



How To Get Started With Medicare and TRICARE

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Host (Tina): Good afternoon and welcome to this webinar titled, “How To Get Started With Medicare and TRICARE.”

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Are you or someone in your family turning age 65 soon? Getting TRICARE For Life coverage starts with having Medicare Part A and Medicare Part B. This webinar will help you learn the basics of TRICARE For Life and the steps to take to get TRICARE For Life coverage.

We’re thrilled to have with us today Ms. Anne Breslin, program analyst, TRICARE For Life program manager, TRICARE Health Plan, Defense Health Agency. Without further delay, I’ll turn this over to Anne.

Anne Breslin: Thank you so much for joining us today. I will try to simplify these two complicated programs—both Medicare and TRICARE—so that you can have a smooth transition to this next phase of your life.

Today, I’m going to cover—just provide you an overview of TRICARE For Life, how you will enroll in Medicare if you haven’t already, explain a little bit the parts of Medicare and the fact that you’re also eligible for dental and vision coverage. I’ll also talk about how Medicare works and address how other health insurance works with both Medicare and TRICARE, and then provide you some additional resources beyond this presentation.

So, what is TRICARE For Life? TRICARE For Life—we in the government use a lot of acronyms and so for this program, we say it is TFL. So when I say that, I hope I don’t confuse you. TRICARE For Life and TFL are the same thing.

It provides Medicare wraparound coverage for military retirees and their family members who are entitled to Medicare Part A and Part B. That’s the only way to have TRICARE For Life is to have A and B, and you also have to be eligible for TRICARE. So, once you have both Medicare A and B and it’s reflected in the Defense Enrollment Eligibility Reporting System—otherwise known as DEERS—you’re automatically covered by TRICARE For Life. You do not have to report that you have Medicare to DEERS. The Medicare agency, known as the Centers for Medicare and Medicaid Services, will provide DEERS with that data.

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The TRICARE For Life coverage is available worldwide, and it will begin for each of you the first date that you have both Medicare Part A and Part B. Medicare is an individual entitlement and therefore, because Medicare is required for TRICARE For Life, it's an individual entitlement for TRICARE For Life, so it does not affect your family members when you become eligible for Medicare.

So, for most people, TRICARE For Life will begin at age 65. There are some that will get it earlier based on disability. So, spouses that are younger than age 65 remain eligible for the TRICARE Prime or Select, whichever they're currently enrolled in. They also have the option to switch when you become eligible for Medicare because it's a QLE. Getting maybe a little bit too much information at one time. So, in this case, the enrollment fees for the individual who remains eligible for TRICARE and not Medicare, the rate is reduced to the individual enrollment fee.

Now, if you still have children that are covered under TRICARE, the family rate would remain in place because if you have a spouse and a child, the family rate would apply. If you just have a child or just have a spouse, the individual rate would apply.

So, how can you sign up for Medicare? One of the easiest ways to do it is by using the Social Security Administration's website, which is www.SSA.gov. You can create your account on that website and apply for benefits. If you're not collecting Social Security or don't intend to collect Social Security yet, you can sign up for Medicare only without signing up for Social Security benefits. You can call the Social Security Administration at 800-772-1213, or they have a TTY number for those with difficulty hearing—that number is 800-325-0778.

You can also get an appointment at your local Social Security office or if you walk in, it's probably not the best option because there could be quite a line, so best if you make an appointment. And you can find your local office by going online if you don't already know where it is.

Once you are signed up, you will receive a welcome package with your Medicare card and additional information on Medicare. So, this is very important as to when you need to sign up for Medicare. Each of us have an Initial Enrollment Period, and that enrollment period is based on your birth date. Your first chance to sign up for Medicare Part A and B is during this Initial Enrollment Period. Before that enrollment period starts, you should receive a notice from the Defense Manpower Data Center, which notifies you of the requirement to sign up for Medicare. It's either coming as a postcard or letter—I think we've reverted back to the letter. And that letter will direct you to the tricare.mil website for a brochure. It's on the TRICARE website at tricare.mil/TFL in the bottom right-hand corner under "Downloads." That is a critical document for your reference, and I'm going to cover some of the basic information there, but I would definitely go back and read that following this presentation.

