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HEALTH INSURANCE AND HEALTH SERVICES FOR VETERANS AND THEIR FAMILIES

These flow charts were developed by the Macomb Veterans Action Collaborative (MVAC) and are posted at: mvac.macombgov.org

For hard copies of these flow charts, contact the Macomb Department of Veteran Services, (586) 469-6507 or laura.rios@macombgov.org

VETERAN

Pregnant Female Veteran
- Pregnant female veteran
- Pregnant female veteran

Spouse, widow or child of a veteran with a 100% service-connected disability
- Spouse, widow or child of a 100% service-connected disabled vet

Veteran with dependent children
- Low-income families and children of veterans
- Disabled Adult Child Benefit

Low income
- Low-income veteran
- Non-service Connected veteran Disability Pension
- Low-income adult veteran, aged 19 - 64 with less than $1304 monthly income
- Aged, blind, and disabled veterans, with little or no income. First, the veteran applies for SSI, if they qualify, Social Security will automatically enroll them in Medicaid.
- Michigan residents aged 19-64 years with an income at or below 133% of the federal poverty level and who do not qualify for or are not enrolled in Medicare or other Medicaid programs, and are not pregnant at the time of application.

Disabled
- Service connected Disabled Vet (8 categories) providing monthly income
- Camp Lejune Disability list (See VA Priority Group 2 on page 2)
- Agent Orange (See VA Priority Group 2 on page 2)
- Disabled or Blind
- Disabled individuals <66 years of age with a disability, automatic enrollment in Medicare after two years.

65 years of age or older
- Elderly veteran
- Low-income adult veteran (less than $1001/month
- Veteran at least 65 years of age or older
- Senior Citizens

Retired Military
- Retired military and family

Eligible for both Medicare and Medicaid
- Dual eligibility for both Medicare and Medicaid

Color Code

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VA HEALTH SYSTEM

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ELIGIBILITY DETERMINED BY VA

SERVICE-CONNECTED ELIGIBILITY

INCOME ELIGIBLITY

Qualified veterans will be assigned to one of eight priority groups. The priority group classification determines if the veteran is responsible for co-pays and if they are eligible for free transportation if not ambulatory.

Priority Group 1	Priority Group 2	Priority Group 3	Priority Group 4	Priority Group 5	Priority Group 6	Priority Group 7	Priority Group 8
* Vets with VA-rated service-connected disabilities of 50% or more disabling * Vets determined by VA to be unemployable due to service-connected conditions	* Vets with VA-related service-connected disabilities 30 - 40% disabling	* Vets who are former POWs * Vets awarded a Purple Heart medal * Vets whose discharge was for a disability that was incurred or aggravated in the line of duty * Vets with VAS-rated service connected disabilities 10 - 20% disabling * Vets awarded special eligibility classification under Title 38, U.S.C., § "benefits for individuals disabled by treatment or vocational rehabilitation" * Vets awarded the Medal of Honor	* Vets who are receiving aid and attendance or housebound benefits from VA * Vets who have been determined to be catastrophically disabled	* Non-service-connected vets and non-compensable service-connected vets rated 0% disabled by VA with annual income below the VA's and geographically (based on vets resident zip code) adjusted income limits * Vets eligible for Medicaid program	* Compensable 0% service - connected vets * Vets exposed to Ionizing Radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki * Project 112/SHAD participants * Vets who served in the Republic of Vietnam between January 9, 1962 and May 7, 1975 * Vets of the Persian Gulf War who served between August 2, 1990 and November 11, 1998 * Vets who served on active duty at Camp Lejune for at least 30 days between August 1, 1953 and December 31, 1987 * Vets who served in a theater of combat operations after November 11, 1998 as follows: - Currently enrolled Vets and new enrollees who were discharged from active duty on or after January 28, 2003 are eligible for the enhanced benefits of five years post discharge - Combat veterans who were discharged between January 2009 and January 2011, and did not enroll in the VA Health Care during their five-month period of eligibility have an additional one year to enroll and receive care. The additional one-year eligibility period began Feb 12, 2015.	* Vets with gross household income below the geographically-adjusted income limits (GMT) for their resident location and who agree to pay copays	* Vets with gross household income above the VA and the geographically-adjusted income limits for their resident location and who agrees to pay copays.

