

TRICARE for Life: Coverage Basics, Eligibility and Costs

Webinar transcript

Christina Piechoski:

Welcome to today's webinar titled, TRICARE for Life: Coverage Basics, Eligibility and Cost. TRICARE for Life is a Medicare wraparound coverage for retired service members and their TRICARE eligible family members who have both Medicare Part A and Part B. This webinar will provide valuable information for those who will soon be eligible for Medicare and TRICARE for Life coverage. The webinar will touch on who can use TRICARE for Life, how to get care and what costs you'll pay and more. We're thrilled to have with us today Anne Breslin. Anne Breslin is the TRICARE for Life program manager with the TRICARE Health Plan, Defense Health Agency. Without further delay, I'll turn things over to Anne.

Anne Breslin:

Thank you, Christina. Welcome everyone. I'm glad you've joined me today to learn a little bit more about TRICARE for Life. It's a wonderful benefit, and I'm happy to share what I know, and we would be helpful for you to navigate this program.

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So, we have a full agenda here. I will discuss what TRICARE for Life is, the various parts of Medicare, and which ones you need in order to have TRICARE for Life. Information about eligibility for Medicare, how you get care, and what the cost might be associated with that care, and how claims are filed in the event that you need to do that, as well as dental and vision coverage, and resources and contact information.

So, what is TRICARE for Life? It is Medicare wraparound coverage for our TRICARE beneficiaries who have both Medicare Part A and Part B. And that's regardless of age or where you live. You can live overseas, in the U.S., it doesn't matter. You still have TRICARE for Life coverage. TRICARE for Life is automatic for those who have Medicare A&B.



So, what that means is there are no enrollment forms or enrollment fees like you've experienced with TRICARE Prime or TRICARE Select. Medicare Part B has a monthly premium, and it is based on your income. So, if you're still working at age 65, you're going to pay a little more than you would otherwise, but once your income goes down, your Part B premium can be adjusted accordingly. Those rates are set. There's information available on the Medicare website [Medicare.gov](https://www.Medicare.gov) for the various brackets of income and the associated premium. There's information available also on the Social Security website, [ssa.gov](https://www.ssa.gov). I mentioned that TRICARE for Life is available worldwide, but it's important to know that Medicare does not pay outside of the United States or its territory.

Anne Breslin:

So, I'm often asked about couples where one is turning 65 and one is not. TRICARE for Life is individual entitlement. So, if one person is older than the other, you're not going to be in TRICARE for Life, or at least starting TRICARE for Life at the same time. Your Medicare entitlement is based on your age, specifically, your birth date. So, the family member who is not turning 65 has a choice to remain in the current plan. If you have children that are still eligible for TRICARE, you'll continue to pay the family rate. If it's just you and your spouse, the enrollment fee is reduced to the individual rate.

In addition, when someone becomes entitled to Medicare, this is considered a qualifying life event. So, this also gives the family members not eligible for Medicare the option to change their plan. They can switch from Prime to Select or vice versa. They have 90 days to do that from the qualifying life event, which would be the date that you become entitled to Medicare.

One of the most important things you can do is to make sure that your contact information in the Defense Enrollment Eligibility Reporting System, otherwise known as DEERS, is current. If you have opted into electronic communications, you need to be checking your emails for information that gets sent. If you have not opted into that, you'll get information through the mail.

So, check your DEERS record to make sure it's up to date, that your phone numbers, your email address if you want to use that, and your mailing address are all current. So, the two most important parts of Medicare for our TRICARE beneficiaries are Medicare Part A and Medicare Part B. Medicare Part A is known as hospital insurance, but in fact, it covers more than hospital care; it can be hospital care, hospice care, which is end-of-life care, inpatient skilled nursing facility care, and some home health care.

Part B is for your outpatient services. When you go see a doctor you might have an outpatient surgery, home health care is also covered under the Part B. Durable medical equipment, whether you need a brace for your leg, a wheelchair, whatever durable medical equipment you need would be covered under Part B, as well, as some preventive services. There's also something called Medicare supplemental insurance, is also known as Medigap. This is optional coverage. It has monthly premiums associated with it, and it can pay out-of-pocket costs after original Medicare.

