



Health Benefits Navigator

A Tool to Help Veterans and Their Family Members Find and Obtain Service-Related Health Benefits

Why is this navigator so important?

Qualifying for health benefits can be complex, but understanding the process can provide better outcomes.

This navigator can help you to:

- Learn more about health benefits provided through the United States Department of Veterans Affairs (VA) and Department of Defense (DoD).
- Understand how to apply and enroll in VA health care.
- Identify how to get help from representatives¹ who have experience and knowledge of the VA's process for awarding benefits.

Important Tips:

- **Be persistent.** Criteria for these programs are frequently revised, so eligibility for certain benefits may change. Ask questions and seek out help.
- **Gather and organize the veteran's information.** The VA requires physical documentation to determine the benefits a service member is qualified for.
- Stay engaged after submitting initial applications to VA and other programs. No one wants to restart the application process for missing a deadline.

Disclaimer: Throughout this document there are several phone numbers, web links and email addresses with an asterisk (*) to make direct contact with public agencies or organizations that can provide additional information. These are not AARP resources. Any information you provide to the host agency or organization will be governed by its privacy policy.

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What are VA benefits?

The government provides a number of services to help veterans in civilian life. Although not all VA benefits are related to health, service members who experience specific hardships or disabilities as a result of their service may be eligible for specialized health benefits which can sometimes include extra assistance for their caregivers.

- Any veteran who served in active uniformed service and didn't receive a dishonorable discharge may qualify for benefits from the VA.
- VA benefits, and the level of help they can provide, often change because the VA receives different sums of money from Congress each year.

It's important to know that, in most cases, VA health services are only provided to the Veteran and not their spouse or family.



What health benefits are available?

Depending on household size, income or disability status², veterans and dependents may qualify for any or all of these:

- · VA health care benefits.
- Private insurance administered through the Affordable Care Act (ACA).
- Free or low-cost Medicaid³ or Children's Health Insurance Program (CHIP).

Other forms of health care coverage (ACA or another private insurance plan, Medicare ⁴, Medicaid, or TRICARE ⁵), can be used in addition to VA health care benefits.

- Having any other health insurance coverage doesn't affect the VA health care benefits you can get, so find out if you are eligible for VA services (start at page 8).
- Medicaid provides health care coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults in long-term care and people with disabilities.

CASE STUDIES

The following are real-life examples of individuals who found themselves seeking health care services. If these stories are relevant to you, this navigator will help you determine which steps to take next.

I served in Desert Storm and got out after six years. Now I need health care benefits...

I'm currently 52 and got laid off my job last year. I never thought I'd need to go to the VA for health care, but I just don't have any other insurance right now.

When I left active duty, they told me I could get a service-connected disability rating for some of the issues I experienced while serving in Iraq. I never did anything about it, but here I am, and I'm feeling really lost.

HOW DO I GET HELP?

My father is a veteran who was exposed to Agent Orange. I need help to get him health care benefits...

My dad was recently diagnosed with multiple myeloma and is receiving chemotherapy.

We were told by his oncologist that his disease could be related to exposure to Agent Orange in Vietnam. He was drafted in 1967 and was sent to Vietnam for one year in 1968. While he doesn't talk about it, I know he fought in the infantry.

He has never received care from the VA and he really doesn't know where to start. He lives with me and has limited energy to do anything. He agreed that I should do the research to find out what he is eligible to receive.

WHERE DO I START?

I'm a veteran, a single mom with two teenagers ... and I use Medicaid.

I was in the Army and served for a year in the Persian Gulf with the 87th Medical Detachment. When I returned home, I got out and got married. We had two kids, but then we divorced five years ago.

As a single mother I've worked for several small companies, but never had permanent health care insurance. I was diagnosed two years ago with multiple sclerosis and was able to qualify for Medicaid last year.

I'm concerned about the future and want to consider all my health care options. I wonder if I can use VA health care benefits and Medicaid at the same time?

WHAT CAN VA DO TO HELP?

My spouse is retired from the military and I need assistance to better understand our health care services...

My husband and I married after he retired from the Army. He enrolled me in TRICARE and then when we became Medicare eligible, we added "TRICARE for Life" as our supplementary insurance.

I have an ID card that I take to my health care provider, but I know little else. If my husband didn't manage the process, I wouldn't have known what to do, but now he's been diagnosed with dementia.

If he can't speak on our behalf...

