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TRICARE® For Life

TRICARE For Life is TRICARE's Medicare-wraparound coverage

WHAT IS TRICARE FOR LIFE?

TRICARE For Life (TFL) is TRICARE's Medicare-wraparound coverage available to all Medicare-eligible TRICARE beneficiaries, regardless of age or place of residence, provided they have Medicare Part A and Part B. There is no paperwork associated with TFL—beneficiaries automatically gain coverage when they meet the requirements.

With TFL, Medicare becomes your primary insurance, and TRICARE acts as your secondary payer, which minimizes your out-of-pocket expenses. TRICARE benefits include covering Medicare's coinsurance and deductible, providing the services you receive are covered by TRICARE.

Wisconsin Physicians Service (WPS) is the contractor that administers the TFL program and should be your primary contact for TRICARE-related customer service needs in the United States or U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*). If you are outside of those areas overseas, contact your TRICARE Overseas Program (TOP) Regional Call Center with TFL questions. You may contact your regional contractor for help with prior authorizations.

WHAT IS MEDICARE?

Medicare is health insurance for people age 65 or older, as well as for people of any age because of disability, end-stage renal disease (ESRD), amyotrophic lateral sclerosis (ALS), or mesothelioma. Medicare is administered by the Centers for Medicare & Medicaid Services (CMS).

BASIS FOR MEDICARE ENTITLEMENT

Age 65 or older: The Social Security Administration (SSA) determines your entitlement to Medicare Part A based on your work history or your spouse's work history. You are entitled to premium-free Medicare Part A at age 65 if you have 40 quarters, or 10 years, of Social Security-covered employment.

If you are not entitled to premium-free Medicare Part A when you turn 65 under your own Social Security number (SSN), you must file for benefits under your spouse's (*including divorced or deceased spouses*) SSN if he or she is 62 or older. If your spouse is not yet 62, you should enroll in Medicare Part B at age 65 to avoid paying an enrollment surcharge for late enrollment. You should then file for Part A benefits under your spouse's record when he or she turns 62.

Disability: You are entitled to Medicare Part A and Medicare Part B beginning the 25th month of receiving Social Security disability payments. CMS will notify you of your Medicare-entitlement start date.

ESRD: If you are entitled to premium-free Medicare Part A based on ESRD, you must have Medicare Part B to remain TRICARE-eligible. Visit your local Social Security office or call SSA at **1-800-772-1213**. TTY users should call **1-800-325-0778**.

ALS: If you have ALS (*also called Lou Gehrig's disease*), you automatically get Part A and Part B the month your disability benefits begin.

Mesothelioma: If you have been diagnosed with an asbestos-related disease and lived in Lincoln County, Montana, for a total of at least six months during a period ending 10 years or more before the diagnosis, you are eligible for Medicare. Your Medicare coverage will be effective the month after you sign up.

IF I HAVE TRICARE, DO I NEED MEDICARE?

TRICARE beneficiaries entitled to premium-free Medicare Part A **must** also have Medicare Part B to remain TRICARE-eligible. You are ineligible for TRICARE benefits for any period of time that you have Medicare Part A but not Part B, with the following exceptions:

Active duty service members (ADSMs) and active duty family members (ADFM): If you are an ADSM or ADFM entitled to premium-free Medicare Part A, you do not need Medicare Part B to keep your TRICARE benefits. ADSMs and ADFMs may enroll in Medicare Part B during the special enrollment period—which is anytime you or your sponsor is on active duty or within the first eight months following your sponsor's retirement date—or following the loss of TRICARE coverage, whichever occurs first. The surcharge

for late enrollment does not apply when you enroll in Part B during a special enrollment period. However, if you wait to enroll until after your sponsor has retired, you will have a break in TRICARE coverage until Part B takes effect.

If you do not enroll in Part B during the special enrollment period, you may enroll during the general enrollment period (*January 1–March 31 each year*). Your Part B coverage will be effective July 1 of the year you enroll and you will pay an additional 10 percent for each 12-month period that you were eligible to enroll but did not. You are strongly encouraged to enroll in Medicare Part B prior to your sponsor's retirement date to avoid a break in TRICARE coverage and late-enrollment surcharges. **Note:** ADSMs and ADFMs with ESRD do not have a special enrollment period, and should enroll when first eligible.

