

# AGE 60 - RETIREMENT CHECKLIST

As of 1 March 2016

\_\_\_\_\_ **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)/(15 Year Letter)

\_\_\_ DD Form 1883 or DD Form 2656-5 (Reserve Component Survivor Benefit Plan)

\_\_\_ Retirement Reserve Orders

\_\_\_ Final NGB Form 23 (Retirement Points History Statement)

\_\_\_ NGB Form 22 (Report of Separation and Record of Service)

\_\_\_ Promotion orders for highest grade held (Reduction order if admin/voluntary reduction)

\_\_\_ DD Form 214 & Orders of Deployment (Service after 28 Jan 2008 Early Retirement eligibility)

\_\_\_\_\_ **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 Blue ID Card (for Sponsor and Dependents) upon receiving HRC Retiree List Orders

\_\_\_ State Sponsored Life Insurance – (current Soldiers only), SSLI with MONGA phone: 573-632-4240  
or website: [www.mongaonline.com](http://www.mongaonline.com) Other Life Insurances: AAFMAA, MBA, USAA, VGLI

\_\_\_ Casualty Checklist; Council MAP; MO Military Reserve Force; DS & My Pay logon; Report Deaths;  
MO Vet Cemetery; SFL explained

\_\_\_ TRICARE Dental, Medical, and Pharmacy (Termination of Tricare-Retired Reserve ins. at age 60)

\_\_\_\_\_ **Importance of keeping address updated with RSO/HRC/DFAS**

\_\_\_\_\_ **ALL Medical Records/Line of Duties:**

\_\_\_ File with Veterans Administration or Missouri Veterans Commission for claims benefits

\_\_\_\_\_ **All questions/concerns have been answered?**

\_\_\_\_\_ **Date/Time of Retirement Briefing** \_\_\_\_\_

\_\_\_\_\_ **Signature of Retiree** \_\_\_\_\_

**FOR FURTHER ASSISTANCE, CALL RETIREMENT SERVICES OFFICE AT 573-638-9500 ext 37011/39648**

## 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)
<p><b>ID Cards</b></p> <p>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.</p> <p>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.</p>	<p>Member - DD Form 2 (RES RET)</p> <p>Spouse/Dependents - DD Form 1173-1</p>	<p>Member - DD Form 2 (RET)</p> <p>Spouse/Dependents - DD Form 1173</p>
<p><b>Military Installations, Facilities and Activities</b></p> <p>Local post policies and in-country directives govern the use of facilities.</p>		
<p><b>Exchanges</b></p>	Yes	Yes
<p><b>Commissary</b></p>	Yes	Yes
<p><b>Shoppettes</b></p>	Yes	Yes
<p><b>Service Stations</b></p> <p>Gasoline coupons are not available in OCONUS for retirees.</p>	Yes	Yes
<p><b>Physical Fitness Center</b></p>	Yes	Yes
<p><b>Lodging</b></p> <p>Military lodging is available on a limited basis. Space A is "first come-first served" based on daily availability.</p> <p>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</p> <p>Guest House is normally available on a limited basis.</p>	Yes	Yes
<p><b>Other Facilities</b></p> <p>Theater</p> <p>Recreation Center</p> <p>Officer/NCO/Enl Clubs</p> <p>Laundry/dry cleaning</p> <p>Bowling Alleys</p> <p>Beverage Stores</p> <p>Libraries</p> <p>Four Seasons</p> <p>MWR facilities</p> <p>Flower Shops</p> <p>Optical Shop</p> <p>Beauty/barber shop</p> <p>Check cashing/currency exchange</p>	Yes	Yes
<p><b>Medical Facilities</b></p>	<p>Member - No; except on ADT or AD (Eligible if returned to an active duty status)</p> <p>Spouse/Dependents - No</p>	<p>Member - Yes</p> <p>Spouse/Dependents - Yes</p>

<b>Tricare</b>	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.
<b>TRICARE Retiree Dental Program (TRDP)</b>	Yes (Gray Area Retirees)	Yes
<b>Lodging /AFRC (4)</b>  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
<b>Space-A Travel</b>	Member - Yes; limited to CONUS  Spouse/Dependents - No	Member - Yes  Spouse/Dependents - Yes (OCONUS)
<b>SATO/Carlson Wagonlit Travel</b>	Yes	Yes
<b>Legal Assistance</b>	<a href="#">Limited (AR 27-3)</a>	Yes
<b>Survivor Assistance</b>	Yes	Yes
<b>Casualty Assistance</b>	Yes	Yes
<b>Family Services</b>	Yes	Yes
<b>VA Benefits</b>	Yes, if Vet	Yes
<b>Servicemembers Group Life Insurance</b> <a href="#">(There are exceptions based on Reserve status. Please visit the Veterans Administration webpage for details.)</a>	No	No
<b>Veterans Group Life Insurance</b> <a href="#">(There are exceptions based on Reserve status. Please visit the Veterans Administration webpage for details.)</a>	Yes, if eligible and requested	Yes if eligible
<b>State Benefits</b>	See your State Representative	See your State Representative



## 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 [www.benefits.va.gov/insurance](http://www.benefits.va.gov/insurance), or complete the attached application and return it to the above address.

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 [www.insurance.va.gov](http://www.insurance.va.gov) or call 800-419-1473.

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 & Over
<b>\$400,000</b>	\$32.00	\$40.00	\$52.00	\$68.00	\$88.00	\$144.00	\$268.00	\$432.00	\$600.00	\$920.00	\$1,840.00
<b>\$350,000</b>	\$28.00	\$35.00	\$45.50	\$59.50	\$77.00	\$126.00	\$234.50	\$378.00	\$525.00	\$805.00	\$1,610.00
<b>\$300,000</b>	\$24.00	\$30.00	\$39.00	\$51.00	\$66.00	\$108.00	\$201.00	\$324.00	\$450.00	\$690.00	\$1,380.00
<b>\$250,000</b>	\$20.00	\$25.00	\$32.50	\$42.50	\$55.00	\$90.00	\$167.50	\$270.00	\$375.00	\$575.00	\$1,150.00
<b>\$200,000</b>	\$16.00	\$20.00	\$26.00	\$34.00	\$44.00	\$72.00	\$134.00	\$216.00	\$300.00	\$460.00	\$920.00
<b>\$150,000</b>	\$12.00	\$15.00	\$19.50	\$25.50	\$33.00	\$54.00	\$100.50	\$162.00	\$225.00	\$345.00	\$690.00
<b>\$100,000</b>	\$8.00	\$10.00	\$13.00	\$17.00	\$22.00	\$36.00	\$67.00	\$108.00	\$150.00	\$230.00	\$460.00
<b>\$50,000</b>	\$4.00	\$5.00	\$6.50	\$8.50	\$11.00	\$18.00	\$33.50	\$54.00	\$75.00	\$115.00	\$230.00
<b>\$10,000</b>	\$0.80	\$1.00	\$1.30	\$1.70	\$2.20	\$3.60	\$6.70	\$10.80	\$15.00	\$23.00	\$46.00

- 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. Be sure to 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 [www.insurance.va.gov](http://www.insurance.va.gov) or call 800-419-1473 (Monday to Friday, 8:00 a.m. to 5:00 p.m. Eastern Time).



## 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 \$400,000 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  Semi-Annually  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")

Height:  feet   inches Weight:    pounds

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

- |                                     |                                                       |                                                    |                                                       |
|-------------------------------------|-------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|
| A. Heart trouble or abnormal pulse? | <input type="checkbox"/> Y <input type="checkbox"/> N | F. Disorders of kidney, bladder or urinary system? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 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 5 years have you:

- |                                                                                                                                                  |                                                       |                                                                                                      |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 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"/> Y <input type="checkbox"/> N | O. Used barbiturates, heroin, opiates, or other narcotics, or been treated for alcoholism?           | <input type="checkbox"/> Y <input type="checkbox"/> N |
| K. Been absent from work for more than 5 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:   -   -      
M M D D Y Y Y Y



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: \_\_\_\_\_ SSN: \_\_\_\_\_

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: \_\_\_\_\_ SSN: \_\_\_\_\_

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.



