**Healthcare 101: At Retirement & Age 65**

Questions & Answers

*The questions are grouped together based on general categories.*

**Cost of plans**

Q:

* Is the monthly premium for each of us? If we make less than 177L filing jointly, do we each pay $135?
* Do the Medicare premiums change every year as your income goes up or down?
* Are Part B premiums adjusted annually based on tax return on file from two years previous?
* Remind me again of the Part B costs.
* For TFL, is there a way to avoid paying Part B costs?
* With Part B premiums paid, do you also pay for supplement?
* What is a catastrophic cap?
* Do Medicare Part B premiums adjust down as retirement income decreases?
* Do Part C payments cancel out Part B fees?
* It seems to me that the best way to get full TRICARE For Life coverage is to get a Medicare Advantage that pays all or most of Part B.
* If Medicare premiums are based on tax filing from two years prior (when you are still working), do they drop in future years once your income drops?
* Do Medicare Advantage Plans have increased premiums for folks with higher MAGIs (modified adjusted gross incomes), similar to the federal version?
* Does the premium change year to year for Medicare Parts A and B?
* If income goes down due to deferred bonus being paid out after retirement from work, are there any problems in getting Medicare to “relook” your income going forward?

*Listener Comment: I had a very positive response on getting my IRMAA lowered. I went to my local Social Security Office and was surprised how quickly the officer took care of it. My situation was that I was earning 200K from my job with the airlines, and the next year I dropped to just my USAF pension. He did it on the spot for me with a form, and I had an adjustment to no IRMAA in 7 days!*

A: Everyone in Medicare Parts A and B pay Part B premiums. The premium is based on your IRS Form 1040 from two years ago. Each year your premium can change as your 1040 from two years ago changes. If you file single, you pay single. If you file joint, both spouses pay the joint rate. The premiums are per person.

There is no premium for the TFL supplement part of the program.

The catastrophic cap is the maximum, worse-case scenario, amount you would pay in a year for out-of-pocket expenses. The cap is $3,000 for all TRICARE plans.

Advantage Plans, aka Part C: You pay one premium – Part B to the government or to the Part C insurance company. The Part C, or Advantage Plan, premium is the Part B premium amount in most cases. Some Part C plans charge a bit more for extra services and coverages. The Part C premium goes to a health insurance company instead of to the federal government. By law, the Part C plans have to provide a coverage level and services no less than government provided Parts A and B. However, Part C plans are allowed to offer more and can charge an additional amount. The Part C Advantage Plan does not pay the premium for you.

Note how the chart works:

|  |  |
| --- | --- |
| If your yearly income in 2017 (Your 2019 Part B premium) was | You pay each month (in 2019) |
| File individual tax return | File joint tax return | File married & separate tax return |
| $85,000 or less | $170,000 or less | $85,000 or less | $135.50 |
| above $85,000 up to $107,000 | above $170,000 up to $214,000 | Not applicable | $189.60 |
| above $107,000 up to $133,500 | above $214,000 up to $267,000 | Not applicable | $270.90 |
| above $133,500 up to $160,000 | above $267,000 up to $320,000 | Not applicable | $352.20 |
| above $160,000 and less than $500,000 | above $320,000 and less than $750,000 | above $85,000 and less than $415,000 | $433.40 |
| $500,000 or above | $750,000 and above | $415,000 and above | $460.50 |

If your income dropped after 2017, go here: <https://www.ssa.gov/pubs/EN-05-10536.pdf>

TFL costs are spelled out here: [https://TRICARE.mil/Costs/HealthPlanCosts/TFL](https://tricare.mil/Costs/HealthPlanCosts/TFL)

To apply for Medicare online: <https://www.ssa.gov/benefits/medicare/>

The TRICARE for Life page: [https://TRICARE.mil/Plans/HealthPlans/TFL](https://tricare.mil/Plans/HealthPlans/TFL)

**Process at age 65**

Q:

* It was my understanding that entering Medicare automatically put me in TRICARE for Life (TFL). This was the first I heard I had to visit an ID issuer. Do I do this when I sign up for Medicare, or when I get my Medicare card?
* Do you foresee any problems with keeping an employee dental/vision plan when starting medicare and TRICARE for life?
* When you say “get an ID,” do you mean a new military retiree ID?
* Do retirees and dependents have to change primary care managers (PCMs) upon retirement date?
* If you elect not to take Social Security at age 65, can you have the Medicare Part B fees taken from your retirement check?
* Where do I go to sign up for Medicare?
* Does the government send you a reminder in the mail to sign up at or before age 65?

