



What Happens to Your TRICARE Coverage After Retiring?

July 21, 2022 | Webinar Transcript

Host (Tina): Welcome to today's webinar titled, "What Happens to Your TRICARE Coverage After Retiring?" We're thrilled to have with us today Ms. Zelly Zim, program analyst, TRICARE Health Plan Division, Policy & Programs Section, Defense Health Agency.

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If you're like most newly retired service members or about to retire, you're wondering what's next. You may also be thinking about how you can tap into available TRICARE services. This webinar will provide you with a brief overview of how your status change affects you and your family's medical coverage. Join us as our TRICARE experts review your coverage options and help you plan for your first year out of uniform. Without further delay, I'm going to turn things over to Zelly.

Zelly Zim: Good afternoon or good morning, ladies and gentlemen. I see there are so many joining us today and taking the initiative to understand this process. As I have mentioned, my name Zelly Zim and I am a program and policy analyst with the TRICARE Health Plan. My primary role is the management of TRICARE Select policy as well as enrollment policies as a whole. Joining me for this afternoon's webinar are a few of my wonderful colleagues. Ms. Anne Breslin is a subject matter expert for TRICARE For Life, which is Medicare-wraparound coverage. Mr. Jeremy Schneider is knowledgeable on the same, along with the reserve component matters and the Affordable Care Act. Ms. Michelle Wilkerson is here as contract support to our section and she's a wealth of knowledge, especially in regard to the Overseas program.

Again, thank you for taking the time to join us. We will be walking through each topic you see on the agenda in front of you with the goal of equipping you to make informed decisions about your TRICARE options after retirement.

So, to start let's define "retirement." Just the word "retirement" requires some definition. There is active-duty retirement, which includes retirement after 20-plus years or medical retirement from active duty. To an extent, we can also include surviving spouse status in this category. Generally, health care benefit eligibility for this active duty retirement group coincides with your retirement date. Under the Reserve retirement umbrella, you have 20-plus years of qualifying service in the National Guard or Reserves, and eligibility begins at age 60. There are options for

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health care coverage before age 60 for this group, as well as factors that can affect the date of eligibility, and we will discuss this later on in this webinar.

You may have heard the term “gray area retirees” to refer to those who have completed their 20 years of qualifying service in the National Guard or Reserve and have not yet reached the age of 60. And again, we will talk a little bit more about that as we go forward.

In other words, what we will be discussing is eligibility specifically. A member’s service determines whether they have eligibility for TRICARE, including when that eligibility kicks in. The TRICARE health plan and the private sector care contractor to support the TRICARE health plan looks directly to the services for eligibility determination. The TRICARE Health Plan Division cannot affect, change, or edit eligibility on your behalf. The information that we have and that is used to advise you with information of your personal option is pulled directly from DEERS, which is managed by your individual services personnel office.

Any issues with eligibility dates, timelines, or beneficiaries under your account must be addressed through your service personnel office and reflected in DEERS. DEERS is the repository for eligibility.

The note in blue at the bottom of the screen references Qualifying Life Events, or QLEs. A QLE, when updated in DEERS, triggers a window of opportunity to make changes to your health plan or to enroll in a new health plan. Specific to our scope today, retiring from active duty and turning 60 if you’re a Retired Reserve member, are QLEs. Other QLEs include changes in your family composition or moving. The full list of QLEs, along with examples you can see www.tricare.mil/lifeevents. The website includes information on what to do following QLEs.

Throughout this presentation, I will mention a few websites. Both of them, start the same way—with that www.tricare.mil—and whatever I say after the last slash is what is really important to take note of in order to reference those later.

So, when you retire, you have a QLE. So, this change in status to retiree means that you can make changes to your health plan or enroll in a new plan. It is important to note these changes are not made automatically. You need to actively select and enroll in a TRICARE plan should you desire coverage for civilian or private sector care. If you do not take that action, you’ll lose TRICARE coverage and may only be eligible for care at military hospitals or clinics if space is available.

On the middle of this screen is the website, www.tricare.mil/comparecosts. On that page, if you select a plan, you specify the sponsor’s status as needed. The site will then give you the fees and the costs applicable for that plan for the current calendar year. I urge you to use that tool to plan ahead and to note costs for care, especially since those numbers will be new to you as a retiree.

Another note before we move on to next slide is when you retire, you and your family members should go in to get new ID cards. Having a new ID card is the most straightforward way to

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trigger verification of your retired status in DEERS, and we'll talk more about this one on the next slide.

I already mentioned DEERS several times. As you are probably aware, DEERS is the Defense Enrollment Eligibility Reporting System. This is where all your personal information is managed—you know, your address gets updated here, beneficiaries, etc., and very important to us right now is retired status. If your uniformed service doesn't update your retired status, you cannot reenroll in TRICARE. If you don't have a retired status, you don't have that QLE that's needed. If you don't have a QLE, then again, you don't have the option to make health plan changes. Should this happen, you will continue to show your previous status and eventually, once that's rectified, your claims would need to be adjusted and you would need to pay retroactive enrollment fees. More on that later.