If your birthday falls on the first day of the month, you become eligible for Medicare on the first day of the month before you turn age 65, and you should sign up for Medicare between two and four months before the month you turn age 65. If your birthday falls after the first day of the

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month, you become eligible for Medicare on the first day of the month you turn age 65. You should sign up for Medicare between one and three months before the month you turn age 65. This is clearly spelled out in that brochure I referenced. I'll give you an example. If someone's birthday falls on April 1st, their Initial Enrollment Period begins December of the prior year and they need to sign up in December, January, or February because their Medicare coverage actually begins the month before they turn 65. So, in this case it would be March—March 1st.

If your birthday falls on any other date than the first—let's say it was April 5th—your Initial Enrollment Period begins three months before the month you turn 65. So that would be January and you would need to sign up in January, February, or March to have coverage effective April 1st.

Now, folks will ask me, "But the Initial Enrollment Period is actually seven months long, so why can't I sign up afterwards?" If you do, you will have a delay between when your Medicare Part A starts and when Medicare Part B starts and that is based on Medicare rules. And anytime you have Medicare Part A only, you will not have TRICARE coverage. So that's why it's so important to sign up in the month prior to your entitlement date.

So, if for some reason you completely missed your Initial Enrollment Period, Medicare also offers a General Enrollment Period. It occurs every year between January 1st and March 31st. If you sign up in the General Enrollment Period, your coverage will begin the month after you sign up. Part A could actually be awarded retroactively six months, but Part B will be the month after you sign up. So, in this situation, you may end up with a gap between your A and B start dates and therefore, you will be without TRICARE coverage for however long that gap is.

In addition, if you waited more than 12 months or there's more than 12 months from when your initial eligibility was and when it begins based on the General Enrollment Period, you will have a late enrollment premium penalty, and that penalty is not a one-time payment—you'll pay it for as long as you have Medicare Part B. There is a Special Enrollment Period. The Special Enrollment Period applies to those individuals who are working and have employer-sponsored coverage.

Now folks will say, "So I'm working, I have employer coverage, so Medicare allows me to delay my enrollment in Part B without having to pay a late enrollment penalty." That is your choice, and you could rely on that employer coverage, but it's important that you know that you will not have TRICARE For Life. So, when you turn 65, if you're still working and you don't have Medicare Part A and B, you will not have TRICARE For Life and you will not be eligible for other TRICARE programs. So, that's a choice you can make.

You can also have Medicare employer-sponsored plan and TRICARE For Life if you choose to do that. So, you can enroll in the Special Enrollment Period anytime while you're still working, or within the first eight months following loss of employment or loss of the health plan coverage—whichever occurs first.

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So, there are some people that have either not worked enough to pay into the system to become eligible for Medicare, or they worked in a job where they didn't pay into the system. In that case, you still need to sign up for Medicare and you'll be denied, but if you have a spouse who has paid into the system, you can be eligible on your spouse's record, and you will be required to sign up on your spouse's record. So, if you are 65 and your spouse is older, you need to sign up first on your record, get denied and sign up on the spouse's record and either, if you meet all the requirements, you'll then get Medicare on your spouse's record, or if you're denied on your spouse's record, you remain eligible for TRICARE without having Medicare.

So, if your spouse is younger than you, if they're at least 62 and you're denied under your own record, then you would sign up on your spouse's record right away because they're 62—that's the earliest that you can sign up on your spouse's record. If your spouse is younger than 62, then I recommend using Google Calendar or whatever you do to remind yourself of important dates. Give yourself a flag, a "tickler," or something to say, "Hey, I need to sign up on my spouse's record just before he or she turns 62." I would do it two to three months before your spouse turns 62. If you don't sign up on your spouse's record when he or she is 62 and DEERS doesn't have documentation that you're not eligible on your spouse's record, you will lose your TRICARE coverage. So, you can go to the Medicare website, which is [medicare.gov](https://www.medicare.gov), to review this information that I've shared with you about signing up.

So, the first part of Medicare is Medicare Part A. That's kind of an alphabet soup—A, B, C, and D as in "dog." So, Medicare Part A and B are original parts of Medicare, and Medicare Part A is referred to as hospital insurance. It generally covers care that you receive as an inpatient, whether it's in a hospital, a skilled nursing facility, hospice care—which can be provided in the home or in a facility—and some home health care. You're eligible for premium-free Medicare Part A if you worked and pay Social Security taxes for at least 10 years or 40 quarters.

If you aren't eligible for premium-free Medicare Part A through your own work history, you may be eligible on a spouse's record, as I described on the previous slide.

