

Aging Into Medicare

*and TRICARE
For Life*



A PUBLICATION OF THE MILITARY OFFICERS ASSOCIATION OF AMERICA



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Aging Into Medicare and TRICARE For Life

It's important to understand how TRICARE For Life and your pharmacy benefits work so you can 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.

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Introduction

When you become eligible for Medicare, you become eligible for TRICARE For Life (TFL). In addition to receiving medical coverage through TFL, you will retain eligibility for the pharmacy program benefits. Each individual ages into TFL at age 65 regardless of his or her spouse's age. Spouses under age 65 retain eligibility in the TRICARE program they currently use until they age into TFL.

MOAA developed this reference guide to answer beneficiaries' frequently asked questions. Inside, you'll find all the information you'll need to make the transition to 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 a resources page and an "Aging Into Medicare and TFL" checklist on the final pages of this publication.

It's important to understand how TFL and your pharmacy benefits work so you can take full advantage of these important health care benefits. We hope you will keep this reference guide handy and refer to it when you have a question or concern.

NOTE: The mandatory TRICARE mail-order pharmacy pilot program for maintenance medications begins in 2014. See page 13 for details.



What is TRICARE For Life (TFL)?

TFL started Oct. 1, 2001, after Congress passed that year's National Defense Authorization Act, which 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. For beneficiaries who use a Medicare provider, Medicare will be the first payer for all Medicare-covered services and TRICARE, by law, is the last payer. TRICARE's pharmacy benefit remains the same for beneficiaries under and over age 65.

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. This is true regardless of length of service or source of compensation (DoD or the VA); and
- 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; and
- 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.



Prepare for the Transition

Before you can begin using TRICARE For Life (TFL), you'll need to do three things:

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

Enroll in Medicare Parts A and B

If you elected early Social Security retirement benefits, you automatically will be enrolled in Medicare Parts A and B at age 65. If you did not elect Social Security benefits early, you will need to go to your local Social Security office up to three months before your 65th birthday to enroll in Medicare. You also can enroll online at www.medicare.gov. Beneficiaries should sign up for Medicare during their initial enrollment period, which begins three months before the month beneficiaries turn 65 and ends three months after the month beneficiaries turn 65.

NOTE: Although the eligibility age for full Social Security benefits is changing, the eligibility age for Medicare is not.

If you still are employed and have group health-plan coverage through your employer, you may wait to enroll in Medicare. You will not be penalized a late-enrollment fee if you enroll within eight months of your group health-plan coverage ending. As a TRICARE beneficiary over age 65, you are required to enroll in Medicare upon gaining Medicare eligibility to use your TRICARE coverage, regardless of whether you still are employed.

If you choose not to enroll in Medicare and use your employer group plan, you will not have any TRICARE coverage until you enroll. If you enroll in Medicare when you are first eligible but are not yet receiving Social Security, Medicare will bill you for your premiums.

However, if you elect not to enroll in Medicare when you turn 65 and are not covered by another insurance policy, there is a 10-percent premium penalty, compounded each year, for late enrollment in Medicare. 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 in July.

To get more details or to enroll in Medicare Parts A and B, contact the Social Security Administration at (800) 772-1213 or visit its website at www.ssa.gov.

Have an accurate, up-to-date record in DEERS

If you recently have moved or changed status, you'll need to notify the Defense Manpower Data Center 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://www.dmdc.osd.mil/appj/address/index.jsp>.
- 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.) To locate the nearest military ID card facility, visit the RAPIDS site locator at www.dmdc.osd.mil/rsl.
- Call the DSO telephone center at (800) 538-9552. (To avoid delays, call between 9 a.m. and 3 p.m., Pacific time, Wednesday through Friday.)
- Fax your address changes to (831) 655-8317.
- Mail the information to:
DSO, ATTN: COA
400 Gigling Road
Seaside, CA 93955

Have a valid, up-to-date uniformed services ID card

Family members and survivors age 65 and older who are Medicare-eligible and do not possess a valid uniformed services ID card will need to register with DEERS. You can obtain an ID card by contacting the nearest ID card issuing facility. (Please review the information on page 5 to locate your nearest military ID card facility.)