A: Enrollment in Medicare and/or TFL is not automatic. The initial Medicare enrollment period is a seven-month window starting three months prior to birthday month, the birthday month, and three months after the birthday month. Apply early to prevent a gap in coverage.

Enroll in Parts A and B Medicare, get your Medicare card, go to the military ID card office, update your ID card and get enrolled in TFL through DEERS at the ID Card office.

There is no connection between Medicare-TFL and dental-vision plans.

Medicare-TFL has no primary care manager. You can go to any doctor, hospital, or clinic that accepts Medicare. If you want to maintain your PCM, ask them if you can stay with them now that you are Medicare-TFL.

Medicare-TFL enrollees can use base medical treatment facilities with hospital commander approval. TRICARE Plus is the program where Medicare-TFL retirees use base hospitals with base hospital commander approval.

You establish the Part B payment process during enrollment. Your option are here: <https://www.medicare.gov/your-medicare-costs/pay-part-a-part-b-premiums>. Your retirement check is not an option.

To apply for Medicare online: <https://www.ssa.gov/benefits/medicare/>

Do not expect a reminder. See: <https://www.medicare.gov/sign-up-change-plans/getting-started-with-medicare>

**MOAA Issues**

Q:

* Is there any reason to retain the MOAA supplemental once TFL takes on the supplemental role? Appears the answer is no, but there may be a reason to do so.
* I now have MediPlus, when I turn 65 I will stop this, correct?
* We currently have a MOAA insurance supplement for our TRICARE Select. Will we still need that supplement after age 65, or is it the same as other supplements and we do not need it after 65?
* Does MOAA endorse an Advantage Plan?
* What notification must we make to MOAA Supplement when the member reaches 65 and successfully registers for Medicare?
* If I have MOAA supplemental insurance, will it automatically stop when I reach 65 or do I have to do something to cancel it with MOAA?
* I turn 65 in 2020. I'm TRICARE Select (Extra) with MOAA MediPlus. Do I/can I/should I continue MediPlus TFL enrollment?
* Will I need MOAA MediPlus once I transition to TFL?
* Do you have staff/advisors with whom we could pay for advice?

A: At age 65 and upon enrollment in Medicare Parts A and B, TRICARE converts from a major health plan to a Medicare supplement. Therefore, no other Medicare supplement, nor MOAA’s TRICARE supplement, is necessary.

Call Mercer, the MOAA Insurance administrator, at 1-800-247-2192 to coordinate your situation. Do not assume it will automatically stop.

MOAA does not recommend a Medicare Advantage plan since every locale has different plans. We will state that you will not want an Advantage plan that has a Part D. Having another pharmacy plan messes with the TRICARE pharmacy plan.

As a MOAA Premium or Life member, you have access to our finance and benefits counselors. Call the Member Service Center at 800-234-6622 or email at beninfo@moaa.org.

**Younger Spouse**

Q:

* I am retired and less than 65 years old and my spouse will be signing up for Medicare Parts A and B when he turns 65 in a few months. I will continue to carry TRICARE Prime until I turn 65 years old. Do I now pay as a single individual for TRICARE Prime?
* I am at the point where I have to enroll in TRICARE for Life. My wife is 10-plus years younger. Is she still covered under our original TRICARE plan?
* Retired service member turning 65, spouse two years younger. Pay TFL premium for TFL member plus TRICARE prime premium for spouse? Additionally, when we both are 65 are we doubling our TFL premiums since two of us are on Medicare?
* I am retiring in August. Going to TFL. Currently I’m using TRICARE as a secondary insurance to my company’s insurance plan. My wife is six years younger than me. What coverage does she go to when I turn 65?
* When I turn 65 and go on MEDICARE, will my wife's TRICARE Prime premium automatically change from family to individual?
* If my wife is under 65 when I register for TFL, when she turns 65 does her enrollment happen automatically or does she have to do the same registration for Medicare and then get a new ID card?
* I retired from Marines Corps in 1999. I will have to retire at 65 as a commercial pilot in two years. I am covered with my airline medical plan right now. When I reach 65 I will go to Medicare and TFL. Will I need to sign my spouse up for TRICARE or TRICARE Select so she retains coverage? We currently use TRICARE select as a supplement to my airline medical coverage.
* I'm a retired USAF officer, aged 66, with health insurance benefits through my wife's employer. I therefore do not currently have TRICARE for Life. My wife (age 62) is retiring in August this year and will lose her insurance benefit. She will convert to TRICARE and I will convert to TFL. Do we need to notify TRICARE or do anything else to initiate TRICARE for her and TFL for me?
* I will be transitioning into TFL this year. My wife and children will remain in TRICARE Select. Will I be required to pay the family enrollment fee when it kicks in in 2021?
* What if a spouse is older than the military retiree?
* If I am receiving Social Security Disability Insurance (SSDI) and transition to Medicare at the two-year mark (my age will be 58), does my wife, who will be 60, stay with TRICARE Select or will she be enrolled in Medicare with me?
* Is the age 65 specific to the person (retiree vs. spouse)?
* Spouses and retirees enroll in Medicare separately as they reach age 65, correct?
* How do you handle the transition to Medicare with a much younger spouse?

