



## Using TRICARE After Retirement

March 30, 2023 | Webinar Transcript

**Host (Heather):** Welcome to today's webinar titled, "Using TRICARE After Retirement."

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Are you or your sponsor retiring from active duty or the National Guard or Reserve? This webinar will give you an overview of how your TRICARE coverage changes when you retire. You'll learn about your TRICARE plan options and what you need to do to avoid a gap in health coverage for yourself and your family.

We are thrilled to have with us today Zelly Zim, program analyst, TRICARE Health Plan Division, Policy & Program Section, Defense Health Agency. Without further ado, I will turn things over to Zelly.

**Zelly Zim:** Thank you very much, Heather. Good afternoon or good morning, ladies and gentlemen. I see that there are a lot of people joining us today and taking the initiative to understand this process, which is awesome. My name is Zelly Zim and I'm a program and policy analyst with the TRICARE Health Plan. My primary role here is with the management of TRICARE Select policy, as well as enrollment policies as a whole. And so, I'm especially interested in sharing information with you today and making sure that you have all of the resources necessary. Joining me for this afternoon's webinar are a few of my great colleagues: Ms. Anne Breslin is the subject matter expert for TRICARE For Life, which is the Medicare-wraparound coverage. And Mr. Jeremy Schneider is knowledgeable on the same, along with the reserve component matters and the Affordable Care Act.

Again, thank you for taking the time to join us. We'll be walking through each topic that you see on the agenda. And on this agenda, we'll go through each of these with the goal of equipping you to make informed decisions about your TRICARE options after retirement. So to start, let's just go ahead and define "retirement."

There is active duty retirement, which includes your retirement after 20-plus years, or medical retirement from active duty. To an extent, we can also include surviving spouse status in this category. And generally, the health care benefits eligibility for the active duty retirement group coincides with your retirement date.

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So under the reserve retirement umbrella, on the right side of this slide, you have 20-plus years of qualifying service in the National Guard and Reserve, and eligibility begins at age 60. There are options for health care coverage before age 60 for this group, as well as factors that can affect the date of that eligibility, and we'll discuss that later on in this webinar.

If you've 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 age 60, we will talk through that a little bit more as well as we go forward.

The note in blue at the bottom of this slide references Qualifying Life Events, or "QLEs"—you'll hear me reference that a lot. A QLE, when updated in DEERS, is what triggers a window of opportunity to make changes to your health plan or enroll in a new health plan. Specific to our scope today, retiring from active duty and turning 60, if you are a retired reserve member, those are QLE. Other QLEs include changes to your family composition or moving, and the full list of QLEs along with examples is on [tricare.mil/lifeevents](https://www.tricare.mil/lifeevents). The website includes information on what to do following each of those other QLEs.

Throughout this presentation, I'll mention a few websites—like I just did—and nearly all of them start the same way with the <https://www.tricare.mil/>, of course. And then whatever I say after that last slash is what is very important to take note of in order to reference those later. And again, all of these slides are downloadable from this GoToWebinar so you can go back through, download this, and click on those links.

This slide highlights exactly what changes after retirement. As I mentioned before, retirement is a QLE or a Qualifying Life Event. The 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 that these changes are not made automatically. You need to actively select and enroll in the TRICARE plan should you desire coverage for civilian or private sector care for you and your family. If you do not take that action, you lose TRICARE coverage and may only be eligible for care at military hospitals or clinics on a space-available basis.

Retiree status has corresponding costs and fees—which is another thing to highlight—and later on in this webinar, we'll discuss those differences further.

The fourth bullet on this slide mentions one of the coverage changes that occurs with retiree status. In addition to ECHO, which is mentioned here, chiropractic services and hearing aids are also services that are active duty only. Lastly, after retirement, your dental and vision coverage options change, and we'll discuss those at the end of the webinar.

Here is an overview of your retirement checklist. We've kind of talked about what changes after your retirement—a little, just hit the surface on those—and the flip side is what you actually need to do with that upcoming status change. We'll go over each of these checkboxes and make sure that you know exactly what needs to happen for each of these on the next several slides.

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As you're 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, your beneficiaries. It's very important for us right now—the update that's the most important—is your retired status. If your uniformed service doesn't update your retired status, you cannot reenroll in TRICARE as necessary. If you don't have a retired status, you don't have that QLE that's needed. And if you don't have that QLE, then again, you don't have the option to make health plan changes. I'm harping on this because this is the crux of the issue here. Should this happen and you don't have that status in DEERS, you'll continue to show your previous status. And eventually, once that is 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 your DEERS on your own, as there are certain aspects that are your individual responsibility, such as your address. Updating your retired status, of course, is the responsibility of your individual service. This slide also states on the bottom right that you can contact your TRICARE contractor—in that questions box, it's the second bullet. I would like to highlight this message is for enrollment concerns, not your eligibility. Your 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 the information is not in DEERS, it doesn't exist.

