

Using TRICARE® and Medicare

An Overview of How TRICARE Works With Medicare for Dual-eligible Beneficiaries

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- **ATTENTION PRESENTER:** To ensure that TRICARE beneficiaries receive the most up-to-date information about their health benefit, you must visit www.tricare.mil/briefings for the latest version of all briefings before each presentation. Briefings are continuously updated as benefit changes occur.
- **Presenter Tips:**
 - Review the briefing with notes prior to your presentation.
 - Remove any slides that don't apply to your audience.
 - Review the *Other Important Information* briefing slides and the *Costs* briefing slides at www.tricare.mil/briefings to identify any additional slides to include in your presentation.
 - Launch the briefing in “slide show” setting for your presentation.
- **TRICARE Resources:** Visit www.tricare.mil/publications to view, print, or download copies of TRICARE educational materials. Suggested resources include *TRICARE and Medicare Turning 65 Brochure*, *TRICARE and Medicare Under Age 65 Brochure*, and *TRICARE Plans Overview Fact Sheet*.
- **Estimated Briefing Time:** 45 minutes
- **Target Audience:** Dual-eligible TRICARE beneficiaries
- **Briefing Objectives:**
 - Provide an overview of using TRICARE and Medicare.
 - Inform beneficiaries about TRICARE For Life.

- **Optional Presenter Comments:** Welcome to the *Using TRICARE and Medicare* briefing. The goal of today's presentation is to provide you with information on using TRICARE while eligible for Medicare. Contact information will be provided at the end of this presentation.

Today's Agenda

- What Is TRICARE?
- TRICARE and Medicare Eligibility
- TRICARE For Life
- TRICARE Plan Options
- Other Important Information
- For Information and Assistance

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- During today's briefing, we'll discuss what TRICARE is, TRICARE and Medicare eligibility, TRICARE For Life, and TRICARE program options.
- We'll also cover other important information about the Affordable Care Act.
- Finally, we'll provide resources for getting assistance and finding answers to additional questions.
 - To learn more about TRICARE options, visit **www.tricare.mil**.
 - To receive TRICARE news and publications by email, sign up at **www.tricare.mil/subscriptions**.
 - To sign up for benefit correspondence by email, visit **<https://milconnect.dmdc.osd.mil>**.

What Is TRICARE?

- **Optional Presenter Comment:** First, we'll discuss what TRICARE is.

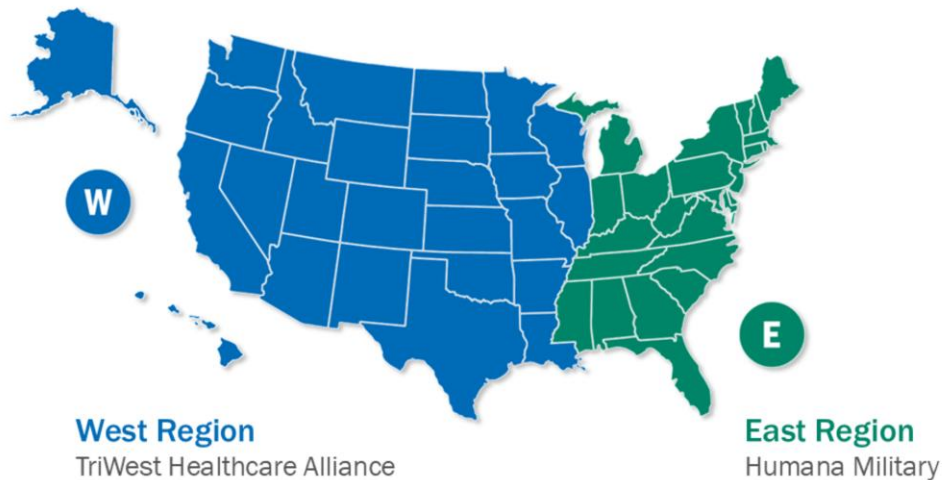
What Is TRICARE?



- TRICARE is the health care program for the U.S. Department of Defense. It consists of:
 - Direct care
 - Civilian care
- TRICARE® is the brand name for the U.S. Military Health System.

- TRICARE is the uniformed services health care program for active duty service members, active duty family members, eligible National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses worldwide.
- TRICARE brings together the health care delivery resources of the U.S. Military Health System—such as military hospitals and clinics—with TRICARE authorized providers in civilian health care, network and non-network. The term, “health care providers,” includes health care professionals, facilities, pharmacies, and suppliers.

TRICARE Stateside Regions



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- TRICARE is available worldwide and administered regionally. There are two TRICARE regions in the U.S.—TRICARE East and TRICARE West—and one Overseas region with three areas—TRICARE Eurasia-Africa, TRICARE Latin America and Canada, and TRICARE Pacific.
- Benefits are the same regardless of where you live, but there are different customer service contacts for each region.
- TriWest Healthcare Alliance administers the benefit in the West Region, and Humana Military administers the benefit in the East Region. Both regional contractors partner with the Military Health System to provide health, medical, and administrative support, including customer service, claims processing, and pre-authorizations for certain healthcare services.
- Another contractor, International SOS Government Services, LLC, administers TRICARE overseas and in U.S. territories.
- A separate nationwide contract is in place for the TRICARE Medicare Eligible Program. If you're eligible for Medicare, this contractor provides customer service and process your claims after Medicare and any other health insurance you may have.
- Separate contractors administer dental and pharmacy benefits.
- Each contractor has a website and call center to help with your questions. I'll share this contact information at the end of this presentation.