In this slide there are directions for updating DEERS on your own, as there are certain aspects that are your individual responsibility, such as your address. Updating your retired status, however, that's the responsibility of your individual service. This slide also states—on the bottom right there—it says, for enrollment concerns, call your TRICARE contractor. I'd like to highlight this is just for enrollment concerns, not eligibility. The TRICARE contractors will be able to assist with enrolling you in the plan of your choice only after your eligibility is reflected in DEERS by your individual service. Essentially, if information is not in DEERS, it doesn't exist.

So at this point, we know that when you retire, you will have a QLE, upon which you must take action to make health plan changes, and those come with costs. And we know this whole process hinges on updated information in DEERS.

Now at this point, we've done a lot of talking about eligibility for health plans, but let's actually introduce what those health plans are. I will spend a little bit of time on the active duty options and then roll into the National Guard and Reserve options afterwards. The quiz at the end is on everything, so hang in there.

Just kidding—there's no quiz, but all of the options discussed here are also available with the National Guard and Reserve retirees, with the exception of TRICARE Plus. This portion of the presentation is still applicable to everyone that we have here. If you keep this slide deck as reference, be sure to refer to the options that match your retirement type.

So, this table is broken down into before age 65 on the left side and then age 65 and after on the right side. Let's follow along down the left column, and we'll start with TRICARE Prime. With TRICARE Prime, you have a primary care manager—or a PCM—to coordinate your care. You must live within a Prime Service Area—which you'll also hear me call a PSA, Prime Service Area—and this is because TRICARE Prime generally features the use of military hospitals and clinics. For retirees, TRICARE Prime has enrollment fees, copayment—those are also called cost shares—and those are for covered services from network providers. When you're following the rules of this plan, out-of-pocket costs are limited to your catastrophic cap. Costs you pay under the point-of-service option don't apply toward your catastrophic cap. Point-of-service refers to non-emergency health care services from any TRICARE-authorized civilian provider in

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or out of the network, specifically without requesting referral from your PCM. To rephrase, any cost you pay point-of-service—or without a referral—do not count towards your “cat cap.” You only contribute towards your “cat cap” with your copayment. It’s also important to note that for TRICARE Prime, there’s no deductible.

Next, we have USFHP—or the US Family Health Plan. USFHP is a specific TRICARE Prime option that’s available in select areas stateside. If you’re enrolled in USFHP, you cannot get care at military hospitals or clinics or use military pharmacies. All your coverage is through the not-for-profit USFHP network.

In contrast to these Prime options, TRICARE Prime and then USFHP—which is a type of Prime—you have TRICARE Select. TRICARE Select allows you to choose your own TRICARE-authorized provider rather than having a PCM or a primary care manager. You don’t need to live within a PSA, you don’t need to live within a Prime Service Area—you can live wherever. In general, TRICARE Select has higher out-of-pocket costs than TRICARE Prime. With TRICARE Select, there is also an annual deductible for TRICARE-covered services. Remember, Prime did not have a deductible. Deductibles are determined on a calendar-year basis, and deductibles are just the allowable costs or charges for covered outpatient services or supplies.

With TRICARE Select, after your deductible is met, you pay per visit copayments, and your out-of-pocket costs—again—are limited to your catastrophic cap. So on there, we have two big cost differences between TRICARE Prime and TRICARE Select. So first, Select ends up with higher out-of-pocket costs, and this is primarily because of two, the fact that TRICARE Select has a deductible.

Another big differentiation between Prime and Select are the location requirements. For Prime, you must live in a PSA, for USFHP, you have to live in specifically one of their coverage areas, and for TRICARE Select, you live wherever.

Moving along, we have TRICARE For Life—or TFL—and this is best described as Medicare-wraparound coverage. This means that TRICARE is a secondary payer to Medicare. TRICARE For Life is an option before age 65 if you have both Medicare Part A and Part B. As a reminder, Medicare Part A usually does not have a premium if you’ve paid into Medicare taxes. Medicare Part A is hospital insurance. Medicare Part B is medical insurance that covers services like outpatient care, doctor’s appointments, and preventive services. Your entitlement or eligibility for Medicare is outside of TRICARE’s scope, but based on that eligibility and the services you pay for through Medicare, TFL—TRICARE For Life—is the military entitlement that can assist with covering medical costs. You need to be enrolled in Medicare Part B in order to be eligible for TRICARE For Life. If you do not enroll in Medicare Part B, you will lose coverage unless you are still working and are covered under an entirely other employer health plan.

