TRICARE® AND MEDICARE

UNDER AGE 65

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

You may become eligible for Medicare under age 65 in certain circumstances:

- **End-stage renal disease**: You may become eligible for Medicare coverage beginning on:
  - The first day of the fourth month of renal dialysis treatment
  - The first month of a regular course of dialysis treatments, if you meet both of these conditions: (1) You participate in a home, dialysis training program offered by a Medicare-approved training facility during the first three months of your regular course of dialysis; and (2) Your doctor expects you to finish training and be able to do your own dialysis treatments.
  - The month you're admitted to a Medicare-certified hospital for kidney transplant, if your transplant takes place in that same month or within the next two months; or two months before your transplant, if your transplant is delayed more than two months after admission to the hospital.
- **Disability**: You become eligible for Medicare beginning the 25th month of receiving Social Security Disability Insurance payments. The Social Security Administration notifies you of your Medicare eligibility start date.

Learn more about Medicare eligibility at **medicare.gov**.

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

Depending on your eligibility status, you may be eligible for:

- **TRICARE Prime:** If you're eligible for Medicare Part A, you may remain enrolled in TRICARE Prime until reaching age 65, as long as you continue to meet all eligibility requirements. Additionally, if you're age 65 or older, you may remain in TRICARE Prime if you have an active duty sponsor. Active duty service members must be enrolled in TRICARE Prime regardless of Medicare eligibility status. ADSMs and their family members eligible for Medicare Part A can avoid paying the Medicare Part B late-enrollment monthly penalty by enrolling during their Part B Special Enrollment Period. This doesn't apply to those with ESRD. The SEP is available anytime while the sponsor is on active duty and you're covered by TRICARE, or within the first eight months following either: (1) the month your sponsor's active duty status ends or (2) the month TRICARE coverage ends, whichever comes first. To avoid a break in TRICARE coverage, ADSMs and active duty family members must sign up for Medicare Part B before the sponsor's active duty status ends. Regardless of age, retired service members and their family members who are eligible for premium-free Medicare Part A must have Part B to remain TRICARE-eligible.
- **TRICARE For Life:** The TFL program provides Medicare-wraparound coverage for TRICARE beneficiaries who have both Medicare Part A and Part B, regardless of age or place of residence. When using Medicare providers, TFL beneficiaries typically have no out-of-pocket costs for services covered by both Medicare

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and TRICARE. When healthcare services are covered only by Medicare, TRICARE pays nothing. You're responsible for paying the Medicare deductible and cost-shares.

When healthcare services are only covered by TRICARE, Medicare pays nothing. You're responsible for paying the TRICARE deductible and cost-shares.

Medicare doesn't pay for healthcare services you receive from providers who opt out of Medicare. When you see an opt-out provider, TRICARE pays the amount it would have paid (normally up to 20% of the TRICARE-allowable charge), if Medicare had processed the claim. You're then responsible for paying the remainder of the billed charges.

The Department of Veterans Affairs providers can't bill Medicare, and Medicare can't pay for services received from the VA. If you're eligible for TFL and VA benefits and choose to use your TFL benefit for non-service connected care, you'll incur significant out-of-pocket expenses when seeing a VA provider. By law, TRICARE can only pay up to 20% of the TRICARE-allowable amount. If you receive care at a VA facility, you may be responsible for the remaining amount. When using your TFL benefit, your least expensive option is to see a Medicare participating or Medicare non-participating provider. If you want to seek care from a VA provider, check with WPS Government Services, which administers the TFL benefit, to confirm coverage details.