TRICARE Overseas Program

Latin America and Canada

Canada, the Caribbean Basin, Central and South America, Puerto Rico, and the U.S. Virgin Islands

Eurasia-Africa

Africa, Europe, and the Middle East

Pacific

American Samoa, Asia, Australia, Guam, India, Japan, New Zealand, Northern Mariana Islands, South Korea, and Western Pacific remote countries



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- The TRICARE Overseas Program is made up of one overseas region divided into three geographic areas: Latin America and Canada, Eurasia-Africa, and the Pacific.
- International SOS Government Services, LLC, or International SOS, is the contractor for the TRICARE Overseas Program.
- Each overseas region is managed by a TRICARE Area Office. This office is located in each overseas area to ensure operational support to military hospitals and clinics and TRICARE users in their geographic areas.
- Contact information will be provided at the end of this presentation.

WPS Government Services

- WPS Government Services administers the TRICARE For Life benefit.
- WPS provides customer service and claims processing for beneficiaries who have Medicare Part A and/or Medicare Part B.

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- WPS Government Services administers the TRICARE For Life, or TFL, benefit for the U.S. and U.S. territories, which include American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands.
- WPS provides customer service and claims processing for beneficiaries who have Medicare Part A and/or Medicare Part B. This means that when you file claims, Medicare pays its portion, sends the claim to WPS, and WPS coordinates payment for your services with TRICARE. If you have other health insurance, or OHI, Medicare will forward your claims to your OHI after processing the claim and paying their portion. You're then responsible for filing a claim with WPS for any remaining balance. Go to **www.TRICARE4u.com** for claims filing instructions.
- WPS should be your primary contact for TRICARE-related customer service needs.
- For more information about WPS, call **866-773-0404** or visit **www.TRICARE4u.com**.
- International SOS administers the TFL benefit overseas. For more information, visit **www.tricare-overseas.com**.
- Contact information will be provided at the end of this presentation.

TRICARE and Medicare Eligibility

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- **Optional Presenter Comment:** We'll now discuss TRICARE and Medicare eligibility.

Keep DEERS Information Up To Date



Being able to use TRICARE depends on keeping DEERS up to date.

Update DEERS after you have a life event, like getting married or divorced, moving, giving birth, adopting a child, retiring, and other changes.



Go to an ID Card Office

(<https://idco.dmdc.osd.mil/idco>)

Note: You must use this option to add family members in DEERS.



Log in to <https://milconnect.dmdc.osd.mil>.



Call 800-538-9552.



Fax 800-336-4416.

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- The Defense Enrollment Eligibility Reporting System, or DEERS, is a database of service members and dependents worldwide who may be eligible for military benefits, including TRICARE.
- Your TRICARE eligibility shows up in DEERS based on the sponsor's status. To maintain your eligibility, you must update DEERS after any QLE. If you don't, you may miss important information and enrollment deadlines. This could mean you lose access to care. A QLE includes getting married or divorced, moving, giving birth, adopting a child, or retiring. Visit www.tricare.mil/lifeevents or more information.
- Register in DEERS through the milConnect website at <https://milconnect.dmdc.osd.mil>. The milConnect website is the Defense Manpower Data Center's online portal that provides access to DEERS information.
 - Information can also be updated by phone, fax, or by visiting a Uniformed Services ID card-issuing facility.
- When making changes, proper documentation, such as a marriage certificate, divorce decree, birth certificate, or adoption papers, is required.
 - **Note:** Only sponsors or sponsor-appointed individuals with valid power of attorney can add a family member. Family members ages 18 and older may update their own contact information.
- Remember, providers are legally permitted to copy military and dependent ID cards to verify TRICARE eligibility.
- For more information, visit www.tricare.mil/deers.

Dual Eligibility

- TRICARE beneficiaries who are eligible for Medicare Part A (inpatient services), regardless of the reason, **must** have Medicare Part B coverage (outpatient services) to remain eligible for TRICARE.
- Exceptions:
 - Active duty service members and active duty family members
 - Beneficiaries who have purchased TRICARE Young Adult, TRICARE Reserve Select, or TRICARE Retired Reserve, and those enrolled in the US Family Health Plan or TRICARE Plus

Note: TFL beneficiaries with Medicare Part A and Part B can enroll in TRICARE Plus. Enrolling in TRICARE Plus doesn't negate the requirement to have Medicare Part A and Part B.

