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**Leaving Active Duty**

When leaving active duty, service members may be entitled to or eligible for benefits offered by TRICARE and/or Department of Veterans Affairs (VA), depending on whether the service member retires or separates.

**Eligibility**

Retired Service members may be eligible for **both** TRICARE and VA benefits. This means that health care may be covered by TRICARE and/or VA benefits. For most health care needs, TRICARE may be the main source of coverage.

- **Does VA participate in the TRICARE Network?**
  - ✓ Yes, since 1995, VA health care facilities have participated as TRICARE Network Providers.
  - ✓ VA can provide care for Active Duty Service Members, military retirees, & family members under their TRICARE benefit - on a space available basis.
  - ✓ Each VA health care facility can serve as primary care manager for TRICARE beneficiaries, but more often TRICARE referrals are used for specialty care.

**Navigating the Military Health System (MHS) & the Department of Veterans Affairs (VA)**

VA Health Care	TriCare	CHAMPVA
<p>Most Veterans who enlisted after Sept. 7, 1980, or who entered active duty after Oct. 16, 1981, must have served 24 continuous months or the full period for which called to active duty. This includes current and former members of the Reserve or National Guard called to active duty by a federal order. <a href="#">Find eligibility here</a></p> <p><a href="https://www.choose.va.gov/health">https://www.choose.va.gov/health</a> Providing care at <a href="#">1,380 health care facilities</a>, including 170 medical centers and 1,193 outpatient sites of care of varying complexity (<i>VHA outpatient clinics</i>) and one (1) EHR</p>	<p><b>Tricare Prime</b> – <i><a href="#">Similar to a Civilian HMO</a></i></p> <p><b>Tricare Select</b> – <i><a href="#">Similar to a Civilian PPO</a></i></p> <p><b>Tricare for Life (TFL)- <i><a href="#">Medicare A/B plus TFL</a></i></b></p> <p><b>Utilize:</b></p> <ul style="list-style-type: none"> <li>• Military Hospitals &amp; Clinics</li> <li>• Private Sector (Civilian) Healthcare Networks</li> <li>• Private Sector (Civilian) Practitioners</li> <li>• Civilian pharmacies</li> </ul>	<p>Civilian Health &amp; Medical Program of Uniformed Service (CHAMPVA). You may only be eligible for health care through <b>CHAMPVA</b> if you don’t qualify for TRICARE and at least one of these descriptions is true for you (see link).</p> <ul style="list-style-type: none"> <li>• CHAMPVA is administered by the VHA Office of Community Care</li> </ul> <p><a href="https://www.va.gov/resources/getting-care-through-champva/">https://www.va.gov/resources/getting-care-through-champva/</a></p> <p><a href="https://www.va.gov/family-and-caregiver-benefits/health-and-disability/champva/">https://www.va.gov/family-and-caregiver-benefits/health-and-disability/champva/</a></p>

**Tricare vs. VA Benefit Comparison – by Types of Services**

<https://tricare.mil/LifeEvents/InjuredonAD/TransitionVA/BenefitComparison.aspx>

- **Tricare Benefits:** May vary depending on your health plan selection, rules and costs
- **VA Benefits:** Your eligibility and copayment depend upon discharge, service-connection or income

Outpatient Services	Prescriptions
Inpatient Services	Supplies
Preventive Services	Dental Care

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Navigating Tricare  
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Health Plan Options

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Navigating CHAMPVA  
Health Plan Options

## Page 2a: TRICARE for Active Duty

### A. **Plans & Eligibility:** Your Health Plan Options

1. Active duty service members must enroll in one of the following plans, based on their duty station.
  - [TRICARE Prime](#)
  - [TRICARE Prime Remote](#)
  - [TRICARE Prime Overseas](#)
  - [TRICARE Prime Remote Overseas](#)
2. Active duty family members can enroll in one of these TRICARE Prime plans. TRICARE Prime plans include TRICARE Prime, TRICARE Prime Remote, TRICARE Prime Overseas, TRICARE Prime Remote Overseas and TRICARE Young Adult-Prime with their sponsor, or they may qualify to use one of the following plans:
  - [TRICARE Select](#)
  - [TRICARE Select Overseas](#)
  - [US Family Health Plan](#) (in specific U.S. locations)
  - [TRICARE For Life](#) (with Medicare Part A and Part B coverage)
  - [TRICARE Young Adult](#) (dependent adult children only)

