

Chapter 4

Health Care Eligibility, Constraints, Availability of and Access to the Military Health System, Public Benefits and Health Insurance

This chapter contains information on the eligibility of IMS, their authorized family members, and participants in other international programs to receive health care in the Military Health System (MHS). It also addresses constraints on health care, their access to the MHS, eligibility for public benefits and a discussion on health insurance.

A. Health Care Eligibility

1. The SATP IMSs, their authorized family members and other international program participants are eligible to receive care in the MHS, to include medical evacuation. The level of care they are eligible for is based on treaties or agreements in effect. For example, the level of care for participants that are covered by the North Atlantic Treaty Organization (NATO)/Partnership for Peace (PFP) Status of Forces Agreements (SOFAs) or a reciprocal health care agreement will vary from those of Non-NATO country participants. The international beneficiary is not eligible to enroll in TRICARE. They are eligible to receive the same care as TRICARE Prime. The NATO/PFP family members are also eligible to receive the same as TRICARE Standard for outpatient care. International family members are **not** authorized to participate in the TRICARE-Active Duty Family Member Dental Plan.

a. SOFAs

(1) NATO:

- (a) Military personnel and their authorized family members of NATO countries listed in Appendix I are authorized care when stationed in or passing through the U.S. in connection with their official duties. Authorized family members are the spouse and children who meet the dependency criteria¹ that apply to U.S. military family members.
 1. NATO military personnel receive the same medical and dental care as U.S. military personnel. NATO military personnel are **not** eligible for TRICARE Standard.
 2. NATO family members receive the same medical and dental care as U.S. military family members with the exceptions of TRICARE Standard for inpatient care. TRICARE Standard benefits are limited to outpatient only.²
- (b) Civilian employees of the armed services of a NATO country may be furnished health care at remote installations where civilian medical care is unavailable. At other DoD medical treatment facilities (MTFs), only emergency care may be provided. All care is provided on a reimbursable basis.

(2) PFP:

- (a) Article I of the PFP SOFA states "Except as otherwise provided for in the Present Agreement and any Additional Protocol in respect to its own Parties, all States Parties to the Present Agreement shall apply the provisions of the Agreement between Parties to the North Atlantic Treaty regarding the status of their forces, done at London on 19 June 1951, hereinafter referred to as the NATO SOFA, as if all State Parties to the Present Agreement were Parties to the NATO SOFA."
- (b) Article II further clarifies that references to the North Atlantic Treaty shall be deemed to include the PFP.

¹ 10 USC 1072

² 32 CFR Part 199.3

- (c) Article 5 requires the PFP SOFA to be ratified and placed on deposit with the Government of the United States of America. The agreement shall enter into force thirty days after the date of deposit.
- (d) PFP countries listed in Appendix I have placed ratified copies of the PFP SOFA on deposit with the U.S. State Department and are eligible to receive the same health care as NATO personnel outline in paragraph A1a (1) (a) and (b) above.

b. Reciprocal Health Care Agreements:

- (1) Title 10 USC Section 2549, Armed Forces (Appendix A) requires reimbursement for medical care and provides waiver provision for reciprocal services. DoDI 6015.23, Delivery of Health Care at Military Treatment Facilities (Appendix F), provides policy for reciprocal health care agreements and assigns responsibility for negotiating and concluding international reciprocal health care agreements to the ASD (HA).
- (2) The basis for international reciprocal health care agreements is that comparable care is made available for a comparable number of U.S. force members and their family members in the foreign country concerned. As a result, agreements will vary from country to country. In some agreements only specified categories of foreign personnel are covered, in others care is limited based on attachments. It is important that each agreement be reviewed to determine eligibility of personnel and services. Copies of agreements currently in force are located in Appendix I.
- (3) International reciprocal health care agreements are generally written to cover a period of three years at which time the basis for the agreement is reviewed. If comparable care for a comparable number is still present the agreement may be extended for another three-year period.
- (4) The agreements apply to military members, although some categories may be excluded. Family members are covered only if specified in the agreement. Other internationals such as members of a Police Organization or civilian components are not covered. Although the German agreement addresses civilian components it is a reiteration of the NATO SOFA and reimbursement is required.
- (5) Commonalties of all agreements are:
 - (a) Covered military members receive outpatient and inpatient care in DoD medical and dental facilities without cost. They receive the same level of benefits as US active duty military, unless specifically limited by the agreement.
 - (b) Covered family members receive outpatient and inpatient care in DoD medical facilities without cost. They receive the same level of benefits as U.S. active duty military family members, unless specifically limited by the agreement.
 - (c) Covered military and family members must pay subsistence or family member rate for periods of inpatient care.
 - (d) Dental care for family members is on an emergency basis only.
 - (e) Covered military and family members eligible for inpatient care under the agreements are also eligible for supplemental care associated with their hospitalization without cost.³
 - (f) Cost associated with care received from civilian facilities, other than supplemental care, is the responsibility of the individual or his/her government.
 - (g) Only emergency transportation (ambulance) or transportation utilizing the DoD Aeromedical Evacuation System is authorized at no cost. All other costs associated with transportation to MTFs, to include transportation for an attendant of minor beneficiaries, for treatment is the responsibility of the individual or his/her government.
- (6) International reciprocal health care agreements are **not** a guarantee of health care at no cost while in the U.S. They do provide that care received from **DoD MTFs** will be at no cost subject to the conditions of the agreement.

