INSURED AMERICAN & FAMILY

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TRICARE For Life + Medicare

Should you add a Medicare Advantage plan?

Yes, TFL still pays as secondary to MA. The question is whether the extras are worth it.

WHAT IT IS

TRICARE For Life (TFL) is the secondary insurance for military retirees with Medicare Parts A and B. With Original Medicare, the coordination is seamless, Medicare pays first, claims auto-crossover, TFL pays the provider directly. With Medicare Advantage (MA), TFL STILL pays as secondary on TRICARE-covered services, but the claims process changes (more on that below). The real decision facing TFL holders: are MA's extras worth giving up TFL's broad any-Medicare-provider access and accepting MA's network restrictions? Here's the trade-off.

WHAT YOU GIVE UP (SWITCHING TO MA)

Any-Medicare-doctor access
MA uses a network; Original Medicare + TFL had none

Nationwide coverage
MA HMOs are local; PPOs are regional

Auto-crossover claims
MA + TFL = manual claim filing for reimbursement

Predictable structure
TFL was fixed; MA cost-shares vary by service

WHAT YOU MAY GAIN

Dental + vision + hearing
Built-in benefits TFL doesn't offer

Part B premium giveback
Some MA plans rebate $50–$165/mo

Gym + OTC card
SilverSneakers, Renew Active, OTC allowance

Transportation benefits
Rides to medical appointments on some plans

THE 3 THINGS PEOPLE GET WRONG

1. **"If I enroll in Medicare Advantage, I lose TFL."**
False. TFL still pays as secondary on TRICARE-covered services. The dollars come back, but the workflow changes. With Original Medicare, claims auto-crossover and TFL pays the provider directly. With MA, you pay the MA copay upfront, then file DD Form 2642 with TFL for reimbursement. You don't lose the benefit; you just have to file for it.

2. **"Medicare Advantage isn't worth it for TFL retirees."**
Sometimes it is. If you'd use the dental, vision, hearing, gym, OTC card, or transportation benefits, and if your area has an MA plan with a meaningful Part B premium giveback ($1,200–$2,000/year savings), MA can be a genuine win, even with the network restrictions and the manual claim filing. The honest answer isn't "don't switch", it's "run the math against your own usage, not the brochure."

3. **"If I switch to MA, I'm stuck with it forever."**
False. You can switch back to Original Medicare during AEP (Oct 15–Dec 7) for a Jan 1 effective date, or use the MA OEP (Jan 1–Mar 31) which allows one switch out of MA back to Original Medicare. TFL reactivates as your seamless secondary the moment you're back on Original Medicare. Try MA, see how you like it, switch back if it's not for you.

WHEN MA + TFL ACTUALLY MAKES SENSE

For most TFL retirees who use medical care regularly, Original Medicare + TFL delivers the best total value, seamless coordination, broad provider access, near-zero out-of-pocket. MA + TFL fits a specific subset: retirees who (a) want significant dental, vision, or hearing benefits, (b) live in an area with a strong Part B premium giveback plan, (c) use medical care infrequently enough that filing TFL claims for reimbursement isn't a burden, OR (d) value a specific MA care-coordination program. The decision lives in your usage pattern, not in the brochure.

TFL retiree weighing a Medicare Advantage switch? Call or text Craig, I'll run the math on both paths against your actual care use and the paperwork you're willing to manage.

Don't go underinsured when you can be Insured AF.

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