So another thing on that checklist was ID card. When you retire, you and your family members should go to get new ID cards. Having a new ID card is the most straightforward way to trigger verification of your retired status in DEERS. 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 that there are costs associated to that. And we also know that this whole process hinges on updated information in DEERS.

The next thing on our TRICARE retirement checklist was researching plan options. Let's pivot and actually introduce what the health plans are. I'll start with the active duty options and we'll pull in the National Guard and Reserve options on our next slide. If you are National Guard or Reserve, I don't want to lose you though. This portion of the presentation is still applicable to everyone that we have in attendance, and you'll see all of the same plan options for the National Guard and reservists with the exception of TRICARE Plus. So this information is still relevant.

The slide that we have in front of us is a good reference that you can go back to when you're just trying to see what all the options are on one slide. The table is broken down into before age 65 on the left side and then age 65 and after on the right side. That age 65 divider is Medicare, and we'll talk about that. What follows along the left column? It starts out with TRICARE Prime, so we'll start there. With TRICARE Prime, you have a primary care manager—or a "PCM"—and they coordinate your care. You must live within a Prime Service Area, which we'll also call a "PSA," and this is because TRICARE Prime generally features the use of military hospitals and clinics.

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For retirees, TRICARE Prime has enrollment fees and copayments. Those are also called cost-shares, and they are for covered services and from network providers. When you're following the rules of this plan, your out-of-pocket costs are limited to your catastrophic cap.

The costs you pay under the point-of-service option doesn't apply towards the catastrophic cap. "Point of service" refers to non-emergency health care services from any TRICARE-authorized civilian provider in or out of the networks—specifically without requesting referral from your PCM. To rephrase that, any cost you pay, point of service or without a referral, does not count towards your catastrophic cap for TRICARE Prime. You only contribute towards your catastrophic 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 of your coverage, including pharmacy, is through the not-for-profit USFHP network. We'll talk more about that later. In contrast to those Prime options, you have TRICARE Select. TRICARE Select allows you to choose your own TRICARE-authorized provider rather than having a PCM, or primary care manager. So for TRICARE Select, you do not need to live within a PSA the same way that you do for TRICARE Prime, so 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, TRICARE Prime did not have a deductible. The deductibles for Select are determined on a calendar-year basis, and the deductibles are the allowable cost or charges for covered outpatient services or supply. So those are published annually. With TRICARE Select, after your deductible is met, you pay per visit full payment, and your out-of-pocket costs are limited to your catastrophic cap.

So we have two big cost differences between TRICARE Prime and TRICARE Select. Select ends up with higher out-of-pocket costs, which is primarily because of the fact that TRICARE Select has a deductible. Another big differentiation between TRICARE Prime and Select are the location requirements. For Prime, you must live within a PSA. For USFHP, you have to live specifically in one of their coverage areas. And for TRICARE Select, you can live wherever.

So this brings us to TRICARE Select Overseas. As a retiree, this is the only option for coverage overseas before age 65—barring Medicare eligibility, which we'll get into in a moment. As noted in the blue box at the bottom of this slide, TRICARE Prime Overseas and TRICARE Prime Remote Overseas are not options for retirees and their family members. TRICARE Select Overseas works much the same way as TRICARE Select, like we've just discussed.

There is a network of TRICARE-authorized providers overseas, and you maintain the ability to choose your own provider. You have a deductible, you have cost-shares, you have a catastrophic cap, and you have enrollment fees. The main difference is that with Select Overseas, you should expect to pay up front for care and file your own claims to get the money

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back, as opposed to the other way around when you are stateside. Those up-front costs should factor into your planning. So if you're overseas, your coverage options are TRICARE Select Overseas and then TRICARE For Life, if it's applicable to you, which means for TRICARE For Life overseas, you would need to be Medicare-eligible, and we'll talk about that.

Moving along, we have TRICARE For Life, or "TFL," and this is best described as Medicare-wraparound coverage. This means that TRICARE is the 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 your Medicare taxes. Medicare Part A is hospital insurance, while 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 off of that eligibility and the services you pay for through Medicare, TRICARE For Life—or TFL—is your military entitlement that assists 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'll lose coverage unless you are still working and you're covered under an entirely separate employer health plan.

Unlike TRICARE Prime and TRICARE Select, TRICARE For Life does not have enrollment fees nor does it require enrollment. Remember, that's because you're paying for Medicare. If the care is covered by TRICARE but not Medicare, you'll pay a TRICARE For Life deductible and cost-share. If the care isn't covered by Medicare or TRICARE, then you'll pay the entire amount. [www.tricare.mil/tflcosts](http://www.tricare.mil/tflcosts) has more information and a matrix that breaks down these costs for you. If you have questions about your Medicare eligibility itself, you can visit [medicare.gov](http://medicare.gov).

