

United States Public Health Service Commissioned Corps

Resource Guide for Expectant Parents



Current as of September 2019

At the time of publication, this information is current, but must be considered in light of governing statutes and regulations.

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Introduction

This document, developed by the Commissioned Corps Women's Issues Advisory Board (CCWIAB), is designed to serve as an unofficial guide to assist expectant parents in the United States Public Health Service (USPHS) Commissioned Corps in navigating and understanding the various policies and resources relevant to pregnancy, postpartum, and parenthood. The guide is organized into sequential parts, based upon the unique phase and roles of parenthood.

Checklist

When you learn you are pregnant, here are some suggested steps to follow. These topics are addressed in detail within this resource guide.

Pregnancy

- Establish care with a healthcare provider in accordance with TRICARE procedures
- Check your basic readiness status
- Consider applying for a time-limited medical waiver
- Purchase a maternity uniform
- Prepare for maternity leave

Postpartum

- Consider postpartum mental health resources if needed
- Enroll your child into DEERS
- Enroll your child in TRICARE
- Add child to dependency certification
- Consider other insurance options, including life and dental insurance
- Add to applicable Cost of Living Adjustment (COLA) forms if necessary
- Prepare for your return to duty

This guide also provides additional information on/for the following:

- Fathers
- Adoptive Parents
- Infertility

Pregnancy

You've just learned that you will be parents! Now what do you do? The following section provides detailed information on the checklist items noted above.

Establish Care with a Healthcare Provider

If you suspect or know that you are pregnant, it is important to begin prenatal care. Check with your primary healthcare provider's office to see when to schedule the first prenatal appointment and to see if a referral is needed for specialty care if your healthcare provider is unable to care for you during your pregnancy. TRICARE Prime requires a referral to an Obstetrician or Certified Nurse Midwife for

pregnancy care. When your due date is established, it will be important to check with TRICARE to make sure that a referral is in place for delivery. TRICARE covers deliveries at TRICARE-authorized hospitals and birthing centers. Your healthcare provider can supply you with the necessary registration paperwork for delivery. For additional information regarding TRICARE coverage, please refer to your TRICARE plan and your regional contractor. Documentation of your due date will be needed from your healthcare provider to apply for the waivers discussed below. In addition to regular prenatal visits, it is also important to maintain dental care and have regular oral exams and dental cleanings while pregnant. TRICARE authorizes a third dental cleaning while pregnant. For more information on maternity care services covered under TRICARE, please visit the TRICARE website: <https://tricare.mil/CoveredServices/IsItCovered/MaternityCare>

Check your Basic Readiness Status

You will want to take steps to ensure that you do not become flagged as “not basic ready” during your pregnancy and postpartum period. The first step is to check to see what required readiness elements will be due during pregnancy and postpartum. Next, determine whether there will be any immunizations that are due to be updated but that may be contraindicated while pregnant, postpartum, or breastfeeding. Then, check when your annual tuberculosis screening and your next physical fitness tests will be due. If you will be unable to meet any of these requirements due to the medical aspects of pregnancy or breastfeeding, you will want to apply for a time-limited medical waiver (see below).

Consider Applying for a Time-Limited Medical Waiver

During pregnancy and postpartum period, a time-limited medical waiver may be warranted. In general, medical waivers may be provided when officers have medical conditions that affect their health status or personal well-being. Such conditions may pose specific or general physical limitations or restrictions on their ability to reach optimal force readiness. The purpose of a medical waiver is to reduce unintentional injuries due to inappropriate application of a physical readiness or immunization requirement.

Time-limited Medical Waivers during Pregnancy

Officers who become pregnant are required to provide documentation to Division of Commissioned Corps Personnel and Readiness/Assignment and Career Management/Medical Affairs Branch (CCHQ/ACM/MAB) establishing the diagnosis. Upon receipt, a MAB Medical Review Officer (MRO) will issue or approve a time-limited waiver exempting the officer from taking the Annual Physical Fitness Test (APFT), immunizations (as appropriate; see below), participation in deployments, meeting weight standards, and Basic Life Support (BLS) training.

The standard duration of the medical waiver for pregnancy is six months after the delivery date. At the end of the Pregnancy Waiver period, an officer may request (without providing additional documentation) an additional 3-month extension on the Weight Standards portion of the Pregnancy Waiver.

Breastfeeding Waivers may be granted for deployment or Commissioned Corps training that requires the officer to leave her home for more than 48 hours. Breastfeeding Waivers expire one year after the birth of the child or when the officer stops breastfeeding, whichever comes first. Breastfeeding is not considered a medical justification for waiving all or part of the APFT. If an officer and/or their personal

physician feels they need a medical waiver beyond the 12-month time frame, MAB will review those requests on a case-by-case basis. It is important to note that the officer must notify MAB that they are breastfeeding and submit the Breastfeeding Waiver request. It will not be issued automatically with the Pregnancy Waiver.

Medical Waiver requests should be submitted to MAB using the Active Duty and Reserve Corps Medical Waiver Request form (Appendix 1) accompanied by the required medical documentation from the officer's healthcare provider(s). This form can be found on the Medical Affairs, Medical Waiver Program page on CCMIS or directly using the link below. These documents should be uploaded in eDOC-U, as a single PDF, under the Medical Affairs document category as "Request for Medical Waiver". Log into the Officer Secure Area website to access eDOC-U.

