



TRANSITIONING INTO MEDICARE AND TRICARE FOR LIFE



**MOAA
PUBLICATIONS:
YOUR RESOURCE
FOR EVERY STAGE
OF LIFE**



ABOUT THIS PUBLICATION

Understanding how TRICARE For Life and your pharmacy benefits work can help you take full advantage of these important health care benefits. Keep this reference guide handy, and refer to it whenever you have a question or concern. Call MOAA at (800) 234-MOAA (6622) or email beninfo@moaa.org if you have questions or need clarification.


TABLE OF CONTENTS

- 2 Resources
- 3 A Roadmap to Medicare and TRICARE For Life
- 4 Determine Your Eligibility
- 6 Know the Costs
- 7 How to Use Medicare & TFL
- 8 TFL Overseas
- 9 Medicare/TFL FAQs
- 11 The TRICARE Pharmacy Benefit
- 11 TRICARE Pharmacy FAQs
- 12 Using Other Health Insurance
- 13 Pharmacy Costs
- 14 Transitioning Into Medicare and TFL Checklist
- 15 Make the Most of Your MOAA Membership



MOAA developed this reference guide to answer beneficiaries' frequently asked questions. Inside, you'll find all the information you need to make the transition to TRICARE For Life (TFL).

When you become eligible for Medicare, you become eligible for TFL. In addition to receiving medical coverage through TFL, you will retain eligibility for TRICARE Pharmacy Program benefits. Individuals age into TFL at age 65 regardless of their spouse's age. Spouses under age 65 retain eligibility in the TRICARE program they currently use until they age into TFL.

MOAA's Member Service Center can help you navigate TFL by answering any questions or concerns you might have. Call a member service representative at (800) 234-MOAA (6622) (Monday-Friday, 8 a.m. to 6 p.m. Eastern time). You'll also find resources and a checklist in the final pages of this publication. 



The Military Officers Association of America (MOAA) is a nonprofit military and veterans association dedicated to maintaining a strong national defense and ensuring our nation keeps its commitments to currently serving, retired, and former members of the uniformed services and their families and survivors. Membership is open to those who hold or have ever held a warrant or commission in any component of the Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration and their surviving spouses.



CONTACT MOAA

- Email beninfo@moaa.org.
- Visit MOAA's website at www.moaa.org/benefits info.
- Call the MOAA Member Service Center at (800) 234-MOAA (6622).
- Mail the MOAA Transition Center: 201 N. Washington St., Alexandria, VA 22314



TRICARE GUIDE

Year after year, TRICARE is updated, costs might shift, and you and your family might see life transitions. MOAA's TRICARE Guide can help you find which way to turn when you hit bends in the path. Check out the latest edition at www.moaa.org/tricareguide.

RESOURCES

TRICARE

www.tricare.mil/tfl

TRICARE claims:

Wisconsin Physicians Service (WPS)

(866) 773-0404 (Monday-Friday, 7 a.m. to 10 p.m. Central time)

www.tricare.mil/claims

Claims form:

www.tricare.mil/formsclaims/forms/claimforms

Mailing address for written correspondence:

WPS/TRICARE For Life

PO Box 7890
Madison, WI 53707

View status online:

www.tricare4u.com

Overseas claims mailing addresses:

TRICARE Overseas — Eurasia-Africa

PO Box 8976
Madison, WI 53707

TRICARE Overseas — Latin America, Canada, and Pacific

PO Box 7985
Madison, WI 53707

TRICARE pharmacy:

www.tricare.mil/pharmacy

TRICARE pharmacy formulary search:

www.tricare.mil/pharmacy/formulary

U.S. pharmacy claims:

Express Scripts Inc.

(877) 363-1303

www.express-scripts.com/tricare

Claims address:

Express Scripts Inc.

PO Box 52132
Phoenix, AZ 85072

Medical-necessity appeals:

www.tricare.mil/contactus/filecomplaint/medicalnecessity

Federal Employees Dental and Vision Insurance Program (FEDVIP):

(877) 888-3337
www.benefeds.com

Medicare

www.medicare.gov

Social Security

www.ssa.gov

Defense Enrollment Eligibility Reporting System and Defense Manpower Data Support Office

Locate uniformed services ID card facility:

(800) 538-9552 (Monday-Friday, 8 a.m. to 8 p.m. Eastern time)
<https://idco.dmdc.osd.mil/idco>

MOAA

(800) 234-6622 (Monday-Friday, 8 a.m. to 6 p.m. Eastern time)
www.moaa.org

Medicare Rights Center

(800) 333-4114
www.medicarerights.org

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A Roadmap to Medicare and

Retirees and their spouses individually lose their TRICARE benefit on the last day of the month prior to their 65th birth month. Unless covered by their own (or their spouse's) employer health care plan, they must enroll in Medicare or face premium penalties for late enrollment. Medicare enrollment entitles a military retiree and their spouse access to TRICARE For Life (TFL). This publication details the process of transitioning into Medicare and TFL.

