

## Health Coverage – Different Ages & Military Stages

### Order of Payment:

- 1<sup>st</sup> – Medicare
- 2<sup>nd</sup> – Tricare & Tricare ECHO
- 3<sup>rd</sup> – Medicaid Insurance & Medicaid Child/Adult Waivers

### Tricare

Tricare Prime, US Family Health Plan (a Tricare Prime Option/not based at the MTF), & Tricare Select Tricare Health Coverage [Compare Plans | TRICARE](#); All updates are made in MilConnect

Authorizations on Referrals are 5-7 business days

Tricare Extended Care Health Option (ECHO) for EFMP with qualifying condition and related service.

If enrolled in a Tricare plan, eligible to purchase dental & vision, [BENEFEDS | Federal Benefits](#)

Enrollment (FEDVIP, FLTCIP, FSAFEDS)

Tricare Birth to 21, and to 23, if dependent is enrolled full time in school, it is a Qualifying Life Event

Tricare Young Adult 21 to 26, (21-23 if not enrolled in school); pay premiums

Tricare after 21 – Incapacitated Dependent - Navy INCAP/Secondary Dependency DFAS

Apply with [Defense Finance and Accounting Service > MilitaryMembers >](#)

[SecondaryDependency > SDC \(dfas.mil\)](#)

Navy INCAP for individualized support with applications [ID Card Benefits \(navy.mil\)](#)

For ages 21 or older, whether the dependent lives with the Service Member/Retiree or other.

Required documentation includes DD 1172, Medical Sufficiency Statement (*see the recommended template on the 2<sup>nd</sup> page*, dated within the past 90 days), DD137-5 Financial Dependency (dated within the past 90 days, demonstrating pay for 51% of the dependent's expenses or more), and more. DFAS has 120 days from the time submitted to review. After approved, renew every 4 years by answering questions in MilConnect.

Tricare for Life for Medicare recipients

Medicare eligible in Retirement or after 2 years on Social Security Disability Insurance (SSDI)

\*Tricare requires enrollment in Medicare Part B premiums, as Medicare is the primary payor.

Tricare - Separating/Retirement

Update MilConnect the Tricare Health Coverage Plan selected in MilConnect within 90 days

If served 30 consecutive days on active orders or transition to reserves, TAMP is free 180 days.

Tricare ECHO ineligible; except for ABA.

### Coverage Secondary to Tricare

State Medicaid Insurance: Income based, (No interstate reciprocity)

Primary if no insurance or Secondary to Medicare and/or Tricare.

Total household income considered unless dependent child is 18 or older

\*Recommend to apply for dependents while applying for INCAP.

States have apply by phone options. In WA, Medicaid Apple Health by phone 855-923-4633.

State Medicaid home and community based waivers (No interstate reciprocity, except in FL)

Waivers do not consider income only condition/severity of qualifying conditions.

Benefits: respite, personal care, living options, community day programs, medical equipment, adaptive recreation equipment, etc.

In WA:

Children with disabilities, see EFMP for paper applications to State Regions, not online.

Adults with disabilities, apply online [waconnection.org](http://waconnection.org)

***EFMP Case Liaisons are available to support families with accessing care.***

***For more information, please visit us at Navy Region Northwest EFMP [APAN Community](#)***

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### Provider's Medical Sufficiency Statement Template – Recommended from DFAS for INCAP

Place On Letter Head

OFFICE SYMBOL

MEMORANDUM FOR

SUBJECT: Medical Sufficiency Statement for Name

1. This memorandum is in support of the request for child dependency determination for name, sponsor's SSN. The following information is submitted in accordance with service regulatory guidance Navy and Marine Corps Regulation NAVMEDCOMINST 6320.3B

- a. Full medical history, clinical findings (e.g., the results of physical or mental status examinations), laboratory findings (e.g., blood pressure, x-rays), diagnosis, treatment prescribed with response and prognosis, and a statement about what activities can be performed despite his or her impairment(s), based on the above factors.
- b. Onset of condition. Information above traces the condition from onset to the present.
- c. How the condition precludes the potential beneficiary from self-support now and in the future. Describe ability to perform work-related activities, such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking, and traveling; the capacity to understand, to carry out and remember instructions, and to respond appropriately to supervision, co-workers, and work pressures in a work setting; and daily activities, the location, duration, frequency, and intensity of pain or other symptoms; the precipitating and aggravating factors, the type, dosage, effectiveness, and side effects of any medication; the treatments, other than medications, for the relief of pain or other symptoms; any measures used or has used to relief of pain or other symptoms; and other functional limitation factors.

2. If additional information is required, contact the medical doctor, or psychiatrist at (name of civilian or military treatment facility).

SIGNATURE BLOCK

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