TRICARE for Life is a Medicare wraparound coverage so it kind of serves the purpose of a Medigap plan. Some people may ask, should I get a Medigap plan? That is a personal choice. I can't advise you on that. I would go to Medicare.gov where you can compare the plan if you're curious about the cost associated with it. Some are high-deductible plans. The cost varies by the area you live in the country, your age. Some Costs go up as you age. So, you'll need to go to Medicare.gov if you want to look into that.



Medicare Part C and Part B. Medicare Part B is what you may have seen on TV. There's a lot of advertisements about Medicare Advantage plans. These are private companies that have contracts with Medicare, and they receive a capitated monthly payment for each person that enrolls in their plan. Medicare pays them a monthly capitation. These plans are required to provide Part A and Part B services, and many also provide pharmacy coverage. About half of these plans have a monthly premium, and about the other half do not. So, that is something to consider. TRICARE for Life has no premium or enrollment fee, and these plans, half of them do. If you enroll in a Medicare Advantage plan it takes the place of your original Medicare, and once you're enrolled in one of these plans, you are required to get your care from the plan's network of providers with the exception of emergency services.

If you enroll in a Medicare Advantage plan, they also have copayments for each and every service that you receive. TRICARE for Life can reimburse you for those copayments if the services that you receive are TRICARE-coverage services. Now, there are some Medicare Advantage plans that will file claims on your behalf through TRICARE to get the reimbursement for the copayments, but not all plans do. So, in that case, you end up with this administrative burden of filing paper claims. If you were not enrolled in Part B, and you use the original Medicare plan, Medicare processes the claim first, and it automatically transfers, electronically transfers that came into our claim's processor. And so, you don't have to do any paperwork. The one exception is, if you have other health insurance in addition to Medicare, and I'll get into that a little bit later.

Medicare Part D is prescription drug coverage, and it also has a monthly premium. This is not something that our TRICARE population needs as you're all eligible for the prescription drug coverage, and you're familiar with that because it's the same across almost all of our plans. So, the U.S. Family Health Plan has their own prescription drug coverage. But otherwise, the drug coverage you're familiar with is what you would have on your TRICARE for Life. Express Scripts is our current contractor that manages that program.

So, most people become entitled to Medicare at the age of 65. And a lot of people say, "I'm going to have Medicare on my 65th birthday." Well, you might, but that's not when it starts. So, your birthday determines when you become eligible, and when you should sign up. Five months before your 65th birthday, you should receive a notice either by mail or by email if you've opted for electronic communications.

Five months before your 65th birthday, you should receive a notice either by mail or by email if you've opted for electronic communication. What you would receive in the mail is a postcard, and that postcard is a reminder that you're turning 65 in the next five months, and there's action that you need to take. That postcard also directs you to milConnect for the details. So, your TRICARE for Life coverage starts the first day that you have both, Part A and Part B. So, this is what important because if you don't follow these strict guidelines, you can end up with a gap between your Part A and Part B coverage, which would also result in a gap in your TRICARE coverage. So, take note of this, this most important thing. If your birthday falls on the first day of the month, you actually become entitled to Medicare on the first day of the month before you turn 65. So, you want to sign up for Medicare between two, and four months before the month you turn 65. No later than two months before the month you turn 65.



If your birthday falls after the first day of the month, any day other than the first, your Medicare will start the first of the month that you turn 65, and so you'll need to sign up no later than one month before you turn 65. But you can sign up one to three months before you turn 65, but if you sign up the month you turn 65 or later, you're going to have a gap between when your Part A and Part B starts, as well as a gap in your TRICARE coverage. If you don't want to try to remember all the bureaucratic information I just shared, everyone who signs up two months before their birth month will be good to go with no break in their coverage, that's the simple answer.

So, there are also people that become eligible for Medicare before the age of 65. It could be from a severe illness, a physical or mental disability, end-stage renal disease which is kidney failure, amyotrophic lateral sclerosis or otherwise known as Lou Gehrig's disease. And for the people that live in Lincoln County, Montana, mesothelioma is an asbestos-related illness, and there was a big asbestos disaster there. So, those folks are eligible for Medicare as well. The individuals who are disabled, they get Medicare after they have applied for disability with the Social Security Administration, and they have received those benefits, which are monetary benefits based on these monthly payments after they received those payments for 24 months, they become entitled to Medicare in the 25th month. And so, they would also be eligible for TRICARE for Life. They also have the option if they're under 65 to use TRICARE Prime.

