

TRICARE® and Medicare

UNDER AGE 65

Remaining TRICARE-eligible when you become Medicare-eligible before age 65

This brochure is not all-inclusive. For additional information, please visit www.tricare.mil/tfl or contact the TRICARE For Life contractor.

If you are entitled to premium-free Medicare Part A before age 65, you may need to have Medicare Part B coverage in order to keep your TRICARE benefit. The charts that follow take into account the reason for your Medicare eligibility and your sponsor's status and will help you determine if you must have Medicare Part B to keep TRICARE.

Depending on your eligibility status, you may be eligible to use:

- **TRICARE Prime:** If you are entitled to Medicare Part A, you may remain enrolled in TRICARE Prime until reaching age 65, as long as all eligibility requirements continue to be met. Additionally, if you are 65 or older, you may remain in TRICARE Prime if you have an active duty sponsor. Active duty service members (ADSMs) must be enrolled in TRICARE Prime regardless of Medicare entitlement status. ADSMs and their family members entitled to Medicare Part A can avoid paying the Medicare Part B late-enrollment monthly premium surcharge by enrolling

during their Part B special enrollment period (SEP) (*does not apply to those with end-stage renal disease [ESRD]*). The SEP is available anytime while the sponsor is on active duty and you are covered by TRICARE, or within the first eight months following either (1) the month your sponsor's active duty status ends or (2) the month TRICARE coverage ends, whichever comes first. To avoid a break in TRICARE coverage, ADSMs and active duty family members must sign up for Part B before the sponsor's active duty status ends. Regardless of age, retired service members and their family members who are entitled to premium-free Part A must have Part B to remain TRICARE-eligible.

- **TRICARE For Life (TFL):** TFL is Medicare-wraparound coverage for TRICARE beneficiaries who have both Medicare Part A and Medicare Part B, regardless of age or place of residence. When using Medicare providers, TFL beneficiaries typically have no out-of-pocket costs for services covered by both Medicare and TRICARE. When health care services are covered only by Medicare, TRICARE pays nothing and you are responsible for the Medicare deductible and cost-shares.



When health care services are only covered by TRICARE, Medicare pays nothing and you are responsible for the TRICARE deductible and cost-shares.

Medicare does not pay for health care services you receive from providers who opt out of Medicare. When you see an opt-out provider, TFL pays the amount it would have paid (*normally 20 percent of the allowable charge*) if Medicare had processed the claim; you are then responsible for paying the remainder of the billed charges.

Veterans Affairs (VA) providers cannot bill Medicare and Medicare cannot pay for services received from the VA. If you are eligible for TFL and VA benefits and elect to use your TFL benefit for non-service connected care, you will incur significant out-of-pocket expenses when seeing a VA provider. By law, TRICARE can only pay up to 20 percent of the TRICARE-allowable amount. If you receive care at a VA facility, you may be responsible

for the remaining amount. When using your TFL benefit, your least expensive option is to see a Medicare-participating or Medicare-nonparticipating provider. If you want to seek care from a VA provider, check with Wisconsin Physicians Service—Military and Veterans Health, which administers the TFL benefit, to confirm coverage details.

- **TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), and the US Family Health Plan (USFHP):** TRS, TRR, and USFHP enrollees entitled to premium-free Medicare Part A are not required to have Medicare Part B to keep TRS, TRR, or USFHP. However, these enrollees are strongly encouraged to enroll in Part B when first eligible to avoid paying the premium surcharge should they sign up at a later date. Enrollment in TRS or TRR does not qualify beneficiaries for an SEP. USFHP enrollees with an active duty sponsor will be eligible for an SEP (*unless you have ESRD*).

For more information, visit www.tricare.mil/tfl.

