



TRICARE® For Life

TRICARE provides Medicare-wraparound coverage for Medicare-eligible beneficiaries

TRICARE For Life (TFL) is Medicare-wraparound coverage for TRICARE beneficiaries who have Medicare Part A and Medicare Part B, regardless of age or place of residence. With TFL, you have the freedom to seek care from any Medicare-participating or nonparticipating provider, or military hospital or clinic on a space-available basis. Medicare-participating providers file your claims with Medicare. After paying its portion, Medicare automatically forwards the claim to TRICARE for processing (*unless you have other health insurance [OHI]*). TRICARE pays after Medicare and OHI for TRICARE-covered health care services.

ELIGIBILITY

As a TRICARE beneficiary, you are eligible for TFL on the first date that you have both Medicare Part A and Part B.

When you are entitled to premium-free Medicare Part A:

- Medicare Part B coverage is **required** to remain TRICARE-eligible if you are a:
 - Retired service member (*including retired National Guard and Reserve members drawing retirement pay*)
 - Family member of a retired service member

- Medal of Honor recipient or eligible family member
- Survivor of a deceased sponsor
- Qualifying former spouse
- Medicare Part B coverage is **not required** to remain TRICARE-eligible if:
 - You are an active duty service member (ADSM) or active duty family member (ADFM) (*ADSMs and ADFMs remain eligible for TRICARE Prime and TRICARE Standard and TRICARE Extra options while the sponsor is on active duty. However, when the sponsor retires, you must have Medicare Part B to remain TRICARE-eligible. See “Medicare Part B [Medical Insurance]” on the following page for information about the Medicare Part B special enrollment period for ADSMs and ADFMs.*)
 - You are enrolled in TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), or the US Family Health Plan (USFHP) (*While you are not required to have Medicare Part B to remain eligible for TRS, TRR, or USFHP, you are strongly encouraged to sign up for Medicare Part B when first eligible to avoid paying a premium surcharge if you enroll at a later date.*)

This fact sheet is **not** all-inclusive. For additional information, please visit www.tricare.mil.

Note: Regardless of age, ADFMs who have Medicare Part A may enroll in TRICARE Prime if they live in a TRICARE Prime Service Area. The TRICARE Prime enrollment fee is waived for any TRICARE Prime enrollee who has Medicare Part B, regardless of age.

UNDERSTANDING MEDICARE

TFL is managed by the Department of Defense (DoD). Medicare is managed by the Centers for Medicare & Medicaid Services (CMS). The two agencies work together to coordinate benefits. Medicare is a federal entitlement health insurance program for people:

- Age 65 or older
- Under age 65 with certain disabilities
- Any age with end-stage renal disease (ESRD)

Medicare Part A (*Hospital Insurance*)

Medicare Part A covers inpatient hospital care, hospice care, inpatient skilled nursing facility care, and some home health care. The Social Security Administration (SSA) determines your entitlement to Medicare Part A based on your work history or your spouse's (*this includes former or deceased spouses*) work history. You are eligible for premium-free Medicare Part A at age 65 if you or your spouse has 40 quarters or 10 years of Social Security-covered employment.

If you are not entitled to premium-free Medicare Part A when you turn 65 under your own Social Security number (SSN) but your spouse is, you must file for benefits under your spouse's (*this includes divorced or deceased spouses*) SSN if he or she is 62 or older. If your spouse is not yet 62 and you anticipate that he or she will be eligible for premium-free Medicare Part A at age 65, you should sign up for Medicare Part B

when first eligible at age 65 to avoid paying a late enrollment surcharge. You should then file for Part A benefits under your spouse's record two months before he or she turns 62.

Note: If neither spouse will be eligible for premium-free Medicare Part A, neither will need Medicare Part B to remain TRICARE-eligible.

Medicare Part B (*Medical Insurance*)

Medicare Part B covers provider services, outpatient care, home health care, durable medical equipment, and some preventive services. Medicare Part B has a monthly premium, which may change annually and varies based on income. If you sign up after your initial enrollment period for Medicare Part B, you may have to pay a monthly premium surcharge for as long as you have Medicare Part B. For specific information about your Part B premium amount and/or surcharge amount, contact the SSA at **1-800-772-1213**.

Medicare allows ADSMs and ADFMs who are entitled to Medicare based on age or disability (*does not apply to those with ESRD*) to delay Part B enrollment and sign up during a special enrollment period, which waives the late enrollment surcharge. The special enrollment period for ADSMs and ADFMs is available anytime the sponsor is on active duty 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 must sign up for Medicare Part B before their sponsor's active duty status ends.

Note: ADSMs and ADFMs with ESRD do not have a special enrollment period, and should enroll in Medicare Part A and Part B when first eligible.

Medicare Entitlement Based on a Disability

If you receive Social Security disability benefits, you are entitled to Medicare in the 25th month of receiving disability payments. CMS will notify you of your Medicare entitlement date.

If you have ALS (*also called Lou Gehrig's disease*), you automatically get Part A and Part B the month your disability benefits begin.