So, previously, I talked about the initial enrollment period, that period prior to when you turn 65 signing up for Medicare. That period is actually seven months long, but I focused on the two months before the month you turn 65 to avoid a gap in TRICARE coverage. Now, you have the whole seven months. If you miss, you don't sign up within that seven-month period, your next opportunity is in the general enrollment period. This occurs annually, January 1st through March 31st. The downside of this is, your coverage does not begin until July 1st of the year you sign up. So, if you're signing up this month, by March 31st of the general enrollment period for 2021 is almost over; if you sign up this month, you will have coverage July 1st. So, you don't want to be in that predicament where you don't have TRICARE or Medicare.

In addition, if there were more than 12 months between when you were originally eligible for Medicare, and July 1st of when you get the coverage, you will be assessed a premium surcharge, that's 10% for every 12-month period that you could have had Part B, but didn't. So, I recently had a case where the beneficiary is subject to a 60% surcharge. It becomes financially untenable. So, it's very important to pay attention to your dates, and sign up as indicated.

TRICARE open season doesn't apply to TRICARE for Life because TRICARE for Life does not have enrollment. There's no enrollment form, no enrollment fees. It's based on your entitlement to Medicare. The first day you have Part A and Part B is when your TRICARE for Life starts.

So, there's a few special enrollment periods as well. So many people are still working when they turn 65, and they may have employer-sponsored health coverage based on that employment. Medicare allows you to delay your enrollment in Medicare Part B if you are working and have employer-sponsored coverage, or it could be your spouse's working, and you are covered under his or her employer-



sponsored coverage. Either way, you can delay your Medicare Part B without having to pay that late enrollment premium surcharge.

Under the special enrollment, you can enroll in Part B anytime while working and covered by employer-sponsored coverage, or during the first eight months following the termination of your employment or termination of the health plan coverage, whichever happens first. As I mentioned, the Part B late enrollment surcharge does not apply. So even though Medicare allows you to delay Part B, you would not have TRICARE coverage, you would not have TRICARE for Life. For the period of time that you have Part A only, you would be relying on that employer-sponsored health coverage, and foregoing TRICARE for Life or any other TRICARE program until you have Part B. So, you would have a break, but you would rely on another coverage. The other alternative is, to pay for Part B and employer-sponsored coverage, and have three. That's your choice.

So, a lot of people say, you know, I had a TRICARE Prime card; where's my TRICARE for Life card? There is no such thing. You would use your Medicare card and your Military ID card. So, whenever you see a provider, they ask for your insurance card, this is what you provide. After you receive your Medicare card, you will probably going to need to update your Military ID card. If you look on the back, it may have an expiration date, and it should say civilian care, yes. So, you can check your card to see the status. If you lose your Medicare card, you can get a replacement through the Social Security Administration. Their phone number is 800-772-1213, and their website is <https://www.socialsecurity.gov>

So, how do you get care? Where do you go? You can see any Medicare participating or Medicare nonparticipating provider. You can even see opt-out providers. Let me explain what those are. The Medicare participating providers accept the Medicare allowed amount as payment in full. You've probably seen bills from physicians; they bill much higher than any insurance company pay. What the insurance company allows is something less than what they're billing almost all the time. So, these participating providers will accept as payment in full the amount that Medicare allowed. Medicare nonparticipating providers do not accept that amount, and they're committed to bill 15% above the Medicare allowed amount. TRICARE picks up that additional cost. So, there is no difference in your out-of-pocket expenses if you see a Medicare participating versus a Medicare nonparticipating provider. Where are you going to see a difference in your out-of-pocket expenses is, if you obtain care from what is called an opt-out provider. These providers don't want to participate with Medicare, and they are therefore unable to bill Medicare.

When you see an opt-out provider, they're going to generally establish an agreement with you. You should always find out up front what they're going to charge before you agree to their services. So, Medicare can't pay anything. TRICARE will pay up to 20% of the TRICARE allowed amount. And you'll be responsible for the remainder of the billed charges.

So, the opt-out provider is not limited to the TRICARE-allowed amount or the Medicare-allowed amount. As I mentioned, that amount is usually significantly higher than the allowed amount established by Medicare, TRICARE or any other insurer. So, on the Medicare website, which is [medicare.gov](https://www.medicare.gov) and the extension is/care-compare, you can type in your ZIP code, type in the type of provider that you're looking for, whether its primary care, internal medicine, cardiology, dermatology, you name it. Type that



in, and you can select how far you're willing to travel, whether it's 5, 10, 15, 20 miles, and a list of providers will pop up.