TRICARE Reserve Select (TRS) or TRICARE Retired Reserve (TRR) enrollees:

If you are enrolled in TRS or TRR and are eligible for premium-free Medicare Part A, you do not need Medicare Part B to keep your current TRS or TRR benefits. However, if you do not enroll in Part B when first eligible, you may be required to pay the 10 percent surcharge for each 12-month period you were eligible to enroll in Part B, but did not. You are strongly encouraged to enroll in Medicare Part B when you are first eligible. Enrollment in TRS or TRR does not qualify beneficiaries for a special enrollment period.

US Family Health Plan (USFHP) enrollees under age 65: If you are under age 65, entitled to premium-free Medicare Part A, and enrolled in USFHP, you are not required to have Medicare Part B, unless you have ESRD. However, all USFHP enrollees entitled to Medicare Part A are strongly encouraged to sign-up for Medicare

Part B when first eligible to avoid paying the late enrollment premium surcharge.

USFHP enrollees age 65 or older: If you were enrolled in USFHP on September 30, 2012, and remain continuously enrolled, you remain eligible for USFHP when you become entitled to Medicare at age 65. You will not be required to have Part B to remain eligible for USFHP, but you are encouraged to sign up for Medicare Part B when first eligible. If you disenroll from USFHP, you will not be eligible to reenroll if you are entitled to Medicare.

TRICARE beneficiaries who enroll in USFHP after September 30, 2012, will lose their eligibility for USFHP when they become entitled to Medicare at age 65. These beneficiaries must sign-up for Medicare Part B in order to receive benefits under TFL.

TRICARE beneficiaries who are not eligible for premium-free Medicare Part A at age 65 on their own work history or their spouse's work history remain eligible to enroll in USFHP. If they later become eligible for premium-free Medicare Part A, they will be ineligible for USFHP.

Retroactive Disability Determination: If you are a retiree or retiree family member and were awarded disability based on an appeal with a

Medicare Part B effective date of October 2009 or later, you are not required to retroactively enroll in Medicare Part B back to your Part A effective date. You remain TRICARE-eligible for the retroactive period when you had Part A only.

HOW TRICARE FOR LIFE WORKS WITH MEDICARE IN THE UNITED STATES AND U.S. TERRITORIES

Covered by TRICARE and Medicare: When you see a participating or nonparticipating Medicare provider, you have no out-of-pocket costs for services covered by both Medicare and TFL. Most health care services fall into this category. After Medicare pays its portion of the claim, TRICARE pays the remaining amount and you pay nothing. As the primary payer, Medicare approves health care services for payment.

Covered by Medicare but not TRICARE: When you receive care that is covered by Medicare only (*e.g., chiropractic care*), Medicare processes the claim as the primary payer. TFL makes no payment, regardless of any action Medicare takes. You are responsible for the Medicare deductible and cost-shares.

Covered by TRICARE but not Medicare: When you receive care that is covered only by TFL (*e.g., care received overseas*), TRICARE

Type of Service	What Medicare Pays	What TRICARE Pays	What You Pay
Covered by TRICARE and Medicare	Medicare's authorized amount	Remaining amount	Nothing
Covered by Medicare but not TRICARE	Medicare's authorized amount	Nothing	Medicare deductible and cost-share
Covered by TRICARE but not Medicare	Nothing	TRICARE's authorized amount	TRICARE deductible and cost-share
Not Covered by TRICARE or Medicare	Nothing	Nothing	Billed charges

processes the claim as the primary payer. You are responsible for the applicable TFL deductible and cost-shares.

TFL claims are normally filed with Medicare first; however, when a health care service is not covered by Medicare, the claim may be filed directly with WPS/TFL, unless you have other health insurance (OHI).

Not Covered by TRICARE or Medicare:

If Medicare does not pay because it determines that the care is not medically necessary, TRICARE also does not pay. You may appeal Medicare's decision. If Medicare reconsiders and provides coverage, TRICARE also reconsiders coverage. If a health care service is covered by both Medicare and TFL, but Medicare does not pay because you have used up your Medicare benefit, TRICARE becomes the primary payer. In this case, you are responsible for your TRICARE deductible and cost-shares.

Covered by OHI: If you have OHI, Medicare forwards your claim to your OHI. You must then send a paper claim along with the Medicare Summary Notice and the OHI explanation of benefits to the appropriate TFL claims-filing address. For claims-filing addresses, see "Claims Addresses" on the following page. If you have employer group health plan coverage based on current employment, the employer group pays first, Medicare pays second, and TRICARE pays last.

