# TRICARE For Life: Coverage Basics, Eligibility and Costs

## Webinar transcript

Host:

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 of you who are eligible for Medicare and TRICARE For Life. The webinar will touch on those who can use TRICARE For Life, how to get care, what costs you pay and more. We are thrilled to have with us today, Anne Breslin. Ms. Breslin is the TRICARE For Life Program Manager, TRICARE Health Plan, Defense Health Agency. And without further delay, I’ll turn things over to Anne.

Anne Breslin:

Thank you, Tina. Welcome everyone. Thank you for joining us today. I believe you’ll find the next hour to be informative and helpful to you as you make plans to use the TRICARE For Life Program. Before I get into the meat of the presentation, I’d like to read this disclaimer to you. The appearance of hyperlinks does not constitute endorsement by the Department of Defense of this website or the information products or services contained therein. For other than authorized activities such as military exchanges and Morale, Welfare and Recreation sites, the Department of Defense does not exercise any editorial control over the information you may find at these locations. Such links are provided consistent with the stated purpose of this Department of Defense-sponsored webinar.

So, we have a full agenda. I’m going to share with you information on what TRICARE For Life is all about, the various parts of Medicare and which ones are important for you in order to have TRICARE For Life, when you become eligible for Medicare, what costs you may incur, under what circumstances while getting care using TRICARE For Life, health care claims information, also information on dental and vision coverage, and resources following this presentation. So, what is TRICARE For Life? TRICARE For Life is Medicare-wraparound coverage. In order to have TRICARE For Life, you have to have Medicare Part A and Medicare Part B, and that’s regardless of where you live, whether you live in the United States or in other country.

TRICARE For Life coverage is automatic if you have both Medicare Part A and Part B. It’s automatic because the Defense Manpower Data Center receives data from the centers for Medicare and Medicaid services regarding eligible beneficiaries. So, that information is populated in DEERS and that is what helps you get your TRICARE For Life coverage. So, Medicare Part B has a monthly premium. You can learn more about those premium on the Medicare website, which is medicare.gov. The Part B premium is based on your income. So, it’s called an income-related premium, and information is also available on the Social Security website ssa.gov/forms. In the event your income changes, once you’ve already been enrolled in Medicare and your income changes – so, you might be working when you really signed up and you might retire later, your income will go down. Your premiums can be adjusted based on that reduction in income.

TFL coverage or TRICARE For Life coverage is available worldwide. I mentioned that TRICARE For Life is wraparound coverage. It’s an individual entitlement because each of us become eligible for Medicare based on turning 65, as the way most of us become entitled. So, if your spouse has a different birthdate, they’re not going to be entitled to Medicare or TRICARE For Life at the same point in time. Their coverage continues if they’re in Prime or Select, that will continue even though you become entitled to Medicare and are using TRICARE For Life. The enrollment fee will be reduced to the individual rate if it’s just you and your spouse that were enrolled in Prime or Select. If you have children that remain eligible, the family rate for normal fees would remain the same. In addition, when someone becomes entitled to Medicare, that is the qualifying life event and what that means is that the family members who are not becoming entitled to Medicare have the option to change the plan that they’re in.

So, if they’re in TRICARE Prime today and you become eligible for Medicare May 1, they have a choice to make. They can stay in Prime, or they can switch to Select.

With all TRICARE programs, it’s important to maintain your personal information in your DEERS record, the Defense Enrollment Eligibility Reporting System. I refer to it as DEERS. Make sure that your address, phone numbers, emails, if you’re opting into electronic communication, make sure all that is current and up to date because as changes arise or we send notices out regarding your benefits, if that information isn’t right, you’re not going to receive that information. So, please do me a favor and just go check and see if it’s correct. You may have moved, you may have got a new cell phone number, etc.

So Medicare Part A and Part B are the two parts of Medicare that are critical for you to maintain your TRICARE coverage beyond age 65. Part A is called hospital insurance. It provides coverage for inpatient hospital care, hospice care, skilled nursing care, home health care. Part B on the other hand is called medical insurance, and this is the one that has the premiums that I talked about previously. This covers care that you receive as outpatient from your primary care physicians, your specialty physician, outpatient surgery, home health care, durable medical equipment, preventive services, could be rehabilitation. All those outpatient services are covered under Part B. There is something referred to as Medicare supplement, and that’s also called medigap. This is optional coverage, which has a premium. There are a variety of plans available and it’s based on where you live, which plans are available. Medigap serves as a backup to Medicare paying out-of-pocket costs that are not covered by original Medicare. You can learn more about that on medicare.gov.