END-STAGE RENAL DISEASE

Beneficiary Category	Keeping Your TRICARE Benefit	Important Information for You
Active duty service member (ADSM) with end-stage renal disease (ESRD) or active duty family member (ADFM) with ESRD	You are not required to have Medicare Part B to keep your TRICARE benefit, but are strongly encouraged to get Part B when first eligible.	<ul style="list-style-type: none"> • Unlike other Medicare-eligible ADFMs, you do not have a Medicare Part B special enrollment period (SEP). • If you decline or disenroll from Medicare Part B, you may only be able to enroll or reenroll during the Medicare general enrollment period, which occurs each year (<i>January 1–March 31</i>), and your Part B coverage will be effective July 1 of the year you enroll or reenroll. You will have to pay a 10 percent Part B premium surcharge for each 12-month period you could have enrolled but did not.

END-STAGE RENAL DISEASE (CONTINUED)

Beneficiary Category	Keeping Your TRICARE Benefit	Important Information for You
Retirees with ESRD or retiree family members with ESRD	You are required to have Medicare Part B to keep your TRICARE benefit.	<ul style="list-style-type: none"> If you decline or disenroll from Medicare Part B, you may only be able to enroll or reenroll during the Medicare general enrollment period, which occurs each year (<i>January 1–March 31</i>), and your Part B coverage will be effective July 1 of the year you enroll or reenroll. You will have to pay a 10 percent Part B premium surcharge for each 12-month period you could have enrolled but did not.
National Guard or Reserve retiree or retiree family member with ESRD	You are required to have Medicare Part A and Part B to be eligible for TRICARE when the retiree reaches age 60.	
US Family Health Plan (USFHP) enrollees with ESRD	If you are a USFHP enrollee under age 65 and entitled to premium-free Medicare Part A based on ESRD, you are strongly encouraged to have Medicare Part B.	<ul style="list-style-type: none"> If you do not enroll in Medicare Part B, you will be responsible for the full cost of ESRD-related expenses. ADSMs and ADFMs with ESRD do not have an SEP and, therefore, should enroll in Medicare Part B when first eligible to avoid the late-enrollment premium surcharge.

OTHER DISABILITIES (NOT END-STAGE RENAL DISEASE)

Beneficiary Category	Keeping Your TRICARE Benefit	Important Information for You
Disabled active duty service member (ADSM) or disabled active duty family member (ADFM)	You are not required to have Medicare Part B to keep your TRICARE benefit.	<ul style="list-style-type: none"> You are eligible for a Medicare Part B special enrollment period (SEP), and the late-enrollment surcharge is waived. You may sign up for Part B during the SEP, which is anytime you or your sponsor is on active duty, or within the first eight months following either (1) the month your sponsor's active duty status ends or (2) the month TRICARE coverage ends, whichever comes first. To use your SEP, you must request a <i>Verification of Military Health Care Benefits</i> letter from the Defense Manpower Data Center Support Office. To avoid a break in TRICARE coverage, ADSMs and ADFMs must sign up for Part B before the sponsor's active duty status ends. If you do not enroll during the SEP, you may enroll during the general enrollment period (<i>January 1–March 31</i>). Your Medicare Part B coverage and TRICARE coverage will be effective July 1 of the year you enroll in Part B. You will have to pay a 10 percent Part B premium surcharge for each 12-month period you could have enrolled but did not.

OTHER DISABILITIES (NOT END-STAGE RENAL DISEASE) (CONTINUED)

