



Veterans + Medicare

Caring for Veterans

Honoring their sacrifices

Medicare Leadership



Blake McCoy

Executive Director, Medicare
BRP/Guided Solutions Principal

 “If you haven’t seen up lately, you have seen us at all.”

Blake McCoy joined BRP August of 2020, when BRP acquired Blake's company. Blake has been in the Medicare space for over 20 years and has developed and managed all aspects of the business. Over Blake's career he has built an FMO business, trained thousands of agents and worked in partnership with dozens of national and regional carriers. Blake believes that an appreciated and knowledgeable team can accomplish many things together, while having fun.

In his personal time, he loves to travel with his wife of 17+ years and two young boys, especially to Disney World and Tybee Island. Blake also enjoys the boy's activities, Jeeping, all their animals and learning new cultures.

Meet our team!



Mike Freeman
Sr. Sales Director
Florida



David McBride
Sales Director
North/Central Florida



Diana Fasano
Sales Director
The Villages, Florida



Kim Lovell
Sr. Sales Director
Northwest



Gary Mossor
Sales Director
Louisiana / Mississippi



Samantha George
Managing Director
National



Meet our team!



Aidan Marks

Regional Sales Manager
Alabama



David Burke

Regional Sales Manager
Georgia



Emily Thomas

Regional Sales Manager
South Carolina



Chris Ebert

Regional Sales Manger
Wisconsin / Illinois



Kevin O'Connor

Regional Sales Manger
North & South Carolina



Mark Beckman

Regional Sales Manager
Tennessee



Van Davis

Regional Sales Manager
Louisiana / Mississippi



Meet our team!



Nick Brooks
Account Manager
Washington / Oregon



Eric Clarkson
Account Manager
Northeast



Brad Westin
Account Manager
Washington



Juan Farias
Account Manager
Washington / Texas



What We'll Talk About Today

- What Is A Veteran?
- Why we ask "Are you a Veteran?"
- VA Healthcare
- Veterans Healthcare and Medicare
- Tricare for Life
- CHAMPVA
- Why PCP Selection Matters on PPO
- Capturing Veterans Status
- Resources and Partnerships





What is a Veteran?

A "Veteran" - whether active duty, discharged, retired, or reserve - is someone who, at one point in life, wrote a blank check made payable to "The United States of America," for an amount of "up to, and including their life."

That is honor. And there are way too many people in this contry today, who no longer understand that fact.



Why Ask - “Are You A Veteran?”



- To Express Our Gratitude
- Culture + Comradery
- 9 million veterans aged 65+
- 14 million veterans and spouses 65+
- 1 in 5 Medicare beneficiaries is a veteran
- They may be overlooking available military healthcare benefits
- They may not know if they can use VA Healthcare and have MA coverage too

Healthcare for Veterans, their spouses and dependents



All Qualifying Veterans
Years of Military Service
Can Vary (1 day+)

Military Retirees
Typically, 20+ Years of Service
Spouses, and
Qualifying Dependents
Enrolled in Part A & B

Spouses, widow(er)s,
or children of a qualifying
Veteran sponsor.



- A Military Retiree will likely have both Tricare for Life and VA Benefits
- In rare circumstances a beneficiary may have both ChampVA and VA Benefits
- A beneficiary is not eligible for ChampVA if they are eligible for TRICARE

A stylized, artistic representation of the American flag in shades of gold, brown, and red. The stars and stripes are rendered in a layered, almost 3D effect, with the stars appearing as small, glowing points. The overall tone is warm and patriotic.

Veterans Administration (VA) Healthcare

- Healthcare for veterans, reservists, and National Guard
- Must meet eligibility and qualification requirements
- Must receive treatments at VA healthcare facilities in most cases

Will Medicare Advantage change or takeaway VA Healthcare?

- VA Healthcare and Medicare Advantage are **SEPARATE**
- VA Healthcare **CANNOT** bill Medicare or Medicare Advantage for VA covered services. Medicare or Medicare Advantage **CANNOT** bill the VA
- Having a Medicare Advantage plan will **NOT** disrupt VA coverage
- VA healthcare **IS** creditable drug coverage (Part D), but **NOT** creditable health coverage for medical (Part B)
- A Veteran **CAN** have VA Healthcare and an MAPD plan and the two drug coverages **WILL NOT coordinate or interfere** with the other. They are separate.