Unlike TRICARE Prime and Select, TRICARE For Life does not have enrollment fees. Remember, that’s because you’re paying for Medicare. If the care is covered by TRICARE but not Medicare, you’ll pay the TRICARE For Life deductible and cost shares. If the care isn’t covered by Medicare or TRICARE, then you’ll pay the entire amount. www.tricare.mil/tflcosts

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has more information and a matrix that breaks down those costs for you. If you have questions about your Medicare eligibility itself, you can visit www.medicare.gov. If you choose to live overseas, Medicare does not pay, but you need to be paying for Medicare to be eligible for TRICARE For Life. Again, TFL is wraparound coverage that must be paired with Medicare Part A and Part B, regardless of whether you live stateside or overseas.

Right, so on the topic of overseas, next up we have TRICARE Select Overseas. This is the same as TRICARE Select. There is a network of TRICARE-authorized providers, and you maintain the ability to choose your own providers. You have a deductible, you have cost shares, you have a catastrophic cap, you have enrollment fees. The main difference is that Select Overseas, you should expect to pay up front for care and file your own claims to get the money back, as opposed to the other way around if you were elsewhere.

Notice on the bottom of the slide—that blue box at the bottom—it mentioned that TRICARE Prime Overseas is not available to retirees and their family members. So, if you're overseas, your option is really going to be TRICARE Select Overseas and TFL, as the case may be.

Lastly, on the left side we have TRICARE Plus. Plus is a very narrow option that gives you access to primary care at a military hospital or clinic. Enrollment is only for the hospital or clinic where you are enrolled. Availability of this plan is determined by each hospital or clinic. There is no specialty coverage under TRICARE Plus, even if you're referred by your primary care at that military facility. And as I mentioned a couple of minutes ago, this is the one thing on this slide that does not apply for the National Guard and reservist retirees.

On the right side, we have your option for age 65 and after, which is TRICARE For Life. Again, TRICARE For Life—wraparound coverage to support those entitled to Medicare Part A and who are paying for, who are enrolled in Medicare Part B. Now that's a lot on one slide, but now you have an idea of the main differences between each plan. We'll continue to review those differences as we go on, and you can also go to www.tricare.mil/planfinder to find out which plans are available in your specific area.

Now, once you decide what plan you want, you may be asking yourself when to enroll. There are some essential dates associated with enrollment. A QLE—a Qualifying Life Event—opens a 90-day window for plan changes. So, if you want to enroll in a plan with no break in coverage, you need to enroll within 90 days of your active duty retirement date. This is really important, so I'll give you an example. We've got Sgt. First Class OneSource and he retires from active duty effective January 1st, 2022. He needs to enroll in a plan within 90 days after January 1st. He's eligible to initiate that enrollment if his retirement date is in DEERS. So, should he do so? The effective date for his retirement coverage will be January 1st, 2022.

We have already discussed the other bullets that are on this slide, except for the third one, which I'd like to call your attention to. Those three plans, TRICARE Prime Remote, TRICARE Prime Overseas, and TRICARE Prime Remote Overseas are not available after retirement. That's why they were not on the previous slide on that chart.

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So back to Sgt. First Class OneSource, what happens if he didn't make an enrollment selection within his 90-day window? What if as of today, July 21st, 2022, he is not yet enrolled? Does he have to wait for open season this November? Thankfully, no. So, Sgt. First Class OneSource is not stuck waiting on open season. He can request a retroactive enrollment up to 12 months after his active duty retirement date. This is really important. So again, if he retired effective January 1st, 2022, he has until January 1st, 2023, to request retroactive enrollment. He would have to pay the enrollment fees back to January 1st, 2022, but with this retroactive enrollment, any claims he accrued during that time period or that his family accrued during that time period can be reprocessed under the plan he has now chosen for his family. Let's not forget about Sgt. First Class OneSource. We'll come back to him briefly later on.

So, without enrollment in a health plan, a retiree is only eligible for space-available care at a military hospital or clinic. If the 12-month window for retroactive enrollment is missed, there are only two ways for an active duty retiree to enroll: one, during the next TRICARE Open Season, which is a one-month period that usually begins on Veterans Day in November. Or two, if a sponsor or a family member experiences a different QLE. To clarify, this concept of retroactive enrollment that extends the QLE window is only applicable to the retirement QLE specifically, and that's both for active duty retirement and National Guard and Reserve retirement.

These next two slides that we'll go to offer more information about TRICARE Prime and TRICARE Select. I touched on a little bit of this already, so I'll just get the highlights here.

So, remember that for TRICARE Prime, you have a PCM that is managing where and how you will receive your routine care and who writes your referral for specialty care. Though TRICARE Prime generally features the use of military hospitals and clinics, having TRICARE Prime does not mean that all of your care would be at a hospital or a clinic. Prime is only available in the PSAs—or the Prime Service Areas—and the military hospitals and clinics within the PSA have what is called the "right of first refusal," and this is just what, if they manage their patients, their workload, their priorities and that might mean that you're seen elsewhere, even if you have Prime and you live in a PSA.