TFL started Oct. 1, 2001, and restored TRICARE coverage for all Medicare-eligible retired uniformed services beneficiaries who are enrolled in Medicare Part B. TFL ensures eligible beneficiaries will receive all Medicare-covered benefits under Medicare, plus all TRICARE-covered benefits. Beneficiaries must use a Medicare provider. Medicare will be the first payer for all Medicare-covered services, and TRICARE, by law, is the last payer. Under TFL, TRICARE becomes your Medicare supplement plan. TFL also acts as your pharmacy plan, negating the need for Medicare Part D.

Medicare Advantage Plans (MAPs), known as Part C, count as Parts A and B Medicare for TFL, the same as Original Medicare Parts A and B. You have the choice to have the federal government as your insurer (Original Medicare) or a health insurance firm as your insurer (MAP, Part C). While TFL covers Original Medicare and MAP costs, TFL does not always seamlessly link with MAPs and might require manual claim submissions. TRICARE's pharmacy benefit remains the same for beneficiaries under and over age 65.

Before you can begin using TFL, you'll need to do three things:

- Enroll in Medicare Parts A and B.
- Have an accurate record in the Defense Enrollment Eligibility Reporting System (DEERS).
- Have a valid, current uniformed services ID card.



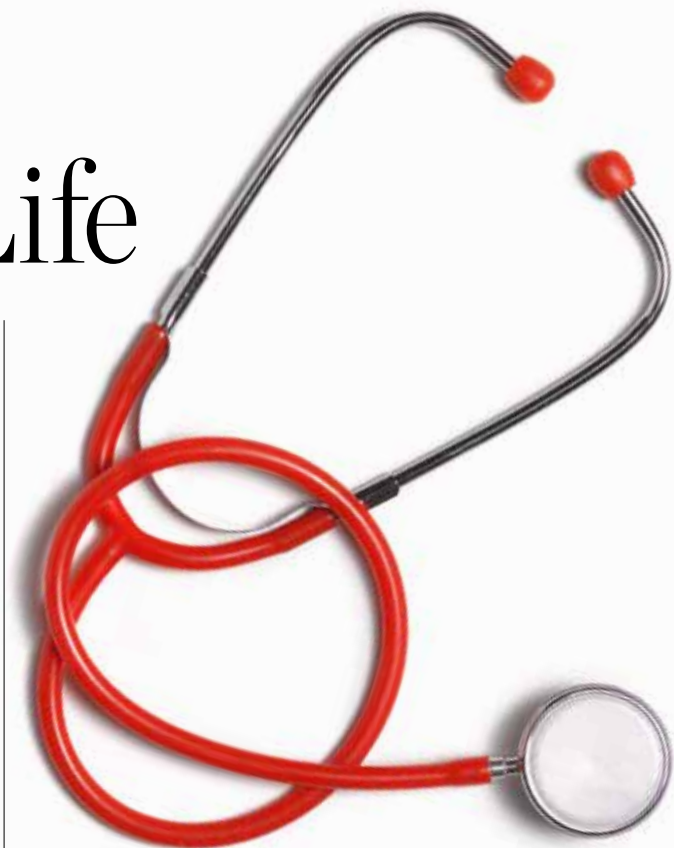
ENROLL IN MEDICARE PARTS A AND B

You enroll in Medicare online at www.ssa.gov/medicare/sign-up. Beneficiaries should sign up for Medicare during their initial enrollment period, which begins three months before the month a beneficiary turns 65 and ends three months after the month a beneficiary turns 65. If your birthday is on the first of the month, your initial enrollment period begins one month earlier and ends one month sooner.

We suggest you enroll prior to your birth month. Early enrollment ensures coverage starts on time with no gap in coverage. (*See chart on page 5.*)

If you or your spouse are still employed and have

TRICARE For Life



Determine Your Eligibility


TFL covers all uniformed services retirees, spouses, and other qualifying dependents and survivors (including certain former spouses) who are enrolled in Medicare, regardless of age.

Examples of other eligible TFL recipients include:

- National Guard members and reservists receiving military retired pay who are enrolled in Medicare.
- Servicemembers who retired because of a medical disability who are enrolled in Medicare.
- Eligible family members of retirees who retired on medical disability, provided they are enrolled in Medicare.

