

TRICARE[®] AND MEDICARE

TURNING AGE 65



TRICARE For Life is Medicare-wraparound coverage for retirees and their family members who are eligible for Medicare Part A and Part B. Learn how Medicare affects your TRICARE coverage at age 65.

REMAINING TRICARE-ELIGIBLE

If you're entitled to premium-free Medicare Part A, you must also have Medicare Part B to keep TRICARE, regardless of your age or place of residence (exceptions to this rule are discussed in the *Delaying Medicare Part B Enrollment* section). Once you have both Medicare Part A and Part B, you automatically receive TRICARE benefits under TRICARE For Life (TFL). Medicare Part C (Medicare Advantage plans) and Part D (prescription drug coverage) isn't required. Keeping your information up to date in the Defense Enrollment Eligibility Reporting System (DEERS) is key to ensuring effective, timely delivery of your TRICARE benefits.

TFL is an individual entitlement. Coverage is only for the Medicare and TRICARE-eligible beneficiary. For example, this means your new TFL coverage at age 65 doesn't extend to family

TURNING AGE 65 CHECKLIST

- Sign up for Medicare Part A
- Sign up for Medicare Part B
- Review your information in DEERS to make sure it's current

members. Your spouse younger than age 65 would remain eligible for TRICARE Prime or TRICARE Select until they turn age 65 and become eligible for Medicare Part A and Part B.

SIGNING UP FOR MEDICARE

Your birth date determines when you become entitled to Medicare and when you should sign up for Medicare Part A and Part B. Your TFL



coverage begins on the **first day** you have both Medicare Part A and Part B coverage.

Follow these guidelines to avoid a break in your TRICARE coverage:

- If your birthday is on the first day of the month, you become eligible for Medicare on the first day of the month **before** you turn age 65. Sign up for Medicare between **two and four months before** the month you turn age 65.
- If your birthday falls **after** the first day of the month, you become eligible for Medicare on the first day of the month you turn age 65. Sign up for Medicare between **one and three months before** the month you turn age 65.

If you live in the United States or in the U.S. territories of American Samoa, Guam, the Northern Mariana Islands, or the U.S. Virgin Islands, and you already receive benefits from the Social Security Administration (SSA) or the U.S. Railroad Retirement Board, you'll automatically receive Medicare Part A and be enrolled in Part B at age 65.

If you live in Puerto Rico and already receive benefits from the SSA or the U.S. Railroad Retirement Board, you'll automatically receive Medicare Part A. However, you must sign up for Medicare Part B.

If you live outside the United States and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, or the U.S. Virgin Islands), you must apply for Medicare Part A and Part B even if you already receive benefits from the SSA or the U.S. Railroad Retirement Board.

Premium-Free Medicare Part A

You're eligible for premium-free Medicare Part A if you worked and paid Social Security taxes for at least 10 years (40 quarters total). If you aren't eligible through your own work history, you may be eligible for premium-free Medicare Part A through your current, divorced, or deceased spouse. If you aren't eligible for premium-free Medicare Part A through your own or your spouse's work history, please refer to the charts later in this brochure to learn how to remain TRICARE-eligible when you turn age 65.

Already Entitled to Medicare

If you're already entitled to Medicare due to a medical condition or disability, your Medicare coverage will continue without interruption after you turn age 65. If you're paying a premium surcharge for late enrollment in Medicare Part B, it will be removed when you reach age 65. If you're entitled to Medicare Part A, but don't have Part B, you'll be automatically enrolled in Part B when you become eligible based on age.

Delaying Medicare Part B Enrollment

Active duty service members (ADSMs) and active duty family members (ADFMs) who are entitled to premium-free Medicare Part A remain eligible for TRICARE Prime or TRICARE Select program options without having Medicare Part B. However, when the sponsor's active duty status ends, you must have Medicare Part B to remain TRICARE-eligible. You may sign up for Medicare Part B during the Special Enrollment Period, which is available anytime your sponsor is on active duty and you're covered by TRICARE, or within the first eight months following either: (1) the month your sponsor's active duty status ends or (2) the

month TRICARE coverage ends, whichever comes first. To avoid a break in TRICARE coverage, ADSMs and ADFMs who are entitled to Medicare Part A must sign up for Part B no later than the month their sponsor's active duty status ends.