Contact the Social Security Administration
or Medicare for more information:
800-772-1213 ♦ www.ssa.gov
800-MEDICARE ♦ www.medicare.gov

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- TRICARE beneficiaries who are eligible for Medicare Part A (inpatient services), regardless of the reason, **must** have Medicare Part B (outpatient services) coverage to remain eligible for TRICARE.
- You aren't required to have Medicare Part B to remain TRICARE-eligible if you're an active duty service member, or ADSM, or active duty family member, or ADFM. You're eligible for a special enrollment period, unless you're eligible for Medicare based on end-stage renal disease.
- The special enrollment period, based on current employment, is available while your sponsor is an active duty service member, or within eight months of loss of employment. This includes the death of your sponsor or loss of TRICARE, whichever occurs first. Enroll in Medicare Part B the month before your sponsor retires to avoid a break in coverage.
- Additionally, Medicare Part B isn't required to purchase TRICARE Young Adult, TRICARE Reserve Select, or TRICARE Retired Reserve, or to enroll in the US Family Health Plan. However, these beneficiaries are strongly advised to enroll in Medicare Part B when first eligible to avoid paying a late-enrollment penalty. Beneficiaries pay the late-enrollment penalty for as long as they have Medicare, or if penalty is applied before age 65, it applies until the beneficiary is age 65.
- Beneficiaries who can normally only get military hospital and clinic care if space is available may be able to enroll in TRICARE Plus. TRICARE Plus allows beneficiaries to receive primary care appointments at the military hospital or clinic where they're enrolled. If you're enrolled in TRICARE Plus, don't have Medicare Part B, and receive care outside the military hospital or clinic, you'll be responsible for all the charges.
- **Note:** When a sponsor retires, the sponsor and/or any dependent eligible for premium-free Medicare Part A must have Medicare Part B to remain TRICARE-eligible.
- Individuals who aren't eligible for premium-free Medicare Part A aren't required to have Medicare Part B. However, if you'll be eligible for premium-free Medicare Part A on a spouse's earnings record in the future, you're advised to sign up for Medicare Part B when first eligible to avoid the late-enrollment penalty.

Eligible for Medicare Part B under Age 65

- If your Medicare eligibility is based on a disability:
 - Your Medicare eligibility begins after 24 months of Social Security disability insurance. The 24-month waiting period doesn't apply to beneficiaries with amyotrophic lateral sclerosis (also called Lou Gehrig's disease).
- If you have end-stage renal disease:
 - You must sign up for Medicare to remain TRICARE-eligible. Medicare begins the first day of the fourth month of dialysis treatments.
 - Medicare may begin as early as the first month of dialysis if you participate in a home dialysis training program and you do home dialysis treatments.
 - If you have a kidney transplant, your eligibility begins the month the transplant is performed, or earlier.

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- If you're under age 65 and are eligible for Social Security disability insurance for a period of 24 months, you'll be enrolled automatically in Medicare Part A and Part B beginning with the 25th month of eligibility. The 24-month waiting period doesn't apply to beneficiaries with amyotrophic lateral sclerosis, also called Lou Gehrig's disease.
- If you have end-stage renal disease, you must sign up for Medicare to remain TRICARE-eligible.
 - Medicare begins the first day of the fourth month of dialysis treatments.
 - Medicare may begin as early as the first month of dialysis if you participate in a home dialysis training program and you do home dialysis treatments.
 - If you have a kidney transplant, your eligibility begins the month your transplant is performed, or earlier if you're admitted as an inpatient for procedures required before your transplant surgery.

Eligible for Medicare Part B at Age 65

- Five months before your 65th birthday, you'll receive a notification from the Defense Manpower Data Center informing you of the requirement to sign up for Medicare.
- DO NOT decline Medicare Part B. If you decline:
 - You may not be eligible for TRICARE.
 - You can enroll in Medicare Part B later, but you may have to pay a penalty for late enrollment.

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- Five months before your 65th birthday, you'll receive a notification from the Defense Manpower Data Center, or DMDC, informing you of the requirement to sign up for Medicare. Call the DMDC/DEERS Support Office at **800-538-9552** for more information or if you do not receive notification. You can also go to **www.tricare.mil/tfl** and read the downloadable TRICARE and Medicare brochures.
- If your birthday falls on the first of the month, your initial enrollment period begins four months before the month you turn 65. Enroll no later than two months before the month you turn 65 to avoid a break in TRICARE coverage. You're eligible for Medicare on the first day of the month before you turn 65.
- If your birthday falls on any day other than the first of the month, your initial enrollment period begins three months before the month you turn 65. Enroll no later than one month before your birth month to avoid a break in TRICARE coverage. You're eligible for Medicare on the first day of the month you turn 65.
- If you miss the initial enrollment period, your next opportunity is the general enrollment period, which is Jan. 1 through March 31. Your coverage will begin the first of the month after the month you sign up, and you may be responsible for a Medicare Part B late-enrollment premium surcharge. There will be a lapse in your TRICARE coverage until your Medicare Part B is effective.
- After you sign up for Medicare, you'll receive a Medicare card indicating coverage for Part A and Part B. You'll be given the option to decline Part B coverage.
- If you decline Medicare Part B, you may not be eligible for TRICARE. Remember, in most cases, you must have Medicare Part B to remain eligible for TRICARE, so be sure to read the *TRICARE and Medicare Turning Age 65 Brochure* or the *TRICARE and Medicare Under Age 65 Brochure* to learn about the requirements to maintain TRICARE coverage once eligible for Medicare. Declining Medicare Part B can be a costly mistake.