All eligible uniformed services family members and survivors of deceased personnel who are age 75 and older now are eligible to receive a permanent military ID card. Beneficiaries currently in possession of a valid ID card may obtain the new permanent ID card within 90 days of expiration. Contact your nearest ID card issuing facility for more information.

Know the Costs

TRICARE For Life (TFL) has no annual premiums. TFL pays the Medicare Part B deductible (\$147 in 2014) if the first medical service of the calendar year is both a Medicare- and a TRICARE-covered benefit. However, eligible beneficiaries must pay the monthly Medicare Part B premium (see the “Medicare Part B Premiums” chart on page 7 to determine your 2014 monthly premium cost), which is deducted from your Social Security, and any applicable TRICARE copayments for services covered by TRICARE but not Medicare, such as non-Medicare-covered benefits, overseas medical care, and pharmacy services.

In situations where Medicare coverage does not apply, TRICARE will become first payer and beneficiaries will be responsible for the TRICARE Standard deductible (\$150 a person/\$300 a family) and 25-percent copayment, not to exceed the annual \$3,000 retiree catastrophic cap per family per fiscal year for TRICARE-covered services. (See page 9 to learn about providers who opt out of Medicare.)

To get a breakdown of the costs associated with inpatient and outpatient care, review the “TFL Benefits” charts on page 8.

Your Part B premium is based on your income

Most people will pay the standard monthly \$104.90 Part B premium amount in 2014. Some people will pay a higher premium based on their modified adjusted gross income.

Your monthly premium will be higher if you file an individual tax return and your annual income is more than \$85,000 or if you are married (filing a joint tax return) and your annual income is more than \$170,000.

If you meet these criteria, Social Security will use income from two years ago. For example, the income reported on your 2012 tax return will be used to determine your monthly Part B premium in 2014. If your income has decreased since 2012, you can ask that the income from a more recent tax year be used to determine your premium, but you must meet certain criteria.

At the end of 2013, Social Security would have sent you a letter if your Part B premium increased based on the level of your income and to tell you what you can do if you disagree. For more information about income-based Part B premiums, call (800) 772-1213.



Medicare Part B Premiums

The charts below show the 2014 Medicare Part B monthly premium amounts based on income. These amounts change each year. There might be a late-enrollment penalty.

If Your Yearly Income (modified adjusted gross income) ¹ Is		You Pay
Filing an individual tax return	Filing a joint tax return	
\$85,000 or less	\$170,000 or less	\$104.90
\$85,001 — \$107,000	\$170,001 — \$214,000	\$146.90
\$107,001 — \$160,000	\$214,001 — \$320,000	\$209.80
\$160,001 — \$214,000	\$320,001 — \$428,000	\$272.70
Above \$214,000	Above \$428,000	\$335.70

¹ Adjusted gross income plus your tax-exempt interest income

If You Are Married but File a Separate Tax Return From Your Spouse and Your Yearly Income Is	You Pay
\$85,000 or less	\$104.90
\$85,001 — \$129,000	\$272.70
Above \$129,000	\$335.70



TFL Benefits (Reflects 2014 Copayments)

Inpatient Services

Service	Medicare Pays	TFL Pays	You Pay
Hospital			
Days 1-60	100% after \$1,216 deductible	\$1,216	\$0
Days 61-90	All but \$304 a day	\$304 a day	\$0
Days 91-150	All but \$608 a day ¹	\$608 a day	\$0
Days 151+	Not covered	80% Network 75% Non-network	20% ² 25% ²
Skilled-nursing facility			
Skilled care — a minimum three-day hospital stay is required, and the skilled-nursing facility must have a participating agreement with TRICARE.			
Days 1-20	100%	NA	\$0
Days 21-100	All but \$148 a day	\$148 a day	\$0
Days 101+	Nothing	75% of allowable	25% ²
Home health care (Skilled care)			
	100%	Remaining beneficiary liability	\$0