A: Each TRICARE eligible beneficiary (sponsor and spouse) ages into Medicare/TFL when they turn 65. The younger spouse (either sponsor or non-veteran spouse OR younger veteran spouse for dual-military couple) remains in their TRICARE selected program under a “single” (or family if dependents still covered under TRICARE) prorated rate for the remainder of that calendar year.

Switching from family to single coverage should be automatic, BUT you should contact your TRICARE contractor to ensure this is a smooth transition.

Enrollment in Medicare Parts A and B is not automatic. It is each individual’s responsibility to enroll during their seven-month enrollment window - three months before to three months after their 65th birth month OR during the eight-month Special Enrollment Window after working spouse retires from employment with employment-sponsored health care.

There remains no TFL enrollment fee at this time, although Congress and DoD have tried to put one in place in the past and will most likely try again in the future. Paying for Medicare Part B entitles a beneficiary to TFL. You have TFL “turned on” when you enroll in Medicare Parts A and B, receive your Medicare cards and then schedule an appointment at a RAPIDS office to get a new ID card. When you show the Medicare enrollment cards to the DEERS representative, that rep will “turn on” TFL through the DEERS system.

For a working sponsor, there could be multiple options. When a working military retiree with medical coverage – that includes spouse – reaches 65 and continues to work, they can delay enrollment in Medicare but will not receive TFL. The spouse in this case will keep the spouse’s employee plan as primary medical insurance, with selected TRICARE plan as secondary. Once the working spouse fully retires, and retains employer health plan, he or she must enroll in Medicare Parts A and B within eight months of this retirement to avoid future a late enrollment penalty. They will then have Medicare as primary payer, employer retiree plan as second payer and TFL as third payer. The spouse in this case - if under 65 will have selected TRICARE plan as primary payer and spouse’s retiree plan (if covered in retirement) as secondary payer. Once the spouse reaches 65, he or she must also enroll in Medicare Parts A & B to avoid a future enrollment late penalty.

When both spouses are over 65 and retired, EACH PAYS for Medicare Part B coverage. Premiums are based on tax status.

TRICARE Select enrollment fees kick in on Jan 1, 2021. You will pay whichever is the appropriate fee at the time: single (only one beneficiary) or family (sponsor and spouse, sponsor/spouse and dependents, sponsor and dependents, or spouse and dependents – whichever is appropriate to your family situation).

In most cases, individuals on SSDI age into Medicare two years after initiation of SSDI. Their spouse, whether a sponsor or dependent, ages into Medicare at 65 and remains on selected TRICARE program until that time.

**Overseas Issues**

Q:

*Listener comment*: *TFL Overseas - please make sure everyone knows that they will likely have to "pay and claim." Very few providers will file on your behalf; the TRICARE Overseas Program cannot require them to do so. Also, if you require medical evacuation while overseas, you will likely have to pay up front and submit claims. Evacs are only to the nearest center of medical excellence – NOT back to the U.S. (in most cases). If you require medical evacuation, contact International SOS the overseas managed care support care contractor for assistance. Otherwise you are subjected to much higher costs. Thanks! Dan Wasneechak, TRICARE Overseas Program Global Quality Director.*

* If someone with TFL is traveling overseas and needs medical attention, what are the coverage options?
* Your info on non-Medicare coverage overseas for TFL is for living overseas, not visiting, correct?
* Can a Retired Navy Reservist use the Overseas Prime version? Moving to St. Croix USVI soon.
* Any guidance for expats reference TRICARE for Life?
* If you are on TRICARE Prime/retired, what option you have when you travel, including overseas?
* Will TRICARE for Life cover expenses while on travel in Europe?
* Military retirees want to retire overseas but come back to U.S. for extended stays. What happens at age 65 because of Medicare?
* Any additional cost if overseas on TRICARE Select?

A: **See the Listener Comment Above**

Retirees and their families can't enroll in TRICARE Prime Overseas.

If you are going to use/need Medicare at any time, enroll during the seven-month Initial Enrollment Period (three months prior to birthday month, birthday month, three months after birthday month), or you will be without coverage or will pay a premium penalty for late enrollment. You must have Medicare Parts A and B at age 65 to continue TRICARE coverage, to include coverage while overseas.