If you have been diagnosed with an asbestos-related disease (*e.g., mesothelioma*) and lived in Lincoln County, Montana, for a total of at least six months during a period ending 10 years or more before the diagnosis, you are eligible for Medicare. Your Medicare coverage will be effective the month after you sign up.

If you return to work and your Social Security disability payments are suspended, your Medicare entitlement continues for up to eight years and six months. When your disability payments are suspended, you will receive a bill every three months for your Medicare Part B premiums. You must continue to pay your Medicare Part B premiums to remain eligible for TRICARE coverage.

Depending on your sponsor's status and your TRICARE program option when you first become eligible for Medicare Part A based on disability, you may have to sign up for Part B to remain TRICARE-eligible and to avoid the Part B late enrollment surcharge.

Medicare Entitlement Based on ESRD

If you are eligible for Medicare benefits based on ESRD, you should sign up for Medicare Part A and Part B when you are first eligible in order to remain TRICARE-eligible. If you are a USFHP enrollee under age 65 and are entitled to premium-free Medicare Part A based on ESRD,

you are strongly encouraged to have Medicare Part B. ADSMs and ADFMs with ESRD do not have a special enrollment period and, therefore, should enroll in Part B when first eligible to avoid the Part B late enrollment surcharge. If you are enrolled in USFHP and entitled to Medicare based on disability or age, you are not required to have Medicare Part B; however, you are encouraged to sign up for Part B when first eligible to avoid the Part B premium surcharge for late enrollment.

Depending on your sponsor's status and your TRICARE program option when you first become eligible for Medicare Part A based on ESRD, you may have to sign up for Part B to remain TRICARE-eligible and to avoid the Part B late enrollment surcharge.

If you do not enroll in Part B when you first become eligible, you may be required to pay a premium surcharge for each 12-month period that you were eligible to enroll in Part B, but did not.

HOW TFL WORKS WITH MEDICARE

Medicare and TFL work together to minimize your out-of-pocket expenses. However, there are instances when some health care costs may not be covered by Medicare and/or TFL.

Medical Services Covered by Medicare and TRICARE

When you see a participating or nonparticipating Medicare provider, you have no out-of-pocket costs for services covered by both Medicare and TFL. Most health care services fall into this category. After Medicare pays its portion of the claim, TFL pays the remaining amount, and you pay nothing.

As the primary payer, Medicare approves health care services for payment. If Medicare does not pay because it determines that the care is not medically necessary, TFL also does not pay.

You may appeal Medicare’s decision and, if Medicare reconsiders and provides coverage, TFL also reconsiders coverage.

If a health care service is covered by both Medicare and TFL, but Medicare does not pay because you have used up your Medicare benefit, TFL becomes the primary payer. In this case, you are responsible for your TFL deductible and cost-shares.

If a health care service is normally covered by both Medicare and TFL, but you receive the service from a provider who has opted out of Medicare, the provider cannot bill Medicare and, therefore, Medicare will pay nothing. When you see an opt-out provider, TFL will process the claim as the second payer, unless you have OHI. TFL pays the amount it would have paid if Medicare had processed the claim (*normally TFL pays 20 percent of the TRICARE-allowable charge*)

and you are responsible for the remainder of the billed charges. This includes care received from the Department of Veterans Affairs (VA) providers, who are not Medicare providers and cannot bill Medicare. For more information, see the “TFL and VA” section of this fact sheet.

Opt-out providers establish private contracts with patients. Under a private contract, there are no limits on what the provider can charge for health care services.

Medical Services Covered by Medicare but Not by TRICARE

When you receive care that is covered by Medicare only (*e.g., chiropractic care*), Medicare processes the claim as the primary payer. TFL makes no payment, regardless of any action Medicare takes. You are responsible for the Medicare deductible and cost-shares.

TRICARE For Life Out-Of-Pocket Costs

| Type of Service | What Medicare Pays | What TRICARE Pays | What You Pay |
|------------------------------------|------------------------------|--------------------------|--|
| Covered by TRICARE and Medicare | Medicare’s authorized amount | TRICARE-allowable amount | Nothing |
| Covered by Medicare only | Medicare’s authorized amount | Nothing | Medicare deductible and cost-share |
| Covered by TRICARE only | Nothing | TRICARE-allowable amount | TRICARE deductible and cost-share |
| Not Covered by TRICARE or Medicare | Nothing | Nothing | Billed charges (<i>which may exceed the Medicare- or TRICARE-allowable amount</i>) |

Medical Services Covered by TRICARE but Not by Medicare

When you receive care that is covered only by TFL (*e.g., TRICARE-covered services received overseas*), TRICARE processes the claim as the primary payer. You are responsible for the applicable TFL deductible, cost-shares, and remaining billed charges. Note that overseas, there may be no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge in addition to your deductibles and cost-shares. Visit www.tricare.mil/overseas for more information.