Medical Waiver Program Website:

https://dcp.psc.gov/ccmis/Medical%20Affairs/MA_medical_waiver_program.aspx

Active Duty and Reserve Corps Medical Waiver Request Form:

https://dcp.psc.gov/ccmis/PDF_docs/Active%20Duty%20and%20Reserve%20Corps%20Medical%20Waiver%20Request%209-17-18.pdf

Waiver requests are typically processed and approved within 1-2 days of receipt. They are effective immediately from the date they are submitted to MAB. The new eDOC-U system should send a notification when the waiver has been approved and entered into the officer's file. If this notification is not received or there is any question, officers can email the two Medical Review Officers (see below) to verify approval. Waivers can also be verified in the RedDOG-Self Service page within the Officer Secure Area in the Readiness Information tab. This includes the date requested, date granted, and expiration date.

If you have any questions or concerns regarding medical waivers, it is best to call or email the Medical Review Officers within MAB. The current Medical Review Officers are listed below. Please check the Medical Affairs page on the CCMIS website for the most current contact information.

- Dr. Alvin Abrams
alvin.abrams@hhs.gov
(240) 276-8780
- Dr. Melvin Williams
melvin.williams@hhs.gov
(240) 276-8780

Components of the Medical Waiver

APFT: Officers who become pregnant will be granted a time-limited medical waiver from the APFT during the pregnancy, provided a waiver request is submitted and approved (more detail is provided in Manual Circular 377). However, pregnant officers are encouraged to participate in a pregnancy physical fitness program to maintain cardiovascular and muscular fitness throughout pregnancy and postpartum period, in accordance with medical guidance.

Weight Standards: Pregnancy Waivers automatically cover exemption for the weight standards. It is

expected that the officer will be able to meet the weight standards at 6 months postpartum, which is the time the Pregnancy Waiver expires. As mentioned previously, at the end of the Pregnancy Waiver period, an officer may request (without providing additional documentation) an additional 3-month extension on the Weight Standards portion of the Pregnancy Waiver.

Immunizations: Officers who become pregnant may be granted a waiver from receiving some or all of the immunizations required under basic level of force readiness as recommended by the officer's attending physician/healthcare provider. Immunizations for which an officer may receive a waiver include: measles/mumps/ rubella (MMR), varicella, polio, tetanus/diphtheria, and the hepatitis A and B series. The officer may also receive a waiver for required annual tuberculosis (PPD) screening. If the officer has received two negative results in a period of less than 12 months, the annual screening is not needed to meet readiness standards.

The Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics and the American College of Obstetrics and Gynecology recommend two immunizations (i.e., influenza and tetanus, diphtheria, and acellular pertussis (Tdap)) be administered to pregnant women not only to protect the mother, but also to protect the health of the infant once he/she is born. The influenza vaccine should be administered annually no matter what trimester of pregnancy the woman is in. The Tdap vaccine should be administered with each pregnancy after 20 weeks estimated gestational age.

For more information about immunization and pregnancy, please visit the following CDC websites:

<https://www.cdc.gov/vaccines/pregnancy/downloads/pregnancy-vaccination.pdf>

<http://www.cdc.gov/vaccines/adults/rec-vac/pregnant.html>

Deployments: Pregnant officers often wonder whether they are able to deploy during the pregnancy and postpartum period. Currently, there are no formal policies regarding pregnancy and lactation related to participation on deployment with readiness and response teams. Pregnancy and lactation are not automatic exemptions for deployments. Rather, an officer could deploy, unless MAB has approved a medical waiver specifically exempting the officer from deployment.

When a mission is received for the readiness and response teams, the decision to deploy, or not, during a pregnancy is a multi-step process:

- The officer has the first right of refusal to deploy based upon pregnancy
- The team leader and safety officer on the team can waive the officer based upon safety
- If there is conflict between the pregnant officer and the response team lead/safety officer, the pregnant officer can contact the USPHS Readiness and Deployment Operations Group

Helpful reference: Basic Level of Force Readiness Standards for the Commissioned Corps of the US Public Health Service (Corps) (Manual Circular 377) - Effective 04 June 2014

<https://dcp.psc.gov/ccmis/RedDOG/Forms/CC%20Basic%20Readiness%20Standards.pdf>

Purchase a Maternity Uniform

Pregnant officers are required to wear certified maternity uniforms once regular uniforms no longer fit. Personnel are expected to wear regular uniforms upon return from maternity leave; however, officers may wear maternity uniforms up to 6 months from the date of delivery, based upon medical diagnosis/recommendation as necessary. Maternity uniforms are designed like corresponding primary uniforms, but proportional to fit pregnant women. Officers should carefully review the uniform guidance for special situations (CC413.01). See Appendix 2 for pictures of available maternity uniforms.

Your healthcare provider may also recommend certain uniform accommodations depending on your specific condition (e.g., soft shoes for swollen feet). These types of restrictions or changes must be reported to MAB, along with supporting medical documentation.

Breastfeeding undershirts are available from the following website: <https://www.missmilitarymom.com>. CCHQ has authorized the wear of these shirts as “undergarments” in the existing uniform policies for all uniforms except the ODU [define?]. Authorization for wear with the ODU will be reviewed by CCHQ during the next review of the uniform policies. In the meantime, officers may request a temporary waiver of the ODU undershirt while breastfeeding to CCHQ to the following contact:

CDR Kyle Lyons
Phone: (240) 453-6098
Email: james.lyons@hhs.gov

Additionally, while maternity ODU coats and pants are available from the U.S. Coast Guard (USCG), it should be noted that these are only available with the USCG logo on the pockets. These uniforms are only authorized for wear by Commissioned Corps officers if they are void of the USCG logo. In order to accomplish this, officers can purchase the USCG version, remove and flip the pockets, and sew them back on in the correct fashion without the USCG logo visible on the outside.

Helpful reference: Special Uniform Situations (CC413.01) — Effective 29 April 2014
https://dcp.psc.gov/ccmis/ccis/documents/CC413_01.pdf

Maternity Uniform FAQs

How soon can the maternity uniform be worn?