Medicare does not work overseas whether travelling or living there. When overseas, your TFL converts to TRICARE Select. TRICARE Select has a deductible and co-pays.

If living overseas, your country may require enrollment in their health care system. If you can use TRICARE Select Overseas, you will check for TRICARE-approved facilities by calling TRICARE Overseas, checking the TRICARE web pages, or talking to the embassy.

You should look into traveler’s health insurance when travelling overseas.

Check with embassies when travelling or living for facilities in your area.

TRICARE for Life Overseas: [https://TRICARE.mil/Plans/HealthPlans/TFL/TFL\_O](https://tricare.mil/Plans/HealthPlans/TFL/TFL_O)

TRICARE Select Overseas page: [https://TRICARE.mil/Plans/HealthPlans/TSO](https://tricare.mil/Plans/HealthPlans/TSO)

**Administration Issues**

Q:

* How does TRICARE Select or Prime and TFL work for dependent parents who have Medicare Parts A and B?
* What would be some of the major differences between a federal government versus a commercial provider?
* As a disabled Veteran under VA care, are you able to purchase long-term care (LTC) Insurance?
* Does the TFL $3,000 RX cap apply to member and family, or member only?
* My adult special-needs incapacitated son, currently on my Prime, is also on a TRICARE supplement. Should I cancel this and just use TFL as his supplement when I begin TFL?
* I live in Virginia. Should I ever get cancer, I want to be treated at MD Anderson in Houston. How can I structure or select my health plan to be assured than I could be treated at that particular location, should the need arise? I would be willing to pay additional premium if necessary.
* With Medicare, where do I go for care?
* What effect on TFL will Medicare for All plans have?
* Is there any way to get our TRICARE benefits number vice using our Social Security number (SSN)? I recently contacted Humana to obtain my benefits number vice using SSN with health care providers. I have an older ID card that does not provide a benefits number. Humana informed me that since it was personal information, they could not tell me my own benefits number. Very frustrating!
* Does TRICARE provide any protection against "balance billing," even for providers in the TRICARE network? This has been a continuous problem with some providers here in Florida.
* I am raising my grandson. He is 13 and I am 67 and retired from the military in 1994. I have employer-based coverage which will end when I retire this December. He then goes to TRICARE Select, right? Can I buy a TRICARE supplement just for him? Does MOAA offer that?
* Are the services covered under Medicare equivalent to the services covered by TRICARE?
* With the upcoming loss of 18,000 health care positions, how is that going to affect retirees and over 65 retirees? Are we more likely to be referred outside of the military treatment facilities (MTFs), thereby requiring us to pay more co-pays?
* My birthday is Dec. 1. Do I sign up for Medicare on Sept. 1 or Oct. 1?
* Do you have a chart that shows a "side by side" comparison for TRICARE Prime and TRICARE Select, with advantages/disadvantages for each?
* How does pregnancy providers work if overlap? September retire, December due.
* When do you enroll in TRICARE Prime and Dental/Vision if your retirement date is Sept. 1, 2019? I heard there was a 90 day window, but want to ensure no gaps.
* Does Medicare-TFL require a referral from your PCM to see a specialist?
* Is there a link or telephone number for TFL issues?
* Can you still use MTFs if you are on TFL?
* Can active military also enroll in the Federal employees’ LTC program?

A: You can compare the TRICARE plans side-by-side and get a more detailed view here: [https://TRICARE.mil/Plans/ComparePlans](https://tricare.mil/Plans/ComparePlans).

But here’s a simplistic view of Prime versus Select:

|  |  |  |
| --- | --- | --- |
| **Prime at MTF** | **Prime with Prime Network** | **Select** |
| **Enrollment fee: $297/$594**No other fees as long as seen at MTF. Fees apply to referrals outside MTF (with higher fees (both deductibles and co-pays) if out of network)**Cat Cap: $3000****Min OOP: $297/$594****Max OOP in network: $3594****Much more likely to be at Min OOP if seen at MTF** | **Enrollment fee: $297/$594****Plus fees for every visit** based on routine/specialty/emergency co-pays up to Cat Cap**Cat Cap: $3000****Min OOP: $297/$594****Max OOP in network: $3594****OOP will more likely be somewhere b/w $594 and $3594.** | No enrollment fee until 2021**Deductible: $150/$300****Plus fees for every visit (after deductible)** up to Cat Cap**Cat Cap: $3000****Min OOP: $0****Max OOP in network: $3300****OOP b/w $0 (if never used) and $3300**  |