TFL claims are normally filed with Medicare first; however, when a health care service is not covered by Medicare, your provider may file the claim directly with Wisconsin Physicians Service (WPS), unless you have OHI.

Medical Services Not Covered by Medicare or TRICARE

When you receive care that is not covered by Medicare or TFL (*e.g., most cosmetic surgery*), neither makes a payment on the claim. You are responsible for the entire bill.

For more information on covered services, visit www.medicare.gov or www.tricare.mil or contact WPS.

For more information about costs, see the “TRICARE For Life Out-of-Pocket Costs” table on the previous page.

Coordinating TFL with OHI

How Medicare coordinates with OHI depends on whether or not the OHI is based on current employment. In either case, TFL is the last payer.

OHI Not Based on Current Employment

If you have OHI that is not based on your or a family member’s current employment, Medicare pays first, the OHI pays second, and TFL pays last.

OHI Based on Current Employment

Generally, if you have an employer-sponsored health plan based on current employment, that health plan pays first, Medicare pays second, and TFL pays last. If there are fewer than 20 employees in the employer-sponsored plan, Medicare pays first, the employer plan pays second, and TFL pays last.

When your OHI processes the claim after Medicare, you need to submit a claim to WPS for any remaining balance.

Note: TRICARE pays after most insurance plans with the exception of Medicaid, TRICARE supplements, the Indian Health Service, and other programs and plans as identified by DoD.

HOW TFL WORKS OVERSEAS

TRICARE is the only payer overseas. Medicare provides coverage in the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*). Medicare also covers health care services received aboard ships in U.S. territorial waters. In these locations, TFL works exactly as it does in the United States. Unless you have OHI, TFL is the second payer after Medicare for most health care services. Your provider files the claim with Medicare first. Medicare pays its portion and automatically forwards the claim to WPS for processing.

Medicare does not provide coverage outside of the United States, U.S. territories, and ships in U.S. territorial waters. Therefore, TFL is your

primary payer for health care received in all other overseas locations, unless you have OHI. TFL generally provides the same coverage as TRICARE Standard and has the same deductible and cost-shares for beneficiaries who live or travel overseas. When seeking care from a host nation provider, area or country-specific requirements may also apply. You should be prepared to pay up front for services and submit a claim to the TRICARE Overseas Program (TOP) claims processor. Claims for care received overseas are submitted directly to the TOP claims-processing address for the area where you received care.

TFL AND VA

VA providers cannot bill Medicare and Medicare cannot pay for services received from VA. If you are eligible for both TFL and VA benefits and elect to use your TFL benefit for non-service-connected care, you will incur significant out-of-pocket expenses when seeing a VA provider. If you receive care at a VA facility, you may be responsible for 80 percent of the bill. By law, TRICARE can only pay 20 percent of the TRICARE-allowable amount. When using your TFL benefit, your least expensive option is to see a Medicare participating or Medicare nonparticipating provider.

If you want to seek care from a VA provider, check with a Beneficiary Counseling and Assistance Coordinator (BCAC) to confirm coverage details and determine what will be covered by TRICARE. To find a BCAC, search the Customer Service Community Directory at www.tricare.mil/bcacdcao.

AFFORDABLE CARE ACT

The Affordable Care Act, also known as the health care reform law, requires that individuals maintain health insurance or other health coverage that meets the definition of “minimum essential coverage” beginning in 2014. Please be aware that both the TRICARE and Medicare programs are considered minimum essential coverage. Most people who do not meet this provision of the law will be required to pay a fee for each month they do not have adequate coverage. The fee will be collected each year with tax returns. You can find other health care coverage options at www.healthcare.gov.

FOR INFORMATION AND ASSISTANCE

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| TRICARE For Life Customer Service (United States and U.S. Territories) Wisconsin Physicians Service 1-866-773-0404 1-866-773-0405 (TDD/TTY) www.TRICARE4u.com | Medicare 1-800-MEDICARE (1-800-633-4227) www.medicare.gov | Social Security Administration 1-800-772-1213 1-800-325-0778 (TDD/TTY) www.ssa.gov www.ssa.gov/foreign (overseas) |
|  TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com |  TRICARE South Region Humana Military, a division of Humana Government Business 1-800-444-5445 Humana-Military.com |  TRICARE West Region UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcmilitarywest.com |
|  TRICARE Overseas Program (TOP) Regional Call Center— Eurasia-Africa¹ +44-20-8762-8384 (overseas) 1-877-678-1207 (stateside) tricarelon@internationalsos.com |  TOP Regional Call Center—Latin America and Canada¹ +1-215-942-8393 (overseas) 1-877-451-8659 (stateside) tricarephl@internationalsos.com |  TOP Regional Call Centers—Pacific¹ Singapore: +65-6339-2676 (overseas) 1-877-678-1208 (stateside) sin.tricare@internationalsos.com Sydney: +61-2-9273-2710 (overseas) 1-877-678-1209 (stateside) sydricare@internationalsos.com |

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

An Important Note About TRICARE Program Information

At the time of publication, this information is current. It is 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 product.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.

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