The maternity uniform may be worn as soon as the regular uniform no longer fits appropriately, due to the pregnancy.

Are there special outer garments during pregnancy?

No. Regular outer garments are worn, but they are authorized to be worn opened.

Where can I purchase the maternity uniforms?

The maternity uniforms may be purchased through the Navy Exchange Service Command:
<<http://www.mynavyexchange.com>>

The maternity ODU may be purchased through the Coast Guard Exchange website, or by calling the Coast Guard Uniform Distribution Center:

<https://shopcgx.com/uniforms/>

1-800-874-6841

Prepare for Maternity Leave

Sick Leave Use in Relation to Childbirth

Sick leave is granted when an officer is in need of medical services or is incapacitated for the performance of duties by sickness, injury, or pregnancy and postpartum recovery. There is no accrual of sick leave under the Corps' leave system; however, sick leave is not without limits. Sick leave can be used during pregnancy if it is medically justifiable. Sick leave during the postpartum period, also known as "maternity leave," is likewise granted only for the incapacity of the officer, not for infant care.

Maternity Leave

Maternity leave is a period of approved sick leave for incapacitation related to pregnancy and postpartum recovery. As with sick leave requested for other reasons, the length of maternity leave is based on the officer's fitness as determined by the medical status. The officer should notify her supervisor as soon as she knows that she is pregnant, so that necessary staffing adjustments can be planned. When the officer knows the approximate date of delivery, when she will be requesting leave, and date of her anticipated return to duty, she should submit her leave request (via the eCORPS online system) with the information to her supervisor. Upon return to duty, the officer should submit a healthcare provider's statement indicating her fitness to resume her duties and should confirm the leave dates taken on the leave request in eCORPS.

As a matter of administrative uniformity, and if medically indicated, maternity leave is 84 consecutive days beginning the day following the day of hospital discharge, regardless of whether delivery is vaginal or Caesarean section. Any sick leave beyond those limits must be justified by the officer's actual incapacity to return to full or limited duty. If it is anticipated the officer will require sick leave beyond the limits of maternity leave, then approval of sick leave should be obtained prior to the end of the period of maternity leave. A request for sick leave beyond the period of maternity leave shall require a second opinion. Child care is not considered a reason for extension of maternity leave. Leave for this purpose, if granted, is chargeable to annual leave.

Advancing Annual Leave

In cases of emergency or extreme hardship, the leave-granting authority may grant the officer annual leave in advance. No more than 30 days of leave may be advanced, and there must be a reasonable expectation the officer will, in fact, accrue the leave over time (i.e., the officer cannot be planning to retire or separate prior to accruing the amount of leave that is advanced). If there is a leave deficit at the time of separation or retirement from active duty, the officer must reimburse the government.

Family and Medical Leave Act of 1993

Pregnant officers may wonder whether they can take unpaid time away from work to extend their maternity leave. The Family and Medical Leave Act of 1993 only pertains to private and federal civil service employees. Members of the uniformed services are not covered in the definition of an eligible “employee” under Title I of the Family and Medical Leave Act of 1993, and under Chapter 63 of Title 5, United States Code, as amended by Title II of the Family and Medical Leave Act of 1993. Therefore, US PHS Commissioned Officers are not eligible for or covered by the Family and Medical Leave Act of 1993.

Helpful reference: Leave of Absence; General (CC361.01) — Effective 16 February 2012

<https://dcp.psc.gov/ccmis/ccis/documents/CC361.01.pdf>

Postpartum

The following sections address some questions you may have as a parent and USPHS officer.

Postpartum Mental Health Resources

The transition from pregnancy into parenthood can have a significant impact on the physical, mental, and emotional well-being of both the mother and her partner. Resources are available through Tricare, as well as other organizations, to help ensure optimal mental health for mothers and families during the pregnancy and postpartum periods.

Suicide Prevention Hotline

Officers or loved ones experiencing thoughts of harming themselves, are encouraged to immediately call the [National Suicide Prevention Hotline](https://www.suicidepreventionhotline.com) at 1-800-273-TALK (1-800-273-8255) or TTY: 1-800-799-4889. This hotline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis.

Tricare

Mental health services covered by Tricare include psychotherapy (individual, family, and group therapy), psychoanalysis, psychological testing and assessment, and medication assisted treatment. Of note, marriage counseling is not a Tricare-covered benefit. Active duty service members (ASDMs) have no costs for covered mental health services from or authorized by the Military Health System. Referrals may be required for certain services. Non-ADSMs can minimize costs by seeking care at military hospitals or clinics, when available, or from TRICARE network healthcare providers.

<https://www.tricare.mil/mentalhealth>

Other postpartum mental health information and resources

Centers for Disease Control and Prevention:

<https://www.cdc.gov/reproductivehealth/depression/index.htm>

<https://www.cdc.gov/reproductivehealth/depression/resources.htm>

National Institutes of Health:

<https://www.nlm.nih.gov/health/publications/postpartum-depression-facts/index.shtml>

<https://medlineplus.gov/postpartumdepression.html>

Office of Women’s Health:

<https://www.womenshealth.gov/mental-health/illnesses/postpartum-depression.html>

American Pregnancy Association:

<http://americanpregnancy.org/first-year-of-life/forms-of-postpartum-depression/>

American Psychological Association:

<http://www.apa.org/pi/women/resources/reports/postpartum-depression.aspx>

National Alliance on Mental Illness:

<https://www.nami.org/>

Postpartum Support International:

<http://www.postpartum.net/>

PSI toll-free help line: (800) 944-4PPD (4773)

Defense Enrollment Eligibility Reporting System (DEERS) Enrollment

As a parent of a newborn infant, one of the first decisions you probably made was deciding on a name for your newborn son or daughter. As a beneficiary of the Department of Defense Military Health System, the second and most important decision you can make is to enroll your newborn infant in the DEERS as soon as possible after birth.