Outpatient Services

Service	Medicare Pays	TFL Pays	You Pay
Doctor's visits	80%	20%	\$0
Emergency room visit	80%	20%	\$0
Laboratory services	100%	None	\$0
Radiology	80%	20%	\$0
Home health care	100%	None	\$0
Durable medical equipment	80%	20%	\$0
Outpatient hospital services ³	80%	20%	\$0
Mental health visit	55%	45%	\$0
Medicare deductible (\$147) ⁴	None	\$147	\$0
Excess charges — over Medicare Maximum Allowable Charge (MMAC) ⁵	None	100%	\$0

¹ Coinsurance per "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)

² TFL- and Medicare-covered services; liability limited to \$3,000 annual family catastrophic cap for Medicare-covered services

³ Some services paid at flat payment rate (You might pay nothing.)

⁴ If first service of the calendar year is also a TRICARE-covered benefit

⁵ Up to 115% of MMAC

How to Use TFL

This section covers the following:

- doctor's appointments;
- filing claims;
- other health insurance (OHI) with TRICARE For Life (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; and
- 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 copayment directly to the provider. You will get a copy of the explanation of benefits (EOB) from both Medicare and TFL showing what both programs have paid. TRICARE, by law, pays last.

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 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 the Wisconsin Physicians Service (WPS), the processor for all TFL claims, at (866) 773-0404.

Medicare claims cross over to your secondary health insurance.

Medicare-approved versus Medicare Assignment

When a provider accepts Medicare Assignment, he or she agrees 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 percent of the Maximum Medicare 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 percent of the MMAC. TFL then will pay you the balance up to 115 percent of the MMAC.

When a provider chooses to opt out of Medicare completely, it is choosing not to deal with Medicare at all and does not file claims with Medicare. Medicare will not make any 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 percent of the TRICARE allowable charge). You are responsible for the remainder of the bill.

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 details on the opt-out waiver process.

How TFL Works Overseas

TRICARE For Life (TFL) is TRICARE's Medicare-wraparound coverage. Because Medicare is a U.S.-based program, there is no Medicare coverage overseas, with the exceptions listed below.*

Traveling overseas

For TFL beneficiaries traveling overseas, TRICARE Standard becomes the primary coverage for overseas health care. The beneficiary pays out-of-pocket for medical-care expenses and then submits a claim form along with a copy of the receipt for services to the Wisconsin Physicians Service (WPS) for TRICARE-covered benefit reimbursement of the allowed charges less the TRICARE Standard deductibles and copayments. The maximum out-of-pocket expense for TRICARE-covered benefits is limited to the \$3,000 catastrophic cap per family per fiscal year. For those traveling overseas, we recommend travel insurance to cover these additional fees and cost-shares.

**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 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.*

Living overseas

Beneficiaries living overseas and enrolled in Medicare Parts A and B are eligible for TRICARE Standard health care to act as their primary insurance. The beneficiary pays the out-of-pocket expenses and then submits a TRICARE claim form with a receipt to WPS for TRICARE-covered benefit reimbursement of the allowable charges less the TRICARE Standard deductibles and copayments. The maximum out-of-pocket expense for TRICARE-covered benefits is limited to the \$3,000 catastrophic cap per family per fiscal year. For those living overseas, we recommend obtaining a TRICARE supplement to help cover the costs of the deductibles and copayments for TRICARE-covered benefits.

Keep in mind, you still are required to remain enrolled in Medicare Parts A and B to remain TRICARE-eligible, even if you live overseas where Medicare is not available.



TFL Frequently Asked Questions



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

A. 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 TFL. For that type of care, consider buying long term care insurance, but you might have to meet certain medical underwriting conditions as determined by the insurance industry.

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

A. Medicare will continue to be your primary payer, but instead of TFL paying second, your Medicare supplemental insurance will become your secondary 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.

