



TRICARE GUIDE

How to navigate the health care maze for 2026

The TRICARE Guide is here to assist you in finding your way through your health care benefit from year to year and navigating changes in TRICARE and the services you and your family will need. In this guide, learn how to use TRICARE with

other insurance, who to call with questions, and how MOAA is working to fix gaps in coverage. See the online version of the guide and catch up on the latest TRICARE coverage and news you can use from MOAA's experts at www.moaa.org/tricareguide.

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PRIME VS. SELECT (Group A)

| | PRIME | SELECT |
|----------------------|-------------------------------|-------------------------------|
| Enrollment fee | \$372 individual/\$744 family | \$182 individual/\$365 family |
| Deductible | N/A | \$150/\$300 |
| Catastrophic cap | \$3,000 | \$4,261 |
| Copays | each visit | each visit |
| Primary care | \$25 | \$37 |
| Specialty care | \$38 | \$51 |
| Urgent care | \$38 | \$37 |
| Emergency room visit | \$77 | \$140 |
| Hospitalization | \$193/admission | \$250/day |

SOURCE: MOAA STAFF

overseas can use TRICARE Select Overseas. (TRICARE Prime Overseas is only for active duty and their families.) The enrollment fee is the same as for TRICARE Select. For 2025, the fee is \$181.92 for individuals and \$364.92 for families. Enrollment fees count against the \$4,261 catastrophic cap.

YOUR CATASTROPHIC CAP

The catastrophic cap is the most you pay out of pocket for covered services in a calendar year before TRICARE picks up additional covered costs. Prime and Select enrollment fees count against the catastrophic cap. In your retirement year, the amount accrued while on active duty rolls into the retirement catastrophic cap. The catastrophic cap for Prime goes up from \$1,000 for active duty to \$3,000 for retirees. The 2025 cap is \$4,261. It is adjusted for COLA each year.

PHARMACY BENEFIT

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

GROUP A AND GROUP B DESIGNATIONS

Two categories determine the fee structure for

enrollment, deductibles, copays, and catastrophic caps:

- **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.

TERMINAL LEAVE

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

- Any military hospital or clinic. Pre-authorizations are required for nonurgent 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. Families enrolled in an MTF stay enrolled with their providers until the retirement date unless there is a reason to change, such as a PCS move. Families can switch plans or stay with the current plan and enroll with a TRICARE Prime PCM at the new location. 

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



COMPARE PLANS AND COSTS

Go to www.tricare.mil/plans/compare_plans for details on specific plans within TRICARE.

TRANSITION LIFE INSURANCE

Designed to replace some of your SGLI coverage. Learn more at moaainsurance.com



QUALIFYING LIFE EVENTS

You can change TRICARE coverage when you have a qualifying life event (QLE). Retiring from active duty is one QLE. Other QLEs that allow you to change your TRICARE benefits outside of open season include a household move, birth of a child, marriage, divorce, or death.

MEDICARE AND TRICARE FOR LIFE

What to Do Before 65

When you're 64, it's a good time to get out the calendar and plan ahead for Medicare. You'll want to be ready ahead of your 65th birthday since you can enroll in Medicare up to three months before the big day.

You and your spouse each individually "age out" of the TRICARE benefit (Prime or Select) on the last day of the month prior to your 65th birth month. If your 65th birthday is in February, for example, your TRICARE coverage expires Jan. 31, also the day your military ID card expires. An older spouse has already transitioned; a younger spouse remains in the TRICARE plan of choice until turning 65.

Once you've signed up for Medicare, it might take several weeks for your Medicare card to arrive in the mail. It's smart to plan ahead for the day your coverage stops. Your three health care options are:

- Enroll in Medicare.
- Use an employer-provided plan. This applies to either working spouse.
- For the veteran, use VA health care.

Once you are enrolled in Medicare, your options for Medicare plans are:

- Original Medicare (OM) Part A (hospitalization) and Part B (medical insurance).
- Medicare Advantage plan Part C, the open-market commercial equivalent to OM parts A and B.

TRICARE For Life (TFL) beneficiaries do not need Medicare Part D (pharmacy), and Advantage plan enrollees using TFL should avoid plans with Part D coverage.

SEVEN-MONTH WINDOW

You can sign up for Medicare parts A and B during the seven-month window that starts three months before your birth month and ends three months after your birth month.

Your military ID card expires in the month

before your 65th birthday to ensure you enroll in Medicare parts A and B and in TFL. Once you receive your Medicare card, you can renew your military ID card.