Medicare Part C and Medicare Part D. Medicare Part C refers to what are called Medicare Advantage plans. These are private companies that contract with Medicare and they are required to provide all of the Medicare Part A and Part B services. About 50% of these plans also cover Part D or pharmacy coverage, prescription drug coverage under the Medicare program. Many Medicare Advantage plans have a monthly premium in addition to Your Part B premium. If you enroll in a Medicare Advantage plan, you have to obtain your health care services from the plans network of providers with the one exception of emergency services. In addition, if you enroll in a Medicare Advantage plan, you’ll need to pay for copayment at the time of service. TRICARE For Life can reimburse you for copayment you pay for services that are also TRICARE benefits. Some plans will file those claims on your behalf and others do not. So, if this is something that you’re considering, you’ll want to find out if you’re going to be responsible for filing a paper claim.

So, people say, what is the advantage of a Medicare Advantage plan? That depends on your perspective. If you prefer not to have to look for Medicare providers, and you like to be just told go here for this care or go there, Medicare Advantage has a network. You would get your care managed by your primary care physician and they will direct you to their network of providers that are capable of providing the care that you need. On the flipside, if you don’t enroll in Medicare Advantage, they use the Medicare original program, which is a fee-for-service program, and you can obtain your care from any Medicare provider without a referral. The other thing that Medicare Advantage plans do is they offer additional benefits beyond the Medicare Part A and B services. They do that to entice you to enroll, and it might be something that you are interested in. For example, a gym membership is a common additional benefit that they offer. They might also offer hearing exams or eye exams.

So, you have to look at each of the plans individually, determine if it’s something you want or not. It varies by area in which you live and you can compare plans on the medicare.gov site.

Medicare Part D, as I mentioned, is prescription drug coverage. This is also offered through private companies. So, it’s something that you can buy stand alone or with a Medicare Advantage plan. It’s not necessary to have Part B or Part D to have TRICARE For Life. But information is available on the Medicare site.

As I mentioned, most people become eligible for Medicare at the age of 65, and it’s based on your birthdate. So, when do you sign up for Medicare? We each have a seven-month initial enrollment period in which we can sign up for Medicare. But, the information I’m going to share with you is specific to TRICARE beneficiaries because you want to follow these guidelines in order to avoid a break between your Part A and Part B start date. So, if your birthday falls on the first day of the month, you’ll become eligible for Medicare on the first day of the month, before the month you turn 65. So, what you want to do is, you want to sign up for Medicare no later than two months before the month you turn 65. You can do it up to four months earlier, but don’t sign up later than two months before. Otherwise, you will have a gap between your Part A start date and your Part B start date. And unfortunately, anytime you have Part A only, you are ineligible for TRICARE. So, that’s why I’m emphasizing the importance of when you sign up.

If your birthday falls after the first day of the month or any day other than the first of the month, you can sign up between one and three months. So, it’s as early as three months before you turn 65 and no later than the month before you turn 65. That will ensure that your Part A and Part B begin on the same day. There are also people that become eligible for Medicare before the age of 65. That could be from a severe illness or disability, end-stage renal disease, which is kidney failure, any atrophic lateral sclerosis otherwise referred to as Lou Gehrig’s disease. And for people that live in Lincoln County, Montana where there was a big asbestos exposure, they may have developed mesothelioma, which is asbestos disease. They are also eligible for Medicare. And for information, the number provided here is specifically for the folks in Lincoln, Montana. It’s 888-482-3128.

So, if by chance you miss your initial enrollment period, you don’t sign up within the entire seven-month window. Your next opportunity is during the general enrollment period, and this enrollment period occurs every year January 1st through March 31st. When you sign up under the general enrollment period for Medicare, your coverage begins July 1 of the year in which you sign up, and this pertains to Part B. You would have already gotten your Part A. So, you will have a significant gap between when you turn 65 and became initially eligible for Medicare and when your Part B starts. You would not have TRICARE for that entire period of time. In addition, Medicare assesses a 10% premium surcharge for each 12-month period that you could have had Medicare Part B, but didn’t. Hopefully, you can avoid this by following the guidance we are providing in the webinar.