Not Eligible for Premium-Free Medicare Part A

- If you aren't eligible for premium-free Medicare Part A under your own earnings record, you'll receive a "Notice of Award" and/or "Notice of Disapproved Claim."
- If you're married, you must also file for Medicare Part A under the earnings record of your spouse (including divorced or deceased spouses) aged 62 or older.

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- If you sign up for Medicare and aren't eligible for premium-free Medicare Part A under your own earnings record, you'll receive a "Notice of Award" and/or "Notice of Disapproved Claim" from the Social Security Administration, or SSA.
- If you aren't eligible for premium-free Medicare Part A under your own earnings record when you turn 65, you must file for benefits under the earnings record of your spouse (including divorced or deceased spouses) if he or she is 62 or older. If your spouse (or divorced spouse) is not yet 62, you must file for benefits under his or her SSN two months before he or she turns 62.
- If you'll be eligible under your spouse's earnings record in the future, sign up for Medicare Part B during your initial enrollment period to avoid paying a monthly Part B late enrollment penalty. Even if you aren't eligible for premium-free Medicare Part A, you're eligible for Part B at age 65. For specific information about your Medicare Part B premium and/or late-enrollment penalty, call the SSA at **800-772-1213**.
- If neither spouse will be eligible for premium-free Medicare Part A, neither will need Medicare Part B to remain TRICARE-eligible. You may continue enrollment in TRICARE Prime if you live in a Prime Service Area, or PSA, or within 100 miles of an available primary care manager, or PCM (with a drive-time waiver). You may also be eligible to enroll in TRICARE Select.

Reflecting Medicare Eligibility in DEERS

- DMDC receives weekly updates from the Centers for Medicare & Medicaid Services that identify TRICARE beneficiaries who are eligible for Medicare.
- To confirm that your DEERS record has been updated, visit <https://milconnect.dmdc.osd.mil> or contact the DMDC Support Office at **800-538-9552**.
- If you aren't eligible for premium-free Medicare Part A under your own SSN or your current, divorced, or deceased spouse's SSN, take your "Notices of Award" and/or "Notices of Disapproved Claim" to the nearest ID Card Office to update your DEERS record.
 - You may be issued a new Uniformed Services ID card when you update DEERS with your Medicare information.

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- DMDC receives weekly updates from the Centers for Medicare & Medicaid Services that identify TRICARE beneficiaries who are eligible for Medicare.
- To confirm that your DEERS record has been updated to reflect your Medicare eligibility and/or enrollment, call the DMDC Support Office at **800-538-9552**.
- If you aren't eligible for premium-free Medicare Part A under your own SSN based on work history or your current, divorced, or deceased spouse's SSN, you may take your "Notices of Award" and/or "Notices of Disapproved Claim" to the nearest ID card-issuing facility to update your DEERS record. This will allow you to remain eligible for TRICARE Prime or TRICARE Select after you turn 65.
 - You may be issued a new uniformed services ID card when you update DEERS with your Medicare information.

TRICARE Plan Options

- TRICARE Prime/US Family Health Plan
- TRICARE For Life
- TRICARE Plus
- TRICARE Pharmacy Program
- TRICARE Dental Options

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- We'll discuss each of the programs listed on this slide in more detail. Please note that TRICARE Prime is available to ADSMs, ADFMs (including beneficiaries ages 65 and older who are eligible for Medicare), beneficiaries under age 65, and retirees and retiree family members ages 65 and over who don't qualify for premium-free Medicare Part A.
- Note to US Family Health Plan, or USFHP, beneficiaries:
 - If you were enrolled in USFHP on Sept. 30, 2012, you'll be able to remain in the plan after becoming eligible for Medicare Part A at age 65.
 - If you were enrolled in USFHP after Sept. 30, 2012, you'll not be able to participate in USFHP after becoming eligible for Medicare Part A at age 65.
 - If you're under age 65 and were enrolled in USFHP after Sept. 30, 2012, and you're using Medicare due to a disability or other reason, you can remain enrolled in USFHP until your 65th birthday. At that time, you'll transition to TRICARE For Life.

TRICARE Prime® and Medicare Eligibility

- TRICARE Prime enrollment fees are waived for Group A beneficiaries with Medicare Part B.
- With TRICARE Prime, you won't need to file claims in most cases. Present your Medicare card and military ID at the time of service. Your provider should file claims with Medicare.
- Overseas, claims should be filed with the TRICARE Overseas Program claims processor for the area where care was received.
- The TRICARE Prime benefit is administered by regional contractors.