Here are recommended steps to get Medicare:

- Enroll in Medicare online at www.medicare.gov two to three months before your 65th birth month. However, if you are receiving Social Security retirement benefits at least four months prior to your 65th birth month, you are automatically enrolled in Medicare parts A and B on the first day of your 65th birth month.
- After enrolling in Medicare, schedule an appointment to renew your ID card at a nearby military ID card office. Leave at least two to three weeks of leeway to ensure you receive your Medicare insurance card in the mail.
- Show the ID clerk your Medicare insurance card and ask for confirmation your TFL is activated.

STILL WORKING?

If you are still employed, this is one case that allows you to delay Medicare enrollment without incurring the Medicare late enrollment premium penalty.

If either the retiree or spouse works past age 65 and can receive coverage from 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. At that point, you have eight months to enroll in Medicare. Plan carefully to start Medicare to prevent a gap before your employer plan ends.

While you are working, you have these options:

- Continue your employer plan without Medicare and TFL as well as without TRICARE pharmacy.
- Drop employer health care and use Medicare and TFL.
- Enroll in Medicare and TFL, plus keep your employer plan. At this point, you are overinsured.



MEDICARE COSTS

Go to www.medicare.gov/basics/costs/medicare-costs for a detailed chart of plans, costs, and coverage.



NEW MEDICARE OPTIONS FROM MOAA

Learn more about veteran-focused plans at veteran.healthcare.moaa.org.

FIRST STEPS WITH MEDICARE

Check whether your current medical providers accept Medicare. If not, find providers who do.

Because OM (parts A and B) works like TRICARE Select or preferred provider organizations, you can choose any providers, including specialists, that accept Medicare.

Plan to pay your monthly premium for Medicare Part B. The amount is determined by your income level as shown in the previous two years' reported tax filings from the IRS.

HOW MEDICARE AND TFL WORK

Medicare and TFL are linked in-system. Health care providers bill Medicare as the primary payer. Residual costs automatically go to TFL for final payment as the second payer. No other Medicare supplementary insurance is needed.

Medicare enrollment in parts A and B, or a Medicare Advantage plan Part C, entitle military retirees, spouses, and surviving spouses to TFL, which acts as your Medicare supplement, covering the Medicare annual deductible, which is \$257 in 2025, and 20% of copays.

Each year, your program will automatically roll over to the next year. Keep your military ID card and all personal data up to date for the Defense Enrollment Eligibility Reporting System (DEERS) and Defense Finance and Accounting Service or the Coast Guard's Pay and Personnel Center.

SPOUSES TURNING 65

A spouse who turns 65 first enrolls in Medicare/TFL, and a younger spouse stays in TRICARE Prime or Select until age 65. Your TRICARE contractor should adjust the annual enrollment fee from family to single rate for the younger spouse if that individual is an empty nester.

CHANGING PLANS

You can change your Medicare plan if you want during the appropriate Medicare open season:

- Oct. 15 through Dec. 7 is for OM enrollees who want to switch to an Advantage plan or join OM from an Advantage plan. New plans start Jan. 1.

- Jan. 1 through March 31 is for Advantage plan members who want to switch Advantage plans or join OM.

The new plan starts the next month after the company processes the request.

If your income drops because of a change such as divorce, retirement, or death, you can appeal your income level and Part B premium amount.

PHARMACY PLANS

Pharmacy plans are Part D under Medicare. You do not need another pharmacy plan on top of your TRICARE pharmacy plan.

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

RETIRED CIVILIAN WORKERS

If you have a retiree health care plan, you do not have to enroll in Medicare/TFL. You will not have TFL nor TRICARE pharmacy. If you ever want to enroll in Medicare later, you will pay a premium penalty for delayed Part B enrollment for the rest of your life.

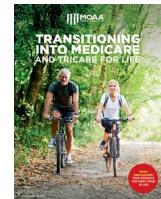
TFL will start at enrollment in parts A and B. It is a supplement for Medicare parts A and B (or a Medicare Advantage plan Part C), and it doesn't work with any other plans. Many civilian plans can be suspended rather than canceled.

OVERSEAS TRAVEL

Medicare plans do not cover you when you are overseas. Instead, your TFL plan acts as your primary coverage and operates like TRICARE Select with deductibles and copays — but with a \$3,000 catastrophic cap. Here's how it works:

- You pay out of pocket for services overseas.
- You will file a claim to TRICARE for the expenses, and TRICARE will reimburse you.

— MOAA Staff



MOAA'S GUIDE TO MEDICARE

Go to www.moaa.org/tfltransition to download our publication *Transitioning Into Medicare and TRICARE For Life*.



