



TRICARE For Life: When Medicare Meets Military Retirement

Military retirees who become eligible for Medicare enter a healthcare arrangement different from that of most other Medicare beneficiaries. **TRICARE For Life**, or TFL, provides Medicare-wraparound coverage for eligible TRICARE beneficiaries who have Medicare Parts A and B.

It can be excellent coverage, but understanding which program pays first—and what happens when Medicare and TRICARE have different coverage rules—is essential.

Medicare Usually Pays First

For most care from civilian providers in the United States, Medicare is the primary payer and TRICARE For Life pays second. When a service is covered by both Medicare and TRICARE, Medicare processes its share first and the claim is normally forwarded electronically to TRICARE.

For services covered by both programs, TFL beneficiaries generally have no out-of-pocket cost. That makes the combination of Medicare and TRICARE For Life particularly valuable for many military retirees.

What Happens When Only One Program Covers It?

This is where TFL becomes more complicated. If Medicare covers a service but TRICARE doesn't, Medicare pays its portion and you're responsible for Medicare's deductible and coinsurance. If TRICARE covers a service but Medicare doesn't, TRICARE processes the claim under its own rules and you may owe the applicable TRICARE deductible and cost-share.

If a service is covered by **neither Medicare nor TRICARE**, neither program pays and you can be responsible for the entire cost. That's why having two excellent government health programs still doesn't mean every medically desirable service will be covered.

Preventive Care Can Be Particularly Confusing

Medicare and TRICARE don't always define covered preventive services in exactly the same way. Medicare covers a substantial list of screenings, vaccines and wellness services, while TRICARE has its own preventive-care coverage rules.

Consequently, a service outside Medicare's preventive benefit can sometimes be covered by TRICARE subject to TRICARE rules and cost-sharing—or it may not be covered by either program.

For military retirees accustomed to decades of military healthcare, that can produce the frustrating question: *If my doctor says I should have it, why won't my insurance pay for it?* The answer is often that medical judgment and insurance coverage are governed by different standards.

You Usually Don't Need Medicare Part D

TRICARE For Life beneficiaries retain prescription coverage through the TRICARE Pharmacy Program. That coverage is considered creditable, so a TFL beneficiary generally doesn't need Medicare Part D merely to avoid the Part D late-enrollment penalty or to obtain prescription coverage.

There can be individual circumstances in which someone considers Part D, but it isn't automatically necessary simply because you've enrolled in Medicare.

Know Before You Go

Before receiving an expensive planned service that may fall outside ordinary Medicare coverage, it can be worthwhile to ask two separate questions: **Does Medicare cover it? Does TRICARE cover it?**

For military retirees, TRICARE For Life provides exceptionally broad protection when combined with Medicare. But "exceptionally broad" isn't the same as unlimited. Knowing where one program stops and the other begins is the best way to avoid discovering the difference when the bill arrives.