

SECTION 3: HEALTH INSURANCE

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3-1 TRICARE Eligibility

Formerly CHAMPUS Civilian Health and Medical Plan of the Uniformed Services

Editor's Note: TRICARE has an excellent website with many helpful links and a thorough explanation of benefits, providers, etc. To access the TRICARE online website go to: <http://www.tricare.org/> .

TRICARE is evolving to an online service also. Go to TRICARE Online (the link is on the website above). If you are TRICARE eligible you may choose to enroll and use their online service.

Eligibility:

- Spouse and unmarried (minor) children of active duty members.
- Retirees, their spouses and unmarried children (minor).
- Unmarried spouses and unmarried children of active duty or retired service members who have died.
- Unmarried former spouses (divorced or with the marriage annulled), without employer sponsored health plan coverage, who were divorced on or after

February 1, 1983, after 20 years of marriage to service member who was on active duty during those twenty years.

- Unmarried children covered to age 21 or 23 if in school. There may be additional provisions for incapacitated children.

Editor's Note: TRICARE coverage ends at age 65 or once the individual becomes eligible for MEDICARE. The individual can enroll in TRICARE for Life, then TRICARE becomes a secondary payer. If a retiree is ineligible for MEDICARE, it is possible that they remain enrolled in regular TRICARE for the rest of their life.

Individuals under the age of 65 should check at the nearest military facility with the TRICARE Coordinator or call the numbers provided below for updates on TRICARE.

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3-2 TRICARE Update

There were significant changes in TRICARE in 2001.

In April of 2001 the TRICARE Senior Pharmacy Program began.

In October of 2001 TRICARE Senior became TRICARE for Life. This is an enrollment program open to retired military and their spouses who are age 65 or older if they are eligible for MEDICARE Part A and they pay into MEDICARE Part B.

For retirees under the age of 65 TRICARE can be selected at 3 levels:

Prime

Extra

Standard

Editor's Note: There are other TRICARE programs, such as TRICARE Plus. Check the website (provided below) for more in-depth information on these plans and where they are available.

You need to check with the TRICARE representative for the details and costs of each plan. In 2006 was a TRICARE Standard sletter. It is published once a year and will go automatically to those enrolled in TRICARE Standard.

TRICARE for Life

This form of TRICARE appears to be comparable to MEDICARE gap insurance. TRICARE is a second payer and the individual must pay the remaining expenses.

Cost: MEDICARE Part B premiums will go to DOD and you are not able to enroll in other HMOs. As of 2005 you must be enrolled in MEDICARE part B to participate in TRICARE for Life.

Eligibility: Uniformed Service retirees and family members, age 65 or older enrolled in MEDICARE Part B, and other retirees (regardless of age) who are MEDICARE eligible and enrolled in MEDICARE Part B.

Service:

For services payable by TRICARE and MEDICARE, TRICARE will be the second payer.

For service payable by TRICARE but not MEDICARE, TRICARE will pay and you pay annual deductible and cost share

For services payable by MEDICARE but not TRICARE, MEDICARE pays as usual, and TRICARE pays nothing.

For services not payable by MEDICARE or TRICARE, you are responsible for the cost.

Note: In February 2008 TRICARE for Life, TFL, went to an electronic Explanation of Benefits, EOB option. TFL beneficiaries (should have) received letters notifying them of the changes, either with their current EOB's or any other correspondence. If there are any questions about the registration process beneficiaries can call toll-free at 1-866-773-0404. Those requiring a Telecommunications Device for the Deaf (TDD) can call 1-866-773-0405.

TRICARE Pharmacy

One of the big improvements in TRICARE is the pharmacy services these include prescriptions filled at the following:

Military Treatment Facilities no cost

National Mail Order Pharmacy \$3 for generic 90 day supply

\$9 for brand name 90 day supply

\$22 for a 90 day supply of certain high cost drugs.

Civilian Retail Network Same cost as Mail Order

Civilian Retail Non-Network \$9 or 20% of the cost for 30 day supply

In 2005 TRICARE went to a three tier pharmacy system. Certain non-formulary medications were provided at a \$22 copay. The number of medications in this category has steadily increased.

Note: In 2009 and 2010 Congress froze hikes in TRICARE costs, however DoD has already proposed increases for FY 2011.

MEDICARE considers TRICARE as a recognized provider of prescription medications. This means that if a veteran decides to enroll in a private plan in the future (MEDICARE Part D) there is no penalty.

TRICARE has a dental plan, but costs vary with section of the country that you live in. You need to check the details with a TRICARE Dental representative.

A spouse can be enrolled in TRICARE for Life and the retired veteran not enrolled in TRICARE for Life.

TRICARE for Life excluded enrollment in other HMOs. A person needs to carefully look at the pros and cons of this system. TRICARE has guidelines on what it will and will not pay for.