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- Regardless of age, ADFMs who have Medicare Part A may enroll in TRICARE Prime if they live in a PSA or within 100 miles of an available PCM (with a drive-time waiver).
- With TRICARE Prime, you'll receive care from an assigned PCM, and he or she will provide referrals for specialty care. TRICARE Prime enrollment fees are waived for TRICARE Prime beneficiaries who have Medicare Part B, regardless of age.
 - If one family member has Medicare, the individual fee is waived.
 - If two or more family members have Medicare, the family fee is waived regardless of the total number of family members.
- With TRICARE Prime, you won't need to file claims in most cases. Present your Medicare card and military ID at the time of service. Your provider should file claims with Medicare.
- Overseas, you should be prepared to pay up front for services and submit claims to the TRICARE Overseas Program, or TOP, claims processor. Claims for care received overseas are submitted directly to the TOP claims-processing address for the area where you received care and must include proof of payment. For overseas claims mailing addresses, visit **www.tricare-overseas.com**.
- **Note:** Medicare doesn't provide coverage outside the U.S.; U.S. territories, which include American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands; and ships in U.S. territorial waters.
- For more information, visit **www.tricare.mil/claims** or contact your TRICARE regional contractor. Contact information will be provided at the end of this presentation.

TRICARE For Life

- TRICARE For Life is available to TRICARE beneficiaries who have Medicare Part A and Medicare Part B, regardless of age or place of residence.
- Care is received from any Medicare provider, and beneficiaries may seek military hospital or clinic care on a space-available basis.
- TRICARE is the last payer after Medicare (and other health insurance, if applicable).
 - If you have OHI, you're responsible for filing a claim with WPS after Medicare and OHI have processed and paid their portion of the claim.
- The TFL benefit is administered by WPS.

WPS Contact Information
866-773-0404 ♦ www.TRICARE4u.com

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- TRICARE For Life, or 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 can receive care from any Medicare participating or Medicare non-participating provider. Care is also available at military hospitals and clinics if space is available. There are no enrollment fees for TFL.
- Medicare participating providers file your claims with Medicare. After Medicare pays its portion, Medicare forwards the claim automatically to WPS (unless you have other health insurance), and TRICARE pays the provider directly.
 - If you have OHI, you're responsible for filing a claim with WPS after Medicare and your OHI have processed and paid their portion of the claim. Include the *Medicare Summary Notice*, or MSN, and your OHI explanation of benefits, or EOB, with the *TRICARE DoD/CHAMPUS Medical Claim—Patient's Request for Medical Payment* form, which is *DD Form 2642*.
- WPS is the contractor for TFL claims-processing and customer service in the U.S. and U.S. territories. If you use TFL, contact WPS if you need assistance—not your regional contractor. Contact information is included on this slide.
- Overseas, contact the TOP claims processor for assistance. For more information, visit www.tricare-overseas.com.

TRICARE For Life

- **Optional Presenter Comment:** We'll now discuss TRICARE For Life.

Provider Types

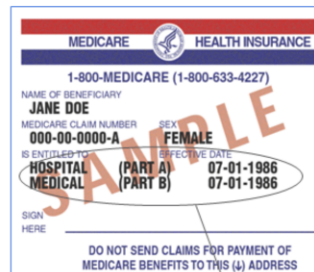
| Provider Type | Definition |
|-------------------------------------|--|
| Medicare Participating | Accepts the Medicare-approved amount as payment in full. |
| Medicare Nonparticipating | Doesn't accept the Medicare-approved amount as payment in full and may charge up to 15% above the Medicare-approved amount, a cost that is covered by TFL. |
| Opt-Out | Medicare doesn't pay for health care services you receive from opt-out providers. TFL pays the amount it would have paid (normally 20% of the allowable charge) if Medicare had processed the claim, and you're responsible for paying the remainder of the billed charges. |
| U.S. Department of Veterans Affairs | VA providers can't bill Medicare and Medicare cannot pay for services received from the VA. If you're eligible for both TFL and VA benefits, you'll incur significant out-of-pocket expenses when seeing a VA provider for health care not related to a service-connected injury or illness. |

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- You may receive health care services from Medicare participating and Medicare non-participating providers, as well as from providers who have opted out of Medicare. Your costs will be the same whether you see a Medicare participating provider or Medicare non-participating provider. You will have significant out-of-pocket costs if you receive care from U.S. Department of Veterans Affairs, or VA, providers, or opt-out providers.
 - **Medicare participating providers** agree to accept the Medicare-approved amount as payment in full.
 - **Medicare non-participating providers** don't accept the Medicare-approved amount as payment in full. They may charge up to 15 percent above the Medicare-approved amount, a cost that is covered by TFL.
 - **Providers who opt out** of Medicare enter into private contracts with patients and aren't allowed to bill Medicare. Therefore, Medicare doesn't pay for health care services you receive from opt-out providers. When you see an opt-out provider, TFL pays the amount it would have paid (normally 20 percent of the allowable charge) if Medicare had processed the claim, and you're responsible for paying the remainder of the billed charges. In cases where access to medical care is limited, TFL may waive the second-payer status for Medicare opt-out providers and pay the claim as the primary payer.
 - **VA providers** cannot bill Medicare, and Medicare cannot pay for services received from the VA. If you're eligible for both TFL and VA benefits, you'll incur significant out-of-pocket expenses when seeing a VA provider for health care not related to a service-connected injury or illness. By law, TRICARE can only pay 20 percent of the TRICARE-allowable charge for these services. If you receive care for non-service-connected injuries or illnesses at a VA facility, you may be responsible for 80 percent of the bill.
- When using your TFL benefit, your least expensive options are to see Medicare participating or Medicare non-participating providers.