As we mentioned previously, Prime does have a yearly enrollment fee. Cost-shares— which you know also means copayments—apply if you get care within the TRICARE network. Point-of-service fees are applied if you get authorized care from a non-network provider. On to TRICARE Select. So, TRICARE Select—again—is a self-managed program that gives you the flexibility to see the TRICARE-authorized provider of your choosing for both routine and specialty care. You don't have to live within a PSA, and you're not bound by a referral requirement.

For this flexibility, you will pay deductibles and cost-shares in addition to your enrollment fee. The out-of-pocket costs are lower if you remain within the TRICARE-authorized network providers. The factor to consider—as you compare TRICARE Select and TRICARE Prime—may be to look at where the authorized providers are in your area.

As I promised, we are going to shift to looking at options specifically available for our National Guard and Reserve retirees.

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Remember the term “gray area retirees” that I mentioned at the beginning? So that’s the group we have here on the far left of this table. From the National Guard or Reserve, if you retire before age 60, you are a gray area retiree from your retirement date until when you turn age 60. During that time, you have the option to enroll in TRICARE Retired Reserve—or TRR.

We will talk more about TRR on the next slide, but in the meantime, while on the subject of gray area retirees, I’d like to address something that we sometimes get questions about—So that is the “age 60” part of the definition. Some periods of active duty or active service can reduce the age requirement below 60 years of age, and this is called a “reduced age retirement.” You have to consult with your branch of service for applicable periods of active duty or active service within your enrollment portfolio. And if you have reduced age retirement, your branch of service will reflect that in DEERS. And then when you go to enroll in a health plan from the middle column on the slide, it will then show as eligible, though you haven’t reached age 60. So on to the middle column: The options here match what we discussed for the before age 65 active duty retirees.

Once the National Guard or Reserve retiree reaches age 60, if you live stateside, you can choose between Prime and Select. Prime would be an option if you’d like a primary care manager and live in a PSA. And alternatively, you could get Prime through USFHP if you live in one of those specific areas. Regardless of where you live, you have access to TRICARE Select, which widens your network. TRICARE Select is also available overseas, as we mentioned. And lastly, while you’re still under age 65, TFL may be an option if you have both Medicare Parts A and B. As you can see on the far right, TRICARE For Life remains as your TRICARE option at age 65 and beyond, as long as it’s paired with your Medicare.

We said we would talk more about TRR, so here it is. At any time between your retirement and before you turn age 60, you can qualify to purchase TRICARE Retired Reserve. Contrary to the active duty retirement process that we discussed earlier, there is not a specific 90-day enrollment window after your retirement date, and you don’t need to wait until an open season. TRR has something that we call continuous open enrollment.

Again, if you’d like to avoid a break in coverage, timing is key. If you’re enrolled in TRICARE Reserve Select, you must request enrollment in TRICARE Retired Reserve within 90 days of your transfer to the Retired Reserve. TRICARE Retired Reserve is similar to TRICARE Reserve Select, in that you can choose to see any TRICARE-authorized provider. Receiving care at a military hospital or clinic is on a space-available basis.

Information about enrollment fees and premiums for TRR can also be found on www.tricare.mill/comparecosts, and you can use that tool to prepare and see what to expect.

I’m on slide 15 now, and if you are retired from the Reserve or National Guard, your options look generally the same as what we discussed previously for your active duty retiree counterparts. In regard to eligibility, this slide details what needs to happen before you try to enroll in a TRICARE health plan. As you see here, you need your 20-year letter, you need to be drawing your military retirement pay, and—you guessed it—your eligibility must be reflected in DEERS.

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If all those things are true, you can then enroll in TRICARE Prime—which includes UFSHP—TRICARE For Life, or TRICARE Select. What you choose is going to depend on your individual situation, to include where you live.

You may remember that I said that before age 60, Guard or Reserve retirees—gray area retirees—could request enrollment in TRR at any time due to continuous open enrollment. That's not the case once you turn 60 and you're looking to enroll in one of these other plans. That continuous open enrollment is unique to TRR. Once you turn 60 and you meet all your criteria on the previous slide—the 20-year letter, the drawing military retirement pay, and DEERS—you have 90 days to make a health plan selection and to enroll. The 90-day window is our standard QLE window. Because this is specifically the retirement QLE. However, you have the opportunity to request retroactive enrollment for up to one year.

Remember the example I gave earlier with Sgt. First Class One Source? The same applies here. You have 12 months from this retirement QLE date to request enrollment in a health plan. If you do so and back pay necessary enrollment fees as applicable, your coverage will be retroactive to your retirement date. If you miss this window, you'll need to wait until the next TRICARE Open Season. Let me clarify that a little bit. So, for TRS and for TRR, you do have continuous open enrollment, and so you don't need to wait for the next open season or QLE. So, for both—TRICARE Reserve Select and for TRICARE Retired Reserve—they both have that continuous open enrollment aspect.