Why does the VA ask for Medicare Advantage information?

“We ask for this information because we have to bill your private health insurance provider for any care, supplies, or medicine we provide to treat your non-service-connected conditions (illnesses or injuries that aren’t related to your military service). We don’t bill Medicare or Medicaid, but we may bill Medicare supplemental health insurance for covered services.”

<https://www.va.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance/>

Qualifying for VA Healthcare



Service can make someone eligible, but the veteran must also **qualify** and **apply**

These two factors are qualifiers for VA Benefits and affect Priority Group assignment:

- The Veteran must have an illness, injury or disease connected with their service and/or
- The Veteran must have income that falls below the annual limits determined by the VA, based on their residential area and their household size.

<https://www.va.gov/healthbenefits/apps/explorer/AnnualIncomeLimits>



Not all veterans are eligible for VA Healthcare

- Help your client find out if they qualify <https://www.va.gov/health-care/eligibility/>

VA Priority Groups

- **Priority Group 1** - Veterans with VA-rated service-connected disabilities 50% or more disabling Veterans determined by VA to be unemployable due to service-connected conditions
- **Priority Group 2** - Veterans with VA-rated service-connected disabilities 30% or 40% disabling
- **Priority Group 3**- Veterans who are Former Prisoners of War (POWs); Veterans awarded a Purple Heart medal; Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty; Veterans with VA-rated service-connected disabilities 10% or 20% disabling; Veterans awarded special eligibility classification under Title 38, U.S.C., § 1151, "benefits for individuals disabled by treatment or vocational rehabilitation"; Veterans awarded the Medal Of Honor (MOH)
- **Priority Group 4** - Veterans who are receiving aid and attendance or housebound benefits from VA; Veterans who have been determined by VA to be catastrophically disabled
- **Priority Group 5** - Non-service-connected Veterans and non-compensable service-connected Veterans rated 0% disabled by VA with annual income below the VA's and geographically (based on your resident zip code) adjusted income limits; Veterans receiving VA pension benefits; Veterans eligible for Medicaid programs
- **Priority Group 6** - Compensable 0% service-connected Veterans; Veterans exposed to Ionizing Radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki; Project 112/SHAD participants; **Veterans who served in the Republic of Vietnam between January 9, 1962 and May 7, 1975**; Veterans of the Persian Gulf War who served between August 2, 1990 and November 11, 1998; *Veterans who served on active duty at Camp Lejeune for at least 30 days between August 1, 1953 and December 31, 1987; Veterans who served in a theater of combat operations after November 11, 1998
- **Priority Group 7**- Veterans with gross household income below the geographically-adjusted income limits (GMT) for their resident location and who agree to pay copays
- **Priority Group 8** - Veterans with gross household income above the VA and the geographically-adjusted income limits for their resident location and who agrees to pay copays

VA Priority Groups

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A Brief Overview of the Priority Group 1 Benefits:

- No cost health care and prescription medications
- Travel allowance for scheduled appointments for care at a VA medical facility or VA authorized health care facility
- No cost dental care
- Waiver of VA funding fee for home loan
- 10 point Veteran preference in federal hiring
 - Direct hire authority
- Vocational Rehabilitation & Employment
- Additional compensation for eligible dependents (may include aid and attendance for eligible spouses)
- Concurrent receipt of military retired pay
- Dependents Education Assistance (must be considered permanent.)
 - Special restorative training
- CHAMPVA—Civilian Health and Medical Program (must be considered permanent)
- Burial and plot allowance
- Uniformed Services ID card

You can read more about Priority Groups here: <https://www.va.gov/health-care/eligibility/priority-groups/>



VA Copays

Priority Group 1 (Veterans rated 50% disabled or higher)

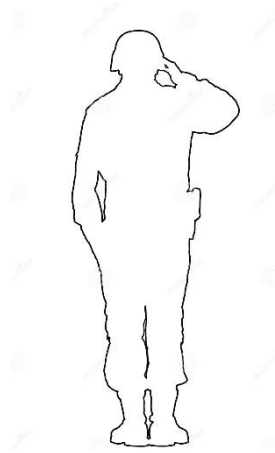
- No cost for care and prescriptions

Lower Priority Groups may have a cost

Generally **Priority Groups 7 and 8** pay:

- \$15 for PCP
- \$50 for Specialist

Copay Examples



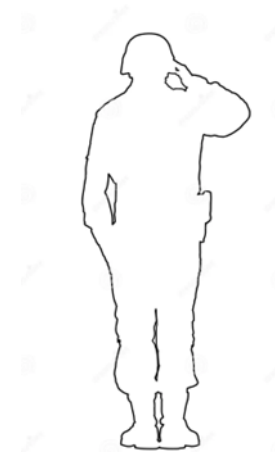
Priority 7

Inpatient Copay

First 90 days/year: **\$320**

PLUS \$2/day for each day

(Each additional 90 days of care during a 365-day period - \$160 copay + \$2 charge per day)



Priority 8

Inpatient Copay

First 90 days/year: **\$1,600**

PLUS \$10/day for each day

Each additional 90 days of care during a 365-day period - \$800 copay + \$10 charge per day

Emergency Care at a non-VA Facility

The VA may pay for emergency care provided in a non-VA facility for treatment of a non-service-connected condition only if **ALL** of the following conditions are met:

If you are:

Service- connected, not permanently and totally disabled or non-service- connected

Then:

Care was provided in a hospital emergency department (or similar public facility held to provide emergency treatment to the public);

AND

The emergency was of such a nature that the Veteran (or other prudent layperson without medical training) would reasonably believe that any delay in seeking immediate medical attention would cause their life or health to be placed in jeopardy

AND

A VA medical facility or another Federal facility was not reasonably available to provide the care

AND

The Veteran is enrolled and has received care within a VA facility during the 24 months before the emergency care

AND

The Veteran is financially liable to the provider of emergency treatment



Ambulance services may not always be covered by the VA

VA Prescription Costs

(Priority Groups 2 through 8)

- **\$5** - 30-day or less supply for Tier 1 (Preferred Generics) Medications for certain Veterans
- **\$8** - 30-day or less supply for Tier 2 (Non-Preferred Generics & some OTCs) Medications for certain Veterans
- **\$11** - 30-day or less supply for Tier 3 (Brand Name) Medications for certain Veterans

Veterans in **Priority Group 1** do NOT pay for medications.

Veterans in **Priority Groups 2 through 8** are limited to **\$700** annual cap.



What About Non-VA Prescriptions?



The VA may not fill, or rewrite prescriptions prescribed by your private physician.

If seeing a non-VA provider and the Veteran wants prescriptions filled by the VA, the following apply:

- Must be enrolled in VA healthcare
- Have a primary-care provider assigned by the VA
- Must give your VA provider your medical records from the non-VA provider
- VA provider must agree with the medication prescribed



Mission Act – June 6, 2018

The MISSION Act strengthens the nationwide VA Health Care System by empowering Veterans with more health care options.

Under the Veterans Community Care Program, Veterans can work with their VA health care provider or other VA staff to see if they are eligible to receive community care based on new criteria. Eligibility for community care does not require a Veteran to receive that care in the community; Veterans can still choose to have VA provide their care.





Mission Act – June 6, 2018

General Logistic Conditions to Qualify:

PCP & Mental Health:



30 min

-OR-



20 Days

Specialty:



60 min

-OR-



28 Days

Eligible vets able to access urgent care facilities that are in VA's [contracted network](#)



Veteran Community Care

Qualifying for Community Care:

A Veteran's eligibility for community care depends on his/her individual health care needs or circumstances.

1. Veteran needs a service not available at a VA medical facility +
2. Veteran lives in a U.S. state or territory without a full-service VA medical facility +
3. Veteran qualifies under the "Grandfather" provision related to distance eligibility for VCP +
4. VA cannot provide care within certain designated access standards +
5. It is in the Veteran's best medical interest +
6. A VA Service Line Does Not Meet Certain Quality Standards +



Veteran Community Care - General Information Fact Sheet



Healthcare

ADVANTAGES

- Understands unique considerations and circumstances for the veteran population
- Helps people who need help the most, per financial status or disability
- Affordable care
- Can have VA and another coverage, such as Medicare Advantage (MAPD or MA Only)

CHALLENGES

- Not available to all veterans
- Access to facilities – travel is often required
- Many physicians choose private practice rather than working through the VA
- Can be difficult to obtain a second opinion within the VA