OOP = Out of Pocket

Cat Cap = Catastrophic Cap

**Note: Pharmacy co-pays count against the Cat Cap for all beneficiaries.**

Being a disabled veteran doesn’t necessarily preclude you from being covered under a long-term care policy. However, almost all LTC policies require some sort of medical exam to determine qualification and premiums: <http://www.aaltci.org/long-term-care-insurance/learning-center/are-you-even-insurable.php>

Our presentation included slides detailing how to find both a TRICARE and Medicare provider:

[https://www.TRICARE.mil/FindDoctor](https://www.tricare.mil/FindDoctor)

<https://www.medicare.gov/physiciancompare/>

TRICARE Contractors also have find a doctor links:

<https://www.humanamilitary.com/find-a-provider>

<https://www.hnfs.com/content/hnfs/home/tw/bene/provider-directory.html>





For federal government vs. commercial providers: Here’s the difference between original Medicare (government) vs. Medicare Advantage (commercial). By law, the commercial Advantage plans must be at a minimum equal to Medicare Parts A and B. However, the advantage plans companies can offer additional coverages, and some require a higher premium for the additional coverages. Normally, the Advantage Plan premium is the regular Part B premium, paid to the firm instead of the government. Some like the Advantage plans because they can offer more provider options in their area. Some like the additional coverage options. Some people have a working relationship with a particular Advantage company. Either way, original or Advantage, they both count as Parts A and B for TRICARE for Life purposes.

Specialty care situations **(like the cancer treatment question above)** depend upon the situation you find yourself in AND whether or not the facility/physician accepts TRICARE or Medicare.

* First: The facility or physician needs to accept the program you fall under. If they do not and you still desire to be seen, then your costs will fall under Point of Service (POS) rules for that program. You will pay deductibles, co-pays or the foot the entire bill.
* Second (assuming they accept coverage):
	+ Under Prime, your PCM must provide a referral to the facility/physician you desire. If they are unwilling to do so, then you must go POS.
	+ Under Select, you have the option to see whichever providers accept TRICARE. You will have to pay transportation cost to the location of service.
	+ Under Medicare/TFL: Again, you have the option to seek accepted care wherever you like - but Medicare/TFL will not pay for transportation costs.

**“Medicare for All”** doesn’t currently exist, therefore we have no answer for how it will effect TFL coverage.

Special-needs issues: Special-needs dependents stay on TRICARE Select or Prime until they are put on Medicare. Special-needs individuals can be enrolled in Medicare prior to age 65. Once on Medicare, they have to go on TFL. No other TRICARE supplements are needed once on TFL since TRICARE is your Medicare supplement.

Children (for example, grandchildren under the care of a military retiree or beneficiary) must be adopted by, or be considered the legal ward of, a TRICARE beneficiary to be eligible for TRICARE coverage. Once either condition is met, the grandchild can be registered in DEERS as a dependent – then all of the dependent coverage rules apply. At that point, you can purchase a TRICARE supplement plan for this dependent. Contact MOAA’s Mercer Supplement at 1-800-247-2192 for possible plans.

Medicare and TRICARE coverage services are very similar, but not exactly the same. The fees physicians may charge for services under TRICARE follow the government-allowed fees for Medicare.

MOAA is tracking and actively participating in the discussions concerning the proposed 18,000 cuts to health care billets under the Defense Health Agency (DHA). We will continue to keep our members advised as to how this will impact your benefits. However, there is nothing definitive to report at this time.

**Medicare sign up window: three months before and three months after birth month:**  It doesn’t matter if your birthday is the 1st or 31st of any particular month, because your TRICARE coverage ends on the last day of the month prior to your birth month. Therefore, if your birth month is December (TRICARE coverage ends Nov. 30), you can sign up as early as Sept. 1 and as late as March 31 without penalty.

Continued MTF enrollment after aging into Medicare/TFL is totally dependent on the approval/acceptance of the individual MTF. If accepted, you are considered covered under TRICARE Plus. Typically, you are only offered primary care services under TRICARE Plus, unless the facility (large military hospital) will provide/cover specialty services. Referrals for specialty care outside the MTF must typically be handled like any other Medicare/TFL covered procedures – find the covered care you need.

As shown in the brief, the TFL contractor for services is managed by Wisconsin Physicians Service (WPS) at 866-773-0404 or [https://TRICARE.mil/Plans/HealthPlans/TFL](https://tricare.mil/Plans/HealthPlans/TFL)

You must enroll in a TRICARE program within 90 days after retirement date to ensure no gaps in coverage. For FEDVIP: You have only 60 days from retirement to enroll in a FEDVIP dental/vision plan, or must then wait until another quality-of-life event (QLE) or next open season to enroll. <https://www.benefeds.com/Portal/EducationSupport?EnsSubmit=dental-vision-coverage&ctoken=o0VJdjQu>

The SSN and benefits number issue is beyond our control. Those are administrative issues that have to be worked with the agencies involved.