DEERS FAQs

Why is enrolling your newborn in DEERS important?

When enrolling your newborn in DEERS, you establish TRICARE eligibility for the infant and avoid potential claims problems or other financial hardships for your family in the future. As a new parent, enrolling your baby in DEERS provides you the comfort of knowing your baby will remain TRICARE eligible and able to receive the essential well-baby and pediatric health care he or she needs.

Aren't newborns already TRICARE-eligible?

A newborn infant is covered as a TRICARE Prime beneficiary in DEERS for the first 90 days after birth (120 days for officers stationed overseas), as long as one additional family member is enrolled in TRICARE Prime or TRICARE Prime Remote. After the initial 90 days, your child will not show as TRICARE eligible and any claim submitted for a newborn may be denied (stateside only). If you enroll your child in DEERS late (after 90 days), your child will automatically be enrolled in TRICARE Prime or Select, and coverage will be backdated to the date of birth.

How do I establish TRICARE eligibility for my newborn in DEERS?

Parents and legal guardians must enroll their newborn child in DEERS as soon as possible after birth. To establish a newborn's TRICARE eligibility in DEERS, you must:

Submit a certificate of live birth, in person, to the nearest military ID card facility. The nearest military ID card facility can be found using the Real-Time Automated Personnel Identification System (RAPIDS) site locator. Or, mail a copy of the birth certificate and a notarized DD Form 1172, "Application for Uniformed Services Identification and Privilege Card," signed by the sponsor, to the following address:

Division of Commissioned Corps Personnel and Readiness
ATTN: Division of Commissioned Corps Officer Support
Suite 100, Plaza Level, 1101 Wootton Parkway
Rockville, MD 20852

Apply for your child's Social Security number. Go to the Social Security Administration website, <http://www.ssa.gov> or call (800) 772-1213 for an application.

Your child does not need a Social Security number for you to register them in DEERS, but once you receive it, go to your nearest identification (ID) card-issuing facility to update their information in DEERS. Or, you may mail a copy of the Social Security card and the DD Form 1172 to the address listed above. If the Social Security number is not provided within 90 days of the child's initial entry into DEERS, direct care benefits will be suspended.

For additional information on enrolling a newborn baby in DEERS, parents or guardians may contact or visit the nearest military personnel office, ID card-issuing facility, or contact the Defense Manpower Data Center Support Office (DSO) telephone center at (800) 538-9552. A list of military ID card facilities is available at <http://www.dmdc.osd.mil/rs/>. Additional information on DEERS eligibility is available on the TRICARE website at <http://www.tricare.mil/deers>.

Additional TRICARE Information

After registering your child in DEERS, you will need to choose a TRICARE health plan and enroll the new child if necessary.

Current information on enrolling a new child in TRICARE can be found on the TRICARE website:

<https://tricare.mil/gettingTRICAREforchild>

Children of active duty service members are automatically covered as TRICARE beneficiaries for 90 days after birth or adoption (120 days if stationed overseas). After enrolling your child in DEERS, if you live in a stateside Prime Service Area (PSA), your child will be automatically enrolled in TRICARE Prime. If not in a PSA, your child will automatically be enrolled in TRICARE Select, which may result in higher out-of-pocket costs. You have 90 days from the day you enter your child in DEERS to change their plan to TRICARE Prime Remote or US Family Health Plan (USFHP), if desired.

You may still enroll your child in TRICARE Prime Remote after the first 90 days, but there may be a lapse in TRICARE Prime Remote coverage.

To enroll in TRICARE Prime, you may submit a TRICARE Prime Enrollment and PCM Change Form (DD Form 2876) to your regional contractor or to your local TRICARE Service Center (TSC), or you may enroll online via the Beneficiary Web Enrollment website:

<https://milconnect.dmdc.osd.mil>

If stationed overseas [or OCONUS] , you may enroll your child in TOP [define]Prime or TOP Prime Remote by submitting DD Form 2876 to your TOP Regional Call Center or TSC.

Note: Overseas parents have 120 days to enroll a newborn child in TRICARE Overseas Program (TOP) Prime or TOP Prime Remote.

Establishing Dependency

In order to establish dependency for your child, complete the “Public Health Service Commissioned Officer’s Request for Dependency Determination” form (PHS-1637-1) and submit to the following address:

Office of Commissioned Corps Support Services
ATTN: Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001

Form PHS-1637-1 can be found at the Commissioned Corps of the U.S. Public Health Service Management Information System website at:

https://dcp.psc.gov/ccmis/forms/FORMS_payroll_m.aspx

Other Insurance Options

Family Servicemembers’ Group Life Insurance (FSGLI)

Officers are eligible for the Family Servicemembers’ Group Life Insurance (FSGLI) that provides term life insurance coverage to the spouses and dependent children of active duty personnel who are already insured under the Servicemembers’ Group Life Insurance (SGLI). For the FSGLI, you would pay the premium for spousal coverage and no additional fees for dependent children. FSGLI coverage provides up to a maximum of \$100,000 for spouses and \$10,000 for dependent children.

For additional information about the FSGLI and how to apply, please visit the Veteran’s Affairs website:

<<http://www.benefits.va.gov/insurance/fsgli.asp>>

Dental Insurance for Dependents

Dental coverage for dependents is optional and is available for a monthly premium through the TRICARE Dental Program by MetLife.

For more details about MetLife services and enrollment information, please visit the TRICARE website:

<<http://www.tricare.mil/CoveredServices/Dental/TDP.aspx>> or call 1-800-MET-LIFE.