If you choose to live overseas—this is important to note—Medicare does not pay. But you need to be paying for Medicare in order to be eligible for your TRICARE For Life. Again, TFL is wraparound coverage, so it must be paired with Medicare Part A and Part B regardless of whether you live stateside or overseas.

Lastly, on the left side, we have TRICARE Plus. Plus is a very narrow no-cost option that gives access to primary care at military hospitals or clinics. Enrollment is only for the hospital or clinic where you are enrolled, and availability is determined by that hospital or clinic director based on their capacity. There is no specialty coverage under TRICARE Plus, even if you're referred by your primary care manager at that military facility. And as I mentioned a couple minutes ago, this is the only thing on this slide that does not apply for National Guard or Reserve retirees.

On the right side of this table, we have your options for age 65 and after, which is TRICARE For Life. Again, TRICARE For Life is that wraparound coverage for those who are entitled to Medicare Part A and that are paying for Medicare Part B.

I know it's a lot on one slide, but now you have an idea of the main differences between each plan, and we'll continue to review those differences as we go. You can also go to

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[tricare.mil/planfinder](https://tricare.mil/planfinder) or [tricare.mil/comparecosts](https://tricare.mil/comparecosts) to review this information in light of your specific location and retiree status.

As I promised, we're going to shift to looking at options specifically available for our National Guard and Reserve retirees. Remember the term "gray-area retirees" that I mentioned at the beginning? That's the group we have here on the far left of the table. For the National Guard or Reserve, if you retire before age 60, you are a gray-area retiree from your retirement date until when you actually turn 60. During that time, you have the option to enroll in TRICARE Retired Reserve, or "TRR."

While on the subject of gray-area retirees, I just want to address one thing that we sometimes get questions about, which 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 that's called a "reduced-age retirement." You have to consult with your branch of service about those periods of active duty and active service within your enrollment portfolio. If it's reflected in DEERS that you have a reduced-age requirement, then that new age is the end of your gray-area status, not age 60. Once that's reflected in DEERS, you would then be eligible for the middle column here on this page, even if you haven't reached age 60.

At any time between your retirement and before you turn age 60, you can qualify to purchase TRR, as I mentioned—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. 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, then the timing is key. If you're enrolled in TRICARE Reserve [Select], you must request enrollment in TRR within 90 days of your transfer to the Retired Reserve. The 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 the [tricare.mil/comparecosts](https://tricare.mil/comparecosts) website, and you can use that tool to prepare and see what to expect.

So looking to the middle column here, the options match what we discussed further before age 60 active duty retirees. Here's a recap, as applicable, for all of the National Guard and Reserve retirees upon reaching age 60. So if you live stateside, you can choose between TRICARE Prime and TRICARE Select. Prime would be an option if you'd like a primary care manager and you live in a PSA. And alternatively you could get USFHP if you live in one of those specific areas. USFHP is a Prime-like program, right? So regardless of where you live, then you would have access to the TRICARE Select, which widens your network. TRICARE Select is also available overseas, as we mentioned. And lastly, while you're still under age 65, TRICARE For Life might be an option if you have become eligible for Medicare Part A and you are paying for Medicare Part B.

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As you can see on the far right of this chart, TRICARE For Life remains your TRICARE option at age 65 and beyond as long as it's paired with your Medicare. If you are overseas, you still need to be paying for Medicare in order to be eligible for TRICARE For Life. If that is your situation, hone in on the TRICARE For Life cost-shares when you visit [tricare.mil/tflcosts](https://tricare.mil/tflcosts). All of the plans on this page require enrollment with the exception of TFL—TRICARE For Life—in which you are automatically enrolled when you are enrolled in Medicare Part A and are paying for Medicare Part B.

So this goes over the TRICARE options for your family members. We've been talking mostly about the sponsor because it's the sponsor's date that trigger all of the changes. And so, here this slide goes over the fact that the plan options for your family members are based on your status and then your location, because that'll determine whether or not they can have Prime if they live within a PSA. They can have USFHP if they live in one of those areas.

And the family member's age is also a consequence because that will determine whether they are still a beneficiary underneath your plan or if they are entitled to a different plan, such as TRICARE Young Adult. And then, another factor with their age could also be a part of whether or not they are already eligible for Medicare.

Family members do not all need to enroll in the same plan. That's one thing to remember because that is not the case once we get to talking about vision and dental coverage. But for your TRICARE—for your health plan—you do not all need to be on the same plan. You can have a family member who is in Prime and a different one who is in Select.