People ask about open season and that’s not applicable to TRICARE For Life because you don’t enroll in TRICARE For Life. But, if you need information on open season for other families, it’s available on a TRICARE website <https://www.tricare.mil/openseason>. So, Medicare also offers a Part B special enrollment, and this is applicable to individuals who are working and have employer-sponsored health coverage. It could also be that you’re covered by employer-sponsored coverage by a spouse who is working. Individuals that have employer-sponsored coverage based on current employment have the option of delaying their enrollment in Medicare Part B. So, if you’re a TRICARE beneficiary, you’re about to turn 65, you have a choice. You can delay your enrollment in Part B and rely on your employer-sponsored coverage but you would not have TRICARE For Life coverage.

Your TRICARE coverage would cease until you have Part B. So, when is this special enrollment period? It’s available any time while the individual is covered by employer-sponsored coverage and working, or during the first eight months following the loss of employment or health plan coverage, whichever occurs first. The benefit of the special enrollment period is that the Part B late enrollment surcharge does not apply. So you won’t pay any more for your Part B by delaying if you qualify for this, but you will not have your TRICARE.

I frequently get asked, when do I get my TRICARE For Life card? There is no such thing when you want to obtain healthcare services. What you will need to present to your providers is your Medicare card along with your military ID card. Medicare is primary so your providers will bill Medicare. They will know that you have TRICARE For Life by presenting your military ID card. If you lose your Medicare card, you can call the Social Security Administration at 800-772-1213, or visit the Social Security website, which is <https://www.socialsecurity.gov>. I mentioned previously that if you’re using the original Medicare program, you can obtain health care services from Medicare participating or nonparticipating providers. There’s another option, and those providers are called opt-out providers. So, what’s the difference?

Medicare participating providers accept the Medicare-allowed amount as payment in full. The nonparticipating providers are permitted to bill 15% above the Medicare-allowed amount. The good news is the TRICARE covers that additional cost. So there’s no difference in cost to you whether you receive your care from a Medicare participating provider or Medicare nonparticipating provider. The one that will cost – will be significant cost to you – if you obtain care from an opt-out provider. These providers have opted out of the Medicare program. They are not permitted to bill Medicare and so Medicare is not going to pay them. TRICARE in this scenario would pay up to 20% of the TRICARE allowable amount. Now, what’s important to note here is that the opt-out providers are not subject to a Medicare-allowed amount or TRICARE-allowable amount. They can bill anything they want. So, if you see an opt-out provider, you want to know up front what your bill is going to be. And when you see the billed amount, just know that TRICARE can only pay up to 20% of the allowed amount which will be less than their billed amount. And you will be responsible for the difference between what TRICARE pays and what the provider billed. This could be very expensive.

Medicare has a search tool on their website where you can find Medicare providers. You can type in the type of specialty that you’re looking for whether general internist, cardiologist, dermatologist, etc. You type in your ZIP code, the provider type and a list will pop up with the various locations of their offices, whether or not they’re accepting new patients and their contact information. You can make some phone calls and verify that Medicare site is up to date, the provider is accepting patients, it’s within a reasonable drive time for you, etc. You can also call Medicare at 800-633-4227. I recommend that everyone who’s going to be turning 65 this year, or within the next 12 months, you start talking to the providers you’re using today to find out if they accept Medicare. Don’t wait until you’re 65, because you want to have those providers lined up because you don’t know when you’re going to need them. So, be prepared.

You may also receive care at military hospitals and clinics, but it will be on a space-available basis. So, depending on their capability and capacity, you may or may not be able to get your care at a military hospital or clinic. There’s one little piece of information I want to add here and there’s a program called TRICARE Plus. It’s offered at some military hospital and clinic, not everywhere, and that is a primary care program that TRICARE For Life beneficiaries are eligible to enroll in and it provides you with care for primary care at the Prime Access standard at these military hospitals and clinics. So, that’s an option.

Many of you may also receive care at Veteran’s Affairs facilities or from their providers. These providers cannot bill Medicare and Medicare will not pay for services received from a VA facility. This scenario is similar to if you were to receive care from an opt-out provider. TRICARE will pay up to 20% for the care you receive at a VA facility and you’ll be responsible for the remaining amount. So, you can continue to go to a VA facility for your service-connected care but it would be my recommendation for non-service connected care that you receive your care from civilian Medicare providers, and this will help you avoid the significant out-of-pocket expenses that you would otherwise incur for non-service connected care at VA facilities.