Q. I currently am enrolled in a Medicare health maintenance organization (HMO). Am I able to use TFL?

A. TFL will cover your HMO copayments (but not premiums or enrollment fees) for services covered under Medicare and TRICARE. These include copayments for doctor visits and prescriptions. However, if you want to disenroll from your HMO to use the full TFL benefits, contact your HMO administrator for guidance on disenrollment.

Q. I plan to disenroll from my current health care coverage and only participate in Medicare and TFL. How do I let TRICARE know it will become a second payer?

A. Contact Wisconsin Physicians Service at (866) 773-0404 and follow its guidelines for establishing TRICARE as a second payer to Medicare.

Q. What is TRICARE Plus?

A. Some military treatment facilities (MTFs) have the capacity to offer a primary-care affiliation program called TRICARE Plus. 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 MTF to MTF. TRICARE Plus by itself does not meet the minimum essential coverage that you are required to have under the Affordable Care Act. 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). Does TFL have any effect on me?

A. Yes. At age 65 you become eligible for TFL unless you were grandfathered into USFHP before Oct. 1, 2012.

Q. I get my health care at a VA hospital. How does TFL affect me?

A. You still will be eligible for TFL and the TRICARE pharmacy benefit. TFL will not cover any VA copayment expenses required by the means test, and you will be responsible for all pharmacy copayments. Because you are eligible for both VA care and TFL, your decision on which service to use at a given time should take into account your personal medical and financial needs at that time.

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?

A. 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 percent of the cost of Medicare Part B for each year of delayed

enrollment. 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.

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?

A. If you delay receipt of Social Security benefits after age 65, the Social Security Administration will bill you for Part B premiums each quarter. You may pay by personal check.



What Is the TRICARE Pharmacy Benefit?

The TRICARE pharmacy program provides pharmacy benefits for all uniformed services beneficiaries.

Eligible beneficiaries can receive their medications through:

- a military treatment facility (MTF);
- TRICARE mail-order pharmacy;
- a TRICARE retail pharmacy; or
- a non-network pharmacy.

For a list of copayments and out-of-pocket expenses associated with each option, see the “Comparing Out-Of-Pocket Expenses” chart on page 14.

Beginning Feb. 14, 2014, TFL beneficiaries are required to use the TRICARE mail-order pharmacy program for one year 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.

MTF

You can have your prescriptions filled through an MTF pharmacy free of charge if they carry your drug on their formulary. However, not all medications are available at every MTF pharmacy.

Mail-order prescriptions will be checked against your personal medication profile to ensure the medications being dispensed to you will not result in an adverse drug reaction.

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. Best of all, your prescription will be checked against your personal 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) 363-1433 for enrollment and prescription transfer assistance or visit Express Scripts' website at www.express-scripts.com/tricare and click on “Get Started With Home Delivery.”

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.

Most 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 24 hours a day or visit www.express-scripts.com/tricare.

Non-network pharmacy

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

TRICARE Pharmacy Costs

The amount of out-of-pocket expenses you incur will vary, depending on whether you use the mail-order pharmacy, the retail network pharmacy, a non-network pharmacy, or a military treatment

facility (MTF). The chart below summarizes the amount of copayments, number of days for each prescription, and yearly deductibles you'll pay with each pharmacy option.

FY 2013 National Defense Authorization Act requires TFL beneficiaries to try using either military pharmacies or the mail-order system for maintenance medicine refills for at least one year. Thereafter, they can opt out and return to using the retail system. 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).

