

Veteran Family Health Coverage Checklist

A practical pre-mission check for veterans, spouses, dependents, and the future you are building.



Use this before open enrollment, a career move, retirement, business growth, or a major family change.

01 MAP THE COVERAGE YOU ALREADY HAVE

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|---|--|
| ☐ I know who in my household is covered - and under which plan. | ☐ I have an employer, union, Marketplace, private, or other plan in addition to veteran benefits. |
| ☐ I have confirmed my current VA enrollment and priority group. | ☐ I know the effective date and termination date for every plan. |
| ☐ I know whether my spouse or dependents may qualify for CHAMPVA or TRICARE. | ☐ I have current ID cards, portal access, and contact numbers saved. |

02 CONFIRM HOW VETERAN BENEFITS COORDINATE

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| ☐ I understand that VA health care for me does not automatically insure my family. | ☐ I have reported other health insurance when required and understand which coverage pays first. |
| ☐ I know the VA process for urgent care, emergency care, referrals, and Community Care. | ☐ I know what changes at age 65 or when Medicare eligibility begins. |
| ☐ If I use CHAMPVA, I have verified provider participation and claim procedures. | ☐ I have verified rules directly with VA, CHAMPVA, TRICARE, or the plan administrator. |

03 PRESSURE-TEST THE FAMILY PLAN

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| ☐ Our must-keep doctors, hospitals, therapists, and pharmacies are in network. | ☐ I know the individual and family deductible and maximum out-of-pocket exposure. |
| ☐ Prescriptions are on the formulary and I know the real refill cost. | ☐ I checked dental, vision, hearing, and mental-health access separately. |
| ☐ Planned surgery, pregnancy, therapy, or specialty care has been reviewed. | ☐ I understand prior authorization, referral, and out-of-network rules. |

04 PROTECT CASH FLOW - NOT JUST THE PREMIUM

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| ☐ I could handle the premium plus the maximum out-of-pocket amount in a difficult year. | ☐ I reviewed income protection, life insurance, and business-continuity needs. |
| ☐ I know which bills would still arrive after an accident or serious diagnosis. | ☐ I know whether accident, critical illness, or hospital benefits would add useful protection. |
| ☐ My emergency reserve fits the plan's real financial exposure. | ☐ I compared total annual risk - not just the lowest monthly premium. |

MY TOP THREE COVERAGE QUESTIONS

- 1 _____
- 2 _____
- 3 _____

MISSION CHECK

If you cannot confidently check several boxes, do not assume you need a new policy. First identify the gap, then decide whether education, coordination, savings, or coverage is the right solution.

Turn Good Health Into Better Strategy

Especially relevant for healthy veterans, high-income families, entrepreneurs, and business owners.



GOOD HEALTH MAY CREATE MORE CHOICES

Healthy applicants may qualify for medically underwritten options with different pricing, networks, or benefit designs. Qualification is never guaranteed. These plans can include exclusions, limits, or other differences from ACA-compliant coverage, so the details matter.

05 QUESTIONS FOR SELF-EMPLOYED AND HIGH-INCOME FAMILIES

- ☐ Am I paying more because my income reduces or eliminates Marketplace premium assistance?
- ☐ Would a different network, deductible, or layered strategy protect cash flow more efficiently?
- ☐ Do I need ACA protections because of prescriptions, pregnancy, ongoing treatment, or pre-existing conditions?
- ☐ If considering an HSA, is the medical plan actually HSA-qualified - and do I have other disqualifying coverage?
- ☐ Have I separated health-insurance decisions from tax advice and confirmed deductions with a qualified tax professional?

06 QUESTIONS FOR VETERAN BUSINESS OWNERS

- ☐ Do I need individual coverage, a traditional group plan, or an employer reimbursement strategy?
- ☐ Could ICHRA or QSEHRA fit the company - and have eligibility, affordability, notice, and administration rules been reviewed?
- ☐ Would Direct Primary Care improve everyday access if paired with appropriate protection for larger medical events?
- ☐ Can the benefit strategy help recruit and retain employees without creating an unsustainable fixed cost?
- ☐ Have employee classes, contributions, compliance, and family participation been reviewed before making an offer?

07 KNOW WHEN NOT TO CHANGE PLANS

- ☐ A family member is pregnant or receiving active treatment.
- ☐ A must-keep specialist or facility is not in the proposed network.
- ☐ The new plan excludes or limits care your family is likely to need.
- ☐ The savings do not justify the increased medical or financial exposure.

Complimentary 15-Minute Protect Your WHY Coverage Clarity Call

Start with your family, current benefits, goals, and biggest concern. The first conversation is for clarity - not pressure and not a one-size-fits-all quote.

BRING TO THE CALL Current plan summary | Must-keep providers | Prescriptions | Household priorities | Questions

Educational resource only; not legal, tax, or medical advice. Eligibility, benefits, exclusions, networks, and availability vary by state and plan. Medically underwritten coverage may not be ACA-compliant. Verify veteran-program information with the responsible government agency. USA Benefits Group and Gilberto De Leon are not affiliated with or endorsed by the U.S. Department of Veterans Affairs, TRICARE, CHAMPVA, or any federal agency.