

Medical Benefits Reimbursement for COVID-19 Reinstatement

This is an explanation of the possible medical benefit reimbursements and necessary offsets that you could receive if you are reinstated by a board of corrections for military records. The "reimbursement period" is the time between the separation date on your DD 214 and the date you return to Service.

DoD may reimburse medical expenses you and your family may have paid for during your reinstatement period.

If reinstated to the Selected Reserve or the National Guard, you may qualify for medical benefits reimbursement only if you had TRICARE Reserve Select until your discharge date.

Medical Expenses

- + **Insurance premiums (medical, vision, and dental)**
- + **Out of pocket expenses (annual cost shares, deductibles, copays, and pharmacy costs)**
- + **Self-Pay (amount paid to providers for medical, pharmacy, vision, and dental)**

Minus Required Offsets

- **TRICARE Reserve Select premiums for reinstatement period
(only members reinstated to the Selected Reserve or National Guard)**
- **Annual TRICARE Select Catastrophic cap (Cat Cap) (\$1000.00)**

Required Documentation

If you receive a tentative decision from your Service Board of Correction of military records that your request for reinstatement to Service is approved, below is a list of documentation that you will be asked to provide:

Employer sponsored health insurance plan

- ☐ Copy of BCMR
- ☐ End-of-year Pay Stubs reflecting healthcare premium paid and/or
- ☐ Copy of insurance card or a letter detailing type of coverage (single, family, etc.) for each year
- ☐ End-of-year claims summary report from insurance carrier of all the paid claims, amount charged, amount paid by insurance provider, amount member paid.
- ☐ Copies of Explanation of benefits, or if available annual Catastrophic Cap reports

Purchased insurance from the Market

- ☐ Copy of BCMR
- ☐ A report from your insurance totaling healthcare premiums paid
- ☐ Copy of insurance card or a letter detailing type of coverage (single, family, etc.) for each year
- ☐ End-of-year claims summary report from insurance carrier of all the paid claims, amount charged, amount paid by insurance provider, amount member paid.

Self-Pay

- ☐ Copy of BCMR
- ☐ A signed attestation stating that you had no healthcare coverage during time of separation and paid providers in full
- ☐ Medical bills from providers that include Dates of Service, diagnosis codes, procedure codes, and amount billed
- ☐ A receipt from the provider confirming date of service, amount billed, and amount paid.

How to submit:

Contact DHA TRICARE Health Plan at

dha.san-diego-ca.healthcare-ops.mbx.covid-eo-bcmr@health.mil