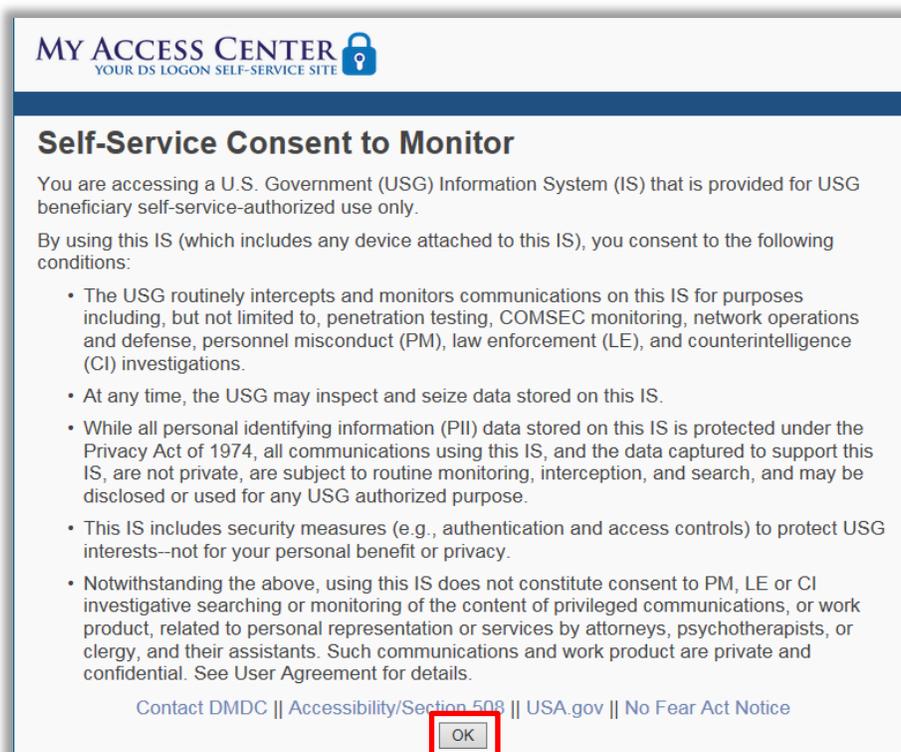


## Registration Using E-mail

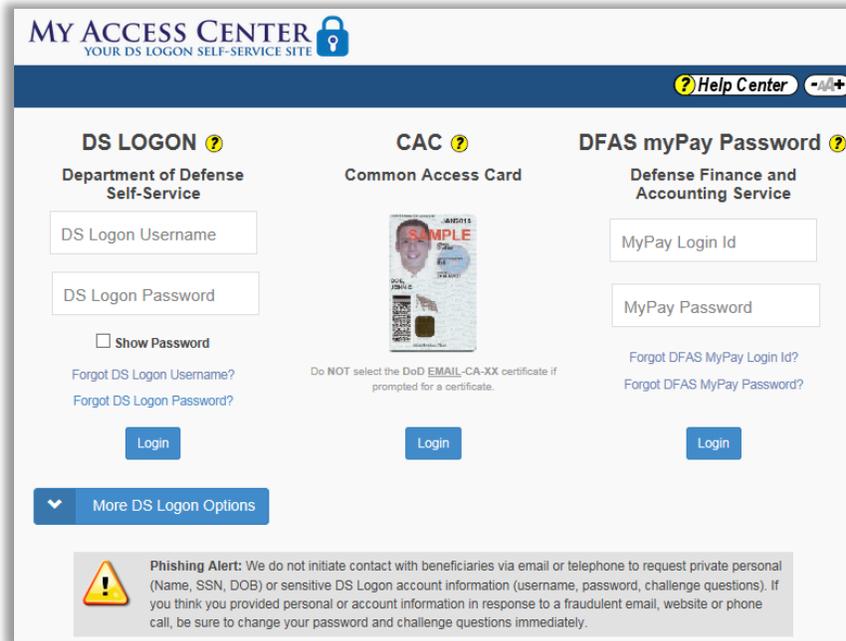
You can establish a DS Logon Premium (Level 2) Account online using your CAC or DoD ID card and an E-mail address on file in Defense Enrollment Eligibility Reporting System (DEERS). A DS Logon Premium (Level 2) Account provides access to your personal information as well as numerous applications. A DS Logon Premium (Level 2) Account allows you to view personal data about yourself in VA and DoD systems, apply for benefits online, check the status of your claims, update your address information, and much more.

**Note:** You will need your CAC or DoD ID to complete this process.

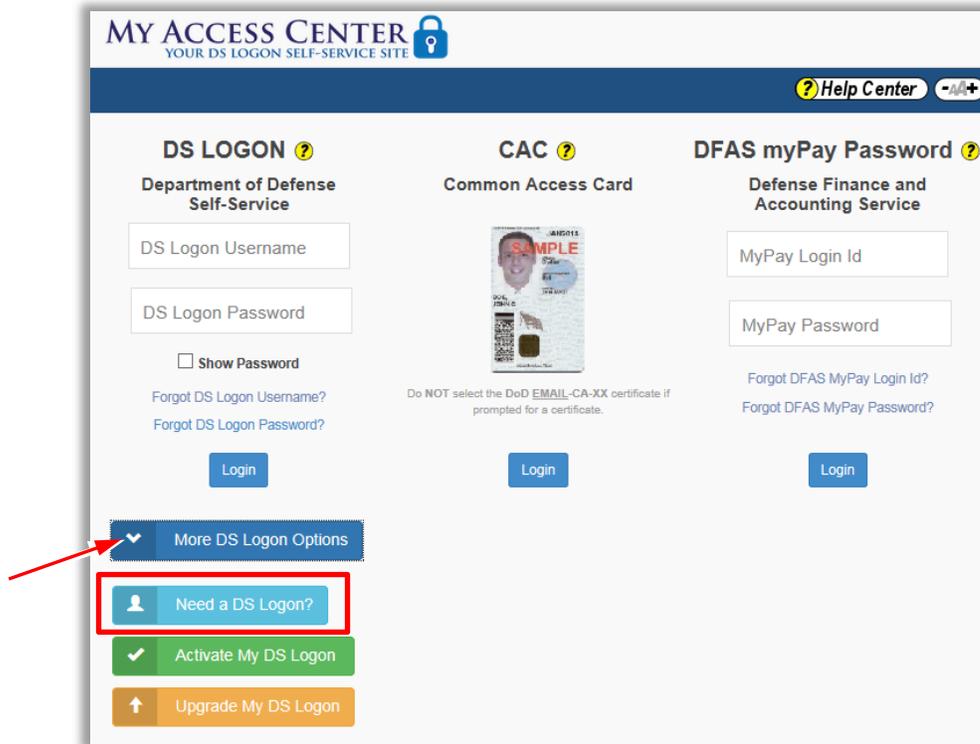
- 1) Access the My Access Center homepage: <https://myaccess.dmdc.osd.mil/identitymanagement>. The Consent to Monitor screen appears.



- 2) Select **OK** on the Consent to Monitor Screen. The Login screen appears.



- 3) Select the down arrow on the left side of the **More DS Logon Options** button to expand the options.



- 4) Select **Need a DS Logon**. The DS Logon Registration screen appears.

5) Select the **None of the above conditions apply...** option and then select **Continue**. The Registration Process screen appears, prompting you to enter your personal information.

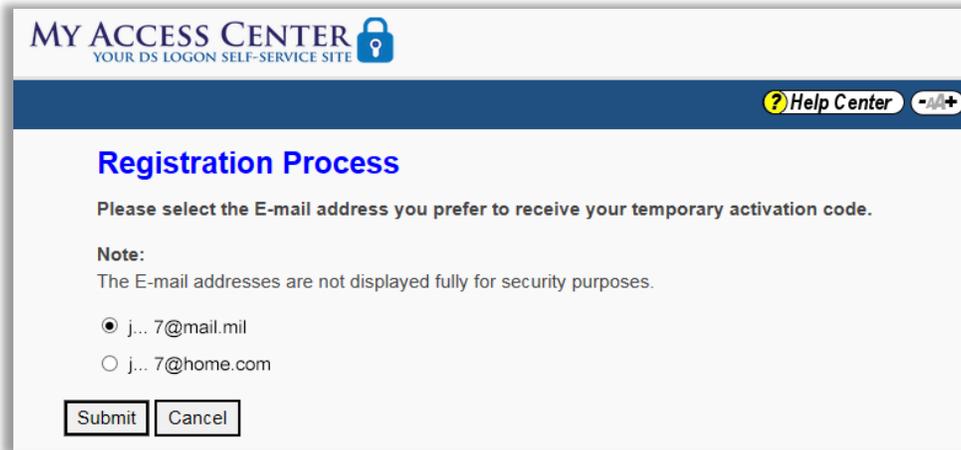
6) Enter your personal information and then select **Submit**. Your personal information must match the information on file in DEERS. If you have a CAC card, the following screen appears. If you have a DoD ID card, skip to step 8.



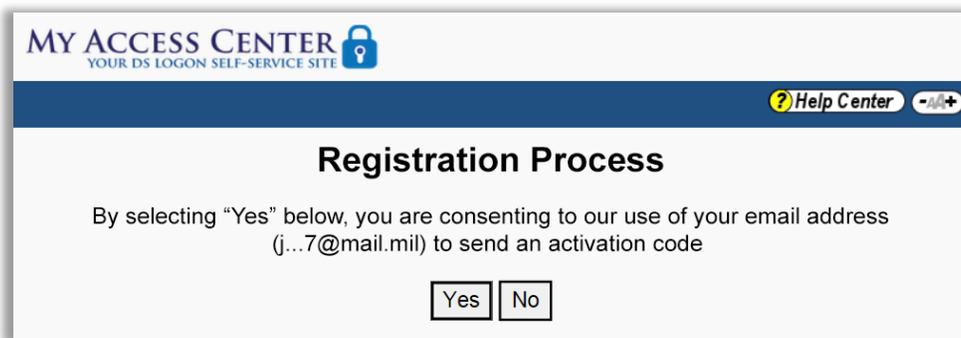
- 7) Select **Register using my email in DEERS**. A screen prompts you to confirm that you want to your E-mail address to confirm your registration.



- 8) Select **Yes** to use your E-mail address for registration. If you have a single E-mail address on file, a confirmation screen appears. Skip to step **10**. If you have multiple E-mail addresses on file, you will be prompted to select your preferred E-mail address.



9) Select your preferred email address and then select **Submit**. A confirmation screen appears.



10) Select **Yes** to consent to the use of your E-mail address for the purpose of receiving an activation code for your DS Logon account. The system sends an activation code to your preferred E-mail address and a confirmation screen appears.



11) Open the E-mail and select the link provided in the E-mail. The Activate Account screen appears.

**MY ACCESS CENTER**  
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#) [-All+](#)

### Activate Account

Fill in your personal information and your Activation Code to activate your DS Logon. We will search for your record in DEERS. ?

First Name  ?

Last Name

Date of Birth

Person Identifier  Social Security Number  ?

