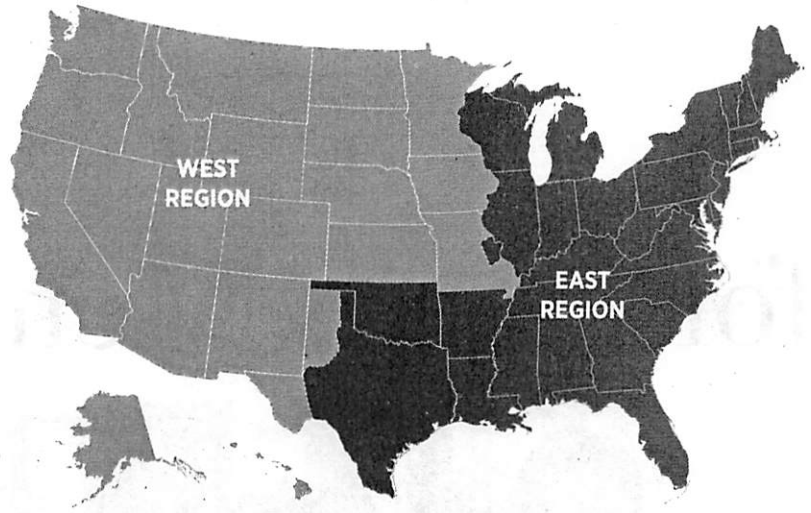




▶ TRICARE CONTRACTORS

2023 May See Change



HOW TO SUBMIT A CLAIM

For detailed instructions, go to www.tricare.mil/FormsClaims/Claims/MedicalClaims.

Come next year, active-duty family members, retirees, and dependents in the Military Health System may be served by a new TRICARE contractor, or not, depending on the outcome of the next generation contract decisions expected in November.

Humana Military has managed TRICARE's East Region for the past five years, while HealthNet Federal Services has overseen the West since 2018. Those contracts, which were worth up to \$58 billion over six years, will expire by Dec. 31. DoD is slated to announce its decision on the next contract, known as T-5, any minute.

The new contracts will ensure TRICARE continues to be an integrated part of the Military Health System, providing networks of physicians and specialists for beneficiaries who use TRICARE Prime, Select, and other TRICARE programs.

But the new contracts also aim to implement industry best practices such as patient-centered medical homes, which call for a team-based approach to care, advanced care management for those with complex medical needs, incentives to encourage providers to embrace innovation, and partnerships with civilian facilities to ensure patients have access to top-notch specialty care.

While DoD has pledged that the contractor transition will be seamless to patients, previous changeovers have been anything but easy. A 2009 contract award dragged on for more than three years following multiple bid protests, and in 2016, when the Defense Health Agency (DHA) consolidated TRICARE regions down to two, United-Healthcare, which lost a contract and a region in the process, slow-rolled the transition, resulting in a backlog of referrals, loss of payment informa-

tion for 224,000 beneficiaries, and 15,000 patients inadvertently dropped from TRICARE.

The contracts are especially critical as DHA pursues efforts to treat more beneficiaries in the civilian sector via TRICARE.

"Among the most important strategies we're pursuing is the development of effective TRICARE contracts that deliver high value patient centered care that integrates military and private sector care," DHA Director Lt. Gen. Ronald Place told members of the House Defense Appropriations Subcommittee in May.

MOAA joined other military service organizations last year to encourage DHA to work to minimize disruptions to patients during the transition and make sure new contractors have adequate networks to care for beneficiaries.

The groups raised concerns that the contracts' emphasis on value-based care, which relies on incentives, preventive services, and rewards to encourage better outcomes, could have up-front costs that may be passed along to beneficiaries.

"The T-5 contracts represent significant change to the purchased care component of the Military Health System," wrote Jack Du Teil, president of The Military Coalition, to members of Congress last year. "At the same time, the organization and governance of the direct care component of military hospitals and clinics is also being dramatically altered. Our focus has always been — and continues to be — on ensuring these changes do not create obstacles or disruptions that hinder the ability of our members to access quality and affordable health care." ■■■

— *By Patricia Kime, a reporter covering military health care issues in the Washington, D.C. area*

for Family Members



Michelle Norman, a Navy spouse and a member of MOAA's Currently Serving Spouse Advisory Council, center, is shown with her children.

of attorney, TRICARE Explanation of Benefits, etc. The more organized you are, the easier it will be to advocate on your child's behalf for medical care and eventually give them the tools to advocate for themselves one day.

Ensuring that your loved one with special needs has access to medical care may seem like a daunting task. TRICARE offers many health benefits for active-duty families. You can switch plans during

open season based on your family's needs and current duty station.

With some research and fully understanding benefits, you will be armed with knowledge to make optimal medical care decisions for your family. ||||

— *By Michelle Norman, executive director and founder at Partners in PROMISE. A Navy spouse, she is a member of MOAA's Currently Serving Spouse Advisory Council.*



► FAMILIES WITH SPECIAL NEEDS

How to Navigate Programs



PARTNERS IN PROMISE

This nonprofit organization was founded by Michelle Norman, mother of a special needs child and advocate for exceptional military families. "PROMISE" is for "Protecting the Rights of Military Children in Special Education." Visit www.thepromisect.org.

When enrolling in TRICARE, families usually consider what best meets the needs of the entire family. The decision is more complex for a family member with specific medical requirements. What plan is right for their exceptional child? What specialty services are available? How far will I need to travel?

LOCATION, LOCATION, LOCATION

Not all TRICARE plans may be available in your new duty location. Do the research to see what is available for in-network providers through TRICARE Prime and TRICARE Select.

TRICARE Prime may be a fantastic option for military families with special needs located near a major military treatment facility (MTF) that has specialty departments, like a developmental pediatrician. TRICARE Prime is the most cost effective; however, it requires referrals from a primary care manager (PCM) for all specialty appointments.

TRICARE Select is often better for a medically complex child based on its flexibility. Referrals are not required for most specialty appointments, and you can access pharmacies out in town.

A KNOWLEDGEABLE PCM/PEDIATRICIAN

Spend some time researching and interviewing pediatricians who have experience serving children with special needs. Do they have connections with the local pediatric hospital? Are they knowledgeable about early intervention/special education resources?

ECHO

Another benefit for some families in the Exceptional Family Member Program (EFMP) is the Extended Care Health Option (ECHO) Program. If eligible, you will be assigned a case manager who helps you procure services not normally covered through TRICARE, such as durable equip-

ment, and respite and home health care.

The ECHO program is designed to mimic the benefits that a state Medicaid waiver provides, but Medicaid waivers are difficult to obtain for highly mobile families. With ECHO, there is a monthly copayment based on the active-duty servicemember's rank. Plus, ECHO enrollment is required to access the Autism Care Demonstration Project, which offers Applied Behavior Analysis (ABA) therapy.

NON-PARTICIPATING PROVIDERS

There may be times your child with special needs requires a provider that does not accept TRICARE, especially if you are traveling. You can always self-pay in critical situations and ask for a "super bill" with the correct itemized coding. If you submit the claim to TRICARE within one year for reimbursement, with the right coding, TRICARE will reimburse at their rates.

SUPPLEMENTAL INSURANCE

MOAA offers supplemental insurance called MEDIPLUS for members enrolled in TRICARE Select. This valuable benefit will cover the copayments of appointments until your family meets the catastrophic cap set by TRICARE. Additionally, MEDIPLUS helps cover retail pharmacy copayments for prescriptions that are TRICARE-approved.

As a rule of thumb, TRICARE will be billed first, then a supplemental (secondary) insurance plan, and last is a Medicaid waiver plan. There may be times that a provider does not accept TRICARE and won't provide services even if your child has a Medicaid waiver plan.

BE AN EFFECTIVE ADVOCATE

Military caregivers should consider creating a medical binder to include their child's medical records, visits, evaluations, referrals, medical power

► THE BASICS FOR TRAVEL

Here's Your Safety Net

As Americans are returning to the roadways, train tracks, and skies, COVID-19 remains a concern, and other illnesses and accidents can happen on travel.

