Medicare Advantage Plans
working with
TRICARE for Life & VA Benefits

Keep TRICARE For Life (TFL) Coverage…
...And Get Even MORE Health Care Benefits
Our Purpose:

- Define the Veteran Insurance and Benefit programs, TRICARE for Life and VA Benefits,
- how those programs coordinate with Medicare Advantage and Part D plans, getting MORE health care coverage
- and the enrollment opportunities available to these beneficiaries.
- Determine next steps
TRICARE For Life (TFL) Coverage
TRICARE for Life

Overview:

• TRICARE is the health insurance program qualified military individuals and their beneficiaries earn based on years of service.

• TRICARE for Life is the program qualified military retirees and their beneficiaries earn if they are on TRICARE, and have Medicare Parts A & B. They get, or apply for in certain situations, TRICARE for Life when they are eligible to receive their Part B benefits.

• TRICARE for Life is administered by CMS.
For most services, when the care someone receives is covered by both Medicare and TRICARE for Life, they will have no out-of-pocket expense. After Medicare pays its portion of the claim, TRICARE for Life will pay the remaining amount due. It is up to Medicare to approve a service for payment. If Medicare does not pay because it decides that the care is not medically necessary, TRICARE for Life also will not pay.

TRICARE for Life beneficiaries may appeal Medicare's decision. If Medicare reconsiderers and provides some coverage, TRICARE for Life will also consider coverage.
TRICARE for Life

Enrollment Rules:

- TRICARE for Life recipients can enroll into MAPD or MA-only Medicare Advantage plans. BUT if the TRICARE for Life recipient enrolls into an MAPD, it could affect their ability to access drug benefits on TRICARE for Life. As a company, some carriers have decided to pursue a MA-only sales opportunity.

- Note: If the TRICARE for Life recipient asks for an enrollment into an MAPD after being informed of the risk to their TRICARE for Life benefits, the sales agent must continue with the enrollment.
Medicare Advantage Plan Philosophy

- Focus on health and wellness benefits
- Emphasize preventive screenings
- Provide more physicians to choose from – while allowing choice to continue using Military Treatment Facilities (MTFs), if desired

- Members of a Medicare Advantage health plan must receive all medical care from plan providers except under emergent or urgent care situations or for out-of-area renal dialysis. If you receive care without authorization from a non-plan provider neither the Medicare Advantage plan, Medicare nor Tricare will pay for those services.

- Help manage and prevent chronic illnesses with targeted disease and health management programs
- Offer predictable copayments which may offer some financial predictability, for example during catastrophic episodes of illnesses
Medicare Advantage Plans & TFL

- When You Join A Medicare Advantage Health Plan...
  - You do not lose the security of your TRICARE For Life (TFL) benefits...You gain Medicare Advantage Health Plan benefits
  - You continue to receive drug coverage through the TRICARE Pharmacy program
    - If you are enrolled in a prescription drug plan (PDP) and enroll in a Medicare Advantage health plan, you will automatically be disenrolled from the PDP plan.
  - You choose a primary care physician (PCP) from a large network of quality doctors in your own community, and receive all care through the Medicare Advantage health plan providers, although some restrictions and limitations may apply.  
    - You can also choose to continue to receive care from an MTF
- You get more benefits for no additional health plan premium

1 Must use plan providers except in emergent or urgent care situations or for out-of-area renal dialysis.
2 Must have both Medicare Part A & B, reside in the plan service area & continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.
Other Health Insurance (OHI)

Any other health insurance (OHI) plan in addition to your TRICARE coverage is considered to be primary health insurance. OHI is considered any non-TRICARE health insurance received through an employer or other public or private insurance program, including government programs such as Medicare.

If you have OHI:
- Tell your provider and regional contractor.
- Fill out the OHI form located in the TRICARE Choices booklet or on your regional contractor’s Web site.