Some examples of those who are not eligible for TFL include:

- Dependent parents or parents-in-law of a servicemember.
- VA beneficiaries who were medically discharged from military service and were not given a medical disability retirement.

If you're not sure whether you are eligible for TFL, contact the Defense Enrollment Eligibility Reporting System at (800) 538-9552. 

group health plan coverage through your employer, including the Federal Employee Health Benefit Program (FEHBP), you may wait to enroll in Medicare. However, you will lose TRICARE coverage until you eventually enroll in Medicare. You will not be penalized with a late-enrollment fee if you enroll within eight months of your group health plan coverage ending (which means you are no longer working).

If you elect not to enroll in Medicare when you turn 65 — for example, if a veteran decides to use VA health care — and you are not covered by your employer's health care policy, there is a 10% premium penalty, compounded each year, for late enrollment in Medicare.



ENROLL IN MEDICARE

Visit www.ssa.gov/medicare/sign-up to enroll in Medicare.



If you enroll in Medicare when you are first eligible but are not yet receiving Social Security, Medicare will bill you for your premiums.

Being retired from the workforce and under an employer’s retired health plan does not qualify for delaying your Medicare enrollment without a penalty. You also will have to wait until the next general enrollment period, which is Jan. 1 to March 31 of each year, with benefits starting July 1.

To enroll in Medicare Parts A and B, contact the Social Security Administration at (800) 772-1213 or visit www.ssa.gov. For important enrollment and coverage information, visit www.ssa.gov/medicare/sign-up.

MEDICARE ADVANTAGE PLAN (PART C)

Those eligible for Medicare have the choice of using the federal government as their insurer in Original Medicare or a corporate health care insurer with a MAP. All plans are Medicare Parts A and B as required by law with the same minimum standards of coverage. The Part B premium either goes to the government (Original) or the company insurer (MAP).

MAPs can offer more coverage than Original but never less; they can charge more for the extra coverages. The \$0 premium plans you might see advertised are not really free. MAPs charge the same Part B Medicare premiums everyone pays. The \$0 means the amount above the standard Part B premium a person pays. Also note the copays, co-insurance, deductibles, and maximum coverage amounts on the plans, but TFL covers the costs that fall out of Medicare

for Medicare-covered costs. And TFL has a catastrophic cap per calendar year to limit your out-of-pocket costs to \$3,000 a year for covered costs.

Note that while TFL covers Original and MAP costs, TFL does not always seamlessly link with MAPs and might require manual claim submis-

UNDERSTANDING COVERAGE START DATES

| If you sign up for Medicare Part A and/or Medicare Part B in this month: | Your coverage starts: |
|--|--|
| 1, 2, or 3 months before you turn 65 | The first day of your birthday month |
| The month you turn 65 | 1 month after you sign up |
| 1, 2, or 3 months after you turn 65 | The first day of the month after you sign up |
| During the Jan. 1-March 31 general enrollment period | July 1 |

sions. Check with the TFL contractor, Wisconsin Physicians Service, at (866) 773-0404 or www.tricare4u.com to see if your MAP will connect to TFL.

When selecting a MAP, be sure the plan does not come with Part D drug coverage. Numerous MAPs automatically come with a drug plan. Selecting another drug plan messes with the TRICARE pharmacy plan. TRICARE pharmacy becomes the second payer (meaning manual claims and reimbursements), and you lose the ability to use the TRICARE home delivery program.

HAVE AN ACCURATE, CURRENT RECORD IN DEERS

Five months before turning 65, you will receive a postcard from the Defense Manpower Data Center (DMDC), the office that supports DEERS, with information about keeping TRICARE coverage after age 65.

If you recently have moved or changed status, you’ll need to notify the DMDC Support Office (DSO) to update your DEERS record. There are several ways to inform them of changes in status.

- Visit the DEERS website at <https://milconnect.dmdc.osd.mil/milconnect>.
- Visit a local personnel office that has a uniformed services ID card facility. (Call for hours of operation or to update records for housebound individuals.) Locate the nearest military ID card facility using the site locator at <https://idco.dmdc.osd.mil/idco>.
- Call the DSO telephone center at (800) 538-

9552. It is open weekdays between 8 a.m. and 8 p.m. Eastern time.

- Fax your address changes to (502) 335-9980.
- Mail the information to: DSO, ATTN: COA
400 Gigling Road, Seaside, CA 93955

HAVE A VALID, UP-TO-DATE UNIFORMED SERVICES ID CARD

All eligible uniformed services family members and survivors of deceased personnel who are age 65 and older are eligible to receive permanent military ID cards. Beneficiaries currently in possession of valid ID cards may obtain new, permanent ID cards within 90 days of expiration. Contact your nearest ID card issuing facility for more information. You can locate the nearest facility and make an appointment to get an ID card by visiting the ID Card Office Online at <https://idco.dmdc.osd.mil/idco/locator>.