Medicare Card

- TRICARE doesn't issue a health insurance card for TFL.
- When receiving care, show your Medicare card along with your uniformed services ID card.
- To protect you from identify theft, new Medicare cards no longer display Social Security numbers. This change went into effect in April 2018.



Shows your eligibility for Medicare Part A and Part B and the effective dates of coverage.

Call 800-772-1213 or visit www.ssa.gov if you misplace your Medicare card.

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- TRICARE doesn't issue a health insurance card for TFL. To get care, show your Medicare card along with your Uniformed Services ID card. This slide shows a sample Medicare card.
- If your Medicare card is lost, stolen, or destroyed, you can ask for a replacement by using your online *my* Social Security account. If you don't already have an account, you can create one online.
To sign in or create an account, visit www.ssa.gov/signin.
 - Once you're logged in to your account, select the "Replacement Documents" tab, then select "Mail My Replacement Medicare Card."
 - Your Medicare card will arrive in the mail in about 30 days at the address on file with the SSA. If you can't or prefer not to use the online service, call the SSA at **800-772-1213** or find your local Social Security Office at www.ssa.gov/locator.

How TFL Works

- Visit your Medicare participating or non-participating provider for care.
- Your provider files a claim with Medicare.
- Medicare pays its portion and sends the claim to WPS.
- WPS pays the remaining amount to your provider for services covered by Medicare and TRICARE.
- You get a *Medicare Summary Notice* from Medicare and an explanation of benefits from TRICARE.

Note: TRICARE is the primary payer for TRICARE-covered services received in areas where Medicare is not available (e.g., overseas). Expect to pay up front and file a claim with the TOP claims processor for reimbursement.

WPS Contact Information
866-773-0404 ♦ www.tricare4u.com

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- When using TFL in the U.S. or the U.S. territories, you shouldn't have to file a paper claim.
- Visit any Medicare participating provider for care. You pay nothing at the time of service.
 - Your provider files a claim with Medicare.
 - Medicare pays its portion and then electronically forwards the claim to WPS (unless you have OHI. This will be discussed in more detail later in this presentation).
 - WPS pays the remaining amount directly to your provider for services covered by Medicare and TRICARE.
 - You receive a *Medicare Summary Notice*, or MSN, from Medicare and an explanation of benefits, or EOB, from TRICARE. The MSN and EOB provide details regarding dates of service, as well as amounts billed, allowed, paid, and owed by patients.
- **Note:** Unless you have OHI, TRICARE is the primary payer for TRICARE-covered services you receive in areas where Medicare isn't available, for example, overseas. When getting health care from host nation (or overseas) providers, expect to pay for your care at the time of service. You're responsible for filing claims with the TOP claims processor for reimbursement. For more information, contact your TOP Regional Call Center or visit www.tricare-overseas.com. Contact information will be provided at the end of this presentation.

What You Pay

| Type of Service | Medicare Pays | TRICARE Pays | You Pay |
|--|----------------------------|--------------------------|---|
| Covered by TRICARE and Medicare | Medicare-authorized amount | TRICARE-allowable amount | Nothing |
| Covered by Medicare only (e.g., chiropractic care) | Medicare-authorized amount | Nothing | Medicare annual deductible and cost-share |
| Covered by TRICARE only (e.g., TRICARE-covered services received overseas) | Nothing | TRICARE-allowable amount | TRICARE annual deductible and cost-share |
| Not covered by TRICARE or Medicare | Nothing | Nothing | Billed charges (which may exceed the Medicare- or TRICARE-allowable amount) |

- This slide shows a snapshot of your out-of-pocket costs when using TFL. For more detailed cost information, visit www.tricare.mil/costs.

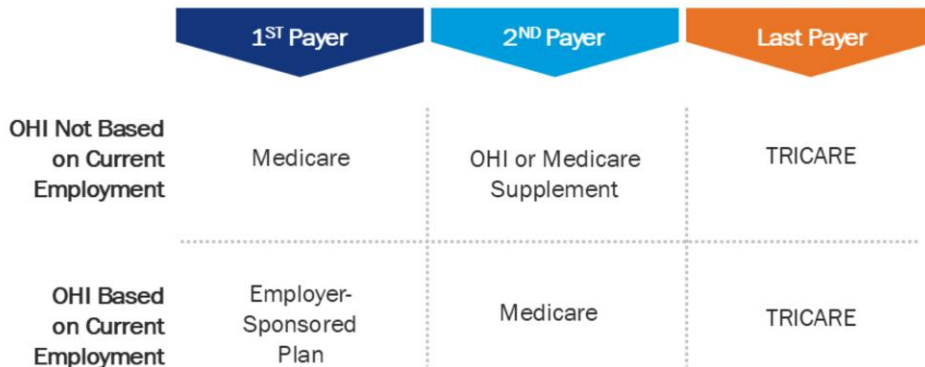
Using TFL Overseas

- For overseas locations outside the U.S. and U.S. territories:
 - TFL beneficiaries:
 - Visit any network or TRICARE-authorized provider for care
 - Are subject to applicable catastrophic cap, deductibles and cost-shares
 - Visit www.tricare.mil/tfcosts for deductibles and cost-shares.
 - Deductible: \$150 per individual or \$300 per family
- Claims are filed with the TOP claims processor:
 - For more information, visit www.tricare-overseas.com.

