

Tricare and Medicare

What is TRICARE?

TRICARE is a health program for active duty and retired members of the Uniformed Services and the National Guard, their families and survivors, as well as Medal of Honor recipients and their families. TRICARE offers health coverage with several health plan options, a pharmacy benefit, vision care, dental options, and other special programs. All active duty members and their families in the uniformed services (Army, Navy, Air Force, Marines, Coast Guard, National Oceanic and Atmospheric Administration, and Public Health Service), retirees, family members and survivors of active duty service members, and others who are registered in the Defense Enrollment Eligibility Reporting System (DEERS) are eligible for TRICARE. TRICARE-for-Life is Medicare-wraparound coverage for TRICARE-eligible beneficiaries who have Medicare Part A and B.

If I retire at age 65, do I need Medicare as well?

Yes. If you plan to retire at age 65 or you are already retired, you must sign up for Medicare Part B when you first become eligible for it in order to receive benefits under the TRICARE health program. You do not have to sign up for Medicare Part D prescription drug coverage because TRICARE provides prescription drug coverage.

When you have Medicare Part A (hospital insurance) and Medicare Part B (medical insurance), you must pay the Medicare Part B premium. You do not have a premium to pay for TRICARE-for-Life coverage. If you are eligible and choose a different TRICARE program, you may have additional annual fees and charges. For additional information, you may call the Department of Defense at 1-800-538-9552 for [information on military retiree benefits](#).

How do TRICARE and Medicare coordinate coverage?

Once you have Medicare and TRICARE, you have the highest level of benefit coverage (and lowest out-of-pocket costs) when you receive care from health care providers who participate in Medicare. If you receive care from providers who opt-out of Medicare or

from Veterans Administration (VA) providers, you will generally pay 80% of the charge because the providers cannot bill Medicare and TRICARE's coverage is typically limited to a 20% portion of the eligible cost. Medicare and TRICARE will work together to determine which insurance program has primary responsibility for payment of your medical claims and the extent to which the other plan will contribute to claims payment. This process is called coordination of benefits.

Usually when you have Medicare and TRICARE, Medicare is primary coverage. This means that Medicare receives your medical claims first and pays its portion to the Medicare-participating provider. Medicare forwards the remaining amount to TRICARE. The amount that Medicare does not pay may include such costs as the Medicare deductible, coinsurance, and copayments. TRICARE pays the remainder of the covered medical expense to the provider. In many cases, you pay nothing out-of-pocket for covered services.

TRICARE is the primary payer for services that Medicare does not cover if TRICARE provides benefit coverage for the service. For example, TRICARE pays primary for health care you may receive outside the United States and United States territories because Medicare generally does not cover overseas medical services. You will have out-of-pocket costs for care that is not covered by Medicare and/or TRICARE. You are responsible for the cost of services that are not covered by either Medicare or TRICARE as well as any applicable copayments or coinsurance amounts.

Does my spouse enroll in Medicare and TRICARE-for-Life when I retire from active service?

Not necessarily. If your spouse reaches age 65 before you do, he or she must enroll in Medicare Part B at that time. Similarly, if you reach age 65 before your spouse, he or she will remain on TRICARE even if you transfer to TRICARE-for-Life until your spouse reaches age 65. When your spouse reaches age 65, he or she enrolls in Medicare Part B and may transfer to TRICARE-for-Life. Coordination of benefits between TRICARE and Medicare follow the guidelines described above.

If I am on active duty and my spouse or I have Medicare because of a disability, how does Medicare work with TRICARE?

If you are on active-duty and you or your spouse have Medicare because of a qualifying disability for which you or your spouse has received Social Security benefits for 24 months or a qualifying health condition, such as End Stage Renal Disease (ESRD) or Lou Gehrig's Disease, TRICARE pays for Medicare-covered services. TRICARE also pays Medicare deductibles and coinsurance amounts and for any services not covered by Medicare that TRICARE covers.

If I remain on active duty beyond age 65 do I enroll in Medicare?

No. You continue to be covered by TRICARE until you retire. When you retire, you must enroll in Medicare Part B and you may transfer to TRICARE-for-Life. Coordination of benefits between TRICARE and Medicare follow the guidelines described above