If you're looking for the TFL option at this point, remember, that timeline and availability is directly tied to your eligibility for Medicare Part A and your enrollment in Part B.

Before we move on from National Guard and Reserve retirement enrollment at age 60, I'd just like to mention the reduced age retirement one more time. So, if that's something that applies to you, it will be reflected by your branch of service and DEERS, and you would receive your 20-year letter and your pay accordingly.

Based on that date reflected by your branch of service, that's when you enter this age 60 to 65 retirement category that we've been discussing, even if you're younger than that due to your reduced age retirement.

At this point, we've discussed retirement dates, updating DEERS, eligibility ages, enrollment timelines, and what the different options look like, but how do you actually enroll? How do you actually purchase TRICARE coverage?

This slide answers that question. Depending on your preference, you can enroll online, by phone, by mail, or—if you're overseas—even in person. So, this is a good time to note that you don't have to enroll to use TRICARE For Life. Coverage for TRICARE For Life is automatic as long as you have Medicare Part A and Part B and—you probably guessed it by now—if you're registered in DEERS. So again, TRICARE For Life is the only one which you don't need to actively enroll for because that will be reflected once you enroll for Medicare Part A and Part B.

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So health plan information. This slide is a great reference point for your portfolio. Each page gives more information about each plan that we've covered today. And additionally, there's a link here for TRICARE Young Adult, which may apply to your adult children. If you have a college student, another site that might be helpful, is www.tricare.mil/college.

If you have more questions about TRICARE For Life, there was actually a webinar in March that was titled, "How to Get Started with Medicare and TRICARE," and that was recorded, and that's accessible via the Military OneSource website. The audio and transcript for that is available on the webinar section of that website. And there was also a series of TRICARE For Life-related podcast episodes, and those can be accessed at newsroom.tricare.mil/podcast.

The web pages that are on this slide, along with the Compare Plan tool and the Cost tools, are things that can just help to round out your knowledge as you choose the best option for your family.

There are several contractors that manage the networks used by the TRICARE plans we've discussed today. Their contact information is listed here, and these are the ones that you could call when you're looking to enroll if you choose to do the phone call option, and then their websites are here if you'd like to do that online.

The contractors for East, West, Overseas, and USFHP can give you information specific to where you live. And this is—as I said—the contact information you can use when you're actually ready to enroll in a plan. The online resource or the TRICARE For Life contractor has all your benefit information on that site as well.

Though we talked about the medical benefits, let's switch gears a bit and talk about pharmacy.

The TRICARE Pharmacy Program comes along with enrollment in a TRICARE health plan, with the exception of USFHP, which is because USFHP has its own separate pharmacy program.

As you can see in the middle of this slide, there are four options for filling prescriptions. www.tricare.mil/pharmacy—that's listed at the bottom of this page—that website has a helpful chart that shows the copayment associated with each prescription option based on the type of medication.

For all retirees and family members—that's non-active duty—there are select brand name maintenance medications that can only be filled twice at retail, and then they must be filled via home delivery or military pharmacy.

If this is done a third time by a beneficiary residing within the United States or United States territories, the beneficiary is then responsible for 100% of the cost. For many maintenance medications, home delivery is a 90-day supply, while retail network pickup is only a 30-day supply. So, there are definitely some benefits to home delivery instead. All beneficiaries filling prescriptions in overseas pharmacies will need to pay up front for medications and seek reimbursement through the claims process, which is similar to what we talked about earlier in terms of TRICARE Select Overseas, where you're paying upfront as well. As I mentioned, you

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can go to the website that's listed here for the pharmacy options and for copayments that accompany your TRICARE coverage. You can also see if your medications fall under the maintenance list that must be filled through home delivery, and you can find that out by visiting www.health.mil/selectdruglist.

The TRICARE Dental Program that you may be familiar with is no longer available upon retirement. Instead, look into if you qualify for FEDVIP. FEDVIP will give you the option for dental and vision coverage, and it is offered by the U.S. Office of Personnel Management, which is known as OPM. To enroll in vision coverage, you must be enrolled in a TRICARE health plan—so one of the plans that we've already discussed. But dental coverage is available even if you choose not to enroll in a TRICARE health plan. FEDVIP has its own dedicated open season and its own set of QLEs, and you can learn more about that at www.benefeds.com. When it comes to the FEDVIP open season, it often coincides with the TRICARE Open Season, and so you can make all of these decisions at the same time.