It will also indicate if they have more than one office, where it is. It'll indicate whether or not they're accepting new patients. You'll want to call them. Find out if they're still accepting patients. Make sure the Medicare website is current.

You might want to do some of your own research with friends or other resources available online that rate providers. I would first start with your current providers, and ask them, are they a Medicare participating provider? If they are, they will submit the bills for you. That is my advice on providers. I would not wait until you turn 65 because if you need a primary care physician, the month you turn 65, you're scrambling. So, start now. Find out who your friends are using. If they're satisfied with the care. Go on the Medicare website. Do your homework. Often providers will expect you to come in and have a physical, you know, to accept you as a new patient, and establish a baseline.

So, of course, you may also receive care at military hospitals and clinics. This is not a space-available basis. You can also get care at Department of Veterans Affairs or VA providers. Like opt-out providers, the VA providers cannot bill Medicare and Medicare cannot pay for services received from VA facilities.

If you're eligible for both the TRICARE for Life benefits, and VA benefits and you choose to use TRICARE for Life benefits to see a VA provider for nonservice-connected care, you will have significant out-of-pocket expenses because TRICARE can only pay up to 20% of the TRICARE allowable amount just like we do for opt-out providers. If you get care at a VA facility, you may be responsible for the remaining amount. So, that will result in significant out-of-pocket expenses. When using your TRICARE for Life benefits, your least expensive option is to see a Medicare participating or non-participating provider.

So, here's some examples to illustrate what we've just gone over. On the left side, Mr. Jones gets care from a Medicare participating or nonparticipating provider. The provider bills \$1,000 and Medicare allows \$400. Medicare pays the 80% of the allowed amount, or \$320 and the remaining 20%, or \$80 is paid by TRICARE, and Mr. Jones has no out-of-pocket expenses. This is what happens when the care you receive is a benefit of both, Medicare and TRICARE.

The example on the right, Mr. Jones gets nonservice-connected care from the Veterans Affairs doctor or hospital. The bill is \$1,000 TRICARE allows \$400. Medicare pays nothing. If you remember, Medicare cannot pay a VA facility. TRICARE pays 20% of the allowable amount, which is 80, and Mr. Jones is responsible for \$320 of the bill.

Additional information is available on our TRICARE website, [TRICARE.mil/tfl](https://www.tricare.mil/tfl) as well as [TRICARE.mil/comparecost](https://www.tricare.mil/comparecost).

So, TRICARE for Life benefits is essentially the same as what you've encountered in other TRICARE programs. We provide coverage for proven medically necessary and appropriate care. Both Medicare and TRICARE have search tools on their website. So, if you say, you want to know if Medicare or TRICARE cover eyeglasses, you can go on the website and type in eyeglasses and see if they're covered or not.



It's a very helpful tool. I use it on a regular basis to help beneficiaries like yourself. Medicare and TRICARE do not cover long-term care. Skilled nursing care is covered. You know nursing care, technical care that you may need, that is covered, Medicare, for 100 days. TRICARE is not limited, but you have to meet the requirements of skilled care. Long-term care is where people get into trouble. This is custodial care. This is help with activities of daily living, bathing, dressing, walking, which you know, at some point we might all need that, but that is not covered. You are eligible to enroll in federal long term care insurance, and that's what would cover that. The other option is, put your money aside to help cover that care in the event that you need it. Acupuncture is not a covered service. Most investigational services are not, experimental services are not covered. Routine eye exams are not covered. Hearing aids are not covered. Military retirees have an option called retiree and cost hearing aid program. This is available at some military hospitals and clinics, not all. If you're interested in that, there is a website, militaryaudiology.org.

There are a number of appointments that are required to get that hearing aid, you know, audiology test and fittings and all kinds of things. So, you don't want to be traveling great distances for that. So, if you don't have this available to you locally, you may want to just look locally, and see what your options are.

So, here's the chart of what you can expect generally regarding your out-of-pocket expenses. As I mentioned, the first row. When the service you receive is covered by both TRICARE and Medicare, Medicare will pay their allowed amount, TRICARE pays the remaining amount, and you have no out-of-pocket expense. If the care you receive is covered by Medicare and not by TRICARE, Medicare pays their allowed amount, TRICARE pays nothing, and you will then be responsible for the Medicare annual deductible and cost-share. For services covered only by TRICARE, it's the reverse. Medicare pays nothing, TRICARE pays their allowable amount, and you would then be responsible for the TRICARE annual deductible and cost share. If the care you receive is not covered by either Medicare or TRICARE, cosmetic surgery as an example, you would pay 100% of those charges.