...HOW DO I ENSURE WE GET THE HEALTH CARE WE NEED?

Last year I left graduate school and moved back home to care for my dad.

Since serving multiple tours in Iraq and Afghanistan, he has struggled with worsening respiratory issues and other problems.

Ever since my parents divorced a few years ago, my younger sister and I have been looking after our dad. Six months ago, Dad began making suicide attempts after he became completely oxygen dependent. We just can't leave him by himself anymore.

Unfortunately, one of us will need to quit our jobs to care for him full time, and I don't know how we can afford that.

HOW CAN THE VA HELP US?

Accessing Veterans Specialty Care Programs and Services

First of all, what is a specialty care program or service?

The VA recognizes that in order to address a number of unique situations, many veterans and their families need specialized programs and services, such as:

- Women Veterans Health Care Program
- Specialty emotional and mental health services
- Specialty dental, oral, hearing and vision services
- Family Caregiver Assistance Program

These programs and services require specific qualifications based on circumstances that are laid out by legislation or regulations established by the VA.

Information on qualifying for and using these specialty care programs and services is provided in the following pages.

Women Veterans Health Care Program

Women veterans are a diverse group—professionals, mothers, retirees—of varying ages; racial, ethnic and gender identities; and sexual orientation. The VA recently established a Center for Women Veterans (va.gov/womenvet) that provides health care teams that can help in all stages of a woman's life and health status, including:

- Comprehensive Primary Care
- Military exposures and whole health
- General health and cancer screenings, such as breast, cervical and colon, and other unique services for women
- Gynecologic and fertility treatments
- Sensory aids and prosthetics, including gender-specific items like those used after a mastectomy
- Other specialties, including radiology, neurology, cardiology, orthopedics, rheumatology, oncology and endocrinology

For women who have transitioned from active-duty or reserve/guard service, an online course is available to help them understand the VA's health care benefits and services available: tapevents.mil/courses/251

Call, text or chat online with the Women Veterans Call Center (WVCC) at **1-855-829-6636** to get help and to obtain specific assistance from trained women representatives about available health resources and services

Specialty Emotional and Mental Health Services

VA Health covers physical as well as emotional and mental health care. This includes a range of services, such as checkups, home health care, and mental health care services for post-traumatic stress disorder (PTSD), psychological effects of military sexual trauma (MST), depression, grief, anxiety and many other ailments.

The VA is concerned about addressing the risk of suicide among those who have served in the military and has a hotline and other services available—including for veterans not enrolled in VA health care.

If you are a veteran in mental health crisis and are thinking about hurting yourself (or if you know a veteran in this situation), you can get help right away:

- Call 1-800-273-8255, select 1, or
- Text 838255

Veterans also can call **1-877-927-8387** to talk with a fellow combat veteran about their experiences or concerns, 24 hours a day, seven days a week, 365 days a year.

Identify how to generally qualify for VA Mental Health Care:

If you have a VA primary care provider, talk with this professional about your concerns. Your provider can help you figure out if you have PTSD or other issues and can offer treatment and support.

If you don't have a VA primary care provider or have never been seen in a VA hospital or clinic, contact the VA in one of these ways:

- Call the general information hotline at 1-800-827-1000,
 Monday through Friday, 8 a.m. to 9 p.m. ET
- Contact a local VA medical center: va.gov/find-locations

Specialty Dental, Oral, Hearing and Vision Services

The VA offers comprehensive dental, oral, hearing and vision care benefits for qualifying veterans.

Hearing and vision challenges can be linked to many serviceconnected disabilities, as military members are disproportionately exposed to environments negatively affecting sensory capabilities.

What's more, a large number of veterans receive VA dental or oral care due to issues ranging from cancers to oral and facial surgery resulting from trauma or serious illness.

While there are exceptions, the most effective way to qualify for any of these specialty care services is to apply for VA Health Care as shown on the following pages of this *Navigator*.

If not eligible for specialized services, veterans enrolled in VA Health can purchase specialty insurance through the VA, such as dental insurance at a reduced cost. Veterans who have recently served (for example, OEF/OIF/OND) may be entitled to a one-time course of free dental care.

For more information about eligibility for the VA's specialty dental and medical benefits, call **1-877-222-VETS** (8387) or access **va.gov/health-care**.

