

OTHER HEALTH INSURANCE (OHI)

Frequently Asked Questions (FAQs)

What is Other Health Insurance (OHI)?

Other health insurance (OHI) is any health insurance policy covering medical, dental, or pharmacy that you may have through your employer or private insurance company. TRICARE, TRICARE Supplemental plans, Medicare, Medicaid, and certain government-sponsored programs are not OHI. If you have OHI and are covered by TRICARE, federal law requires Military Treatment Facilities (MTFs) to collect reasonable payments from third party payers (unless you are active duty). The money collected (commonly referred to as "reimbursement" or "remittance") supports the operation and maintenance budget of the MTF where you receive your care. OHI reimbursements help your MTF improve the quality of health care.

What is the DD Form 2569, and why do I need to complete it?

The DD Form 2569 is the way you tell DoD about your OHI. The information provided on the DD Form 2569 is used to properly route a health care claim to your OHI provider.

Who has to complete this form?

All DoD beneficiaries, except active duty, are required to complete the DD Form 2569. This includes active duty family members, retirees, and family members of retirees.

How often do I have to complete the form?

At every visit, you are required to inform DoD about any OHI you have or any changes since your last appointment. A DD Form 2569 must be completed annually and when your insurance coverage or information changes. Health plan information (see below) can change between appointments and from year to year. Please verify that you have the most up-to-date health insurance information from your insurance provider and report it on the DD Form 2569. Some MTFs utilize DD Form 2569 Compliance Cards that allow beneficiaries to certify the form has been completed. Beneficiaries must still update the DD Form 2569 with any changes and renew their OHI registration card, generally upon the anniversary of the issue date noted on the card or when OHI status or information is updated.

What are my responsibilities?

Provide information about your OHI coverage. This information includes:

- Policy name and number
- Coverage type
- Patient relationship to insured
- Policy effective dates

OHI will not limit your access to care. But if you intentionally fail to provide information about your OHI, you could be disqualified for health care services from MTFs.

Will I get a bill if OHI does not pay or pays only a portion of the MTF bill?

If a third party payer pays any portion or all of a claim, it will be considered as satisfying the normal medical services or subsistence charges, and you will not have to make any further payment. In the event that no payment is received, you will be responsible for paying the same charges you would have been responsible for if you did not have OHI (e.g., inpatient subsistence charges).



For more information on OHI, contact your MTF's Uniform Business Office.