While all TRICARE programs vary slightly, here are some basics to ensure you have health coverage for your trip.

TRICARE PRIME

The Defense Health Agency (DHA) recommends TRICARE beneficiaries who plan to travel get routine care before they leave home. Traveling patients must notify their primary care contractor or their TRICARE regional contractor within 24 hours of going to a hospital regardless of whether they are admitted.

For non-emergency illnesses or accidents, Prime patients have several options for treatment in the U.S., beginning with the Nurse Advice Line, at 1-800-874-2273. They also have access to the TRICARE network of urgent care centers without a referral. Beneficiaries can check with the regional contractor for a network urgent care facility.

Prescriptions can be filled at a TRICARE network pharmacy or military pharmacy. If these options aren't available, they may be filled at non-network pharmacies. Keep copies of receipts; additional expenses may warrant filing a claim.

TRICARE SELECT

Beneficiaries who use TRICARE Select and are traveling in the U.S. should go to a hospital in an emergency, but they can see any TRICARE autho-

rized provider for illnesses or injury. Patients can save money by seeing a network provider, found on the respective TRICARE contractor websites.

TRICARE recommends keeping all receipts and bills, as patients may need to file a claim for reimbursement.

TRICARE Select beneficiaries can fill prescrip-

tions at any nearby U.S. military pharmacy overseas, at a network pharmacy if they are in a U.S. territory, or a non-network pharmacy.

TRICARE FOR LIFE

DHA recommends anyone using TRICARE for Life and traveling in the U.S. or its territories should see a TRICARE-authorized provider, found via www.tricare.mil/findadoctor. They can also contact Medicare at 1-800-633-4227 to locate a provider that takes Medicare. Medicare does not cover health care outside the U.S., so TRICARE will be the primary payer.

For TFL beneficiaries, there may be deductibles and cost shares for overseas care. Patients may have to pay up front; keep all

receipts to file claims.

If you need care while traveling overseas, contact the TRICARE Overseas Program/International SOS and they will help you find a provider. You will pay the provider directly for care and submit claims for reimbursement. TRICARE does not cover air evacuation back to the U.S. |||

— *By Patricia Kime, a health care reporter, and Karen Ruedisueli, director of Health Affairs, Government Relations at MOAA*



FIND A PROVIDER

See the lists at www.tricare.mil/findadoctor

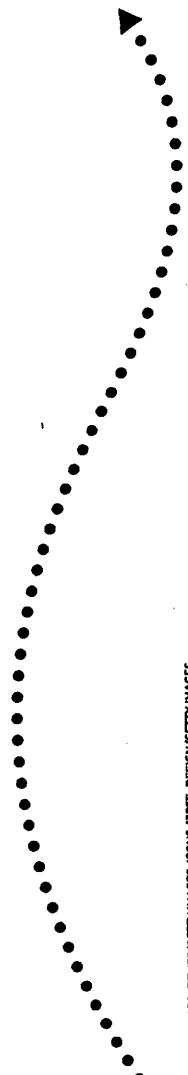


PHOTO: FIZKES/GETTY IMAGES; ICONS: IREBE_DESIGN/GETTY IMAGES



▶ TRICARE YOUNG ADULT

How the Coverage Works



TRICARE BEYOND AGE 26

See the Continued Health Care Benefit Program (CHCBP) at www.tricare.mil/chcbp



COVERAGE FOR THE KIDS

Find details about TRICARE Young Adult: www.tricare.mil/TYA



TELL US

Have you encountered challenges with young adult coverage? Please share your story at legis@moaa.org

TRICARE's lack of coverage for young adults can lead to confusion regarding eligibility and coverage for military kids transitioning to adulthood. Here's a primer.

Commercial and employer-sponsored plans are required by law to cover young adult dependents up to age 26 with no additional premium, but TRICARE coverage ends at age 21 (or 23 if enrolled full-time in college).

For coverage up to age 26, military dependents can purchase the premium-based TRICARE Young Adult (TYA) plan, but at a steep cost — in 2022, premiums are \$512 per month for TYA Prime and \$265 per month for TYA Select.

Military kids deal with unique challenges and sacrifices as part of military life. They deserve the same health care protections afforded to their peers in civilian families. MOAA has advocated to fix the TRICARE young adult parity issue and will continue our efforts in 2023 with the 118th Congress.

In the meantime, it is important for families to understand TRICARE coverage limitations for young adults. Here's what you should know:

- Unmarried dependent children are eligible for TRICARE until age 21.
- Young adults can extend TRICARE coverage until their 23rd birthday or graduation (whichever comes first) if enrolled full time in college. They must provide proof of enrollment. Contact an ID card office to see what documents are needed.
- Students under age 23 going directly from undergrad to graduate school are generally covered during this transition. The sponsor must provide letters from the school registrar certifying 1) full-time enrollment before the break, and 2) acceptance or enrollment in the graduate program immediately after the break.
- Children incapable of self-support because of a mental or physical incapacity may qualify as a



secondary dependent with TRICARE eligibility beyond age 21. The Defense Finance and Accounting Service (DFAS) website provides details and contact information regarding secondary dependency determinations. Go to dfas.mil/MilitaryMembers/SecondaryDependency/SDC.

After any status update with the Defense Enrollment Eligibility Reporting System (DEERS), MOAA recommends following up with your TRICARE contractor to confirm TRICARE enrollment, but TRICARE cannot assist with eligibility issues — those must be handled with DEERS, typically at an ID card office, or the individual service branch.

If young adults purchase TYA, they may be able to continue TRICARE coverage beyond age 26 with the Continued Health Care Benefit Program (CHCBP), a premium-based health plan providing continued health care coverage for 18 to 36 months after the loss of military health care benefits. CHCBP premiums cover the full cost of the program so they are expensive but may be worthwhile for young adults who need TRICARE's comprehensive coverage. In 2022, the CHCBP premium for individual coverage is \$1,654 per quarter. ||||

— *By Karen Ruedisueli, director of Health Affairs, Government Relations at MOAA*

ESTIMATED TRICARE COSTS FOR 2023

These projected costs are based on recent inflation and COLA. Actual rates were to be announced.

	TRICARE PRIME				TRICARE SELECT			
	GROUP A		GROUP B		GROUP A		GROUP B	
	2023	2022	2023	2022	2023	2022	2023	2022
Annual premium, ind.	\$351	\$323	\$426	\$392	\$172	\$158	\$548	\$504
Annual premium, family	\$703	\$647	\$852	\$784	\$345	\$317	\$1,096	\$1,008
Deductible, individual	\$0	\$0	\$0	\$0	\$150	\$150	\$183	\$168
Deductible, family	\$0	\$0	\$0	\$0	\$300	\$300	\$365	\$336
Copayment (primary)	\$24	\$22	\$24	\$22	\$35	\$32	\$30	\$28
Copayment (specialist)	\$36	\$33	\$36	\$33	\$54	\$50	\$46	\$42
Catastrophic cap	\$3,000	\$3,000	\$4,262	\$3,921	\$4,028	\$3,706	\$4,262	\$3,921

SOURCE: CONSUMER PRICE INDEX, BUREAU OF LABOR STATISTICS

► YOUR TRICARE COSTS

Prices Likely to Rise

Inflation has been a hot topic in 2022. Fuel and energy prices skyrocketed and their associated impact on the rest of our economy has our projected annual inflation at a 40-plus-year high.

How is inflation likely to impact our TRICARE health care costs for 2023?

Because TRICARE costs are broadly tied to the Cost of Living Adjustment (COLA), TRICARE beneficiaries are almost certain to be paying more in the coming year.

Each year's COLA is determined by the average of the last three months of the fiscal year's Consumer Price Index (CPI-W).

