



VA and TRICARE For Life

Quick Reference Guide



Contents

Basic Eligibility for VA Health Benefits	3
Minimum Duty Requirements*	3
What are VA Priority Groups?.....	4
What factors will the VA use to assign a veteran to a priority group?	4
Talking to the Consumer	5
Be prepared to hear:.....	5
Be prepared to ask:.....	6
Medicare Advantage Plan Options for Veterans.....	7
Some options available with Medicare Advantage Plans:.....	7
Billing Problems	9
Educate the Consumer.....	9
Consumer pays the copay	9



Basic Eligibility for VA Health Benefits

Basic Eligibility

- Served in the active military, naval, or air service.
- Discharged or released under conditions other than dishonorable.
- Current/former members of the Reserves or National Guard:
 - Called to active duty by a federal order.
 - Completed the full period for which they were called or ordered to active duty.

Minimum Duty Requirements*

- Served 24 continuous months or the full period for which they were called.
 - Enlisted after September 7, 1980, or entered active duty after October 16, 1981.

*May not apply to Veterans who were discharged for a disability incurred or aggravated in the line of duty, for a hardship or “early out,” or those who served prior to September 7, 1980.

Veterans may have an identification card similar to the one below.



What are VA Priority Groups?

When the Veteran applies for VA health care, they will be assigned to 1 of 8 priority groups. This system helps to make sure that Veterans who need care right away can get signed up quickly. It also helps to make sure the VA can provide high quality care to all Veterans enrolled in the VA health care program.

Their priority group may affect:

- How soon they are signed up for health care benefits, **and**
- How much (if anything) they'll have to pay toward the cost of their care

What factors will the VA use to assign a veteran to a priority group?

The VA will base the Veteran's priority group on:

- Their military service history, **and**
- Their disability rating, **and**
- Their income level, **and**
- Whether or not they qualify for Medicaid, **and**
- Other benefits they may be receiving (like VA pension benefits)

The VA assigns Veterans with service-connected disabilities the highest priority. We assign the lowest priority to Veterans who earn a higher income and who don't have any service-connected disabilities qualifying them for disability compensation (monthly payments).

If they qualify for more than one priority group, the VA assign them to the highest one.

More information and the description of each group can be found at [VA Priority Groups | Veterans Affairs](#)



Talking to the Consumer

Be prepared to hear:

I have good coverage at VA, should I enroll into a Medicare Advantage Plan?

Depending on the plan in the area, you can address the benefits we have in our Medicare Advantage (MA) or Medicare Advantage Prescription Drug (MAPD) plan.

Are my VA benefits guaranteed or set in stone?

The answer is no. Congress mandates budgeting for the VA, which impacts benefits for veterans, and these could change at any time. Veterans would be notified of any changes in writing.

What is the value of enrolling into Medicare Part A and B and having VA health care?

More choices, more opportunities for second opinions, possibly see a provider quicker, and benefits outside of the area that have VA facilities.

Social Security said I would have to pay a late Part B Penalty, why?

Special Enrollment Periods under Part A & Part B do exist. The consumer must contact Social Security to ask for this Special Enrollment Period. The SEP Starts: Once Social Security decides they qualify for a Special Enrollment Period and Ends: At least 6 months later. Coverage starts the month after they sign up.

What is the value of a UnitedHealthcare agent?

There are many valuable reasons to have a UnitedHealthcare agent. Having a local person that can help navigate a Medicare Advantage Plan, point the consumer in the right direction with VA benefits, and having a resource to explain benefits and how these plans work together.



The VA is regularly introducing additional programs to serve veterans, which expand health care options.

While presenting or talking to a veteran, you may have heard the following, “I am a Veteran, I get everything covered at the VA” or “The VA takes care of me.”

Before you walk away from a possible opportunity, let’s discuss a couple questions that will help you drill down to see if that is indeed the case...or if there may be an opportunity to help them.

Be prepared to ask:

Do you have TRICARE for Life coverage and if so, do you use services at a VA health care center?

If the consumer answers yes to both questions, they may not be a fit for adding an MA Plan. Because of federal regulations and billing issues, this may not be a great fit

Are you currently registered in the VA health care system? Or have you received medical care at a VA facility?

