

United States Public Health Service Commissioned Corps

Resource Guide for Expectant Parents



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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

- 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 care 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 primary care provider is unable to care for you during your pregnancy. TRICARE Prime requires a referral to an obstetrician or Certified Nurse Midwife for pregnancy. 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. Your provider will provide 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

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 exams and cleanings while pregnant. TRICARE authorizes a third dental cleaning while pregnant.

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 (DCCPR/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) and immunizations listed below. Time-limited waivers can be verified in Direct Access.

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.

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 regardless of pregnancy trimester. 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 and 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/ccis/documents/MC377.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.

Your 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.

Helpful reference: Special Uniform Situations (CC413.01) —Effective 29 April 2014:

<https://dcp.psc.gov/eccis/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>

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. You should notify your supervisor as soon as possible after you confirm pregnancy in the event that necessary staffing adjustments are required for the health and safety of yourself and the fetus. When you know the approximate date of delivery, leave request time frame, and anticipated date to return to duty, a leave request should be submitted (form PHS-1345) and entered into Direct Access. Upon return to duty, you should submit a provider's statement indicating your fitness to resume duties and have Section 4 of the previously submitted form PHS-1345 completed or entered into Direct Access.

Maternity leave is granted for 84 consecutive days beginning the day following hospital discharge, not the day of delivery. This policy applies to all officers following childbirth, regardless of type of delivery. Sick leave beyond this limit must be justified by your actual incapacity to return to full or limited duty. If it is anticipated that you will require sick leave beyond the limit of maternity leave, then sick leave approval should be obtained prior to the end of the maternity leave period. A sick leave request beyond the maternity leave period shall require a second opinion. Child care is not considered a reason for maternity leave extension. Leave for this purpose, if granted, is chargeable to annual leave.

For more information, please see the policy CCI 363.01- effective 05 December 2016:

<https://dcp.psc.gov/ccmis/ccis/documents/cc363.01.pdf>

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.

Defense Enrollment Eligibility Reporting System 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 Defense Enrollment Eligibility Reporting System (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 60 days after birth, as long as one additional family member is enrolled in TRICARE Prime or TRICARE Prime Remote. After the initial 60 days, any claim submitted for a newborn will process as TRICARE Standard until the infant is enrolled in DEERS and TRICARE Prime, or the infant's TRICARE Standard eligibility ends. Medical costs to the family may be higher under TRICARE Standard than TRICARE Prime. Eligibility for TRICARE Standard benefits ends 365 days after birth for any newborn infant who is not enrolled in DEERS.

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 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: DEERS
1101 Wootton Parkway, Plaza Level, Suite 100
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 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/rsl>. Additional information on DEERS eligibility is available on the TRICARE Web site at <http://www.tricare.mil/deers>.

Questions about DEERS enrollment may be directed to the PHS DEERS Project Office via email at phsdeersgibill@hhs.gov or by phone at 240-453-6131.

Instructions to USPHS officers regarding DEERS enrollment can be found at:

https://dcp.psc.gov/ccmis/PDF_docs/DEERS_cover_memo.pdf

Additional TRICARE Information

After registering your child in DEERS, if your family is covered with TRICARE Prime Remote, you will need to enroll the new child.

Children are covered as TRICARE Prime Remote beneficiaries for 60 days after birth or adoption, as long as one other family member is enrolled in TRICARE Prime Remote. To keep your child enrolled in TRICARE Prime Remote after the first 60 days, you must submit an enrollment application to your regional contractor within 60 days of the birth or adoption.

On day 61, if you have not enrolled the child in TRICARE Prime or Tricare Prime Remote for Active Duty Family Members (TPRADFM), he or she will be covered automatically under TRICARE Standard and Extra (resulting in higher costs) until 365 days after the child's birth or adoption. You may still enroll your child in TRICARE Prime Remote after the first 60 days, but there will be a lapse in TRICARE Prime Remote coverage.

On day 366, if the child is not registered in DEERS, DEERS will show loss of eligibility, and he or she will no longer be able to receive TRICARE benefits until he or she is registered in DEERS, and your child loses all TRICARE eligibility.

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 Web site at:

<<http://www.dmdc.osd.mil/appj/bwe/>>

Overseas, you may enroll your child in TOP 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:

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

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>

Questions about DEERS enrollment may be directed to the PHS DEERS Project Office via email at phsdeersgibill@hhs.gov or by phone at 240-453-6131.