Comparing Out-Of-Pocket Expenses

Place of Service	Generic Drugs	Formulary Drugs	Non-Formulary Drugs
MTF	\$0 ¹	\$0 ¹	NA ¹
TRICARE Home Delivery Pharmacy (up to a 90-day supply)	\$0	\$13	\$43 ²
TRICARE Retail Pharmacy (up to a 30-day supply)	\$5	\$17	\$44 ³
Non-Network Pharmacies	\$17 or 20 percent of total drug cost (whichever is greater) \$150 individual, \$300 family deductible applies ⁴	\$17 or 20 percent of total drug cost (whichever is greater) \$150 individual, \$300 family deductible applies ⁴	\$44 or 20 percent of total drug cost (whichever is greater) \$150 individual, \$300 family deductible applies ⁴

¹ Not all medications are available at every MTF pharmacy. Each MTF must carry medications listed in the basic core formulary. Each MTF's local formulary may include additional medications based on the facility's scope of care. For more information on the formulary, go to www.tricareformularysearch.org.

² Available at the TRICARE Pharmacy Home Delivery formulary copayment (\$13) if medical-necessity determination is approved.

³ Available at the TRICARE retail formulary copayment (\$17) if medical-necessity determination is approved.

⁴ This is the normal TRICARE Standard deductible. If medical expenses already met the deductible, there is no additional pharmacy deductible. Network and mail-order pharmacy expenses are charged against the TRICARE deductible.

Please note drugs in the formulary (tiers 1 and 2) and non-formulary (tier 3) groups can be changed to a different copayment category. DoD's Pharmaceutical and Therapeutics Committee routinely meets to determine whether certain drugs should be moved to a different formulary status as described above. For complete information on the military pharmacy system, please visit TRICARE pharmacy's website, www.tricare.mil/pharmacy/default.cfm.

The DoD Formulary

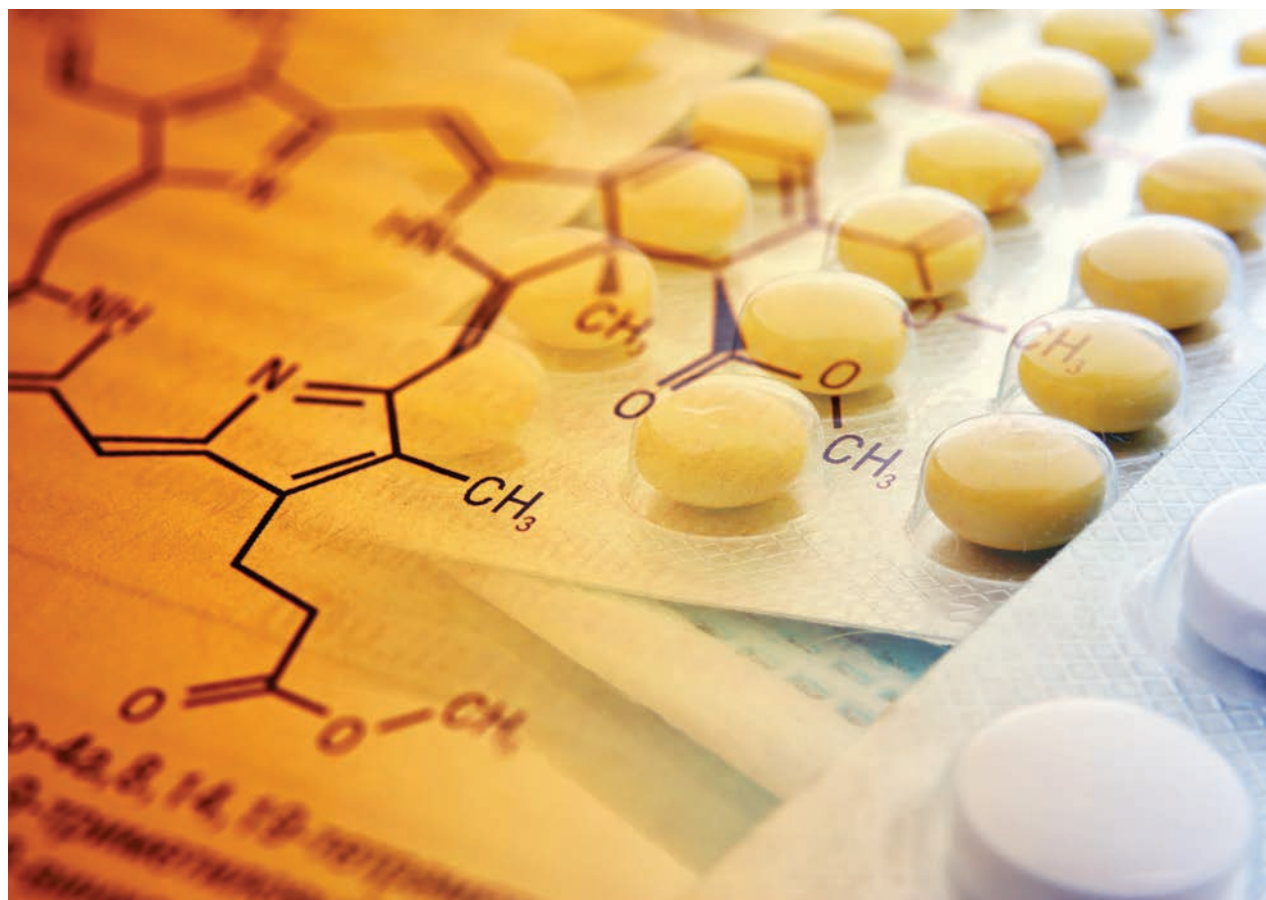
Drugs are considered for non-formulary status after recommendations are made by DoD's Pharmaceutical and Therapeutics (P&T) Committee and Beneficiary Advisory Panel (BAP). The P&T Committee meets quarterly and evaluates drugs by class, weighing a number of factors before recommending a drug to non-formulary status. These factors include cost, number of medically equivalent generic substitutes available, beneficiaries affected, etcetera. The BAP then recommends or rejects the P&T Committee's recommendations. The assistant secretary of defense, Health Affairs, makes the final decision.