Beneficiary Category	Keeping Your TRICARE Benefit	Important Information for You
Disabled retiree or disabled retiree family member	You are required to have Medicare Part B to keep your TRICARE benefit.	<ul style="list-style-type: none"> If you decline or disenroll from Medicare Part B, you may only be able to enroll or reenroll during the Medicare general enrollment period, which occurs each year (<i>January 1–March 31</i>), and your Part B coverage will be effective July 1 of the year you enroll or reenroll. You will have to pay a 10 percent Part B premium surcharge for each 12-month period you could have enrolled but did not.
Disabled US Family Health Plan enrollees, TRICARE Reserve Select members, or TRICARE Retired Reserve members	You are not required to have Medicare Part B to keep your current medical benefits, but you are strongly encouraged to get Part B when you are first eligible.	<ul style="list-style-type: none"> If you decline or disenroll from Medicare Part B, you may only be able to enroll or reenroll during the Medicare general enrollment period, which occurs each year (<i>January 1–March 31</i>), and your Part B coverage will be effective July 1 of the year you enroll or reenroll. You will have to pay a 10 percent Part B premium surcharge for each 12-month period you could have enrolled but did not. If you no longer qualify for your current program, and do not have Medicare Part B, you will not qualify for other TRICARE programs.
Retirees or retiree family members awarded disability on appeal with a Medicare Part B effective date of October 2009 or later	You are required to have Medicare Part B to keep your TRICARE benefit.	<ul style="list-style-type: none"> You are not required to retroactively enroll in Medicare Part B back to your Part A effective date. However, you are required to have Part B from its original effective date and beyond.
Disabled National Guard or Reserve retiree or disabled National Guard or Reserve retiree family member	You are required to have Medicare Part A and Part B to be eligible for TRICARE when the retiree reaches age 60.	<ul style="list-style-type: none"> If you decline or disenroll from Medicare Part B, you may only be able to enroll or reenroll during the Medicare general enrollment period, which occurs each year (<i>January 1–March 31</i>), and your Part B coverage will be effective July 1 of the year you enroll or reenroll. You will have to pay a 10 percent Part B premium surcharge for each 12-month period you could have enrolled but did not.

IMPORTANT PAYMENT INFORMATION

Your Medicare Part B premium is automatically taken out of your monthly Social Security Disability Insurance (SSDI) or U.S. Railroad Retirement Board payment. If you do not get payments from these programs, you will receive a bill for your Part B premiums every three months.

Note: If you live in Puerto Rico, and already receive benefits from the Social Security Administration or the U.S. Railroad Retirement Board, you will automatically receive Medicare Part A; however, you must sign up for Part B.

TRICARE PHARMACY PROGRAM

There is usually little or no benefit to purchasing a Medicare prescription drug plan if you have TRICARE. Medicare Part D is not required to remain TRICARE-eligible.

IMPORTANT INFORMATION REGARDING RETURNING TO WORK AND ENTITLEMENT TO MEDICARE

If your SSDI payments have been suspended because you have returned to work, please be advised that you remain entitled to Medicare for up to 8½ years. You will receive a quarterly bill for your Medicare Part B premiums. Failure to pay these premiums will result in the termination of your Part B and TRICARE coverage.

FOR INFORMATION AND ASSISTANCE

TRICARE For Life (TFL) Program Information
www.tricare.mil/tfl

TFL Contractor
Wisconsin Physicians Service—
Military and Veterans Health
(United States and U.S. territories:
American Samoa, Guam, the
Northern Mariana Islands, Puerto
Rico, and the U.S. Virgin Islands)
1-866-773-0404
1-866-773-0405 (TDD)
www.TRICARE4u.com

TRICARE Overseas Program Contractor
International SOS Government
Services, Inc.
(TFL outside the United States and
U.S. territories)
www.tricare-overseas.com

Defense Manpower Data Center Support Office
1-800-538-9552
1-866-363-2883 (TDD/TTY)
<http://milconnect.dmdc.osd.mil>

Social Security Administration
1-800-772-1213
1-800-325-0778 (TDD/TTY)
www.ssa.gov

Centers for Medicare & Medicaid Services
1-800-MEDICARE (1-800-633-4227)
1-877-486-2048 (TDD/TTY)
www.medicare.gov

An Important Note About TRICARE Program Information

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. Military hospital and clinic guidelines and policies may be different than those outlined in this publication. For the most recent information, contact the TRICARE For Life contractor or your local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.

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TRICARE[®] and Medicare

TURNING 65

This brochure is not all-inclusive. For additional information, please visit www.tricare.mil/tfl or contact the TRICARE For Life contractor.