This chart just provides you a couple of examples to illustrate what I’ve just talked to you about. The left column is Mr. Jones getting care from a Medicare participating or nonparticipating provider. The provider billed $1,000. Medicare’s allowed amount is $400. Medicare is going to pay 80% of that allowed amount, or $320. TRICARE For Life would pay the remaining 20% or the $80, leaving Mr. Jones with no out-of-pocket expenses. The difference between the billed amount and allowed amount is not your responsibility. On the right, Mr. Jones gets non-service connected care from the Veterans Affairs doctor or hospital. The billed amount is $1,000. TRICARE pays $400. Medicare pays nothing. As I mentioned, Medicare cannot pay the VA. TRICARE pays 20% of the TRICARE allowable amount, which is $80 and Mr. Jones is then responsible for the remaining $320. If Mr. Jones had gone to a Medicare participating provider, as you see on the left side of the chart, he’d have no out-of-pocket expenses. You can compare costs on the TRICARE website <https://www.tricare.mil/comparecosts>.

TRICARE FOR LIFE covers proven medically necessary and appropriate care, which is the same as our other TRICARE programs, TRICARE Prime and Select. If you want to find information on whether or not Medicare covers care that your provider is recommending that you receive, you can go to the Medicare site, which is [www.medicare.gov](http://www.medicare.gov). Similarly, we have a search tool on a TRICARE website, <https://www.tricare.mil/coveredservices>. You can also contact the TRICARE FOR LIFE contractor. Services generally not covered by Medicare or TRICARE include long-term care, which is also referred to as custodial care. Those are things like help walking, eating, bathing, dressing. Those are long-term care services. Acupuncture is not covered by TRICARE or Medicare with the exception of Medicare covers 12 visits for low-back pain for acupuncture. Experimental or investigational services in most cases are not covered. Routine eye exam and hearing aids are also not covered. There’s a program called Retirees-At-Cost Hearing Aid Program. It’s available at some military hospitals or clinics. Information is available at [www.militaryaudiology.org](http://www.militaryaudiology.org).

Here’s another chart to illustrate what your out-of-pocket cost may be under Tricare For Life. So, the first row, the service is covered by both TRICARE and Medicare. Medicare covers their allowed amount. TRICARE pays the remaining amount and you have no financial liability if the care you receive is covered by Medicare only and not by TRICARE. Medicare pays their allowed amount. TRICARE pays nothing, and you would then be responsible for the annual deductible and cost-share.

If the care you receive is covered only by TRICARE, Medicare pays nothing, TRICARE pays the allowable amount, and you would then be responsible for the TRICARE annual deductible and cost-share. If the care you received is not covered by either program, you’re responsible for 100% of the bill charges, not the allowed amount, the bill charges. Let me give you a few examples. So, Medicare covers skilled nursing facility care for up to 100 days. TRICARE does not have a limit for the number of skilled nursing facility days. So on day 101, TRICARE becomes the primary payer. TRICARE will evaluate though to determine that the care being provided is skilled nursing care. Oftentimes, after 100 days, the care is no longer skilled. If that’s the case, that’s more custodial or long-term care and it would not be covered. So, even though we have an unlimited skilled nursing facility benefit, we have to meet the requirement of skilled care.

Medicare covers care in the United States and its territories. It does not cover outside of those areas. The TRICARE For Life benefit is worldwide. So, if you’re in France per se, TRICARE will be primary unless you have other health insurance and Medicare wouldn’t pay. When you have claims in the United States, in most cases, the provider is going to file a claim with Medicare first. Medicare pays its portion and sends the claim to TRICARE For Life. And that happens automatically because of the data sharing that we do with Medicare. As I mentioned earlier, we obtained that data and it’s populated in DEERS. TRICARE For Life is the primary payer. Your provider may be required to file your claim directly with the TRICARE For Life contractor. So, if the provider knows the care you receive is not a Medicare benefit, they can file directly with TRICARE For Life contractor.