So, in most cases, your provider will file your health care claim, and they're going to file them with Medicare. They generally don't have to file secondary claim to get TRICARE to pay because Medicare will forward that claim to the TRICARE for Life claims processor to process and pay the TRICARE allowable amount. When TRICARE for Life is the primary payer, your provider may bill the TRICARE for Life contractor, and not Medicare. You're responsible for making sure that your claims are filed within one year of either the date of service or the date of an inpatient discharge. You can establish an account on our claims processors website where you can see whether or not a claim is submitted, and where it is in the process, and the end result.

Their website is <https://www.tricare4u.com>. Also, on the TRICARE website TRICARE.mil/claims you can find the claim forms, and instructions. The TRICARE4u site also has specific instructions of what documentation is required when you file a claim. Also, in addition, if you were to enroll in a Medicare Advantage plan, chances are you will need to file claims, unless the claim files them from for you.

So, there's a separate claims processor for overseas claim. It is also another arm of Wisconsin Physician Services as our current claims processor for people who have Medicare and TRICARE. TRICARE is primary payer for care overseas unless you have other health insurance. Because as I mentioned, Medicare does



not pay overseas. The overseas website or even in the TRICARE for Life handbook, you can see the addresses for each of the claim's processors, and for the overseas it's by region. So, there's three different addresses.

So, depending on where you are overseas, you will have to select the correct address for submitting your claim.

Well, in the United States, claims have to be filed within one year. Overseas, you have three years because providers over there don't create bills as quickly as they do here in the States. For more information on claim forms and instructions, go to the TRICARE website at tricare.mil/claims.

So there's also the possibility that you have other health insurance. If you worked for any period of time as a federal civilian, you might have the federal employee health benefit plan. If you keep Medicare, your federal employee plan, and you have TRICARE for life, you've got three to work together. How does Medicare work with all this? If you have employer-sponsored coverage, based on current employment, that employer sponsored coverage pays first, Medicare pays second, and TRICARE pays last. Your provider will file your health care claim and it will all work seamlessly for you. It's however, it's not based on current employment, Medicare is primary, the other health insurance is secondary and TRICARE pays last. This creates administrative burden for you because Medicare only coordinates with one plan.

So, you go Medicare first, the other health insurance, then you as the beneficiary are responsible for having that Medicare summary notice, the other health insurance explanation of benefits and then you submit that with the original bill to our claims processor for reimbursement of any remaining balance.

So, as I mentioned, Wisconsin Physician Service, Military and Veterans Health is the contractor that process claims for our TRICARE beneficiaries who also have Medicare. Their website and phone number are here, tricare4u.com, and their number is 866-773-0404.

For care received overseas, International SOS Government Services is the contractor. They do subcontract the claims processing to Wisconsin Physician Services, but it's a separate arm, so you have to follow specifics depending on where you get care overseas. Their website is tricare-overseas.com.

So, a few years ago, The TRICARE Retiree Dental Program went away and military retirees and their eligible dependents became eligible for the Federal Employees Dental and Vision Insurance Program. The acronym is FEDVIP. It is offered by the U.S. Office of Personnel Management and as I said, it's available to retired service members and their eligible family members. The website for information is benefeds.com. There, you can look at the various dental insurance programs and vision insurance program. I believe there are 10 companies that offer dental insurance, including Delta Dental, that used to be our contractor. But please note that the offering under FEDVIP is not identical to what you had when TRICARE offer Delta Dental. I recommend that if you're looking for dental insurance, that you review all the plans available in your area. Many of them offer both high and low options. So, there's lots of choices. It takes a little bit of time, but it's worth your effort to compare and you can do that on their website. I believe we can compare three at a time. You can print it out, you can look at the various cost, copayments, maximum benefit, some have a very low maximum benefit, others have much higher. So, it depends on what you think you might need. You can change your choice each year during open season, which is I believe is the third week of November to the third week in December. The same for



Vision – Federal Vision Insurance, there's not as many choices, I believe there is four or five. I think there's also high and low option there too. The details are on benefeds.com.

