National Guard and Reserve members may remain eligible for TRICARE after completing a minimum of 20 qualifying years of service (creditable retirement years).

TRICARE AFTER RETIREMENT

All retired National Guard and Reserve members and their eligible family members may participate in a TRICARE health plan. You have access to certain services and health care benefits based on your age, retiree status, and location.

- You may get care at military hospitals and clinics if space is available.
- You remain eligible for the TRICARE Pharmacy Program.
- You may choose to purchase dental and vision coverage through the Federal Employees Dental and Vision Insurance Program (FEDVIP).

HEALTH CARE PLAN OPTIONS CHANGE ONCE YOU RETIRE

Once medically retired or retired from the Active Component, National Guard, or Reserve, your TRICARE options depend on your age as the sponsor.

Under Age 60

TRICARE Retired Reserve (TRR) is a premium-based health plan available for purchase by qualified retired members of the National Guard and Reserve under age 60.

- You may purchase TRR coverage anytime. TRICARE Open Season doesn’t apply to TRR and other premium-based plans.
- TRR is available to eligible family members and surviving family members until the day the retired member turns, or would have turned, age 60.
- You may choose to see any TRICARE-authorized provider.

This brochure is not all-inclusive. For additional information, please go to www.tricare.mil.
You may get care at a military hospital or clinic if space is available. You may also use military pharmacies.

**Note:** If you’re currently enrolled in TRICARE Reserve Select (TRS), your coverage will end on your retirement date. You can avoid a break in coverage by purchasing TRR within 90 days of your retirement date. See the How to Enroll in or Purchase Coverage section in this brochure for information about enrolling in or purchasing a plan.

**What You Need to Do:**

- Ensure your retirement eligibility is updated in the Defense Enrollment Eligibility Reporting System (DEERS). Go to milConnect at https://milconnect.dmdc.osd.mil or call 1-800-538-9552.

**Extended Care Health Option (ECHO) services for families with special needs aren’t available in retirement.**

For more information, contact your ECHO Case Management Department.

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**Medicare Under Age 65**

Retired service members and their family members who are under age 65 and entitled to premium-free Medicare Part A must have Part B to remain TRICARE-eligible.

If you’re a TRICARE Retired Reserve (TRR) enrollee entitled to Medicare Part A, you aren’t required to have Part B to keep TRR. However, sign up for Medicare Part B when first eligible to avoid paying a late-enrollment Medicare premium surcharge. If you wait until age 60, you won’t be eligible for TRICARE until your Medicare Part B coverage begins. And you’ll pay higher monthly Part B premiums. To learn more, visit www.tricare.mil/tfl.

**If you want TRR coverage, you have to enroll. You may request your TRR coverage to begin anytime after the first day of your retirement. Because TRR is a premium-based plan, TRICARE Open Season enrollment rules don’t apply.**

**Ages 60 through 64**

Once you reach age 60 or retire at ages 60 through 64, you may enroll in:

- TRICARE Prime, if you either reside where TRICARE Prime is offered (known as a Prime Service Area, or PSA) or waive drive-time standards, or US Family Health Plan (USFHP) if available in your area
- TRICARE Select
- TRICARE Overseas Program Select

TRICARE Prime—including USFHP—is a managed care option, similar to a health maintenance organization. TRICARE Select is a self-managed, preferred provider option.

You may enroll in a plan after meeting these qualifications:

- You’ve been issued a “Notification of Eligibility for Retired Pay at Age 60” letter, also known as a 20-year letter.
- You’re drawing military retirement pay.
- Your eligibility is reflected in DEERS.

If you don’t meet these criteria, you can only get care at a military hospital or clinic if space is available. Once you meet these criteria, then you may enroll in a plan.
You must enroll within 90 days of turning age 60. If you don’t enroll within 90 days, you may either request retroactive enrollment within 12 months of turning age 60, wait until the next TRICARE Open Season, or enroll when you have a Qualifying Life Event (QLE). For more about QLEs, visit www.tricare.mil/lifeevents.

With TRICARE Prime, you’ll be assigned a primary care manager (or with USFHP, you’ll choose a primary care provider).