You’re responsible for making sure your claims are filed within one year of the date of service on a date of an inpatient discharge. You can keep track of those claims either by getting a paper explanation of benefits from the TRICARE contractor. You can also establish an account on their website which is [www.tricare4u.com](http://www.tricare4u.com), and there you can see the status of your claim and keep track of it that way. As I mentioned, TRICARE For Life is the primary payer for care overseas because Medicare doesn’t pay overseas. You need to file those claims with the overseas contractor and within the contract area. So they have like Eurasia and they have Latin America. They have different websites or points of contact for where you file those claims. Information is available on our TRICARE website <https://www.tricare.mil>. Instructions or the details that need to be provided are available there as well. Claims for care received overseas can be filed within three years. Unlike in the United States, claims in the United States must be filed within one year.

So, you could have more than just TRICARE For Life and Medicare. You could have TRICARE For Life, Medicare and some other type of health insurance. It could be employer-sponsored health insurance or it can be a medigap plan. So, the first scenario, you have Medicare coordinate with your other health insurance whether or not it’s based on current employment, and either case TRICARE is going to be the last payer. However, if you have employer-sponsored health insurance based on current employment, that employer-sponsored coverage, or we refer to it as other health insurance, is the primary payer while you’re working; and Medicare pays second and TRICARE is last. Your provider will file the claim with the other health insurance and then Medicare will pay and TRICARE is last. If you have other health insurance, that isn’t based on current employment, Medicare is the primary payer, they then forward the claim to the other health insurance for the second pay and TRICARE pays last.

In order for TRICARE to be aware of this claim, you will need to file a claim with the TRICARE For Life contractor. So, if there’s a remaining balance after your other health insurance pays following Medicare, file a claim with the TFL contractor. Information on how to file those claims is available on their website at [www.tricare4u.com](http://www.tricare4u.com).

I mentioned that we have a TRICARE For Life contractor that is currently Wisconsin Physician Service – Military and Veterans Health. They’re contracted to process claims for TRICARE beneficiaries who have any part of Medicare. They also are contracted to provide customer service. So, I’ve mentioned their website a few times here, it’s [www.tricare4u.com](http://www.tricare4u.com) and their phone number is 866-773-0404. So, when you have questions about your claim, you can call them. If you have questions about your coverage, you can call them. Instead of calling the regional contractors that you’re familiar with, they’ll need to call the TRICARE For Life contractor. For overseas care, International SOS Government Services, Inc. is the contractor, and their website is [www.tricare-overseas.com](http://www.tricare-overseas.com).

TRICARE For Life does not cover dental coverage or vision coverage. But you have the option to enroll in the Federal Employees Dental and Vision Insurance Program, otherwise known as FEDVIP. This program is offered by the Office of Personnel Management to federal civilians and recently two military retirees, and they’re eligible family members. Information is available at [www.benefeds.com](http://www.benefeds.com). So, on our TRICARE website, [www.tricare.mil/publications](http://www.tricare.mil/publications), you can obtain these documents and I highly recommend that you look these over. The first one is the TRICARE For Life handbook. It has some information about the TRICARE For Life program. It has frequently asked questions. It has contact information, etc. The Turning Age 65 brochure is a vital piece of information for those of you who will be turning 65. It gives you all the details, more details that I provided here today. So, I highly recommend you take a look at that. For individuals who are under 65 and entitled to Medicare, that third brochure is for you, and then there’s the cost matrix which would be helpful to look at as well.

I rattled off phone numbers and websites throughout this presentation, and this slide provides a summary of those points of contact. There’s one that I didn’t mention in the presentation and that’s the Office of Personnel Management. I’ll just give you a brief reason why it’s here. It’s because many of our military retirees also have served as federal civilians and may be eligible for the Federal Employee Health Benefit Program. They often ask whether or not they should cancel their FEHBP program and rely on Medicare and TRICARE. That is a personal decision except do not cancel. There’s an option to suspend. So, go to [www.opm.gov](http://www.opm.gov) and look up information on suspension of Federal Employee Health Benefits if that pertains to you. OK. That concludes my presentation and the remaining time will be, I’ll be here to answer your questions.

Host:

Under 65, a retired army officer on Social Security disability and about to go on Medicare in August. I currently have TRICARE Prime for my wife and I. Will I automatically be enrolled in TRICARE For Life and will my wife still remain on TRICARE Prime?