So here we've got a snapshot of a few of the resources that are available for download, and those are available at tricare.mil/publications. Each one of these brochures goes through the information we covered today and incorporates it with information from many of the websites I've mentioned throughout the webinar. And these publications—they're just a great place to start as you learn more about your TRICARE coverage after retiring.

Here we have some online tools. I would highly suggest that you go look through each one of these. You'll gain a lot of great information. You can use the Plan Finder, which will allow you to enter your sponsor status, Medicare eligibility, and your location. You can compare costs or compare plans. You can research what services are covered by TRICARE, which ones are not. You can also use the formulary search tool for your pharmacy needs.

When you're using these tools, you may notice reference to "Group A" and "Group B." For purposes of enrollment fees, cost sharing, deductibles, and catastrophic cap, TRICARE Prime and TRICARE Select enrollees are classified in one of these two groups. They're generally based on the sponsor's date of initial service. So, before January 1st, 2018, is Group A and after January 1st, 2018, is Group B. You just need to take note of that and use that information as you navigate these tools.

If you're a surviving family member or you're medically retired, there are cost considerations that are specific to you and that you'll discover as you use these tools. For example, if your sponsor was Group A, which means an initial service date before Jan. 1, 2018, and you're a survivor, you don't pay TRICARE Select enrollment fee.

For all retiring service members, the first step to understanding TRICARE coverage is just to begin researching your options. Webinars like this one are a good place to start, and these tools will help you further understand and tailor your plan towards your family's needs. You can also sign up for email updates or follow TRICARE on social media for additional updates.

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With that, we've now reached the portion of the presentation where we'd like to hear from you. So, I have several colleagues that have joined me, and we look forward to answering as many of your questions as possible. I will now turn it back over to Tina to kick us off with the first question.

Host: Awesome—thanks, Zelly. First question: Does your current TRICARE coverage end on your ETS or retirement date or are you covered during the transition?

Zim: Right. So, yes, your current coverage ends on your ETS date. If you do not make a selection from one of the ones that we discussed in this presentation today—if you don't make one of those selections before your ETS date. However, as we talked about the retroactive eligibility, if you miss that first 90-day window after your retirement date, you can then request retroactive eligibility up to one year out, and then TRICARE will go ahead and work with you to reprocess fees and if you pay your enrollment fees, they'll reprocess claims and your eligibility will be backdated to your retirement date. So, it'll eventually look like there was no gap in coverage, but you do need to take action within that one-year time frame to make sure that you don't have any gap in coverage.

Host: OK. How do you know what TRICARE plan you're in?

Zim: If you are on active duty and you're still on active duty, you should be able to find that information on milConnect or with your health plan provider. If there's something that Jeremy or Michelle would like to add on that one?

Jeremy Schneider: That one you can get by calling your local contractor. I believe the numbers have been provided there—and the websites and links to those—and that would be the best way to determine exactly which plan you're currently enrolled in.

Host: Another follow up question. How long do you have to take action?

Zim: Right, so to take action, you have—essentially, it's a QLE period. So, you have 90 days from your ETS date. But again, that's if you don't want a gap in coverage. If you miss that 90-day window, you have one year.

Schneider: I just wanted to add in just a clarification to that one year. There is for the reservists—the retired reservists who are turning age 60—they will end up having a retroactive period of up to one year. For other people who wait beyond the 90 days, they would have a gap, and their next opportunity to enroll would be at the next open season or if they have another QLE, but then they would have a gap in coverage between their ETS date and that later date.

Host: Thank you so much. And then the other—it's two questions in one, so I'll read one and then the other. If we need to get a new ID, should we wait until after signing up for TRICARE coverage?

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Zim: No, you don't have to wait till after you sign up for TRICARE coverage. You can go ahead and do that as you are retiring, and then that way, you know that you have that ID card because that's what will be basically your medical benefits card as you move forward after retirement.

Host: And then their second part of their question is, what counts towards catastrophic cap on TRICARE Select?

Zim: For TRICARE Select, your cap is going to be primarily focused on your deductible or what's going to count towards that. So just to reiterate that piece, so you have your annual deductible that's for TRICARE coverage services, and then that's determined on a calendar-year basis. Once your deductible is met, you can pay per-visit copayments, and then your out-of-pocket costs are limited to your catastrophic cap. So it's just your out-of-pocket costs that contribute to your catastrophic cap, and the "cat cap" —that's posted for TRICARE Select every year as well, and it resets on January 1 of the year.

Host: Thank you. Are fees for the first year of retirement prorated based on the date of eligibility?

Zim: All right, Jeremy, is this one that you'd like to answer for the proration?

Schneider: Sure. So, your enrollment fee will be prorated to the time of the year that you enroll. So, it's going to be if you only have six months of coverage within the year, you're only going to pay half of the enrollment fee for that year.

Host: OK. And then how long do you have after retirement to sign up, and how long are you covered after retirement?