TRICARE Coverage for Breastfeeding Counseling, Breast Pumps and Supplies

TRICARE covers breastfeeding counseling during the inpatient maternity stay and for up to six outpatient sessions when the breastfeeding counseling is provided by a TRICARE-authorized professional healthcare provider (e.g. physician, physician assistant, nurse practitioner, nurse midwife, or registered nurse), outpatient hospital, or clinic. These visits are covered in addition to any breastfeeding/lactation counseling rendered during the inpatient maternity stay or at outpatient obstetric or well-child care visits.

Beginning July 1, 2015, TRICARE covers a breast pump and breast pump supplies for new mothers with each birth event, including mothers who adopt an infant and plan to breastfeed as detailed in the TRICARE Policy Manual Chapter 8, Section 2.6. This coverage is retroactive to December 19, 2014.

For this benefit, you must have a prescription from a TRICARE-authorized physician, physician assistant, nurse practitioner, or nurse midwife. TRICARE covers one manual or standard electric breast pump per birth event (birth or adoption). Additionally, TRICARE covers electric hospital-grade breast pump and supplies when needed for mothers and infants who are separated due to illness or who are unable to feed directly from the breast because of medical reasons.

TRICARE also covers certain breast pump supplies for up to 36 months after the birth event.

An update to the TRICARE policy was released on March 11, 2019, with an effective date of July 5, 2018. The updated policy specifies limits to the maximum amount reimbursed for the breast pump (\$312.84 stateside or \$500.55 overseas as of March 2019). These rates are subject to change annually; officers can find current rates at health.mil. This policy update also provides details on the specific pumping supplies covered.

Covered items include:

- One breast pump kit per birth event. The kit may not be separately billed for and reimbursed.
 - Standard power adapters: 1 replacement per birth event, and not within 12 months of the breast pump purchase date.
 - Tubing and tubing adapters: 1 set per birth event.
 - Locking rings: 2 every 12 months
 - Bottles: 2 replacement bottles and caps/locking rings every 12 months following the birth event
 - Bottle caps: 2 every 12 months after the birth event
 - Storage bags: 90 bags every 30 days following the birth event
 - Valves/membranes: 12 for each 12 months following the birth event
 - Supplemental Nursing System (SNS): 1 per birth event when a physician prescribes
 - Nipple shields/splash protectors: 2 sets (2 shields/set) per birth event when a physician prescribes
- The officer can receive supplies in excess of the limits when medically necessary, with a prescription from a healthcare provider.

Breast pumps with “luxury or deluxe” features, such as smartphone connectivity, Bluetooth connectivity, enhanced/expanded rechargeable batteries, or unnecessary accessories, such as luxury tote bags, car adapters, or nipples for use with bottle feeding are not covered. Beneficiaries may elect to purchase luxury or deluxe pumps and pay for the difference between TRICARE’s maximum benefit and the actual cost of the pump.

You can purchase breast pumps and supplies from a TRICARE-authorized provider, supplier, or vendor. For manual or standard electric pumps, this includes any civilian retail store or pharmacy. Instructions for filing a claim are included in the following link of the TRICARE website:
<<https://www.tricare.mil/FormsClaims/Claims/MedicalClaims>>

Additional information on TRICARE coverage for breast pumps and supplies, can be found on the TRICARE website:
<<https://tricare.mil/breastpumps>>

Return to Duty

Time-limited Waivers During Postpartum Period

Upon conclusion of a pregnancy, officers should notify MAB, so that a Medical Review Officer (MRO) may issue or approve an additional time-limited waiver exempting the officer from participation in the APFT or immunizations.

- **APFT waiver:** Officers in the postpartum phase of their pregnancy will be granted a time-limited medical waiver from participating in the APFT for 6 months following conclusion of a pregnancy. Officers are expected to use the time in preparation for the APFT, after receiving clearance from the attending physician/health care provider to resume physical fitness training. If it is determined that the officer requires an extension of the time-limited waiver because of complications or an unusual medical condition, then the officer shall submit a request to MAB with supporting documentation from the attending physician/health care provider as appropriate. These will be reviewed on a case-by-case basis.
- **Immunizations:** Officers who are breastfeeding may seek a time-limited medical waiver exempting them from some immunizations pursuant to the recommendation of the officer's attending physician/health care provider. In such cases, officers must provide supporting documentation to MAB in order to have their medical waivers approved.
- **Weight Standards:** Pregnancy Waivers automatically cover exemption from the weight standards. The officer is expected to meet the weight standards at the completion of the waiver period, which is 6 months. An officer may request (without providing additional documentation) an additional 3-month extension on the Weight Standards waiver portion of the Pregnancy Waiver.

Breastfeeding

Officers are encouraged to follow the breastfeeding guidelines recommended by the American Academy of Pediatrics (AAP) and other health organizations. The AAP recommends that mothers exclusively breastfeed their infant for the first 6 months of life, and that breastfeeding continue for at least one year or as long thereafter as mutually desired.

Providing accommodations for breast milk expression is essential for a mother to maintain breastfeeding and to improve rates of breastfeeding exclusivity and duration. The Patient Protection and Affordable Care Act requires employers to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by a woman to express breast milk. The Office of Personnel Management Memorandum on Nursing Mothers in Federal Employment further extended these accommodations to the civilian service workforce at federal facilities. Supervisors and duty locations are encouraged to extend these accommodations to Corps officers.

Officers who breastfeed may obtain a time-limited medical waiver if recommended by the officer's attending physician or health care provider. The request for a time-limited medical waiver is submitted using the Medical Waiver Request form (Appendix 1) by uploading in eDOC-U, as a single PDF, under the Medical Affairs document category as "Request for Medical Waiver".