There are some more tools and websites that are on the right side here, and I've mentioned some of those. With that middle one, about children becoming adults, that one is the one that will start to give you some more information about the TRICARE Young Adult plan.

So once you decide what plan you want, you may be asking yourself, "When do I need to enroll? I hear Zelly mentioning something about a 90-day window and then a continuous open enrollment."

So there are some essential dates associated with enrollment. The QLE opens up 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. You can also enroll while on terminal leave for up to 90 days before your retirement date if you have your orders in hand. The start date of the plan you choose will match your retirement date. The information about enrollment timeline on this slide is really important.

So I'll give you an example for this last bullet. It talks about retroactive enrollment. So you have a character whose name is Sgt. First Class OneSource, since we're doing a OneSource webinar right now, and he retired from active duty effective December 1st of 2022—so several months ago. He needed to enroll in a plan within 90 days of December 1st, which means that his 90-day QLE window closed on February 28th of this year. So what if as of today, March 30th, he has not yet enrolled? Does he have to sit and wait for open season this November?

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Thankfully, no. Because of a special exception for retirees, Sgt. First Class OneSource is not stuck waiting on open season. He can request retroactive enrollment up to 12 months after his active duty retirement date. This is really important. So again, if he retired effective December 1st, 2022, he has until December 1st, 2023, to request retroactive enrollment. When he requests this retroactive enrollment though, he will need to pay the enrollment fees back to December 1st, 2022. But with retroactive enrollment, any claims that he had approved during that time period are going to be reprocessed under the plan he has now chosen for his family. Let's not forget about him—we'll come back to that example briefly later on with another illustration.

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 is during the next TRICARE Open Season, which is a one-month period that usually begins on Veterans Day in November, or if there is a QLE for that member or for a family member. To clarify, this concept of retroactive enrollment that extends the QLE window is only applicable to the retirement QLE specifically.

On the reference slide that laid out all the National Guard Reserve plan options, I mentioned that TRR has continuous open enrollment, which means that you can purchase TRR at any time. You don't need to wait on open season or a QLE. That said, if you'd like to avoid a break in coverage and the need to request retroactive enrollment, that timing is very important. For National Guard and reservists, in addition to the information on this slide, if you're enrolled in TRICARE Reserve Plus, you must request enrollment in TRICARE Retired Reserve within 90 days of your transfer to the Retired Reserve in order to avoid a break in coverage. You can visit [tricare.mil/trr](https://tricare.mil/trr) for more information on that coverage.

As you can see in the blue bullets at the middle of this page, there are three criteria needed to enroll at age 60 for National Guard and Reserve retiree. 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. If all of those things are true, you can then enroll in TRICARE Prime, which includes the USFHP, you can enroll in TRICARE For Life—or you can have TRICARE For Life—or you can enroll in TRICARE Select. What you choose is going to depend on your individual situation, including 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 age 60 and you're looking to enroll into one of these other Prime or Select plans. Continuous open enrollment is unique to TRR. Once you turn age 60 and you meet all those retirement criteria in the center of this slide, you have the 90 days to make the health plan selection to enroll. The 90-day window is our standard QLE window, but because this is specifically for retirement QLE, you do have the opportunity to request a retroactive enrollment for up to one year. However, if you miss that one-year window, then you're stuck with waiting till the next open season, or if there's another QLE within your family.



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Remember Sgt. First Class OneSource, who had the retirement effective date Dec. 1, 2022? The same exception concept applies right here, as I just mentioned. If your 60th birthday or your eligibility began December 1st, 2022, you have 12 months from that retirement QLE date to request enrollment in a health plan. If you do so and you back pay necessary enrollment fees as applicable, your coverage will be retroactive to your retirement date. If you missed that window, you wait till open season. So for TRS and for TRR, you have continuous open enrollment, so you don't have to wait for the open season or for QLEs. For TRICARE Select and for TRICARE Prime, they don't have that continuous open enrollment aspect, so all you're looking at is a 90-day window or the one-year retroactive period.

If you're looking for the TFL option at this point, remember that your timeline and your availability to have TFL is directly tied to your eligibility for Medicare Part A and your enrollment in Part B. So you need to follow Medicare rules on when the time is to enroll.

So we have another slide here talking about retroactive enrollment, because it's very, very important. This captures everything I've already explained with the Sgt. First Class OneSource example, just with a visual. Remember that outside of that 12-month retroactive enrollment period, you're only eligible for "space-A" care, and you have to wait until open season or another QLE to enroll. We don't want you to be in that situation. The ideal case is that you enroll within 90 days and you experience no break in coverage. Second best is that you enroll during the retroactive period, and you play catch up on those enrollment fees to get any of your claims reprocessed. Let's commit to avoiding that "space-A," outside-of-12-month scenario altogether.