**Tip:** You can now use your DoD ID Number for looking up your record. You can also enter it on the login page instead of your DS Logon Username. ?

Activation Code

- 12) Enter your personal information and the activation code in the E-mail and then select **Submit**. The system prompts you to enter the Date of Issue found on the back of your CAC or DoD ID card.

**MY ACCESS CENTER**  
YOUR DS LOGON SELF-SERVICE SITE

[? Help Center](#)

### Activate Account

Please enter the DATE OF ISSUE found on the back of your DoD ID card.

DATE OF BIRTH	WEIGHT	HEIGHT	HAIR COLOR	EYE COLOR
1977AUG22	179	6'0"	BN	BR

DATE OF ISSUE: 2010OCT21    MEDICAL DIRECT: SAMPLE    EXP DATE: 2014OCT26

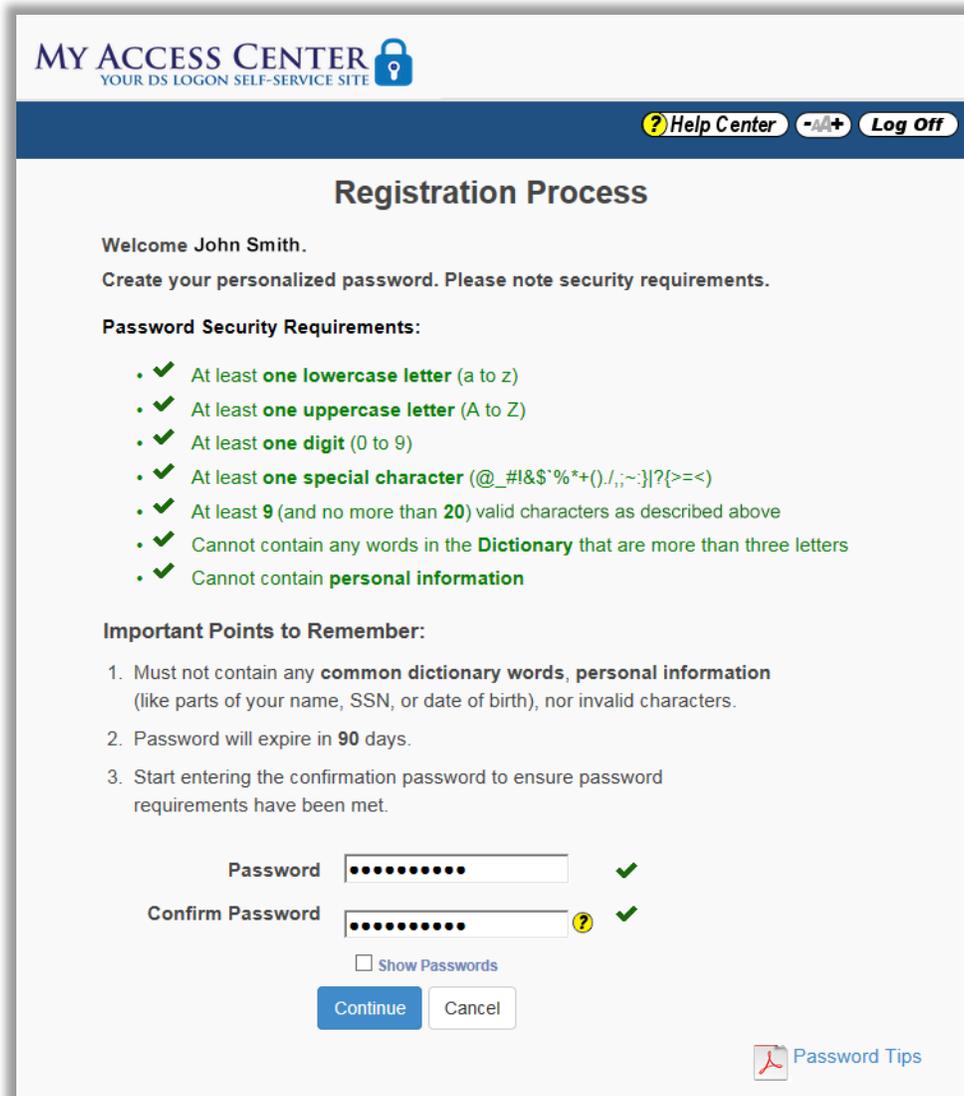
DD FORM 1173    OCT 93    PROPERTY OF US GOVERNMENT

DATE OF ISSUE

- 13) Enter the Date of Issue and then select **Submit**. The system prompts you to enter the Expiration Date or the DoD ID Number found on the back of your CAC or DoD ID card.

The screenshot shows the 'MY ACCESS CENTER' website interface. At the top, it says 'MY ACCESS CENTER YOUR DS LOGON SELF-SERVICE SITE' with a lock icon. Below this is a dark blue navigation bar with a 'Help Center' link and a '+/-' icon. The main content area is titled 'Activate Account' in blue. Below the title, it says 'Please enter the Expiration Date found on the back of your DoD ID card:'. There are three input fields labeled 'MM', 'DD', and 'YYYY', followed by a calendar icon. At the bottom of the form are two buttons: 'Submit' and 'Cancel'.

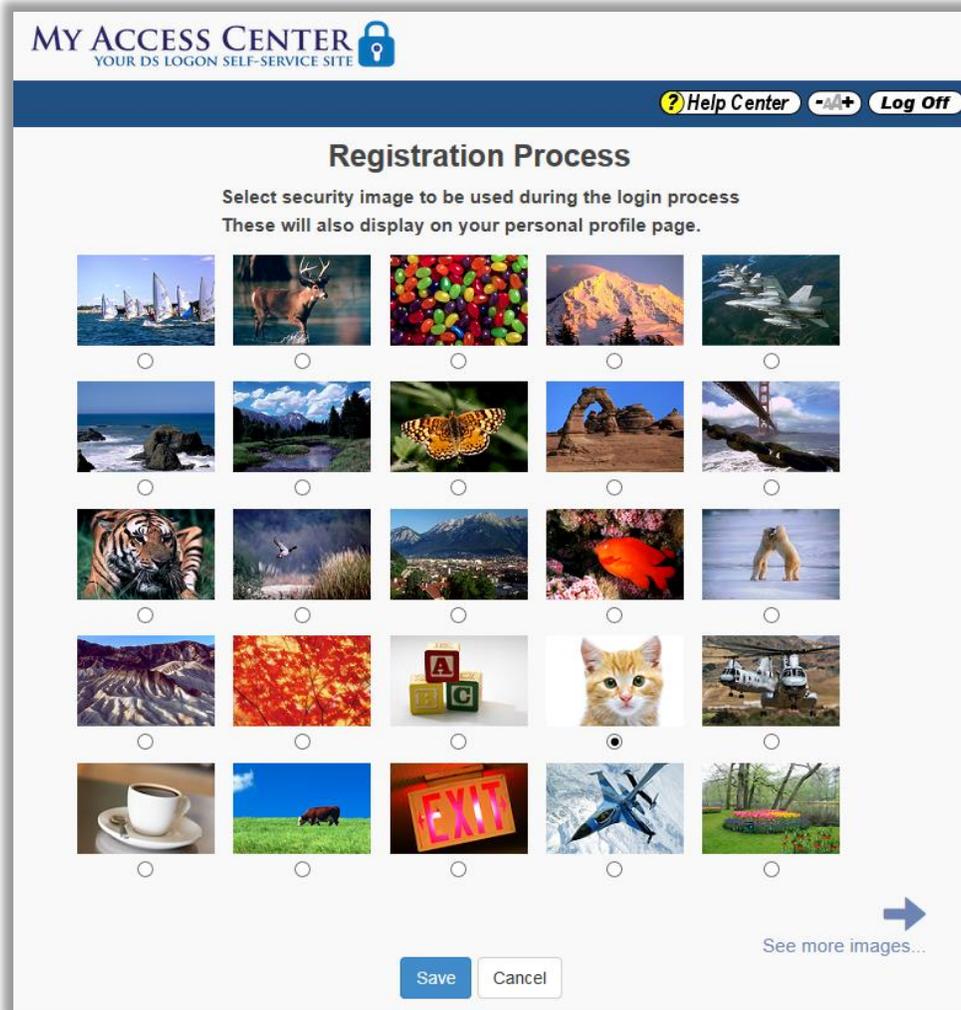
- 14) CAC holders must enter either the DoD ID Number or the Expiration Date printed on the card. DoD ID card holders must enter the Date of Issue printed on the card. Enter the Expiration Date or the DoD ID number in the fields and then select **Submit**. The Registration Process – Create Password Screen appears.



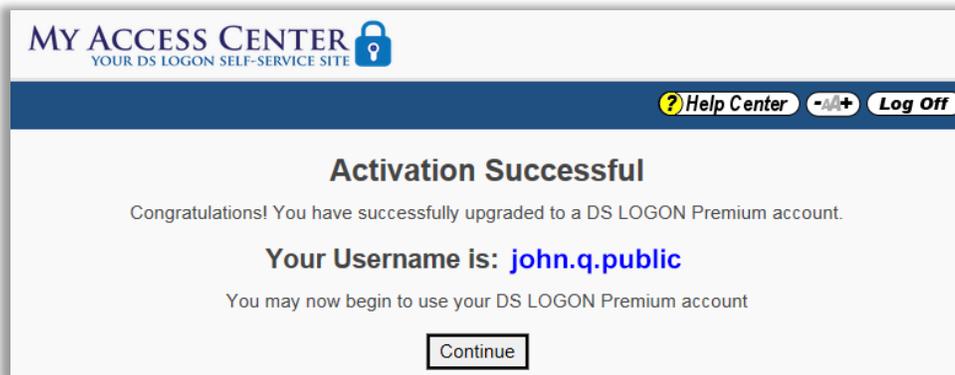
15) Create your password according to the Security Requirements, enter it in the **Password** field, and enter it again in the **Confirm Password** field. To view the password as you enter it, select the **Show Passwords** check box. Green checkmarks appear when the password has met each of the password security requirements listed. Select **Continue**. The Challenge Questions screen appears.