Balance billing: We suggest you review the TRICARE contract definitions for “in-network”, “non-network participating”, and “non-network non-participating.” See this page: [https://TRICARE.mil/FindDoctor/AllProviderDirectories/NonNetwork](https://tricare.mil/FindDoctor/AllProviderDirectories/NonNetwork). Providers cannot balance bill if they are “in-network” or “non-network participating.” Only a “non-network, non-participating” provider can balance bill.

Pregnancy providers: (Assuming in regards to the transition with TRICARE from serving to retired) It’s all TRICARE Prime or Select. Just ensure your doctors/facility accepts TRICARE. If you are on base now, work it out to continue on base during the pregnancy.

**Pharmacy Issues**

Q:

* I am going to start TRICARE for Life and presently take a drug that costs $12,000 per month. Should I contact Express Scripts to fill the script?

A: You fill it as you would any prescription. The TRICARE/Express Scripts pharmacy benefit is the same for all TRICARE programs.

**Reserve/Guard Issues**

Q:

* Could you please cover Reserve options?
* Confirming TFL includes reservists who were on TRICARE Reserve Select as well?

A: Reserve and Guard members enroll in Medicare-TFL the same as everyone else at age 65. The Medicare-TFL program is the same for all servicemembers. At age 60, Reserve and Guard members will enroll in either TRICARE Prime or Select until age 65.

**US Family Health Plan** (**USFHP) Issues**

Q:

* Is there any effort to do away with the late enrollment penalty for those who were enrolled in the USFHP?
* If you use USFHP, can you then use MTF pharmacy when moving to TFL?
* If you are USFHP who has had continual enrollment prior to the Oct. 1, 2012, cutoff date, when you go to the ID office for your new ID card, will they still list you as TFL? I will be enrolling in Medicare Part A and purchasing Medicare Part B.

A: Veterans and spouses enrolled in USFHP before Oct 1, 2012, have the option of remaining in USFHP after turning age 65 and foregoing enrollment in Medicare. The dilemma these families face is the possibility of a future move away from a USFHP coverage area. If this occurs without having enrolled in Medicare, each individual will have to pay a 10% penalty for each year over 65 not enrolled/paying the Medicare Part B premium. Some beneficiaries make the decision to enroll in Medicare Parts A and B to cover themselves in case of a future move. The Part B premiums take the place of the USFHP yearly enrollment fee, and they now have TFL as a supplemental plan to cover co-pays. However, entitlement to TFL in this case still does not entitle USFHP beneficiaries to utilize military treatment facilities or pharmacies.

**How does VA health care work with TRICARE and Medicare/TFL?**

Q:

* What is some advice for those who have a VA rating on using both TRICARE/Medicare and VA health care?
* If I am currently using VA medical services, can I simultaneously use TRICARE or must I select one or the other exclusively? Also, do I have to use the VA for any service-connected conditions? (I am under age 65.)
* If I am receiving full medical care from VA as a 100% P&T (permanent and total) disabled veteran, do I have to enroll and pay for Medicare Part B?
* Not sure on my priority, 1 or 6. I am never sure what to ask VA for – shots, prescriptions, medical appointments, etc. Should I ask VA first and then if no, use TRICARE?
* What medical treatment should be done at VA facility vs TRICARE?
* What if you are 100% disabled, and the VA covers you?
* I retired on Oct. 31, 2018 (32 years USAF). I’m 70% IAW VA. It seems I have a choice of care between VA and TRICARE Prime PCM, for which I’m currently enrolled?
* I live in Florida. How should I select Medicare and the supplements that best cover me and my wife if I have TRICARE for Life (for wife) and I receive VA care?
* If I’m receiving care at a VA hospital, do I need Medicare?
* I have TRICARE for myself and mywife. Which part must I get after changing to TRICARE for Life at 65?
* What about Medicare-TFL and VA health?

A: Having access to VA health care provides additional flexibility for retirees who qualify for both programs.

First, you must understand that these programs don’t mix! If you use TRICARE or Medicare/TRICARE for Life, the VA won’t pick up any co-pays. If you use VA health care, TRICARE or Medicare/TFL won’t pick up any residual deductibles or co-pays.

To use VA health care you must have a VA disability rating (which means you must have submitted a VA disability compensation claim that must have been adjudicated with a least one service-connected disability at 0%). Without a VA disability rating, the VA prioritizes access to VA health care based on financial need. If a veteran earns over what is generally considered the poverty level, the VA puts you in Priority Group (PG) 8.