At this point, we've discussed retirement date, updating DEERS, eligibility, ages, enrollment timelines, and what the different options look like. But how do you actually purchase—how do you actually enroll in TRICARE coverage? This slide answers that question. So depending on your preference, you can enroll online, by phone, by mail, or if you're overseas, you can enroll even in person. This is a good time to note again that you don't have to enroll to use TRICARE For Life. TRICARE For Life is automatic as long as you have Medicare Part A and Part B and if your eligibility is recorded in DEERS.

We've already hit the specifics for the available health plans. So now we'll just review each one to help you compare. Remember that for TRICARE Prime, you have a PCM—a primary care manager—that is managing where and how you receive your routine care, and that PCM writes your referrals for specialty care. So TRICARE Prime generally features the use of military hospitals and clinics. Having Prime does not mean that all of your care would be at a hospital or clinic. Prime is only available in the PSAs—or Prime Service Areas—and for the most part, those are within a 40-mile radius of the MTF. The military hospitals and clinics in that area have what we call the "right of first refusal," and this just means that they can manage their own patients, their workload, and priorities, and that you could be seen elsewhere, even if you have Prime and you live within that PSA.

Regarding costs, Prime does have a yearly enrollment fee, cost-shares—which you know also means "copayment." Those 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. TRICARE Prime is

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available to active duty retirees who live within that PSA up until they gain Medicare coverage. Prime is available to National Guard and Reserve retirees after age 60 unless that period is elongated because they have reduced age retirement, and they can be eligible for that with TRICARE Prime up until they gain Medicare coverage.

USFHP, again, is a type of TRICARE Prime that is available only in the locations in light blue on this slide. You'll notice that it's mostly in the New England region, a small portion of Texas and Louisiana, and then over in Washington State. Costs and fees match TRICARE Prime, and it's important to note that you cannot get care at military hospitals or clinics or use the TRICARE Pharmacy Program if you choose USFHP. All of those needs are met within the USFHP network. USFHP is available to active duty, National Guard, and Reserve retirees if they meet the program requirement and are within that window prior to Medicare eligibility. You can visit [tricare.mil/usfhp](https://tricare.mil/usfhp) for more details.

TRICARE Select and TRICARE Retired Reserve are paired together on this review slide because they share some functionality. These plans are self-managed programs that give you the flexibility to see a TRICARE 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 the referral requirement. For this flexibility, you pay deductibles and cost-shares in addition to your enrollment fee. The out-of-pocket costs are lower when you remain within the TRICARE-authorized network provider.

A factor to consider as you compare TRICARE Select and TRICARE Prime is maybe to look at where the authorized providers are in your area. TRICARE Select or TRICARE Select Overseas is available to active duty retirees until they gain Medicare coverage, regardless of where they live. TRICARE Select and TRICARE Select Overseas are available to National Guard and Reserve retirees after age 60—unless that period, again, is elongated because they have reduced-age retirement—and up until when they gain Medicare coverage.

So let's recap everything we kind of talked about for TRICARE For Life. If you have more questions about TRICARE For Life, there was a webinar titled, "How To Get Started With Medicare and TRICARE." That was recorded and is accessible via the Military OneSource website. The audio and transcripts of that are also available on the webinar section of that website. And there's also a series of TRICARE For Life-related podcast episodes. The link to access those will be later on in this slide deck as well.

Remember that TFL is an individual entitlement. The coverage is only for the Medicare- and TRICARE-eligible beneficiary. There's not family coverage, in that sense, for this one. And there's some instruction here about the Medicare timeline, which refers to the fact that you do need to sign up for Medicare no later than two months before you turn age 65 in order to avoid a break in your TRICARE coverage. You should be receiving notifications from CMS regarding that, and one suggestion that I would just make is put a reminder—whether in your phone or on your calendar—for two months before you turn age 65 or three months so that you can start paying attention to that date as it approaches.

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This slide just has a few helpful things to review, especially the fact that once you're enrolled in a plan and once you make this decision for your retirement, you can only change plans during an open season or if you have a QLE. If you don't want to make a change to your plan, you do not need to reenroll every year during open season. Because of the fees—the enrollment fees—and the cost-shares for these retiree plans, it is imperative that you continue to pay those in order to maintain your coverage.

And then, as I have mentioned multiple times, and I'm sure you all are tracking by now, you do not need to enroll for TRICARE For Life. The enrollment there is for your Medicare coverage—for Part A and Part B—and you need to make sure that your DEERS is updated. If you have any issues with updating DEERS or having your retirement information up to date, you need to contact your personnel offices.

There are some helpful websites here on the right side of this page, and they can help you to round out your knowledge as you choose the best option for you and your family.