Family Caregivers Assistance Program

This VA program provides educational services, monetary assistance and other benefits to qualifying veteran family caregivers. Eligibility is determined if the caregiver(s) and the veteran being cared for meet certain requirements.

The family caregiver must be at least 18 years old and either be:

- A spouse, son, daughter, parent, stepfamily member or extended family member of the veteran, or
- Someone who lives full time with the veteran or is willing to do so if designated as a family caregiver.

The veteran also must meet certain qualifications:

- Have a VA disability rating of 70% or higher that was made worse during specific periods of active duty (as described by the VA) and
- Require at least six months of continuous in-person personal-care services.

To apply, both the veteran and the caregiver(s) need to sign and date an application and answer questions about their circumstances.

Applications can be submitted online, by mail or in person at a VA Medical Center (Caregiver Support Coordinator).

Additional information on qualifications and program details are available at: va.gov/family-member-benefits/comprehensive-assistance-for-family-caregivers, or by calling the VA at 1-855-260-3274.

VA Health Services Works With Other Health Insurance Plans

If not already enrolled, make sure to enroll in Medicare during the eligibility window—three months prior to turning 65 years of age, through the three months after turning 65 (a total of seven months). Here's how:

- Social Security online at ssa.gov* or
- Call Social Security at 1-800-772-1213*, Monday through Friday, from 7 a.m. to 7 p.m., or
- In person at any local Social Security office.

If a veteran already has other forms of health coverage (like a private insurance plan, Medicare, Medicaid or TRICARE), they can use VA health benefits along with these plans—so applying to the VA is still a good idea.

Learn more about how VA works with other health insurance by calling the VA toll-free hotline at **1-877-222-8387***, Monday through Friday, 8 a.m. to 8 p.m. ET and ask for assistance.

Additionally, **1-800-MyVA411*** is a national, toll-free number that serves as a "front door" to VA. You can still reach VA at any other direct or contact center numbers, but **1-800-MyVA411** offers the simplicity of a single number to call when you don't know whom to call.

Also, use the recommendations for applying for VA Health Benefits (starting on page 14).

Three Steps to Getting VA Health Benefits

- 1. Identify if a service member is eligible for VA health services.
- 2. Ensure you have your important documents.
- 3. Reach out to others if you need help.

How to Determine Which VA Benefits Are Available

Veterans qualify for benefits in three ways:

- **1. Service-connected injury:** A disability from an injury or illness incurred during or because of military service.
- **2. Special circumstance:** Recipients of a Purple Heart or Medal of Honor, and prisoners of war.
- **3. Low income:** Those with an income below a certain dollar amount determined by the VA.

How to Qualify for Disability-Related Benefits

Disabilities come in two forms:

- 1. Physical conditions like a chronic illness or injury.
- **2. Mental health conditions** like PTSD, that developed before, during or after service.

If you have a disability, you may also qualify for disability compensation: monthly tax-free payments based off your condition.

To qualify, both of the following must be true:

- Served at least 180 days of active duty, active duty for training, or inactive duty training.
- **2. Received a disability rating** from the VA for your service-connected condition.

AND at least ONE of the following must be true:

- **1. In-service disability:** A sickness or injury that occurred while serving and linked to current condition.
- **2. Preservice disability:** An illness or injury before joining the military that was made worse from serving.
- **3. Post-service disability:** A disability related to active duty that didn't appear until after service ended.

If you are already receiving disability pay it should be easier to also obtain health benefits.

How to Qualify for Benefits in a Special Circumstance

During a veteran's service history, they must have met at least one of these criteria:

- Prisoner of War (POW)
- Received Purple Heart
- Received Medal of Honor
- Served in Vietnam between 1962 and 1975
- Served in Southwest Asia/Gulf War between 1990 and 1998
- Served at least 30 days at Camp Lejeune between 1953 and 1987

Family members may qualify for health care benefits if they lived Camp Lejeune as well.

How to Qualify for Benefits Based on Income

You must meet BOTH of the following requirements:

- Receive or qualify for Medicaid benefits (refer to Medicaid health benefits outline on page 20, and program description in Glossary on page 21).
- Earn less than specified income requirements. Explore current income requirements here: va.gov/healthbenefits/apps/explorer/ AnnualIncomeLimits/HealthBenefits*

Proof of income is required. That means submitting your past year's federal income tax return, and potentially other documents.