16) Select your challenge questions and enter your answers in the fields provided below each question. Select **Continue**. The Security Image screen appears.

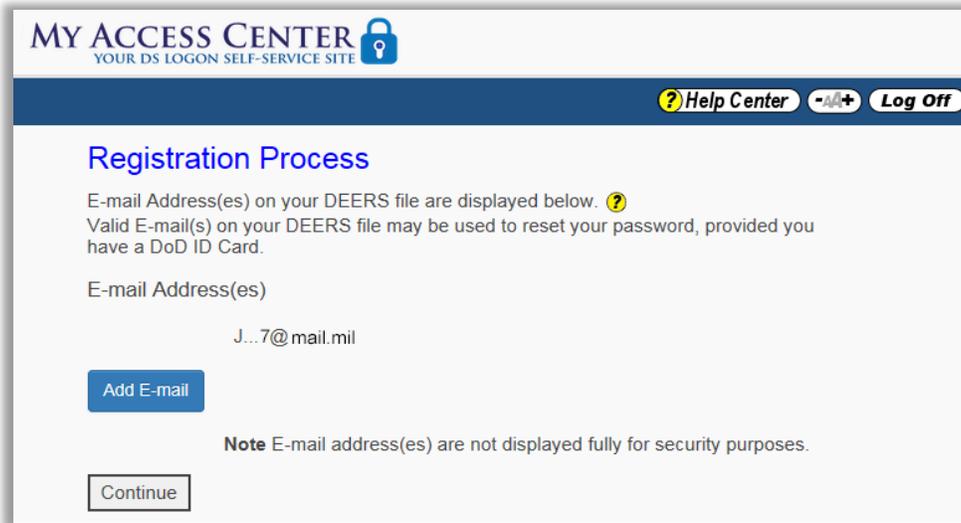
17) You have the option to select a security image for your account. If do not you want to select a security image, select **No** and proceed to step 12. To set a security image, select **Yes**. The Security Image Selection screen appears.



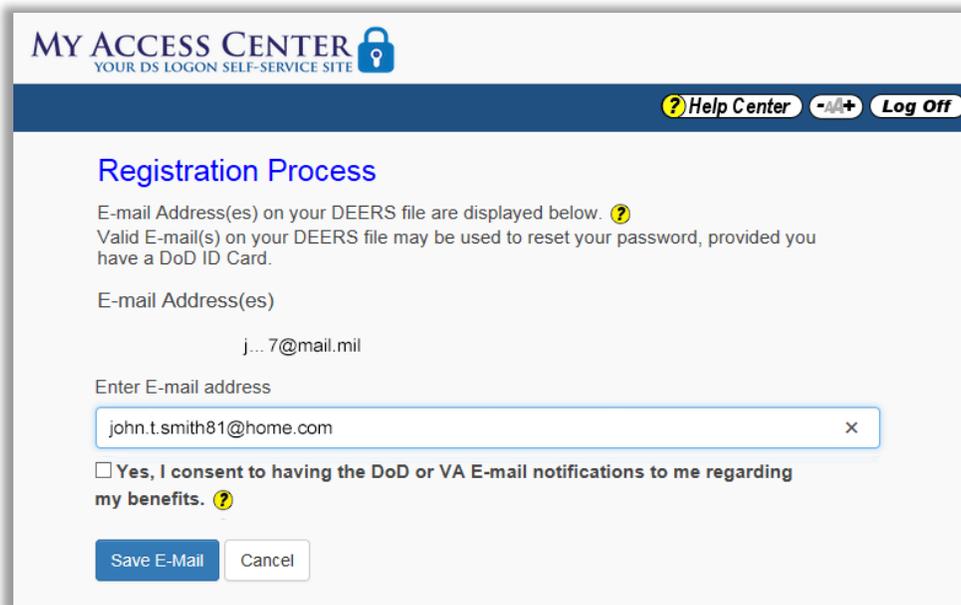
18) To view additional images, select the arrow at the bottom right of the screen. Select a security image and then select **Save**. A message screen appears confirming successful activation.



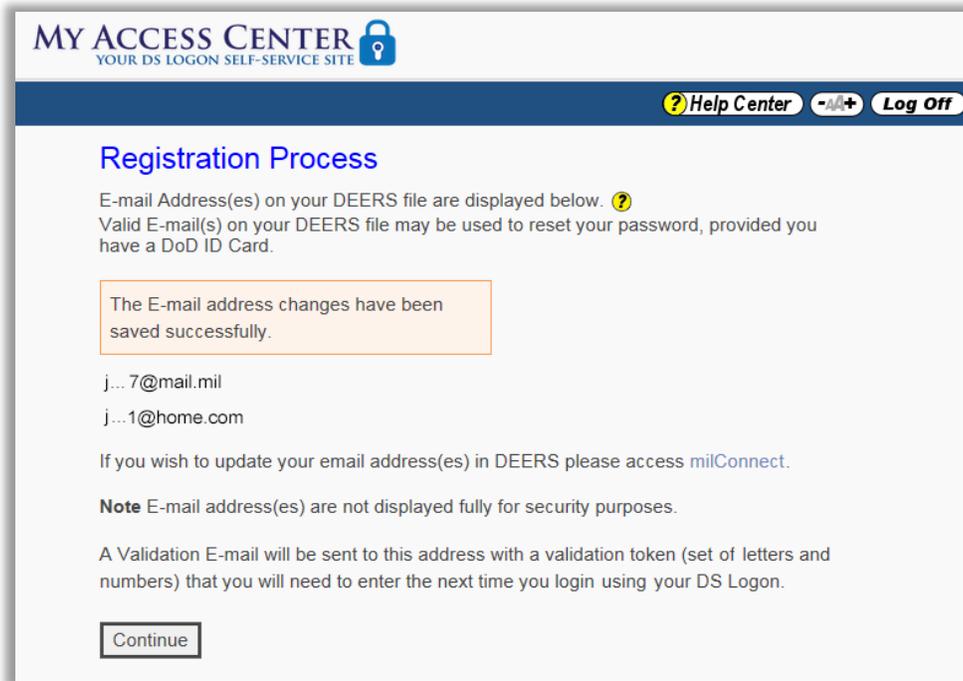
19) Select **Continue**. A screen listing your email address(es) on file in DEERS appears.



20) If you do not want to add an E-mail address, select **Continue**. You can now login with your new DS Logon username and password. If you want to add an E-mail, select **Add E-mail**. The screen displays the Enter E-Mail address field.



21) Enter an E-mail address and select **Save E-mail**. A confirmation screen appears.



The screenshot shows the 'MY ACCESS CENTER' website interface. At the top left is the logo 'MY ACCESS CENTER YOUR DS LOGON SELF-SERVICE SITE' with a lock icon. To the right are navigation links: '? Help Center', '-AA+', and 'Log Off'. The main heading is 'Registration Process'. Below it, text states: 'E-mail Address(es) on your DEERS file are displayed below. ? Valid E-mail(s) on your DEERS file may be used to reset your password, provided you have a DoD ID Card.' An orange-bordered box contains the message: 'The E-mail address changes have been saved successfully.' Below this, two email addresses are listed: 'j... 7@mail.mil' and 'j... 1@home.com'. Further text says: 'If you wish to update your email address(es) in DEERS please access [milConnect](#).' A 'Note' follows: 'E-mail address(es) are not displayed fully for security purposes.' Below the note, it says: 'A Validation E-mail will be sent to this address with a validation token (set of letters and numbers) that you will need to enter the next time you login using your DS Logon.' At the bottom left is a 'Continue' button.

- 22)** The email that you entered appears on the confirmation screen. The next time that you login, you will be prompted to enter the validation token that was sent to the E-mail address provided.
- 23)** Your registration is complete. Select **Continue** to log in with your new account.