Let's switch gears a bit and talk about pharmacy as we close out. So 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 the slide, there are four options for filling prescriptions. [Tricare.mil/pharmacy](https://www.tricare.mil/pharmacy), which is listed at the bottom of this page, 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 are non-active duty, there are selected 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 it's on a third time, the beneficiary residing with the United States or U.S. territories 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. There are definitely some benefits to choosing home delivery.

All beneficiaries filling prescriptions in overseas pharmacies 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 your claims up front as well and then requesting reimbursement.

As I mentioned, you can go to the website listed here for those 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 via home delivery, and you can find all that out by visiting [health.mil/selectdruglist](https://www.health.mil/selectdruglist).

The TRICARE Dental Program that you may be familiar with is not available upon retirement other than active duty plan. 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, 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

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even if you choose not to enroll in a health plan. So just to reiterate, if you want a vision plan, you have to be enrolled in a TRICARE health plan—so those do have to go together. But dental can be chosen separate from a TRICARE health plan. You do not need to have a TRICARE health plan to choose FEDVIP for a dental option.

FEDVIP has its own dedicated open season and its own set of QLEs, and you can learn more about that at [[benefeds.com](https://www.benefeds.com)]. When it comes to the FEDVIP open season, it often coincides with the TRICARE Open Season for the majority of the days. So you can make all the decisions at the same time, all part of your planning considerations right now.

We have a snapshot of a few of the resources that are available for download, and those are available at [[tricare.mil/publications](https://www.tricare.mil/publications)]. Each one of the available brochures goes through the information we covered today, and it incorporates the information from many of the websites that I've mentioned throughout this webinar.

These publications are a great place to continue your research as you learn more about your TRICARE coverage after retiring. The link for the TFL podcast that I mentioned are also at the bottom of this slide. While you use all of the tools and websites we referenced, you may notice a reference to “Group A” and “Group B.” For the purposes of enrollment fees, cost-sharing, deductibles, 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. If the date of service is before January 1st, 2018, that's Group A. And if it is after January 1st, 2018, it's group B. You just need to take note of that and use that information as you navigate these tools. Some of them will ask you whether you're Group A or you're Group B.

If you are a surviving family member or you're medically retired, there are cost considerations that are specific to you, and you'll also be able to do any of those if you use these tools. For example, if your sponsor was Group A, which means they had an initial service date before January 1st, 2018, and you're a survivor, you do not pay the TRICARE Select enrollment fee.

There are several contractors that manage the network used by TRICARE plans that we've discussed today. Their contact information is on this slide, and these are the places to reach out to when you're looking to enroll over the phone or online. The contractors for East, West, Overseas, and USFHP can give you information specific to where you live. And the online resource for TRICARE For Life contractor has all of your benefit information on their slide as well.

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 great place to start, and these tools will help you to further understand and tailor your plan towards your family's need. You can also sign up for email updates or follow TRICARE on social media for additional updates.

With that, we've reached the portion of our presentation where we'd like to hear from you. I have several colleagues, as I mentioned, that have joined me, and we look forward to answering as

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many of your questions as possible. I will now turn it back over to Heather to kick us off with the first question.

**Host:** Awesome. Thank you. Does your current TRICARE coverage end on your retirement date, or are you covered during the transition?

**Zim:** Good question. As of your retirement date, you would have access to direct care only on a space-available basis, which is why it's so important to understand what your options are now. As we discussed during the presentation, to avoid that gap in coverage, you want to stick to the 90-day QLE window. There was a tip on one of those slides that if you do have your retirement orders, you can go up to 90 days before your retirement date to make that change and avoid that window. And then the other piece that we discussed in the presentation was that you have a one-year grace period, if you will—so up to one year after your retirement date to retroactively request enrollment. There isn't specific transition coverage there. There is a necessity to make a choice about what plan will cover you and your family.

**Host:** What happens if my retirement information isn't updated in DEERS right away? Do I have to wait to take action until my retirement is updated in DEERS?

**Zim:** Yes. The information in DEERS drives your retirement QLE for TRICARE. If the DEERS information is inaccurate, you need to reach out to your service personnel office to update that retirement information. If the information is not in DEERS, it does not reflect the TRICARE—TRICARE cannot do anything to change your eligibility dates, and that needs to be taken up with your service personnel office. So that is 100% the first step before you can take any action.

**Host:** If you are an Army civilian working and retiree, can you still qualify for TRICARE Select?

**Zim:** If you are working and you have an employer-sponsored health plan, that health plan will be your primary payer and your TRICARE plan would be your secondary payer. TRICARE always pays secondary to other plans, whether that's an employer-sponsored plan or that's Medicare. It would just depend then on which TRICARE plan you felt was a good supplement to your employer-sponsored care.

