dental Federal - High	4	\$26.05	\$52.08	\$78.13	\$56.44	\$112.84	\$169.28
GEHA Connection Dental Federal - High	5	\$28.23	\$56.46	\$84.63	\$61.17	\$122.33	\$183.37
GEHA Connection Dental Federal - Standard	0	\$16.00	\$32.00	\$48.00	\$34.67	\$69.33	\$104.00
GEHA Connection Dental Federal - Standard	1	\$10.82	\$21.61	\$32.41	\$23.44	\$46.82	\$70.22
GEHA Connection Dental Federal - Standard	2	\$12.11	\$24.22	\$36.24	\$26.24	\$52.48	\$78.52
GEHA Connection Dental Federal - Standard	3	\$13.27	\$26.48	\$39.75	\$28.75	\$57.37	\$86.13
GEHA Connection Dental Federal - Standard	4	\$14.81	\$29.60	\$44.39	\$32.09	\$64.13	\$96.18
GEHA Connection Dental Federal - Standard	5	\$16.00	\$32.00	\$48.00	\$34.67	\$69.33	\$104.00
Humana Dental - High	1	\$21.73	\$43.47	\$65.20	\$47.08	\$94.19	\$141.27
Humana Dental - High	2	\$23.88	\$47.76	\$71.64	\$51.74	\$103.48	\$155.22
Humana Dental - High	3	\$25.06	\$50.13	\$75.19	\$54.30	\$108.62	\$162.91
Humana Dental - High	4	\$26.80	\$53.60	\$80.40	\$58.07	\$116.13	\$174.20
Humana Dental - High	5	\$32.24	\$64.47	\$96.71	\$69.85	\$139.69	\$209.54
Humana Dental - Standard	1	\$11.94	\$23.89	\$35.83	\$25.87	\$51.76	\$77.63
Humana Dental - Standard	2	\$12.87	\$25.74	\$38.60	\$27.89	\$55.77	\$83.63
Humana Dental - Standard	3	\$13.88	\$27.76	\$41.64	\$30.07	\$60.15	\$90.22
Humana Dental - Standard	4	\$15.24	\$30.49	\$45.73	\$33.02	\$66.06	\$99.08
Humana Dental - Standard	5	\$17.49	\$34.98	\$52.47	\$37.90	\$75.79	\$113.69
The MetLife Federal Dental Plan - High	0	\$25.90	\$51.80	\$77.69	\$56.12	\$112.23	\$168.33
The MetLife Federal Dental Plan - High	1	\$18.81	\$37.62	\$56.42	\$40.76	\$81.51	\$122.24
The MetLife Federal Dental Plan - High	2	\$19.92	\$39.84	\$59.76	\$43.16	\$86.32	\$129.48
The MetLife Federal Dental Plan - High	3	\$21.78	\$43.56	\$65.35	\$47.19	\$94.38	\$141.59
The MetLife Federal Dental Plan - High	4	\$23.72	\$47.43	\$71.15	\$51.39	\$102.77	\$154.16
The MetLife Federal Dental Plan - High	5	\$25.90	\$51.80	\$77.69	\$56.12	\$112.23	\$168.33

The MetLife Federal Dental Plan - Standard	0	\$14.34	\$28.68	\$43.02	\$31.07	\$62.14	\$93.21
The MetLife Federal Dental Plan - Standard	1	\$10.89	\$21.77	\$32.66	\$23.60	\$47.17	\$70.76
The MetLife Federal Dental Plan - Standard	2	\$11.56	\$23.11	\$34.67	\$25.05	\$50.07	\$75.12
The MetLife Federal Dental Plan - Standard	3	\$12.57	\$25.14	\$37.71	\$27.24	\$54.47	\$81.71
The MetLife Federal Dental Plan - Standard	4	\$13.67	\$27.34	\$41.01	\$29.62	\$59.24	\$88.86
The MetLife Federal Dental Plan - Standard	5	\$14.34	\$28.68	\$43.02	\$31.07	\$62.14	\$93.21
Triple-S Salud - High	1	\$6.19	\$12.38	\$16.17	\$13.41	\$26.82	\$35.04
United Concordia Dental - High	0	\$27.38	\$54.76	\$82.12	\$59.32	\$118.65	\$177.93
United Concordia Dental - High	1	\$18.36	\$36.71	\$55.06	\$39.78	\$79.54	\$119.30
United Concordia Dental - High	2	\$20.61	\$41.20	\$61.81	\$44.66	\$89.27	\$133.92
United Concordia Dental - High	3	\$22.88	\$45.74	\$68.62	\$49.57	\$99.10	\$148.68
United Concordia Dental - High	4	\$25.13	\$50.24	\$75.37	\$54.45	\$108.85	\$163.30
United Concordia Dental - High	5	\$27.38	\$54.76	\$82.12	\$59.32	\$118.65	\$177.93
United Concordia Dental - Standard	0	\$16.21	\$32.42	\$48.64	\$35.12	\$70.24	\$105.39
United Concordia Dental - Standard	1	\$10.93	\$21.83	\$32.76	\$23.68	\$47.30	\$70.98
United Concordia Dental - Standard	2	\$12.26	\$24.50	\$36.74	\$26.56	\$53.08	\$79.60
United Concordia Dental - Standard	3	\$13.58	\$27.16	\$40.73	\$29.42	\$58.85	\$88.25
United Concordia Dental - Standard	4	\$14.90	\$29.79	\$44.70	\$32.28	\$64.55	\$96.85
United Concordia Dental - Standard	5	\$16.21	\$32.42	\$48.64	\$35.12	\$70.24	\$105.39
UnitedHealthcare Dental Plan - High	0	\$33.13	\$66.26	\$99.39	\$71.78	\$143.56	\$215.35
UnitedHealthcare Dental Plan - High	1	\$22.20	\$44.41	\$66.61	\$48.10	\$96.22	\$144.32
UnitedHealthcare Dental Plan - High	2	\$23.31	\$46.63	\$69.94	\$50.51	\$101.03	\$151.54
UnitedHealthcare Dental Plan - High	3	\$24.52	\$49.03	\$73.55	\$53.13	\$106.23	\$159.36