Veterans with a disability rating of 50% or higher are in PG 1, which means all of their health care needs (including medications) are covered by the VA. Veterans with ratings 40% and below are assigned to PGs 2-8 and have access to free care and/or varying deductibles and co-pays based on care/medicines for service and non-service connected conditions. Start here: <https://www.va.gov/healthbenefits/cost/copays.asp>

TRICARE for Life and VA issues: [https://TRICARE.mil/Plans/HealthPlans/TFL/TFL\_VA](https://tricare.mil/Plans/HealthPlans/TFL/TFL_VA)

**FEDVIP**

Q:

* Can I keep my FEDVIP dental plan after I turn 65?
* Is there a premium for FEDVIP?
* What's the difference between TRICARE and Benefeds?
* If I enrolled myself and my spouse in FEDVIP dental this year, do I need to re-enroll next year during open season?
* What are the dates for enrollment for FEDVIP?
* What is monthly premium for FEDVIP dental program?
* Do you have to re-enroll every year for FEDVIP, or only if you want to change plans?
* Does the original Medicare plus FEDVIP (Dental and Vision – transition from Retiree Dental) combination gets the green light?

A: FEDVIP (Federal Employee Dental and Vision Insurance Programs) has been in existence for a number of years for federal employees. The TRICARE Retiree Dental Program (TRDP), administered by Delta Dental, sundowned on Dec 31, 2018, and beneficiaries interested in a dental or vision plan needed to shop for and enroll in a new dental and/or vision plan under FEDVIP. Like TRDP, FEDVIP is a premium-based (monthly) program. You can view the Benefeds website here: [www.benefeds.com](http://www.benefeds.com)

MOAA conducted a webinar “How to Shop for a FEDVIP Dental and Vision Plan” in Oct 2018 - describing how to use the Benefeds website and comparison tool to shop for the best plan for your family. Watch MOAA’s archived webinars here <https://www.moaa.org/content/benefits-and-discounts/transition-and-careers/transition-center-webinars/transitionwebinars/>

TRICARE, Medicare/TFL, and Dental/Vision benefits are separate programs: Think health care (TRICARE or Medicare/TFL) on one hand and dental/vision on the other. Many military retirees move on to civilian careers, where their employers provide dental and/or vision insurance plans and do not require access to FEDVIP until they fully retire. However, if their civilian employer does not provide dental and/or vision plans for the employee and/or spouses and children, the retiree and/or their dependents can access FEDVIP plans for dental and/or vision coverage.

If you are enrolled in FEDVIP prior to turning 65, the program doesn’t change. You can remain enrolled in your current program, or change to another program during the open season or if you have a qualifying life event. The open season for FEDVIP enrollment coincides with the TRICARE open season and runs from mid-November to mid-December each year.

**Employed and Employer Coverage**

Q:

* My husband is a DoD civilian retiree and I'm on his federal health plan at the moment (I'm a grey area reserve retiree). I'm wondering if it's worth my while to enroll in TRICARE at age 60. If I didn't enroll at age 60, would that affect my ability to enroll in TRICARE for Life at age 65?
* If I’m 65 and retired but my wife is still working, should I come off her employer health insurance?
* What if I am covered under my wife's health care plan and age 65? Do I still sign up for Parts A and B for TFL?
* My spouse is working and has a health plan through her employer, Can I NOT pay for Medicare but still get TFL? If I am covered under my wife's health plan but I am not working, am I still eligible to wait for the special enrollment period?
* If I have a federal health plan now, do I need to suspend it before applying for Parts A and B?
* If I’m already enrolled in Medicare and TFL and begin work, can I drop out of Medicare and come back in when I retire?
* If you are working and have employer-sponsored coverage, should you sign up for Part A only until you no longer have employee-sponsored coverage?
* Still not clear if I stay on my work insurance. Do I lose the TRICARE supplement and pharmacy coverage after 65? The rules say if I do not sign up for Medicare at 65 I lose TRICARE for Life.
* If you do not enroll in Medicare when you become eligible, you will not have TRICARE benefits until you enroll in Medicare, correct? The only coverage you will have is what your employer provides?
* I am over 65 and have employer-covered health plan. Am I covered under TRICARE for Life in this situation? (I have Medicare Part A, but not Part B)
* If you have an employer plan and don't use it, how does that work?
* I am age 67 and still working; my employer provides health insurance. I am paying quarterly Medicare Part B premiums, which are expensive. Do I need to continue to pay those until I actually stop working to keep my TFL?
* What if you are self-employed at 65?
* What if you're working after 65 but NOT getting employer health care?
* Any advice for folks who have both FEHB coverage and TRICARE for Life, and use of a Medicare Advantage Plan, once I'm paying a premium for both Medicare and the FEHB Medicare Advantage Plan?
* Do the Medicare Second Payer rules prevent you from opting out of your employer health plan?
* This company provides medical insurance as a supplemental to Medicare for all their retired members; however, they DO NOT if you are a retired servicemember eligible for TFL? It just seems like legally they can't do that but I'm not sure. Any recommendation/suggestions?
* If we have employee insurance and keep it and delay enrollment in Medicare, is there a late enrollment fee for Medicare or TRICARE for Life?