**Host:** And this is a two-part question. So I will turn 65 while on active duty. The first part of the question is, do I need to enroll in Medicare Part B when I turn 65, or can I wait until I retire? Second part of the question is, while active duty and enrolled in Medicare Part A, am I still covered by TRICARE Prime?

**Anne Breslin:** So this is Anne Breslin. I'm happy to answer those two questions. So the first one is, if you're working active duty, you can take Part A, you do not need to take Part B, and you remain enrolled in Prime. I'm sorry, did I answer the two questions?

**Host:** I'll go ahead and ask them again separately to make it easy. Do I need to enroll in Medicare Part B when I turn 65 or can I wait until I retire?

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**Breslin:** OK. So while you're working and covered by TRICARE Prime, you do not have to take Part B. Medicare will allow you to delay your enrollment in Part B, and you will not have to pay the late enrollment premium surcharge. What you should do is sign up for Part B the month before you retire so that your Part B coverage will start the very next month and you won't have a break in coverage. Your TRICARE For Life would start the first date that you have both Medicare Part A and Part B.

**Host:** Awesome. That covers both of them. Thank you.

**Lennya:** Heather, this is Lennya from DHA Comms. I just wanted to add on to Anne's comment, just so that it's clear for everybody. You won't have TRICARE coverage if you don't have Part B as a retiree. Even though you're still working and covered by employer-sponsored insurance, you can delay the Part B, but you wouldn't have TRICARE coverage because you're not enrolled in Part B. Just wanted to reiterate that because I know that's a question that we get very often.

**Breslin:** Thanks, Lennya. That is true, but in this particular case, he's an active duty service member, so he would remain eligible.

**Lennya:** Got it. Missed that part. Thank you.

**Breslin:** Yeah, Lennya is correct though. If you are a retiree and you're working as a civilian and you turn 65, you must have Part A and Part B—even if you have employer-sponsored coverage—if you want TRICARE to pay secondary. You have the option of delaying Part B and relying solely on your employer coverage. And when you leave that job and lose that coverage—actually, whichever occurs first—you would have to have Part A and Part B to have TRICARE start up—TRICARE For Life.

**Host:** Awesome. Thank you so much. If I have TRICARE Retired Reserve, will I automatically switch to TRICARE Select?

**Zim:** This is Zelly again. There is not an automatic switch to TRICARE Select once you retire. Once you reach age 60, you do need to take that action. But for a reservist, if you're going from TRR to TRICARE Select, you have that 90-day window to make that change, or you have up to the one-year retroactive period. You do need to take action. There is no automatic rollover from what you had from TRR into what you choose for a retiree plan.

**Host:** Can a service member make updates in milConnect to reflect retired status? Or is that update only made by the servicing military personnel office?

**Zim:** You can make updates to DEERS or through their RAPIDS site, and there was one of the slides—trying to scroll back to find it, tell you exactly what slide it was on. That gives you your options to make those changes, and then once that's reflected in DEERS, you can then have that TRICARE eligibility. If you go to Slide 8 in the presentation, that talks about how to update your personal information in DEERS. But if you go to a RAPIDS site, you can also submit your retirement orders if you have those in hand and they are not in DEERS.

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**Calvin Keller:** All right. This is Calvin Keller with DHA Comms. Let me clarify that. Service members cannot change any status in DEERS from active duty, retired. Only your service personnel can do that. All of your other information—address, telephone number, email, stuff like that—you can update. But only your service can change your status in DEERS from active duty to retired.

**Zim:** Yeah. Thank you for that clarification. And on that Slide 8 that Heather is projecting now, that's that second bullet there.

**Host:** Thank you. How soon prior to 60 can I update my ID card?

**Zim:** I'm guessing that this is a retired reservist that's asking the question with the age 60. You can update your ID card as soon as you have that change in status. Otherwise, if there's more information and more context for that question, if they could send that in, we can give a more comprehensive response.

**Host:** And how soon should ID cards be changed?

**Zim:** The ID card should be changed as soon as you have that update in status. It is not mandatory to do so before you make the TRICARE selection. But the reason why we harp on that is because it's one of the ways to verify that all of your information is correct. It kind of triggers that whole process. It's an important first step as you retire to have those ID cards up to date.

**Host:** I'm retiring from active duty and plan to become my husband's dependent because he is still active duty Air Force. Will I need to pay for TRICARE Prime?

**Zim:** If you choose to remain in TRICARE Prime, yes. You all could pay the family enrollment fee for Prime, and he would be your sponsor for that. Should you choose to have Select instead of Prime, you all could have different plans. He can stay on Prime, and you could pay for Select separately.