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- As previously stated, TFL is for individuals eligible for Medicare Part A who have Medicare Part B.
- You'll continue to file claims exactly as you did before. When you use TFL, you're responsible for paying an annual deductible and cost-shares. Overseas, when getting health care from host nation providers, expect to pay at the time of service. You're responsible for filing claims with the TOP claims processor for reimbursement.
- Medicare can't make payments on overseas claims. The TOP contractor can process the claim without evidence of processing by Medicare.
- **Note:** If you live or travel in the Philippines, you're required to see a certified provider for care. Additionally, TRICARE Select Overseas beneficiaries who reside in the Philippines and who seek care within specific areas are encouraged to see a preferred provider to ensure TRICARE cost-shares your claims, unless you request and receive a waiver from Global 24 Network Services. For more information, visit www.tricare.mil/philippines.
- For more information, visit www.tricare-overseas.com.

Coordinating TFL with OHI



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- OHI is any non-TRICARE health benefit (including national health insurance overseas) you receive through an employer or other public or private insurance program. TRICARE is the last payer to all health benefits and insurance plans, except for Medicaid, TRICARE supplements, the Indian Health Service, and other programs or plans as identified by the Defense Health Agency.
- If you have OHI that isn't based on your current employment or that of a family member—for example, a private Medicare supplement—Medicare pays first and your OHI pays second. If there is a remaining balance, you'll need to file a paper claim with WPS. If you have OHI and receive care overseas, you must first file your claim with your OHI. If there is a remaining balance after your OHI processes the claim, you'll need to file a claim with the TOP claims processor and include your OHI explanation of benefits.
- If you have OHI based on your current employment or that of a family member, and if there are more than 20 employees, the employer-sponsored health plan pays first, Medicare pays second, and TRICARE pays last.

TRICARE Plan Options

- **Optional Presenter Comment:** We'll now discuss TRICARE plan options.

TRICARE Plus

- TRICARE Plus is a primary care enrollment option available to beneficiaries who normally are only able to get military hospital and clinic care if space is available.
- It is offered at some military hospitals and clinics and is:
 - Limited by military hospital or clinic capacity
 - Not transferable from one military hospital or clinic to another
- Check with your local military hospital or clinic for program availability and details.

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- TRICARE Plus is a primary care enrollment option that is offered at select military hospitals and clinics. All beneficiaries eligible for military hospital and clinic care (except those enrolled in TRICARE Prime, a civilian health maintenance organization, or Medicare health maintenance organization) can seek enrollment in TRICARE Plus if enrollment capacity exists.
- TRICARE Plus is offered at some military hospitals and clinics and is limited by capacity. Unlike TRICARE Prime, TRICARE Plus isn't transferable, and availability can change if the military hospital or clinic's capacity decreases or increases.
- Non-enrollment in TRICARE Plus doesn't affect TFL benefits or other existing programs. If you don't have Medicare Part B and receive care outside the military hospital or clinic, you'll be responsible for all the charges. The military hospital or clinic isn't responsible for any costs when a beneficiary enrolled in TRICARE Plus gets care outside the military hospital or clinic.

Pharmacy Options

Military Pharmacy



- Usually inside military hospitals and clinics
- Get up to a 90-day supply

TRICARE Pharmacy Home Delivery



- Must use this option for some drugs
- Get up to a 90-day supply

TRICARE Retail Network Pharmacy



- Fill prescriptions without submitting a claim
- Get up to a 30-day supply

Non-Network Pharmacy



- Pay full price up front and file a claim to get a portion of your money back
- Get up to a 30-day supply

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- TRICARE offers prescription drug coverage and many options for filling your prescriptions. Your options depend on the type of drug your provider prescribes. The TRICARE pharmacy benefit is administered by Express Scripts. To learn more, visit <https://militaryrx.express-scripts.com> or call **877-363-1303**.
- You have the same pharmacy coverage with any TRICARE program option, with the exception of USFHP, which has its own separate pharmacy coverage.
- To fill a prescription, you need a prescription and a valid Uniformed Services ID card or Common Access Card.
- This slide shows the options that may be available for filling your prescriptions:
 - Military pharmacies are usually inside military hospitals and clinics. Call your local military pharmacy to check if your drug is available. Visit www.tricare.mil/militarypharmacy for more information.
 - The TRICARE Pharmacy Home Delivery option must be used for some drugs. You'll pay one copayment for each 90-day supply. For more information on switching to home delivery, visit <https://militaryrx.express-scripts.com> or call **877-363-1303**.
 - You may fill prescriptions at TRICARE retail network pharmacies without having to submit a claim. You'll pay one copayment for each 30-day supply. Visit www.tricare.mil/networkpharmacy to find a TRICARE retail network pharmacy.
 - At non-network pharmacies, you pay the full price for your drug up front and file a claim to get a portion of your money back.
- Your pharmacy will most often fill your prescription with a generic drug. If you need a brand-name drug, your provider can send a request to Express Scripts.
- For more information and costs, visit www.tricare.mil/pharmacy.