- **TRICARE Reserve Select, TRICARE Retired Reserve, and the Uniformed Services Family Health Plan:** TRS, TRR, and USFHP enrollees eligible for premium-free Medicare Part A aren't required to have Part B to keep TRS, TRR, or USFHP. However, these enrollees are encouraged to enroll in Medicare Part B when first eligible to avoid paying the Medicare premium penalty if they sign up at a later date (for example, during the Medicare General Enrollment Period). Enrollment in TRS or TRR doesn't qualify beneficiaries for an SEP. USFHP enrollees

END-STAGE RENAL DISEASE

BENEFICIARY CATEGORY	KEEPING YOUR TRICARE BENEFIT	IMPORTANT INFORMATION FOR YOU
Active duty service member with end-stage renal disease or active duty family member with ESRD	You aren't required to have Medicare Part B to keep your TRICARE benefit, but you're strongly encouraged to get Part B when you're first eligible.	• Unlike other Medicare-eligible ADFMs, you don't have a Medicare Part B Special Enrollment Period. • If you decline or disenroll from Medicare Part B, you may only be able to enroll or reenroll during the Medicare General Enrollment Period, which occurs each year (Jan. 1–March 31), and your Part B coverage will be effective the first day of the month after you sign up. You'll have to pay a 10% Medicare Part B premium penalty for each 12-month period you could have enrolled but didn't.
Retirees with ESRD or retiree family members with ESRD	You're required to have Medicare Part B to keep your TRICARE benefit.	• If you decline or disenroll from Medicare Part B, you may only be able to enroll or reenroll during the Medicare General Enrollment Period, which occurs each year (Jan. 1–March 31), and your Part B coverage will be effective the first day of the month after you sign up. You'll have to pay a 10% Medicare Part B premium penalty for each 12-month period you could have enrolled but didn't.
National Guard or Reserve retiree or retiree family member with ESRD	You're required to have Medicare Part A and Part B to be eligible for TRICARE when the retiree reaches age 60.	
Uniformed Services Family Health Plan enrollees with ESRD	If you're a USFHP enrollee under age 65 and eligible for premium-free Medicare Part A based on ESRD, you're strongly encouraged to have Part B.	• If you don't enroll in Medicare Part B, you'll be responsible for the full cost of ESRD-related expenses. • ADSMs and ADFMs with ESRD don't have a Special Enrollment Period and should enroll in Medicare Part B when first eligible to avoid the late-enrollment penalty.

OTHER DISABILITIES (NOT END-STAGE RENAL DISEASE)

BENEFICIARY CATEGORY	KEEPING YOUR TRICARE BENEFIT	IMPORTANT INFORMATION FOR YOU
Disabled active duty service member or disabled active duty family member	You aren't required to have Medicare Part B to keep your TRICARE benefit.	• You're eligible for a Medicare Part B Special Enrollment Period, and the late-enrollment penalty is waived. You may sign up for Medicare Part B during the SEP, which is anytime you or your sponsor is on active duty, or within the first eight months following either: (1) the month your sponsor's active duty status ends or (2) the month TRICARE coverage ends, whichever comes first. To use your SEP, you must request a Verification of Military Health Care Benefits letter from the DMDC/DEERS Support Office. To avoid a break in TRICARE coverage, ADSMs and ADFMs must sign up for Medicare Part B before the sponsor's active duty status ends. • If you don't enroll during the SEP, you may enroll during the General Enrollment Period (Jan. 1–March 31). Your Medicare Part B coverage and TRICARE coverage will be effective the first day of the month after you sign up. You'll have to pay a 10% Medicare Part B premium penalty for each 12-month period you could have enrolled but didn't.
Disabled retiree or disabled retiree family member	You're required to have Medicare Part B to keep your TRICARE benefit.	• If you decline or disenroll from Medicare Part B, you may only be able to enroll or reenroll during the Medicare General Enrollment Period, which occurs each year (Jan. 1–March 31). Your Medicare Part B coverage will be effective the first day of the month after you sign up. You'll have to pay a 10% Medicare Part B premium penalty for each 12-month period you could have enrolled but didn't.
Disabled Uniformed Services Family Health Plan enrollees, TRICARE Reserve Select members, or TRICARE Retired Reserve members	You aren't required to have Medicare Part B to keep your current medical benefits, but you're strongly encouraged to get Part B when you're first eligible.	• If you decline or disenroll from Medicare Part B, you may only be able to enroll or reenroll during the Medicare General Enrollment Period, which occurs each year (Jan. 1–March 31). Your Medicare Part B coverage will be effective the first day of the month after you sign up. You'll have to pay a 10% Medicare Part B premium penalty for each 12-month period you could have enrolled but didn't. • If you no longer qualify for your current program, and don't have Medicare Part B, you won't qualify for other TRICARE programs.
Retirees or retiree family members awarded disability on appeal with a Medicare Part B effective date of October 2009 or later	You're required to have Medicare Part B to keep your TRICARE benefit.	• You aren't required to retroactively enroll in Medicare Part B back to your Part A effective date. However, you're required to have Medicare Part B from its original effective date and beyond.
Disabled National Guard or Reserve retiree or disabled National Guard or Reserve retiree family member	You're required to have Medicare Part A and Part B to be eligible for TRICARE when the retiree reaches age 60.	• If you decline or disenroll from Medicare Part B, you may only be able to enroll or reenroll during the Medicare General Enrollment Period, which occurs each year (Jan. 1–March 31). Your Medicare Part B coverage will be effective the first day of the month after you sign up. You'll have to pay a 10% Medicare Part B premium penalty for each 12-month period you could have enrolled but didn't.