WORKING AT AGE 65 AND BEYOND

The size of the employer and having an employer health plan determines whether you might be able to delay Part A and Part B without having to pay a penalty if you enroll later.

If the employer has fewer than 20 employees, you should sign up for Parts A and B when you're first eligible. In this case, Medicare pays before your other coverage.

If the employer has 20 or more employees, ask your benefits manager if you have group health plan coverage (as defined by the IRS). People with group health coverage based on current employment might be able to delay Parts A and B and won't have to pay a lifetime late enrollment penalty if they enroll later. If you want to delay both Parts A and B coverage, you don't need to do anything when you turn 65. If you're eligible for premium-free Part A, you can enroll in Part A at any time after you are first eligible for Medicare. IIII

NOTE: *Although the eligibility age for full Social Security benefits changed in 2015, the eligibility age for Medicare did not.*



Know the Costs

TFL has no enrollment fees or premiums. Medicare Part B has a monthly premium and an annual deductible. TFL pays the Medicare Part B deductible if the first medical service of the calendar year is one covered by Medicare and TRICARE.

If you are already receiving Social Security benefits at least four months before your 65th birthday month, you will be automatically enrolled in Medicare Parts A and B. Your monthly premiums will be deducted from your Social Security payment.

In situations where Medicare coverage does not apply, TRICARE will become first payer, and beneficiaries will be responsible for the TRICARE Select deductible (\$150 per person/\$300 per family) and a fixed amount copay or 25% copay, not to exceed the annual \$3,000 retiree catastrophic cap per family per calendar year for TRICARE-covered services.

YOUR PART B PREMIUM IS BASED ON INCOME

Social Security uses income from your tax return two years ago to determine your Part B premiums. For example, the income reported on your 2021 tax return will be used to determine your monthly Part B premium in 2023. If your income has decreased, you can ask that the income from a more recent tax year be used to determine your premium, but you must meet certain criteria. To appeal Part B premiums because of a decrease in income, find appeal instructions through the Office of Medicare Hearings and Appeals at www.hhs.gov/about/agencies/omha/the-appeals-process/part-b-premium-appeals/index.html. View the current Part B premium rates at www.medicare.gov/pubs/pdf/11579-medicare-costs.pdf.

For more information about income-based Part B premiums, call (800) 772-1213 or visit www.medicareinteractive.org/get-answers.

For a breakdown of Medicare coverage rates, go to www.medicare.gov/what-medicare-covers. IIII



How to Use Medicare & TFL

There is a lot to know about using your TRICARE For Life (TFL) benefit. Here is a deeper dive into doctor's appointments, filing claims, how other health insurance works with TFL and health care providers who accept Medicare Assignment, providers who are Medicare-approved and Medicare "opt-out" providers.

DOCTOR'S APPOINTMENTS

You'll need to bring two things:

- Your Medicare card, which indicates you have coverage.
- Your valid, up-to-date uniformed services ID card.

TFL does not have a special card like Medicare; your Medicare card, along with your valid uniformed services ID card, provides proof of your TFL eligibility and enrollment.

FILING CLAIMS AND PAYMENT

Most providers bill Medicare directly for payment. Under TFL, Medicare processes the primary claim and sends the Medicare payment

directly to the provider. The secondary claim automatically crosses over to be processed by TFL using the paid Medicare claim as documentation.

TFL sends the patient's Medicare copay directly to the provider. You will get a copy of the explanation of benefits (EOB) from both Medicare and TFL showing what each program has paid.

OTHER HEALTH INSURANCE WITH TFL

Your Medicare claim crosses over to one other health insurance with TRICARE, by law, paying last. Other health insurance includes private insurance, the Federal Employees Health Benefits Program, and other employer-provided insurance plans. If you have insurance based on current employment, then your employer-based insurance pays first, followed by Medicare, and TFL picks up any remaining costs. If you have other coverage that is not based on current employment, Medicare pays first, followed by your other insurance and then TFL. When there is a



TFL sends the Medicare copay directly to the provider.

break between Medicare and TFL, you will have to manually file claims with TFL.

To submit a claim for reimbursement, you must provide a copy of the Medicare EOB and your other insurer's EOB, along with a TRICARE claim for reimbursement. You can download a claim form (DD Form 2642) at www.tricare.mil/claims.