Medicare Part B—as in "boy"—is medical insurance and it is funded through premiums. Part A was funded through payroll taxes. So, everyone pays premiums and Part B covers all your outpatient care from physicians, physical therapy, home health care, durable medical equipment, and preventive services or screenings, including vaccines and wellness visits.

The Part B premiums are—if you're receiving Social Security—either disability or retirement. Those premiums will be taken out of your monthly payment. If you're not receiving them, you'll receive a quarterly bill—so every three months, you'll receive a bill, and you'll have to make a payment. The Part B premiums are based on income, so everyone does not pay the same amount. Additional information is available on both the Social Security website, SSA.gov, and the Medicare website, [medicare.gov](https://www.medicare.gov).

Medicare Part C refers to Medicare Advantage Plans. These are Medicare HMOs. They are private companies that contract with Medicare to provide the Medicare Part A and B services.

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Many of them also provide Part D—as in “dog”—which is the Medicare prescription drug plan. About half of these plans have a premium—a monthly premium—and some don’t have any premiums. Some that have Part B will also have a premium for Part D, the prescription drug plan.

If you enroll in a Medicare Advantage Plan, you have to receive all your services from their network of providers, with the exception of emergency services. If you enroll in a Medicare Advantage Plan, you will have copayments each time you obtain services.

Now, TRICARE For Life can reimburse you for those copayments if the services you receive are TRICARE covered services. This creates a bit of work for you because generally in a Medicare Advantage Plan, they’re not creating bills for patients because they’re only paying a copayment. So, in order for you to be reimbursed for copayments, you have to request a bill that has to include the diagnosis code and other important information, dates of service, who the provider is—all that stuff—to get reimbursed. So, think about that if you’re considering enrolling in a Medicare Advantage Plan.

These plans may offer some extra benefits that original Medicare doesn’t cover. Some may provide some limited vision, or hearing, or dental services. But these services can change annually what they provide, so, it’s important if you consider enrolling in Part C that every single year, you review your options because there are multiple plans in any given area and you can expect that Medicare Part A and B services that they cover will be the same, but any of the extra benefits that might entice you to sign up—and that’s what they’re there for is to entice you to sign up—those can change every year. And the drugs you take might change every year, so if you enroll in Part B, it’s important to know if the drugs that you need are covered by the plan. You can learn more about the options available to you on the Medicare website. They have a tool to compare the plans in your area.

So, Medicare Part D is the Medicare prescription drug coverage. This is also offered by private companies. Some, as I mentioned, are provided with Part C, and some are standalone drug plans. This is not required for TRICARE For Life because as a TRICARE For Life beneficiary, you will remain eligible for the TRICARE prescription drug plan, which is the same across all of our TRICARE plans with the exception of the US Family Health Plan. So, if you’re in TRICARE Select or TRICARE Prime now, you have the same prescription drug coverage when you’re in TRICARE For Life.

There’s also something called Medigap, which is a supplemental plan that pays after Medicare, and it has varying premiums, which you would pay out of pocket if you were to enroll. It is not something that I would consider necessary for a TRICARE For Life beneficiary, but each person needs to make their own decision on whether or not that’s something that they want. Additional information is on [medicare.gov](https://www.medicare.gov), and those Medigaps plans vary in what they cover and what they cost.

I believe it was back in 2018 that we established a relationship with the Office of Personnel Management to provide dental and vision coverage for TRICARE beneficiaries, and as a

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TRICARE For Life beneficiary, you are eligible for enrolling in the Federal Employee Dental and Vision Insurance Program. There are multiple dental plans and multiple vision plans. Some offer high option and low option. Some offer just the standard option. So, [benefeds.com](https://www.benefeds.com) is the website. This is not managed by the Defense Department—it is managed by the Office of Personnel Management. Again, these benefits can change by plan each year. I believe there's a core set of benefits that they're required to cover, but there could be variations from plan to plan, and the costs vary by where you are in the country as well. So, check that out. That is not something that you would have as a covered benefit under TRICARE For Life or Medicare.

So, how do you access care? Often, I will get inquiries from people asking for a TRICARE For Life member card. There is no such thing. All you need is your Medicare health insurance card—there's a picture here—and your military ID card. Once you have Medicare, it's important to make sure that your military ID card is up to date. You can contact your local military ID card office to verify what documentation you need to bring. I've heard that they don't accept just the Medicare card, but you actually need the letter from Medicare that says that you're entitled. So, contact them in advance and set up an appointment to update that military ID card.