Instructions to USPHS officers regarding DEERS enrollment can be found at:

<https://dcp.psc.gov/ccmis/PDF_docs/DEERS_cover_memo.pdf>

Other Insurance Options

Family Servicemember’s Group Life Insurance (FSGLI)

Officers are eligible for the Family Servicemember’s 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 Servicemember’s 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 at: <<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 at: <<http://www.tricare.mil/CoveredServices/Dental/TDP.aspx>> or call 1-800-MET-LIFE.

Please note that dental coverage for dependents is expected to switch from MetLife to United Concordia on May 1, 2017. Please refer to the TRICARE Dental Program website for the most current information.

TRICARE Coverage for Breast Pumps and Supplies

Beginning July 1, 2015, TRICARE covers breast pumps and breast pump supplies with no copay or cost-share for new mothers, 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.

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: <http://www.tricare.mil/Resources/Claims/MedicalClaims.aspx>.

For additional information about TRICARE coverage for breast pumps and supplies, please visit the TRICARE website at: <http://www.tricare.mil/CoveredServices/IsItCovered/BreastPumpsSupplies.aspx>.

Postpartum Depression

Postpartum depression (PPD) is a mood disorder that can affect women after childbirth and is generally associated with extreme feelings of sadness and anxiety over an extended period of time. It has been estimated that 10-15% of women develop depression after childbirth, with a 20-30% recurrence rate with subsequent pregnancies. If you experience intense and prolonged feelings of sadness, anxiety, exhaustion, loss, anger, guilt, isolation, irritability, or frustration that interfere with your daily life and ability to care for yourself or others, you may be experiencing symptoms of PPD. If you think that you may be suffering from PPD, please discuss your symptoms with your primary care provider immediately.

If you are having a crisis, call 911 or go directly to the nearest hospital emergency room. You do not need a referral or prior authorization from your primary care provider or TRICARE. If you are admitted, you (or your representative) will need to call your regional TRICARE contractor within 24 hours and admissions must be reported within 72 hours.

Other help and resources are available to you at no cost:

- TRICARE Mental Health provides a confidential crisis hotline (1-800-273-8255, Option 1) as well as a Nurse Advice Line (1-800-874-2273, Option 1) that is available 24 hours a day, seven days a week for urgent mental health care questions and advice. For more information, please visit: <http://www.tricare.mil/mentalhealth>.

- Counseling services may be a covered benefit through the Employee Assistance Program (EAP) for your agency/Operating Division (OPDIV). Contact the EAP within your agency/OPDIV for more information about available services. Also see the Federal Occupational Health's EAP website for more information: < <http://www.foh4you.com/>> or < <http://foh.psc.gov/>>

For more information on PPD please visit:

- Health Resources and Services Administration (HRSA) Maternal and Child Health (MCH): <<https://mchb.hrsa.gov/chusa13/perinatal-health-status-indicators/p/postpartum-depressive-symptoms.html>>
- National Institute of Mental Health: <<http://www.nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml>>
- Office on Women's Health, U.S. Department of Health and Human Services: <<https://www.womenshealth.gov/mental-health/illnesses/postpartum-depression.html>>

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 180 days 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.
- **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.
- These waivers will need to be renewed during the post-partum period if needed for breastfeeding.

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 the 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 via a memorandum signed by a healthcare provider and submitted to the Medical Affairs Branch for consideration. It is suggested that a copy of the memorandum be shared with the commanding officer and/or supervisor.

- For the duration of the medical waiver, the officer may be exempt from Corps deployments and all mandatory Corps readiness training. However, officers must meet all other requirements to maintain their Basic Level of Force Readiness Standards.
- The time-limited medical waiver will be in effect during lactation and is granted in increments not to exceed 12 months.
- 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, DCCPR, 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.

Helpful reference: Guidance for Officers who are Breastfeeding (POM 13-003) – Effective 30 May 2013
<https://dcp.psc.gov/eccis/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.

Aren't 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 Standard until the child is enrolled in DEERS and TRICARE Prime, or the child's TRICARE Standard eligibility ends. Medical costs to the family may be higher under TRICARE Standard than TRICARE Prime. Eligibility for TRICARE Standard 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: DEERS1101 Wootton Parkway, Plaza Level, Suite 100
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>>.

Questions about DEERS enrollment may be directed to the PHS DEERS Project Office via email at phsdeersgibill@hhs.gov or by phone at 240-453-6131.

Instructions to USPHS officers regarding DEERS enrollment can be found at:

<https://dcp.psc.gov/ccmis/PDF_docs/DEERS_cover_memo.pdf>

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: <<http://www.cdc.gov/art/>>.

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 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 you to be present, on the campus of Walter Reed, at least 2–3 weeks out of the cycle for appointments and procedures. Housing is not covered; 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 DCCPR/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 publication of this document.