TRICARE For Life (TFL), TRICARE's Medicare-wraparound coverage, is available to you when you have Medicare Part A and Medicare Part B. This brochure provides important information about how Medicare affects your TRICARE coverage.

REMAINING TRICARE-ELIGIBLE

If you are entitled to premium-free Medicare Part A, you must also have Medicare Part B to keep TRICARE, regardless of your age or place of residence (*exceptions to this rule are discussed in the Delaying Part B Enrollment section of this brochure*). Once you have both Part A and Part B, you automatically receive TRICARE benefits under TFL. Keeping your information up to date

TURNING 65 CHECKLIST

- Sign up for Medicare Part A
- Sign up for Medicare Part B
- Keep your information in DEERS current

in the Defense Enrollment Eligibility Reporting System (DEERS) is key to ensuring effective, timely delivery of your TRICARE benefits.

SIGNING UP FOR MEDICARE

Your birth date determines when you become Medicare-eligible and when you should visit a Social Security Administration (SSA) office to sign up for Medicare Part A and Medicare Part B. Your TFL coverage begins on the **first day** you have both Part A and Part B coverage.



Follow these guidelines to avoid the Part B monthly late-enrollment premium surcharge:

If you were born on the first day of the month:

- You become eligible for Medicare on the first day of the month **before** you turn 65.
- Sign up for Medicare between **two and four months before** the month you turn 65.

If you were born after the first day of the month:

- You become eligible for Medicare on the first day of the month you turn 65.
- Sign up for Medicare between **one and three months before** the month you turn 65.

If you live in the United States or in the U.S. territories of American Samoa, Guam, the Northern Mariana Islands, or the U.S. Virgin Islands, and you already receive benefits from the SSA or the U.S. Railroad Retirement Board, you will automatically receive Medicare Part A and be enrolled in Part B at age 65.

If you live in Puerto Rico and already receive benefits from the SSA or the U.S. Railroad Retirement Board, you will automatically receive Medicare Part A; however, you must sign up for Medicare Part B.

If you live outside the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, or the U.S. Virgin Islands*), you must apply for Medicare Part A and Part B even if you already receive benefits from the SSA or the U.S. Railroad Retirement Board.

Premium-Free Medicare Part A

You are eligible for premium-free Medicare Part A if you worked and paid Social Security taxes for at least 10 years (*40 quarters total*). If you are not

eligible through your own work history, you may be eligible for premium-free Part A through your current, divorced, or deceased spouse. If you are not eligible for premium-free Part A through your own or your spouse's work history, please refer to the charts later in this brochure to learn how to remain TRICARE-eligible when you turn 65.

Already Entitled to Medicare

If you are already entitled to Medicare due to a medical condition or disability, your Medicare coverage will continue without interruption after you turn 65. If you are paying a premium surcharge for late enrollment in Medicare Part B, it will be removed when you reach age 65. If you are entitled to Medicare Part A, but do not have Medicare Part B, you will be automatically enrolled in Medicare Part B when you become eligible based on age.

Delaying Part B Enrollment

Active duty service members (ADSMs) and active duty family members (ADFMs) who are entitled to premium-free Medicare Part A remain eligible for TRICARE Prime or TRICARE Standard and TRICARE Extra program options without having Medicare Part B. However, when the sponsor's active duty status ends, you must have Medicare Part B to remain TRICARE-eligible. You may sign up for Part B during the special enrollment period, which is available anytime your sponsor is on active duty and you are covered by TRICARE, or within the first eight months following either (1) the month your sponsor's active duty status ends or (2) the month TRICARE coverage ends, whichever comes first. To avoid a break in TRICARE coverage, ADSMs and ADFMs who are entitled to Medicare Part A must sign up for Medicare Part B before their sponsor's active duty status ends.

Please note that the special enrollment period does not apply to ADSMs and ADFMs entitled to Medicare based on end-stage renal disease. You are strongly encouraged to sign up for Medicare when first eligible to avoid the Medicare Part B monthly late-enrollment premium surcharge.