Note: The Special Enrollment Period doesn't apply to ADSMs and ADFMs entitled to Medicare based on end-stage renal disease. You're strongly encouraged to sign up for Medicare when first eligible to avoid the Medicare Part B monthly late-enrollment premium surcharge.

You also don't need Medicare Part B to remain enrolled in TRICARE Reserve Select (TRS) or TRICARE Retired Reserve (TRR). While you aren't required to have Medicare Part B to remain eligible for TRS or TRR, you're strongly encouraged to sign up for Part B when first eligible to avoid paying the monthly late-enrollment premium surcharge if you enroll at a later date. Enrollment in TRS or TRR doesn't qualify individuals for a Medicare Part B Special Enrollment Period.

If you have group health plan coverage based on current employment, Medicare allows you to delay your enrollment in Medicare Part B without having to pay the Part B monthly late-enrollment premium surcharge. You may sign up for Medicare Part B during a Medicare Special Enrollment Period. This enrollment period is available anytime while you or your spouse is still working (and you're covered under a group health plan through that employer), or within the first eight months following either: (1) loss of employment or (2) loss of group health plan coverage, whichever comes first. However, if you're entitled to premium free Medicare Part A, you must also have Part B to remain

TRICARE-eligible, even if you have employer-sponsored coverage. To ensure TRICARE coverage is effective when your group health plan coverage ends, you need to sign up for Medicare Part B before your group health plan coverage ends. TRICARE won't act as secondary payer to your employer-sponsored health plan until you have Medicare Part B. Your TFL coverage begins on the first day you have both Medicare Part A and Part B.

Important Note for US Family Health Plan Enrollees

If you were enrolled in the US Family Health Plan (USFHP) on Sept. 30, 2012, you'll be able to remain in the plan after becoming entitled to Medicare Part A at age 65. You'll not be required to have Medicare Part B to remain eligible for USFHP, but you're encouraged to sign up for Part B when first eligible. If you disenroll from USFHP, you'll not be eligible to reenroll, and you'll not be eligible for any other TRICARE program unless you also have Medicare Part B.

TRICARE beneficiaries who became members of USFHP after Sept. 30, 2012, won't be able to participate in USFHP after becoming entitled to Medicare Part A at age 65 or older. TRICARE and Medicare beneficiaries who are age 65 must have Medicare Part A and Part B to remain TRICARE-eligible and be able to use TFL.

TRICARE beneficiaries who aren't eligible for premium-free Medicare Part A at age 65 on their own work history or their spouse's work history remain eligible to enroll in USFHP. If they later become eligible for premium-free Medicare Part A, they'll be ineligible for USFHP. In addition, if they don't sign up for Medicare Part B at age 65, they'll pay higher premiums based on the late enrollment.

PROVIDERS

Under TFL, you can get care from Medicare participating, non-participating, and opt-out providers. Medicare participating providers agree to accept the Medicare-allowed amount as payment in full. Medicare non-participating providers don't accept the Medicare-allowed amount as payment in full. They may charge up to 15% above the Medicare-allowed amount, a cost that will be covered by TFL. Providers who opt out of Medicare and enter into private contracts with patients aren't allowed to bill Medicare. Therefore, Medicare doesn't pay for health care services you receive from opt-out providers. When you see an opt-out provider, TFL pays the amount it would have paid (normally up to 20% of the TRICARE-allowable charge) if Medicare had processed the claim. You're then responsible for paying the remainder of the billed charges.