# 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

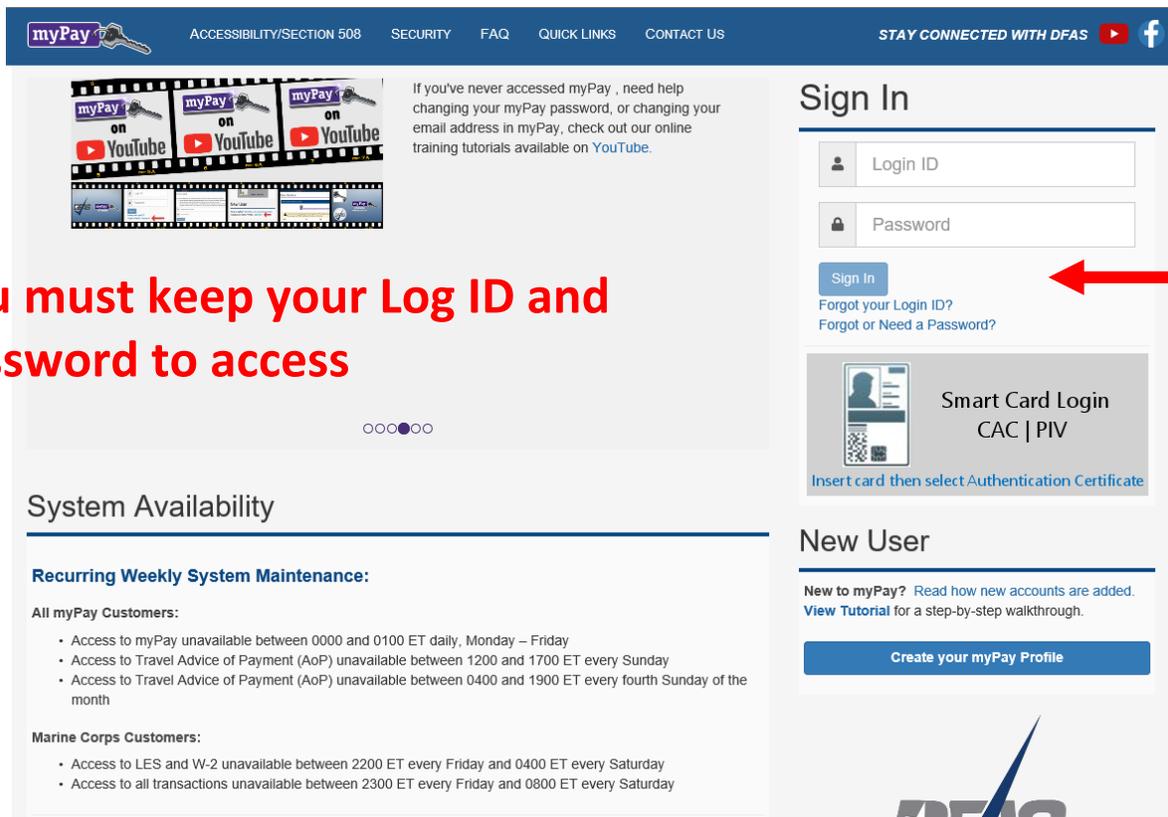
## New to myPay? How to Get Started

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 with a navigation bar at the top containing links for ACCESSIBILITY/SECTION 508, SECURITY, FAQ, QUICK LINKS, CONTACT US, and STAY CONNECTED WITH DFAS. The main content area is divided into several sections. On the left, there is a banner for myPay on YouTube. In the center, there is a section for users who have never accessed myPay, with a link to online training tutorials. On the right, the 'Sign In' section is prominent, featuring input fields for 'Login ID' and 'Password', a 'Sign In' button, and links for 'Forgot your Login ID?' and 'Forgot or Need a Password?'. A red arrow points to the 'Forgot or Need a Password?' link. Below the 'Sign In' section is the 'Smart Card Login' section, which includes a 'CAC | PIV' icon and a link to 'Insert card then select Authentication Certificate'. At the bottom right, there is a 'New User' section with a link to 'View Tutorial' and a 'Create your myPay Profile' button.

**You must keep your Log ID and Password to access**

### System Availability

#### Recurring Weekly System Maintenance:

##### All myPay Customers:

- Access to myPay unavailable between 0000 and 0100 ET daily, Monday – Friday
- Access to Travel Advice of Payment (AoP) unavailable between 1200 and 1700 ET every Sunday
- Access to Travel Advice of Payment (AoP) unavailable between 0400 and 1900 ET every fourth Sunday of the month

##### Marine Corps Customers:

- Access to LES and W-2 unavailable between 2200 ET every Friday and 0400 ET every Saturday
- Access to all transactions unavailable between 2300 ET every Friday and 0800 ET every Saturday

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.

OR

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.

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.

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 with a blue header containing the myPay logo and navigation links: ACCESSIBILITY/SECTION 508, SECURITY, FAQ, QUICK LINKS, CONTACT US, and STAY CONNECTED WITH DFAS. The main content area includes 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 this is a 'Smart Card Login' section with a CAC | PIV icon and the instruction 'Insert card then select Authentication Certificate'. The 'New User' section features a 'Create your myPay Profile' button, which is highlighted with a red arrow. To the left, there is a 'System Availability' section with a 'Recurring Weekly System Maintenance' heading and a list of maintenance periods for myPay customers.

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' with a close button (X) in the top right corner. The form contains the following text: '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 text are two input fields: 'Social Security Number' and 'Password'. Two red arrows point to these fields. A '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 YOUR ACCOUNT ACCESS**

**Due to Security Requirements, you are required to establish a Login ID.**

- If you need help using myPay, contact the Financial Customer Support Line at 1-888-234-3411, extension 2101, 2101-2106, or Debit and Banking Network (2104, 2101-2106) from 9 AM to 5 PM, 7 days a week.
- If you have specific pay account-related questions, contact your customer service representative as listed under the myAgency Access Options.

**LOGIN ID:**

- Your Login ID must be 6 to nine characters in length.
- Your Login ID must contain upper or lowercase letters or a combination of alphanumeric characters. It may also contain ( ) \_ . /
- Numbers are not allowed within the Login ID.
- Cannot be 8 numbers.
- HINT: An email address can be used as a Login ID.

Enter your Login ID:

\_\_\_\_\_  
Login ID is required

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

**Password:**

**The password must:**

- Be 6 to 32 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 five 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:**

- Dictionary words in any language.
- Personal information: Your name, birthday, street names, phone numbers, or similar information.
- Repeating or mirrored characters: Example: 12345678, 222222, 12345678, 12345678 (on your keyboard layout).

**The password will expire in 150 days.**

Enter your password:

\_\_\_\_\_  
Password is required

Re-enter your password:

\_\_\_\_\_  
Password is required

**THE PASSWORD MUST:**

- not include any spaces
- include at least 1 uppercase letter (A-Z)
- include at least 1 lowercase letter (a-z)
- include at least 1 number (0-9)
- include at least 1 special character ( # @ % \* + = , - . )
- be 6 to 32 characters in length
- re-entered password must match password

**Create Account**

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)

Location of these Documents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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)

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: \_\_\_\_\_ Annuity Base Amount: \$ \_\_\_\_\_  
55% annuity amount \$ \_\_\_\_\_ Note: See "Retiree Account Statement" for  
35% annuity amount \$ \_\_\_\_\_ explanation of Social Security Offset/2-tier Formula  
RSFPP Annuity: \$ \_\_\_\_\_  
Supplemental SBP: \$ \_\_\_\_\_ 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 &amp; 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: \_\_\_\_\_





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#
------	--------------	---------	--------

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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**

<u>DOCUMENT</u>	<u>WHERE LOCATED</u>
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	_____

Record)(for all periods) \_\_\_\_\_  
Retirement Orders \_\_\_\_\_  
Safe-Deposit Box – List Contents: \_\_\_\_\_  
Will \_\_\_\_\_  
Vehicle Registration \_\_\_\_\_  
Vehicle Title \_\_\_\_\_  
Insurance policies \_\_\_\_\_  
Investment papers (CDs, Mutual Funds, \_\_\_\_\_  
IRA, other) \_\_\_\_\_  
Burial plot information \_\_\_\_\_  
Uniform for burial \_\_\_\_\_  
Medical and dental records \_\_\_\_\_  
Real Estate deeds \_\_\_\_\_  
Tax returns \_\_\_\_\_  
Bank Name Phone# Type of Acct \_\_\_\_\_  
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.



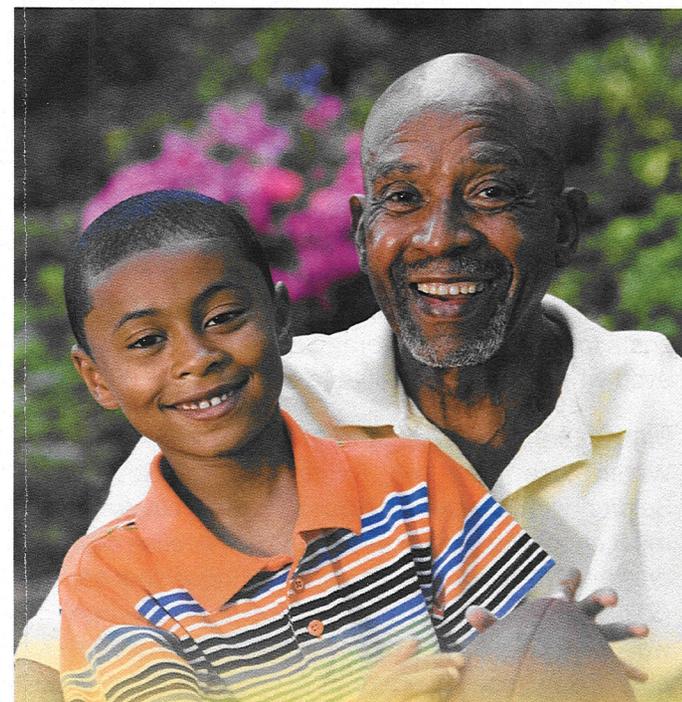
RETIRED



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](http://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

Form with four boxes for cemetery preferences, each containing address and phone information for Missouri Veterans Cemetery locations.

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)

Form for veteran applicant information including name fields (First, Middle, Last, Suffix), address, birth date, social security number, marital status, gender, and military status.

SPOUSE'S NAME AND PERSONAL INFORMATION:

(Marriage documentation must be provided)

Form for spouse information including name fields, birth date, social security number, and interment preferences.

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.