- For the duration of the medical waiver, the officer may be exempt from Corps deployments and all mandatory Corps readiness training that requires the officer to leave her home for more than 48 hours. However, officers must meet all other requirements to maintain their Basic Level of Force Readiness Standards.
- The Breastfeeding Waiver expires one year after the birth of the child or when the officer stops breastfeeding, whichever comes first. Breastfeeding is not considered a medical justification for waiving all or part of the APFT.
- For the duration of the medical waiver, the officer may be exempt from immunizations as noted in Manual Circular No. 377. Newly appointed officers who receive a time-limited medical waiver shall attend the two-week Officer Basic Course (OBC) upon their Call to Active Duty (CAD). The Corps will provide accommodations for expressing breast milk, storage, and shipment, if necessary. The Director, CCHQ, may waive the requirement to attend the OBC on CAD in extraordinary circumstances. However, in all cases, the officer must attend the OBC within 180 days of reporting to their initial duty station.

Important note for officers who are breastfeeding and participating in travel/deployments: The Commissioned Corps does not reimburse officers for packaging and shipping costs of breastmilk. However, PHS officers detailed to the U.S. Coast Guard are eligible for reimbursement of up to \$750/year per household for breastmilk shipping when traveling away from home for over 72 hours. This policy is in effect as of June 2019 and is funded by Coast Guard Mutual Assistance.

Helpful reference: Guidance for Officers who are Breastfeeding (POM 13-003) – Effective 30 May 2013
https://dcp.psc.gov/ccmis/ccis/documents/POM13_003.pdf

Fathers

Congratulations on becoming a parent! The following sections address some questions you may have as a father and USPHS officer.

Defense Enrollment Eligibility Reporting System Enrollment

Please see the [Postpartum](#) section of this document for details.

Paternity Leave

Many new fathers wonder, “What type of leave can I use for the birth of my child?” Paternity leave is only authorized for married Corps officers on active duty. Paternity leave is non-chargeable leave not to exceed 10 consecutive days. Non-chargeable paid leave of absence is any administrative leave type that is not charged against an officer’s annual leave balance. The 10 days of non-chargeable leave are to run consecutively from start to finish; splitting of days is not permitted. Holidays, weekends or other non-duty days are included in this calculation. Paternity leave must be taken consecutively and within 45 days after the birth of the child and may be used in conjunction with annual leave. Paternity leave cannot be applied to unmarried officers.

Helpful reference: Leave of Absence; General (CC361.01) – Effective 16 February 2012
<https://dcp.psc.gov/ccmis/ccis/documents/CC361.01.pdf>

Adoptive Parents

Corps officers adopting children may be eligible for a reimbursement of adoption costs up to \$2,000 per child. The “Reimbursement Request for Adoption Expenses” (PHS-7036) (which must be submitted within 365 days of the adoption being finalized) is located here:

https://dcp.psc.gov/ccmis/PDF_docs/phs-7036.pdf

Adoptive Parents FAQs

What type of leave can I use for adoption?

Commissioned Corps personnel are authorized up to 21 days of non-chargeable leave in a calendar year for adoption. Non-chargeable paid leave of absence is any administrative leave type that is not charged against an officer’s annual leave balance. The 21 days of non-chargeable leave may be split into multiple periods (e.g., in concert with legal proceedings/activities), but must be used within 21 days of the adopted child’s arrival in the officer’s home. You may also use some of the 21 days before the child’s arrival in the officer’s home. Holidays, weekends or other non-duty days are included in this leave calculation. If an officer is married to another officer, adoption leave is only granted to one, not both, officers. Adoption leave is not authorized when the child already lives with the parent(s). The officer must adopt a child through a qualifying adoption agency to be eligible.

Are adopted children already TRICARE-eligible?

A newly adopted child is covered as a TRICARE Prime beneficiary in DEERS for the first 60 days after the effective date of the adoption, as long as one additional family member is enrolled in TRICARE Prime or TRICARE Prime Remote. Children with pending adoptions are covered for 60 days beginning on the date of placement of the court or approved adoption agency. After the initial 60 days, any claim submitted for an adopted child will process as TRICARE Select until the child is enrolled in DEERS and TRICARE Prime, or the child's TRICARE Select eligibility ends. Medical costs to the family may be higher under TRICARE Select than TRICARE Prime. Eligibility for TRICARE Select benefits ends 365 days after the effective date of the adoption for any child who is not enrolled in DEERS.

How do I Establish TRICARE eligibility for my adopted child in DEERS?

Parents and legal guardians must enroll their adopted child in DEERS as soon as possible after gaining custody. To establish an adopted child's TRICARE eligibility in DEERS, you must:

Submit a birth certificate, certificate of live birth or Consular Report of Birth (FS-240) for children overseas in person, AND a record of adoption or a letter of placement of the child into the home by a recognized placement/adoption agency or the court before the final adoption, to the nearest military ID card facility. Or, you may mail a copy of the paperwork and a notarized DD Form 1172, “Application for Uniformed Services Identification and Privilege Card,” signed by the sponsor, to the following address:

Division of Commissioned Corps Personnel and Readiness
ATTN: Division of Commissioned Corps Officer Support
Suite 100, Plaza Level, 1101 Wootton Parkway
Rockville, MD 20852

Apply for your child's Social Security number. Go to the Social Security Administration website, <http://www.ssa.gov/>, or call (800) 772-1213 for an application.

Once you receive your child's Social Security number, go to your nearest identification (ID) card-issuing facility to update their information in DEERS. Or, you may mail a copy of the Social Security card and the DD Form 1172 to the address listed above. If the Social Security number is not provided within 90 days of the child's initial entry into DEERS, direct care benefits will be suspended.