WORKING PAST AGE 65?

If you are covered by your employer's health care plan, there are more issues to know about. See our online articles at www.moaa.org and search "Medicare" from the homepage.



2026 OPEN SEASON

Is It Time to Change Plans?

Every fall and winter, those eligible for military and Medicare health care benefits have an “open season” opportunity to make changes to their health care programs.

Between open seasons, you must have a qualifying life event (QLE) to change plans. QLEs include loss of coverage due to retirement, a move, birth, marriage, divorce, or death.

Open seasons for TRICARE and the Federal Employees Dental and Vision Insurance Program (FEDVIP) generally run from the second Monday in November until the second Monday

in December, with the plan change occurring Jan. 1.

Medicare plans have two open seasons, as detailed in the chart below. The listing for Original Medicare (OM) does not include the Medicare initial enrollment period nor the special enrollment period.

TRICARE For Life coverage is not impacted by changes to OM nor to Medicare Advantage plans if the beneficiary remains enrolled in either program. 

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

OPEN SEASON DATES

| PROGRAM | DATES | CHANGE OPTIONS | EFFECTIVE DATE |
|-------------------------------|--------------------------|---|-------------------------------------|
| TRICARE | Nov. 10 to Dec. 9, 2025 | Prime  Select | Jan. 1, 2026 |
| FEDVIP | Nov. 10 to Dec. 8, 2025 | Switch among 12 dental and five vision plans or change between High  Standard | Jan. 1, 2026 |
| Original Medicare (OM) | Oct. 15 to Dec. 7, 2025 | Join, switch, or drop Medicare Advantage plan (MAP) | Jan. 1, 2026 |
| Medicare Advantage Plan (MAP) | Jan. 1 to March 31, 2026 | MAP  MAP MAP  OM | First of month following enrollment |

SOURCE: MOAA STAFF

■ DENTAL AND VISION PLANS

Check Up on FEDVIP

Are you satisfied with your current dental and vision plans? Just because you've been enrolled in a plan for years doesn't mean you shouldn't do an annual coverage review.

Since 2019, most military retirees and survivors and their family members have been eligible for dental and/or vision plan coverage through the Federal Employee Dental and Vision Insurance Program (FEDVIP).

Use the FEDVIP open season to review your dental/vision plans to ensure they meet your needs.

Open season for 2025 is Nov. 10 to Dec. 8. The open season is generally from the second Monday in November until the second Monday in December.

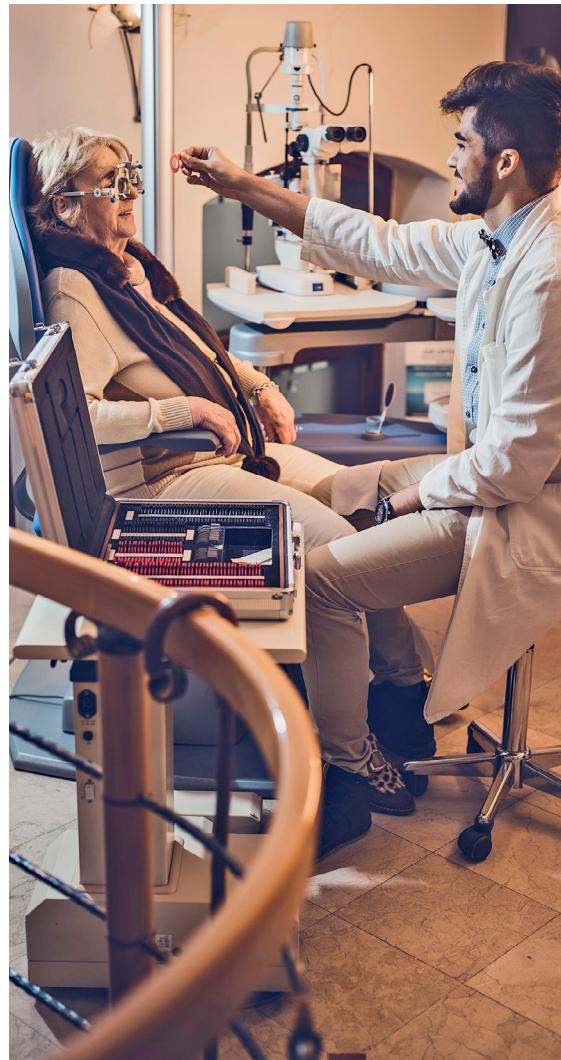
If you make no changes during the open season or after a qualifying life event, you "roll over" with the same plan, with updated premiums, on Jan. 1.