If you have questions or concerns regarding TFL claims, contact Wisconsin Physicians Service (WPS), the processor for all TFL claims, at (866) 773-0404 or www.tricare4u.com.

MEDICARE-APPROVED VERSUS MEDICARE ASSIGNMENT

When providers accept Medicare Assignment, they agree to accept the Medicare-approved amount as payment in full for any claim filed. These providers must file claims with Medicare, which, in turn, files with TFL, leaving you with the least amount of out-of-pocket expenses (if any).

A Medicare-approved provider who does not accept Medicare Assignment still must file a claim with Medicare and cannot bill you for more than 115% of the Medicare maximum allowable charge (MMAC) — the fee Medicare sets as reasonable for a covered benefit. If you are asked to pay the provider up front, Medicare will reimburse you 80% of the MMAC. TFL then will pay you the balance, up to 115% of the MMAC.

When a provider opts out of Medicare completely, they do not file Medicare claims. Medicare will not make payments for services received from an opt-out provider. TRICARE processes the claim as the second payer as long as the service is a covered benefit and the provider is TRICARE-authorized. As the second payer, TFL pays what it would normally if Medicare processed the claim (20% of the TRICARE allowable charge). You are responsible for the remainder.

If you have no choice for reasonable access to medical care but to use an opt-out provider, contact the WPS at (866) 773-0404 for further information. |||



MORE INFORMATION

Medicare is available in U.S. territories (Guam, Puerto Rico, the U.S. Virgin Islands, American Samoa, the Northern Mariana Islands, and, for purposes of services rendered onboard a ship, the territorial waters adjoining the land areas of the U.S.). In these locations, TFL acts as the second payer after Medicare, just as with the stateside TFL program. TFL beneficiaries who reside in a U.S. territory where Medicare is available will be able to use TFL, just as if they lived in the U.S.



TFL Overseas

When enrolled in Medicare and traveling overseas, TRICARE becomes your primary source of health care coverage.

TRAVELING OR LIVING OVERSEAS

TRICARE Overseas Program (TOP)/TFL is available to beneficiaries residing or traveling overseas. The Medicare Part B enrollment requirement applies regardless of whether you live in the U.S. or abroad.

International SOS is the TOP contractor responsible for customer service for the TRICARE/Medicare population who reside or receive care overseas. TOP/TFL pays the TRICARE allowable amount for overseas claims.

You are responsible for the applicable TRICARE deductible, cost shares, and remaining billed charges. The catastrophic cap is still \$3,000. Outside the U.S. and U.S. territories, there might be no limit to the amount a nonparticipating, non-network overseas provider may bill. You are responsible for paying any amount that exceeds the TRICARE-allowable charge, in addition to your deductible and cost shares. You might be required to pay up front for care and then file claims with the TRICARE overseas claims processor (www.tricare.mil/claims).

For those traveling overseas, we recommend travel insurance to cover these additional fees and cost shares.

When living overseas with TRICARE as your primary resource, users might want to consider supplemental insurance. Start looking early because it might be difficult to procure. |||



Medicare/TFL FAQs

Q. Does TRICARE For Life (TFL) have a benefit for long-term care?

No. TFL, like Medicare, has a benefit for skilled care in a skilled-nursing facility, but this should not be confused with long-term care. The TFL benefit applies to care ordered by a physician in a TRICARE-participating facility that provides rehabilitative or skilled-nursing services to help patients recover after a minimum three-day hospital stay.

This type of care is meant to lead to a patient's full recovery. Custodial care — assistance in activities of daily living such as eating, bathing, dressing, and ambulating — is not covered by Medicare or TFL. For that type of care, consider buying long-term care insurance. You might have to meet certain medical underwriting conditions as determined by the insurance industry.



Prepare for the unexpected with up to \$1 million of coverage, depending on age, through MOAA-endorsed life insurance to help support your loved ones. Visit www.moaainsurance.com to learn more.

Q. I have an insurance supplement to Medicare. How will this plan work with TFL?

TFL is the supplement to your Medicare plan. This means you do not want any other Medicare supplement plan, known as Medigap plans. Medicare will continue to be your primary payer, but instead of TFL paying second, your Medicare supplemental insurance will become your secondary payer.

If you do decide to purchase another Medicare supplement, however, Medicare will continue to be your primary payer. If there is still an outstanding balance on your claim after Medicare and your supplemental policy have paid, you will be responsible for paying that balance and then filing a claim for reimbursement with TFL. If you have the MOAA Mediplus supplement plan, this plan stops at age 65. It does not work as a supplement

for Medicare plans or TFL. Spouses and family members under age 65 can continue the MOAA coverage, as long as they have TRICARE Prime or Select coverage. Call the administrator for your Mediplus plan to coordinate the changes in your status at (800) 247-2192.