Veterans Healthcare + Medicare

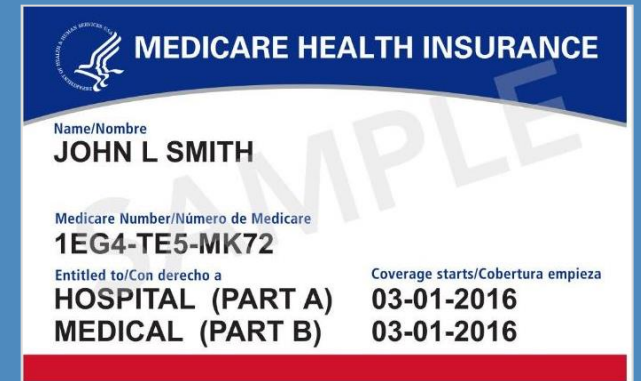
Why Take Part B?

“Under Medicare Part B, VA health care is NOT creditable coverage. Creditable coverage under Medicare Part B can only be provided through an employer. Although a Veteran may avoid the late enrollment penalty for Medicare Part D by citing VA health care enrollment, that enrollment would not help the Veteran avoid the late enrollment penalty for Part B.

VA does not recommend Veterans cancel or decline coverage in Medicare (or other health care or insurance programs) solely because they are enrolled in VA health care.

Unlike Medicare, which offers the same benefits for all enrollees, VA assigns enrollees to enrollment priority groups based on a variety of eligibility factors, such as service-connection and income. There is no guarantee that in future years Congress will appropriate sufficient medical care funds for VA to provide care for all enrollment priority groups. This could leave Veterans, especially those enrolled in one of the lower-priority groups, with no access to VA health care coverage. For this reason, having a secondary source of coverage may be in Veterans’ best interest.”

www.va.gov



Why Enroll in Medicare Advantage?



Non-VA Emergency services



Choices and access to more providers, second opinions, specialists, and Rx formulary options



Potential savings opportunities



Plan extras



The combination of VA Health Care and a Medicare Advantage Plan provides the most options.

Special Election Period: Other Creditable Coverage – SEP OCC

Allows eligible beneficiaries to enroll or maintain other creditable drug (such as TriCare or VA coverage). Use to enroll in a MA only. To disenroll and return to original Medicare, the beneficiary must submit a written request to the carrier.



Have creditable drug coverage (VA, CHAMPVA, or TFL)

AND



Be enrolled in a Medicare Advantage Plan with Prescription Drugs (MAPD) or a stand-alone Prescription Drug Plan (PDP)

When the Veteran is underwater with
MAPD / PDP enrollment...SEP OCC

TRICARE for Life (TFL)

TFL is a premium free Medicare-wraparound coverage for TRICARE beneficiaries who have Medicare Part A & B (must have both); regardless of age or where you live.

Tricare for Life beneficiaries are military retirees (typically 20+ years of service) and their spouses or qualifying dependents who are registered in DEERS (Defense Enrollment Eligibility Reporting System)

TFL operates similarly to a Medicare Supplement

Why might a TFL beneficiary be interest in Medicare Advantage Plans?
They hear about embedded benefits such as vision, dental, hearing, gym memberships, exclusive providers, Part B reduction, over-the-counter allowances, etc.

Download the [TFL Handbook](#)



As always, a **thorough needs analysis** is essential to providing best advice



TRICARE for Life (TFL) + MA Considerations

- In most circumstances, the only considerable MA option for a TFL Beneficiary would be a MA Only Plan.
- Enrollment in any MA plan should only be done with the express understanding that the benefits (MA and TFL) do not coordinate. This means the beneficiary could be responsible for copays or coinsurances within their plan/coverage and need to submit claims to Tricare for Life to receive reimbursement.
- Having a Medicare Advantage Plan creates a provider network and the potential to need prior authorization for certain services. (If selecting MAPD, the plan also creates a pharmacy network)
- Tricare for Life does not cover certain services, such as chiropractic, acupuncture, experimental/investigational treatments (in most cases), hearing aids, and routine vision care. (there may be additional TFL non-covered services). In these cases, the beneficiary would be subject to either Medicare allowable or the MA Plans copayment/coinsurance, if they are enrolled in a MA plan.