At press time, we don't know the final figure for 2022, but it is hovering around 8.7%, which would be the highest COLA increase since 1982 (7.4%). Last year's COLA increase (5.9%) was the largest since 2008 (5.8%).

The index and COLA increases are put in place to protect pay and benefits against inflation.

A large increase reflects the fact that consum-

ers are now paying more for goods and services.

COLA protects military retired pay, survivor benefit annuities, Social Security benefits, VA disability compensation, and dependency and indemnity compensation (DIC).

See the tables on this page for the probable increases for 2023.

A list of medical costs for each TRICARE plan can be found by using the cost comparison tool at www.tricare.mil/costs/compare.

TRICARE should publish the 2023 increases prior to the open season, which begins this year on Nov. 14.

COLA increases applied to TRICARE costs are rounded down to the whole \$1.

However, the excess amounts are accumulated and carried over to the next year, which may result in increases above that year's COLA.

Group A beneficiaries entered service prior to Jan 1, 2018. Group B entered on or after that date. ||||

— By Capt. Paul J. Frost, AFC®, USN (Ret), program director for finance and benefits at MOAA

TRICARE's open season this year is Nov. 14 to Dec. 13. Prices for your benefit should be available by that time.

PHOTO: EKATERINA GONCHAROVA/GETTY IMAGES; ICON: TBEE DESIGN/GETTY IMAGES; GRAPHIC: JOHN HARMAN/STAFF



► TELEHEALTH AND TRICARE

The Rules Are Changing



MORE TELEHEALTH SERVICES

TRICARE has added virtual providers to expand access to network care for Prime and Select beneficiaries:

Doctor on Demand:

Telemedicine, urgent care, and behavioral health services available 24/7. www.doctorondemand.com

Telemind:

Behavioral health services, psychology, and psychiatry. www.telemind.com

SimpliFed:

Lactation support services. www.simplified.com

TRICARE has made permanent its recent coverage for virtual health visits done via phone, which surged during the COVID-19 pandemic.

At the beginning of the pandemic, TRICARE introduced telehealth coverage expansions to encourage people to stay home, avoid exposure, and reduce transmission of the virus. Telehealth, also known as virtual health or telemedicine, includes appointments that take place via phone, either video or audio.

As of this summer, TRICARE has made permanent coverage for audio-only phone visits.

The pandemic caused an unprecedented increase in the use of telehealth services. In 2019, about 2% of outpatient appointments in the Military Health System were virtual. That number surged during the pandemic, reaching a high in April 2020 when 46% of all MHS outpatient appointments were via telehealth, according to the annual Evaluation of the TRICARE Program.

That leveled off by the end of 2020, when approximately 20% of all outpatient appointments were virtual.

TRICARE also waived TRICARE Prime and Select copays during the pandemic, but a notice in the Federal Register has announced the telehealth copay waiver will be coming to an end. A date had not been announced by press time.

DoD has decided to end the copay waiver given the availability of vaccines and the reduction of

stay-at-home orders. While telehealth services remain a covered benefit, TRICARE Prime and Select beneficiaries will have a copay or cost share for telehealth visits once the waiver ends. TRICARE's decision to end the telehealth copay

waiver does not affect TRICARE for Life (TFL) beneficiaries who are covered by both Medicare and TFL.

Medicare's telehealth policy has been connected to the COVID-19 national emergency, which was renewed in July by the White House; the administration said it would provide a 60-day notice before allowing the national emergency to expire, and Medicare's existing telehealth coverage will extend at least five months after that expiration. At press time, it was

unclear when the emergency would expire.

For now, TFL beneficiaries will continue to have zero cost share for covered telehealth visits. Medicare pays 80%, and TRICARE picks up the remaining 20%.

If Medicare's COVID-19 telehealth coverage expansions are not made permanent, TRICARE would become the first payer for telehealth services not covered by Medicare, and TRICARE's deductible and cost shares would apply.

MOAA is monitoring Medicare coverage changes related to COVID-19 and will provide updates via www.moaa.org and The MOAA Newsletter. IIII

— *By Karen Ruedisueli, director of Health Affairs, Government Relations at MOAA*



TRICARE is ending the COVID-19 copay/cost share waiver for telehealth visits.

► MENTAL HEALTH CARE

‘We Just Can’t Pay for It’

Improving access to mental health care has been one of MOAA’s top priorities for Congress. In addition to highlighting access challenges related to surging demand and provider shortages, MOAA has focused on reducing excessive TRICARE mental health copays to prevent military families from making painful choices surrounding mental health care.

A military caregiver outlined just such a choice: She and her children — including an 11-day-old infant — moved to Walter Reed National Military Medical Center to help care for her husband, injured by enemy-forces in Afghanistan, and they stayed for nearly a year.

The spouse, identified by just her first name, explained how mental health copays have impacted her family.

“[Our children] need therapy to deal with living with the effects of war,” Jacqueline said at the 2019 Elizabeth Dole Foundation Impact Forum attended by MOAA and other advocacy groups. “We had to cut our son’s therapy in half because TRICARE doubled our copay. So, he’s not getting the amount of mental health care, and our daughter can’t get anything beyond what she’s just getting at the (traumatic brain injury) clinic because we just can’t pay for it.”

The price hike, Jacqueline said, “devastated us.”

SECURING AN EARNED BENEFIT

Uniformed services families, retirees and their families, and survivors deserve a high-quality, comprehensive health care benefit, yet TRICARE beneficiaries pay far more for mental health care than those covered by commercial plans.

The Stop Copay Overpay Act, H.R. 4824, would

reduce TRICARE copays for mental health visits.

These copays more than doubled from 2017 to 2018 and now stand at \$28 to \$38 per visit for most active-duty families on TRICARE Select and \$33 to \$50 per visit for most retirees and their families — significantly higher than commercial plans. The average mental health copay for Federal Employee Health Benefits (FEHB) Program plans, for example, is \$20 per visit.

DoD has devoted significant resources to reducing the stigma associated with seeking

mental health care, but these advances are undermined by cost-prohibitive copays — particularly with repeated visits typical of most mental health treatment plans.

Reducing beneficiary copays does not impact reimbursement to mental health providers — it shifts more of the cost back to DoD.

The Stop Copay Overpay Act has widespread support in concept, but lawmakers and staff have expressed concerns that other TRICARE fees will be increased to offset the mental health copay reduction — a move they know their constituents oppose based on feedback they’ve received following past TRICARE fee increases. MOAA expressly opposes any plan that funds a mental health copay reduction by increasing other TRICARE fees.

We greatly appreciate the efforts of MOAA members who took this issue to Capitol Hill during our Advocacy in Action event this spring, and we were gratified to learn MOAA’s messaging has resonated on the Hill.

We will continue to seek solutions for excessive mental health copays in Congress. ||||

— *By Karen Ruedisueli, director of Health Affairs, Government Relations at MOAA*



MENTAL HEALTH CARE

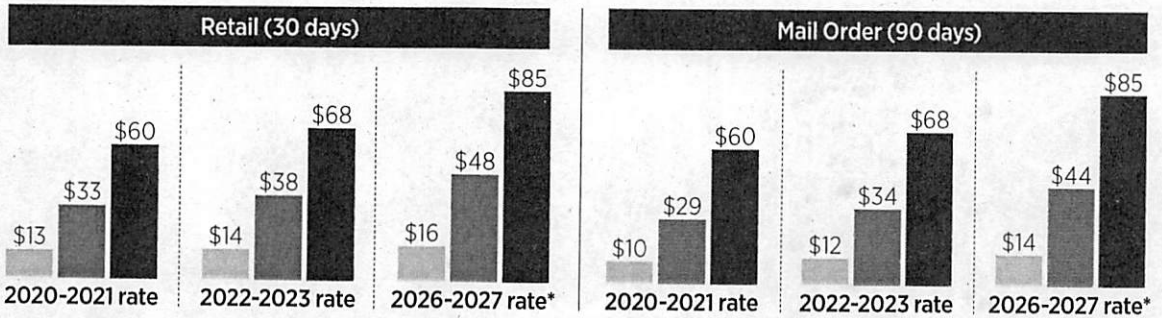
See details on resources, services, and costs on TRICARE’S website at www.tricare.mil/mentalhealth.