### B. **Getting Care**

The Military Health System is a global, integrated system. Depending on your plan, you'll get care from a military hospital or clinic, a civilian network of providers, or TRICARE-authorized non-network providers.

- **Military Hospital or Clinic:** <https://tricare.mil/GettingCare/FindDoctor/mtf>
- **Civilian Network of Providers:** <https://tricare.mil/GettingCare/FindDoctor>
- **Non-network Providers:**  
<https://tricare.mil/GettingCare/FindDoctor/AllProviderDirectories/NonNetwork>

### C. **What's Covered**

- **Covered Services:** <https://tricare.mil/CoveredServices>
- **Tricare Formulary:** <https://www.express-scripts.com/frontend/open-enrollment/tricare/fst/#/#/>
- **Exclusions:** <https://tricare.mil/CoveredServices/IsItCovered/Exclusions>
- **Travel Reimbursement for Specialty Care:** <https://tricare.mil/travelreimbursement>

### D. **Costs**

- **Your healthcare costs** are different based on who you are and your health plan option you select:  
<https://tricare.mil/Costs>

## Page 2b: Who is TRICARE for Guard and Reserve?

### A. **National Guard and Reserve Members and Families**

- Full details like info above.
  - <https://www.tricare.mil/Plans/Eligibility/NGRMandFamilies>

## Page 3a: TRICARE for Retired Service Members and Families

### A. **Plans & Eligibility:** Your Health Plan Options

1. Retired Service Members and Families
  - [TRICARE Prime](#)
  - [TRICARE Select](#)
  - [US Family Health Plan](#) (in specific U.S. locations)
  - [TRICARE For Life](#) (with Medicare Part A and Part B coverage)
  - [TRICARE Select Overseas](#)
  - [TRICARE Young Adult](#)

### B. **Getting Care**

The Military Health System is a global, integrated system. Depending on your plan, you'll get care from a civilian network of providers, or TRICARE-authorized non-network providers.

- **Civilian Network of Providers:** <https://tricare.mil/GettingCare/FindDoctor>
- **Non-network Providers:**  
<https://tricare.mil/GettingCare/FindDoctor/AllProviderDirectories/NonNetwork>

### C. **What's Covered**

- **Covered Services:** <https://tricare.mil/CoveredServices>
- **Tricare Formulary:** <https://www.express-scripts.com/frontend/open-enrollment/tricare/fst/#!/#/>
- **Exclusions:** <https://tricare.mil/CoveredServices/IsItCovered/Exclusions>
- **Travel Reimbursement for Specialty Care:** <https://tricare.mil/travelreimbursement>

### D. **Costs**

- **Your healthcare costs** are different based on who you are and your health plan option you select:  
<https://tricare.mil/Costs>

## Page 3b: TRICARE for Retired Reserve and Families

### B. **Retired Reserve Members and Families**

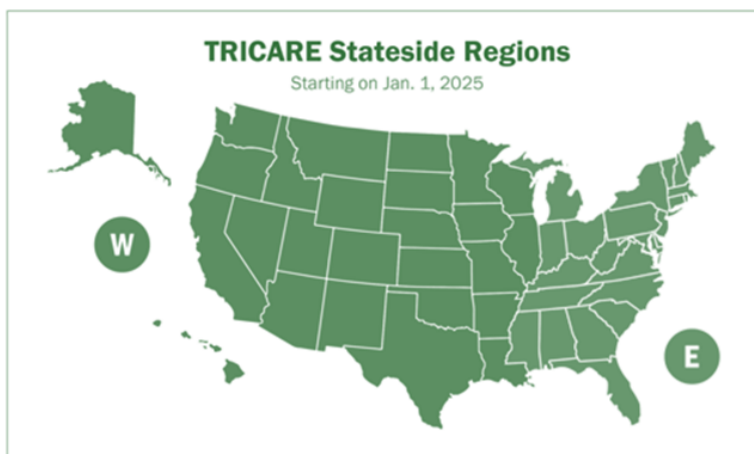
- If under age 60, you may qualify to purchase [TRICARE Retired Reserve](#).
- At age 60, you and your family are eligible for the same benefits as all other retired service members (described above).
  - <https://www.tricare.mil/Plans/Eligibility/NGRRandFamilies>

