



CALIFORNIA HEALTH ADVOCATES

People with Medicare and TriCare for Life

Some people with Medicare also have health coverage through the Department of Defense called TriCare For Life (TFL). This fact sheet reviews TriCare For Life and how Medicare and TFL work together.

What is TriCare?

TriCare, administered by the Department of Defense, is the health care program serving active duty uniformed service members, National Guard and Reserve members, retirees, their families, survivors and certain former spouses. This health care is available both in the United States and abroad.

To be eligible for TriCare benefits, you must be registered in the Defense Enrollment Eligibility Reporting System (DEERS) and have a valid uniformed services identification card showing you are eligible for TriCare. For more information about DEERS call 1-800-538-9552, or visit tricare.mil/DEERS.

TriCare offers several health plan options to meet the needs of its beneficiary population. Additionally, TriCare offers two dental plans and several additional special programs. For more information about TriCare benefits, contact TRICARE Information Service at 1-888-DoD-CARE (1-888-363-2273), or visit tricare.osd.mil.

What is Medicare?

Medicare is the federal health insurance program for people 65 years and older, younger people who have a long term disability, or kidney failure, also known as end stage renal disease (ESRD). Medicare covers inpatient services under Part A (including hospital, skilled nursing facility, home health and hospice care), outpatient medical services under Part B (such as doctor visits, preventive care, durable medical equipment) and outpatient prescription drugs under Part D. Medicare Parts A and B are referred to as Original Medicare, which is fee-for-service.

Alternatively, Medicare beneficiaries can choose to receive their benefits through a private insurance plan under Medicare Part C. (See our fact sheets on Medicare Advantage for more information at cahealthadvocates.org) Medicare contracts with private insurance companies to offer Medicare Advantage plans, such as:

- HMO (health maintenance organization)
- PPO (preferred provider organization)
- PFFS (private fee-for-service)
- MSA (medical savings account), and
- SNP (special needs plan).

Like Medicare Part C, enrolling in Medicare Part B and Part D is optional. There are costs for having Part B or Part D benefits. Medicare Part B has a monthly premium, annual deductible, and cost-sharing for most services, but if you have TFL, you pay only the monthly premium but not the annual deductible or cost-sharing. To receive Part D benefits, Medicare beneficiaries must enroll in a Medicare prescription drug plan sponsored by a private insurance company. The costs of a Medicare Part D plan vary depending on which plan the beneficiary chooses, such as a monthly premium, deductible, and copayment or coinsurance for each prescription filled. Since TFL has prescription drug benefits, TFL beneficiaries do not need to enroll in a Medicare Part D plan.

Enrolling In Medicare

If you are 65 years or older and eligible for Social Security retirement benefits, you are automatically enrolled in Medicare Parts A and B or Original Medicare. If you are younger than 65 years old and eligible for Social Security disability benefits, you are enrolled in Medicare Parts A and B when you qualify for Social Security disability benefits.

If you are not automatically enrolled but are eligible for Medicare, you may enroll in Medicare Parts A and B through the Social Security

Administration, 1-800-772-1213 or www.ssa.gov. To avoid a delay in receiving your Medicare benefits and to ensure timely reporting of that information to DEERS, you should apply for Medicare Parts A and B when your Initial Enrollment Period (IEP) begins. For people who become eligible for Medicare due to age, their IEP starts 3 months before they turn 65 years old. For people who become eligible for Medicare due to disability, their IEP starts the 22nd month of receiving Social Security Disability Insurance. For more information, please refer to CHA fact sheet “Medicare Enrollment Periods” at cahealthadvocates.org.

Once you have Medicare Part A and Medicare Part B and it is confirmed in the DEERS, your DEERS record should show you as “TriCare For Life-eligible.” To confirm your TFL eligibility, visit the nearest ID card-issuing facility or contact DEERS.

What is TriCare For Life (TFL)?

TriCare beneficiaries who become entitled to premium-free Medicare Part A and enrolled in Medicare Part B are transitioned into the TriCare For Life program, which supplements Medicare. These beneficiaries pay the Medicare Part B premium and prescription copayments, while TFL covers Medicare deductibles and cost sharing. TFL has no premium. TFL benefits include: inpatient and outpatient services, clinical preventive services, behavioral health care services and pharmacy services. Under Federal law, if you are a TriCare beneficiary eligible for premium-free Medicare Part A because you turn 65 years old, or are younger than 65 and have a disability or end-stage renal disease (ESRD), you must enroll in Medicare Part B and pay the monthly premium to remain eligible for TriCare benefits. For more information about who is entitled to premium-free Medicare Part A, see our fact sheet “Original Medicare: An Overview” at cahealthadvocates.org.

There are 3 exceptions when beneficiaries are not required to enroll in Medicare Part B

- Your sponsor is on active duty;
- You are enrolled in the US Family Health Plan (The USFHP provides care through networks of community-based hospitals

and doctors in 6 locations in the country); or

- You are enrolled in TriCare Reserve Select (TRS is a premium-based health plan that qualified National Guard and Reserve members may purchase.)