UnitedHealthcare Dental Plan - High	4	\$28.21	\$56.42	\$84.64	\$61.12	\$122.24	\$183.39
UnitedHealthcare Dental Plan - High	5	\$33.13	\$66.26	\$99.39	\$71.78	\$143.56	\$215.35
UnitedHealthcare Dental Plan - Standard	0	\$18.85	\$37.70	\$56.54	\$40.84	\$81.68	\$122.50
UnitedHealthcare Dental Plan - Standard	1	\$12.68	\$25.36	\$38.04	\$27.47	\$54.95	\$82.42
UnitedHealthcare Dental Plan - Standard	2	\$14.33	\$28.66	\$42.99	\$31.05	\$62.10	\$93.15
UnitedHealthcare Dental Plan - Standard	3	\$15.40	\$30.81	\$46.21	\$33.37	\$66.76	\$100.12
UnitedHealthcare Dental Plan - Standard	4	\$16.22	\$32.45	\$48.67	\$35.14	\$70.31	\$105.45
UnitedHealthcare Dental Plan - Standard	5	\$18.85	\$37.70	\$56.54	\$40.84	\$81.68	\$122.50

Federal Employees Dental and Vision Insurance Program (FEDVIP) Vision Premium Rate Chart						
	Biweekly Premium Rates			Monthly Premium Rates		
Plan - Option	Self-Only	Self Plus One	Self & Family	Self-Only	Self Plus One	Self & Family
Aetna Vision Preferred - High	\$5.68	\$11.34	\$17.02	\$12.31	\$24.57	\$36.88
Aetna Vision Preferred - Standard	\$3.17	\$6.33	\$9.50	\$6.87	\$13.72	\$20.58
Blue Cross Blue Shield FEP Vision - High	\$5.66	\$11.31	\$16.97	\$12.26	\$24.51	\$36.77
Blue Cross Blue Shield FEP Vision - Standard	\$3.56	\$7.12	\$10.68	\$7.71	\$15.43	\$23.14
The MetLife Federal Vision Plan - High	\$5.53	\$11.05	\$16.58	\$11.98	\$23.94	\$35.92
The MetLife Federal Vision Plan - Standard	\$3.67	\$7.34	\$11.01	\$7.95	\$15.90	\$23.86
UnitedHealthcare Vision Plan - High	\$5.71	\$11.41	\$17.12	\$12.37	\$24.72	\$37.09
UnitedHealthcare Vision Plan - Standard	\$3.74	\$7.48	\$11.22	\$8.10	\$16.21	\$24.31
VSP Vision Care - High	\$6.72	\$13.46	\$20.19	\$14.56	\$29.16	\$43.75
VSP Vision Care - Standard	\$3.58	\$7.16	\$10.75	\$7.76	\$15.51	\$23.29