Required Documentation

Before applying for any VA or DoD benefit, veterans or individuals applying on their behalf should obtain these documents:

- The retiree's DD-2146 and any other important records of service.
- Social Security numbers for the retiree and any of their beneficiaries.
- The account numbers of the retiree's current health insurance (Medicare, ACA, private coverage, etc.) or related health policies.
- If you are representing a veteran, you must also provide either a signed Power of Attorney ⁷ or other evidence of your legal relationship with the service member.

When applying to TRICARE, contact the Defense Enrollment Eligibility Registration Service (DEERS⁸) to determine qualification requirements: 1-800-538-9552*.

How to Obtain the Necessary Paperwork

Veterans will need a copy of their official record of military service (DD-214) document. It can be obtained in the following ways:

- Contact the National Archives and Records Administration:
 - archives.gov/veterans/military-service-records*
- **Call the VA Hotline** to request a Certified DD 214 (please be aware wait and hold times can be long):
 - 1-877-222-8387
 - 1-800-827-1000*
- Get in touch with your U.S. member of Congress or senator's office:
 - 1-202-224-3121*
 - www.senate.gov/senators/senators-contact.htm*
 - house.gov/representatives*
- Visit a U.S. Department of Veterans Affairs facility, a state or county veterans office, or a veterans service organization (VSO⁹):
 - va.gov/vso*

Starting the Application Process

You can apply for VA health benefits through ANY of the following means:

- Call the Veterans Health Benefits Assistance toll-free hotline at 1-877-222-8387, Monday Friday, 8 a.m.—8 p.m ET.
- Contact a veteran service organization (VSO) accredited representative to develop and submit your application.
 Find one at: va.gov/vso
- Reach out to your state veterans office for additional assistance:
 va.gov/statedva*
- Find your county veterans service office to provide more help:
 nacvso.org*



What are Veterans Service Organizations (VSOs)?

One way to determine eligibility, and to receive VA benefits, is to ask for assistance from a VSO.

VSOs are private, nonprofit groups that are chartered by Congress or the VA. Their primary purpose is to advocate on behalf of veterans, their dependents and survivors.

Most VSOs have accredited representatives who have gone through a formal training process to assist individuals with their claims before the VA. These officers can assist veterans or their loved ones gather documentation and submit a claim to the VA. Most importantly, these accredited representatives offer their services for free.

Use this link to find a nearby VSO: va.gov/vso



TRICARE Health Benefits

What is TRICARE?

TRICARE is the health care program for uniformed service members, retirees and their families. It offers comprehensive health care coverage through several plan options, as well as pharmacy benefits, dental options and other special programs for eligible individuals.

Who is eligible? Generally, people who are in one of these categories are eligible for TRICARE:

- Active duty, retired uniformed service, and Guard/Reserve members.
- Spouses and their children (generally, those who are dependents and registered in DEERS).

What is TRICARE for Life?

TRICARE For Life is a program for TRICARE beneficiaries who become Medicare eligible. It serves as a supplement to Medicare, covering certain out-of-pocket Medicare expenses. Enrollment is automatic for anyone who qualifies for and receives Medicare parts A and B.

You don't pay any enrollment fees for TRICARE for Life, but you must pay Medicare Part B monthly premiums. Your Medicare Part B premium is based on your income.

How to Obtain TRICARE Services

- Get the retiree's DD-214 or other important records. These may be located at the Defense Finance Accounting Service (DFAS): 1-800-321-1080*.
- 2. Ensure you are registered with the Defense Enrollment Eligibility Registration System (DEERS) to qualify for TRICARE health care benefits: 1-800-538-9552.
- **3.** To obtain TRICARE services in the U.S. contact The Defense Health Agency TRICARE Health Plan Office at **1-844-204-9351***.

If you, or the military retiree (sponsor) is Medicare eligible that individual must have Medicare Part A and Part B to enroll in TRICARE for Life. Call 1-866-773-0404* with questions.



Medicare Health Benefits

What is Medicare?

Medicare is a federal program that began in 1966. It provides guaranteed health insurance for people who are age 65 and over and for younger people who qualify on the basis of disability.

Who is eligible?

Most people 65 or older are eligible for Medicare hospital insurance (Part A) based on their own—or their spouse's—employment. You are eligible at 65 if you:

- Receive Social Security or Railroad Retirement Benefits.
- Are not getting Social Security or Railroad Retirement Benefits, but you have worked long enough to be eligible for them.
- Would be entitled to Social Security benefits based on your spouse's (or divorced spouse's) work record, and that spouse is at least 62 (your spouse does not have to apply for benefits in order for you to be eligible based on your spouse's work).
- Worked long enough in a federal, state or local government job to be insured for Medicare..