Your providers will bill Medicare first. Medicare pays their portion and then automatically sends the claim to our contractor, Wisconsin Physicians Services/TFL, to make TRICARE's payment on your claims.

So, I know many of you are used to using military facilities for your providers, but because Medicare will be your primary insurance, it's important that you establish relationships with Medicare civilian providers. Medicare participating providers are providers that accept the Medicare-allowed amount as payment in full. They will file claims with Medicare for you and you will have no out-of-pocket costs when the care you receive is covered by both Medicare and TRICARE.

Medicare non-participating providers don't accept the Medicare-allowed amount as payment in full. They are allowed to bill 15% above the Medicare-allowed amount. But because TRICARE covers this additional 15%, there's no difference in your out-of-pocket expenses when you see a Medicare participating provider or Medicare non-participating provider.

Now, there are other providers that are referred to as "opt-out providers," and these providers do not participate in Medicare, so they are not allowed to bill Medicare. If you see one of these types of providers, they will establish a contract with you, and TRICARE can only pay up to 20% of the TRICARE allowable amount and you'll be responsible for the remainder of the bill charges. So, you're not even protected by the limited amount that Medicare would allow. So, if you see an opt-out provider, you want to know up front what your liability will be because sometimes that can be expensive.

Some of you may also have been able to access care at the VA. Now VA providers cannot bill Medicare. It's a separate system—they are not certified by Medicare, and Medicare could not pay them for services provided to you. So just like an opt-out provider, you will end up with

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significant out-of-pocket expenses if you go to a VA provider for non-service-connected care. So, it's important to establish your primary care with a civilian Medicare provider.

Because TRICARE For Life is a worldwide benefit, you can get care overseas, but you'll need to pay for your care up front and file claims with TRICARE, which TRICARE will be the primary payer and Medicare will not pay. The claims for overseas go to the TRICARE Overseas Program contractor, which is International SOS. All this information is available on our website, tricare.mil. If you haven't visited there yet, I strongly recommend that you do.

You could also receive military hospitals and clinics if space is available.

So, this is just an example of someone who obtains care from a Medicare participating provider or non-participating provider versus someone who receives care from a Veterans Affairs provider or hospital. The billed amount here is the same \$1,000. Each one, either Medicare or TRICARE, paid \$400. On the left side, you see Medicare allowed \$400. They paid 80%—or \$320—and TRICARE paid the remaining \$80. And Mr. Smith has no liability. If he goes to the VA, he ends up with a \$320 bill. You can review additional cost information on the websites listed below.

So how do you find a Medicare provider? Medicare has a search tool on their website, medicare.gov, and you can type in your ZIP code and what type of Medicare provider you're looking for—whether a hospital, physician, nursing home, et cetera—and a list will come up. It'll provide the locations of their office, whether they're participating or non-participating, whether they're accepting new patients, and their contact information. I also recommend that you talk to your neighbors and friends—know who are they seeing, who are they satisfied with. If you have a Medicare Advantage Plan, you'll need to contact that plan because you'll be limited to the network of providers that they have.

In addition, Medicare and TRICARE provide comprehensive coverage, but there are differences in the coverage. Most of your things that you could probably think of off the top of your head will be covered by both plans. But when you get into specific specialty areas or different types of surgeries, sometimes there's a difference between what the two plans cover. So, you can review information on both the TRICARE and Medicare sites. There are search tools for looking at specific health care services.

In addition, Medicare has some limits—for example, skilled nursing facility care. Medicare will cover up to 100 days, but TRICARE has unlimited skilled nursing facility care. You do have to meet the requirements for skilled care but if you do, TRICARE will pay unlimited number of days.

TRICARE covers proven, medically necessary and appropriate care. The websites are listed here for both TRICARE and Medicare. So, if there are services that you're receiving today and you want to know if Medicare is going to cover it, you can go on their website and check it out.