PHASED PHARMACY INCREASES OVER 10 YEARS

Here is a look at current pharmacy copay rates and proposed increases that beneficiaries may see in the next few years:

■ Generic ■ Brand ■ Nonformulary



*Proposed rate

SOURCE: FY 2018 NATIONAL DEFENSE AUTHORIZATION ACT, SECTION 702

► PHARMACY BENEFITS

Tips to Save on Costs

TRICARE's pharmacy copay increases were passed by Congress in 2018, to be in effect for the next 10 years and implemented each even year, including 2022.

TRICARE beneficiaries may have been surprised to see a bill with their Express Scripts mail-order refills: Generic refills now come with copays.

Beneficiaries who are living near a military treatment facility (MTF) pharmacy network continue to receive new prescriptions and refills with no copay.

Those using retail pharmacies (new 30-day prescriptions) and Express Scripts mail order (maintenance 90-day prescriptions) have copays on par with civilian counterparts who use an employer-provided medical/pharmacy plan, according to the Kaiser Family Foundation's 2021 Employer Health Benefits Survey.

Your TRICARE and TRICARE For Life pharmacy benefits work exactly alike.

Your commercial pharmacy copays are the maximum you should be charged for the classification of your prescription (generic, brand, or nonformulary).

Nonformulary drugs, when approved, are covered with a higher copay than drugs in the generic and brand-name formularies.

Many MOAA members say they have found that shopping around may yield a commercial pharmacy that charges less than the prescribed retail amount shown in the table on this page, above.

Here are some other cost-saving ideas:

- **Go generic** whenever possible (with physician consent).
- **Order by mail** whenever it's possible to receive three times (90 versus 30) the supply for a reduced cost.
- **Use a TRICARE pharmacy network** or download the Express Scripts mobile app.
- If TRICARE denies coverage for your prescription needs, **look into Rx discount programs** such as Good Rx or AARP's Prescription Discounts program.
- If your employer provides a **flexible spending account**, you have coverage for prescription and over-the-counter medicines with a physician's approval. ||||

— By Capt. Paul J. Frost, AFC®, USN (Ret),
program director for finance and benefits at MOAA



CHECK THE PRICE

To price a medication and compare costs of drug options, see the TRICARE Express Scripts website at <https://militaryrx.express-scripts.com/price-medication>.



Standing with you.

MOAA's MEDIPLUS® TRICARE Supplement Insurance Plans are Offered Exclusively to MOAA Members Younger Than Age 65 and Their Families.

MEDIPLUS works with your TRICARE coverage to help reduce your out-of-pocket medical expenses. Whether you're on active duty, in the Guard or the Reserves, retired, or looking to switch from a civilian employer plan, MEDIPLUS offers a TRICARE Supplement for you. Each plan features these advantages:

- ✓ Affordable group rates
- ✓ Guaranteed acceptance*
- ✓ No annual or lifetime coverage limits
- ✓ Easy and fast electronic claims processing
- ✓ 100% portable

✓ **MEDIPLUS is the #1 most popular MOAA-member insurance Plan!**

✓ **Over 4,000 members enrolled in the last 4 years alone!**

✓ **Superior service and dependable coverage for over 40 years.**

Take Advantage Today!

For more information about MOAA MEDIPLUS® TRICARE Supplement Insurance, visit www.moaainsurance.com/tricaresupp or call 1-800-247-2192.**

*Guaranteed acceptance means you'll be covered immediately for new health conditions. Any current injuries or illnesses are subject to the 6-month Pre-Existing Conditions Limitation.

**Information includes costs, exclusions, limitations and terms of coverage. Coverage may not be issued in some states. All benefits are subject to the terms and conditions of the policy. Policies underwritten by Hartford Life and Accident Insurance Company detail exclusions, limitations and terms under which the policies may be continued in force or discontinued.

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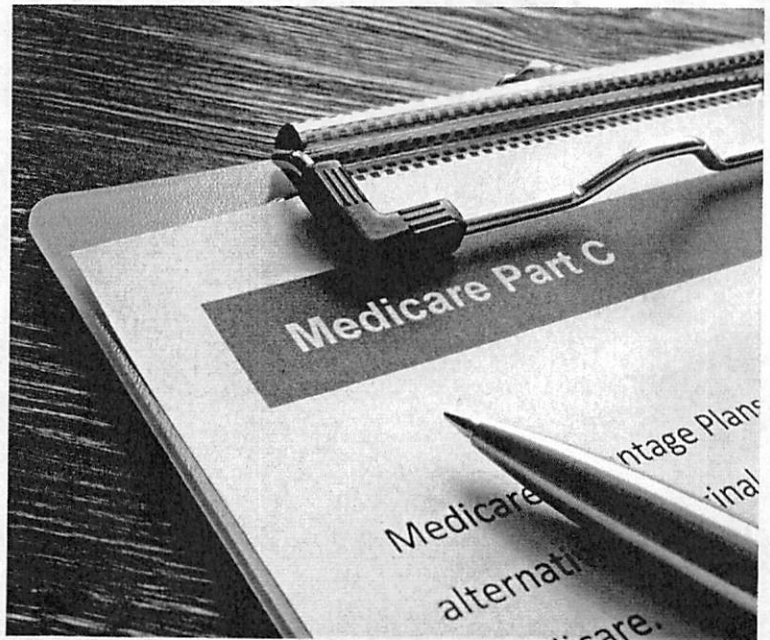
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► MEDICARE PART C

Explaining Advantage Plans



FIND OUT MORE

For details on MAPs, how they work, the rules, and how much you can expect to pay, visit www.medicare.gov/types-of-medicare-health-plans/medicare-advantage-plans

You may have heard a lot about Medicare Advantage Plans (MAPs) on TV commercials and elsewhere. If you've wondered about the coverage they offer, here's what to know.

MAPs, or Medicare Part C, are commercial alternatives to the federal government's Original Medicare (OM) programs: Part A = hospitalization, Part B = medical insurance, and Part D = pharmacy.

At a minimum, MAPs include Parts A and B coverage and some may include Part D.

Here are important considerations for military retirees, dependents, and surviving spouses:

- **MAPs are state regulated.** Each state determines what must, or may, be included in their MAPs.
- **MAPs work with TRICARE For Life (TFL).** However, it might not be as transparent as OM. Under OM with a supplement (like TFL), the medical provider sends a bill to both OM and the supplemental insurer. TFL beneficiaries never have to pay a bill for covered services.

For MAPs, the provider is only required to send a bill to the MAP insurer. The MAP is only required to send you an explanation of benefits (EOB) for your part of the bill.

For TFL beneficiaries enrolled in a MAP, the dilemma they might face is persuading either the provider or insurer to send the deductible and/or copayment bill to TFL. This should be done by the provider, but if unwilling, you might be able to persuade the MAP to work with TFL to keep your business — it shouldn't matter if they send an EOB to you or a bill to TFL.

- **TFL is also your Medicare pharmacy plan.** That means you don't need Part D. Many MAPs include a pharmacy component (upon state requirement or insurer preference). Avoid these plans to avoid the headache of filing TFL reimbursement claims.

WHEN TO SIGN UP OR CHANGE PLANS:

- **Initial enrollment period:** When individuals first become eligible for Medicare.
- **Open enrollment period** (for both OM and MAPs): from Oct. 15 to Dec. 7. (Some states had not announced their OEP by press time.)
- **MAP open enrollment period:** From Jan. 1 to March 31. If currently enrolled in a MAP, you can switch to another MAP or switch to OM once during this period.