The Department of Veterans Affairs (VA) providers can't bill Medicare, and Medicare can't pay for services received from the VA. If you're eligible for both TFL and VA benefits and elect to use your TFL benefit to see a VA provider for non-service connected care, you'll incur significant out-of-pocket expenses. By law, TRICARE can only pay up to 20% of the TRICARE-allowable amount. If you receive care at a VA facility, you may be responsible for the remaining amount.

When using your TFL benefit, your least expensive option is to see a Medicare participating or Medicare non-participating provider. If you want to seek care from a VA provider, check with Wisconsin Physicians Service—Military and Veterans Health, which administers the TFL benefit, to confirm coverage details and to determine what will be covered by TRICARE.

TFL beneficiaries can receive care at military hospitals and clinics if space is available. You may also be able to use TRICARE Plus, which allows certain beneficiaries to enroll at military hospitals or clinics and have priority access to primary care.

Under TFL, Medicare is the primary payer in areas where Medicare is available (the United States and U.S. territories), and TRICARE pays last. Generally, you'll have no out-of-pocket costs for services that both Medicare and TRICARE cover. You'll have out-of-pocket costs for care that isn't covered by Medicare, TRICARE, or both. For example, Medicare doesn't pay for care received overseas. Therefore, TRICARE is the primary payer for care received overseas, unless you have other health insurance.

IF YOU ARE NOT ELIGIBLE FOR PREMIUM-FREE MEDICARE PART A

The chart beginning on page 5 applies to you if you are **not** eligible for premium-free Medicare Part A under your own Social Security number (SSN) and work history.

If you aren't eligible for premium-free Medicare Part A under your own SSN, you may be eligible through your current, divorced, or deceased spouse. The chart that follows details these eligibility scenarios in order to help you determine how to remain TRICARE-eligible after you turn age 65.

(Chart starts on page 5)

REMAINING TRICARE-ELIGIBLE IF YOU ARE NOT ELIGIBLE FOR PREMIUM-FREE MEDICARE PART A

SIGN UP:	PREMIUM-FREE MEDICARE PART A ELIGIBILITY THROUGH SPOUSE:	TO REMAIN TRICARE-ELIGIBLE, YOU MUST:
Single (never married)		
Not applicable	Not eligible	<ul style="list-style-type: none"> • Take your “Notice of Award,”¹ “Notice of Disapproved Claim,”² or both to the local identification (ID) card-issuing facility to update your Defense Enrollment Eligibility Reporting System (DEERS) record and get a new ID card.³ • This will allow you to remain eligible for TRICARE Prime or TRICARE Select after you turn age 65.⁴
Widow/Widower		
For premium-free Medicare Part A under your deceased spouse’s Social Security number (SSN)	Eligible: You’ll receive a “Notice of Award” ¹ based on the deceased spouse’s SSN.	<ul style="list-style-type: none"> • Sign up for Medicare Part B two to four months before you turn age 65.⁴ • Take your “Notice of Award”¹ showing eligibility for premium-free Medicare Part A and enrollment in Part B to the local ID card-issuing facility to update your DEERS record. • Your TRICARE For Life benefits will begin when both Medicare Part A and Part B are effective.
	Not eligible: You’ll receive a “Notice of Disapproved Claim” ² based on the deceased spouse’s SSN and a “Notice of Award.” ¹	<ul style="list-style-type: none"> • Take the “Notice of Award,”¹ “Notice of Disapproved Claim,”² or both based on your and your deceased spouse’s records, to the local ID card-issuing facility to update your DEERS record and get a new ID card.³ • This will allow you to remain eligible for TRICARE Prime or TRICARE Select after you turn age 65.⁴

(Chart continues on page 6)

1. A “Notice of Award” is an official letter advising you of either: (1) your eligibility for premium-free Medicare Part A and/or enrollment in Part B **or** (2) your enrollment in Part B only.
2. A “Notice of Disapproved Claim” is an official letter advising you of your ineligibility for premium-free Medicare Part A.
3. Uniformed Services ID card-issuing facilities won’t accept a Social Security Administration “Report of Confidential Social Security Benefit Information” form as proof of ineligibility for premium-free Medicare Part A to keep your TRICARE eligibility.
4. Sign up for Medicare Part B when you’re first eligible to avoid paying the monthly late-enrollment premium surcharge if you decide (or are required) to sign up for Part B at a later time.