Anne Breslin:

I’ve covered this from the presentation. I know some of the questions come in as I’m speaking. So, you don’t know exactly if it will be answered or not. So, the under-65 who becomes eligible for Medicare has the option of staying in TRICARE Prime or using TRICARE For Life. The spouse would remain in Prime or they have the option of being in Select. One advantage of staying in Prime is that the individual Prime enrollment fee would be waived for the under-65 member who becomes eligible for Medicare. So, a family would only pay the individual enrollment fee. So, that’s a personal choice which way you go.

Host:

Does TRICARE For Life cover the same as TRICARE Select?

Anne Breslin:

The general benefits throughout TRICARE are the same across the board. There might be some minor differences and because I haven’t studied that, I’m not going to address what those might be. But you can use the TRICARE website to search for those benefits. Actually, I answered that question completely. Let’s go on to the next one, please.

Host:

Will my current doctor accept TRICARE For Life if they accept TRICARE Prime?

Anne Breslin:

Because Medicare is the primary, ensure once you’re in TRICARE For Life, you need to ask the question of whether or not they take Medicare.

Host:

My wife will not turn 65 until July 2025. Do I continue to pay my TRICARE Prime annual payment at the same amount that I paid for both of us until she turn 65?

Anne Breslin:

No. As I mentioned during the presentation, it would be changed to an individual enrollment and the individual enrollment fee would apply.

Host:

Kind of on the same vein but not necessarily. My wife is a little younger than me and I don’t want any glitches with her TRICARE Prime, is there any known issue that I need to be aware of?

Anne Breslin:

There shouldn’t be any issues. No.

Host:

Does TRICARE For Life apply to spouses of retirees?

Anne Breslin:

TRICARE For Life is an individual benefit based on Medicare entitlement. So, once the spouse of retiree also becomes eligible for Medicare, then he or she would also have TRICARE For Life.

Host:

How can I use TRICARE For Life if I’m on vacation in Mexico or Europe?

Anne Breslin:

So as I mentioned, Medicare does not provide coverage outside of the United States and its territories. TRICARE For Life would provide coverage, but if you would like to reduce your out-of-pocket expenses, you may want to consider a travel medical insurance.

Host:

My retiree ID card shows that my medical expired when I turned 65. Do I need to renew my ID card and will it then be indefinite?

Anne Breslin:

You should renew your ID card. You’ll need proof of your Medicare coverage. You can contact the DEER Support office. That is one of the points of contact on the summary slide 24, their phone number and website there. You can contact them about renewing your ID.

Host:

How do you recognize an opt-out provider?

Anne Breslin:

You would have to speak to them. So, when you’re seeing providers, you want to find out when you’re making the appointment, find out in advance if they are a Medicare provider, whether they’re participating or nonparticipating. You can refer back to the slide to what that means. And if they are not, ask if they have opted out of the Medicare program and then find out what their costs will be. Then you make your decision on what to do.

Host:

I have a 50% service-connected disability rating, how do I know what VA care is non-service related?

Anne Breslin:

I don’t work for the VA. You’ll need to ask that question to a VA representative. Usually service-connected care, whether you have injury from an IED or exposure to certain chemicals whatever, I would think that your disability rating form would explain it. But it’s not my expertise, so I do recommend you contact the VA.

Host:

Do you have to see a provider in the same state as your residence?

Anne Breslin:

If you’re using a fee for service or original Medicare, you can go anywhere in the country.

Host:

Under TRICARE For life, does TRICARE cover expenses not covered by Medicare? In other words, does it become secondary coverage after I’m enrolled in Medicare?

Anne Breslin:

So, I mentioned during my presentation a few types of services that are either covered by Medicare or TRICARE and some. So, not everything is covered by TRICARE is covered by Medicare and vice versa. When Medicare doesn’t cover something because it’s not a benefit, TRICARE becomes the primary payer. If, however, Medicare denied coverage because they say it is not medically appropriate or not medically necessary, then TRICARE will also deny. But if it’s not a Medicare benefit, TRICARE will become the primary payer if the care is a TRICARE benefit.

Host:

OK. Do we actually need medigap if we have TRICARE For Life? Also, as a federal employee, I have the federal employee health benefits. Wondering if I should take this out when I retire. What are the advantages and/or disadvantages?