In the future, if the doctor proposes some type of treatment for you, you can go and check. Now if you are seeing Medicare providers, they are most likely going to know whether the care

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they're providing is covered by Medicare. So, that will save you some time there because they should know. If Medicare doesn't cover it, they might ask you to sign something called an advance beneficiary notice. So, example, if they say, "Oh, you know, we could get rid of all those wrinkles on your face." That's cosmetic surgery, and that's not covered by Medicare or TRICARE. But if that's something that you want, they're going to ask you to sign that notice acknowledging that you'll pay the bill. So, just know if they ever pull that out—an advance beneficiary notice—that they're giving you a heads-up that it's not a covered service.

So, this slide is just a "quick and dirty" on what happens when Medicare or TRICARE pay or don't pay for your bill, and it's pretty simplistic, so I'm not really going to go over it. If it's covered by both, you'll have no out-of-pocket expenses. If it's covered by one or the other, you will have out-of-pocket expenses.

So, if you have other health insurance—you can have TRICARE For Life, Medicare, and other health insurance. Medicare coordinates with one insurance plan. So, if you have OHI based on current employment, let's see. OK, whether they coordinate depends on whether it's based on current employment. If you're currently employed and have employer-sponsored coverage, it is the primary payer. Medicare pays second and then TRICARE pays last. So, Medicare would send the claim to TRICARE. If you have OHI that isn't based on your family's current employment, Medicare is the primary payer. The OHI pays second, and TRICARE pays last, and because Medicare only coordinates with one, they would coordinate with OHI or other health insurance, and then you would be responsible for filing a claim with TRICARE if there's any remaining balance.

So, these are some of the brochures that I mentioned earlier in my presentation. They're available on [tricare.mil/publications](https://www.tricare.mil/publications), and you can print out a hard copy of any of these or you can read them online. I highly recommend that you do that.

These are points of contact for you. Wisconsin Physicians Military and Veterans Health is our claims processor. Do not confuse this with the regional contract for the East Region because it's separate and distinct. Wisconsin Physicians Military and Veterans Health provides both claims processing and customer service. So you won't be calling your regional contractor once you have TRICARE For Life—you would contact Wisconsin Physicians Service.

If you obtain care overseas or you live overseas, you'll use International SOS Government Services contract.

You're probably familiar with the Defense Manpower Data Center. They maintain the DEERS system, and you can contact them if there is any issue that you're experiencing regarding your eligibility. You're automatically covered by TRICARE For Life once your Medicare data is in there, and that comes directly from Medicare. If you have questions about signing up for Medicare, Social Security is actually the agency that handles the enrollment process.

Medicare is where you would learn about benefits, and Office of Personnel Management manages the dental and vision insurance. And I'll just make one other point on Office of

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Personnel Management. If any of you have also worked as a federal civilian and have the Federal Employee Health Benefits plan, you have the option to suspend that coverage—do not cancel it—but you can suspend it to use TRICARE For Life. And if at some point in time, you want to get that coverage back, you can reenroll during a Federal Benefits Open Season.

So, we are ready for questions.

Host: Great. How can I combine Kaiser Advantage with TRICARE For Life?

Breslin: So, as I mentioned during the presentation, Medicare Advantage Plans will have copayments for each of the services you receive. If the services you receive are TRICARE-covered services, TRICARE would reimburse you for those copayments. If Kaiser doesn't submit claims to TRICARE on your behalf, you will need to file claims on your own after requesting and receiving the necessary documentation. Please know that Medicare Advantage Plans are not necessarily an advantage for TRICARE For Life beneficiaries. Original Medicare and TRICARE For Life coordinate benefits and eliminate the need for you to file claims.

With original Medicare, you can see any Medicare provider anywhere in the United States rather than be limited to a provider network and having to get a referral in order to see a specialist. You receive TRICARE medical coverage and TRICARE prescription drug coverage without having to pay enrollment fees or premiums. If you prefer to have someone tell you which providers you may see and when, then you might prefer a Medicare Advantage Plan over original Medicare. Keep in mind that you will pay copayments for each service you receive, whereas if you use original Medicare and obtain services covered by both Medicare and TRICARE, you will have no out-of-pocket expenses.

Additional information is available on the TRICARE website at tricare.mil/tfl.

Host: OK. I'm currently covered by TRICARE and a Federal Employee Health Benefit plan. Once I become eligible for TRICARE For Life, should I also keep my federal plan? What would I lose if I dropped it?