In 2025, choices include seven nationwide/international and five regional dental plans, plus five nationwide/international vision plans.

The key to these choices depends upon plans the dentist or optometrist accepts.

Here are some potential questions to ask and factors to consider for beneficiaries each year:

- Is your current plan providing you and your family with the necessary coverage?
- The plan you originally selected is no longer "in network" for your dentist. Does your dentist accept a different FEDVIP plan so you will no longer pay higher "out of network" copays?
- Are you "over" or "under" insured?
- You selected the "high" vision plan for the higher allowance for frames/lens. You no longer feel the need for that higher allowance and can switch from a "high" to a "standard" plan to lower your monthly premiums.



FIND OUT MORE

Do you have the right dental and vision coverage for your needs? Go to www.benefeds.gov/military for details on the Federal Employee Dental and Vision Insurance Program.



MOAA VISION PLAN

Get comprehensive eye care and discounts. Learn more at moaainsurance.com.

US FAMILY HEALTH PLAN

TRICARE Prime Options

TRICARE beneficiaries living in six designated service areas throughout the contiguous U.S. have an additional TRICARE Prime option available to them through networks of community-based, not-for-profit health care systems: the US Family Health Plan (USFHP).

Beneficiaries enrolled in USFHP receive all their care, including prescription drug coverage, through a network primary care provider (PCP) available within that specific program.

What happens if you get sick traveling outside your plan's coverage area? USFHP covers you for medical emergencies wherever you are.

For more information, visit tricare.mil/pointofservice. To enroll, follow the same procedures as TRICARE Prime:

- Enroll online at [milconnect](http://milconnect.dmdc.osd.mil/milconnect).
- Call the USFHP-designated provider. (See chart above.) Check with the provider to ensure your location is in their coverage area.
- Mail the enrollment form DD Form 2876-1 to the designated provider's address on the form.

USFHP enrollment precludes the use of military treatment facility networks, including the pharmacy. 

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

All USFHP costs mirror TRICARE Prime enrollment and copay structure; active duty family members pay no enrollment fee and no out-of-pocket costs for any type of care, as long as care is received from the USFHP provider. All others pay TRICARE Prime annual enrollment fees and network copayments.

Care sought without a PCP referral will be treated as point-of-service care, and charges will apply accordingly.

For more information, visit tricare.mil/pointofservice. To enroll, follow the same procedures as TRICARE Prime:



- ① **Brighton Marine** (800) 818-8589
- ② **CHRISTUS Health** (800) 678-7347
- ③ **Martin's Point Health Care** (888) 241-4556
- ④ **Pacific Medical Centers** (800) 585-5883
- ⑤ **St. Vincent's Catholic Medical Centers** (800) 241-4848
- ⑥ **Johns Hopkins Health Plans** (800) 801-9322

WHO IS ELIGIBLE FOR THIS TRICARE PROGRAM?

ACTIVE DUTY FAMILY MEMBERS

Family members of activated National Guard/Reserve members

Retired National Guard/Reserve members age 60 and older and their family members

Medal of Honor recipients and their families

RETIRED SERVICEMEMBERS AND FAMILIES

Nonactivated National Guard/Reserve members and family members who qualify for the Transitional Assistance Management Program

Survivors

Qualified former spouses

SOURCE: MOAA STAFF

TRICARE & OTHER INSURANCE How It Works

After you retire from the military and start your next phase of life — whether it's a civilian job, starting a business, or full-fledged retirement — you'll have TRICARE to go with you. Having the military's health coverage no matter what you do next can give you the freedom to make decisions without worrying about health insurance. You might also be able to save money by keeping TRICARE rather than some other types of coverage.

But the rules for coordinating TRICARE with other insurance can be tricky, and the requirements and your options vary depending on the type of insurance you have. Here's what you need to know if you have TRICARE and another type of coverage.

CIVILIAN EMPLOYER HEALTH INSURANCE

If you take a job with health insurance after leaving the military, you can decide whether or not to sign up for the employer's coverage in addition to TRICARE based on the coverage and costs.

"I often see people elect to take employer-provided health care for the services and doctors that are covered," said Lt. Col. Patrick Beagle, USMC (Ret), a certified financial planner who owns WealthCrest Financial Services in Springfield, Va. "Then TRICARE becomes secondary — it doesn't go away — and it closes almost all the gaps in coverage."

Indeed, employer coverage will pay the claim, and TRICARE can fill in gaps, often covering the deductible, copayments, and other out-of-pocket costs. It might make you feel comfortable choosing a high-deductible plan from your employer.