Anne Breslin:

OK, I briefly mentioned medigap. TRICARE For Life provides the wraparound coverage that you would normally get from amedigap plan. TRICARE For Life does not have an enrollment fee or a premium. medigap plans do. So, in order to make that – I mean I can’t make that decision for you, but you can review the medigap plans on the medicare.gov site to see if any of them offer something that you think is worth paying a premium for. And then I briefly mentioned information on the Federal Employee Health Benefit Plan. Individuals who are entitled to that can carry it into retirement. And if they kept it, Medicare is primary, the federal plan is secondary, and TRICARE is the last payer. I would guess in mostly circumstances, there would be little less for TRICARE to pay, but I can’t say that with absolute certainty.

So, the person in this situation has the option, as I mentioned, to suspend the federal employee benefit plan. If they do that, it’s after retirement. After they retire as a federal civilian, they can suspend that coverage and they could rely on Medicare and TRICARE. If at some later point in time, after they suspended the coverage, they decide they want to have that federal health plan back or any of the plans offered under the FEHBP program, they could re-enroll during the open-season, which is at the end of the year, the Monday of the second full week of November through the Monday of the second full week of December is the federal benefits open season. That’s the time that they could re-enroll in a federal employee plan, which of course, is available to the retiree. The form is the RI-79, I believe, and you want to fill out ‘suspend,’ not ‘cancel.’ If you cancel, you can never get it back.

Host:

Can the service member’s spouse remain on TRICARE For Life after the member dies?

Anne Breslin:

Yes, they would remain on TRICARE For Life. The important thing to note there is remarriage will terminate your TRICARE coverage.

Host:

OK. Am I still able to get eye exams through TRICARE For Life?

Anne Breslin:

Eye exams are not a covered benefit to my knowledge. Please check the TRICARE website to confirm that. If you’re looking for a vision coverage, some of the Medicare Advantage plans offer that. We also have the option of enrolling in a Federal Vision plan under FEDVIP. That information is included in the slide deck.

Host:

Will an Alzheimer’s facility be considered skilled care and be covered by TRICARE For Life?

Anne Breslin:

I believe Alzheimer’s is generally custodial care. For someone with Alzheimer’s, they need to be watched, probably helped with bathing, dressing, sometimes eating. Those types of activities are not skilled nursing and so that would not be a covered benefit under TRICARE. I didn’t mention this earlier, but as military retirees, you are also eligible to enroll in the federal long-term care insurance program. And you can also enroll in long-term care insurance not offered by the federal government. So, if that’s something you’re interested, you’ll need to compare costs and benefits of those programs.

Host:

OK. Under TRICARE For Life, does TRICARE cover expenses not covered by Medicare. In other words, does it become the secondary coverage after I’m enrolled in Medicare?

Anne Breslin:

So TRICARE is the secondary payer after you have Medicare, but when you receive care that is not covered by Medicare, TRICARE becomes the primary payer. And then, in that case, you would have out-of-pocket expenses. Next question, please.

Host:

Do you know if the current administration is still considering lowering the age of Medicare to be eligible at 61?

Anne Breslin:

I know that the current administration is looking at reducing the age for Medicare entitlement. I don’t know what age they’re focusing on. I’m pretty sure that’s not a done deal at this point in time.

Host:

This is going to be our last question. Does TRICARE For Life pay the Medicare Part B deductible each year?

Anne Breslin:

Generally, yes. When the care you receive is covered by Medicare and TRICARE, TRICARE is picking up that deductible and cost-share. It’s when you receive care that is covered by Medicare and not by TRICARE that those out-of-pocket expenses will be attributed to the deductible and cost-share so you may end up paying part of that. Thank you.

Host:

Anne, I just want to give you some time for closing thoughts or final comments you have for our audience today.

Anne Breslin:

So, I know I’ve covered a lot and I can talk for hours, many hours more about learning the nuances. But if you go to our website [www.TRICARE.mil/tfl](http://www.TRICARE.mil/tfl) for TRICARE For Life, you’ll find many more details about the program. And if you can’t find what you’re looking for, you have the opportunity to ask questions online as well. So, I wish you all well. I think it’s a fantastic benefit and I think you will find that to be true. Thank you for participating.

Host:

Thanks, Anne. I just want to take a second and thank you for sharing your invaluable experience and expertise today. I’d like to thank all of our attendees for participating in today’s webinar. If we didn’t answer your question today, please refer to the contact information on your copy of the webinar slide deck. You can also find many of the answers to questions about TRICARE on the TRICARE website at tricare.mil. This concludes today’s webinar, TRICARE For Life: Coverage Basics, Eligibility, and Cost. Thank you.