



TRICARE® Combat-Related Special Compensation Travel Benefit

Travel benefit for military retirees awarded Combat-Related Special Compensation

If you are a retiree and your Combat-Related Special Compensation (CRSC) Board has awarded you CRSC, you may be entitled to the CRSC travel benefit. This benefit provides reimbursement for travel-related expenses when you must travel more than 100 miles from your referring provider's location to obtain medically necessary, nonemergency specialty care for a combat-related disability. To qualify, you must meet **all** of the following criteria:

- Be receiving retired, retired retainer, or equivalent pay
- Have been awarded a CRSC determination letter from your service's CRSC Board identifying the combat-related disability or disabilities
- Reside stateside and be covered under TRICARE Standard or TRICARE For Life
- Have been referred by your provider for specialty care that is more than 100 miles from your referring provider to obtain care for the combat-related disability

Note: TRICARE Prime enrollees, including those enrolled in the US Family Health Plan, are eligible for the TRICARE Prime Travel Benefit.

NON-MEDICAL ATTENDANTS

One non-medical attendant (NMA) may also be entitled to reimbursement of travel-related expenses. Your referring provider must verify in writing that an NMA is medically necessary and appropriate to travel with you. The NMA can be a parent, spouse, or other adult family member (age 21 or older) or a legal guardian.

If the NMA is an active duty service member or a U.S. government employee, he or she may be entitled to temporary duty allowances (per diem and mileage) if on travel duty per their organization.

BEFORE TRAVELING TO RECEIVE SPECIALTY CARE

Although travel orders are not required, you must submit a travel request in advance to your TRICARE Regional Office with the following documentation:

- Copy of your CRSC determination letter identifying the combat-related disabilities
- Your home address
- Referring provider's address
- Referral for specialty care to treat the specified combat-related disability
- Statement (may be included in the referral) from the referring provider indicating that an NMA is medically necessary and appropriate, if applicable
- Completed electronic funds transfer (EFT) authorization form for yourself and your NMA; form must be accompanied by a voided/canceled check or a copy of your savings account statement

Please submit information via fax or mail. Email requests are not accepted. The TRICARE Regional Office staff will review your travel request and assist in locating a specialty provider or confirm that the requested specialist is a

TRICARE-authorized provider outside the 100-mile radius. If requests are not submitted in advance, the TRICARE Regional Office considers travel reimbursement on a case-by-case basis.

REIMBURSABLE EXPENSES

Only reasonable, actual-cost travel expenses (e.g., lodging, fuel [rather than mileage], meals, parking, tolls) associated with receiving specialty care can be reimbursed. You are expected to use the least costly mode of transportation. Government rates will be used to estimate the reasonable costs for allowable expenses. To review the rates, visit <http://www.defensetravel.dod.mil/site/perdiem.cfm>. Please contact your TRICARE Regional Office for more information about reimbursable expenses and authorization requirements.

REQUESTING REIMBURSEMENT

You and your NMA must pay for travel expenses up front and then submit a claim for reimbursement. A separate claim must be submitted per trip, per qualified awardee or NMA. Only one individual can be reimbursed for each expense. All reimbursements are made through EFT.

Claims should be submitted to the appropriate TRICARE Regional Office via fax or mail. Each claim submission must include:

- Completed and signed claim forms, which are available online on the Department of Defense Forms Management Program Web site at www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm:
 - *Travel Voucher or Subvoucher* (DD Form 1351-2) is appropriate for all travel reimbursements and is mandatory for lodging.
 - *Statement of Actual Expenses* (DD Form 1351-3) is required in support of *DD Form 1351-2* forms submitted by qualifying civilians (not employed by the U.S. government).
 - *Travel Voucher or Subvoucher (Continuation Sheet)* (DD Form 1351-2c) may be used for continuation of *DD Form 1351-2* expenses.

- *Claim for Reimbursement for Expenditures on Official Business* (SF Form 1164) may be used in place of *DD Form 1351-2* if you are not filing for reimbursement of lodging expenses.
- Copy of the CRSC determination letter (if not provided prior to travel)
- Completed EFT authorization form (if not provided prior to travel)
- Documentation from the specialty care provider verifying he or she treated you for the specified combat-related disability and the date(s) of service; to view sample documentation, visit www.tricare.mil/CRSC
- Statement from the referring provider indicating the need for an NMA (if applicable and not provided prior to travel)
- Legible receipts (or comparable written documents) indicating the payment(s) made for reimbursable goods and services; receipts must include:
 - Name of the company or vendor
 - Date of transaction
 - Items or services purchased
 - Unit price
 - Total amount paid

Submitting a request for reimbursement does not guarantee payment. For more information about eligibility, claims, and reimbursements, contact your TRICARE Regional Office or visit its Web site. See the *Looking for More Information?* section of this fact sheet for contact information.

LOOKING FOR **More Information?**

GO TO **www.tricare.mil/contactus**

N

TRICARE North Region

Health Net Federal Services, LLC
1-877-TRICARE (1-877-874-2273)
www.hnfs.com

TRICARE Regional Office

7700 Arlington Boulevard
Suite 5101
Falls Church, VA 22042-5101
Phone: 1-866-307-9749
Fax: 1-703-275-6258
dha.northcrsc@mail.mil
www.tricare.mil/tronorth

S

TRICARE South Region

Humana Military
1-800-444-5445
HumanaMilitary.com

TRICARE Regional Office

7800 IH-10 West
Suite 400
San Antonio, TX 78230
Phone: 1-800-576-0375
Fax: 1-210-536-6176
dha.jbsa.health-opns.mbx.trosouthtravel@mail.mil
www.tricare.mil/trosouth

W

TRICARE West Region

UnitedHealthcare
Military & Veterans
1-877-988-WEST (1-877-988-9378)
www.uhcmilitarywest.com

TRICARE Regional Office

401 West A Street
Suite 2100
San Diego, CA 92101-7908
Phone: 1-800-449-6408
Fax: 1-619-231-4246
tricareprimetravel@dha.mil
www.tricare.mil/trowest

An Important Note About TRICARE Program Information

*At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.*