Zim: This once again goes back to the QLE time frame. So, you have 90 days if you avoid the gap in coverage, and then you have up to one year and as Jeremy clarified for the—if you're not a retired reservist, then after that point, you have to wait until your next QLE or until the next open season. And then how long you're covered after retirement depends on what age and what plan you're in. So, if you are active duty, if you're active duty retiree before age 65, you have all those options that we talked about—Prime, USFHP, Select, TRICARE For Life, Overseas, Plus. And then once you reach age 65, whether you are active duty or you are a retired reservist, you have TRICARE For Life as your option and that is ongoing.

Host: I'm a spouse and I'm six months older than my husband, a retired member. Can I register before him?

Zim: My guess is that this nuance would be significant if the spouse is then eligible for Medicare and then in that case, yes, they could register before because they still have the active duty sponsor so they can register for TRICARE For Life beforehand. But I'll also pass this question over to you with Anne Breslin, who is our TRICARE For Life SME.

Anne Breslin: Thanks, Zelly. This is Anne. If the sponsor is retired, then the older spouse should sign up for Medicare at the normal time and sign up for both Medicare Part A and Part B.

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If the sponsor who is younger is active duty, then the older spouse would sign up for Part A only and sign up for Part B the month before his or her sponsor retires. That would help avoid a gap in coverage when the retirement occurs.

Host: Is there a listing of Prime Service Areas?

Zim: Yes—so if you go on tricare.mil/planfinder, you can put in your ZIP code and your location there, it will show you what's available. And the PSAs for the most part are around MTFs, and they're about a 40-mile radius around those MTFs. They're based on drive time. But yes, as I said, you can go to tricare.mil/planfinder to find that information.

Host: For TRICARE Prime, do we have to be seen by a PCM on the nearest military installation?

Zim: For TRICARE Prime, you need to be seen by a PCM within your Prime Service Area, and you would gain knowledge of that when you sign up for that or when you look at what is within that PSA. Jeremy or Anne, is there anything you'd like to add to that?

Schneider: This is Jeremy. I think that covers it—it's really where you are assigned, depending on the area that you're in. The Prime Service Area is built around the MTF, so you may have an MTF PCM, or you may have a PCM out in the private sector network—and that is a PCM by name, so you'll be assigned to a specific provider, and they would be the gatekeeper that you would go to for your primary care and to receive any referrals for specialty care.

Host: If you live in a PCA but the MTF doesn't have capacity for retirees, can you still enroll in Prime?

Zim: That speaks directly to what Jeremy just mentioned—so you can be in a PSA—in a Prime Service Area—and your primary care manager is not necessarily at that MTF. That information will be clarified depending on the capacity of the MTF in that area.

Host: Can you change the type of TRICARE Select, Prime, Plus?

Zim: Yes, of course—you have the opportunity to change what type of TRICARE you have. With the retirement QLE, you can do it at that time, but if the question is, if you want to change it afterwards, then your opportunity to make those changes is during open season or if you experience another QLE. And you can find the list of QLEs—that one is on tricare.mil/lifeevents.

Host: Do you have to wait to enroll until your effective retirement date, or can you do this while on terminal leave?

Zim: You can absolutely do this while on terminal leave. What you need to be able to start this process is for your retirement date to be in DEERS.

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Host: OK, then this is a multipart question, too. If I enroll within the 90 days of my retirement, when is the first payment effective? He officially retires on September 1st. Can he enroll now, or does he have to wait until September 1st to sign up?

Zim: Just like the last question, you can definitely go ahead and do the enrollment, and it would be effective your retirement date. And same goes for your payment—your payments would be effective that date.

Host: OK, and then another question: I'm not clear on the difference between enrolling within three months of retirement and retroactively enrolling within 12 months of retirement. What's the downside of enrolling retroactively within 12 months?

Zim: The downside of enrolling retroactively is that you would have a break in your coverage in terms of what you actually went to go be seen. So, if you enroll within those 90 days, there's no break in coverage, and all of your cost that are out-of-pocket or any copayment that you pay will be based off of that retired plan that you picked. If you wait the 12 months, any care that you seek during the interim is going to be as if you do not have TRICARE coverage, and then it's not until you make that decision and you take action for a plan that all of those get reprocessed. Basically, it just changes how much money is coming out of your pocket at the front end.

Schneider: This is Jeremy. I just want to make that maybe a little bit clearer on the things. Unless you are one of the people that is a gray area reservist, retired, that's transitioning to your full retirement, if you're in one of the other categories you will not get those retroactive claims paid. We have that specifically set up for the gray area reservists because there are delays in the processing of their retirement paperwork quite often, so if you're a normal—retiring from active duty or any of the other statuses, except for that specific area of reservist, then you would have a break in coverage where you would not have TRICARE coverage and it would not be eligible to be retroactive for the 12 months.