ENROLLMENT OFFICE AT VA
ITEMS TO BRING: DD214 (SEPARATION DOCUMENT), VA FORM 10-10 EZ, PICTURE I.D., MARRIAGE LICENSE, SOCIAL SECURITY CARD, OTHER HEALTH CARDS AND, IF AWARDED A SERVICE-CONNECTED DISABILITY, THE RATING DECISION LETTER. IF AWARDED THE PURPLE HEART, BRING THE DD-214 AND THE CERTIFICATE.

ONCE QUALIFIED, THE VA WILL MAKE THE FIRST APPOINTMENT. THE VET IS ASSIGNED TO A PRIMARY CARE DOCTOR WHO THEN MAKES REFERRALS TO OTHER MEDICAL DEPARTMENTS.

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MEDICAID

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Medicaid is a joint federal and state program that helps with medical costs for some people with limited income and resources. Medicaid also offers benefits not normally covered by Medicare, like nursing home care and personal care services.

Medicaid eligibility is determined by income, assets and relationships, not medical condition.

TO APPLY FOR MEDICAID, GO TO LOCAL OFFICES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mt. Clemens District	Sterling Heights District	Warren District
(586) 469-7700	(586) 254-1500	(586) 427-0600
serving Mt. Clemens, Clinton Township, Harrison Twp., St. Clair Shores, New Baltimore, Chesterfield	serving Armada, Bruce, Lenox, Macomb, Memphis, New Haven, Ray, Richmond, Rochester 48306, Romeo, Shelby, Sterling Hgts., Utica, Washington Township.	serving Center Line, Eastpointe, Fraser, Roseville, Warren.

PREGNANT VETERAN OR SPOUSE OF VETERAN

- Medicaid is available during pregnancy and two months postpartum

CHILD/REN OF A VETERAN

- Healthy Kids provides a range of health care coverage and support services for qualifying pregnant women, babies and children under age 19.
- MIChild - a health insurance program for uninsured children of working families. $10 monthly premium for all children in the family.
- SSI Medicaid is for disabled children of low-income families

CAREGIVER RELATIVES OF A DEPENDENT CHILD

- Medicaid for parents and people who act as parents, caring for a dependent child.

ADULTS

- Single Adults 19 - 64 The Healthy Michigan Plan ("Medicaid Expansion")
- Disabled or Aged Adults (SSI Medicaid/AD Care, Medicaid Spend Down)
  - Adult home help/ Chore Services
  - Health services in the home from MIChoice Waiver
  - Payment of monthly Medicare Part B premium from the Medicare Savings Program

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MEDICARE

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Medicare is a federal health insurance program for people who are 65 years or older, people with certain disabilities, or people with end-stage Renal Disease.

Apply for Medicare at your local Social Security Administration office.

There are two main ways to get Medicare coverage:
Original Medicare or a Medicare Advantage Plan.

STEP 1: Decide how you want to get your coverage.

ORIGINAL MEDICARE

PART A	PART B
Hospital Coverage	Medical Coverage

STEP 2: Decide if you want to add drug coverage.

PART D
Prescription Drug Coverage

STEP 3: Decide if you want to add supplemental coverage.

Medicare Supplement Insurance (Medigap) policy

END

MEDICARE ADVANTAGE PLAN

"PART C"
Combines PART A, PART B, and usually PART D

A Medicare Advantage Plan requires co-insurance, co-pays and deductibles. The cost vary depending on the percentage of the cost incurred. If you join a Medicare Advantage Plan, you can't use and can't be sold a Medigap plan.

STEP 2: Decide if you want to add drug coverage.

PART D
Prescription Drug Coverage (Most Medicare Plans cover prescription drugs. You may be able to add drug coverage in some plan types if not already included.)

END

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MEDICARE ADVANTAGE PLAN

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Medicare Advantage Plans are another way to get Medicare Part A and Part B coverage.

Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by Medicare-approved private companies that must follow rules set by Medicare. Most Medicare Advantage Plans include drug coverage (Part D). In many cases, a patient will need to use health care providers who participate in the plan's network and service area for the lowest costs.

These plans set a limit on what the patient will have to pay out-of-pocket each year for covered services, to help protect you from unexpected costs. Some plans offer out-of-network coverage, but sometimes at a higher cost.