Breslin: So, it's a personal choice, but the Office of Personnel Management manages the Federal Benefits Program, and they allow you to suspend your Federal Employee Health Benefits Program coverage if you enroll in a Medicare Advantage Plan, if you have TRICARE, TRICARE For Life, if you're in the Peace Corps, or have CHAMPVA. So, you can find additional information on the OPM site, opm.gov/retirement-services. That should get you further into their system to find out more details, but there's a form to sign—that's RI 79-2, I believe—that you can suspend coverage if you choose.

By suspending FEHBP, you would eliminate the need to pay the FEHBP premium. Then if you decide later, if you want it, you can reenroll. So, most of the time when you have Medicare and TRICARE For Life, you're not going to have out-of-pocket expenses. Sometimes you will, but don't write your congressman when you get a bill. But yes, oftentimes, there'd be nothing left for TRICARE to pay because if you had Medicare as the primary, FEHBP would pay second, and then you have TRICARE For Life that wouldn't have to pay anything if FEHBP was covering it.

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So, think about how much your premiums are for FEHBP versus no premiums for TRICARE For Life.

Host: I currently have TRICARE Select, which doesn't require the same pre-authorization for seeing specialists and most procedures. Under TRICARE For Life, do I need to get pre-authorization to see specialists and to have procedures done?

Breslin: If you use original Medicare, you will not need to obtain authorizations in order to receive care for medical specialists. If you enroll in a Medicare Advantage Plan, you will need to obtain a referral from your primary care physician in order to see a specialist.

If the care you receive is not covered by Medicare but it's covered by TRICARE, generally you will not need an authorization. However, there are a small number of services that do require prior authorization and you can find them on our TRICARE website, [tricare.mil](https://www.tricare.mil). For example, you would need prior authorization for adjunctive dental which is like dental care that you need due to a medical condition, applied behavior analysis, home health services, hospice care and transplants. So, for the most part, using TRICARE For Life and Medicare, you will not need prior authorization.

Host: When I transition to TRICARE For Life, can I use the VA as my primary care provider? If so, will TRICARE For Life cover the VA copayment?

Breslin: If you are entitled to Medicare and TRICARE, you are strongly advised to obtain your health care services from a Medicare provider unless you're receiving service-connected care at a VA facility. If you recall the slide where we talked about the differences in what you would pay, there's a specific example on VA that you could remain financially responsible for 80% of the bill, because TRICARE was only going to pay 20% and Medicare won't pay anything. So, for that reason, I would not count on obtaining your care at the VA facility unless it's service-connected.

Host: I have TRICARE For Life. Do I need to do anything to be sure this benefit continues every year, or does it just continue since I'm already signed up?

Breslin: Once you have Medicare Part A and B, the only thing you need to do to keep your Medicare and TRICARE For Life benefits is to pay your Part B premiums. So, if you're either not collecting Social Security, you'll pay that quarterly. If you are collecting Social Security, it would be taken directly out of that payment. Please note that you will be bombarded with marketing material from the Medicare Advantage Plans each fall prior to the open enrollment period. As I mentioned, these plans are not generally advantageous to people with TRICARE For Life. Original Medicare and TRICARE For Life provides comprehensive coverage with freedom to choose your providers anywhere in the country. When the care you receive is a benefit of both Medicare and TRICARE, you have no out-of-pocket expenses. You will have out-of-pocket expenses when the care you receive is not covered by Medicare or TRICARE.

Host: I have established referrals to see a dermatologist for skin cancer checkups. Currently, I've been seen every six months with cancer-removal surgery possible. How many visits does

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Medicare allow and does TRICARE For Life require referrals from my primary care manager for these appointments?

Breslin: OK. So, as we discussed, Medicare does not require referrals and authorizations. You can see any Medicare-participating or Medicare-non-participating provider, and we discussed those types during my presentation.

Host: Did TRICARE For Life require referrals from primary care manager for those appointments?

Breslin: No. TRICARE For Life does not require referrals except for the few things I mentioned earlier. If you're in a Medicare Advantage Plan, however, you will be limited to their network of providers and be required to obtain referrals even for dermatology. For the specifics on what Medicare covers or how many treatments, et cetera, you should go to the Medicare site and look at—they have a tool, bottom right-hand corner on the homepage of what's covered or something to that effect, and you can look that up. You could also ask your provider, because if your provider is a Medicare provider, they should be able to tell you what's covered and what isn't.

Host: Does the TRICARE Prime rate change to the single rate for spouses who will be participating in TRICARE Prime?