If you fall into one of these categories, you are not required to have Medicare Part B to remain eligible for TriCare. However, the Department of Defense strongly encourages you to get Medicare Part B as soon as you become eligible for Medicare Part A to avoid any future loss of TriCare coverage, any gap in coverage, and/or paying a late enrollment penalty.

If you do not enroll in Medicare Part B when you are first eligible, you may enroll later but you may or may not have a Special Enrollment Period. If you do not have a Special Enrollment Period or you miss the Special Enrollment Period, you may enroll only during the General Enrollment Period, which is January 1 to March 31 each year, and your Part B benefits become effective the following July 1. Furthermore, you may have to pay a late enrollment penalty, which is 10% of the current Part B premium for every 12-month period that you were eligible for Part B but did not enroll. For more information about the late enrollment period, please refer to CHA fact sheet “Enrollment Periods” at cahealthadvocates.org.

If you turn 65 years old and are not entitled to premium-free Medicare Part A based on your work history, you are not eligible for TFL benefits. You can, however, still receive TriCare benefits through other programs. To do so, you must bring a *Notice of Award* or *Notice of Disapproved Claim* that you will receive from your regional Social Security office to a local ID card office to update your DEERS record. **Note:** a *Notice of Award* is an official letter advising you of your entitlement to premium-free Part A and Part B enrollment or enrollment in Part B only, and a *Notice of Disapproved Claim* is an official letter advising you that you are not entitled to premium-free Part A. Then you will receive a new ID card so that you may continue your eligibility for one of TriCare’s other programs, such as TriCare Prime or TriCare Standard and Extra, past your 65th birthday.

How TFL and Medicare Coordinate

If you have Original Medicare and TFL, Medicare is the primary insurer and TFL the secondary for services covered by both Medicare and TFL. For example, for a Medicare-covered doctor's visit, Medicare pays 80% of the Medicare-approved amount, and TFL pays the remaining 20% up to the TriCare allowable charge.

If you have other health insurance secondary to Medicare, TFL pays after your other health insurance. For instance, if your other health insurance is secondary to Medicare, Medicare pays first, then your other health insurance pays, and if there is still a balance that you want TFL to pay, you must file a paper claim with the TFL contractor, Wisconsin Physicians Service by calling 1-866-773-0404, 1-866-773-0405 (TTY/TDD), or visiting them online at TRICARE4u.com.

For services not covered by Medicare but covered by TriCare, such as services received overseas, TriCare is the primary payer and you are responsible for the TriCare standard annual deductible and cost-shares, unless you have other health insurance.

For services not covered by TriCare but covered by Medicare, Medicare is the primary payer. If there is a balance, you are responsible unless you have other health insurance that pays after Medicare. If there is still a balance, you may not file a claim with TFL.

For services not covered by either TriCare or Medicare, you are responsible for the costs, unless you have health insurance that covers such services.

Pharmacy benefits

TFL includes prescription drug benefits. These benefits qualify as 'creditable coverage,' meaning they are as good as or better than the Medicare Part D benefit. Therefore, you don't need to enroll in a Medicare Part D plan when you have the TFL pharmacy benefit. If you decide later to enroll in a Medicare Part D plan, you will not be charged a late enrollment penalty. For more information about Part D and the late enrollment penalty, see

our fact sheet "Medicare Part D: An Overview" at cahealthadvocates.org. **Note:** If you turned 65 before April 1, 2001, you may participate in the pharmacy program without having Medicare Part B coverage, but if you turn 65 on or after April 1, 2001, you must have Medicare Part B coverage to use the pharmacy benefit.

To fill your prescriptions using the TFL pharmacy benefit, you have several options. You can use more than one option at a time. The options are:

- Military Pharmacy – This is the least expensive option with no out-of-pocket costs.
- Mail Order Pharmacy – This may be convenient and the most cost-effective option when a military pharmacy is not available. For more information, call TRICARE Mail Order Pharmacy Program at 1-866-DoD-TMOP (1-866-363-8667), or visit express-scripts.com/TRICARE.
- Network Pharmacy – There are more than 54,000 network pharmacies in the United States and U.S. Territories. For more information, call the TRICARE Retail Pharmacy Program at 1-866-DoD-TRRx (1-866-363-8779), or visit tricare.osd.mil/pharmacy.
- Non-Network Pharmacy – This is the most expensive option.

While each option is available worldwide, some options outside the United States may be limited. To have a prescription filled, you must have a written prescription and a valid uniformed services identification card.

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This fact sheet contains general information and should not be relied upon to make individual decisions. If you would like to discuss your specific situation, call the Health Insurance Counseling and Advocacy Program (HICAP). HICAP provides free and objective information and counseling on Medicare and can help you understand your specific rights and health care options. You can call 1-800-434-0222 to make an appointment at the HICAP office nearest you, or go online at cahealthadvocates.org to find the HICAP office in your area.