³ DoDI 6015.23

- c. Non-NATO military and their authorized family members participating in approved international programs at the invitation of the Department of Defense are eligible to receive medical care on a space available reimbursable basis. Dental care will be provided on an emergency, reimbursable basis only.⁴
- d. Non-NATO civilian and paramilitary personnel and their authorized family members are eligible for emergency care on a reimbursable basis.
- e. All participants in Orientation Tours are eligible for emergency care only⁵.
- f. Aviation Leadership Program (ALP) is authorized by 10 USC, Chapter 905. Participants are eligible for outpatient and inpatient medical and dental care to include flight physicals from DoD MTFs at no cost. Dental care is restricted to that care necessary to complete their Undergraduate Pilot Training. Elective care is not authorized. Authorized family members are eligible for outpatient and inpatient care on a space available reimbursable basis. Family member's dental care is limited to emergency only.

2. Benefits entitlements can be found in Appendixes C, D, H, and I.

B. Constraints

- 1. Treatment will not be approved for medical, surgical, or dental care that is requested by the individual or recommended by the physician or dentist which, in the opinion of professional authority, is not necessary to provide relief from pain and suffering, or a potential health problem. Release from training or retention following training for this purpose is not authorized.
- 2. Cosmetic or remedial surgery is not available unless a bona fide emergency situation exists and is in compliance with MILDEP Regulations.
- 3. Prosthetic devices:
 - a. Hearing aids or orthopedic footwear are not authorized for issue to non-NATO IMSs.
 - b. Eyeglasses, contacts, or prescription lens to fit military equipment when necessary for the IMS to perform his or her assigned duties may be furnished to non-NATO IMS when these items are not available through civilian sources. The likelihood of eyeglasses and contacts not being available from civilian sources is very small since these items are available from exchange and civilian optical shops. There may be an occasion when prescription lens to fit military equipment may arise which is available through the MHS only. If this occurs, associated cost will be in accordance with MILDEP regulations and the IMS's ITO.
 - c. Prosthetic devices including hearing aids, orthopedic footwear, and eyeglasses or contact lenses are not authorized family members. However, these items may be purchased at Government cost by family members at specific installations as authorized by the Secretaries of the MILDEPs. This is highly unlikely since these items are usually available from local sources such as the exchange, civilian optical, or specialty medical shops.

C. Availability of and Access to the Military Health System

- 1. Health care in the MHS is not available at all training locations.
- 2. DoD policy on access priority for care in military treatments facilities is contained in HA Policy Memoranda 96-053 and 97-041.
 - a. All foreign military members who are entitled to MTF care pursuant to an applicable international agreement are associated with priority group 1, for the scope of services specified in the agreement.

⁴ Paragraph 10-47e of the JSAT

⁵ Paragraph 12-8 of the JSAT

- b. All foreign military members' family members who are entitled to care pursuant to an applicable international agreement are associated with priority group 2, for the scope of services specified in the agreement.
- c. Any problems encountered in obtaining appointments should be addressed to the **TRICARE** Support Office for resolution.

D. Public Benefits

1. In general IMS and their family members are ineligible for Federal Public benefits⁶ and State and local public benefits⁷ with the following exceptions.
 - a. Medical care and services that are necessary for the treatment of an emergency medical condition and are not related to an organ transplant procedure, if the alien involved otherwise meets the eligibility requirements for medical assistance under the approved State Medicaid Plan.
 - b. Short-term, non-cash, in-kind emergency disaster relief.
 - c. Public health assistance for immunizations with respect to immunizable diseases and for testing and treatment of symptoms of communicable disease whether or not such symptoms are caused by a communicable disease.
 - d. Programs, services, or assistance, which deliver in-kind services at community level, including through public or private nonprofit agencies and do not condition the provision of assistance, the amount of assistance provided, or the cost of assistance provided on the individual recipient's income or resources and are necessary for the protection of life or safety.
2. Medicaid Plans vary from state to state. IMSOs must check with local authorities on Medicaid criteria for their state. In reporting income for qualification IMSOs must insure that the IMS includes salary received from home country and living allowance.

⁶ 8USC Section 1611

⁷ 8USC Section 1621

Desktop Quick Reference

NATO SOFA

Belgium
Canada
Czech Republic
Denmark
France
Germany
Greece
Hungary
Iceland
Italy
Luxembourg
Netherlands
Norway
Poland
Portugal
Spain
Turkey
United Kingdom

PFP COUNTRIES

Albania*
Armenia
Austria*
Azerbaijan*
Belarus
Bulgaria*
Croatia*
Estonia*
FYROM*
Finland*
Georgia*
Kazakhstan*
Kyrgyzstan
Latvia*
Lithuania*
Moldova*
Romania*
Russia
Slovak Republic*
Slovenia*
Sweden*
Switzerland
Tajikistan
Turkmenistan
Ukraine*

Uzbekistan*
*Denotes PFP country in which the SOFA has entered into force. All other PFP Countries fall in the other category.

RECIPROCAL HEALTH CARE AGREEMENTS

Argentina (Maryland, Virginia, D.C.)
Bolivia
Canada
Colombia
Ecuador
El Salvador
Germany
Guatemala
Mexico
Romania
Tunisia
Ukraine
United Kingdom
Uruguay
Venezuela

Agreements/expiration dates may be obtained from
<http://www.tricare.osd.mil/recip/>

NATO/PFP SOFA – For PFP eligibility begins 30 days after SOFA goes into force in the country

- Free outpatient Care
- Reimbursable inpatient care
- Family members – TRICARE Standard outpatient only

RECIPROCAL HEALTH CARE AGREEMENTS

- Free outpatient care
- Free inpatient care
- All DoD medical and dental facilities
- No TRICARE Standard

OTHER -All other foreign military and their families assigned to the United States under DoD invitation

- All DoD medical and dental care is reimbursable
- No TRICARE Standard

