

TRICARE® AND MEDICARE

UNDER AGE 65

Remaining TRICARE-eligible when you become Medicare-eligible before age 65

If you are entitled to premium-free Medicare Part A before age 65, you may need to have Medicare Part B coverage in order to keep your TRICARE benefit. The charts that follow take into account the reason for your Medicare eligibility and your sponsor's status and will help you determine if you must have Medicare Part B to keep TRICARE.

Depending on your eligibility status, you may be eligible to use:

- TRICARE Prime:** If you are entitled to Medicare Part A, you may remain enrolled in TRICARE Prime until reaching age 65, as long as all eligibility requirements continue to be met. Additionally, if you are 65 or older, you may remain in TRICARE Prime if you have an active duty sponsor. Active duty service members (ADSMs) must be enrolled in TRICARE Prime regardless of Medicare entitlement status. ADSMs and their family members entitled to Medicare Part A can avoid paying the Medicare Part B late-enrollment monthly premium surcharge by enrolling during their Part B special enrollment period (SEP) (does not apply to those with end-stage renal disease [ESRD]). The SEP is available anytime while the sponsor is on active duty and you are covered by TRICARE, or within the first eight months following either (1) the month your sponsor's active duty status ends or (2) the month TRICARE coverage ends, whichever comes first. To avoid a break in TRICARE coverage, ADSMs and active duty family members must sign up for Part B before the sponsor's active duty status ends. Regardless of age, retired service members and their family members who are entitled to premium-free Part A must have Part B to remain TRICARE-eligible.
- TRICARE For Life (TFL):** TFL is Medicare-wraparound coverage for TRICARE beneficiaries who have both Medicare Part A and Medicare Part B, regardless of age or place of residence. When using Medicare providers, TFL beneficiaries typically have no out-of-pocket costs for services covered by both Medicare and TRICARE. When health care services are covered only by Medicare, TRICARE pays nothing and you are responsible for the Medicare deductible and cost-shares.



When health care services are only covered by TRICARE, Medicare pays nothing and you are responsible for the TRICARE deductible and cost-shares.

Medicare does not pay for health care services you receive from providers who opt out of Medicare. When you see an opt-out provider, TFL pays the amount it would have paid (normally 20 percent of the allowable charge) if Medicare had processed the claim; you are then responsible for paying the remainder of the billed charges.

Veterans Affairs (VA) providers cannot bill Medicare and Medicare cannot pay for services received from the VA. If you are eligible for 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. By law, TRICARE can only pay up to 20 percent of the TRICARE-allowable amount. If you receive care at a VA facility, you may be responsible for the remaining amount. When using your

TFL benefit, your least expensive option is to see a Medicare-participating or Medicare-nonparticipating provider. If you want to seek care from a VA provider, check with Wisconsin Physicians Service—Military and Veterans Health, which administers the TFL benefit, to confirm coverage details.

- **TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), and the US Family Health Plan (USFHP):** TRS, TRR, and USFHP enrollees entitled to premium-free Medicare Part A are not required to have Medicare Part B to keep TRS, TRR, or USFHP. However, these enrollees encouraged to enroll in Part B when first eligible to avoid paying the premium surcharge should they sign up at a later date. Enrollment in TRS or TRR does not qualify beneficiaries for an SEP. USFHP enrollees with an active duty sponsor will be eligible for an SEP (unless you have ESRD).

For more information, visit www.tricare.mil/tfl.

END-STAGE RENAL DISEASE

BENEFICIARY CATEGORY	KEEPING YOUR TRICARE BENEFIT	IMPORTANT INFORMATION FOR YOU
Active duty service member (ADSM) with end-stage renal disease (ESRD) or active duty family member (ADFM) with ESRD	You are not required to have Medicare Part B to keep your TRICARE benefit, but are strongly encouraged to get Part B when first eligible.	<ul style="list-style-type: none"> • Unlike other Medicare-eligible ADFMs, you do not have a Medicare Part B special enrollment period (SEP). • If you decline or disenroll from Medicare Part B, you may only be able to enroll or reenroll during the Medicare general enrollment period, which occurs each year (January 1–March 31), and your Part B coverage will be effective July 1 of the year you enroll or reenroll. You will have to pay a 10 percent Part B premium surcharge for each 12-month period you could have enrolled but did not.

END-STAGE RENAL DISEASE (CONTINUED)

BENEFICIARY CATEGORY	KEEPING YOUR TRICARE BENEFIT	IMPORTANT INFORMATION FOR YOU
Retirees with ESRD or retiree family members with ESRD	You are required to have Medicare Part B to keep your TRICARE benefit.	<ul style="list-style-type: none"> If you decline or disenroll from Medicare Part B, you may only be able to enroll or reenroll during the Medicare general enrollment period, which occurs each year (January 1–March 31), and your Part B coverage will be effective July 1 of the year you enroll or reenroll. You will have to pay a 10 percent Part B premium surcharge for each 12-month period you could have enrolled but did not.
National Guard or Reserve retiree or retiree family member with ESRD	You are required to have Medicare Part A and Part B to be eligible for TRICARE when the retiree reaches age 60.	
US Family Health Plan (USFHP) enrollees with ESRD	If you are a USFHP enrollee under age 65 and entitled to premium-free Medicare Part A based on ESRD, you are strongly encouraged to have Medicare Part B.	<ul style="list-style-type: none"> If you do not enroll in Medicare Part B, you will be responsible for the full cost of ESRD-related expenses. ADSMs and ADFMs with ESRD do not have an SEP and, therefore, should enroll in Medicare Part B when first eligible to avoid the late-enrollment premium surcharge.