TRICARE for Life (TFL) Details

- Tricare for Life coordinates with Medicare similarly to that of a Medicare Supplement Plan F with rich drug coverage that is significantly better than any Medicare Prescription Drug Plan coverage.
- Medicare Beneficiaries have to enroll in Medicare Part B once they become eligible for no-cost Medicare Part A, or they run the risk of losing their TFL benefits
- **Tricare for Life beneficiaries do not receive a TFL Card. They would use their Military ID.**
- **Tricare for Life only coordinates with Original Medicare**
- Tricare for Life Beneficiaries have no cost for their Medicare covered services. Medicare forwards the claim directly to TFL and the beneficiary typically never sees a bill.
- The prescription drug coverage within Tricare for Life can be used at most civilian pharmacies and all military pharmacies (it is not a VA benefit) The mail order benefit is through Express Scripts.
 - You can review the TFL Rx formulary/coverage here - <https://www.express-scripts.com/frontend/open-enrollment/tricare/fst/#/formularyPricing/home>
 - You can review how Other Health Insurance can impact coverage- <https://www.tricare.mil/Plans/OHI>
- TFL Beneficiaries are eligible to enroll into either the Federal Employee Dental and Vision Plan (<https://www.benefeds.com/>) or the Tricare Dental Program (<https://www.uccitdp.com/>)
- If a Tricare for Life Beneficiaries chooses to enroll into a Medicare Advantage Plan, they should thoroughly evaluate all their care and prescription needs prior to selecting a plan and be aware of all the requirements, referrals, and potential need for self-submission of claims.
- Coverage is available worldwide and the beneficiary can see any provider they want. However, they'll pay more if they get care from Veteran's Administration providers or providers who opt-out of Medicare, because they're not allowed to bill Medicare.

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TRICARE vs TRICARE for Life (TFL)

TRICARE (65 or under, or not eligible for Medicare) - military insurance for active-duty military and qualifying retirees, and/or their spouses and qualifying dependents. Eligible beneficiaries typically chose between TRICARE Prime® (similar to a HMO) or TRICARE Select® (a fee for service plan / similar to a POS/PPO) There are overseas options for both TRICARE Prime® and TRICARE Select® – If you're on active duty (including activated Guard/Reserve members), you can't use TRICARE Select. There are additional options such as Tricare Young Adult, TRICARE Reserve Select®, TRICARE Retired Reserve® that carry a premium.

- **US Family Health Plan** is an additional TRICARE Prime® option available through networks of community-based, not-for-profit health care systems in six areas of the United States. – Active-Duty Military Are not eligible.

TRICARE for Life (TFL) (typically 65+, or eligible and enrolled in Medicare Part A & B) - premium free Medicare-wraparound coverage that functions like a Medicare Supplement Plan F and includes rich prescription coverage.



As always, a **thorough needs analysis** is essential to providing best advice



TRICARE For Life and Medicare Advantage

ADVANTAGES OF TFL

- Acts like Medicare Supplement (Medicare pays first, then TFL)
- \$3,000 MOOP (applies to certain services not covered by Medicare)
- No Premiums
- No Network
- No Referrals
- No Copays
- Drug benefit built in (not subject to coverage gap)

MA/MAPD IMPLICATIONS

- Plans create network, including exclusive providers
- Premiums
- MA makes TFL secondary
- Medical and Rx claims processing
(not a seamless process anymore)
- Referrals may be required

CHAMPVA

ChampVA = Civilian Health and Medical Program of the Department of Veterans Affairs

Health and drug coverage that requires both Parts A & B of Medicare



CHAMPVA

ChampVA Beneficiaries are the spouses, widow(er)s, or children of a qualifying Veteran sponsor.

To be eligible for CHAMPVA, you cannot be eligible for TRICARE, and you must be in one of these categories:

1. The spouse or child of a Veteran who has been rated permanently and totally disabled for a service-connected disability by a VA regional office.
2. The surviving spouse or child of a Veteran who died from a VA-rated service-connected disability.
3. The surviving spouse or child of a Veteran who was at the time death rated permanently and totally disabled from a service-connected disability.
4. The surviving spouse or child of a military member who died in the line of duty, not due to misconduct (in most of these cases, these family members are eligible for TRICARE, not CHAMPVA).