For additional information on enrolling an adopted child in DEERS, parents or guardians may contact or visit the nearest military personnel office, ID card-issuing facility, or contact the Defense Manpower Data Center Support Office (DSO) telephone center at (800) 538-9552. A list of military ID card facilities is available at <http://www.dmdc.osd.mil/rsl>. Additional information on DEERS eligibility is available on the TRICARE Web site at <http://www.tricare.mil/deers>.

Infertility

Officers and/or dependents who experience infertility have limited options available through TRICARE. TRICARE's coverage website states: "TRICARE does not cover services and supplies related to noncoital reproductive technologies, including but not limited to artificial insemination (including cost related to donors and semen banks), in vitro fertilization (IVF) and gamete intrafallopian transfer (GIFT)."

For more information on TRICARE coverage, visit <http://www.tricare.mil/CoveredServices/IsItCovered/AssistedReproductiveServices.aspx>. Prior to IVF treatment, several medical tests for both the man and woman are required. Many of these tests (hormone levels, infectious disease screening, sonograms, semen analysis, etc.) can be completed under the direction of your Primary Care Manager, OB/GYN, or at an MTF and are likely covered by TRICARE.

Costs of \$10,000–\$15,000 can be expected for one cycle of IVF at a private fertility clinic, and upwards of \$25,000 for multiple cycles of IVF at shared-risk fertility centers. Furthermore, cryopreservation of extra embryos for future implantation, if the initial round of IVF is not successful, is only offered at a limited number of facilities and is an additional cost. IVF success rates, by clinic, are compiled by the Centers for Disease Control and Prevention and can be found here: <https://www.cdc.gov/art/artdata/index.html>

Some private Assisted Reproductive Technology (ART) clinics offer discounts on services that are not covered by health insurance to active duty service members and their spouses. ART Institute of Washington offers IVF and cryopreservation of embryos for active duty personnel and their spouses at a significantly reduced cost (\$4,800–\$7,000 per cycle including medications). The Institute is located at Walter Reed National Military Medical Center (WRNMMC) in Bethesda, MD <http://bestivf.org/>. They enroll eligible couples into IVF cycles six months out of the year, about once every other month, and accept approximately 100 people per cycle. Financing is available on a case-by-case basis. They require physical presence on the campus of WRNMMC at least 2–3 weeks out of the cycle for appointments and procedures. Housing is not a covered benefit under Tricare; however several housing options exist on the campus and nearby. The Navy Lodge, for example, is on campus and costs approximately \$80/night.

According to CCHQ/ACM/MAB, since an officer receiving IVF treatment will be under medical care, sick leave is an option for officers seeking IVF treatment. Sick leave must be approved by the officer's OPDIV prior to the start of the leave period.

*Disclaimer: Please research individual policies for additional information as changes may have occurred since the fabrication of this document.

Information for Officers Stationed Overseas

This section provides information on health care coverage for pregnant officers, pregnant spouses of active duty PHS officers, and their dependent children when stationed overseas.

For officers stationed overseas, whether it is the officer or spouse who is pregnant, they will need to switch their TRICARE coverage to one of the three TRICARE Overseas Programs (TOP): TOP Prime, TOP Prime Remote, or TOP Select to receive medical care. The TRICARE Overseas Program Handbook provides a summary of the different programs:

https://tricare.mil/~media/Files/TRICARE/Publications/Handbooks/Overseas_HB.pdf

TRICARE Overseas Program (TOP) Regional Call Centers

TOP Regional Call Centers help coordinate care for TOP Prime and TOP Prime Remote beneficiaries. They also help coordinate emergency and urgent medical and dental care for active duty service members on temporary duty (TDY) or who are on authorized leave status overseas. Contact information for your Regional Call Center can be found online at <https://tricare.mil/Plans/Enroll/TPRO>.

Maternity Care Overseas

Pregnant officers or pregnant spouses of active duty PHS officers receive maternity care from a military hospital or clinic if the Primary Care Manager (PCM) is located there. If the officer or pregnant spouse is not stationed near a military hospital or clinic, or care there is unavailable, the PCM can provide a referral to a purchased care sector provider (a TRICARE-authorized civilian provider in your overseas area). If you have TOP Prime Remote, your TOP Regional Call Center will help you coordinate care. For more information, refer to the TRICARE Maternity Brochure listed in the references.

If an officer or dependent must be transferred (e.g., for routine prenatal check-ups which cannot be conducted near the duty station or delivery), the OPDIV initiates the medevac approval process. Transfer can be to a regional care center (e.g., Pretoria, South Africa for the African continent), overseas medical facility center (e.g., Ramstein, Germany), or a stateside provider (including for delivery). An officer or dependent can select to deliver inside the continental United States (INCONUS); if so, they would switch from TOP to a US Regional provider, but will need to switch back to TOP upon return to post.

If a medevac is needed, the OPDIV pays for the travel, lodging, and per diem of the pregnant woman. However, if the officer's spouse is pregnant, additional travel, lodging, and per diem may also be provided for the dependent children. The mother and newborn must both be medically cleared by the Department of State (US Embassy can assist) in order to return to the duty station after each medevac.

Postpartum considerations:

- The newborn receives a percentage per diem and lodging increase upon delivery.