If a health care service is normally covered by both Medicare and TRICARE, but you receive the service from a provider who has opted out of

Medicare, the provider cannot bill Medicare and, therefore, Medicare will pay nothing. Unless you have OHI, TRICARE will process the claim as the second payer and pay the amount it would have paid if Medicare had processed the claim (*normally 20 percent of the TRICARE-allowable charge*). You will be responsible for the remainder of the billed charges. Opt-out providers establish private contracts with patients and, under a private contract, there are no limits on what the provider can charge for health care services.

TRICARE FOR LIFE OVERSEAS

Medicare does not provide coverage outside of the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*). Therefore, TRICARE is your primary payer for health care received outside of those areas overseas, unless you have OHI. Overseas, TFL provides the same coverage as TRICARE Standard and has the same cost-shares and deductibles for beneficiaries who live or travel overseas. When seeking care from a host nation provider,* you should be prepared to pay up front for services and submit a claim to the overseas claims processor. Additionally, submit claims for care received overseas directly to the overseas claims processing address for the region where you received care. **Note:** You must submit proof of payment with all claims for care received overseas. If you are overseas, contact your TOP Regional Call Center with TFL questions.

* Additional restrictions on provider choice apply in the Philippines. For more information, visit www.tricare.mil/philippines.

ELIGIBLE FOR BOTH TFL AND VETERANS AFFAIRS BENEFITS





If you are eligible for both TFL and Veterans Affairs (VA) benefits, additional coverage considerations apply. If you want to seek care

from a VA provider, check with a Beneficiary Counseling and Assistance Coordinator to confirm coverage details and determine what will be covered by Medicare and/or TRICARE.

CLAIMS ADDRESSES

TFL claims in the United States and U.S. territories	WPS TRICARE For Life P.O. Box 7890 Madison, WI 53707-7890
Eurasia-Africa <i>(Africa, Europe, and the Middle East)</i>	TRICARE Overseas Program P.O. Box 8976 Madison, WI 53708-8976
Latin America and Canada <i>(Canada, the Caribbean Basin, Central and South America, Puerto Rico, and the U.S. Virgin Islands)</i>	TRICARE Overseas Program P.O. Box 7985 Madison, WI 53707-7985
Pacific <i>(Asia, Guam, India, Japan, Korea, New Zealand, and Western Pacific remote countries)</i>	TRICARE Overseas Program P.O. Box 7985 Madison, WI 53707-7985

FOR INFORMATION AND ASSISTANCE

TRICARE For Life Customer Service <i>(United States and U.S. Territories)</i> Wisconsin Physicians Service 1-866-773-0404 1-866-773-0405 (TDD/TTY) www.TRICARE4u.com	Medicare 1-800-MEDICARE (1-800-633-4227) www.medicare.gov	Social Security Administration 1-800-772-1213 1-800-325-0778 (TDD/TTY) www.ssa.gov www.ssa.gov/foreign (overseas)
Defense Enrollment Eligibility Reporting System (DEERS)—Update Information Phone: 1-800-538-9552 Fax: 1-831-655-8317 www.tricare.mil/deers	TRICARE Web Site www.tricare.mil TRICARE Claims Web Site www.tricare.mil/claims	US Family Health Plan 1-800-74-USFHP (1-800-748-7347) www.usfhp.com
 TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com	 TRICARE South Region Humana Military, a division of Humana Government Business 1-800-444-5445 Humana-Military.com	 TRICARE West Region TriWest Healthcare Alliance 1-888-TRIWEST (1-888-874-9378) TriWest.com
 TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa¹ +44-20-8762-8384 (overseas) 1-877-678-1207 (stateside) tricarelon@internationalsos.com	 TOP Regional Call Center—Latin America and Canada¹ +1-215-942-8393 (overseas) 1-877-451-8659 (stateside) tricarephl@internationalsos.com	 TOP Regional Call Centers—Pacific¹ Singapore: +65-6339-2676 (overseas) 1-877-678-1208 (stateside) sin.tricare@internationalsos.com Sydney: +61-2-9273-2710 (overseas) 1-877-678-1209 (stateside) sydricare@internationalsos.com

1. For toll-free contact information, visit www.tricare-overseas.com.

An Important Note About TRICARE Program Information

At the time of printing, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military treatment facility guidelines and policies may be different than those outlined in this product.** For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

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