Depending on where a non-formulary prescription is filled, beneficiaries will pay a \$44 copayment for a 30-day supply from a retail network pharmacy or a 90-day supply from the mail-order pharmacy or the higher of \$44 or 20 percent in retail non-network pharmacies.

Non-formulary or third-tier drugs are not stocked in military treatment facility (MTF) pharmacies but will be special-ordered if prescribed by an MTF physician with a medical-necessity determination. They also may be special-ordered when prescribed by a non-MTF physician to whom the patient was referred along with a showing of medical necessity.

Beneficiaries who are taking a non-formulary drug should check with their doctor to see whether a less-costly alternative would be as effective. To get a medical-necessity determination, providers must show a valid medical reason why a patient must take a non-formulary or third-tier medication. Without an updated medical-necessity determination, beneficiaries will pay the \$43 or \$44 cost share.

To obtain a medical necessity form or prior authorization, call (866) 684-4488 or download the form at http://pec.ha.osd.mil/forms_criteria.php.



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 the drug not being covered by your other insurance plan but 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/pharmacy. Click on "Other Health Insurance." Claim forms (DD Form 2642) and the required drug information can be mailed to:

Express Scripts Inc.

TRICARE Claims

PO Box 66518

St. Louis, MO 63166

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

TRICARE Pharmacy Program Frequently Asked Questions

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

A. There are two sources of DoD formulary information: (1) the DoD formulary pages on DoD's Pharmacoeconomic Center's website at www.pec.ha.osd.mil or (2) Express Scripts customer service at (877) 363-1303 (or outside the U.S. at (866) 275-4732). Explain that you are a DoD beneficiary, provide the sponsor's military identification number (Social Security number), and ask them to confirm coverage of the drug you require.

Q. How do I go about filling my prescription at a TRICARE network pharmacy?

A. 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

Eligibility Enrollment 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?

A. It is 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 drug does not exist, the brand-name drug will be dispensed at the brand-name copayment.

To get more information from the Food and Drug Administration on generic drugs, visit <http://1.usa.gov/dp8Lz>.



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?