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](http://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](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%20ch07.doc](http://www.warms.vba.va.gov/admin21/m21_1/part6%20ch07.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](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](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](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1002)

Establishing Combat Veteran

Eligibility [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=315](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](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](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](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](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](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](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](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](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1008)

M21-1 Table of Contents [http://www.warms.vba.va.gov/M21\\_1.html](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](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](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](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>

<http://www.access.gpo.gov/uscode/title38/partii chapter15 subchapteriii .html>

Persian Gulf

Registry [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1003](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](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](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](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](http://www1.va.gov/resdev/prt/gulf_war_2002/GulfWarRpt02.pdf)

Phase I PGR [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1004](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1004)

Phase II PGR [http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=1005](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](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](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](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](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](http://www1.va.gov/rac-gwvi/docs/ReportandRecommendations_2004.pdf)

Research and Development [http://www.appc1.va.gov/resdev/programs/all\\_programs.cfm](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](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)

[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)

[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)

[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](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%2006.pdf>

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

VA Health Care Eligibility <http://www.va.gov/healtheligibility/home/hecmain.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](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](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://www1.va.gov/health_benefits/page.cfm?pg=13)<http://webmaila.juno.com/wemail/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](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](http://frwebgate.access.gpo.gov/cgi-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>

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.<sup>1</sup> 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.<sup>2</sup> 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.

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<sup>1</sup> 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.

<sup>2</sup> 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 25<sup>th</sup> and 36<sup>th</sup> 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 current TRICARE Retiree Dental Program will end  
**DEC. 31, 2018.**

During the 2018 Open Season, you can enroll in the Office of Personnel Management's (OPM) **Federal Dental and Vision Insurance Program (FEDVIP)** for dental benefits in 2019. 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](http://tricare.benefeds.com) or [tricare.mil/fedvip](http://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.

## 2022 FEDVIP Dental Plans:

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

## 2022 FEDVIP Vision Plans:

Aetna Vision  
FEP BlueVision  
The MetLife Federal  
UnitedHealthcare  
Vision Vision Service  
Plan (VSP)

**Note:** Plan details and rates for the 2022 plan year will be available in fall 2021.

## 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 14–Dec 12, 2022**

Federal Benefits Open Season for FEDVIP



**Jan 1, 2023**

2022 FEDVIP plan  
year begins

**2022 Federal Dental and Vision Program (FEDVIP) 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	EmblemHealth 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	900-908, 910-918, 922-928, 930-931, 933-935	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

**2022 Federal Dental and Vision Program (FEDVIP) Dental Rating Region Chart**

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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
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

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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	1	N/A	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

**2022 Federal Dental and Vision Program (FEDVIP) 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	EmblemHealth 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
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	5	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
ternation	International	2	1	5	N/A	N/A	5	N/A	N/A	5	N/A	5	5

## 2022 Federal Employees Dental and Vision Insurance Program (FEDVIP) Vision Premium Rate Chart

Plan	Option	2022 Biweekly Premium Rates Self-Only	2022 Biweekly Premium Rates Self Plus One	2022 Biweekly Premium Rates Self & Family	2022 Monthly Premium Rates Self-Only	2022 Monthly Premium Rates Self Plus One	2022 Monthly Premium Rates Self & Family
Aetna Vision Preferred	High	\$5.67	\$11.32	\$16.99	\$12.29	\$24.53	\$36.81
Aetna Vision Preferred	Standard	\$3.15	\$6.30	\$9.45	\$6.83	\$13.65	\$20.48
Blue Cross Blue Shield FEP Vision	High	\$5.55	\$11.09	\$16.64	\$12.03	\$24.03	\$36.05
Blue Cross Blue Shield FEP Vision	Standard	\$3.56	\$7.11	\$10.67	\$7.71	\$15.41	\$23.12
The MetLife Federal Vision Plan	High	\$5.62	\$11.23	\$16.85	\$12.18	\$24.33	\$36.51
The MetLife Federal Vision Plan	Standard	\$3.37	\$6.73	\$10.10	\$7.30	\$14.58	\$21.88
UnitedHealthcare Vision Plan	High	\$5.06	\$9.88	\$14.70	\$10.96	\$21.41	\$31.85
UnitedHealthcare Vision Plan	Standard	\$3.40	\$6.62	\$9.86	\$7.37	\$14.34	\$21.36
VSP Vision Care	High	\$6.71	\$13.44	\$20.17	\$14.54	\$29.12	\$43.70
VSP Vision Care	Standard	\$3.57	\$7.13	\$10.71	\$7.74	\$15.45	\$23.21



2022 Federal Employees Dental and Vision Insurance Program (FEDVIP) Dental Premium Rate Charts							
Please note: Rating areas for each carrier are not the same for all plans. Please refer to the Dental Rating Chart to determine your specific region.							
Plan - Option	Rating Region	2022 Biweekly Premium Rates Self-Only	2022 Biweekly Premium Rates Self Plus One	2022 Biweekly Premium Rates Self & Family	2022 Monthly Premium Rates Self-Only	2022 Monthly Premium Rates Self Plus One	2022 Monthly Premium Rates Self & Family
GEHA Connection Dental Federal - High	0	\$25.72	\$51.45	\$77.17	\$55.73	\$111.48	\$167.20
GEHA Connection Dental Federal - High	1	\$17.28	\$34.56	\$51.85	\$37.44	\$74.88	\$112.34
GEHA Connection Dental Federal - High	2	\$19.43	\$38.85	\$58.28	\$42.10	\$84.18	\$126.27
GEHA Connection Dental Federal - High	3	\$21.24	\$42.48	\$63.72	\$46.02	\$92.04	\$138.06
GEHA Connection Dental Federal - High	4	\$23.73	\$47.46	\$71.19	\$51.42	\$102.83	\$154.25
GEHA Connection Dental Federal - High	5	\$25.72	\$51.45	\$77.17	\$55.73	\$111.48	\$167.20
GEHA Connection Dental Federal - Standard	0	\$14.18	\$28.36	\$42.53	\$30.72	\$61.45	\$92.15
GEHA Connection Dental Federal - Standard	1	\$9.56	\$19.13	\$28.68	\$20.71	\$41.45	\$62.14
GEHA Connection Dental Federal - Standard	2	\$10.72	\$21.43	\$32.15	\$23.23	\$46.43	\$69.66
GEHA Connection Dental Federal - Standard	3	\$11.74	\$23.43	\$35.15	\$25.44	\$50.77	\$76.16
GEHA Connection Dental Federal - Standard	4	\$13.10	\$26.16	\$39.25	\$28.38	\$56.68	\$85.04
GEHA Connection Dental Federal - Standard	5	\$14.18	\$28.36	\$42.53	\$30.72	\$61.45	\$92.15
HealthPartners Dental Plan - High	1	\$20.74	\$41.48	\$62.23	\$44.94	\$89.87	\$134.83
HealthPartners Dental Plan - High	2	\$21.77	\$43.53	\$65.30	\$47.17	\$94.32	\$141.48
HealthPartners Dental Plan - Standard	1	\$14.94	\$29.89	\$44.82	\$32.37	\$64.76	\$97.11
HealthPartners Dental Plan - Standard	2	\$17.04	\$34.09	\$51.12	\$36.92	\$73.86	\$110.76
Humana Dental - High	1	\$17.30	\$34.61	\$51.91	\$37.48	\$74.99	\$112.47
Humana Dental - High	2	\$19.01	\$38.03	\$57.04	\$41.19	\$82.40	\$123.59
Humana Dental - High	3	\$19.96	\$39.91	\$59.86	\$43.25	\$86.47	\$129.70
Humana Dental - High	4	\$21.33	\$42.68	\$64.01	\$46.22	\$92.47	\$138.69
Humana Dental - High	5	\$23.45	\$46.89	\$70.34	\$50.81	\$101.60	\$152.40
Humana Dental - Standard	1	\$11.19	\$22.38	\$33.57	\$24.25	\$48.49	\$72.74
Humana Dental - Standard	2	\$12.07	\$24.13	\$36.20	\$26.15	\$52.28	\$78.43
Humana Dental - Standard	3	\$13.01	\$26.03	\$39.03	\$28.19	\$56.40	\$84.57
Humana Dental - Standard	4	\$14.29	\$28.58	\$42.87	\$30.96	\$61.92	\$92.89
Humana Dental - Standard	5	\$16.39	\$32.78	\$49.18	\$35.51	\$71.02	\$106.56
The MetLife Federal Dental Plan - High	0	\$26.70	\$53.39	\$80.09	\$57.85	\$115.68	\$173.53
The MetLife Federal Dental Plan - High	1	\$18.82	\$37.63	\$56.45	\$40.78	\$81.53	\$122.31
The MetLife Federal Dental Plan - High	2	\$19.85	\$39.70	\$59.55	\$43.01	\$86.02	\$129.03
The MetLife Federal Dental Plan - High	3	\$22.04	\$44.09	\$66.13	\$47.75	\$95.53	\$143.28
The MetLife Federal Dental Plan - High	4	\$23.98	\$47.96	\$71.94	\$51.96	\$103.91	\$155.87
The MetLife Federal Dental Plan - High	5	\$26.70	\$53.39	\$80.09	\$57.85	\$115.68	\$173.53
The MetLife Federal Dental Plan - Standard	0	\$14.18	\$28.37	\$42.55	\$30.72	\$61.47	\$92.19
The MetLife Federal Dental Plan - Standard	1	\$10.25	\$20.51	\$30.76	\$22.21	\$44.44	\$66.65
The MetLife Federal Dental Plan - Standard	2	\$10.90	\$21.79	\$32.69	\$23.62	\$47.21	\$70.83
The MetLife Federal Dental Plan - Standard	3	\$12.15	\$24.30	\$36.45	\$26.33	\$52.65	\$78.98
The MetLife Federal Dental Plan - Standard	4	\$13.40	\$26.81	\$40.21	\$29.03	\$58.09	\$87.12
The MetLife Federal Dental Plan - Standard	5	\$14.18	\$28.37	\$42.55	\$30.72	\$61.47	\$92.19
Triple-S Salud - High	1	\$4.80	\$9.60	\$12.61	\$10.40	\$20.80	\$27.32

## 2022 Federal Employees Dental and Vision Insurance Program (FEDVIP) Dental Premium Rate Charts

Please note: Rating areas for each carrier are not the same for all plans. Please refer to the Dental Rating Chart to determine your specific region.