CHAMPVA Details

ChampVA acts similarly to a Medicare Supplement with prescription drug coverage through the Meds by Mail Program (Beneficiaries can still use retail pharmacies but would incur a cost). With ChampVA, there is a \$50 annual deductible for an individual for most outpatient services, supplies, and retail pharmacy use. There is a \$3000 annual maximum out of pocket. A ChampVA beneficiary should carefully compare the Meds by Mail coverage and costs with that of any Medicare Advantage Prescription Drug Plan because they will lose the ability to use Meds By Mail if they have alternate drug coverage. The Meds by Mail benefit typically provides greater coverage than Medicare Prescription Drug Plans, and it is not usually advised to enroll a ChampVA beneficiary into a plan with Medicare prescription coverage, if at all.

Here are some details about **Meds by Mail (MbM)**:

- For non-urgent, maintenance medications to be delivered directly to your home with **no cost share or annual deductible**
- Maintenance medications are prescriptions which are taken for longer periods of time such as blood pressure, hypertension, arthritis and chronic pain medications.
- Medications included in the CHAMPVA pharmacy policy. Over-the-counter (OTC) items that do not need a prescription are **not covered** (exception for insulin and insulin supplies).
- Insulin and other refrigerated medications can only be mailed to a physical address within the continental United States; we cannot mail refrigerated items to post office boxes.
- Generic medications. To find out if your medication is available, call your MbM servicing center.
- Brand name medications are limited as Meds by Mail promotes generic medications. Call your MbM servicing center to see if the brand name is available. If it is not, you will have to use your local pharmacy and pay the 25% cost share and annual deductible.
- Certain controlled maintenance medications in Schedule 3, 4 and 5. For example, generic equivalents of Tylenol No. 3, Valium, Klonopin, Ultram and many others are available. All Schedule 2 narcotic medications such as Percocet, Ritalin, Hydrocodone and Oxycontin are NOT available and must be filled at your local pharmacy.

ChampVA beneficiaries should use their local pharmacy for urgent care medications like pain medications and antibiotics. They will have to pay the 25% cost share and annual deductible when using their local pharmacy. The benefit is through the Optum Rx network of retail pharmacies.

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CHAMPVA Resource Links

Link to Med by Mail website:

https://www.va.gov/COMMUNITYCARE/programs/dependents/pharmacy/meds_by_mail.asp

Link to ChampVA site: <https://champva.us/champva/>

Link to ChampVA on the VA site:

<https://www.va.gov/COMMUNITYCARE/programs/dependents/champva/index.asp>

Link to ChampVA guide: <https://milops.net/wp-content/uploads/2018/09/CHAMPVA-Guide.pdf>



CHAMPVA Post 65 (Medicare Eligible)

ADVANTAGES OF CHAMPVA

- Acts like Medicare Supplement – Medicare pays first, then CHAMPVA
- \$3,000 MOOP (applies to certain services not covered by Medicare)
- No premiums
- No network
- No Copays
- Drug benefit built in (not subject to coverage gap)

MA/MAPD IMPLICATIONS

- Plans create network, including exclusive providers. **CHAMPVA will not pay out of network cost associated with plan**
- PDP or MAPD plans cancel Meds-by-Mail option of CHAMPVA
- MA makes CHAMPVA secondary
- Premiums
- Medical and Rx claims processing (not a seamless process anymore)
- Referrals may be required

CHAMPVA

A ChampVA Beneficiary would not typically be advised to enroll in a Medicare Advantage Plan because the benefits do not coordinate and can limit or cancel benefit options in ChampVA.



CHAMPVA and Tricare for Life – OHI

The beneficiary should notify ChampVA* or Tricare for Life* of any change in Other Health Insurance (OHI). Failing or delaying to do so could cause disruption of their coverage. OHI includes Original Medicare. The beneficiary should send a copy of their Medicare Card to their respective benefit provider.

- *ChampVA Beneficiaries should send OHI Notification to ChampVA
- *Tricare for Life Beneficiaries should send OHI Notification to Tricare





Important Reminders:

- ✓ Capture Veteran Status on the application!
- ✓ Identify a PCP on PPOs if possible!

Traditional Veterans Organizations



A close-up, slightly blurred view of the American flag, showing the stars and stripes in a wavy pattern. The colors are muted and the lighting is soft, creating a patriotic and somber atmosphere.

"A country that creates veterans should be prepared to care for them."

*[Building a Legacy: VFW History](#)
YouTube Documentary*



Thank you for your time
Thank a Veteran for theirs