Applying to Medicare

How to enroll in Medicare?

You can file for Medicare online at age 65 when you apply for Social Security retirement benefits (**ssa.gov**), or just file for Medicare if you do not wish to start receiving your Social Security retirement benefits yet.

If you do not wish to apply online, you can make an appointment by calling the Social Security Administration at **1-800-772-1213** (TTY **1-800-325-0778***) 7 a.m. to 7 p.m. weekdays. If you are already receiving Social Security benefits, you will automatically be enrolled in Medicare parts A and B. However, because you must pay a premium for Part B coverage, you have the option of turning it down. You will be contacted by mail a few months before you become eligible and given all the information you need.

What are the four parts of Medicare?

- **Part A** helps pay for the cost of inpatient stays in hospitals and shortterm skilled nursing facilities, home health services, and hospice care.
- **Part B** helps pay for doctors' services (including those in the hospital), outpatient care (in or out of a hospital), diagnostic tests, preventive care, and some medical equipment and supplies.
- Part C, or Medicare Advantage, is an alternative coverage option to original Medicare that allows you to choose to receive all of your Medicare health care benefits through one plan. These plans must cover all Part A and Part B services, and most include Part D drug coverage. Some plans also provide extra benefits that original Medicare doesn't offer.
- **Part D** helps cover the cost of outpatient FDA-approved prescription drugs.

Medicaid Health Benefits

What is Medicaid?

Medicaid is a state-and federal-funded program that generally provides health coverage for people with lower incomes. The eligibility rules for Medicaid are different for each state. To learn more about your state Medicaid program, visit medicaid.gov*.

Why does Medicaid vary by state?

Where you live matters in terms of your eligibility for Medicaid coverage and what benefits you can receive. While states are required to provide Medicaid coverage to most low-income older adults and individuals living with a disability, they can choose to extend coverage to other populations, including people who spend so much of their income paying for their own care—often on Long-Term Services and Supports (LTSS)—that they ultimately qualify for Medicaid.

How do I apply for Medicaid?

Your state will determine if you qualify for Medicaid. Contact your state for renewal or application information: medicaid.gov/about-us/contact-us/contact-your-state-questions/index.html

NOTE: You will not lose Medicaid eligibility just because you become eligible for Medicare. As long as your income falls under the limits for Medicaid eligibility in your state, you will receive both types of coverage. More than 8 million people have both Medicare and Medicaid.

In this situation, Medicare becomes your primary insurance and settles your medical bills first; and Medicaid become secondary, paying for services that Medicare doesn't cover and also paying most of your out-of-pocket expenses in Medicare (premiums, deductibles and copays).

Glossary

1 REPRESENTATIVE

A person who is legally authorized to act for another or who may function on another's behalf.

2 DISABILITY RATING OR STATUS

The VA assigns a disability rating based on the severity of an individual's physical or mental health condition. Disability ratings help determine eligibility for and level of benefits, such as VA health care.

3 MEDICAID

A federal health insurance program, jointly operated by states, that provides health care benefits to low-income families or individuals. Medicaid also covers nursing home and other long-term care services for persons who have exhausted personal assets providing care.

4 MEDICARE

A federal health insurance program designed to cover most of the medical and hospital expenses of eligible people 65 and older.

5 TRICARE

The health care program managed by the Department of Defense for uniformed service members, retirees and their families.

6 DD-214

Certificate of release or discharge from active duty. It documents an individual's service in the military.

7 POWER OF ATTORNEY (POA)

A POA is a legal document allowing someone (an agent) to act for another. In the case of a Health care POA, it is used when the principal cannot speak for themselves.

GLOSSARY

8 DEERS

Defense Enrollment Eligibility Registration Service. You must register in DEERS to get TRICARE benefits, call **1-800-538-9552**.

9 VETERANS SERVICE ORGANIZATION (VSO)

VSOs advocate on behalf of Veterans and provide a range of resources. Many are recognized by Congress (federally chartered), and their trained representatives can legally assist Veterans secure benefits (usually at no cost).



601 E Street, NW Washington, DC 20049

aarp.org/veterans