The following are key TRICARE phone numbers (and links if you are reading electronically):

Eligibility (DEERS) 1-800-538-9552

To access different TRICARE plans:

<http://www.tricare.mil/mybenefit/home/overview/Plans/PrimeRemote>

Mail-Order Pharmacy 1-877-363-1303

<http://www.tricare.mil/mybenefit/home/Prescriptions/PharmacyProgram>

Dental

<http://www.tricaredentalprogram.com/tdptws/home.jsp>

TRICARE for Life

1-866-773-0404

<http://www.tricare.mil/mybenefit/home/overview/Plans/LearnAboutPlansAndCosts/TRICAREForLife?>

The TRICARE website is a search engine for benefits throughout the country. This can be accessed at:

<http://www.tricare.osd.mil/faqs/default.aspx>; under "Word Search" type in "TRICARE For Life" or under the "Advanced Search" use the drop down menu, and choose category "TRICARE For Life/Dual eligible", subcategory "All" and then hit "GO".

Final Note On TRICARE

DEERS = Defense Enrollment Eligibility Reporting System

TRICARE may refuse to pay claims if the individual has not kept their DEERS information up to date.

To update your DEERS information:

Visit the to update your address online

<https://www.dmdc.osd.mil/appj/address/indexAction.do> Call 1-800-538-9552 or 1-866-363-2883 (TTY/TDD for the deaf), or Fax address changes to 1-831-655-8317, or Visit your local ID card facility. To find your local ID card facility,

visit Rapid site locator, or <http://www.dmdc.osd.mil/rs/owa/home> Mail the your information to

Defense Manpower Data Center Support Office

Attn: COA

400 Gigling Road

Seaside, California 93955-6771

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3-3 CHAMPVA

CHAMPVA Civilian Health and Medical program of the Department of Veterans Affairs.

Editor's Note: In 2005 the CHAMPVA website underwent radical change. It is now a much more informative, user friendly package. To access the website go to:

<http://www.va.gov/hac/forbeneficiaries/champva/champva.asp>

There is now a way to electronically monitor many aspects of your own healthcare through the use of MyCHAMPVA. It is an online service. The link to this is on the main CHAMPVA website.

Eligibility:

1. Spouse, or child of a veteran who has a total disability resulting from a service connected disability. In plainer terms, a veteran who is 100% SC.
2. The surviving spouse or child of a veteran who dies as a result of a service connected disability, or who at the time of death had a total disability resulting from service connected disability.

Editor's Note: Individuals are not eligible for both TRICARE and CHAMPVA. Once an individual has TRICARE, CHAMPVA is not an option.

Benefits:

1. Functions like health insurance
2. Care usually provided in non-VA facilities.
3. VA facilities may be used if they are equipped to provide care.

MEDICARE terminates coverage at age 65, unless the individual enrolls CHAMPVA for Life, details given below.

In limited instances the spouses of veterans are provided health care at a VA under the CITI program. You need to check with CHAMPVA to see if these services are available in your area.

A web resource on CITI contacts can be found at:

<http://www.va.gov/HAC/forbeneficiaries/champva/docs/CITIFacilityPhoneNumbersList.pdf>

Change in CHAMPVA in 2002: Remarriage use to end a spouse's CHAMPVA eligibility, however now remarriage at age 55 or older allows the individual to remain in the CHAMPVA program.

CHAMPVA for Life

The 2001 law change on CHAMPVA in many ways mirrors the changes in TRICARE for Life. The program allows enrollment and excludes the individual from being enrolled in another HMO.

To be eligible a person must meet the following conditions:

Turned 65 prior to June 5, 2001 and only have MEDICARE Part A, you will be eligible for CHAMPVA without having to have MEDICARE Part B.

If you turned 65 before June 5, 2001 and have MEDICARE Parts A and B, you must keep both parts.

If you turn age 65 on or after June 5 2001, you must be enrolled in MEDICARE Parts A and B to be eligible.

Editor's Note: A disabled child of a veteran might be considered eligible for this program. It is possible that a non eligible for MEDICARE individual who is over 65 and the spouse of a veteran is eligible for CHAMPVA for Life.

As with TRICARE for Life, CHAMPVA for Life always pays after MEDICARE.

CHAMPVA does have a Pharmacy System.

If you have a Pharmacy Plan under another provider CHAMPVA may pay the deductible.

There is a "Meds by Mail" options that is supposed to provide medications for free.

There is also a Medical Matrix of 45,000 pharmacies that require a 25% cost share after an initial deductible.

CHAMPVA has some quirks. It will pay the MEDICARE Deductible for an inpatient stay. This is very positive. However, like any HMO there are patient costs. These need to be carefully researched before choosing any health option.