Interested in a MAP? Do your homework:

- What MAPs does your current provider(s) accept?
- What MAPs are available in your area? Start at www.medicare.gov.
- What additional coverages or options can I receive from a MAP offered in my locale? These could include dental, vision, Silver Sneakers (gym memberships), or a premium rebate, to name a few.
- How much over my income-based Medicare Part B premium do I have to pay for the additional benefits of a specific MAP? While most advertisements boast "at no additional cost," always read the fine print. ||||

— By Capt. Paul J. Frost, AFC®[®], USN (Ret),
program director for finance and benefits at MOAA



While the federal government negotiates contracts with dental and vision providers, the providers have relatively free range to set their next year's prices.

▶ TRICARE AND FEDVIP OPEN SEASON

Which Plan is Best?

If you are looking to change your health care plan and/or dental and vision providers, the time to do it is open season for TRICARE and FEDVIP (Federal Employee Dental and Vision Insurance Program).

The 2023 open season runs from Nov. 14 to Dec. 12. Take time to evaluate your options to ensure you are maximizing your benefits.

Outside of open season, you can only change your plan or providers if you have a qualifying life event (QLE).

Any changes you make will take effect on Jan. 1, 2023. If you take no action, you will remain under your current plan(s) for 2023.

The pricing schedules for 2023 TRICARE and FEDVIP should be posted by the time this magazine reaches you.

The TRICARE cost comparison tool can be found at www.tricare.mil/Costs and FEDVIP at www.benefeds.com/tools/search-plans.

Questions for you to consider:

- Are you satisfied with the medical coverage you

are receiving at the base hospital or clinic under TRICARE Prime?

- Do you hate waiting weeks or months for a referral to a specialist?
- Would the flexibility of TRICARE Select be more suitable for you and your family?
- Are you relatively healthy and do not mind the additional cost of TRICARE Select should you need it?

TRICARE Prime typically will cost less than Select, and costs for both programs will increase by no more than the 2023 Cost of Living Adjustment (COLA). So price may not be the only factor for which plan works best for you.

For FEDVIP, the federal government negotiates contracts with dental and vision providers, but providers have relatively free range to set the next year's prices. FEDVIP subscribers may want to review their plan's proposed increase or decrease so the bill next year isn't a surprise. ||||

— By Capt. Paul J. Frost, AFC®, USN (Ret),
program director for finance and benefits at MOAA



QUALIFYING LIFE EVENTS

See TRICARE QLEs explained:

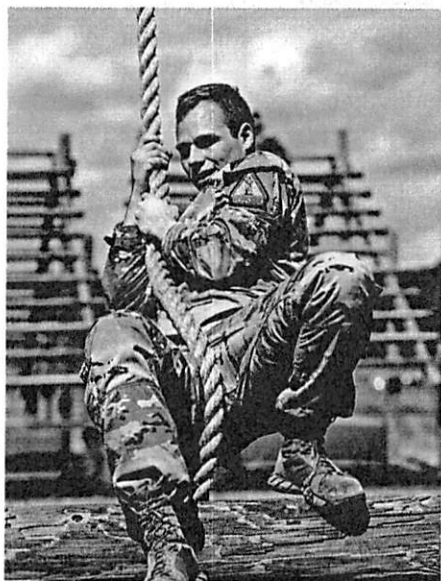
TRICARE:
www.tricare.mil/LifeEvents

FEDVIP:
www.benefeds.com/education-support/qles

PHOTOS: FROM LEFT, SGT. IST. CLASS TERRA C. GATTI/USANG; JAVIER ZAVAS PHOTOGRAPHY/GETTY IMAGES GRAPHIC: JOHN HARMAN/STAFF

► GUARD AND RESERVE SERVICEMEMBERS

Options for Care Plans



Members of the Guard and Reserve will find costs for TRICARE Reserve Select higher than TRICARE Prime or Select, but lower than the average employer health care plan.

For Guard and Reserve (G/R) servicemembers, their choices can be more complicated than choosing between TRICARE Prime and Select (P/S).

When activated for more than 30 days, G/R members and their families become eligible for all TRICARE programs. Costs for each of these programs follow the costs for active-duty servicemembers and their families.

While serving as a drilling G/R member — and not covered by the Federal Employee Health Benefit (FEHB) Pro-

gram — members and their families are eligible for TRICARE Reserve Select (TRS) and TRICARE Young Adult (TYA).

Members in the Individual Ready Reserve (including Navy Reserve Voluntary Training Units) do not qualify to purchase TRS.

TRS costs are higher than TRICARE P/S but lower than the average employer-provided health care plan. In addition to the monthly premiums and annual deductible, TRS enrollees incur coin-

surance payments for health care services after the deductible has been met. Enrollment fees, annual deductible, and copays apply to the catastrophic cap; monthly premiums do not.

Gray Area Retirees (GARs) are G/R members who are qualified for retirement pay and have retired from their service (stopped drilling) but are not yet eligible for retirement pay. GARs may be eligible for retired pay prior to reaching age 60, but TRICARE P/S eligibility is not attained until the G/R member reaches age 60 and retirement processing has been completed by service and pay agency (DFAS or CG) and is reflected in the Defense Enrollment Eligibility Reporting System.

GARs without an employer-provided health care plan have TRICARE Retired Reserve (TRR) as an option until reaching age 60. TRR is not cheap, but it is likely less expensive than finding a plan on the government or open market exchanges.

G/R retirees and their spouses remain eligible for TRICARE P/S programs until individually reaching age 65 when they “age out” of TRICARE and must enroll in Medicare.

Like active-duty retirees, upon enrolling in Medicare Parts A and B, beneficiaries are eligible for TRICARE for Life (TFL). ¶¶

— *By Capt. Paul J. Frost, AFC®, USN (Ret), program director for finance and benefits at MOAA*

COSTS OF GUARD/RESERVE PLANS

TRICARE RESERVE SELECT	INDIVIDUAL	MEMBER + FAMILY
Enrollment fee/premiums	\$46.70/month	\$229.99/month
Annual deductible, E-1 to E-4	\$56	\$112
Annual deductible, E-5 & above	\$168	\$336
TRICARE RETIRED RESERVE	INDIVIDUAL	MEMBER + FAMILY
Enrollment fee/premiums	\$502.32/month	\$1,206.59/month
Annual deductible (network)	\$168	\$336



YOUR PHARMACY PLAN

Pharmacy plans are Part D under Medicare. You do not want another pharmacy plan on top of your TRICARE pharmacy plan. Two things to be aware of:

- If you want a Medicare Advantage plan, choose carefully, as many come with a pharmacy plan, which must pay first before TFL does. To be reimbursed for what the other plan does not pay, you will have to manually file claims to the TRICARE pharmacy. TRICARE pharmacy copays still apply.
- You will lose your TRICARE home delivery option by having another pharmacy plan.

WHAT IF YOU USE VA HEALTH CARE?

VA health care does not cover all VA-rated members, and for some, it only covers service-connected issues. Research how your VA health care works in your situation, and find out how it will cover you if you are not able to get to a VA facility.

U.S. FAMILY HEALTH PLAN

USFHP is an additional TRICARE Prime option available in six areas of the U.S. through networks of community-based, not-for-profit health care systems. How it works:

- You can stay in USFHP at age 65 and beyond if you were enrolled as of Sept. 30, 2012. If enrolled Oct. 1, 2012 or after, you will be disenrolled in USFHP and must enroll in Medicare Parts A and B and TFL. TFL does not work with the USFHP.
- If you are enrolled in Medicare Parts A and B with USFHP, you pay the Part B premium and USFHP fees and copays stop (except pharmacy copays). Staying with USFHP includes their pharmacy program.
- USFHP strongly encourages enrollment in Medicare Parts A and B so if you ever drop USFHP, you are covered by Medicare without the premium penalty due to delayed enrollment.

SPOUSES TURNING 65

The spouse who turns 65 first enrolls in Medicare/TFL, and the younger spouse stays in TRICARE Prime or Select until age 65. Change the younger spouse's Prime or Select fees to the single rate rather than the family rate.