Dental Options

| TRICARE Dental Program | Federal Employees Dental and Vision Insurance Program |
|---|--|
| <ul style="list-style-type: none"> • Eligible ADFMs • National Guard and Reserve members and their eligible family members • Survivors • Individual Ready Reserve Members and their eligible family members | <ul style="list-style-type: none"> • Retired service members and their eligible family members • Retired National Guard and Reserve members and their eligible family members • Certain survivors • Medal of Honor recipients and their immediate family members and survivors |
| United Concordia Companies, Inc. | U.S. Office of Personnel Management |
| 844-653-4061 (CONUS) 844-653-4060 or 717-888-7400 (OCONUS) 711 (TDD/TTY) www.uccitdp.com | www.BENEFEDS.gov |

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- The TRICARE Dental Program is available to eligible ADFMs, National Guard and Reserve members and their eligible family members, survivors, and Individual Ready Reserve members and their eligible family members. Benefits include:
 - Voluntary enrollment and worldwide portable coverage
 - Single and family plans
 - Monthly premiums and cost-shares based on sponsor’s pay grade
 - Comprehensive coverage for most dental services; 100 percent coverage for most preventive and diagnostic services
 - For more information, visit **www.uccitdp.com**. In the CONUS service area, which includes 50 United States, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands, you can call **844-653-4061**. In the OCONUS service area, which includes areas not in the CONUS service area and includes covered services provided on a ship or vessel outside the territorial waters of the CONUS service area, you can call **844-653-4060** or **717-888-7400**.
- The U.S. Office of Personnel Management offers eligible TRICARE beneficiaries the option to enroll a dental plan through the Federal Employees Dental and Vision Insurance Program, or FEDVIP. FEDVIP offers a range of plans from a number of dental carriers.
 - FEDVIP is available to retired service members and their eligible family members, retired National Guard and Reserve members and their eligible family members, Medal of Honor recipients and their family members, and eligible survivors. For more information and costs, visit **www.BENEFEDS.gov**.

Other Important Information

- **Optional Presenter Comment:** We'll now discuss other important information.

The Affordable Care Act

- TRICARE meets the minimum essential coverage requirement under the Affordable Care Act.
- Each tax year, you'll get an IRS Form 1095 from your pay center. It will list your TRICARE coverage for each month.
- Your Social Security number and the Social Security number of each of your covered family members should be included in DEERS for your TRICARE coverage to be reflected accurately.



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- The Affordable Care Act, or ACA, requires most Americans to maintain basic health care coverage, called minimum essential coverage.
- Most TRICARE plans meet the Affordable Care Act requirement for minimum essential coverage.
- Each tax year, you'll get an Internal Revenue Service, or IRS, Form 1095 from your pay center. It will list your TRICARE coverage status for each month. If your military pay is administered by the Defense Finance and Accounting Service, or DFAS, you can opt in to get your tax forms electronically through your DFAS myPay account. For more information, visit <https://mypay.dfas.mil>.
- For more information about the IRS tax forms, visit www.irs.gov.

For Information and Assistance

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- **Optional Presenter Comment:** The next slide provides contact information that may be helpful to you for using your TRICARE benefit.

More Information

Regional Contractors

- **TRICARE East Region**
Humana Military
800-444-5445
www.tricare.mil/east
- **TRICARE West Region**
TriWest Healthcare Alliance
888-TRIWEST (888-874-9378)
www.tricare.mil/west
- **TRICARE Overseas Program**
International SOS Government Services, LLC
Find toll-free contact information at
www.tricare-overseas.com/contact-us.

TRICARE For Life

- **In the U.S. and U.S. territories:**
WPS Government Services
866-773-0404
866-773-0405 (TDD/TTY)
www.TRICARE4u.com
- **Overseas outside of U.S. territories:**
Contact the overseas regional contractor.

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- This slide shows contact information for stateside and overseas regional contractors, as well as other important information sources.
- Remember, your contractor point of contact is based on where you live.
- For those with TFL, your contractor point of contact is determined by where you received care.
 - Within the U.S. and U.S. territories, contact WPS/TFL Overseas.
 - Overseas (outside U.S. territories), contact International SOS.

Resources

- TRICARE Website: www.tricare.mil



- TRICARE Publications: www.tricare.mil/publications
- milConnect: <https://milconnect.dmdc.osd.mil/>

- Lastly, here are a few important information resources.