**Host:** How do you determine where the PSAs are?

**Zim:** You can use the Plan Finder Tool online to look at your ZIP code and to see whether or not you fall within a PSA. But as a general rule, the PSAs are about a 40-mile radius around military treatment facilities and clinics.

**Host:** For National Guard Reserve retirees, if we have FEHB, are we still able to sign up for TRICARE after 60?

**Zim:** Yes, you can, but TRICARE, again, is going to be a secondary payer, and then I'll also pass it over to Jeremy in case you have anything else you want to add for that one.

**Jeremy Schneider:** Yes, so once you're eligible for TRICARE as an entitlement—and that's turning age 60 and in receipt of your retirement benefits, your paycheck—then you're eligible to

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sign up for TRICARE. It is correct that TRICARE would pay secondary if you were to continue to maintain your FEHB coverage at that point, but TRICARE would be the primary if you elect to not go with FEHB and just have TRICARE Prime or TRICARE Select.

**Host:** Does a surviving spouse remain eligible for TRICARE coverage after the death of the military retiree?

**Zim:** Yes, they do, and they have an enrollment fee exception as well.

**Host:** Just to confirm, after retirement, if our family has OHI with another employer and chooses not to enroll in a TRICARE plan, we would still have the option to enroll during the open season several years down the line?

**Zim:** Yes, that is correct.

**Host:** Are there any special steps needed to be taken when going from one TRICARE plan into another? We are TRICARE Prime Overseas Remote and looking to possibly go to another TRICARE program in the U.S.

**Zim:** If retirement is the trigger, then just the retirement QLE that I talked about is what would apply. Otherwise, if retirement is not the trigger, then you could have the QLE of an address change. There are no special steps beyond ensuring that your address and all of your other information is up to date in DEERS and that the eligibility for TRICARE is reflected and that you meet the plan requirements for the plan that you're trying to go to.

**Host:** TRICARE For Life doesn't seem to have a card or proof of coverage. Please advise best way to prove enrollment.

**Breslin:** So anyone who has TRICARE For Life, they have a Medicare ID, and they have their military ID. Upon receipt of confirmation of your entitlement to Medicare, you need to take that letter to an ID card office so that you can update that military ID card. And when it's updated, it'll say... Lenny, help me out—brain fog.

**Keller:** This is Calvin. On the back of your ID card, it will say "Civilian Yes." That will show that you are covered under TRICARE. But if it says "Civilian No," that means that you do not have TRICARE coverage.

**Breslin:** Oh, the word I was looking for is "indefinite." It will not have an expiration date once it's updated.

**Lenny:** Yeah. For the [65] and over.

**Zim:** Yeah. To access care, you present your Medicare card and your military ID card. You don't need any other documentation when you see a provider.

**Host:** If we live nowhere near an MTF, we should choose TRICARE Select?



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**Zim:** Given that as the only piece of information, yes, if you're not anywhere near an MTF, TRICARE Select is probably the best option for you. But if you have any more parameters, you can definitely use the Plan Finder to try to figure those out, or you can send in some clarification to your question.

**Host:** And as we come to a close, this will be our last question. If my pension eligibility letter does not arrive by the date I turn 60, will my medical coverage be retroactive to age 60 as long as I enroll in the 90-day window? I'm a gray-area National Guard retiree turning 60, May 2023.

**Zim:** Yes. If the pension letter has a specific date on it and then it arrives after that date, your coverage would then be retroactive to that start date, as long as you follow all of the other—the 90-day QLE rules. Jeremy, do you have anything you want to add to that one?

**Schneider:** Yes. It was actually this specific group is where we started with the 12-month retroactive, and that's because we do understand that there are sometimes delays in services processing the change to fully retired status out of the gray area on turning age 60. So that's where if you do have it within the 90 days, then you can enroll in TRICARE Select and have no break in coverage there. But you do have that up to one year to get the retroactive coverage, of course, on payment of all of the appropriate enrollment fees for that period. But yes, once you have that, once your status is changed and updated in DEERS, it's up to 12 months retroactive that we can go back and give you the coverage.

**Host:** Zelly, do you have any closing thoughts for us?

**Zim:** Thank you very much, everybody who took the time out of their day to come and listen to this webinar and to ask questions. We really appreciate that, and we want to make sure that you have all the resources necessary to make an informed decision for you and your families as you retire. And thank you very much for your service.

**Host:** I want to thank Zelly and her team for sharing their invaluable experience and expertise. I would also like to thank our attendees for participating in today's webinar. If we didn't answer your question today, please refer to the contact information in your copy of the webinar slide deck. Also, you can find many of the answers to questions about TRICARE on the TRICARE website at [tricare.mil](https://www.tricare.mil). This concludes today's webinar on using TRICARE after retirement. Thank you.