## Page 4: Tricare Regional Contractors

The regional contractors provide health care services and support beyond what's available at military hospitals and clinics for all health plan options except TRICARE For Life (in the U.S. and U.S. Territories) and the US Family Health Plan. In each region, they manage:

- Provider networks
- Toll-free customer service call centers
- Enrollment, referrals, authorization, and claims processing
- Beneficiary and provider education

East & West Regions Starting Jan. 1, 2025
<p>East Region                      Humana Military                      800-444-5445  <a href="http://www.tricare.mil/east">www.tricare.mil/east</a></p> <p>West Region                      TriWest Healthcare Alliance                      888-TRIWEST (874-9378)  <a href="http://www.tricare.mil/west">www.tricare.mil/west</a></p>



	<p>West Region Contractor (Starting on Jan. 1, 2025)                      TriWest Healthcare Alliance                      888-TRIWEST (874-9378)  <a href="http://www.tricare.mil/west">www.tricare.mil/west</a></p>
<p>Humana Military.</p>	<p>East Region Contractor                      Humana Military, a division of Humana Government Business                      1-800-444-5445  <a href="http://www.tricare-east.com">www.tricare-east.com</a></p>
	<p>Overseas Contractor                      International SOS Government Services, Inc.  <a href="http://www.tricare-overseas.com">Country-Specific Toll-free Numbers</a>  <a href="http://www.tricare-overseas.com">www.tricare-overseas.com</a></p>

## Page 5: Other TriCare Contractors

### Pharmacy, Dental, TRICARE For Life (in the US and US Territories), & US Family Health Plan

	<p><b>Pharmacy Contractor</b>          Express Scripts, Inc.          1-877-363-1303  <a href="http://www.express-scripts.com/TRICARE">www.express-scripts.com/TRICARE</a></p>
	<p><b>Active Duty Dental Program Contractor</b>          United Concordia          1-866-984-2337  <a href="http://www.addp-ucci.com">www.addp-ucci.com</a></p>
	<p><b>TRICARE Dental Program Contractor</b>          United Concordia  <b>CONUS</b> Toll Free: 844-653-4061  <b>OCONUS</b> Toll Free: 844-653-4060          TDD/TTY service for the hearing impaired: 711  <a href="http://www.uccitdp.com">www.uccitdp.com</a></p>
	<p><b>TRICARE For Life Contractor</b>          (in the U.S. and U.S. Territories)          Wisconsin Physicians Service          1-866-773-0404  <a href="http://www.tricare4u.com">www.tricare4u.com</a></p>
<p>US Family Health Plan</p>	<p><b>US Family Health Plan</b>  <a href="http://www.tricare.mil/usfhp">www.tricare.mil/usfhp</a></p> 

<https://tricare.mil/>

### 1. Do I have to get Medicare at 65 if I have TRICARE?

As a military retiree, your coverage under traditional TRICARE **ends once you become eligible for Medicare**. If you have no group insurance from a current employer, you'll want to enroll in Medicare Parts A and B within three months before turning 65 to avoid any lapse in health care coverage. Enrolling in Medicare does not mean you'll lose out on TRICARE benefits completely. You'll switch to [TRICARE for Life](#) automatically.