So, these are fantastic resources for you. They are available on our website tricare.mil/publication. The first one, the TRICARE for Life handbook has much of the information I've covered here today, including all those points of contact, addresses, phone numbers, websites, etc. I highly recommend you have that available to you.

TRICARE and Medicare turning age 65. This is the document I referenced. In that notice, you get either by email or postcards five months in advance of your birthday. This tells you the ins and outs of Medicare and enrollment and you don't have to wait for that notice, you can get this on our website.

As noted on this page, it's also available on the TRICARE for Life homepage, which is tricare.mil/tfl for TRICARE for Life. The under 65 brochure is available there as well and the TRICARE for Life cost matrix. So, I highly recommend you find some time to read those documents. Here are the various organizations that will be helpful to you. The first one is our website tricare.mil/tfl, our Wisconsin Physicians claims processor for the U.S. and its territories and its contact information. International SOS for our overseas, Defense Manpower Data Center, which manages DEERS, that's where you want to make sure that your DEERS record accurately affects your current contact information.

The Social Security Administration, they process the Medicare applications on behalf of the Medicare program. Medicare, it's a Medicare agency. It is actually the Centers for Medicare and Medicaid Services, for simplicity, Medicare, their phone number and website and then the Office of Personnel Management. The reason the Office of Personnel Management is here is because if you have a federal civilian service and you're also eligible for TRICARE, when you retire from federal service, you want to make sure you retire with federal employee coverage. You have to have it for the last five years that you worked as a federal civilian or at least one year as a federal civilian and TRICARE coverage, which would also add up to five years. So, you only really have to have one and has to be your last year and you have to have it when you retire.

If you decide that you don't want to pay the premiums associated with federal employee coverage when you're eligible for Medicare and TRICARE for Life, do not cancel federal coverage because you would never get it back. You do have the option of suspending federal employee or retiree coverage and if you suspend coverage, you can get it back during the open season if at some point in time you choose to get it back. All right, I am ready for your questions.

Christina Piechoski:

OK, so first question. If both the retiree and spouse are currently on TRICARE Prime, when the retiree enrolls in Medicare, will the spouse remain on TRICARE Prime until they're 65 automatically, and will the fee change automatically?

Anne Breslin:

The person who is turning 65 will be automatically disenrolled whether or not they get Part A and B, because they will no longer be eligible if they are eligible for Medicare. So, they will get notified of that. The enrollment fee should also automatically be adjusted to the individual.



I believe I mentioned during the presentation that this is a qualifying life event. So, the family member who is not entitled to Medicare has the option based on this qualifying life event to change their plan if they so choose. Otherwise, they can stay where they are and pay the individual rate.

Christina Piechoski:

Is Medicare billed automatically when a retiree goes to a Navalclinic or hospital?

Anne Breslin:

No. So, Medicare cannot pay military hospital or clinic, just like they cannot pay VA facility or provider. The care at a military facility is free unless you're inpatient and they have subsistence fees and that is on a space available basis.

Christina Piechoski:

I have a TRICARE supplemental plan that pays whatever is left over from what the TRICARE plan doesn't pay. So, I'll no longer need that?

Anne Breslin:

That's your personal choice, but most often you would not need it. Because as I mentioned, if the care you receive is covered by Medicare and TRICARE, you will have no out-of-pocket expenses.

If you want to hold on to it for those instances where TRICARE covers something and Medicare doesn't – so, if TRICARE cover something that Medicare doesn't – you would have out-of-pocket expense and that TRICARE supplement would pick that up, but I don't know how often that will happen or how much you're paying for that supplement. So, that is something that you would have to evaluate.

Christina Piechoski:

When on TRICARE for Life, do you have to stay in network like on Tricare Prime?

Anne Breslin:

No. So, if you use original Medicare, you can see any Medicare participating or Medicare nonparticipating provider, and if you want to spend a lot of extra money, you can see an opt-out provider. The circumstance under which you would be limited to a network is if you chose to enroll in a Medicare Advantage plan.

Christina Piechoski:

Does TRICARE Select automatically switch to TRICARE for life when my spouse becomes eligible?



Anne Breslin:

Someone who's in TRICARE select who turns 65 and has Medicare A and B should get a disenrollment notice from the regional contractor. And TRICARE for Life is automatically provided, they have Medicare A and B.