RETIRED CIVILIAN WORKERS

You do not have to enroll in Medicare/TFL if you have a retiree health care plan. You will not have TFL nor TRICARE pharmacy. However, if you should ever want to enroll in Medicare later, you will pay a premium penalty for delayed Part B enrollment for the rest of your life. TFL will start at enrollment in Parts A and B, and it is a supplement for Medicare Parts A and B only — it does not work with any other plans. Many civilian plans can be suspended rather than cancelled.

OVERSEAS TRAVEL

Medicare plans do not work overseas. Here's what happens:

- Your TFL converts to TRICARE Select Overseas and you are covered by TRICARE Select at that plan's rates.
- You pay for services overseas out of pocket and TRICARE will reimburse after you file a claim. III

— *By Lt. Col. Shane Ostrom, USAF (Ret), formerly MOAA's program director of*

Financial and Benefits Education/Counseling

WORKING PAST AGE 65?

If you are covered by your employer's health care plan, there are more issues to consider. See our articles online at www.moaa.org by searching "Medicare" from the home page.



U.S. FAMILY HEALTH PLAN

For more on this option and the areas where it's available, see www.tricare.mil/USFHP.



KEEP UP WITH DEERS

TRICARE beneficiaries should make sure to keep their records up to date in the Defense Enrollment Eligibility Reporting System (DEERS) to maintain medical benefits and receive communication about health care. For a step-by-step guide, visit www.Health.mil/DEERStoolkit.

in Medicare Parts A and B on the first day of your 65th birthday month. If you are not receiving Social Security retirement benefits before age 65, you'll still need to enroll in Medicare Parts A and B two to three months prior to your 65th birthday month.

STILL WORKING?

There is one case that allows for delayed Medicare enrollment without the Medicare late enrollment premium penalty. If either retiree or spouse works past age 65 and can be covered by the employer's health care plan, then either spouse can delay Medicare enrollment until the working spouse's employment ends or the employer's health plan stops. Then you have eight months to enroll in Medicare.

Plan carefully to start Medicare to prevent a gap before your employer plan ends. Medicare cannot be delayed by using a civilian retiree health plan, and TRICARE Prime and Select end at age 65. Options while working are:

- Continue your employer plan by itself, no Medicare nor TFL and no TRICARE pharmacy.
- Drop employer health care and opt for Medicare and TFL.
- Enroll in Medicare/TFL and keep your employer plan. You'll pay for both.

GETTING STARTED WITH MEDICARE

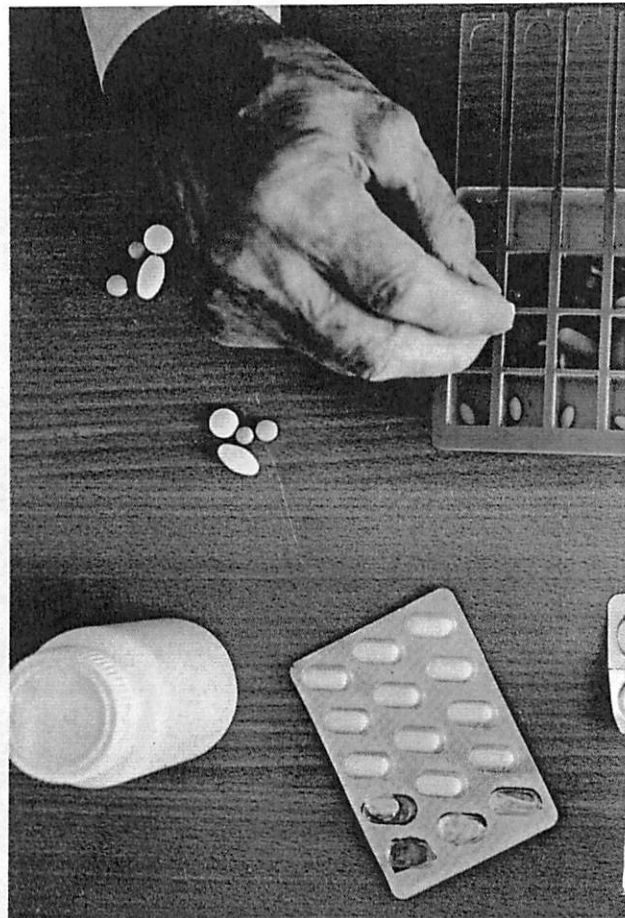
Find out if your current medical providers accept Medicare. If not, look for new ones.

Original Medicare (Parts A and B) works like TRICARE Select or preferred provider organizations (PPOs): You can choose any providers, specialists included, if they accept Medicare.

Medicare Part B has a monthly income-based premium, determined by the last reported tax filing two years before from the IRS.

MEDICARE AND TFL

Medicare and TFL are linked in-system, and residual costs from Medicare automatically flow to TFL for final payment. You won't need any other Medicare supplement insurance. You must have Medicare Parts A and B to use TFL,



which covers all residual Medicare costs — other than your Part B premium. Health care providers bill Medicare as the primary payer.