Federal Employees Dental Vision Program (FEDVIP)2024 Dental Rating Region Chart

State	State/ZIP(first 3)	Aetna Dental High & Standard	Blue Cross Blue Shield FEP Dental High & Standard	Delta Dental's Federal Employees Dental Program High & Std	Dominion National High & Standard	Emblem Health Dental High & Standard	GEHA Connection Dental Federal High & Std	HealthPartners Dental Plan High & Standard	Humana Dental High & Std	The MetLife Federal Dental Plan High & Standard	Triple-S Salud High	United Concordia Dental High & Standard	UnitedHealthcare Dental Plan High & Standard
AK	entire state	5	5	5	N/A	N/A	5	N/A	N/A	5	N/A	5	5
AL	rest of state	2	1	1	N/A	N/A	1	N/A	1	1	N/A	1	1
AL	350-352, 362	2	1	1	N/A	N/A	1	N/A	2	1	N/A	1	1
AL	356-358	1	1	1	N/A	N/A	1	N/A	3	1	N/A	1	1
AR	entire state	2	2	2	N/A	N/A	1	N/A	2	1	N/A	1	1
AZ	rest of state	3	2	5	N/A	N/A	2	N/A	3	2	N/A	1	2
AZ	864	2	2	5	N/A	N/A	3	N/A	N/A	3	N/A	4	3
AZ	850-853	3	3	5	N/A	N/A	3	N/A	5	2	N/A	1	4
AZ	856-857	3	1	5	N/A	N/A	2	N/A	5	1	N/A	1	2
CA	rest of state	4	2	5	N/A	N/A	4	N/A	3	5	N/A	4	3
CA	0-908, 910-918, 922-928, 930-931, 933-934	3	4	5	N/A	N/A	5	N/A	5	5	N/A	3	5
CA	942, 956-959	4	5	5	N/A	N/A	5	N/A	4	4	N/A	4	4
CA	919-921	3	4	5	N/A	N/A	5	N/A	5	4	N/A	4	5
CA	939-941, 943-952, 954	4	5	5	N/A	N/A	5	N/A	5	5	N/A	5	5
CO	rest of state	3	4	4	N/A	N/A	4	N/A	3	4	N/A	3	2
CO	808-810, 812	3	4	5	N/A	N/A	4	N/A	5	4	N/A	3	3
CO	800-806	3	4	5	N/A	N/A	4	N/A	5	4	N/A	3	4
CT	060-063	5	5	5	N/A	N/A	4	N/A	N/A	5	N/A	5	4
CT	064-069	3	4	5	N/A	1	5	N/A	N/A	5	N/A	5	5
DC	entire state	2	3	5	2	N/A	4	N/A	3	4	N/A	4	3
DE	entire state	2	2	4	3	N/A	3	N/A	N/A	3	N/A	2	3
FL	rest of state	3	1	4	N/A	N/A	2	N/A	2	2	N/A	1	1
FL	330-334, 349	2	2	4	N/A	N/A	3	N/A	5	3	N/A	3	3
FL	329	3	1	4	N/A	N/A	3	N/A	2	1	N/A	1	1
GA	300-303, 305-306, 311, 399	3	1	2	N/A	N/A	3	N/A	4	2	N/A	1	3
GA	rest of state	4	1	2	N/A	N/A	2	N/A	1	2	N/A	1	1
GU	entire area	5	1	5	N/A	N/A	1	N/A	N/A	1	N/A	5	5