Shay Cook, CEO and founder of Crusaders for Change, a financial-coaching firm in Glen Burnie, Md., has had TRICARE for her entire life, first as the child of a servicemember and now as the spouse of a military retiree. Her husband has TRICARE and also employer coverage through his civilian job. He chose to sign up for his employer's coverage in addition to TRICARE because it pro-

vided extra coverage for some services.

"When he goes to the doctor, he puts down both," said Cook, an accredited financial counselor. "His employer's plan covers everything first, and TRICARE covers the remaining costs."

Occasionally they'll get a bill for copayments from the civilian insurance and then contact the doctor's office to find out why. Usually it was a mistake because the doctor's office forgot to run the bill through TRICARE after the employer coverage. When they do, there are usually no copayments.

"Be an advocate for yourself," Cook said. "Don't pay them until you contact them."

You may also want to sign up for employer coverage to supplement TRICARE if you have kids who have aged out of TRICARE but are under 26. They can generally keep TRICARE coverage as a dependent until they turn 21 (or 23 if they're in college). At that point, they become eligible for TRICARE Young Adult (if they are not eligible for their own employer-sponsored health coverage).

However, TRICARE Young Adult might cost more than keeping them covered as a dependent under an employer plan until age 26 (more on that later). You might have copayments depending on what your employer plan covers.

If you use TRICARE for prescription drug coverage, for example, you may need to pay copayments if you get your medication at a pharmacy other than one at a military treatment facility (MTF).

"I use Express Scripts through TRICARE, and I have copays. The MTF is the only way to get them free," Beagle said. Notably, wait times at pharmacies can be long, and not everyone has a nearby MTF.

IF YOU LOSE YOUR CIVILIAN JOB

If you had health insurance from a civilian employer and then you lose your job, you usually have the option to keep your employer's coverage through COBRA, a federal law that requires employers with 20 or more employees to let former employees remain on their health plan for up to 18 months after they leave their jobs. But the premiums jump significantly when you're on COBRA because you need to pay both the employer's and the employee's share of the cost. In 2024, the average employee



TRICARE ONLINE

- Visit www.tricare.mil for more information on navigating your TRICARE benefit, including patient resources, FAQs, and more.
- See TRICARE costs at www.tricare.mil/costs/compare for premiums and out-of-pocket costs based on category and coverage.

paid \$1,368 for their share of coverage, but the full cost averaged \$8,951, according to KFF, a health care policy and research organization previously known as the Kaiser Family Foundation.

If you have TRICARE, you might not need to sign up for COBRA, which is short for the Consolidated Omnibus Budget Reconciliation Act. You can use that coverage instead after you lose your job.

“If I had lost a job and I had TRICARE Prime or TRICARE for Life as my backstop, I wouldn’t do COBRA. I’d just use the TRICARE,” said Lt. Col. Kathryn “Kitty” Meyers, USAF (Ret), a MOAA Life member, president of the Alamo (Texas) Chapter of MOAA, and a MOAA transition liaison.

Before bypassing COBRA, however, Meyers first recommends making sure your doctors take TRICARE and finding out what will happen to any family members who were on your employer’s coverage. There are some situations where you might want to stay on COBRA — for example, if you’re going through medical treatments and want to keep the employer’s coverage until that is finished.

Having TRICARE after a career in the Air Force helped Meyers’ ability to retire from a civilian career as a human resources executive at age 62 — before she was eligible for Medicare. “It worked out really great,” she said. TRICARE was her primary coverage until she turned 65, and then she signed up for Medicare, with TRICARE For Life becoming her secondary coverage.

IF YOU ARE SELF-EMPLOYED

Having TRICARE can eliminate one of the biggest worries people have before they start their own businesses or become self-employed: how to get health insurance. TRICARE helped Cook, as she was able to start her own business without worrying about health insurance.

“As a small business owner, the cost of insurance is outrageous, and I’ve never had to worry about that,” she said.

Since Cook lives near Baltimore, she was able to choose the TRICARE Prime program at Johns Hopkins through the US Family Health Plan.

“The doctors are stellar. I have nothing but good things to say,” she said. Her husband was able to

SHOULD YOU SWITCH TO MAPS?

What is a Medicare Advantage plan (MAP), and should you consider one? Here’s some basic information for military beneficiaries:

What MAPs are: They are Medicare Part C (Advantage plans), an alternative to the federal government’s Original Medicare (OM), and are offered by private companies. MAPs must include OM’s Part A for hospitalization and Part B for medical insurance. Skip those with Part D for pharmacy because TRICARE For Life (TFL) is your pharmacy plan.