SIGN UP:	PREMIUM-FREE MEDICARE PART A ELIGIBILITY THROUGH SPOUSE:	TO REMAIN TRICARE-ELIGIBLE, YOU MUST:
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Married/Divorced: Spouse Age 62 or Older

For premium-free Medicare Part A under your current/divorced spouse's Social Security number (SSN)	Eligible: You'll receive a "Notice of Award" ¹ based on the current/divorced spouse's SSN.	<ul style="list-style-type: none"> Sign up for Medicare Part B two to four months before you turn age 65.² Take your "Notice of Award"¹ showing eligibility for premium-free Medicare Part A and enrollment in Part B to the local identification (ID) card-issuing facility to update your Defense Enrollment Eligibility Reporting System (DEERS) record. Your TRICARE For Life benefits will begin when both Medicare Part A and Part B are effective.
	Not eligible: You'll receive a "Notice of Disapproved Claim" ³ based on the current/divorced spouse's SSN and a "Notice of Award." ¹	<ul style="list-style-type: none"> Take the "Notice of Award,"¹ "Notice of Disapproved Claim,"³ or both based on your and your current/divorced spouse's records to the local ID card-issuing facility to update your DEERS record and get a new ID card.⁴ This will allow you to remain eligible for TRICARE Prime or TRICARE Select after you turn age 65.⁴

Married/Divorced: Spouse Younger than Age 62

Not applicable	Not eligible	<ul style="list-style-type: none"> Sign up for Medicare Part B before your 65th birthday if you think you'll be eligible for premium-free Part A through your current/divorced spouse when he or she turns 62.² Take your "Notice of Award,"¹ "Notice of Disapproved Claim,"³ or both to the local ID card-issuing facility to update your DEERS record and get a new ID card.⁴ This will allow you to remain eligible for TRICARE Prime or TRICARE Select after you turn age 65.² <p>Note: Two to four months before your current/divorced spouse turns 62, sign up for premium-free Medicare Part A under his or her SSN. If you don't have Medicare Part B, you must sign up during the Medicare General Enrollment Period. You'll have a break in TRICARE coverage and may have to pay the Medicare Part B monthly late-enrollment premium surcharge.</p>
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1. A "Notice of Award" is an official letter advising you of either: (1) your eligibility for premium-free Medicare Part A and/or enrollment in Part B **or** (2) your enrollment in Part B only.
2. Sign up for Medicare Part B when you're first eligible to avoid paying the monthly late-enrollment premium surcharge if you decide (or are required) to sign up for Part B at a later time.
3. A "Notice of Disapproved Claim" is an official letter advising you of your ineligibility for premium-free Part A.
4. Uniformed Services ID card-issuing facilities won't accept a Social Security Administration "Report of Confidential Social Security Benefit Information" form as proof of ineligibility for premium-free Medicare Part A to keep your TRICARE eligibility.

MEDICAL COVERAGE

TRICARE covers proven, medically necessary and appropriate care. TRICARE has special rules and limitations for certain types of care, and some types of care aren't covered at all. TRICARE policies are specific about which services are covered and which are not. It's in your best interest to take an active role in verifying coverage. TRICARE and Medicare coverage policies aren't identical.

Note: Medicare also has limits on the amount of care it covers. In some cases, TFL may cover these health care services after your Medicare benefits run out.

To determine if Medicare covers a specific service or benefit, visit www.medicare.gov or call **1-800-633-4227**. To determine if TFL covers the service or benefit, visit the TRICARE website at www.tricare.mil or call Wisconsin Physicians Service—Military and Veterans Health at **1-866-773-0404**.