Keeping your regional contractor informed about your OHI allows TRICARE to better coordinate benefits and helps ensure that there is no delay in payment of claims.
**Medicare Advantage Plans & TFL**

**How Your Payment Works...**

- You pay no extra monthly costs beyond your regular Medicare Part B premium.
- You pay $0 for many routine services (doctor visits, preventive screenings).
- You pay small copays for major medical – including hospitalization, for any length of stay. In those cases, you will need to submit a claim to TFL for full reimbursement, making your cost $0.
- In some cases, you will pay a 20% co-insurance on some covered services (radiation therapy, durable medical equipment, physical therapy). In those cases, you will need to submit a claim to TFL for full reimbursement, making your cost $0.
- To be reimbursed by TFL, you must complete a claim form (FORM 2642) which can either be obtained from the TRICARE Website or in-person through the Benefit Counselors (BCAC) at the military base. The submission requirements are written on the instructions page of the claim form. The BCAC can assist you in completing this form for reimbursement from TFL.
Medicare Advantage - More Benefits

- Preventive care
- Routine vision, hearing and dental care
- Worldwide emergency and urgent care
- Diabetic monitoring supplies
- Free health club membership
Medicare Advantage - More Benefits

- Preventive Care
  - Routine annual physical exam coverage
  - Preventive dental
    - $Copays for two visits/year
  - Free bone mass measurement
  - Routine hearing exam coverage
  - Hearing aid allowance
  - Routine annual eye exam coverage
  - Eyewear
    - $ allowance every two years
Medicare Advantage - More Benefits

- Worldwide Emergency and Urgent Care
  - Coverage when traveling anywhere in the world
  - Reasonable copayment for emergency services\(^1\)
    - \(^1\)Copayment for Urgent Care Services vary from plan to plan.
- $0 diabetic monitoring supplies, including:
  - Glucose monitors
  - Blood glucose test strips
  - Ketone urine test strips
  - Lancets
  - Lancet injector devices
Medicare Advantage - More Benefits

- **Disease Management Programs**
  - Programs to help manage chronic diseases, such as:
    - ✓ Cancer
    - ✓ Diabetes
    - ✓ Congestive Heart Failure
    - ✓ Chronic Obstructive Pulmonary Disease (COPD)
## Benefit Comparison

<table>
<thead>
<tr>
<th></th>
<th>With Original Medicare + TRICARE For Life, you pay:</th>
<th>With many MA plans + TRICARE For Life, you pay:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Health Plan Premium</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Health Club Membership</strong></td>
<td>Not covered</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Inpatient Hospitalization</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days 1-150</td>
<td>$0 TRICARE in-network hospital:</td>
<td>$0 TRICARE in-network hospital:</td>
</tr>
<tr>
<td>Days 151+</td>
<td>$250/day or 25% of institutional charges (whichever is less) plus 20% of professional charges</td>
<td>$535/day or 25% of institutional charges (whichever is less) plus 25% of professional charges</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ Small copayment may apply, varying from plan to plan</td>
</tr>
<tr>
<td><strong>Worldwide Emergency Care</strong></td>
<td>25% of TRICARE allowable charges¹</td>
<td>$ Small copayment that may vary from plan to plan</td>
</tr>
<tr>
<td><strong>Routine Annual Physical</strong></td>
<td>Not covered</td>
<td>$0 – 1 exam per year</td>
</tr>
<tr>
<td><strong>Bone Mass Measurement</strong></td>
<td>20% of charges</td>
<td>$0</td>
</tr>
</tbody>
</table>

¹Beneficiaries other than active duty family members are required to purchase Medicare Part B and must pay the appropriate Medicare Part B premium.
## Benefit Comparison