You also do **not** need Medicare Part B to remain enrolled in TRICARE Reserve Select (TRS) or TRICARE Retired Reserve (TRR). While you are not required to have Part B to remain eligible for TRS or TRR, you are strongly encouraged to sign up for Part B when first eligible to avoid paying the monthly late-enrollment premium surcharge if you enroll at a later date.

If you have group health plan coverage based on current employment, Medicare allows you to delay your enrollment in Medicare Part B without having to pay the Part B monthly late-enrollment premium surcharge. You may sign up for Part B during a Medicare special enrollment period. The special enrollment period is available anytime while a family member is still working (*and you are covered under a group health plan through that employer*), or within the first eight months following either (1) loss of employment or (2) loss of group health plan coverage, whichever comes first. To ensure TRICARE coverage is effective when your group health plan coverage ends, you need to sign up for Part B before your group health plan coverage ends. This does not change the TRICARE requirement that individuals entitled to premium-free Medicare Part A must also have Part B to remain TRICARE-eligible. TRICARE will not act as secondary payer to your employer-sponsored health plan until you have Medicare Part B. Your TFL coverage begins on the first day you have both Medicare Part A and Part B.

Important Note for US Family Health Plan Enrollees

If you were enrolled in the US Family Health Plan (USFHP) on September 30, 2012, you will be able to remain in the plan after becoming entitled to Medicare Part A at age 65. You will not be required to have Medicare Part B to remain eligible for USFHP, but you are encouraged to sign up for Part B when first eligible. If you disenroll from USFHP after September 30, 2012, you will not be eligible to reenroll if you are entitled to Medicare.

TRICARE beneficiaries who become members of USFHP after September 30, 2012, will not be able to participate in USFHP after becoming entitled to Medicare Part A at age 65. TRICARE and Medicare beneficiaries who are age 65 must have Medicare Part B to remain TRICARE-eligible and receive benefits under TFL.

TRICARE beneficiaries who are not eligible for premium-free Medicare Part A at age 65 on their own work history or their spouse's work history remain eligible to enroll in USFHP. If they later become eligible for premium-free Part A, they will be ineligible for USFHP.

PROVIDERS

Under TFL, you can get care from Medicare-participating, nonparticipating, and opt-out providers. Medicare-participating providers agree to accept the Medicare-approved amount as payment in full. Medicare-nonparticipating providers do not accept the Medicare-approved amount as payment in full. They may charge up to 15 percent above the Medicare-approved amount, a cost that will be covered by TFL. Providers who opt out of Medicare and enter into private contracts with patients are not allowed to bill Medicare. Therefore, Medicare does not pay for health care

services you receive from opt-out providers. When you see an opt-out provider, TFL pays the amount it would have paid (*normally 20 percent of the allowable charge*) if Medicare had processed the claim; you are then responsible for paying the remainder of the billed charges.

Veterans Affairs (VA) providers cannot bill Medicare and Medicare cannot pay for services received from the VA. If you are eligible for both TFL and VA benefits and elect to use your TFL benefit to see a VA provider for non-service connected care, you will incur significant out-of-pocket expenses. By law, TRICARE can only pay up to 20 percent of the TRICARE-allowable amount. If you receive care at a VA facility, you may be responsible for the remaining amount. When using your TFL benefit, your least expensive option is to see a Medicare-participating or Medicare-nonparticipating provider. If you want to seek care from a VA provider, check with Wisconsin Physicians Services—Military and Veterans Health which administers the TFL benefit, to confirm coverage details and to determine what will be covered by TRICARE. For contact information, see the *For Information and Assistance* section of this brochure.

TFL beneficiaries can receive care at military hospitals and clinics on a space-available basis. You may also be able to use TRICARE Plus, which allows certain beneficiaries to enroll at military hospitals or clinics and have priority access to primary care.