Host: Jeremy, hang on, because there's a question that's very similar. Are you on the hook for health care costs between the time of effective retirement date and the time you actually enroll in an eligible TRICARE plan? For example, you retire on 1 January 2022, you visit urgent care on 1 February 2022, and enroll on 31 March 2022.

Schneider: Ultimately, in that scenario, you would be covered. You would enroll with retroactive back to 1 January. What may happen during that interim is if you got—received a bill on 1 February for that, you might have to pay up front and then file with TRICARE to get reimbursed once you obtain TRICARE again. So, we don't recommend leaving a gap, but you would be eligible as long as you enroll within your QLE that's applicable to your plan, normally in 90 days [and] for the retired reservist up to 12 months after turning age 60. As long as you follow that, then retroactively, you will get the claim paid under the TRICARE and up to the TRICARE-allowed rules and everything, but you may end up having to pay up front and file for reimbursement in that scenario.

Host: Thank you. For active duty retiree, will I need to live in a PSA if I select TRICARE Prime?

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Zim: Yes. The only exception to that would be if you received a drive-time waiver—so there are a couple exceptions. But the reason that you need to live in a PSA for TRICARE Prime is to make sure that we maintain all of our access-to-care standards. If you are interested in TRICARE Prime and you do not live in a PSA, you would need to contact the contractor to see if there was a possibility of a drive-time waiver based on your address, and then if not, you would need to pick one of the other TRICARE options.

Host: This person is confused on Guard retirement. I'm retiring from the Guard as an AGR. Would I fall under Reserve Select?

Zim: I think this would require clarification on if they are before age 60 or after. So, if they are before age 60, they could have TRICARE Retired Reserve—that's TRR—and then once they reach age 60, then they have the other options, such as Prime and Select. Jeremy, is there anything you want to add to that one?

Schneider: No, that's exactly accurate. If it's a gray area retiree under age 60, non-regular retirement, then they would have TRR. If they are over age 60 and they are going directly into full retirement, then they could transition directly to TRICARE Prime or TRICARE Select.

Host: OK. If you change TRICARE plans during the year because of QLE—example, you're going from TRR coverage to Select when turning 60—do you have to pay another deductible under the new plan if you've already met the deductible for the TRR for the year?

Zim: If you switch plans, your deductible is based off of the plan that you're now in and that resets at the beginning of the year, if I have that correct. Jeremy, is there something you want to add or clarify for that one?

Schneider: That should get credited across if there's a difference between the plans that you're switching to and you—for example—met the deductible within the first few months within one plan but it's less than the deductible on the other plan, then you'd continue paying out at the new plan until you met that. Overall, you're going to be subject ultimately or protected ultimately by the catastrophic cap in either of those cases when you make a plan change.

Zim: And just one other clarification for that—if you meet your “cat cap” for the year and that's while you're still on active duty, when you retire, your “cat cap” changes over to the retiree “cat cap,” which is higher, and so, the same scenario—that you continue paying towards that catastrophic cap and it won't reset until January 1. It does not reset simply because you have moved from active duty status to retiree status.

Host: I'm the sponsor, soon to be retired from active duty at age 62, with two dependents. Do my dependents and I all need to be on the same TRICARE plan, or can we be on different plans?

Zim: No, you do not need all on the same TRICARE plan. You can see what makes sense for your family and puzzle together what works.

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Host: And then this is going to be our last question: Once enrolled, do you need to reenroll every year?

Zim: No, you only need to take action on an annual basis if you are making changes. If you are continuing in the same plan, you don't need to take additional action. Is that correct then, Jeremy?

Schneider: That is correct. In almost all cases, you do not need to take action. This is an opportunity that I'd like to take to hammer on keeping your addresses up to date in DEERS and your phone numbers up to date as you move around. If there are the rare occasions, such as happened in 2021 where we instituted new fees, per statute, so we did have enrollment requirements where people did need to take action on their accounts to stay enrolled. So, it's rare—that was expected to be a one-off, but if something like that is to happen again in the future, part of that is notifying everyone through letters and telephone calls. So just encouraging everybody on the line to please make sure that you keep your DEERS addresses and phone numbers up to date so we're able to reach you.

Host: With that, Zelly, do you have any final closing thoughts?

Zim: I'd just like to say thank you for everybody's time today and thank you to my colleagues for helping. We hope that this webinar has been helpful and that you're now equipped to make informed and timely decisions regarding TRICARE coverage for you and your families after your military retirement, and congratulations on that milestone and thank you for your service!

Host: And I just want to thank Zelly and her team for sharing their invaluable experience and expertise. I'd also like to thank all of our attendees for participating in today's webinar. If you find yourself having questions after the webinar is over, you can email MOSWebinars@MilitaryOneSource.com, and we'll send those questions over to the presenter for answers. This concludes today's webinar on what happens to your TRICARE coverage after retiring. Thank you.