### 2. Do military retirees have to pay for Medicare?

For most people who have worked and paid Social Security taxes for at least 10 years, Medicare Part A costs nothing. However, Part B comes with a standard monthly premium.

### 3. How does TRICARE for Life work?

TRICARE for Life acts like supplemental plans offered by private insurance carriers. It [enhances your existing benefits](#) by reducing or eliminating out-of-pocket costs for many treatments, such as deductibles, coinsurance, and copayments. It may also pay for certain services not covered under Medicare, such as health care coverage outside the U.S.

- TRICARE for Life is tied to the individual person; it does not extend to family members. If you have family members not eligible for Medicare, they will still be covered under their regular TRICARE plan.

### 4. How does Medicare (Traditional-Fee for Service) affect TRICARE for Life?

Unlike Medicare and the VA, Traditional Medicare and TRICARE for Life coordinate benefits. With TRICARE for Life, you may see any participating or non-participating Medicare provider. You can get services at military hospitals and clinics if space is available. Medicare pays its share first, if any, and then TRICARE pays its share. You may have out-of-pocket costs for services not covered by TRICARE for Life and/or Medicare.

### 5. Will I lose my TRICARE For Life benefits if I sign up for a Medicare Advantage plan?

No. Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are an "all in one" alternative to Original Medicare. Private companies approved by Medicare offer these plans. These "bundled" plans include:

- Medicare Part A (Hospital Insurance);
- Medicare Part B (Medical Insurance); and
- Additional benefits (For example: dental, prescriptions, fitness)

If you enroll in a Medicare Advantage Plan, Medicare is still your primary coverage, and TRICARE For Life is the second payer for TRICARE-covered services. **Note:** Medicare Advantage claims don't crossover to Medicare. This means you will have to file claims for reimbursement of TRICARE-covered services. Visit the [Filing Claims page](#) for instructions and claim form.

### 6. Do I need Medicare Part B if I am a veteran who has retired?

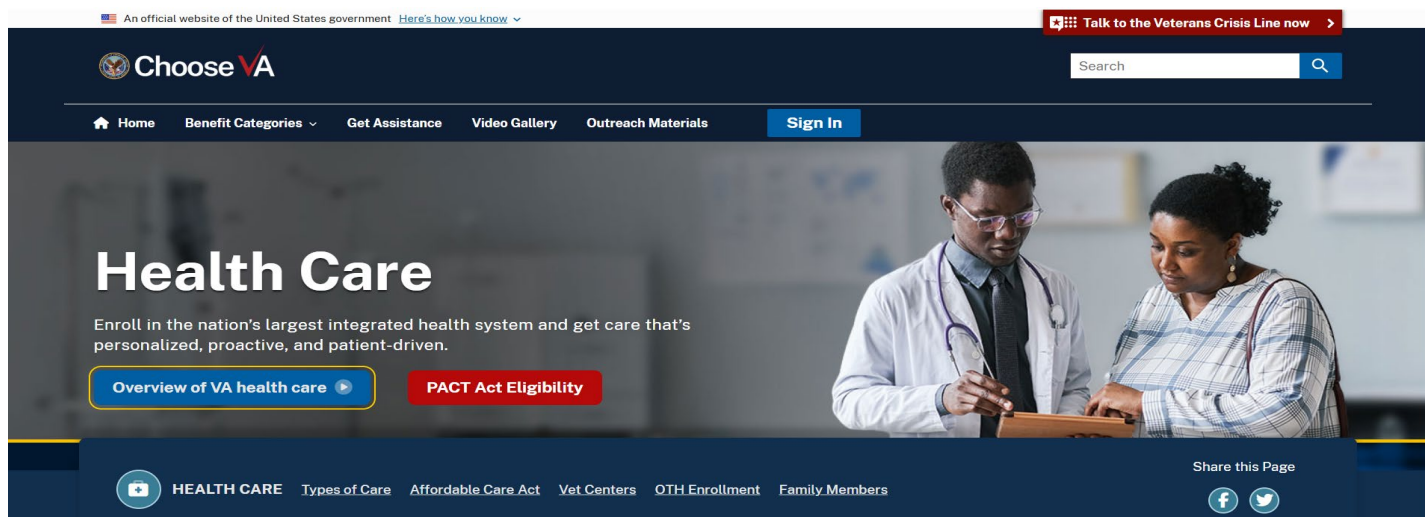
You must have Medicare Part B to maintain coverage under TRICARE for Life, even if you're still actively working. That's why it's important to enroll in Part B as soon as you become eligible. If you delay enrollment, you could face late enrollment penalties in addition to coverage gaps.