How MAPs compare to OM: Like OM, MAPs cannot deny coverage or charge higher premiums for preexisting health conditions. Unlike OM (in most cases), MAPs can require prior authorization for certain services/supplies. Like OM, MAP enrollment can be changed during the eligible open season. If no changes are requested, coverage is automatically rolled over for the next year. Premiums for OM Part A are typically \$0, and Part B are \$185 a month (or higher depending on your income); premiums for MAPs are determined by the company offering the plan; some plans do not charge premiums.

How MAPs work with TFL: TFL will cover MAP deductibles and copays. But when first enrolled in a MAP, initial claims might need to be filed manually until the MAP adjusts to automatically bill TFL.

Should I switch to a MAP? Ask yourself: Do my current providers accept certain MAPs? Will I have to change providers? How close am I to network providers? Do the “additional incentives” come with added costs?

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



EXPLORING MAPS

For more details on MAPs, go to: www.medicare.gov/public-actions/12026-understanding-medicare-advantage-plans.pdf

OPEN ENROLLMENT

- Now through Dec. 7: You can join, drop, or switch to a MAP.
- Jan. 1 to March 31: If you are already enrolled in a MAP, you can switch to another MAP or go back to OM.

get single coverage from his civilian job, rather than family coverage, because Cook could just use TRICARE. She has to pay copays, but they're low compared to civilian coverage.

MEDICARE

You usually need to sign up for Medicare Part A and Part B at age 65 to keep TRICARE coverage. At that point, your coverage turns into TRICARE For Life, which wraps around your Medicare coverage. It covers Medicare's deductibles, copayments, and coinsurance, and it provides coverage for services that Medicare doesn't cover, such as foreign travel.

Eligible beneficiaries don't have to proactively enroll in TRICARE For Life, according to the Defense Health Agency, which provides health services to servicemembers, military retirees, and their family members. Coverage is automatic as long as they're registered in the Defense Enrollment Eligibility Reporting System and have Medicare parts A and B. Coverage starts the first day Medicare parts A and B are in effect. You must pay Part B premiums, which is \$185 per month for most people in 2025 (people with high incomes pay more). Most people don't have to pay premiums for Part A because they or their spouse paid Medicare taxes for at least 10 years.

If your spouse is younger than 65, they pay the usual access fees for TRICARE (at the individual rate unless children are still covered). When they turn 65, they must enroll in Medicare, and their coverage then transitions into TRICARE For Life.

If you or your spouse are still working and you have employer coverage, you can delay enrolling in Medicare past 65, but you won't have TRICARE at that point. Your TRICARE For Life coverage takes effect when you enroll in Medicare parts A and B. You usually have to sign up for Medicare within eight months of leaving that job and losing that coverage, or else you may have a late enrollment penalty for Part B. (TRICARE sign-up rules are different for people who aren't eligible for premium-free Part A. For more information, visit tricare.mil/Publications/Brochures/medicare_turning_65.

When your other health insurance ends, you should inform TRICARE by filling out a form

with the regional contractor so TRICARE doesn't assume the employer insurance still applies.

Medicare pays its portion of the bills first and then sends the claim to the TRICARE For Life claims processor. TRICARE then pays the provider for the TRICARE-covered services. You generally have no out-of-pocket costs for services that both Medicare and TRICARE cover. TRICARE covers Medicare's coinsurance and deductibles for services covered by Medicare and TRICARE.

TRICARE For Life can also act as your pharmacy coverage, so you won't need to buy a separate Part D prescription drug plan. But you may have pharmacy copays unless you get your medications at a military treatment facility. For more information, visit www.tricare.mil/publications/handbooks/tricare_for_life.

TRICARE AND YOUNG ADULTS

If your children are covered by your TRICARE, the rules for their coverage differ from other insurance. The Affordable Care Act required other types of health plans offering dependent coverage to let adult children stay on their parents' policies until age 26 with no different premiums than they had when they were younger. But premiums go up for young adults on TRICARE.

They can generally keep TRICARE coverage as a dependent until they turn 21 (or 23 if they're in college). At that point, they become eligible for TRICARE Young Adult (if they are not eligible for their own employer-sponsored health coverage).

"That coverage is expensive. I pay \$337 a month for my 21-year-old," Beagle said. "TRICARE Young Adult is one of the few places where the insurer charges an extra fee to insure the adult children to age 26."