Q. How do I confirm that TFL has been “turned on”?

There are two ways to check that TFL is active.

1) After receiving your Medicare insurance card in the mail, schedule an appointment at a local ID card office since you need a new ID card anyway. Show the clerk your Medicare card, and ask them to check the Defense Enrollment Eligibility Reporting System for TFL enrollment.

2) Log into the milConnect website at <https://milconnect.dmdc.osd.mil/milconnect>, and click on “View my health care coverage.”

Q. What is TRICARE Plus?

Some military treatment facilities (MTFs) have the capacity to offer a primary-care affiliation program called TRICARE Plus. While enrolled in Medicare Parts A and B, TRICARE Plus allows you to enroll at an MTF for primary care.

Enrolling in TRICARE Plus does not affect your eligibility for TFL. TRICARE Plus is determined on a space-available basis, which differs from one MTF to another. Check with your local MTF for more information and to determine whether it offers the program.

Q. I am in the Uniformed Services Family Health Plan (USFHP). How does Medicare/TFL affect me?

Beneficiaries enrolled in USFHP before Oct. 1, 2012, can be grandfathered into the program for life. However, USFHP recommends each beneficiary enroll in Medicare Parts A and B at 65, so that if, later in life, you decide to move out of a USFHP coverage area, you will not incur the Medicare premium penalty. USFHP enrollees after Oct. 1, 2012, age out like all TRICARE beneficiaries and must enroll in Medicare to receive TFL.

Q. I get my health care at a VA hospital. Do I need Medicare/TFL?

Some military treatment facilities (MTFs) have the capacity to offer a primary-care affiliation program called TRICARE Plus to those enrolled in Medicare Parts A and B.

Veterans receiving care through the Veterans Health Administration (VHA) must decide whether they believe they’ll be satisfied with the VHA for the rest of their lives or whether they should enroll in Medicare/TFL at 65 to avoid the premium penalty. For example, if at age 70, they decide the VHA is no longer satisfying their medical needs, a veteran in that situation would incur a 50% Medicare premium penalty to enroll at 70.


Q. I’m turning 65 and plan to continue working, must I enroll in Medicare Parts A and B and draw my Social Security benefits?

You may defer enrollment after age 65 without penalty only if you still are working and are covered by your own or your spouse’s employer-sponsored health care plan. You remain ineligible for TRICARE during this period of work after age 65, but your eligibility will be restored once you enroll.

You don’t have to draw Social Security benefits before enrolling in Medicare. The Social Security full retirement age is gradually increasing beyond age 65, based on your year of birth. Although the retirement age is rising, 65 remains the starting date for Medicare eligibility.

Retirees may enroll in Medicare independent of receiving their Social Security benefits. While you may defer receipt of Social Security benefits, you still must enroll in Medicare to retain TRICARE eligibility. Failure to enroll in Medicare upon eligibility results in a penalty of 10% of the cost of Medicare Part B for each year of delayed enrollment.

Q. I’m turning 65 and plan to enroll in Medicare. I want to wait until my full retirement age to collect Social Security benefits. How can I pay my Medicare Part B premiums?

If you delay receipt of Social Security benefits after age 65, the Social Security Administration will bill you for Part B premiums. You may pay by personal check, with a credit or debit card, or by setting up an automatic withdrawal option through Medicare Easy Pay. 

The TRICARE Pharmacy

The TRICARE Pharmacy Program provides pharmacy benefits for all uniformed services beneficiaries. Eligible beneficiaries can receive their medications through:

- a military treatment facility (MTF) pharmacy;
- TRICARE Pharmacy Home Delivery;
- a TRICARE retail pharmacy; or
- a non-network pharmacy.

TRICARE For Life (TFL) beneficiaries are required to use TRICARE Pharmacy Home Delivery for all maintenance medications. Beneficiaries who use an MTF or have other pharmacy insurance are not subject to this mandate. Individual case-by-case waivers may be issued by Express Scripts. See the mail-order pharmacy section below for enrollment information.

MILITARY TREATMENT FACILITIES

You can have your prescriptions filled through

MTF pharmacies free of charge if they carry your drug on their formulary. However, not all medications are available at every MTF pharmacy.

TRICARE MAIL-ORDER PHARMACY

TRICARE Pharmacy Home Delivery, administered by Express Scripts, provides you with up to a 90-day supply of your prescription. It provides a comprehensive, easy-to-use drug benefit with a low out-of-pocket cost. Your prescription will be checked against your medication profile to ensure the medications being dispensed will not result in an adverse reaction with your other medications.