### 7. Should I sign up for Medicare Part D if I have TRICARE for Life?

Enrollment in a Medicare Part D prescription drug plan isn't necessary if you have TRICARE for Life coverage, since TRICARE for Life beneficiaries are still covered under the [TRICARE Pharmacy Program](#).

### 8. Do you need a Medicare supplement if you have TRICARE for Life?










No. If you have TRICARE for Life, it serves as your Medicare supplement. You do not need to purchase a separate Medigap (supplemental) policy.



To learn more about your options: <https://www.choose.va.gov/health>

What the PACT Act means to you: <https://www.va.gov/resources/the-pact-act-and-your-va-benefits/> [1]

## Explore the services and benefits that help Veterans thrive

<h3>Disability</h3>  <p>Veterans may benefit from disability compensation. Learn about and apply for VA disability benefits.</p>	<h3>Education and training</h3>  <p>VA benefits can help Veterans further their education and get career training. Learn more and apply for VA benefits today.</p>	<h3>Careers and employment</h3>  <p>VA can help you transition from service to civilian jobs. Learn more about VA job-seeking tools and training benefits.</p>
<h3>Health care</h3>  <p>VA provides world-class health care to eligible Veterans. Learn more about eligibility and apply for VA health care.</p>	<h3>Housing assistance</h3>  <p>If you're a Veteran looking for home loans and housing information, learn more about VA housing-related assistance.</p>	<h3>Life insurance</h3>  <p>VA provides life insurance coverage to eligible Veterans and their families. Learn more about eligibility and apply for coverage.</p>
<h3>Burials and memorials</h3>  <p>VA offers burial services to Veterans, their spouses, and dependents at no charge. Apply for VA benefits.</p>	<h3>Pensions</h3>  <p>VA provides pensions to eligible Veterans and their survivors. Learn more about eligibility and apply for VA pension benefits.</p>	<h3>Family members</h3>  <p>VA offers benefits to spouses, dependents, and survivors of service members and Veterans. Learn more and apply.</p>

[1] Specific to Headache.

Sico JJ, Anthony SE, Phadke M, Wang K, Skanderson M, Ney JP, Seng EK, Shapiro RE, Sandbrink F, Scholten JD, Graham GD, Martini SR, Fenton BT. Open Burn Pit Exposure in Headache Disorder and Migraine. JAMA Netw Open. 2024 Sep 3;7(9):e2431522. doi: 10.1001/jamanetworkopen.2024.31522. PMID: 39230902; PMCID: PMC11375476

### 1. Do I have to enroll in Medicare if I have VA benefits?

It's not mandatory to enroll in Medicare at age 65 if you're a veteran with VA benefits. However, if you choose not to sign up for Medicare, you won't have coverage for services you get in facilities outside the VA health system.

### 2. Can a veteran have Medicare and VA benefits?

Yes. If you have [VA health benefits](#) and qualify for Medicare at age 65, you can be enrolled in both plans at the same time. In fact, the [VA encourages](#) veterans without employer-sponsored insurance to sign up for Medicare Parts A and B as soon as they qualify.

Having VA benefits and Medicare gives you more choices for your care. With Medicare, you're covered if you ever need to or choose to go to a non-VA hospital or doctor. And keeping your VA benefits means you can get coverage for services and items [not covered by Medicare](#), such as over-the-counter medications.