Under TFL, Medicare is the primary payer in areas where Medicare is available (*the United States and U.S. territories*), and TRICARE pays last. Generally, you will have no out-of-pocket costs for services that both Medicare and TRICARE cover. You will have out-of-pocket costs for care that is not covered by Medicare and/or TRICARE. TRICARE is the primary payer for care overseas unless you have other health insurance and Medicare pays nothing.

PRESCRIPTION DRUG COVERAGE

There is usually little or no benefit to purchasing a Medicare prescription drug plan if you have TRICARE. Medicare Part D is not required to remain TRICARE-eligible.

REMAINING TRICARE-ELIGIBLE IF YOU ARE NOT ELIGIBLE FOR PREMIUM-FREE MEDICARE PART A

The chart beginning on page 5 applies to you if you are **not** eligible for premium-free Medicare Part A under your own Social Security number (SSN), based on work history.

If you are not eligible for premium-free Medicare Part A under your own SSN, you may be eligible through your current, divorced, or deceased spouse. The chart that follows details these eligibility scenarios in order to help you determine how to remain TRICARE-eligible after you turn 65.

REMAINING TRICARE-ELIGIBLE IF YOU ARE NOT ELIGIBLE FOR PREMIUM-FREE MEDICARE PART A (CONTINUED)

Sign Up:	Premium-Free Medicare Part A Eligibility through Spouse:	To Remain TRICARE-Eligible, You Must:
Single (never married)		
Not applicable	Not eligible	<ul style="list-style-type: none"> • Take your "Notice of Award"¹ and/or "Notice of Disapproved Claim"² to the local identification (ID) card-issuing facility to update your Defense Enrollment Eligibility Reporting System (DEERS) record and get a new ID card.³ • This will allow you to remain eligible for TRICARE Prime or TRICARE Standard and TRICARE Extra after you turn 65.⁴
Widow/Widower		
For premium-free Medicare Part A under your deceased spouse's Social Security number (SSN)	Eligible: You will receive a "Notice of Award" ¹ based on the deceased spouse's SSN.	<ul style="list-style-type: none"> • Sign up for Medicare Part B two to four months before you turn 65.⁴ • Take your "Notice of Award"¹ showing eligibility for premium-free Part A and enrollment in Part B to the local ID card-issuing facility to update your DEERS record. • Your TRICARE For Life benefits will begin when both Medicare Part A and Part B are effective.
	Not eligible: You will receive a "Notice of Disapproved Claim" ² based on the deceased spouse's SSN and a "Notice of Award." ¹	<ul style="list-style-type: none"> • Take the "Notice of Award"¹ and/or "Notice of Disapproved Claim,"² based on your and your deceased spouse's records, to the local ID card-issuing facility to update your DEERS record and get a new ID card.³ • This will allow you to remain eligible for TRICARE Prime or TRICARE Standard and TRICARE Extra after you turn 65.⁴

1. A "Notice of Award" is an official letter advising you of either (1) your eligibility for premium-free Part A and/or enrollment in Part B or (2) your enrollment in Part B only.

2. A "Notice of Disapproved Claim" is an official letter advising you of your ineligibility for premium-free Part A.

3. Uniformed services ID card-issuing facilities will **not** accept a Social Security Administration "Report of Confidential Social Security Benefit Information" form as proof of ineligibility for premium-free Part A to keep your TRICARE eligibility.

4. Sign up for Part B when you are first eligible to avoid paying the monthly late-enrollment premium surcharge if you decide (or are required) to sign up for Part B at a later time.