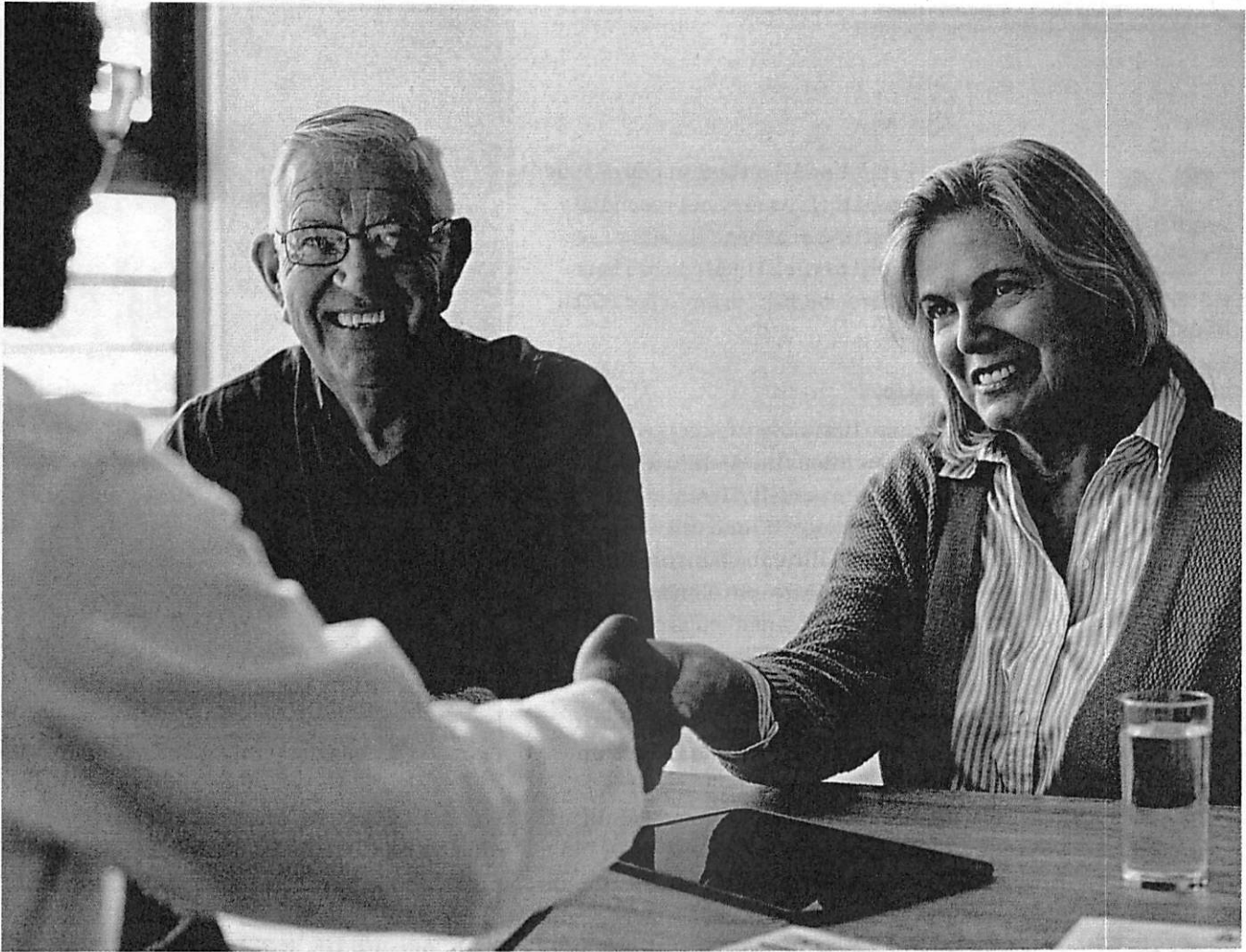
MEDICARE AND TFL IN RETIREMENT

Each year, the program you are in will automatically roll over to the next year. Keep your military ID card and all your personal data up to speed for the Defense Enrollment Eligibility Reporting System (DEERS) and Defense Finance Accounting Service (DFAS).

If you want to change your Medicare plan, do so during the appropriate Medicare open season:

- **Oct. 15 through Dec. 7.** This is for Original Medicare enrollees who want to switch to an Advantage plan or join Original Medicare from an Advantage plan. New plans start Jan. 1.
- **Jan. 1 through March 31.** This is for current Advantage plan members who want to switch Advantage plans or join Original Medicare. The new plan starts the next month after the company processes the request.

If you have a decrease in your income level due to change in your life situation, such as divorce, retirement, or death, you can appeal your Part B premium amount to Medicare.



► MEDICARE AND TRICARE FOR LIFE

Shifting Gears at 65+

When you turn 65, your health care coverage takes a turn, too. Your TRICARE Prime or Select program comes to a stop, and that's the law. Now you enroll in Medicare, along with the supplement Tricare for Life (TFL). Timing is essential. Here are steps to make the transition:

PLAN MONTHS AHEAD

To enroll in Medicare Parts A and B, you have a seven-month window: Your birthday month, and three months before and after that. It's best to enroll sooner:

- **2 to 3 months** before your 65th birthday month:

Enroll in Medicare online at Medicare.gov. Early enrollment ensures you receive your Medicare card in the mail, which gives you time to:

- **Update your military ID card.** Take the Medicare card to the closest military ID card office to update.
- **Enroll in TFL** at the ID card office.

Your military ID card expires just before your 65th birthday to ensure you enroll in Medicare Parts A and B and enroll in TFL. You can delay if you work past 65; for more on that, see "Still Working?" on the next page.

If you are receiving Social Security retirement benefits at least four months prior to your 65th birthday month, you are automatically enrolled



FIND OUT MORE

For a chart of Medicare costs, go to www.medicare.gov/basics/costs/medicare-costs



TRICARE GUIDE

Sponsored by MOAA Insurance Plans
Administered by AMBA Administrators, Inc.



TRICARE PLANS

Prime: An assigned primary care manager (PCM) provides most of your care in Prime service areas. Active duty pay nothing out of pocket unless family uses point-of-service option; all other beneficiaries pay enrollment fees and network copayments.

Select: This is a self-managed, preferred provider organization (PPO) plan. TRICARE contracts with a network of doctors, hospitals, and other providers. You have more freedom of choice but more out-of-pocket costs than Prime.

TRICARE for Life (TFL): TFL supplements Medicare coverage for TRICARE-eligible beneficiaries who have Medicare Parts A and B. For details, go to www.tricare.mil/Plans/ComparePlans

providers to offer this option in many metro areas. It will cost more than enrollment at an MTF, with copays for medical services.

• **Specialty care:** You will pay point-of-service charges unless you have a referral. Try to find a provider who accepts TRICARE to reduce costs. The deductible will not apply to your catastrophic cap.

TRICARE SELECT

This is the most flexible TRICARE program. You don't need a primary care manager, and you manage your own care. You will need to find medical care providers who accept TRICARE.

Copays are higher than for TRICARE Prime.

Select charges an annual enrollment fee for military retirees, to be changed based on Cost of Living Adjustment (COLA). It is \$158 for individuals and \$317 for families for 2022. The fees and deductibles count against the catastrophic cap.

YOUR CATASTROPHIC CAP

The catastrophic cap (CC) is the most you pay out of pocket for covered services each year before TRICARE picks up all additional covered costs. The amount amassed on active duty during a retirement year rolls into the retirement CC.

The CC for Prime has increased from \$1,000 on active duty to \$3,000 for retirees. The CC for Select is now COLA adjusted each year, and in 2022, it was increased to \$3,706 from its 2021 level of \$3,500. TRICARE Prime and Select enrollment fees count against the CC.

QUALIFYING LIFE EVENTS

You can make changes to your TRICARE benefits outside of the "open season" when you have a QLE: a move, birth of a child, marriage, divorce, or death. Retiring from active duty also allows you to change TRICARE coverage.

GROUP A AND GROUP B DESIGNATIONS

These determine the fee structure you pay for enrollment, deductible, copay, and catastrophic cap.

Group A: All servicemembers and their families who entered service prior to Jan. 1, 2018.

Group B: Those entering on or after Jan. 1, 2018.

PHARMACY BENEFIT

Military retirees and dependents now have a copay for prescriptions from commercial pharmacies or home delivery through Express Scripts. Prescriptions are free in the MTF system.

TERMINAL LEAVE

A retiring servicemember remains enrolled in TRICARE Prime at their last duty station until the date of retirement. Here's where they can get care:

- Any military hospital or clinic, but there are limitations and/or pre-authorizations required for non-urgent care.
- VA medical facilities with a referral/pre-authorization.
- For routine medical care during terminal leave, or if you plan to leave the area of the last duty station at that time, consult with the TRICARE referral office at your MTF or the Defense Health Agency — Great Lakes at (888) 647-6676.

Military families are covered by their TRICARE plan until the date of retirement. If the family is enrolled in an MTF, they will stay enrolled with their current providers until the retirement date unless there is another reason to change their primary care manager, such as a PCS move.