Breslin: Yes. For two people, when one becomes entitled to Medicare, they're automatically just enrolled, and the enrollment fee should convert to an individual rate. You can always confirm with the original contractor to ensure that they did that but yes, it should go to the individual rate unless there are also children that are still dependent and eligible for TRICARE.

Host: Will military hospitals and specialty clinics still see patients who have TRICARE For Life?

Breslin: So, as I mentioned, military hospitals and clinics will see TRICARE For Life beneficiaries on a space-available basis. Some facilities do offer a program called TRICARE Plus, which provides primary care services with TRICARE Prime access standards. However, if you need to see a specialist, you will need to find a civilian Medicare provider. The MTF providers are not responsible for providing referrals to Medicare providers. If you get your primary care services from a Medicare provider who is a general practitioner or internal medicine doc, they will be able to recommend specialists who also participate in Medicare, or you can also go on the Medicare website and do a search.

We used to use phone books—I don't know if anybody does anymore—but you can look up providers in your area and call them and find out if they participate and if they're accepting patients. So, there's a number of ways to do that.

Host: OK, I live in two regions at various times during the year, TRICARE East and TRICARE West. How does this affect how and where I can get medical treatment as someone who has TRICARE For Life coverage?

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Breslin: So, as I mentioned, TRICARE For Life is a worldwide benefit. So, if you're in the United States and you travel from one region to the other, it's irrelevant for TRICARE For Life because we have one contractor for the entire country. And if you do not enroll in a Medicare Advantage Plan, then you have the freedom to choose any provider in any part of the country, whether you are switching seasonally or if you're on vacation or you just found a specialist that you think is top notch for whatever issue you have and you want to go there. So, you have no limitations on where you go, how often you go, et cetera, unless you enroll in a Medicare Advantage Plan.

Host: And I think you've answered this, but just—it's here in the question box: Would also having a Medicare Advantage Plan along with TRICARE For Life complicate the payment process?

Breslin: It definitely complicates the payment process because you are then responsible for filing claims. There are some Medicare Advantage Plans that may file claims on behalf of the beneficiary. I don't think it's the norm. I know when I get older, I don't want to have to file claims. It becomes burdensome. It's burdensome now. So that is something to consider.

Host: Can you have one spouse on TRICARE For Life and one on TRICARE Prime?

Breslin: Absolutely. Because in order to be on TRICARE For Life, you must have Medicare Part A and B, and because—I don't know any spouses that have the exact same birthday, but there might be some out there. So, people are going to be eligible for different programs at different times. So, one can be in Prime or Select, and the other can be in TRICARE For Life.

Host: Will my pension check reflect that I started TRICARE For Life?

Breslin: No. There's no connection between your military pension check and TRICARE For Life, because there is no enrollment fee or premium for TRICARE For Life. If and when you're collecting Social Security retirement, that will have a deduction for your Medicare Part B. DEERS is what maintains your entitlement. And so, when DEERS obtains your Medicare Part A and B entitlement information, it's populated in DEERS, and you're automatically given TRICARE For Life coverage. So, there's no enrollment forms or enrollment fees for TRICARE For Life.

Host: My spouse just enrolled in TRICARE For Life. Am I still required to pay the premium for her?

Breslin: So, I assume they're referring to a premium for Prime or Select, and the answer is no. Your enrollment fee should have reverted to an individual enrollment fee, and if it hasn't, you should contact your regional contractor.

Host: If my birthday is March 14th, 2023, I was under the assumption my Medicare benefits would start March 1st, 2023, not April 1st, 2023.

Breslin: Yes, so your birthday is March 14th, so your Medicare starts March 1st of 2023.

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If your birthday was March 1st, however, they would start February 1st of 2023. So, it's dependent on if your birthday is the first of the month or any other date. And if you go to that tricare.mil/tfl and pull up the Turning 65 brochure, it's very explicit on what dates to sign up and when your coverage will be effective based on your birth date.

Host: If you're already drawing Social Security, aren't you automatically enrolled in Medicare on your 65th birthday?

Breslin: So, you will be automatically enrolled in Medicare, but it will not be on your 65th birthday. A lot of people think Medicare starts on your 65th birthday, and that is not the case. As we discussed, it's either the first of the month that you turn 65 if your birthday is any date other than the first, or if your birthday is the first of the month, it will be the first of the month before the month you turn 65.