Call the Express Scripts Member Choice Center at (877) 363-1303 for enrollment and prescription transfer assistance, or visit Express Scripts' website at www.militaryrx.express-scripts.com/home-delivery.

FAQs

Q. How can I determine whether the medication I need is on the TRICARE Pharmacy Home Delivery formulary?

There are two sources of DoD formulary information: 1) www.tricare.mil/pharmacyformulary or 2) Express Scripts customer service at (877) 363-1303. Explain that you are a DoD beneficiary, provide the sponsor's military identification number, and ask them to confirm coverage of the drug.

Q. How do I fill my prescription at a TRICARE network pharmacy?

Simply present a prescription written by your health care provider to the pharmacist, along with your uniformed services ID card. The

pharmacist will verify your enrollment in the Defense Enrollment Eligibility Reporting System, fill the prescription, and charge you the copayment. There is no annual deductible or enrollment fee to meet when you use participating pharmacies.

Q. Does TRICARE require a generic drug be dispensed for a brand-name drug?

It's DoD's policy to substitute generic medications for brand-name medications when available. Brand-name drugs that have a generic equivalent may be dispensed only if the prescribing physician is able to justify medical necessity for use of the brand-name drug in place of the generic equivalent. If a generic equivalent

Pharmacy Benefit

TRICARE RETAIL PHARMACY

If you use a TRICARE retail pharmacy for your prescriptions, you will need to show your uniformed services ID card when the prescription is filled, and you can receive up to a 30-day supply of the drug.

Many national pharmacy chains are members of the TRICARE network. To find out which civilian retail pharmacies in your area participate in the program, call (877) 363-1303 or visit www.militaryrx.express-scripts.com/find-pharmacy.

NON-NETWORK PHARMACY

A non-network pharmacy is the most costly option. In addition to higher copays, the TRICARE deductible of \$150 per person with a \$300 cap per family per calendar year applies to prescriptions filled at non-network pharmacies. ❖❖❖

drug does not exist, the brand-name drug will be dispensed at the brand-name copay.

For more information from the Food and Drug Administration on generic drugs, visit www.fda.gov/drugs and click on “Generic Drugs.”

Q. If I must use a non-network pharmacy, what will I have to do and how will I file a claim with TRICARE to recover some of the cost?

If you use a non-network pharmacy, you might be required to pay the full cost for your medication and file for reimbursement with Express Scripts. Mail your reimbursement claim to:

Express Scripts Inc.
PO Box 52132
Phoenix, AZ 85072 ❖❖❖



All TFL beneficiaries are required to use either military pharmacies or the mail-order system for refills of maintenance medications.



Using Other Health Insurance

If you have other health insurance that has a pharmacy benefit, as of April 4, 2006, the retail pharmacy will coordinate these benefits online. Simply show your military ID card as proof of your TRICARE insurance along with your other insurers' card.

Until you exhaust your other insurance's pharmacy benefit, you are prohibited from using the TRICARE Pharmacy Home Delivery program — with the exception of a drug that is not covered by your other insurance plan but is covered by TRICARE.

Once you have used up your other insurance's pharmacy benefit for the year, you then can use the TRICARE Pharmacy Home Delivery program for your pharmacy needs until the next benefit period on your other insurance begins.

For more information regarding other health insurance and pharmacy claims, call (877) 363-1303 or visit TRICARE's website, www.tricare.mil/ohi. Claim forms (DD Form 2642) and the required drug information can be mailed to:


Express Scripts Inc.
PO Box 60903
Phoenix, AZ 85082 ❖❖❖

Q. I live in a foreign country. Will I be able to use the TRICARE Pharmacy Program?

Yes. Retirees residing in foreign countries can use military pharmacies (if available), TRICARE Pharmacy Home Delivery (under certain conditions), or local pharmacies. While an overseas military pharmacy might be able to fill your prescription, services will depend on the country, the source of the prescription, and the local policies of the military treatment facility commander. TRICARE Pharmacy Home Delivery can be used but only under certain restrictions because of FDA requirements and state and international shipping laws. As an alternative, retirees can use local economy pharmacies (as non-network pharmacies), paying the full cost and filing a claim for reimbursement from the TRICARE Overseas Regional Contractor (see www.tricare-overseas.com/beneficiaries/claims).