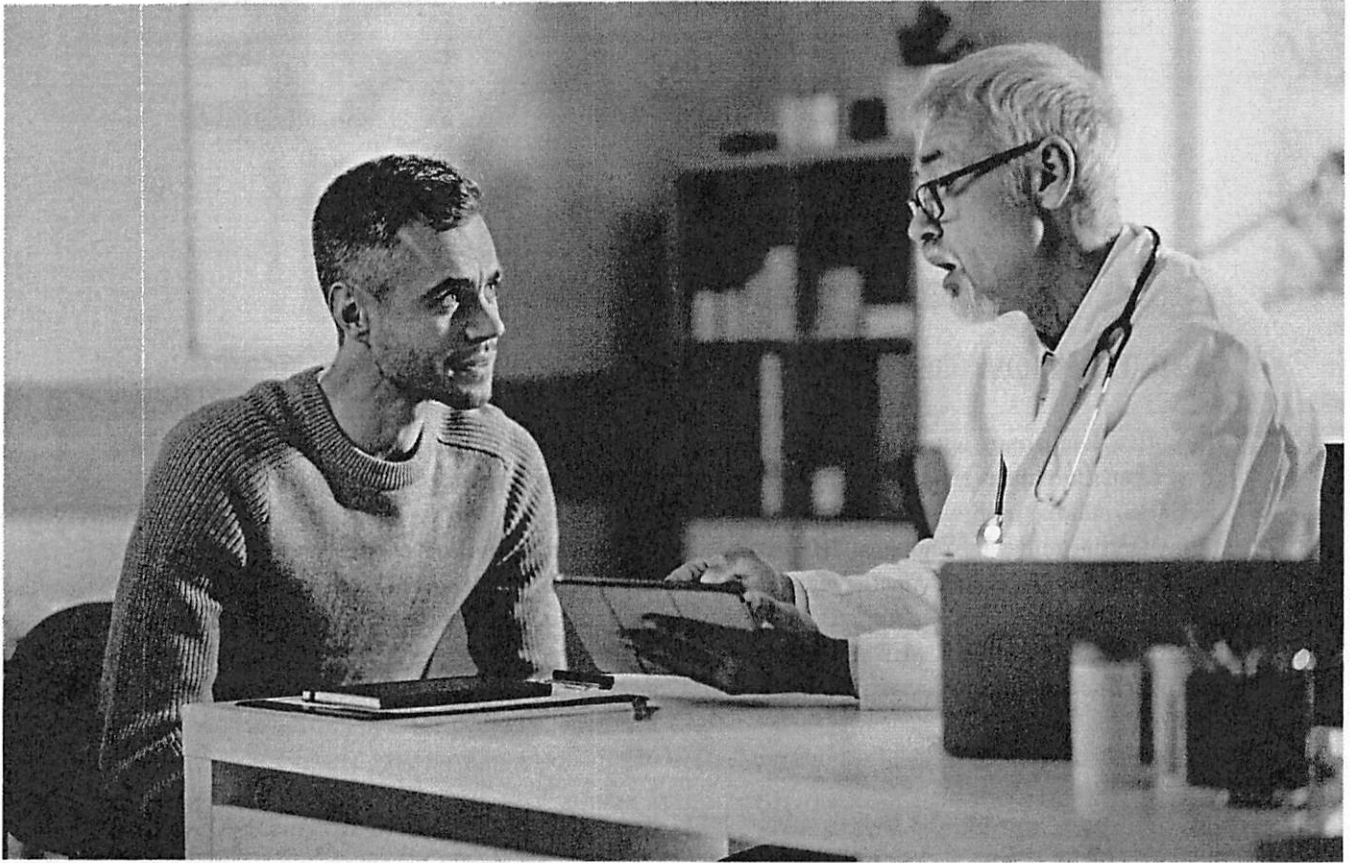
Family relocation during terminal leave is a QLE. The family can switch TRICARE plans or remain with their current plan and enroll with a TRICARE Prime PCM at their new location.

The family will not need to update to their retiree TRICARE coverage until the retirement date.

TRICARE SELECT OVERSEAS

TSO is available for retirees and their dependents living overseas. (TRICARE Prime Overseas is only for active duty and their families.) The TSO enrollment fee is the same as TRICARE Select (\$158 individual/\$317 family). Enrollment fees will count against the \$3,706 catastrophic cap. ||||

— *By Capt. Paul J. Frost, AFC®, USN (Ret), program director for finance and benefits at MOAA*



► TRANSITIONING INTO MILITARY RETIREMENT

Here's How to Get Ready



FIND A DOCTOR

See who takes TRICARE in your area:
www.tricare.mil/FindADoctor

When you transition into military retirement, you will need to navigate substantial changes in health care. Here is a look at what's ahead for you:

STEPS FROM ACTIVE DUTY TO RETIREE

- Choose the TRICARE program that works best for your family.
- Watch for your status to be updated to "retired" in the Defense Enrollment Eligibility Reporting System (DEERS).
- Within 90 days of retirement date, enroll in a TRICARE plan so your coverage is seamless.
- Contact the specific contractor that manages

the program in your area. Enroll online, via telephone, or through U.S. mail.

- Spouses may sign up for different plans. They will be charged at the individual rate for their plan versus the family rate.

TRICARE PRIME: THE OPTIONS

- **Military treatment facility (MTF):** Check with the contractor to see if an MTF near you (typically a 30-minute drive) is accepting new retirees and families. Check on the status of your preferred MTF at the next open season, or "qualifying life event" (QLE).
- **Civilian care:** TRICARE contracts with medical

PHOTO: GORDENKOFF/GETTY IMAGES; ICON: IRENE DESIGN/GETTY IMAGES
PREVIOUS SPREAD AND THROUGHOUT: MAZE ILLUSTRATIONS BY JOHN HARMAN/STAFF

TRICARE GUIDE

What to know now for navigating your health care benefit.

The path to health care and medical solutions may seem like a maze, even for those with experience making their way through the options. Year after year, the landscape changes. TRICARE is updated, costs may shift, and you and your family may see life transitions.

This edition of MOAA's TRICARE Guide is here to help you find which way to turn when you hit bends in the path.

We look ahead to 2023 with the latest on transi-

tioning to new phases of life with your TRICARE benefit, getting the most out of services offered, and adapting your plan as you age and deal with Medicare.

You are likely to see costs rise significantly for TRICARE in the coming year, reflecting inflation and cost of living, so we break down cost estimates.

We also look at new rules for telehealth, how to save money on medications, what you need to know for travel, guidelines for surviving spouses, and more signposts along your way.

Articles by: Capt. Paul J. Frost, AFC®[®], USN (Ret) | Lt. Col. Shane Ostrom, USAF (Ret)
Karen Ruedisueli | Patricia Kime | Michelle Norman

Illustrations by John Harman

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► Q&A: RULES FOR SURVIVING SPOUSES

Benefits & Remarriage

A surviving spouse retains his or her health care coverage if the military retiree dies first. That includes TRICARE Prime, Select, Overseas Select, and TRICARE for Life (TFL).

The death of a beneficiary is a “qualifying life event,” which, if desired, enables a surviving beneficiary to change TRICARE plans Prime to Select or Select to Prime (TFL and Overseas Select remain unchanged).

A surviving spouse retains all other relevant benefits and ID card for access to base, commissary, and exchange. If a surviving spouse remarries, their TRICARE benefit is gone forever, unless they marry another military retiree.

If a couple takes the Survivor Benefit Plan (SBP) at retirement, and the retiree dies first, the surviving spouse must “apply” for the annuity to begin. Find the required paperwork at www.dfas.mil/RetiredMilitary/survivors/ApplySBP.

Here are some frequently asked questions:

If we haven’t made all 360 payments, will the remaining premiums be deducted from the annuity?
No, premiums stop upon the retiree’s death.

If my spouse dies first, do I get my premiums back?
No, this is an insurance policy and there is no refund in this case. If the retiree remarries, on the one-year anniversary the new spouse will be covered (DFAS must be notified soon after you remarry). If you had not made your 360th payment before the first spouse died, your premiums will begin again where they left off until reaching 360.

What if my ex-spouse receives the benefit?

If your ex-spouse dies first, the benefit can be transferred to your current spouse.

If you die first, your ex-spouse will begin receiving the benefit, and it cannot be transferred to your surviving spouse upon your ex-spouse’s death.

I’m receiving SBP. What happens if I remarry?

If you have reached your 55th birthday before remarrying, you continue receiving the benefit. If you marry before your 55th birthday, the benefit is suspended. If that subsequent marriage ends in death or divorce, SBP can be restarted.

VA BENEFIT

VA disability compensation ends upon a veteran’s death. A surviving spouse is eligible for the VA’s version of SBP, called Dependency and Indemnity Compensation (DIC), if a servicemember died while on active duty, if the veteran died from a service-connected disability, or if the veteran was rated 100% permanently and totally disabled during at least the last 10 years of life. A surviving spouse must apply for DIC.

Learn more at www.va.gov/disability/dependency-indemnity-compensation.

Do I receive DIC for the rest of my life?

Yes, under one of the following conditions:

- You remarried on or after Dec. 16, 2003, and had already reached your 57th birthday.
- You remarried on or after Jan. 5, 2021, and had already reached your 55th birthday. ||||

— By Capt. Paul J. Frost, AFC® , USN (Ret),
program director for finance and benefits at MOAA

If a surviving spouse remarries, their TRICARE benefit is gone forever, unless they marry another military retiree.