HI	entire state	4	3	5	N/A	N/A	3	N/A	N/A	4	N/A	4	3
IA	527-528	3	3	2	N/A	N/A	1	N/A	N/A	1	N/A	1	1
IA	rest of state	3	3	4	N/A	N/A	1	1	N/A	1	N/A	1	1
IA	515	1	2	3	N/A	N/A	1	N/A	N/A	1	N/A	1	2
ID	entire state	4	4	5	N/A	N/A	2	N/A	N/A	2	N/A	2	3
IL	600-609, 613	2	2	2	N/A	N/A	3	N/A	4	4	N/A	3	3
IL	612	3	3	2	N/A	N/A	1	N/A	N/A	1	N/A	1	1
IL	rest of state	3	1	2	N/A	N/A	1	N/A	1	1	N/A	1	1
IL	620, 622	3	1	2	N/A	N/A	2	N/A	3	1	N/A	1	2
IN	463-464	2	2	2	N/A	N/A	3	N/A	4	4	N/A	3	3
IN	470	2	1	2	N/A	N/A	2	N/A	3	1	N/A	1	2
IN	rest of state	3	1	2	N/A	N/A	1	N/A	2	1	N/A	1	1
IN	460-462, 472-473	2	1	3	N/A	N/A	2	N/A	4	1	N/A	1	2
KS	660-662, 666	3	1	4	N/A	N/A	2	N/A	4	1	N/A	1	2
KS	rest of state	3	2	4	N/A	N/A	1	N/A	1	1	N/A	2	1
KY	410	2	1	2	N/A	N/A	2	N/A	3	1	N/A	1	2
KY	rest of state	1	1	1	N/A	N/A	1	N/A	2	1	N/A	1	1
LA	entire state	2	1	1	N/A	N/A	2	N/A	2	1	N/A	1	1
MA	12	4	3	5	N/A	1	2	N/A	N/A	1	N/A	3	3
MA	014-027, 055	5	5	5	N/A	N/A	4	N/A	N/A	5	N/A	5	3
MA	010-011, 013	5	5	5	N/A	N/A	4	N/A	N/A	5	N/A	5	4
MD	rest of state	2	2	5	1	N/A	2	N/A	N/A	4	N/A	4	1
MD	219	2	2	4	3	N/A	3	N/A	N/A	3	N/A	2	3
MD	205-212, 214, 216-217	2	3	5	2	N/A	4	N/A	3	4	N/A	4	3
ME	039-042	5	5	5	N/A	N/A	4	N/A	N/A	5	N/A	5	3
ME	rest of state	5	2	5	N/A	N/A	3	N/A	N/A	2	N/A	3	2
MI	480-485	3	2	4	N/A	N/A	3	N/A	N/A	3	N/A	2	3
MI	rest of state	3	1	4	N/A	N/A	2	N/A	N/A	2	N/A	2	2
MN	550-551, 553-555, 563	2	4	5	N/A	N/A	3	2	N/A	4	N/A	3	5
MN	rest of state	3	3	5	N/A	N/A	2	1	N/A	2	N/A	2	2
MO	726	2	2	2	N/A	N/A	1	N/A	2	1	N/A	1	1
MO	640-641, 644-645, 649	3	1	4	N/A	N/A	2	N/A	4	1	N/A	1	2
MO	rest of state	3	1	4	N/A	N/A	2	N/A	1	1	N/A	1	1
MO	630-631, 633	3	1	2	N/A	N/A	2	N/A	3	1	N/A	1	2
MS	entire state	2	1	1	N/A	N/A	1	N/A	2	1	N/A	1	1
MT	entire state	4	1	1	N/A	N/A	2	N/A	N/A	1	N/A	1	1
NC	280-282	4	2	4	N/A	N/A	2	N/A	4	2	N/A	2	3
NC	rest of state	4	2	4	N/A	N/A	2	N/A	2	2	N/A	2	2
NC	275-277, 283	4	3	4	N/A	N/A	2	N/A	5	2	N/A	2	2
NC	279	3	1	3	2	N/A	2	N/A	4	2	N/A	1	2
ND	entire state	3	5	3	N/A	N/A	1	1	N/A	1	N/A	1	1