<table>
<thead>
<tr>
<th></th>
<th>With Original Medicare + TRICARE For Life, you pay:</th>
<th>With many MA plans + TRICARE For Life, you pay:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine Annual Exam</td>
<td>Not covered</td>
<td>$0</td>
</tr>
<tr>
<td>Eyewear</td>
<td>Not covered</td>
<td>$Varying allowance every 2 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine Hearing Exam</td>
<td>Not covered</td>
<td>$Varying copayment</td>
</tr>
<tr>
<td>Hearing Aid Allowance</td>
<td>Not covered</td>
<td>Copays &amp; Allowances</td>
</tr>
<tr>
<td>Preventive Dental</td>
<td>Not covered</td>
<td>$Varying copayment</td>
</tr>
<tr>
<td>Diabetic Monitoring Supplies</td>
<td>20% of charges</td>
<td>$0</td>
</tr>
</tbody>
</table>
For Information and Assistance:

<table>
<thead>
<tr>
<th>TRICARE For Life Contractor (U.S. and its territories)</th>
<th>TRICARE For Life Contractor (Overseas)</th>
<th>Social Security Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin Physicians Service</td>
<td>Wisconsin Physicians Service</td>
<td>1-800-772-1213</td>
</tr>
<tr>
<td>1-866-773-0404</td>
<td>Europe and Pacific areas: 1-608-301-2310</td>
<td>1-800-325-0778 (TTY/TDD)</td>
</tr>
<tr>
<td><a href="http://www.TRICARE4u.com">www.TRICARE4u.com</a></td>
<td>(Click the “Contact Us” tab on the Wisconsin Physicians</td>
<td><a href="http://www.ssa.gov/foreign">www.ssa.gov/foreign</a> (overseas)</td>
</tr>
<tr>
<td></td>
<td>Service Web site for hours of operation.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.TRICARE4u.com">www.TRICARE4u.com</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRICARE North Region</th>
<th>TRICARE South Region</th>
<th>TRICARE West Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Net Federal Services, LLC</td>
<td>Humana Military Healthcare Services, Inc.</td>
<td>TriWest Healthcare Alliance Corp.</td>
</tr>
<tr>
<td>1-877-TRICARE (1-877-874-2273)</td>
<td>1-800-444-5445</td>
<td>1-888-TRIWEST (1-888-874-9378)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRICARE Area Office—Europe</th>
<th>TRICARE Area Office—Latin America and Canada</th>
<th>TRICARE Area Office—Pacific</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stateside: 1-888-777-8343, option 1</td>
<td>Stateside: 1-888-777-8343, option 3</td>
<td>Stateside: 1-888-777-8343, option 4</td>
</tr>
<tr>
<td>DSN: 496-7433</td>
<td>DSN: 773-2424</td>
<td>DSN: 643-2036</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Defense Enrollment Eligibility Reporting System (DEERS)—Update Information</th>
<th>TRICARE Web Site</th>
<th>US Family Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 1-800-538-9552</td>
<td><a href="http://www.tricare.mil">www.tricare.mil</a></td>
<td>1-800-74-USFHP (1-800-748-7347)</td>
</tr>
<tr>
<td>Fax: 1-831-655-8317</td>
<td>TRICARE claims Web Site</td>
<td><a href="http://www.usfamilyhealthplan.org">www.usfamilyhealthplan.org</a></td>
</tr>
</tbody>
</table>

- To access claims-filing details for your area, visit www.tricare.mil/claims and follow the online prompts.
- For additional TFL details, visit www.tricare.mil/mybenefit.
- For TFL cost details, visit www.tricare.mil/costs.
For Information and Assistance:

- TRICARE Retiree Dental Program
  1-888-838-8737
  www.trdp.org
- TRICARE Dental Program
  1-800-866-8499
  www.ucci.com
- TRICARE Retail Pharmacy Program
  1-866-DoD-TRRx (1-866-363-8779)
  www.tricare.osd.mil/pharmacy
- TRICARE Mail Order Pharmacy Program
  1-866-DoD-TMOP (1-866-363-8667)
  www.express-scripts.com/TRICARE
For Information and Assistance:

- TRICARE Information Service
  1-888-DoD-CARE (1-888-363-2273)
  www.tricare.osd.mil
Veterans' Affairs (VA) Benefits

Overview & Qualifications:

- As early as the end of the Civil War, President Abraham Lincoln was addressing the need to care for and honor wounded veterans.

