

Making Medicare make sense:

Answers to some of the most common Medicare questions

Q: If a person has veterans' benefits and also is eligible for Medicare and enrolled in Medicare, what does each insurance pay?

A: If you have or can get both Medicare and veterans' benefits, you can get treatment under either program.

When you get health care, you must choose which benefits you are going to use. You must make this choice each time you see a doctor or get health care.

Medicare can't pay for the same service that was covered by veterans' benefits and your veterans' benefits can't pay for the same service that was covered by Medicare.

However, to get the Veteran's Administration (VA) to pay for services you must go to a VA facility or have the VA authorize services in a non-VA facility.

There may be situations when both the VA and Medicare can pay for different services within the same episode of health care. If the VA authorizes services in a non-VA hospital, but doesn't pay for all of the services you get during your hospital stay, then Medicare may pay for the Medicare-covered part of the services

that the VA doesn't pay for.

For example, let's say Jim is a veteran and goes to a non-VA hospital for a service that is authorized by the VA. While at the non-VA hospital, Jim gets other non-VA authorized services that the VA refuses to pay.

Some of those services are Medicare-covered services. Medicare may pay for some of the non-VA authorized services that Jim got. Jim will have to pay for services not covered by Medicare or the VA.

Sometimes Medicare may help pay the VA copayment. The VA copayment is your share of the cost of your treatment and is based on income. Medicare may be able to pay all or part of your copayment if you are billed for VA-authorized care by a doctor or hospital that isn't part of the VA.

Q: What is a VA Fee - Basis Identification card, and who pays first in this situation, Medicare or the VA?

A: Veteran's Affairs gives "fee-basis ID cards" to certain veterans. You may be given a fee-basis ID card if the following conditions apply:

- You have a service-connected disability.

• You will need medical services for an extended period of time.

• There are no VA hospitals in your area.

If you have a fee-basis ID card, you may choose any doctor who is listed on your card to treat you. If the doctor accepts you as a patient and bills the VA for services, the doctor must accept the VA's payment as payment in full. The doctor can't bill either you or Medicare for these services. If your doctor doesn't accept the fee-basis ID card, you will need to file a claim with the VA yourself. The VA will pay the approved amount to either you or your doctor.

Q: What about VA's prescription drug benefit and Medicare's prescription drug benefit, Part D; can a Veteran have both of these benefits?

A: These two benefits don't work together. A Medicare beneficiary can use their VA prescription drug benefit as creditable coverage and he or she does not have to enroll in Medicare Part D. However, they can enroll

in Medicare's prescription drug benefit by enrolling in a Part D plan during any valid enrollment period and when purchasing their prescriptions decide to use their VA coverage or their Part D coverage, but they can't use them both at the same time.

Some veterans choose to have both prescription drug coverages in case the VA doesn't cover a drug that Medicare Part D might. Medicare's open enrollment time period is Oct. 15 through Dec. 7 each year, and new plan choices go into effect January 1.

Q: Who should one call if they need more information?

A: You can get more information on veterans' benefits by calling your local VA office or the national VA information number at 1-800-827-1000. TTY users should call 1-800-829-4833. You can also visit www.va.gov on the Web.

Q: What is TRICARE?

A: TRICARE is a health care program for active-duty and retired uniform services

members and their families. TRICARE includes the following:

- TRICARE Prime
- TRICARE Extra
- TRICARE Standard
- TRICARE for Life (TFL)

TRICARE for Life was created to provide expanded medical coverage to Medicare-eligible uniformed services retirees age 65 or older, their eligible family members and survivors, and certain former spouses. To get Tri-care for Life benefits, you must have Medicare Part A and Part B.

Q: Can I have both Medicare and TRICARE?

A: The following groups of people can have both Medicare and other types of TRICARE:

- Dependents of active-duty service members who are entitled to Medicare for any reason.

• People under age 65 who are entitled to Medicare Part A because of a disability or End-Stage Renal Disease (ESRD) and enrolled in Medicare Part B.

- People age 65 or older who are entitled to Medicare

Part A and are enrolled in Medicare Part B.

Q: So, who pays first Medicare or TRICARE?

A: In general, Medicare pays first for Medicare-covered services. TRICARE will pay the Medicare deductible and coinsurance amounts and for any service not covered by Medicare that TRICARE covers. You will have to pay the costs of services that Medicare or TRICARE doesn't cover.

Q: Who pays for services from a military hospital?

A: If you get services from a military hospital or any other federal provider, TRICARE will pay the bills. Medicare doesn't usually pay for services you get from a federal provider or other federal agency.

Q: Who should one call if they have questions about TRICARE?

A: You can get more information on TRICARE by calling the health benefits advisor at a military hospital or clinic. You can also call 1-888-363-5433, or visit www.TRICARE.osd.mil on the Web.

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