... chart continues on page 6

REMAINING TRICARE-ELIGIBLE IF YOU ARE NOT ELIGIBLE FOR PREMIUM-FREE MEDICARE PART A (CONTINUED)

Sign Up:	Premium-Free Medicare Part A Eligibility through Spouse:	To Remain TRICARE-Eligible, You Must:
Married/Divorced: Spouse Age 62 or Older		
For premium-free Medicare Part A under your current/divorced spouse's Social Security number (SSN)	<p>Eligible: You will receive a "Notice of Award"¹ based on the current/divorced spouse's SSN.</p>	<ul style="list-style-type: none"> • Sign up for Medicare Part B two to four months before you turn 65.² • Take your "Notice of Award"¹ showing eligibility for premium-free Part A and enrollment in Part B to the local identification (ID) card-issuing facility to update your Defense Enrollment Eligibility Reporting System (DEERS) record. • Your TRICARE For Life benefits will begin when both Medicare Part A and Part B are effective.
	<p>Not eligible: You will receive a "Notice of Disapproved Claim"³ based on the current/divorced spouse's SSN and a "Notice of Award."¹</p>	<ul style="list-style-type: none"> • Take the "Notice of Award"¹ and/or "Notice of Disapproved Claim"³ based on your and your current/divorced spouse's records to the local ID card-issuing facility to update your DEERS record and get a new ID card.⁴ • This will allow you to remain eligible for TRICARE Prime or TRICARE Standard and TRICARE Extra after you turn 65.⁴
Married/Divorced: Spouse Younger than Age 62		
Not applicable	Not eligible	<ul style="list-style-type: none"> • Sign up for Part B before your 65th birthday if you think you will be eligible for premium-free Part A through your current/divorced spouse when he or she turns 62.² • Take your "Notice of Award"¹ and/or "Notice of Disapproved Claim"³ to the local ID card-issuing facility to update your DEERS record and get a new ID card.⁴ • This will allow you to remain eligible for TRICARE Prime or TRICARE Standard and TRICARE Extra after you turn 65.² <p>Note: Two to four months before your current/divorced spouse turns 62, sign up for premium-free Part A under his or her SSN. If you do not have Part B, you must sign up during the Medicare general enrollment period. You will have a break in TRICARE coverage and may have to pay the Part B monthly late-enrollment premium surcharge.</p>

1. A "Notice of Award" is an official letter advising you of either (1) your eligibility for premium-free Part A and/or enrollment in Part B or (2) your enrollment in Part B only.
2. Sign up for Part B when you are first eligible to avoid paying the monthly late-enrollment premium surcharge if you decide (or are required) to sign up for Part B at a later time.
3. A "Notice of Disapproved Claim" is an official letter advising you of your ineligibility for premium-free Part A.
4. Uniformed services ID card-issuing facilities will not accept a Social Security Administration "Report of Confidential Social Security Benefit Information" form as proof of ineligibility for premium-free Part A to keep your TRICARE eligibility.

FOR INFORMATION AND ASSISTANCE

Please refer to the following contact information or visit www.tricare.mil/tfl.

Defense Manpower Data Center Support Office

Write or call to find out if you are eligible for TRICARE programs.

Defense Manpower Data Center
Support Office
400 Gigling Road
Seaside, CA 93955-6771

1-800-538-9552
1-866-363-2883 (TDD/TTY)
<http://milconnect.dmdc.osd.mil>

Wisconsin Physicians Service— Military and Veterans Health (WPS)/TRICARE For Life

Contact for coverage and claims assistance.

WPS/TRICARE For Life
P.O. Box 7889
Madison, WI 53707-7889

1-866-773-0404
1-866-773-0405 (TDD)
www.TRICARE4u.com

Centers for Medicare & Medicaid Services

Contact for help finding Medicare providers and for coverage questions.

Medicare
7500 Security Blvd.
Baltimore, MD 21244-1850

1-800-MEDICARE (1-800-633-4227)
1-877-486-2048 (TTY)
www.medicare.gov

Social Security Administration

Contact for information regarding signing up for Medicare Part A and Part B, income-related Part B premiums, and the Part B monthly late-enrollment premium surcharge.

Social Security Administration
1100 West High Rise
6401 Security Blvd.
Baltimore, MD 21235

1-800-772-1213
1-800-325-0778 (TTY)
www.ssa.gov

An Important Note About TRICARE Program Information

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