A. If you use a non-network pharmacy, you might be required to pay the full cost of the medications and file for reimbursement with Express Scripts. (See page 14 for cost shares.) Mail your reimbursement claim to:

Express Scripts Inc.

TRICARE Claims

PO Box 66518

St. Louis, MO 63166

Q. I live in a foreign country; will I be able to use the TRICARE pharmacy program?

A. 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. Contact TRICARE Pharmacy Home Delivery for restrictions. As an alternative, retirees can use local economy phar-

macies (as non-network pharmacies), paying the full cost and filing a claim for reimbursement from Express Scripts.

Q. How does Medicare Part D affect me?

A. For most TRICARE For Life (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 robust pharmacy benefits currently 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, his or her TFL pharmacy benefits will be affected, as TFL becomes the final payer behind Medicare Part D.

Beneficiaries who lose TRICARE eligibility (i.e., remarrying survivors whose spouse 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 of losing TRICARE 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.

Information 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/gettingcare/claims.aspx

Claims form:

[www.dtic.mil/whs/directives/infomgt/forms/
eforms/dd2642.pdf](http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2642.pdf)

Mailing address:

WPS TRICARE Administration
PO Box 7889
Madison, WI 53708

View status online:

www.tricare4u.com

Overseas claims mailing address:

WPS TRICARE Overseas
PO Box 7992
Madison, WI 53707

TRICARE pharmacy:

www.tricare.mil/pharmacy

TRICARE pharmacy formulary search:

www.pec.ha.osd.mil/formulary_search.php

Pharmacy claims:

Express Scripts Inc.
(877) 363-1303 (electronic answering service
available 24 hours a day, 7 days a week)
www.express-scripts.com/tricare

Claims address:

Express Scripts Inc.
TRICARE Claims
PO Box 66518
St. Louis, MO 63166

Medical-necessity forms:

www.pec.ha.osd.mil/forms_criteria.php

TRICARE Retiree Dental Program (TRDP):

(888) 838-8737
www.trdp.org

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,
9 a.m. to 3 p.m., Pacific time)
www.dmdc.osd.mil/rsl

Military Officers Association of America

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

Medicare Rights Center

(800) 333-4114
www.medicarerights.org



Aging Into Medicare and TFL Checklist

We've condensed this publication into a handy checklist you can tear out and use as you follow along. For more information or help from MOAA's Member Service Center, call (800) 234-MOAA (6622).

Age 64 and 9 months

CURRENTLY RECEIVING SOCIAL SECURITY BENEFITS

- ☐ 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 "What Is the TRICARE Pharmacy Benefit," page 13.
- ☐ 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 to enroll in Medicare Parts A and B.
- ☐ Do NOT enroll in Medicare Part D; see TRICARE pharmacy options under "Using Medicare/TRICARE For Life (TFL) Benefits."
- ☐ Quarterly Medicare Part B premium billed.

PREPARING TO USE MEDICARE/TFL BENEFITS

- ☐ Upon receipt of your Medicare enrollment card:
 - Contact Defense Eligibility Enrollment 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've not done so already, consider long term care insurance.
- ☐ Quarterly Medicare Part B premium billed until receipt of Social Security; then monthly Medicare Part B premium is withheld from SS.
- ☐ Your spouse ages into Medicare/TFL upon reaching age 65 following the same process.

(continues on next page)

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 a seven-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 to enroll in Medicare.
- ☐ Your monthly Medicare Part B premium withheld from Social Security begins upon enrollment.
- ☐ Adopt the following usage of TFL.

USING MEDICARE/TFL BENEFITS

- ☐ Your uniformed services ID card is your TFL identification card.
- ☐ Although not mandatory, you might wish to update your uniformed services ID card around your 65th birthday because it contains an expiration date (civilian coverage) that might cause confusion.
- ☐ Select a health care provider based on which ones accept Medicare; TFL as final payer is invisible to them.
- ☐ 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 one year for their maintenance medications. After one year, beneficiaries may revert to using a retail pharmacy.



Military Officers Association of America

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