Q. How does Medicare Part D affect me?


We suggest you do not enroll in any other pharmacy plan. For most TFL beneficiaries, there is no added value in purchasing Medicare prescription drug coverage. It is unlikely Medicare Part D coverage would provide better coverage than the pharmacy benefits available under TRICARE, and unlike Medicare Part D, the TRICARE pharmacy benefit doesn't cost you monthly premiums. If a TFL beneficiary chooses to enroll in Part D, their TFL pharmacy benefits will be affected, as TFL becomes the final payer behind Medicare Part D. This means manual claims must be filed for reimbursement, and you will not be able to use the TRICARE home delivery service. Beneficiaries who lose TRICARE eligibility (e.g., survivors who remarry a spouse who is not a military beneficiary or certain beneficiaries in cases of divorce) might benefit from Medicare Part D. Those losing TRICARE eligibility must enroll in Part D within 63 days or they will face a late-enrollment penalty for Part D.

Low-income beneficiaries eligible for Medicaid (not Medicare) automatically are enrolled in Part D and have Part D premiums waived. TRICARE will be the second payer to Part D for these beneficiaries. 



Pharmacy Costs

The amount you pay out-of-pocket for prescription drugs will vary, depending on whether you use the mail-order pharmacy, a retail network pharmacy, a non-network pharmacy, or a military treatment facility. Visit [www.tricare.mil/costs/prescription costs](http://www.tricare.mil/costs/prescription_costs) for the latest prescription costs.

All TRICARE For Life beneficiaries are required to use either military pharmacies or the mail-order system for maintenance medicine refills. The law establishes requirements to ensure no one is turned away at retail pharmacies without enough medication to last until a mail-order account is established for them. DoD also has authority to waive the requirement for select medications or beneficiaries (e.g., nursing home patients). 

Transitioning Into Medicare and TFL Checklist

AGE 64 AND 9 MONTHS

CURRENTLY RECEIVING SOCIAL SECURITY BENEFITS

- The Social Security Administration (SSA) automatically enrolls you in Medicare Parts A and B — Do NOT opt out of Medicare Part A or B.
- Do NOT enroll in Medicare Part D. See TRICARE pharmacy options under “The TRICARE Pharmacy Benefit,” page 11.
- Monthly Medicare Part B premium withheld from Social Security beginning at age 65.

NOT YET COLLECTING SOCIAL SECURITY BENEFITS

- Contact the SSA at (800) 772-1213 or www.ssa.gov to enroll in Medicare Parts A and B.
- Do NOT enroll in Medicare Part D. See TRICARE pharmacy options under “Using Medicare/TFL Benefits” in the following section.
- Quarterly Medicare Part B premium billed.

PREPARING TO USE MEDICARE/TFL BENEFITS

- Upon receipt of your Medicare enrollment card: — contact the Defense Enrollment Eligibility Reporting System at (800) 538-9552 or your nearest uniformed services ID card facility, and — notify them you are enrolled in Medicare Parts A and B and wish to use your TFL benefits.
- Your uniformed services ID card is your TFL identification card.
- If using a TRICARE supplement, notify the carrier to terminate coverage at age 65.
- If you haven't done so already, consider long-term care insurance.
- Quarterly Medicare Part B premium is billed until receipt of Social Security; then monthly Medicare Part B premium is withheld from Social Security.
- Your spouse ages into Medicare/TFL upon reaching age 65 following the same process.



For more information or help from MOAA's Member Service Center, call (800) 234-MOAA (6622).

AGE 65 AND OLDER

EMPLOYER-SPONSORED HEALTH CARE PLAN COVERAGE

- You can opt out/delay Medicare without penalty if covered by an employer health care plan. However:
 - TRICARE eligibility is lost until you enroll in Medicare.
 - Direct care at a military treatment facility (MTF) still might be available — but it is not guaranteed.
 - Upon termination of your employer-sponsored health care plan through loss of coverage or end of employment, you have an eight-month special enrollment period to enroll in Medicare. However, your TFL remains suspended until you enroll in Medicare.
- Contact the SSA at (800) 772-1213 or www.ssa.gov to enroll in Medicare.

USING MEDICARE/TFL BENEFITS

- Your uniformed services ID card is your TFL identification card.
- After receiving your Medicare insurance card, you should update your uniformed services ID card. Ask the ID card clerk to confirm TFL enrollment.
- Select a health care provider based on which ones accept Medicare; TFL as final payer is invisible to providers.
- Medical claims cross automatically from Medicare to TFL, unless you have other health insurance.
- Direct care at an MTF, called TRICARE Plus, might be available — but it is not guaranteed.
- TRICARE pharmacy options are identical before and after age 65.
- Beneficiaries must enroll in the TRICARE mail-order pharmacy for their maintenance medications.



MOAA Premium and Life members can call our benefits experts at (800) 234-6622 or write beninfo@moaa.org.

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