A: The q-and-a below outline situations and rules for delaying enrollment in Medicare Part B. Each of these cases do not incur the late enrollment penalty for not enrolling in Part B after age 65 - AS LONG AS - enrollment occurs within the eight-month special enrollment period after the working spouse finally retires.

IN ALL CASES - If you do not enroll and pay for Medicare Part B, you do not get TFL.

There is no harm in enrolling in Medicare Part A at age 65 while deferring enrollment in Part B due to employer-provided coverage (both working and non-working spouses).

*Question: I plan to continue working after turning 65. I know I lose TRICARE, but can I utilize my company sponsored healthcare plan and delay enrolling in Medicare?*

Answer: Yes, you can delay enrolling (penalty free) in Medicare if covered by an employer sponsored health care plan. However, you will not have TRICARE for Life as your supplemental coverage until you enroll and begin paying for Medicare Part B. Once the retiree stops working, he/she has eight months to enroll in Medicare before incurring the late penalty. A spouse covered under the working spouse’s employer plan can also delay enrolling in Medicare while the employee continues employment.

*Question: After a delay in age 65 enrollment in Medicare due to employer-provided coverage, a retiree proceeds to enroll in Medicare (and receives TFL), but then decides to work again (with employer-provided health care). Can you suspend Medicare after starting?*

Answer: Yes in this case, but again, TFL is also suspended until Part B premiums resume.

*Question: What do you recommend for military retirees who are federal employees and go on to achieve a federal employee retirement?*

Answer: While working for the federal government (under 65), you may pay for federal health insurance. If you make this decision, your federal insurance will be the primary payer for your health care needs and your TRICARE program (Prime/Select/Select Oversees) will act as your supplement. If you decide to forego federal healthcare benefits, TRICARE will be your primary health care provider (see VA FAQ for VA health care options with TRICARE).

If you continue to work for the federal government after turning age 65, you face the same choice of whether to enroll in Medicare Parts A and B in order to receive your TFL benefit as above.

Upon retirement from the federal government, you have another decision to make – whether to keep and pay for your retired federal worker health care benefits, and whether or not to enroll in Medicare Part A & B (and receive TFL). We find for most federal retirees with military retirees benefits that the most advantageous course of action is to “suspend” their federal retiree benefit and enroll in Medicare to receive TFL (which has no enrollment cost). If TFL fees should be implemented in the future, you can make the decision to reinstate your federal retiree health benefit.

*Question: How does Medicare/TFL enrollment rules/coverage impact spouses who are covered under their working spouse employer-provided health care plans?*

Answer: Spouses covered under their working spouse’s employer health care coverage have multiple options. If both under age 65:

1. Don’t enroll in a TRICARE plan. Use employer plan only with associated deductibles and co-pays. Note: When not enrolled in TRICARE, no FEDVIP entitlement.
2. Enroll in TRICARE program. Employer plan pays first, TRICARE acts as a supplement.
3. Many employer plans have significant premiums associated with spouse coverage. TRICARE enrollment only for spouse may be the most cost effective.
4. Not utilizing TRICARE coverage in lieu of employer provided benefits does not preclude the use/enrollment in Medicare Part A and B to receive TFL benefits once spouse reaches age 65.

Working spouse 65 or older, non-working spouse under 65: Same as above for non-working spouse

Both age 65 or over:

1. Wait to enroll in Medicare Parts A and B (no TFL) until working spouse retires. Employer plan pays first, family pays all deductibles and co-pays.
2. Enroll in Medicare Parts A and B. Employer plan pays first, Medicare pays second, and TFL pays any residual costs.
3. Don’t utilize/pay spouse benefit from employer. Enroll in Medicare and receive TFL.

For the self-employed:

* Prior to age 65: To MOAA, it does not make sense to purchase a full health care plan for yourself. Use your TRICARE benefit and purchase a supplemental health care plan if you feel the need.
* Age 65 or over: Medicare Part B premiums will probably be less than purchasing a health care plan for yourself, plus you get TFL to act as your supplement.

TFL with Other Health Insurance: [https://TRICARE.mil/Plans/HealthPlans/TFL/TFL\_OHI](https://tricare.mil/Plans/HealthPlans/TFL/TFL_OHI).