- There is no layette shipment after delivery; however, a consumables shipment can be planned to coincide with the expected date of delivery. For more information, see <http://www.defensetravel.dod.mil/Docs/perdiem/JTR.pdf>
- Dependent children in grades Kindergarten through Grade 12 may be eligible for an education benefit allowance to match US public school-provided services (e.g., tuition and school bus). The OPDIV pays for this education allowance. For more information, see <http://www.defensetravel.dod.mil/Docs/perdiem/JTR.pdf> or <https://dcp.psc.gov/ccmis/ccis/documents/PAM56.pdf>
- When a child is born overseas, officers need to record the birth the nearest U.S. Embassy or Consulate, obtain a social security number for the child, and then register the child in DEERS. Officers can then select the TRICARE Overseas Program. Selections must be made within 120 days of birth or adoption. Just like INCONUS TRICARE, children will default to TOP Select if no other program is selected.
 - You may enroll your child by calling your Global TRICARE Service Center (*select option 4 from the TOP Regional Call Center menu*) or submitting DD Form 2876 available at https://tricare.mil/-/media/Files/TRICARE/Forms/Overseas/Prime_Enrollment_O.pdf?la=en&hash=40001176E2EBAE207B03F4F10463828504A455AA112EC9E88381E2CD9F3A8746
Submit the form to the TOP contractor or your local TRICARE Service Center.
 - Beneficiary Web Enrollment is not available overseas.
 - For more information, refer to the TRICARE Overseas Program Guide listed in the references.

Resources for more information:

TRICARE Overseas Program
<http://www.tricare-overseas.com/>

TRICARE Overseas Program Handbook, available to download at
<https://tricare.mil/Plans/HealthPlans/TPO>

For contact information for TOP Regional Call Centers and/or a TRICARE Service Center
<https://tricare.mil/Plans/Enroll/TPRO>

TRICARE Maternity Care Brochure, available to download at
www.tricare.mil/maternitycare

Information on Overseas Duty: A Guide for the Commissioned Officers of the Public Health Service
<https://dcp.psc.gov/ccmis/ccis/documents/PAM56.pdf>

Appendix 1

Active Duty and Reserve Corps Medical Waiver Request

Officer Name _____ SERNO _____ Date _____

Requests for medical waivers must be accompanied by signed medical documentation from the officer's healthcare provider. For the purposes of this form, "medical" conditions refer to physical, dental or mental health conditions. The officer should clearly state the specific waiver category requested. Approval of medical waivers is not guaranteed. Medical Affairs (MA) has sole discretion of approval and time limitations of all medical waivers. The healthcare provider must:

- Document the medical condition and the officer's current status that justifies the waiver request.
- Estimate and justify the period of time that officer will require the waiver.
- Estimate when the officer will be able to perform the waived requirement.
- If requesting a waiver of a weight that exceeds Corps Retention Weight Standards, provide documentation from studies in the scientific literature (not from the prescribing information) that shows that a reasonable percentage of individuals with the cited medical condition or treatment have significant changes in their weight. Please also submit the officer's weights prior to the diagnosis of the condition or at initiation of the treatment, if available.
- If requesting a waiver of a weight below Corps Retention Weight Standards, provide documentation that there is no evidence of a physiological or behavioral health reason for the low weight. If available, provide historical weights.

Please check all that apply:	
Waiver Request Category	Description
<input type="checkbox"/> Deployment	Temporarily waives deployments
<input type="checkbox"/> Pregnancy	Includes temporary waivers for deployment, requirements of all sections of APFT, BLS, Weight Standards, and live virus vaccinations. Ends 6 months after anticipated delivery date. Officer may request a 3 month extension waiver for Weight Standards.
<input type="checkbox"/> Breastfeeding	Temporarily waives any deployment or training away from home which is longer than 48 hours. Ends 12 months after the child's date of birth or when the officer stops breastfeeding, whichever comes first.
<input type="checkbox"/> Annual Physical Fitness Testing (All Sections)	Temporarily waives the requirement to complete the entire APFT.
<input type="checkbox"/> Cardiorespiratory Endurance	Temporarily waives the requirement to complete this section by performing a run, swim, elliptical or stationary bike.
<input type="checkbox"/> Upper Body Endurance	Waives the requirement to complete this section by performing push-ups.
<input type="checkbox"/> Core Endurance	Waives the requirement to complete this section by performing planks.
<input type="checkbox"/> Flexibility	Waives the requirement to complete this section by performing seated toe touch.
<input type="checkbox"/> Basic Life Support (BLS)	Temporarily waives the requirement to complete BLS
<input type="checkbox"/> Immunization: Enter Vaccine(s) Below	Waives requirements for specific immunizations based on allergy, medical contraindication, or history of adverse reactions to that specific vaccine.
<input type="checkbox"/> Weight	Waives requirements to meet Corps retention weight standards. An individual modified standard will be established by Medical Affairs.
<input type="checkbox"/> Uniform: Beard	Waives requirement that male officers must be clean shaven. Officer must meet beard specification of the grooming waiver
<input type="checkbox"/> Uniform: Shoe	Waives requirement of wearing only authorized footwear. Must meet shoe specifications described in the footwear waiver.
<input type="checkbox"/> Other: Specify Below	Requests for waivers not already mentioned on this form.

Submit this form and associated medical documentation as one pdf through eDOC-U in the [Officer Secure Area](#) of the CCMIS website. Upload documents in the Medical category as a "Request for Medical Waiver."

Do not mail or FAX these documents. They will not be processed.

9/13/18

Appendix 2

Available Maternity Uniforms



Figure 1: Maternity Cardigan Sweater



Figure 2: Service Dress Blue Maternity Jacket



Figure 3: Service Dress Blue Maternity Uniform



Figure 4: Summer White Maternity Uniform



Figure 5: Service Khaki Maternity Uniform

Note: This picture shows the old-style shirt with two breast pockets with button flaps. This shirt is currently authorized for wear until the phase out date as determined by the U.S. Navy.



Figure 6: Service Khaki Maternity Uniform

Note: This picture shows the new shirt with no front pockets, with button down front and side tabs.



Figure 7: Operational Dress Uniform (ODU) Maternity Coat and Pants