Federal Employees Dental Vision Program (FEDVIP)2024 Dental Rating Region Chart

State	State/ZIP(first 3)	Aetna Dental High & Standard	Blue Cross Blue Shield FEP Dental High & Standard	Delta Dental's Federal Employees Dental Program High & Std	Dominion National High & Standard	Emblem Health Dental High & Standard	GEHA Connection Dental Federal High & Std	HealthPartners Dental Plan High & Standard	Humana Dental High & Std	The MetLife Federal Dental Plan High & Standard	Triple-S Salud High	United Concordia Dental High & Standard	UnitedHealthcare Dental Plan High & Standard
NE	rest of state	1	2	2	N/A	N/A	1	N/A	N/A	1	N/A	1	1
NE	680-681	1	2	3	N/A	N/A	1	N/A	N/A	1	N/A	1	2
NH	030-033, 038	5	5	5	N/A	N/A	4	N/A	N/A	5	N/A	5	3
NH	rest of state	5	3	5	N/A	N/A	4	N/A	N/A	5	N/A	5	4
NJ	070-079, 085-089	3	4	5	N/A	1	5	N/A	N/A	5	N/A	5	5
NJ	080-084	2	2	4	3	N/A	3	N/A	N/A	3	N/A	2	3
NM	870-871, 873, 875	3	1	5	N/A	N/A	3	N/A	N/A	1	N/A	2	1
NM	rest of state	3	1	4	N/A	N/A	3	N/A	N/A	2	N/A	2	1
NV	889-891	2	2	5	N/A	N/A	3	N/A	N/A	3	N/A	4	3
NV	rest of state	2	2	5	N/A	N/A	3	N/A	N/A	2	N/A	4	4
NV	897	4	5	5	N/A	N/A	5	N/A	4	4	N/A	4	4
NY	120-123, 128	4	3	5	N/A	1	2	N/A	N/A	1	N/A	3	3
NY	140-143	4	2	5	N/A	1	2	N/A	N/A	1	N/A	3	1
NY	63	5	5	5	N/A	N/A	4	N/A	N/A	5	N/A	5	4
NY	005, 100-119, 124-126	3	4	5	N/A	1	5	N/A	N/A	5	N/A	5	5
NY	rest of state	4	2	5	N/A	1	1	N/A	N/A	1	N/A	3	2
OH	450-452, 459	2	1	2	N/A	N/A	2	N/A	3	1	N/A	1	2
OH	440-443, 446-447	2	1	2	N/A	N/A	2	N/A	2	1	N/A	3	1
OH	430-433, 437	2	1	3	N/A	N/A	2	N/A	2	1	N/A	2	2
OH	453-455	2	1	3	N/A	N/A	2	N/A	2	1	N/A	2	1
OH	rest of state	3	1	2	N/A	N/A	1	N/A	1	1	N/A	1	1
OK	entire state	2	1	4	N/A	N/A	2	N/A	2	2	N/A	1	1
OR	rest of state	5	2	5	N/A	N/A	3	N/A	N/A	3	N/A	4	3
OR	970-973	4	4	5	N/A	N/A	3	N/A	N/A	4	N/A	5	5
PA	170-171, 175-176	3	1	2	N/A	1	1	N/A	N/A	1	N/A	1	1
PA	180-181, 183	3	4	5	N/A	1	5	N/A	N/A	5	N/A	5	5
PA	rest of state	3	1	2	1	N/A	1	N/A	N/A	1	N/A	1	1
PA	189-196	2	2	4	3	N/A	3	N/A	N/A	3	N/A	2	3
PA	150-154, 156-157, 160, 162	1	1	2	1	N/A	1	N/A	N/A	1	N/A	1	1
PA	172-174	2	3	5	2	N/A	4	N/A	3	4	N/A	4	3
PR	entire area	3	1	1	N/A	N/A	1	N/A	N/A	1	1	1	1
RI	entire state	5	5	5	N/A	N/A	4	N/A	N/A	5	N/A	5	3
SC	297	4	2	4	N/A	N/A	2	N/A	4	2	N/A	2	3
SC	rest of state	4	2	5	N/A	N/A	2	N/A	2	2	N/A	1	2
SD	entire state	3	1	5	N/A	N/A	2	1	N/A	1	N/A	1	1
TN	entire state	1	1	4	N/A	N/A	2	N/A	2	1	N/A	1	1
TX	733, 786-787	2	1	3	N/A	N/A	3	N/A	4	2	N/A	1	4
TX	783-784	2	1	2	N/A	N/A	1	N/A	1	1	N/A	1	1
TX	750-754, 760-762	2	1	2	N/A	N/A	2	N/A	4	2	N/A	1	3
TX	770, 772-775	2	1	2	N/A	N/A	2	N/A	3	2	N/A	1	3
TX	739	2	1	4	N/A	N/A	2	N/A	2	2	N/A	1	1
TX	780-782	2	1	2	N/A	N/A	2	N/A	3	1	N/A	1	1
TX	rest of state	2	1	2	N/A	N/A	1	N/A	2	1	N/A	1	1
UT	entire state	2	2	5	N/A	N/A	2	N/A	1	1	N/A	3	5
VA	230, 232, 238	3	1	3	2	N/A	2	N/A	3	1	N/A	2	3
VA	rest of state	3	1	3	N/A	N/A	2	N/A	1	1	N/A	1	1
VA	231, 233-237	3	1	3	2	N/A	2	N/A	4	2	N/A	1	2
VA	201, 205, 220-227	2	3	5	2	N/A	4	N/A	3	4	N/A	4	3
VI	entire area	2	1	5	N/A	N/A	1	N/A	N/A	1	N/A	5	1
VT	54	5	5	5	N/A	N/A	2	N/A	N/A	2	N/A	3	4
VT	rest of state	5	5	5	N/A	N/A	2	N/A	N/A	2	N/A	3	3
WA	986	4	4	5	N/A	N/A	3	N/A	N/A	4	N/A	5	5
WA	980-985	5	5	5	N/A	N/A	5	N/A	N/A	5	N/A	5	5
WA	rest of state	5	4	5	N/A	N/A	4	N/A	N/A	4	N/A	4	5
WI	530-532, 534	3	3	5	N/A	N/A	2	N/A	N/A	2	N/A	3	3
WI	540	2	4	5	N/A	N/A	3	2	N/A	4	N/A	3	5
WI	rest of state	3	3	5	N/A	N/A	2	2	N/A	2	N/A	2	3
WV	254	2	3	2	2	N/A	4	N/A	3	4	N/A	4	3
WV	rest of state	4	1	2	N/A	N/A	1	N/A	1	1	N/A	1	1
WY	834	4	4	5	N/A	N/A	2	N/A	N/A	2	N/A	2	3
WY	rest of state	4	2	5	N/A	N/A	1	N/A	N/A	2	N/A	2	1
International	International	2	1	5	N/A	N/A	5	N/A	N/A	5	N/A	5	5

This is an overview of most TRICARE costs and fees. For detailed costs and fees, including those for TRICARE For Life, survivors, and medically retired individuals, visit www.tricare.mil/comparecosts.