Plan - Option	Rating Region	2022 Biweekly Premium Rates Self-Only	2022 Biweekly Premium Rates Self Plus One	2022 Biweekly Premium Rates Self & Family	2022 Monthly Premium Rates Self-Only	2022 Monthly Premium Rates Self Plus One	2022 Monthly Premium Rates Self & Family
United Concordia Dental - High	0	\$23.55	\$47.10	\$70.62	\$51.03	\$102.05	\$153.01
United Concordia Dental - High	1	\$15.80	\$31.60	\$47.38	\$34.23	\$68.47	\$102.66
United Concordia Dental - High	2	\$17.72	\$35.45	\$53.17	\$38.39	\$76.81	\$115.20
United Concordia Dental - High	3	\$19.68	\$39.34	\$59.03	\$42.64	\$85.24	\$127.90
United Concordia Dental - High	4	\$21.61	\$43.23	\$64.84	\$46.82	\$93.67	\$140.49
United Concordia Dental - High	5	\$23.55	\$47.10	\$70.62	\$51.03	\$102.05	\$153.01
United Concordia Dental - Standard	0	\$15.42	\$30.83	\$46.24	\$33.41	\$66.80	\$100.19
United Concordia Dental - Standard	1	\$10.38	\$20.75	\$31.13	\$22.49	\$44.96	\$67.45
United Concordia Dental - Standard	2	\$11.65	\$23.29	\$34.92	\$25.24	\$50.46	\$75.66
United Concordia Dental - Standard	3	\$12.91	\$25.81	\$38.71	\$27.97	\$55.92	\$83.87
United Concordia Dental - Standard	4	\$14.16	\$28.33	\$42.49	\$30.68	\$61.38	\$92.06
United Concordia Dental - Standard	5	\$15.42	\$30.83	\$46.24	\$33.41	\$66.80	\$100.19
UnitedHealthcare Dental Plan - High	0	\$29.05	\$58.09	\$87.15	\$62.94	\$125.86	\$188.83
UnitedHealthcare Dental Plan - High	1	\$19.47	\$38.93	\$58.38	\$42.19	\$84.35	\$126.49
UnitedHealthcare Dental Plan - High	2	\$20.87	\$41.74	\$62.60	\$45.22	\$90.44	\$135.63
UnitedHealthcare Dental Plan - High	3	\$23.81	\$47.61	\$71.42	\$51.59	\$103.16	\$154.74
UnitedHealthcare Dental Plan - High	4	\$25.89	\$51.78	\$77.67	\$56.10	\$112.19	\$168.29
UnitedHealthcare Dental Plan - High	5	\$29.05	\$58.09	\$87.15	\$62.94	\$125.86	\$188.83
UnitedHealthcare Dental Plan - Standard	0	\$15.09	\$30.16	\$45.25	\$32.70	\$65.35	\$98.04
UnitedHealthcare Dental Plan - Standard	1	\$10.15	\$20.30	\$30.45	\$21.99	\$43.98	\$65.98
UnitedHealthcare Dental Plan - Standard	2	\$10.88	\$21.76	\$32.64	\$23.57	\$47.15	\$70.72
UnitedHealthcare Dental Plan - Standard	3	\$12.39	\$24.78	\$37.17	\$26.85	\$53.69	\$80.54
UnitedHealthcare Dental Plan - Standard	4	\$13.46	\$26.93	\$40.39	\$29.16	\$58.35	\$87.51
UnitedHealthcare Dental Plan - Standard	5	\$15.09	\$30.16	\$45.25	\$32.70	\$65.35	\$98.04
Delta Dental's Federal Employees Dental Program - High	0	\$26.37	\$52.73	\$79.10	\$57.14	\$114.25	\$171.38
Delta Dental's Federal Employees Dental Program - High	1	\$17.67	\$35.35	\$53.02	\$38.29	\$76.59	\$114.88
Delta Dental's Federal Employees Dental Program - High	2	\$19.38	\$38.76	\$58.13	\$41.99	\$83.98	\$125.95
Delta Dental's Federal Employees Dental Program - High	3	\$21.26	\$42.52	\$63.79	\$46.06	\$92.13	\$138.21
Delta Dental's Federal Employees Dental Program - High	4	\$22.63	\$45.25	\$67.88	\$49.03	\$98.04	\$147.07
Delta Dental's Federal Employees Dental Program - High	5	\$26.37	\$52.73	\$79.10	\$57.14	\$114.25	\$171.38
Delta Dental's Federal Employees Dental Program - Standard	0	\$13.05	\$26.10	\$39.16	\$28.28	\$56.55	\$84.85
Delta Dental's Federal Employees Dental Program - Standard	1	\$9.20	\$18.40	\$27.61	\$19.93	\$39.87	\$59.82
Delta Dental's Federal Employees Dental Program - Standard	2	\$10.02	\$20.05	\$30.07	\$21.71	\$43.44	\$65.15
Delta Dental's Federal Employees Dental Program - Standard	3	\$10.81	\$21.61	\$32.42	\$23.42	\$46.82	\$70.24
Delta Dental's Federal Employees Dental Program - Standard	4	\$11.40	\$22.80	\$34.19	\$24.70	\$49.40	\$74.08
Delta Dental's Federal Employees Dental Program - Standard	5	\$13.05	\$26.10	\$39.16	\$28.28	\$56.55	\$84.85

# TRICARE® Costs and Fees 2022



Updated January 2022

This brochure provides an overview of most costs and fees for TRICARE programs. For detailed costs and fees, including those for TRICARE For Life, visit [www.tricare.mil/costs](http://www.tricare.mil/costs). To learn more about each TRICARE program option and eligibility, visit [www.tricare.mil/planfinder](http://www.tricare.mil/planfinder).

## TRICARE beneficiaries fall into one of two groups: 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: When enrolled in TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), TRICARE Young Adult (TYA), or the Continued Health Care Benefit Program (CHCBP), Group A beneficiaries follow Group B deductibles and applicable copayments or cost-shares.*

## TRICARE PRIME® (JAN. 1–DEC. 31, 2022)

Includes TRICARE Prime, TRICARE Prime Remote, the US Family Health Plan (USFHP), and TYA Prime plans.

### Annual Enrollment Fees (TRICARE Prime, TRICARE Prime Remote, and USFHP only)

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

For retirees, their families, and most others\*:

- **Group A:** \$323 per individual/\$647 per family
- **Group B:** \$392 per individual/\$784 per family

### Annual Deductible

There is no annual deductible.

## TRICARE Prime Out-of-Pocket Costs

ADSMs, ADFMs, and transitional survivors		
Covered service	Group A	Group B
All covered services	\$0	\$0
Retirees, their families, and all others		
Covered service	Group A	Group B
Preventive Care Visit	\$0	\$0
Primary Care Outpatient Visit	\$22	\$22
Specialty Care Outpatient Visit	\$33	\$33
Urgent Care Center Visit	\$33	\$33
Emergency Room Visit	\$67	\$67
Inpatient Admission (Hospitalization), Network	\$168/admission	\$168/admission

## TRICARE Prime Point-of-Service Option

When you see a TRICARE-authorized provider other than your primary care manager for any nonemergency services without a referral, you pay:

- A yearly deductible before TRICARE cost-sharing will begin: \$300 per individual/\$600 per family.
- For services beyond this deductible, you pay 50% of the TRICARE-allowable charge.
- These costs do not apply to the catastrophic cap.

## TRICARE SELECT® (JAN. 1–DEC. 31, 2022)

Includes TRICARE Select, TRICARE Overseas Program (TOP) Select, TRS, TRR, TYA Select, and CHCBP plans.

### Annual Enrollment Fees (TRICARE Select and TOP Select only)

No yearly enrollment fee for ADFMs. For retirees, their families, and others:

- **Group A:** \$158 per individual/\$317 per family
- **Group B:** \$504 per individual/\$1,008 per family

### Annual Deductible

You must spend your deductible amount before TRICARE cost-sharing begins:

ADFMs and TRS members			
Pay grades E-4 and below			
Group A		Group B and TRS members	
Individual	Family	Individual	Family
\$50	\$100	\$56	\$112
Pay grades E-5 and above			
Group A		Group B and TRS members	
Individual	Family	Individual	Family
\$150	\$300	\$168	\$336
Retirees, their families, TRR members, and all others			
Group A		Group B and TRR members	
Individual	Family	Individual	Family
\$150	\$300	Network†: \$168	Network†: \$336
		Out-of-Network†: \$336	Out-of-Network†: \$672

(Continued on next page)

\* For certain beneficiaries in Group A, their enrollment fee remains frozen at the rate when the survivor or medically-retired member is classified in the Defense Enrollment Eligibility Reporting System in either category and enrolls, as long as there is a continuous TRICARE Prime enrollment. See [www.tricare.mil/costs](http://www.tricare.mil/costs) for more information.

† Network means a provider in the TRICARE network. Out-of-network means a TRICARE-authorized provider not in the TRICARE network.