with an active duty sponsor will be eligible for an SEP (unless you have ESRD).

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

TRICARE PHARMACY PROGRAM

TFL includes prescription drug coverage through the TRICARE Pharmacy Program. This means you don't need Medicare Part D to have prescription coverage.

In some cases, you may benefit from buying a Medicare Part D plan. Some Medicare Part D plans may cover drugs that TFL doesn't cover. Different Medicare Part D plans also have different monthly premiums, deductibles, and copayments. For more information, visit **tricare.mil/pharmacy**.

DENTAL AND VISION COVERAGE

You may qualify for one of two voluntary dental care programs: the TRICARE Dental Program or Federal Employees Dental and Vision Insurance Program. You and other eligible family members enrolled in a TRICARE health plan may also qualify to purchase vision coverage through FEDVIP. For information about TDP, visit **tricare.mil/tdp**. For information about FEDVIP, visit **BENEFEDS.gov**.

IMPORTANT PAYMENT INFORMATION

Your Medicare Part B premium is automatically taken out of your monthly SSDI or U.S. Railroad Retirement Board payment. If you don't get payments from these programs, you'll receive a bill for your Mediare Part B premiums every three months.

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

IMPORTANT INFORMATION REGARDING RETURNING TO WORK AND ELIGIBILITY FOR MEDICARE

If your SSDI payments are suspended because you've returned to work, you remain eligible for Medicare for up to eight and a half years. You'll receive a quarterly bill for your Medicare Part B premiums. Failure to pay these premiums will result in the termination of your Medicare Part B and TRICARE coverage.

This brochure isn't all-inclusive. For more information, please visit **tricare.mil/tfl** or contact the TRICARE For Life contractor.

LOOKING FOR **More Information?**

TRICARE For Life Program Information
tricare.mil/tfl

WPS Government Services
For TFL customer service and claims assistance stateside and in U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands):

WPS/TRICARE For Life
P.O. Box 7889
Madison, WI 53707-7889

866-773-0404
866-773-0405 (TDD)
TRICARE4u.com

International SOS Government Services, LLC
For TFL customer service and claims assistance overseas (excluding U.S. territories):

tricare-overseas.com

For toll-free contact information, visit tricare-overseas.com/contact-us

DMDC/DEERS Support Office
800-538-9552
866-363-2883 (TDD/TTY)
milconnect.dmdc.osd.mil

Social Security Administration
For information regarding signing up for Medicare Part A and Part B, income-related Part B premiums, and the Part B monthly late-enrollment penalty.

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

Centers for Medicare & Medicaid Services
800-MEDICARE (800-633-4227)
877-486-2048 (TDD/TTY)
medicare.gov

TRICARE For Life Handbooks are available in paper copy. To order, call WPS at 866-773-0404.

An Important Note About TRICARE Program Information
*At the time of publication, this information is current. TRICARE policies and benefits are governed by public law and federal regulations and change accordingly. For the most up-to-date information, visit **tricare.mil**, or contact your TRICARE regional contractor or local military hospital or clinic.*

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