The patient must use the card from their Medicare Advantage Plan to get their Medicare-covered services. The person should keep their red, white, and blue Medicare card in a safe place because they will need it if they ever switch back to original Medicare. Below are the most common types of Medicare Advantage Plans.

Health Maintenance Organization (HMO) Plans
Preferred Provider Organization (PPO) Plans
Private Fee-for-Service (PFFS) Plans
Special Needs Plans (SNPs)

Other less common types of Medicare Advantage Plans that may be available include HMO Point of Service (HMOPOS) Plans and a Medicare Medical Savings Account (MSA) Plan.

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SUPPLEMENTAL SECURITY INCOME (SSI)

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SSI makes monthly payments to people who have low income and few resources, and who are:

- **Age 65 or older**
- **Blind, or**
- **Disabled**

Disabled or blind children whose parents have little income or resources may be eligible for SSI benefits as well.

↓

Determine Eligibility

Click on this link: Benefit Eligibility Screening Tool. By taking 5 to 10 minutes to answer a few questions, a person can find out eligibility for SSI or other benefits.

↓

To apply for SSI, complete a large part of the application by visiting the Social Security Administration website at:

www.socialsecurity.gov

Or call toll-free at (800) 772-1213 to ask for an appointment with a Social Security representative. If the person plans to apply for Social Security or SSI disability benefits, a good place to start is:

www.socialsecurity.gov/disability

Parents or guardians usually can apply for blind or disabled children under age 18. In some cases, other third parties can apply for children.

For assistance in completing forms for SSDI and SSI, call Catholic Charities of SE Michigan, (586) 416-2300 to schedule an appointment with John Burcham. Help is available on Wednesdays and Fridays from 9:00 A.M. - 3:00 P.M.

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SOCIAL SECURITY DISABILITY

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Social Security disability pays benefits to person and certain members of that person's family if he/she has worked long enough and has a medical condition that has prevented him/her from working or is expected to prevent him/her from working for at least 12 months or end in death.

A person can use the online application to apply for disability benefits if he/she:

- **Is age 18 or older;**
- **Is not currently receiving benefits on their own Social Security record;**
- **Is unable to work because of a medical condition that is expected to last at least 12 months or result in death: and**
- **Have not been denied disability benefits in the last 60 days. If your application was recently denied for medical reasons, the Internet Appeal is a starting point to request a review of the medical determination we made.**

"Disability" under Social Security is based on a person's inability to work. A person is considered disabled under Social Security rules if:

- **He/she cannot do work that he/she did before;**
- **Social Security decides that he/she cannot adjust to other work because of his/her medical condition(s); and**
- **The disability has lasted or is expected to last for at least one year or to result in death.**

The person on Social Security disability, the person is automatically enrolled in Medicare after two years.

A general reference source about the employment-related provisions of Social Security Disability Insurance and the Supplemental Security Income Programs for educators, advocates, rehabilitation professionals, and counselors who serve people with disabilities. "The Red Book" is available free online at: http://www.socialsecurity.gov/redbook/documents/TheRedBook2016.pdf

To apply online, go to: https://secure.ssa.gov/iClaim/Ent002Submit.doc

Another way to apply is to visit a local Social Security office. To find the nearest local field office by zip code, go to: https://secure.ssa.gov/ICON/main.jsp

The last way to apply is to make an appointment. Sometimes it takes up to a month or two to get an appointment.

It is best to at least start the application online. Help in completing the online registration information is available from the Social Security office (either walking into an office or making an appointment).

For assistance in completing forms for SSDI and SSI, call Catholic Charities of SE Michigan, (586) 416-2300 to schedule an appointment with John Burcham. Help is available on Wednesdays and Fridays from 9:00 A.M. - 3:00 P.M.

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CHAMPVA

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The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain health care services and supplies with eligible beneficiaries.