**Certain TRICARE Select Out-of-Pocket Costs: Network and Out-of-Network\***

Covered Services	ADFM's and TRS members		Retirees, their families, TRR members, and all others	
	Group A	Group B and TRS members	Group A	Group B and TRR members
<b>Preventive Care Visit</b>	\$0	\$0	\$0	\$0
<b>Primary Care Outpatient Visit</b>	Network: \$24 Out-of-Network: 20%†	Network: \$16 Out-of-Network: 20%†	Network: \$32 Out-of-Network: 25%†	Network: \$28 Out-of-Network: 25%†
<b>Specialty Care Outpatient Visit</b>	Network: \$38 Out-of-Network: 20%†	Network: \$28 Out-of-Network: 20%†	Network: \$50 Out-of-Network: 25%†	Network: \$44 Out-of-Network: 25%†
<b>Urgent Care Center Visit</b>	Network: \$24 Out-of-Network: 20%†	Network: \$22 Out-of-Network: 20%†	Network: \$32 Out-of-Network: 25%†	Network: \$44 Out-of-Network: 25%†
<b>Emergency Room Visit</b>	Network: \$99 Out-of-Network: 20%†	Network: \$44 Out-of-Network: 20%†	Network: \$133 Out-of-Network: 25%†	Network: \$89 Out-of-Network: 25%†
<b>Inpatient Admission (Hospitalization)</b>	\$20.75 per day or \$25 per admission (whichever is more) Network and Out-of-Network	\$67 per admission Network	\$250 per day or up to 25% hospital charge (whichever is less); plus 20% separately billed services Network	\$196 per admission Network
		20%† Out-of-Network	\$1,053 per day§ or up to 25% hospital charge (whichever is less); plus 25% separately billed services Out-of-Network	25%† Out-of-Network
\$20.75 per day (subsistence charge)‡ Military Hospital or Clinic				

\* Network means a provider in the TRICARE network. Out-of-network means a TRICARE-authorized provider not in the TRICARE network.

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

**PREMIUM-BASED HEALTH PLANS**

When enrolled in a premium-based health plan (TRS, TRR, TYA Prime, TYA Select, or CHCBP), you pay a monthly or quarterly premium and follow Group B deductibles and applicable copayments or cost-shares.

Quarterly Premium (Oct. 1, 2021–Sept. 30, 2022)		
Premium-Based Plan	Individual	Family
Continued Health Care Benefit Program	\$1,654	\$4,079

Monthly Premium (Jan. 1–Dec. 31, 2022)		
Premium-Based Plan	Member only	Member and family
TRICARE Reserve Select	\$46.70	\$229.99
TRICARE Retired Reserve	\$502.32	\$1,206.59
TRICARE Young Adult Prime	\$512	Not available
TRICARE Young Adult Select	\$265	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 TYA member's catastrophic cap is based on the sponsor's status but follows Group B. The CHCBP catastrophic cap follows Group B.

Sponsor or Beneficiary Type	Group A	Group B
<b>ADFM</b> s	\$1,000/family	\$1,120/family
<b>Retirees, their families, and others</b>	\$3,000/family (TRICARE Prime) \$3,706/family (TRICARE Select)	\$3,921/family
<b>TRS members</b>	(Follow Group B)	\$1,120/family
<b>TRR members</b>	(Follow Group B)	\$3,921/family



## PHARMACY COSTS (JAN. 1, 2022–DEC. 31, 2023)

ADSMs have no prescription drug costs when using a military pharmacy, TRICARE Pharmacy Home Delivery, or a TRICARE retail network pharmacy for covered drugs. Costs for all others are shown below. Depending on your TRICARE plan and whether you're in Group A or B, you may have to meet your annual deductible before copayments or cost-shares apply for certain pharmacy types. Use the TRICARE Compare Cost Tool at [www.tricare.mil/comparecosts](http://www.tricare.mil/comparecosts) to learn more.

At TRICARE retail 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. Your options for filling your prescription depend on the type of drug your provider prescribes. Some drugs are only covered through TRICARE Pharmacy Home Delivery. Overseas, some limitations may apply.

To learn more, visit <https://militaryrx.express-scripts.com> or call Express Scripts, Inc., at 1-877-363-1303.

Pharmacy types	Formulary drug costs		Non-formulary drug costs	Non-covered drug costs
	Generic	Brand-name		
<b>Military pharmacy</b> Up to a 90-day supply	\$0	\$0	Generally not available without medical necessity	Not available
<b>TRICARE Pharmacy Home Delivery</b> Up to a 90-day supply	\$12	\$34	\$68	Not available
<b>TRICARE retail network pharmacy</b> Up to a 30-day supply	\$14	\$38	\$68	Full cost of drug
<b>Non-network pharmacy</b> (in the U.S. and U.S. territories: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands)	<b>TRICARE Prime options:</b> 50% cost-share applies after the point-of-service (POS) deductible is met  <b>All other beneficiaries:</b> You pay for <b>formulary drugs</b> (\$38 or 20% of total cost, whichever is more, after you meet your annual deductible) and <b>non-formulary drugs</b> (\$68 or 20% of total cost, whichever is more, after you meet your annual deductible).			Full cost of drug
<b>Overseas pharmacy</b> (outside the U.S. and U.S. territories)  Visit <a href="http://www.tricare.mil/overseas-pharmacy">www.tricare.mil/overseas-pharmacy</a> for more information.	<b>ADSMs and ADFMs using TOP Prime or TOP Prime Remote:</b> \$0 (you may have to pay the full cost up front and file a claim for reimbursement)  <b>ADFM</b> s using <b>TOP Select</b> and <b>TRS members:</b> 20% cost-share after yearly deductible is met  <b>Retirees, their families, TRR members, and all others enrolled in TOP Select:</b> 25% cost-share after the yearly deductible is met			Full cost of drug



## VOLUNTARY DENTAL PROGRAMS

There are two voluntary dental options separate from TRICARE health care options: the TRICARE Dental Program (TDP) and the Federal Employees Dental and Vision Insurance Program (offered by the U.S. Office of Personnel Management). Below are the TDP rates. To learn more about dental programs and eligibility, visit [www.tricare.mil/dental](http://www.tricare.mil/dental).

### TRICARE Dental Program Monthly Premiums (May 1, 2021–April 30, 2022)

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	\$11.65	\$30.28	N/A
Selected Reserve	\$11.65	\$29.12	\$75.71	\$87.36
Individual Ready Reserve	\$29.12	\$29.12	\$75.71	\$104.83

### TRICARE Dental Program Out-of-Pocket Costs (May 1, 2021–April 30, 2022)

Services, deductibles, and maximums	TRICARE Dental Program
Diagnostic, preventive (including sealants)	0%
Basic restorative	20%
Endodontic, periodontic, oral surgery	Pay grades E-1 through E-4: 30%; All others: 40%
Prosthodontic, implant, orthodontic	50%
Yearly deductible	\$0
Non-orthodontic service maximum*	\$1,500 (per person, per contract year: May 1–April 30)
Orthodontic lifetime maximum	\$1,750 (per person, per lifetime)
Dental accident maximum	\$1,200 (per person, per contract year: May 1–April 30)

\* Orthodontic diagnostic service charges are applied towards the non-orthodontic service maximum, but other diagnostic and preventive service charges are not.

## LOOKING FOR More Information?

GO TO [www.tricare.mil](http://www.tricare.mil)



**TRICARE Costs**  
[www.tricare.mil/costs](http://www.tricare.mil/costs)



**TRICARE Plan Finder**  
[www.tricare.mil/planfinder](http://www.tricare.mil/planfinder)



**TRICARE East Region**  
Humana Military  
1-800-444-5445  
HumanaMilitary.com  
[www.tricare-east.com](http://www.tricare-east.com)



**TRICARE Overseas Program (TOP)**  
International SOS  
Government Services, Inc.  
[www.tricare-overseas.com](http://www.tricare-overseas.com)  
For toll-free contact information, visit this website.



**TRICARE Pharmacy Program**  
Express Scripts, Inc.  
1-877-363-1303  
1-877-540-6261 (TDD/TTY)  
[www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy)  
<https://militaryrx.express-scripts.com>



**TRICARE Dental Program**  
United Concordia Companies, Inc.  
CONUS: 1-844-653-4061  
OCONUS: 1-844-653-4060 or 1-717-888-7400  
711 (TDD/TTY)  
[www.uccitdp.com](http://www.uccitdp.com)



**TRICARE West Region**  
Health Net Federal Services, LLC  
1-844-866-WEST (1-844-866-9378)  
[www.tricare-west.com](http://www.tricare-west.com)

**TOP Regional Call Centers**  
*Eurasia-Africa*  
+44-20-8762-8384 (overseas)  
1-877-678-1207 (stateside)  
[tricarelon@internationalsos.com](mailto:tricarelon@internationalsos.com)  
*Latin America and Canada*  
+1-215-942-8393 (overseas)  
1-877-451-8659 (stateside)  
[tricarephl@internationalsos.com](mailto:tricarephl@internationalsos.com)

*Pacific (Singapore):*  
+65-6339-2676 (overseas)  
1-877-678-1208 (stateside)  
[sin.tricare@internationalsos.com](mailto:sin.tricare@internationalsos.com)

*Pacific (Sydney):*  
+61-2-9273-2710 (overseas)  
1-877-678-1209 (stateside)  
[sydricare@internationalsos.com](mailto:sydricare@internationalsos.com)

#### An Important Note About TRICARE Program Information

At the time of publication, this information is current. It is 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. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.



## 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](mailto:debra.l.havens.civ@mail.mil)  
or [john.r.lewis2.civ@mail.mil](mailto:john.r.lewis2.civ@mail.mil)



# Tell us how we did!

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\*\*\*Use your iPhone Camera\*\*\*



Or visit <https://ice.disa.mil/>

**Base: Ike Skelton Training Site**

**Service Provider: Retirement Services Office**