ARE YOU IN GROUP A OR GROUP B?

- You're in **Group A** if your initial enlistment or appointment or that of your uniformed services sponsor began before Jan. 1, 2018.
- You're in **Group B** if your initial enlistment or appointment or that of your uniformed services sponsor began on or after Jan. 1, 2018.

Note: If you're enrolled in TRICARE Reserve Select, TRICARE Retired Reserve, or TRICARE Young Adult, you follow Group B annual deductibles and applicable copayments or cost-shares.

TRICARE PRIME® (JAN. 1–DEC. 31, 2026)

Includes TRICARE Prime, TRICARE Prime Overseas, TRICARE Prime Remote, TRICARE Prime Remote Overseas, the US Family Health Plan, TRICARE Prime Demo*, and TYA-Prime.

Annual Enrollment Fees

(Doesn't include TYA-Prime)

No annual enrollment fee for active duty service members, active duty family members, and transitional survivors (surviving spouses during the first three years and surviving dependent children) worldwide.

For retirees, their family members, and most others:

- **Group A:** \$381.96 per individual/\$765 per family
- **Group B:** \$462.96 per individual/\$927 per family

TRICARE Prime Out-of-Pocket Costs

ADSMs, ADFMs, and transitional survivors		
Covered service	Group A	Group B
All covered services	\$0	\$0
Retirees, their family members, and all others		
Covered service	Group A	Group B
Preventive care visit	\$0	\$0
Primary care outpatient visit	\$26	\$26
Specialty care outpatient visit	\$39	\$39
Urgent care center visit	\$39	\$39
Emergency room visit	\$79	\$79
Inpatient admission (hospitalization), network	\$198 per admission	\$198 per admission

Point-of-service Option

With the point-of-service option, you can get care without a referral from any TRICARE-authorized provider. If you use this option, you pay:

- \$300 individual deductible/\$600 family deductible before TRICARE cost-sharing begins
- 50% of the TRICARE-allowable charge.
- These costs don't apply to the catastrophic cap.

TRICARE SELECT® (JAN. 1–DEC. 31, 2026)

Includes TRICARE Select, TRICARE Select Overseas, TRS, TRR, and TYA-Select.

Annual Enrollment Fees

(Doesn't include TRS, TRR, or TYA-Select)

No annual enrollment fee for ADFMs. For retirees, their family members, and others:

- **Group A:** \$186.96 per individual/\$375 per family
- **Group B:** \$594.96 per individual/\$1,191 per family

Annual Deductible

You must pay your annual deductible amount before TRICARE cost-sharing begins.

"Network" means a provider in the TRICARE network. "Non-network" means a TRICARE-authorized provider not in the TRICARE network.

ADFM's and TRS members			
Pay grades E-4 and below			
Group A ADFMs		Group B ADFMs and TRS members	
Individual	Family	Individual	Family
\$50	\$100	\$66	\$132
Pay grades E-5 and above			
Group A ADFMs		Group B ADFMs and TRS members	
Individual	Family	Individual	Family
\$150	\$300	\$198	\$397
Retirees, their family members, TRR members, and all others			
Group A Retirees and their family members		Group B Retirees and their family members and TRR members	
Individual	Family	Individual	Family
\$150	\$300	Network: \$198 Out-of-network: \$397	Network: \$397 Out-of-network: \$794

* If you're a retiree, retiree family member, or survivor enrolled in the TRICARE Prime Demo, your enrollment fees are waived for the first 12 months, regardless of when you enroll. After the first year, you'll pay TRICARE Prime enrollment fees.

Certain TRICARE Select Out-of-Pocket Costs: Network and Non-network

“Network” means a provider in the TRICARE network. “Non-network” means a TRICARE-authorized provider not in the TRICARE network.