### 3. How do the VA and Medicare work together?

Medicare can add another layer of coverage, cost savings, and convenience if you already have VA benefits or TRICARE for Life

[VA benefits and Medicare](#) are separate systems and not coordinated in any way. You decide which benefits you want to use when receiving care:

- To use your VA benefits, you must visit a VA doctor or facility. In some cases, the VA will cover care at a non-VA facility if it's pre-authorized. Medicare may step in to pay for services the VA has not authorized.
- To use your Medicare benefits, you must receive care at a Medicare-authorized facility. Your VA benefits will not cover your Medicare out of pocket costs (e.g., copayments).
- VA benefits include coverage for prescription drugs. However, if you sign up for Medicare Part D drug coverage you can use it to get prescriptions from non-VA doctors. Having Part D will also allow you to fill your prescriptions at a local pharmacy instead of through the VA mail-order system.

Veterans who decide to sign up for premium-free Medicare Part A (hospital insurance) but opt out of Part B (medical insurance) since it has an additional monthly premium should be aware of the following:

4. If you choose to do this, you should know that delays in signing up for Medicare Part B can result in a penalty. This fee grows each year you delay enrollment, and you'll be required to pay it annually for the rest of your life. If you're concerned about affording the Part B premium, see if you qualify for programs that can help pay your Medicare out of pocket costs: <https://www.medicare.gov/basics/costs/help/medicare-savings-programs>

If you have VA benefits and then qualify for Medicare, please research the coverages provided by both plans. Consider your [priority group](#), to determine benefits for certain VA health services or out-of-pocket costs.



## **Who Is Eligible to Receive CHAMPVA Benefits?**

<https://crsreports.congress.gov/product/pdf/RS/RS22483>

Eligibility for CHAMPVA requires inclusion in one of the following categories:

- the individual is the spouse or child of a veteran who has been rated permanently and totally disabled for a service-connected disability; or
- the individual is the surviving spouse or child of a veteran who died from a VA-rated service-connected disability; or
- the individual is the surviving spouse or child of a veteran who was at the time of death rated permanently and totally disabled from a service-connected disability; or
- the individual is the surviving spouse or child of a military member who died on active duty, not due to misconduct (in most cases, these family members are eligible under TRICARE, not CHAMPVA); or
- the individual is designated as a “primary family caregiver” of a seriously injured veteran who qualifies under the Program of Comprehensive Assistance for Family Caregivers (PCAFC),<sup>21</sup> and is not eligible for TRICARE and does not have any other form of health insurance coverage such as Medicare, Medicaid, or private health insurance.

## **Which Medical Benefits Are Available to Eligible Beneficiaries?**

The CHAMPVA program covers most health care services and supplies that are determined to be medically necessary, including inpatient and outpatient care, prescription drugs, mental health services, and skilled nursing care.

- By law, CHAMPVA is required to provide health care benefits that are similar to the DOD’s TRICARE Select plan.
- Chiropractic services, routine eye examinations, hearing aids, and most dental benefits are excluded from both the federal CHAMPVA and certain TRICARE programs.

Certain types of care require advance approval, commonly known as preauthorization.

- Generally, a CHAMPVA beneficiary determines if a provider will accept the individual as a CHAMPVA beneficiary; this is known as “accepting assignment.” This means that the provider will bill the VA directly for covered services, items, and supplies and will be paid the “allowable charge.”

### **Cost Sharing – Like regular insurance payer**

Beneficiaries usually pay 25% of the cost of medical care up to an annual catastrophic cap of \$3,000 plus an annual outpatient deductible of \$50 per individual or \$100 per family.

- CHAMPVA pays the remaining 75% of the cost of the beneficiaries’ medical care.

After the annual catastrophic cap is met, CHAMPVA pays 100% of the allowable amount for covered services for the rest of the calendar year.

- There is no cost-sharing for preventive cancer screenings (such as breast cancer, cervical cancer, and prostate cancer), annual physical exams, immunizations, and certain contraceptive services and prescription or nonprescription contraceptive products authorized by the Food and Drug Administration (FDA)