For more information on CHAMPVA or CHAMPVA for Life contact:

Recorded explanation of

CHAMPVA (24 hours a day)

888 289 2411

Address The Health Administration Center

PO Box 469028

Denver, CO 80246-9028

Email hac.inq@med.va.gov

Phone 1 800 733 8387

Phone : 9 a.m. – 1:30 p.m. and 2:30 – 5:00 p.m. (all Eastern Time)

Website: <http://www.va.gov/hac/forbeneficiaries/champva/champva.asp>

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You can enroll for the MEDICARE program at your local Social Security Office. This is not meant to be an in-depth look at MEDICARE, so direct your questions to the Social Security Office.

MEDICARE Part A. This helps with hospital bills. You are eligible for Part A (and Part B) if you are 65 or older, or if you are disabled and have been receiving Social Security Disability for a period of two years. Part A is free for those who have contributed to Social Security. Part A can be purchased for those who have not, but it is expensive.

MEDICARE Part B. This goes towards the paying of other medical bills (besides hospital coverage). There is a premium involved with this coverage. Only if you have received SSD for 24 months will you be offered Part B without the premium.

NOTE: In 2007 income has effect on the amount paid to MEDICARE. Individuals earning over 80,000 dollars (160,000 for individual and spouse) will be paying higher premiums. There is a three year phase in portion to this program.

MEDICARE Part D. This is prescription drug coverage. This went into effect on January 1, 2006. Part D coverage was increased greatly in the Health Bill passed in 2010. The coverage for medications is supposed to be total eventually if the bill remains unaltered.

MEDICARE recognizes TRICARE and VA enrollment as enrollment in a recognized prescription drug plan. This means there will be no penalty down the road if one enrolls in an outside drug plan.

Editor's Note: For those veterans on NSC Pension, legitimate medical deductions that are not reimbursed are paid for by the VA once a specific cost threshold has been crossed.

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3-5 MEDICAID

MEDICAID is a state run program. It can pay hospital, doctor and prescription bills at fixed rates determined by the state. This means the entire bill may not be covered. Eligibility is based on need as determined by income and other resources. People on SSI automatically qualify for MEDICAID. Others who are legally blind or visual impaired may qualify, but this is based on finances.

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3-6 VA Health Care

The Veterans' Health Care Eligibility Reform Act of 1996 widened coverage of Veterans by the VA. The current administration has further increased the envelope. Veterans who are not service connected, not on NSC Pension, or over a certain income limit, may have to pay a copay for services.* You need to check with your local VA to get more details.

The rules on amount charged for copay changed in 2001 with different levels for different types of visits (treatment received). The maximum fee is still based on MEDICARE Part B deduction of inpatient stays, or outpatient office visits.

All veterans who are not 50% service connected or higher, or not on NSC pension, or with income level below a prescribed amount may be required to pay a medications copayment. The only exception is when the medication is for a service connected condition or if the medications are related to a specific study that the veteran has agreed to be involved with and it is stipulated that there is no copayment for medications.

Editor's Note: If a veteran is service connected at 0% they do not pay a copay for their service connection. At the time this was written, there are no visit or medication copayments for those veterans who are categorized as catastrophically injured. Legal blindness is considered a catastrophic condition. Catastrophic designation must be filed for and is not automatically granted.

VA prescription copays are currently 8 dollars for medications, 9 dollars for those veterans in Priority groups 7 and 8. The level of copay for medical visits is dependent on the specialty rating of the clinic. There is no copay cost to see your VIST Coordinator, but there is a \$15 charge to see the Blind Rehab Outpatient Specialist. There is a 50 dollar copay to be seen in a specialty clinic.

Veterans serving after 1980 must meet the criteria of 24 consecutive months of active duty or be service connected, fulfilled a full Reserve or National Guard term on active duty, or currently on NSC Pension to be eligible for VA health care. Check with your local VA's business office to verify eligibility.

For more information on Copayments go to:

<http://www4.va.gov/healtheligibility/costs/OutpatientPrescriptionCopay.asp>

Veterans should consider enrollment in the electronic page for veteran health care. It is a great way to order medications and to find medical information. The website is:

<http://www.myhealth.va.gov/>

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3-7 Nursing Home Benefits

The VA pays for nursing home care in some circumstances. Payment for such care is usually linked to service connected disabilities, or other conditions linked to VA care.

In May 2004 the pilot program for Nursing Home coverage was extended to 2008 for the certain service connected veterans. Check with your local VA for more information. Veterans covered by this program include:

- Is seeking nursing home care for a SC disability, or
- Is rated 60 percent SC and unemployable, or
- Is rated 60 percent SC and P&T, or

- Has a combined SC disability rating of 70 percent or more.