Covered service	Group A ADFMs	Group B ADFMs and TRS members	Group A retirees, their family members, and all others	Group B retirees, their family members, and all others and TRR members
Preventive care visit	\$0	\$0	\$0	\$0
Primary care outpatient visit	Network: \$28 Non-network: 20% ¹	Network: \$19 Non-network: 20% ¹	Network: \$38 Non-network: 25% ¹	Network: \$33 Non-network: 25% ¹
Specialty care outpatient visit	Network: \$39 Non-network: 20% ¹	Network: \$33 Non-network: 20% ¹	Network: \$52 Non-network: 25% ¹	Network: \$52 Non-network: 25% ¹
Urgent care center visit	Network: \$28 Non-network: 20% ¹	Network: \$26 Non-network: 20% ¹	Network: \$38 Non-network: 25% ¹	Network: \$52 Non-network: 25% ¹
Emergency room visit	Network: \$103 Non-network: 20% ¹	Network: \$52 Non-network: 20% ¹	Network: \$138 Non-network: 25% ¹	Network: \$105 Non-network: 25% ¹
Inpatient admission (hospitalization)	Network and Non-network: \$24.50 per day or \$25 per admission (whichever is more) Military hospital or clinic: \$23.45 per day subsistence charge ²	Network: \$79 per admission Non-network: 20% ¹ Military hospital or clinic: \$23.45 per day subsistence charge ²	Network: \$250 per day or up to 25% hospital charge (whichever is less), plus 20% separately billed services Non-network: \$1,306 per day ³ or up to 25% hospital charge (whichever is less), plus 25% separately billed services Military hospital or clinic: \$23.45 per day subsistence charge ²	Network: \$231 per admission Non-network: 25% ¹ Military hospital or clinic: \$23.45 per day subsistence charge ²

1. Percentage of TRICARE maximum-allowable charge after annual deductible is met.

2. Cost through Dec. 31, 2025. “Subsistence charge” refers to the rate charged for inpatient care obtained in a military hospital or clinic.

3. Cost through Dec. 31, 2025. All final claims reimbursed under the TRICARE Diagnosis Related Group-based payment system are to be priced using the rules, weights, and rates in effect as of the date of discharge.

Premiums

When enrolled in a premium-based health plan, you pay a monthly or quarterly premium and follow Group B annual deductibles and applicable copayments or cost-shares.

Note: To view costs for the Continued Health Care Benefit Program, visit www.tricare.mil/chcbpcosts.

Monthly Premium (Jan. 1 Dec. 31, 2026)		
Premium-based Plan	Member only	Member and family
TRICARE Reserve Select	\$57.88	\$286.66
TRICARE Retired Reserve	\$645.90	\$1,548.30
TRICARE Young Adult-Prime	\$794	Not available
TRICARE Young Adult-Select	\$363	Not available

Catastrophic Cap

The catastrophic cap is the most you or your family may pay out of pocket for covered TRICARE health care services each calendar year (including enrollment fees but excluding premiums). It protects you by limiting the amount of out-of-pocket expenses you pay for TRICARE covered medical services.

Note: A TRICARE Young Adult member's catastrophic cap is based on their sponsor's type and follows Group B amounts. The Continued Health Care Benefit Program catastrophic cap follows Group B.

Sponsor or Beneficiary Type	Group A	Group B
ADSMs	\$1,000/family	\$1,324/family
Retirees, their family members, and others	\$3,000/family (TRICARE Prime) \$4,381/family (TRICARE Select)	\$4,635/family
TRS members	Follow Group B	\$1,324/family
TRR members	Follow Group B	\$4,635/family

PHARMACY COSTS (JAN. 1, 2026–DEC. 31, 2027)

ADSMs have no prescription drug costs when using a military pharmacy, TRICARE Pharmacy Home Delivery, or a TRICARE retail network pharmacy for covered drugs. Your TRICARE plan, which group you're in (A or B), and pharmacy type determine whether you may have to meet your annual deductible before copayments or cost-shares apply. Learn more at www.tricare.mil/pharmacycosts.

At network and non-network pharmacies, you may get up to a 30-day supply of your covered prescription. With all other pharmacy options, you may get up to a 90-day supply, depending on the type of drug prescribed. Some drugs are only covered through home delivery. Overseas, some limitations may apply. Learn more at www.tricare.mil/pharmacy, or call Express Scripts at 877-363-1303.

Pharmacy type	Generic formulary drug costs	Brand name formulary drug costs	Non formulary drug costs	Non covered drug costs
Military pharmacy Up to a 90-day supply	\$0	\$0	Generally not available without medical necessity	Not available
TRICARE Pharmacy Home Delivery Up to a 90-day supply	\$14	\$44	\$85	Not available
TRICARE retail network pharmacy Up to a 30-day supply	\$16	\$48	\$85	Full cost of drug
Non-network pharmacy (in the U.S. and U.S. territories: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands)	TRICARE Prime options: A 50% cost-share applies after you meet your point-of-service annual deductible. All other beneficiaries: You pay for formulary drugs (\$48 or 20% of total cost, whichever is more) and non-formulary drugs (\$85 or 20% of total cost, whichever is more) after you meet your annual deductible.			Full cost of drug
Overseas pharmacy (outside the U.S. and U.S. territories)	ADSMs and ADFMs using TRICARE Prime Overseas or TRICARE Prime Remote Overseas: \$0 (You may have to pay the full cost up front and file a claim for reimbursement.) ADFMs using TRICARE Select Overseas and TRS members: 20% cost-share after you meet your annual deductible Retirees, their family members, TRR members, and all others in TRICARE Select Overseas: 25% cost-share after you meet your annual deductible			Full cost of drug

Note: Pharmacy copayments don't change in 2026 for medically retired service members and their family members and survivors of active duty service members. Visit www.tricare.mil/pharmacycosts to see your costs.