- Each state sets specific criteria for state-specific veterans' benefits.

- For federal medical benefits from the Department of Veterans' Affairs hospitals, prior to September 7, 1980, the veteran must have served at least 180 days of active duty. After September 7, 1980, the veteran must have served at least 24 months.

- If the veteran was medically discharged and received a VA service-connected disability stipend, the time limits are not applicable.
Veterans' Affairs (VA) Benefits

VA Benefits:

- VA categorizes veterans into eight priority groups and several additional subgroups, based on factors such as service-connected disabilities, and one’s income and assets (adjusted to local cost of living).

- Veterans with a 50% or higher service-connected disability as determined by a VA regional office “rating board” (e.g., losing a limb in battle, PTSD, etc) are provided comprehensive care and medication at no charge.

- Veterans with lesser qualifying factors who exceed a pre-defined income threshold have to make co-payments for care for non-service-connected ailments and pay $8 per 30-day supply for each prescription medication.
All Veterans are Potentially Eligible

Some of the basic factors that go into determining eligibility for health benefits:

- Eligibility for most veterans’ health care benefits is based solely on active military service in the Army, Navy, Air Force, Marines, or Coast Guard (or Merchant Marines during WW II), and discharged under other than dishonorable conditions.

- Reservists and National Guard members who were called to active duty by a Federal Executive Order may qualify for VA health care benefits. Returning service members, including Reservists and National Guard members who served on active duty in a theater of combat operations have special eligibility for hospital care, medical services, and nursing home care for five years following discharge from active duty.
All Veterans are Potentially Eligible

- Health Care eligibility is not just for those who served in combat.
- Other groups may be eligible for some health benefits.
- Veteran’s health care is not just for service-connected injuries or medical conditions.
- Veteran’s health care facilities are not just for men only. VA offers full-service health care to women veterans.
Veterans' Affairs (VA) Benefits

VA Benefits (continued):

- VA dental and nursing home care are more restricted:
  - Dental benefits are limited to service-connected dental conditions or to veterans who are permanently and totally disabled from service-connected causes.
  - Hearing aids and eyeglasses will only be provided in special circumstances and not for common hearing or vision loss.
Veterans' Affairs (VA) Benefits

Medicare Enrollment Rules:

VA beneficiaries can enroll into an MA-only, MAPD, or PDP plan. Enrolling into a Medicare Advantage plan or a Stand-Alone Prescription Drug plan does not override or impede access to VA Benefits.

- VA benefits must be accessed through VA Providers.
- Medicare Advantage and/or PDP benefits must be accessed through Civilian Providers.
Veterans' Affairs (VA) Benefits

Medicare Enrollment Rules (continued):

- When the individual is enrolled in an MAPD or a PDP, the VA beneficiary can choose to have prescriptions written and filled by either a VA provider/pharmacy or a civilian provider/pharmacy.

  - Note: Orders cannot be crossed. A VA beneficiary enrolled in an MAPD cannot fill a prescription written by the MAPD network physician (civilian) at a VA Pharmacy. The copay rates are lower due to drug classification on the VA formulary.
If the veteran joins a Medicare prescription drug plan and also uses VA health care prescription benefits, will a veteran’s payment of a VA medication copay count toward Medicare prescription drug true out-of-pocket costs (TrOOP) toward his/her catastrophic limits?

- No, VA health care and prescriptions benefits are separate and distinct from Medicare prescription drug plan requirements.
Veterans' Affairs (VA) Benefits

- Can veterans be enrolled in both Medicare Part D and the VA health care system?
  - The VA medical benefits program is separate from Medicare. Veterans may be enrolled in both programs but the enrollment process (and the eligibility criteria) is distinct for each.

http://www4.va.gov/healtheligibility/Library/FAQs/MedicareDFAQ.asp
Inquiry: Is this a health insurance policy or an HMO?