MOAA supports the Health Care Fairness for Military Families Act, legislation that would eliminate the extra cost for adult children. Learn about the bill, which had not passed as of this writing, at www.moaa.org/takeaction/campaigns and scroll to "Fix the TRICARE Young Adult Coverage Gap." 

— *By Kimberly Lankford, a financial expert based in Virginia and the spouse of a retired Army colonel*



MORE ABOUT MEDICARE

Go to www.tricare.mil/publications/brochures/medicare_turning_65 to download *TRICARE and Medicare: Turning Age 65*

TRICARE COVERAGE GAPS

MOAA Fights for Benefits

One of the ways MOAA protects earned health care benefits is by advocating to address TRICARE parity issues, such as when TRICARE coverage policy does not keep up with evolving technology, treatment protocols, and health plan benchmarks. Coverage gaps can impede access to care, create financial burdens, and undermine the quality of medical treatment. MOAA and The Military Coalition (TMC) are sending a message to the leadership of the Defense Health Agency (DHA).

“We are concerned TRICARE is falling short of that benchmark in some key areas, leaving service members and their families without access to commonly covered treatments,” MOAA and TMC stated in a July letter, noting coverage should keep pace with Medicare and top private sector plans while also urging DHA to ensure TRICARE coverage is consistent with best practices.

Among gaps in coverage the letter cites:

- Chiropractic and acupuncture for non-pharmaceutical pain management.
- Assisted reproductive technology/in vitro fertilization.
- Coverage for young adult dependents up to age 26.
- Two recent gaps to emerge: Litfulo and laser interstitial thermal therapy (LITT).

JAK inhibitors such as Litfulo are used for patients with alopecia areata, an autoimmune disorder that leads to hair loss. Dozens of health plans, including Medicare and the VA, cover them.

LITT is the standard of care for a variety of conditions, including gliomas, brain metastases, and drug-resistant epilepsy. Medicare and many commercial payers cover LITT; TRICARE does not.

WEIGHT-LOSS DRUGS

As of this writing, MOAA’s Government Relations team is assessing a TRICARE policy change that ceases coverage of GLP-1 drugs for weight loss

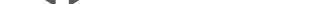
(Wegovy, Zepbound, and Saxenda) for TRICARE For Life (TFL) beneficiaries. TRICARE only authorizes weight-loss medications for patients that meet clinical criteria including at least one comorbid condition, such as high blood pressure. TRICARE Prime and Select beneficiaries are not impacted by this policy change. TRICARE coverage policy for GLP-1 medications to treat Type 2 diabetes (Ozempic, Mounjaro, etc.) has not changed.

MOAA is concerned about patients who have lost access to GLP-1s and the precedent of excluding TFL beneficiaries from coverage.

TRICARE YOUNG ADULT

Young adult coverage requires a legislative fix. MOAA has endorsed the reintroduced Health Care Fairness for Military Families Act (H.R. 4768/S. 2448) that would align TRICARE coverage of young adult dependents with federal requirements for commercial health plans by allowing military dependents to remain on a parent’s plan until age 26, saving military families as much as \$8,724 per year. MOAA will continue efforts to build bipartisan support for a parity fix.

EARLY-STAGE ALZHEIMER’S DISEASE

MOAA’s advocacy work contributed to a TRICARE provisional coverage decision for a new type of drug for treatment of early-stage Alzheimer’s disease. For up to the next five years, TRICARE will cover Food and Drug Administration-approved monoclonal antibodies lecanemab (brand name Leqembi) and donanemab (brand name Kisunla) for treatment of Alzheimer’s disease in patients with mild cognitive impairment or mild dementia. Reimbursements for Leqembi and Kisunla went into effect earlier this year. 

—By Karen Ruedisueli, MOAA’s director of Government Relations for health affairs



MORE TRICARE NEWS ONLINE

Visit www.moaa.org/tricare-guide to see news from our experts on TRICARE coverage of a multi-cancer early detection test, find out how MOAA is taking action on problems with new T-5 contracts, and more.



CHECKING THE PRICE

See the TRICARE Express Scripts website at militaryrx.express-scripts.com to price a medication and compare costs of drug options.



TRICARE: WHO TO CALL WITH QUESTIONS

MOAA members with questions about their health care often say they have “called TRICARE” to try resolving an issue. But there is not one single number to call. Finding the right support depends on the particular issue. Here are resources for a range of health care concerns:

Prescriptions: TRICARE beneficiaries all use the same pharmacy benefit administrator, Express Scripts, (877) 363-1303. The website is at <https://militaryrx.express-scripts.com>.