VOLUNTARY DENTAL PROGRAMS

The TRICARE Dental Program is a voluntary, premium-based dental program. Below are the TDP rates. To learn more about dental plans and eligibility, visit www.tricare.mil/dental. **Note:** Retirees, their family members, and certain others may be eligible for dental coverage through the Federal Employees Dental and Vision Insurance Program. Learn about FEDVIP coverage at www.BENEFEDS.gov.

TRICARE Dental Program Monthly Premiums (March 1, 2025–Feb. 28, 2026)

Sponsor status	Sponsor only premium	Single premium (one family member, not the sponsor)	Family premium (more than one family member, not the sponsor)	Sponsor and family premium
Active duty	N/A	Pay grades E-4 and below: \$8.65 Pay grades E-5 and above: \$11.53	Pay grades E-4 and below: \$22.48 Pay grades E-5 and above: \$29.98	N/A
Selected Reserve and Individual Ready Reserve (Mobilization only)	Pay grades E-4 and below: \$8.65 Pay grades E-5 and above: \$11.53	\$28.82	\$74.94	Pay grades E-4 and below: \$83.59 Pay grades E-5 and above: \$86.47
Individual Ready Reserve (Non-mobilization)	\$28.82	\$28.82	\$74.94	\$103.76

TRICARE Dental Program Out-of-Pocket Costs (March 1, 2025–Feb. 28, 2026)

Services, deductibles, and maximums	TRICARE Dental Program
Diagnostic, preventive (including sealants)	You pay: 0%
Basic restorative	You pay: 20%
Endodontic, periodontic, oral surgery	Pay grades E-4 and below: You pay 30%; All others: You pay 40%
Prosthodontic, implant, orthodontic	You pay: 50%
Annual deductible	\$0
Annual service maximum ¹	\$1,500 (per person, per contract year maximum United Concordia will pay)
Orthodontic lifetime maximum	\$1,750 (per person, per lifetime maximum United Concordia will pay)
Dental accident maximum	\$1,200 (per person, per contract year maximum United Concordia will pay)


1. Orthodontic diagnostic service charges are applied toward the non-orthodontic service maximum. Certain other diagnostic and preventive service charges aren't applied toward the annual maximum.


LOOKING FOR More Information? GO TO www.tricare.mil

E **TRICARE East Region**
Humana Military
800-444-5445
www.tricare.mil/east

W **TRICARE West Region**
TriWest Healthcare Alliance
888-TRIWEST (888-874-9378)
www.tricare.mil/west

O **TRICARE Overseas Program**
International SOS
Government Services, LLC
www.tricare-overseas.com
For toll-free contact information, visit this website.

 **TRICARE Pharmacy Program**
Express Scripts, Inc.
877-363-1303
877-540-6261 (TDD/TTY)
www.tricare.mil/pharmacy
<https://militaryrx.express-scripts.com>

 **TRICARE Dental Program**
United Concordia Companies, Inc.
CONUS: 844-653-4061
711 (TDD/TTY)
OCONUS: 844-653-4060
www.uccitdp.com

An Important Note About TRICARE Program Information

At the time of publication, this information is current. It's important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended.

Military hospital and clinic guidelines and policies may be different than those outlined in this publication. For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic.

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Updated November 2025



Soldiers, Military Retirees and (Gray Area Retirees)

Have you come to update your ID because of the following??

Adoption
Marriage
Divorce

Remarriage
Death of Spouse

If the answer is YES.....

You may need to UPDATE your Reserve Component Survivor Benefit Plan RCSBP or SBP!!

The military Law for RCSBP/SBP states you have 1 YEAR from the EVENT to complete and update your forms. Take care of your Survivors!!

Contact Your Retirement Services Office:

Missouri National Guard
NGMO-FWS-RS
2405 Logistics Road
Jefferson City, MO 65101-1203
Phone: 573-638-9500 ext. 37011 or 39648
Fax: 573-638-9548
Email: debra.l.havens.civ@mail.mil
or john.r.lewis2.civ@mail.mil