Christina Piechoski:

TRICARE for Life with TRICARE Plus. could you please go over that? I requested treatment via my military treatment facility and was enrolled in TRICARE Plus with TRICARE for Life.

Anne Breslin:

Sure, so TRICARE for Life we've covered today pretty in depth. TRICARE Plus is a primary care enrollment option to a particular military clinic or hospital. So, it's not transferable to other facilities. It is for primary care. It gives you prime access standards for primary care, which you don't have if you only have TRICARE for Life.

Christina Piechoski:

This person is retired and eligible for Medicare and TRICARE for Life. Is it safe to assume that if one doesn't enroll in Medicare, there is no TRICARE for Life coverage? Can you choose to continue with TRICARE Prime at 65 as a stand-alone insurance vs. signing up for Medicare and TRICARE for Life?

Anne Breslin:

At the age of 65, we expect most people to be eligible for Medicare. So, you have to file for Medicare. Don't assume that you do or you don't. File for Medicare no later than two months before you turn 65. If you get a response back from Medicare that says you're not eligible, then you can remain in Prime or Select. There was a time where – and I think maybe even some states where they didn't pay into the Social Security system if people work for the state. So, they – we do have some people, mostly older people like really up-there people that have not paid into the system and so they are eligible to stay. Bbut if you are not eligible on your own record and your spouse is 62 – I'm getting into some of the weeds that are in those – the 65 brochure. If you have a spouse who is 62 years or older and they have worked and paid into the system you have to file on your spouse's record as well. It's only if you're not eligible on your record or your spouse and that could be a former spouse, a deceased spouse or your current spouse. So, there's some people have all those choices. If you are eligible for Medicare you have one choice. Sign up if you want TRICARE, if you're not eligible, you can remain eligible for Prime or Select. So, sorry to get into all those weeds, but that's where I had to go refer to the 65 and over brochure for those details.

Christina Piechoski:



If I'm covered by the 60%, I don't think I need Part B. So, does that mean I won't be eligible for TRICARE for Life? And a follow-up question. Will my dependent wife still be eligible for TRICARE for Life?

Anne Breslin:

So, for the service member or former service number who doesn't think they need Part B, my question back would be, do you think the VA will always be able to provide all of your care? If not, you definitely need Part B. I don't know that I would take that gamble but that is your choice. The spouse is not affected by your eligibility for Medicare. As I said Medicare is an individual enrollment program and it doesn't affect the family members.

Christina Piechoski:

OK, unfortunately, this is our last question. What do I need to look for in a primary care physician when I become Medicare eligible? Am I looking for a physician that accepts Medicare A and B and TRICARE for Life?

Anne Breslin:

Because Medicare is the primary insurer here you need to follow Medicare rules and as we've discussed we talked about Medicare participating, Medicare nonparticipating opt-out providers. You can see any of those to avoid excessive cost, unnecessary excessive costs. I recommend you see a Medicare participating or nonparticipating provider when the care you receive from these providers is covered by Medicare and TRICARE you won't have any out-of-pocket expenses. Again refer to the Medicare website, medicare.gov and go to their search tool for finding providers, type in your ZIP code and then type of provider you are looking for and a list of providers will populate on your screen. Thank you everyone.

Christina Piechoski:

Anne do you have any closing comments or final remarks that you would like to make today?

Anne Breslin:

I thank everyone for their participation and their efforts to become educated on this program. It can be complex because it's new, of course whenever you mix two federal programs together, it can seem complex. But the beauty of this program is it can be simple as well because you can avoid having to file claims, your freedom of choice to who you get care from and if you're not comfortable making those decisions about providers you also have the option to choose an advantage what it's called a Medicare Advantage Plan and they will tell you who you can see. Personally, I like freedom of choice. So, those are the nuts and bolts. Our website is very detailed and very helpful. So, if you have questions start there and then if you still have questions you can always formulate question on the website as well. The Medicare website also is a very good resource as I mentioned earlier about benefits, finding providers, etc. Best wishes to all of you, it's a wonderful program.

Christina Piechoski:



And I want to thank you for sharing your invaluable experience and expertise today. I would also like to thank our attendees for participating in today's webinar. If we didn't answer your questions today, please refer to the contact information in your copy of the webinar slide deck and also you can find many answers to the questions that Anne just mentioned on TRICARE on the TRICARE website, which is tricare.mil. This concludes today's webinar, TRICARE for Life Coverage Basics Eligibility and Cost. Thank you.