Network providers: The U.S. is divided into two regions: East, administered by Humana Military, (800) 444-5445, and West, administered by Tri-West, (888) 874-9378. Network providers are different for each TRICARE region. TRICARE For Life can visit any Medicare provider; find one by calling Medicare at (800) 633-4227 or using the Medicare provider directory at www.medicare.gov.

Dental coverage: United Concordia is the contractor for civilian dental care for active duty servicemembers, activated Guard and Reserve members and their families, personnel in the Transitional Assistance Management Program, wounded warriors, and certain survivors. Call the customer service line at (866) 984-2337, or visit <https://secure.addp-ucci.com/home>.

Dental and vision coverage for retirees: Retirees of any age can enroll in a Federal Employees Dental and Vision Insurance Program (FEDVIP) plan. Call (877) 888-3337, or see the BENEFEDS website at www.benefeds.gov.

Medical questions: The Military Health System Nurse Advice Line is open 24/7 via web chat, video chat, or phone. Call (800) 874-2273 and select Option 1.

The line offers evidence-based health care advice from a registered nurse, support in

locating an urgent care or emergency care facility, recommendations for the most appropriate level of care, and the ability to schedule same-day or next-day appointments (when an appointment is recommended by a registered nurse and the caller is enrolled with a military hospital or clinic).

This service is open to all beneficiaries except those using the US Family Health Plan. For information, visit www.tricare.mil/patientresources/contactus/callus/nal.

Overseas care: Beneficiaries should get routine care before traveling, as it may not be authorized overseas for some TRICARE plans. Rules for getting care depend on the plan; the Nurse Advice Line (above) offers support via web chat or video chat, including help finding country-specific numbers. Travelers should take note of the phone numbers for emergency services wherever they travel and locate emergency rooms. Keep all receipts; TRICARE claims should be filed to the beneficiary’s regional contractor. For TRICARE For Life beneficiaries, International SOS serves as the regional contractor, as Medicare will not cover the care. See www.internationalsos.com for information.

Address changes: An accurate Defense Enrollment Eligibility Reporting System (DEERS) record is critical for receiving TRICARE benefits. Sponsors can change their contact information by calling DEERS at (800) 538-9552 or by logging into milConnect at <https://milconnect.dmdc.osd.mil/milconnect>. To add a family member to DEERS, the sponsor must visit an ID card office with the required documents.

Other questions: Find contact information for all TRICARE-related contractors, partners, and Military Health System resources on the TRICARE website at www.tricare.mil.

— *By Lila Quintiliani, MOAA’s program director for finance and benefits*



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. Visit www.tricare.mil/plans/eligibility/deers for details.



MOAA CAN HELP.

MOAA's staff experts can help servicemembers and their families navigate the maze of service-earned benefits throughout every stage of life and career. Sit down one-on-one with a staff expert who can evaluate your personal case and work with you to map out a route to your best-case scenario. Our experts can assist with matters like:

- Career Transition
- TRICARE, Medicare, and TRICARE For Life
- Financial Education
- VA Benefits
- Guard/Reserve Benefits
- Survivorship
- And More

PREMIUM and LIFE members can access all MOAA publications by downloading a digital copy at www.moaa.org/publications or by ordering a physical hard copy. One-on-one expert consults are an exclusive benefit of PREMIUM and LIFE membership. Learn how our experts can help you. Visit www.moaa.org/asktheexperts.

WHO WE ARE.

More than 350,000 strong, the Military Officers Association of America (MOAA) is one of the country's leading organizations protecting the earned benefits of uniformed servicemembers and their families and survivors. Those who belong to MOAA not only lend their voices to a greater cause, but they also gain access to extensive benefits tailored to the needs and lifestyles of officers and their families. MOAA members hail from every branch of the uniformed services. To them, we make the same promise they made to their country: Never Stop Serving.

JOIN OUR MISSION BECAUSE PEOPLE MATTER.

People are our mission. Add your voice to help us advocate on behalf of our community and our families everywhere. MOAA works to improve the lives of all those who serve (officers and enlisted) as well as their families and survivors, largely through tireless advocacy in our nation's capital. The larger our numbers, the greater your voice.

Membership is open to active duty, National Guard and Reserve, retired, and former commissioned officers and warrant officers of the following uniformed services: Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration, as well as their surviving spouses.

PREMIUM MEMBERSHIP

- 1 year: \$62
- 2 years: \$106 (15% off*)
- 3 years: \$140 (25% off*)

*Savings off full annual rate

LIFE MEMBERSHIP

Rates are customized based on your date of birth. For details visit moaa.org/join



Visit www.moaa.org/join

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