Examples of services that are generally **not** reimbursable by Medicare or TFL include:

- Long-term care
- Acupuncture
- Experimental or investigational services (in most cases)
- Routine eye exams
- Hearing aids*

Note: This list is **not** all-inclusive.

* *If you're a retired sponsor, you may be eligible for the Retiree-At-Cost Hearing Aid Program and should call a participating military hospital or clinic. Visit www.militaryaudiology.org for more information.*

PRESCRIPTION DRUG COVERAGE

TFL beneficiaries are covered under the TRICARE Pharmacy Program, which is managed by Express Scripts. You don't need to purchase Medicare Part D prescription drug plan if you have TRICARE coverage.

To fill a prescription using your TRICARE coverage, you need a prescription and a valid Uniformed Services ID card or Common Access Card. Your options for filling your prescriptions depend on the type of drug your provider prescribes. For more information, visit www.tricare.mil/pharmacy or call **1-877-363-1303**.

When traveling overseas, be prepared to pay up front for medications and file a claim to get money back for non-military hospital or clinic and non-network pharmacy services. TFL recommends that you fill all of your prescriptions before traveling overseas.

DENTAL COVERAGE

You may qualify for one of two voluntary dental care programs: the TRICARE Dental Program (TDP) or the Federal Employees Dental and Vision Insurance Program (FEDVIP).

TRICARE Dental Program

The TDP provides worldwide dental coverage for eligible family members of active duty service members, survivors, certain National Guard and Reserve members and their families, and Individual Ready Reserve members and their families. Former spouses and remarried surviving spouses don't qualify to purchase coverage. For more information about the TDP, visit www.uccitdp.com or call United Concordia Companies, Inc. at **1-844-653-4061 (CONUS)** or **1-844-653-4060 (OCONUS)**.

Federal Employees Dental and Vision Insurance Program

FEDVIP, offered by the U.S. Office of Personnel Management, is available to retired service members and their eligible family members, including certain retired National Guard and Reserve members and their family members.

FEDVIP is also available to certain surviving family members of deceased active duty sponsors, Medal of Honor recipients, and their immediate family members and survivors.

Former spouses and remarried surviving spouses don't qualify to purchase dental coverage. However, if enrolled in a TRICARE health plan, they may qualify to purchase vision coverage. For information about FEDVIP, visit www.benefeds.com.

VISION COVERAGE

You and other eligible family members enrolled in a TRICARE health plan or using TFL may qualify to purchase vision coverage through FEDVIP. For information about FEDVIP, visit www.benefeds.com.

LOOKING FOR More Information?

GO TO www.tricare.mil

TRICARE For Life (TFL) Program Information

www.tricare.mil/tfl

International SOS Government Services, Inc.

For TFL customer service and claims assistance overseas (excluding U.S. territories):

www.tricare-overseas.com

For toll-free contact information, visit www.tricare-overseas.com/contact-us

Wisconsin Physicians Service—Military and Veterans Health (WPS)/TRICARE For Life

For TFL customer service and claims assistance stateside and in U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands):

1-866-773-0404

1-866-773-0405 (TDD)

www.TRICARE4u.com

WPS/TRICARE For Life

P.O. Box 7889

Madison, WI 53707-7889

Defense Manpower Data Center Support Office

1-800-538-9552

1-866-363-2883 (TDD/TTY)

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

Defense Manpower Data Center Support Office

400 Gigling Road

Seaside, CA 93955-6771

Social Security Administration

Contact for information regarding signing up for Medicare Part A and Part B, income-related Part B premiums, and the Part B monthly late-enrollment premium surcharge.

1-800-772-1213

1-800-325-0778 (TDD/TTY)

www.ssa.gov

Centers for Medicare & Medicaid Services

Contact for help finding Medicare providers and for coverage questions.

1-800-MEDICARE (1-800-633-4227)

1-877-486-2048 (TDD/TTY)

www.medicare.gov

An Important Note About TRICARE Program Information

At the time of publication, this information is current. It's important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact the TRICARE For Life contractor or your local military hospital or clinic.

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