Host: I received a Medicare card in the mail and a notice saying I was automatically signed up for Medicare and my premiums auto deducted from my Social Security. I'm a surviving spouse of a retired military member, and I'm on Social Security since he passed. Is this normal? Do I need to do anything further?

Breslin: Yes. So, it's normal that if you are already collecting Social Security retirement benefits, that you are automatically enrolled in Medicare Part A and B, and that Part B premium is taken out of that retirement benefit each month. So, you have no action to take. You should currently reflect in DEERS as having TRICARE For Life. So, when you see a provider, present your Medicare card along with your military ID card and you are good to go.

Host: My wife is 68 and still under my employer's health plan. Once she signs up for Part B, she is still then eligible for TRICARE For Life, correct?

Breslin: Yes. So, if your wife is covered under your employer plan and she remains covered under that employer plan and she signs up for B, the employer plan is primary, Medicare is secondary, and TRICARE For Life is the third payer if there's any remaining liability after the employer plan and Medicare pay.

Host: If I have Medicare A and B, TRICARE For Life, and FEDVIP vision and dental, is there any advantage to having an Advantage Plan C or another Medigap plan?

Breslin: So, I think I kind of beat this one into the ground. I don't think Medicare Advantage is an advantage to our TRICARE For Life beneficiaries because you have a plan that follows Medicare, acts like a Medigap plan, and, in fact, pays for things that Medicare doesn't cover. So, I don't see an advantage to Medicare Advantage, especially if it has a monthly premium. You also have TRICARE pharmacy with no enrollment fee for premium. FEDVIP covers dental and vision, which is not covered by Medicare or TRICARE. So, I think you have done exactly what I would have recommended.

Having said that, it's each person's individual decision on how much insurance to carry. Some people may have a Medicare Advantage Plan as a retirement benefit from another job outside

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the military. So, each person has to make their own decision based on what they feel is best for themselves.

Host: Will premiums for multiple plans be billed separately?

Breslin: So, I think they're thinking about the scenario where one spouse is in Prime or Select and one is in TRICARE For Life. So, there are no premiums or enrollment fees for TRICARE For Life. So, the only time you'll be paying those is if one or more family members is in Prime or Select. So, there won't be separate bills because you're not both going to have enrollment fees.

Host: Right, this is our last question. Does TRICARE For Life cover gym memberships?

Breslin: So, gym memberships are specifically excluded by law from TRICARE coverage. If you live near a military facility, you have access to their gym facilities. You can also check your local community center for fitness opportunities. Where I live, there are a lot of opportunities and senior discounts, et cetera, and those of you who were in the military have a lot of experience in maintaining fitness, and you can rely on that as well. There's also lots of—if you use the internet, there's all kinds of people out there telling you how to exercise and focusing on different things you want to strengthen. So, there's lots of opportunities outside of SilverSneakers. SilverSneakers is one of those benefits the Medicare Advantage Plans offer to entice you to enroll in their program. I don't consider gym membership to be a reason, but you may have a different opinion. You have a very good—what I would call the golden ticket—with Medicare and TRICARE For Life. Thank you very much.

Host: Yeah. Do you have any final thoughts or closing thoughts today, Anne?

Breslin: No, I'm very happy that we had such a good turnout. It's very important for people to learn about these benefits. It's different than what you're used to in terms of what providers you can see and what benefits are covered on the Medicare side versus TRICARE. There's lots of information. Don't be afraid to use the internet. The TRICARE website is fantastic—with lots of detail beyond what I've shared with you today—as are the Social Security websites and the Medicare websites, and they're all provided on the slides for points of contact.

So, start reading and don't wait until you have Medicare to start looking for your Medicare civilian provider. Search now for a general practitioner or internist so that when your Medicare is effective and you need care, you have someone ready and waiting for you because they're going to want to have a physical or something to see where you are now and how they can help you in the future. So don't delay. Start looking for your Medicare providers. Sign up on time and good luck, and we're here to help you if you have—I'll try to answer as many questions as I can if they come in later—but there are lots of resources out there for you. Thank you so much.

Host: OK. Thank you. I just want to take a minute and thank Anne and her team for sharing their invaluable expertise and experience today. I'd also like to thank all of our attendees for participating in today's webinar. And if we don't answer your question today, or 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

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TRICARE website at tricare.mil. This concludes today's webinar on how to get started with Medicare and TRICARE. Thank you.