FAQ: It is neither. VA health benefits are established by Federal law and regulations and funded through appropriations. They are not the same as an insurance contract. Also, veterans do not pay monthly premiums to receive VA health care. In addition, you are not required to use VA as your exclusive health care provider. If you have health insurance, or eligibility for other programs such as Medicare, Medicaid, or CHAMPUS, you may continue to use services under those programs. We recommend that, if you have other health insurance or HMO coverage, you should keep that coverage to provide you with options and flexibility in the future.

Veterans' Affairs (VA) Benefits

Should I cancel or decline my Medicare coverage?

- VA does not recommend that veterans cancel or decline coverage in Medicare (or other health care or insurance programs) solely because they are enrolled in VA health care. Unlike Medicare, which offers the same benefits for all enrollees, VA assigns enrollees to priority levels based on a variety of eligibility factors, such as service-connection and income.

- There is no guarantee that in subsequent years Congress will appropriate sufficient medical care funds for VA to provide care for all enrollment Priority Groups. This could leave veterans, especially those enrolled in one of the lower Priority Groups, with no access to VA health care coverage. For this reason, having a secondary source of coverage may be in a veteran’s best interest.
Veterans' Affairs (VA) Benefits

- In addition, a veteran may want to consider the flexibility afforded by enrolling in both VA and Medicare.
  - For example, veterans enrolled in both programs would have access to non-VA physicians (under Medicare Part A or Part B) or may obtain prescription drugs that are not on the VA formulary if prescribed by non-VA physicians and filled at their local retail pharmacies (under Medicare Part D).
Veterans' Affairs (VA) Benefits

- Veterans should also be mindful of the late enrollment penalties in Medicare Part B and Part D that are imposed on those who do not enroll in Medicare during their initial enrollment period. VA health care is recognized as creditable coverage for Medicare Part D (prescription drug program) but it is NOT creditable coverage for Part B (outpatient health care, including doctors’ fees).

- Although a veteran may avoid the late enrollment penalty for Part D by citing VA health care enrollment, that enrollment would not help them avoid the late enrollment penalty for Part B.
## Veterans' Affairs (VA) Benefits

### Benefit Comparison

<table>
<thead>
<tr>
<th>Disadvantage</th>
<th>Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA facilities can be several miles away</td>
<td>Access to plan network of physicians, hospitals, and pharmacies</td>
</tr>
<tr>
<td>VA facilities have rotating specialist schedules</td>
<td>Access to plan network of specialists, so appointments can be made when needed, not when providers are available.</td>
</tr>
<tr>
<td>VA formulary</td>
<td>Access to plan formulary, which means Veterans can get prescriptions filled at the lowest rate.</td>
</tr>
<tr>
<td>VA Dental &amp; Vision benefits only available to certain qualified veterans</td>
<td>Access to dental and vision benefits, when available, on MA-only or MAPD plans.</td>
</tr>
<tr>
<td>VA provider charges - PCP = $15 copay, Specialist = $50 copay</td>
<td>Lower office visit copays - many plans have a PCP copay rate of $0, and a Specialist copay rate of $20.</td>
</tr>
<tr>
<td>VA hospital charges - a percentage of the Medicare deductible (10 - 20%, as well as a per day rate, based on monthly income and veteran rating)</td>
<td>MA-only and MAPD plans offer a set copay rate rather than a co-insurance. All plans have Out-of-Pocket Maximums to help control costs of hospitalizations.</td>
</tr>
</tbody>
</table>
# Veterans' Affairs (VA) Benefits

<table>
<thead>
<tr>
<th>Frequently Asked Questions (FAQ)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question</strong></td>
</tr>
<tr>
<td>Are VA benefits considered &quot;Creditable Coverage&quot;?</td>
</tr>
<tr>
<td>Is having VA benefits along with Original Medicare Parts A &amp; B enough to complete an enrollment during Lock-In?</td>
</tr>
</tbody>
</table>
Your thoughts...
Thank you!