SPOUSE, WIDOW/WIDOWER, OR CHILD/REN OF A VETERAN WHO:

- Is rated permanently disabled due to a service-connected disability
- Was rated permanently and totally disabled due to a service-connected condition at the time of death
- Died of a service-connected disability
- Died on active duty and the dependents are not eligible for DoD TRICARE benefits.
- Beneficiaries Aged 65 and older

For information on benefits for surviving spouses and dependents of military personnel who died while in active military service and for the survivors of veterans who died after active service, visit the Survivor Benefits Home Page:

www.vba.va.gov/survivors

For information on CHAMPVA, go to:

* **http://www.va.gov/PURCHASEDCARE/programs/dependents/champva/champva_eligibility.asp**
* **Write to VA Health Administration Center, P.O. Box 469063, Denver, CO 80246-9063 or contact by e-mail by going to http://www.va.gov/hac/contact and follow the directions for submitting an e-mail via IRIS.**
* **Call (800) 733-8387, Monday - Friday**

Effective October 1, 2001, CHAMPVA benefits were extended to beneficiaries aged 65 and older. To be eligible, the beneficiary must meet the following conditions:

* **Be 65 or older prior to June 5, 2001, and were otherwise eligible for CHAMPVA, and were entitles to Medicare Part A coverage, then you will be eligible for CHAMPVA without having to have Medicare Part B coverage**
* **If the beneficiary turned 65 before June 5, 2001, and only has Medicare Part A, s/he will be eligible for CHAMPVA without having to have Medicare Part B coverage.**
* **If the beneficiary turned 65 before June 5, 2001m and has Medicare Part A and B on June 5, 2001, s/he must keep both Parts A and B to be eligible.**

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TRICARE

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TRICARE is a health program for uniformed Service Members including active duty and retired members of the U.S. Army, U.S. Air Force, U.S. Navy, U.S. Marine Corps, U.S. Coast Guard, the Commissioned Corps of the U.S. Public Health Service and the Commissioned Corps of the National Oceanic and Atmospheric Association and their families.

Veteran aged 65 and under

→ **TRICARE STANDARD PLAN**

Retirees pay 25% of the allowable charges and there are no monthly premiums.

Family of a veteran aged 65 and under

→ **TRICARE PRIME**

The veteran needs a referral from their primary care doctor and Tricare.

Veteran 65 and older who also has Medicare A & B.

→ **TRICARE FOR LIFE**

Veterans 65 and older have to select Medicare A & B. It is gap coverage with no monthly premiums or deductibles.

For more information about TRICARE, call (877) 874-2273, or go to: http://www.tricare.mil/Plans/HealthPlans/TSE.aspx

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MI HEALTH LINK

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MI Health Link is a new program that allows a person to get health care and services when they are eligible for both Medicare and Medicaid. MI Health Link uses one plan and one card for health care, behavioral health care, home and community-based services, nursing home care and medications.

The enrollee will have their own Care Coordinator who will help link to doctors, pharmacies, behavioral health care and long-term care supports and services through the enrollees health plan. The Care Coordinator will also help make sure that all doctors and other providers work together to meet the enrollees needs and honor the enrollees choices. This Care Coordinator will assist with the care plan, answer questions, help get appointments and services, arrange transportation, and more.

A person is eligible for MI Health Link if they:

- **Live in the counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne, or any county in the Upper Peninsula**
- **Are age 21 or older**
- **Have full Medicare and full Medicaid**
- **Are not enrolled in hospice**

For more information on MI Health Link, go to: http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_64077-335999--,00.html

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HEALTHY MICHIGAN PLAN

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The Healthy Michigan Plan is health insurance for Michigan residents aged 19-64 years with an income at or below 133% of the federal poverty level and who do not qualify for or are not enrolled in Medicare or other Medicaid programs, and are not pregnant at the time of application and are a resident of Michigan.

Most people who have the Healthy Michigan Plan must enroll in a health plan. Michigan ENROLLS will send you a letter about the health plan choices in your county. Michigan ENROLLS: (800) 975-7630. Call Michigan ENROLLS to opt-out, disenroll, or change health plans. TTY users may call 1-888-263-5897. The office hours are Monday through Friday (except holidays) 8:00 A.M. to 7:00 P.M. Wait times are usually shorter before 10:00 A.M., after 2:00 P.M., and later in the week.

To view or download the Healthy Michigan Plan Handbook, go to:
https://www.michigan.gov/documents/mdch/Healthy_Michigan_Handbook_Final_447363_7.pdf

Visit www.michigan.gov/healthymichiganplan or call the Beneficiary Help Line at (800) 642-3195 if you have questions or need help.