Often, the consumer thinks because they are a veteran, they are entitled to ALL VA benefits and as we have discussed that is not always the case. Also, it can take 9-12 months to get registered in the system and start receiving care. Priority Groups can affect coverage, too. Priority groups 1-6 provide guaranteed access; priority groups 7 and 8 give access but don’t guarantee access.

Have you been means (income) tested by the VA?

Higher priority and highly disabled veterans will typically not be means tested, but most will. Some veterans have been denied future services because of higher reported income levels. (Means testing only applies to priority groups 7 and 8.)

Are you worried you may lose some of your VA benefits by enrolling in an MA or MA-PD plan?

VA and MA plan benefits are separate; therefore, it is not possible to lose VA benefits by enrolling in an MA or MA-PD plan. It does not affect the consumer’s eligibility for VA care (Refer to the VA Missions Act of 2018 – see “Resources” slide).



Are you sure that your benefits with the VA will remain the same for as long as you will need them?

This may not be true. For some of the higher medal awardees and disability ratings, this may be true, but generally is not true for the majority of veterans.

Would it make sense to have a back-up plan for your current and future health care needs?

In most cases, it certainly would!

Knowing the answers to these questions will guide you as to whether or not it makes sense to help the consumer with additional coverage or not. Sometimes the consumer just has a perception of what their VA benefits are without being completely informed. It's our job to help them understand the value of having an MA or MA-PD plan with no risk of impacting their VA health care eligibility.

Medicare Advantage Plan Options for Veterans

When meeting with a veteran, you might hear their frustrations with various veteran's programs or with the care they receive from the VA.

Some options available with Medicare Advantage Plans:

Expanded formulary options.

There may be a limitation with the VA formulary. The consumer's medications may be on UnitedHealthcare's formulary or additional drugs that might work better for their health condition.

Access to disease management resources.

If the consumer's various diseases not being managed collaboratively for optimal management of the disease. UnitedHealthcare's Medicare Advantage Plan may give the consumer access to other providers who can better manage their care.

Access to care/services not covered.

Likewise, UnitedHealthcare's Medicare Advantage Plan may have access to more care or services than the VA covers.



Hearing aid benefits.

Hearing aids aren't always covered through the VA unless the consumer has a hearing disability or are rated for all VA health care services.

Dental benefits.

Vision benefits.

Fitness programs.

The consumer may be looking for dental, vision or fitness programs that the VA doesn't cover. Depending on the market, UnitedHealthcare's Medicare Advantage Plan might offer those benefits.

Quicker access to provider appointments.

There may be a long wait and a priority group issue with getting VA services. With a UnitedHealthcare Medicare Advantage Plan, a veteran may be able to see an in-network doctor sooner.

Single point of contact for healthcare coverage needs.

The veteran may be frustrated by having to call multiple people and places. By adding an MA Plan, you, as the agent, become an additional resource.

Even if the veteran didn't bring these things to your attention, by discussing these talking points, you may find pain points and be able to help them.

NOTE: Do not disparage the VA or VA Facilities – especially around wait times for an appointment. Point out the advantages of having a MA or MA -PD Plan.



Billing Problems

TRICARE For Life members may get frustrated when they are asked to pay out-of-pocket costs or pay upfront when visiting a doctor's office. This frustration could/has led to rapid disenrollment from Medicare Advantage plans.

Educate the Consumer

To lessen the risk of the member disenrolling, educate the member on how their providers should bill the Medicare Advantage (MA) Plan first and TRICARE For Life (TFL) after the plan has paid.

TRICARE For Life pays for copays and coinsurance of MA Plans as **secondary insurance** (*doctors should bill using the address below*). A member or members may have to pay copayments at the time of service.

TRICARE For Life Claims (*In the U.S. and U.S. Territories*)
WPS TRICARE For Life
P.O. Box 7890
Madison, WI 53707-7890

Direct the member to call their provider offices in advance of receiving services to make sure the provider knows to bill the MA Plan (primary coverage) first AND TRICARE For Life (secondary coverage) after the MA Plan has paid.

Consumer pays the copay

If the provider indicates they will not direct bill TRICARE For Life after the MA Plan has paid the claim, the member may have to pay the copay at the time of service. The member can file a claim with TRICARE For Life using *DD Form 2642 Patient's Request for Medical Payment at the website below*. TRICARE For Life can reimburse the member for copayments they paid for TRICARE covered services.

[Medical Claims | TRICARE](#)

Have the member follow the instructions for filling out the form on the website.