Depending on your TRICARE health plan, you may need referrals or authorizations for some services.

Eligible survivors may enroll in a TRICARE health plan on the day their sponsor would have turned age 60.

What You Need to Do:

- Complete your retirement package (including filing for and drawing retirement pay).
- Enroll yourself in TRICARE Prime (if living in a PSA or waive the drive-time standards), TRICARE Select, or TOP Select and pay your enrollment fees. Submit your request within 90 days, but no later than 12 months from when you turn age 60 for coverage to begin the day you turn age 60. See the Retroactive Enrollment Exception and Turning Age 60 section in this brochure.
- Enroll in voluntary dental and/or vision coverage through FEDVIP, if eligible. See the Voluntary Dental and Vision Coverage section in this brochure.

Qualifying Life Event

A Qualifying Life Event (QLE) is a certain change in your life, like retirement from military service, becoming entitled to Medicare, moving, marriage, or birth of a child. This means TRICARE health plan options for you and your family may change. To learn more, visit www.tricare.mil/lifeevents.

Age 65 and After

TRICARE For Life (TFL) is Medicare-wraparound coverage for TRICARE-eligible beneficiaries who are entitled to Medicare Part A and have Part B. There’s no enrollment fee to use TFL, but you must pay Medicare Part B monthly premiums. Learn more about Medicare and TRICARE at www.tricare.mil/medicare.

- Coverage is automatic once you show as eligible in DEERS, are entitled Medicare Part A, and have Part B.
- Medicare will be your primary insurance and will process your health care claims before TRICARE.
- TFL is available worldwide (In overseas areas where Medicare doesn’t cover you, TRICARE is the first payer).
- You get your choice of provider, but the cost may be different depending on whether the provider accepts Medicare. Note: In the Philippines, you must see a certified provider for care.
- Family members not eligible for TFL continue their current coverage as long as they remain eligible.

What You Need to Do:

- Ensure that your DEERS information is current.
- Confirm you’re entitled to Medicare Part A and have Part B. You’re responsible for paying the Medicare Part B income-related monthly premium.

You may choose to enroll in voluntary dental and vision coverage through FEDVIP. See the Voluntary Dental and Vision Coverage section in this brochure.

HOW TO ENROLL IN OR PURCHASE COVERAGE

Enrollment options include online via Beneficiary Web Enrollment on milConnect, phone, mail, or in person at a TRICARE Service Center (if living overseas). For more details, go to www.tricare.mil/enroll.
TRICARE PHARMACY PROGRAM

If you have a TRICARE health plan, you have pharmacy coverage. **Note:** If you’re enrolled in the USFHP, you aren’t eligible for the TRICARE Pharmacy Program. You must use USFHP pharmacy providers.

With the TRICARE Pharmacy Program, you may fill your prescriptions through: military pharmacies, TRICARE Pharmacy Home Delivery, TRICARE retail network pharmacies, and non-network pharmacies.

Your options for filling prescriptions depend on the type of drug your provider prescribes and where you live. There are some limitations overseas. Most retirees and their families are required to fill select maintenance medications through TRICARE Pharmacy Home Delivery.

Learn more about the TRICARE Pharmacy Program and costs at [www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy).

VOLUNTARY DENTAL AND VISION COVERAGE

Retired service members and family members may qualify to purchase dental and vision coverage through the Federal Employees Dental and Vision Insurance Program (FEDVIP). FEDVIP is a voluntary program that offers eligible TRICARE participants a choice among a number of dental and vision carriers. The FEDVIP plans vary in coverage and cost. The U.S. Office of Personnel Management offers FEDVIP.

For FEDVIP vision coverage, you must be enrolled in a TRICARE health plan. FEDVIP vision plans may include routine eye exams, glasses, and contact lenses.

**Note:** Retirees have 60 days after retirement to enroll in a FEDVIP plan. If eligible for FEDVIP, you can also enroll during Federal Benefits Open Season in the fall.

For more information, visit [www.benefeds.com](http://www.benefeds.com).

LOOKING FOR More Information?

GO TO [www.tricare.mil](http://www.tricare.mil)

**An Important Note About TRICARE Program Information**

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic.

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