OTHER DISABILITIES (NOT END-STAGE RENAL DISEASE)

BENEFICIARY CATEGORY	KEEPING YOUR TRICARE BENEFIT	IMPORTANT INFORMATION FOR YOU
Disabled active duty service member (ADSM) or disabled active duty family member (ADFM)	You are not required to have Medicare Part B to keep your TRICARE benefit.	<ul style="list-style-type: none"> You are eligible for a Medicare Part B special enrollment period (SEP), and the late-enrollment surcharge is waived. You may sign up for Part B during the SEP, which is anytime you or your 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 use your SEP, you must request a <i>Verification of Military Health Care Benefits</i> letter from the Defense Manpower Data Center Support Office. To avoid a break in TRICARE coverage, ADSMs and ADFMs must sign up for Part B before the sponsor's active duty status ends. If you do not enroll during the SEP, you may enroll during the general enrollment period (January 1–March 31). Your Medicare Part B coverage and TRICARE coverage will be effective July 1 of the year you enroll in Part B. You will have to pay a 10 percent Part B premium surcharge for each 12-month period you could have enrolled but did not.

OTHER DISABILITIES (NOT END-STAGE RENAL DISEASE) (CONTINUED)

BENEFICIARY CATEGORY	KEEPING YOUR TRICARE BENEFIT	IMPORTANT INFORMATION FOR YOU
Disabled retiree or disabled retiree family member	You are required to have Medicare Part B to keep your TRICARE benefit.	<ul style="list-style-type: none"> If you decline or disenroll from Medicare Part B, you may only be able to enroll or reenroll during the Medicare general enrollment period, which occurs each year (January 1–March 31), and your Part B coverage will be effective July 1 of the year you enroll or reenroll. You will have to pay a 10 percent Part B premium surcharge for each 12-month period you could have enrolled but did not.
Disabled US Family Health Plan enrollees, TRICARE Reserve Select members, or TRICARE Retired Reserve members	You are not required to have Medicare Part B to keep your current medical benefits, but you are strongly encouraged to get Part B when you are first eligible.	<ul style="list-style-type: none"> If you decline or disenroll from Medicare Part B, you may only be able to enroll or reenroll during the Medicare general enrollment period, which occurs each year (January 1–March 31), and your Part B coverage will be effective July 1 of the year you enroll or reenroll. You will have to pay a 10 percent Part B premium surcharge for each 12-month period you could have enrolled but did not. If you no longer qualify for your current program, and do not have Medicare Part B, you will not qualify for other TRICARE programs.
Retirees or retiree family members awarded disability on appeal with a Medicare Part B effective date of October 2009 or later	You are required to have Medicare Part B to keep your TRICARE benefit.	<ul style="list-style-type: none"> You are not required to retroactively enroll in Medicare Part B back to your Part A effective date. However, you are required to have Part B from its original effective date and beyond.
Disabled National Guard or Reserve retiree or disabled National Guard or Reserve retiree family member	You are required to have Medicare Part A and Part B to be eligible for TRICARE when the retiree reaches age 60.	<ul style="list-style-type: none"> If you decline or disenroll from Medicare Part B, you may only be able to enroll or reenroll during the Medicare general enrollment period, which occurs each year (January 1–March 31), and your Part B coverage will be effective July 1 of the year you enroll or reenroll. You will have to pay a 10 percent Part B premium surcharge for each 12-month period you could have enrolled but did not.

IMPORTANT PAYMENT INFORMATION

Your Medicare Part B premium is automatically taken out of your monthly Social Security Disability Insurance (SSDI) or U.S. Railroad Retirement Board payment. If you do not get payments from these programs, you will receive a bill for your Part B premiums every three months.

Note: If you live in Puerto Rico, and already receive benefits from the Social Security Administration or the U.S. Railroad Retirement Board, you will automatically receive Medicare Part A; however, you must sign up for Part B.

TRICARE PHARMACY PROGRAM

There is usually little or no benefit to purchasing a Medicare prescription drug plan if you have TRICARE. Medicare Part D is not required to remain TRICARE-eligible.

IMPORTANT INFORMATION REGARDING RETURNING TO WORK AND ENTITLEMENT TO MEDICARE

If your SSDI payments have been suspended because you have returned to work, please be advised that you remain entitled to Medicare for up to 8½ years. You will receive a quarterly bill for your Medicare Part B premiums. Failure to pay these premiums will result in the termination of your Part B and TRICARE coverage.

LOOKING FOR More Information?

GO TO www.tricare.mil/contactus

TRICARE For Life (TFL) Program Information

www.tricare.mil/tfl

TFL Contractor

Wisconsin Physicians Service—
Military and Veterans Health
(United States and U.S. territories:
American Samoa, Guam,
the Northern Mariana Islands,
Puerto Rico, and the
U.S. Virgin Islands)
1-866-773-0404
1-866-773-0405 (TDD)
www.TRICARE4u.com

TRICARE Overseas Program Contractor

International SOS Government
Services, Inc.
(TFL outside the United States
and U.S. territories)
www.tricare-overseas.com

Defense Manpower Data Center Support Office

1-800-538-9552
1-866-363-2883 (TDD/TTY)
<http://milconnect.dmdc.osd.mil>

Social Security Administration

1-800-772-1213
1-800-325-0778 (TDD/TTY)
www.ssa.gov

Centers for Medicare & Medicaid Services

1-800-MEDICARE (1-800-633-4227)
1-877-486-2048 (TDD/TTY)
www.medicare.gov

This brochure is **not** all-inclusive. For additional information, please visit www.tricare.mil/tfl or contact the TRICARE For Life contractor.

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 publication.** For the most recent information, contact the TRICARE For Life contractor or your local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.*

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