PRIVATE PREPARATION · 1 OF 2

Your coverage, organized.

Prepare the information that makes a review useful. Keep this worksheet with your own records; it is not an application or a request for contact.

> Do not write Medicare numbers, Social Security numbers, passwords or detailed medical records here. Keep medication and provider details in separate private records.

01 · Your starting point

- ☐ Identify your Medicare parts, exact plan name and effective dates.
- ☐ Identify VA, TFL, CHAMPVA or other coverage that actually applies to you.
- ☐ Decide whether you are starting Medicare, reviewing a plan or trying to use a current benefit.

02 · What matters most to you?

- ☐ Doctors, facilities and ongoing treatment you want to keep.
- ☐ Prescription coverage and the pharmacies you use.
- ☐ Costs, additional benefits, travel or a specific coverage question.

My top priorities or questions (no personal identifiers)

A good review compares relevant options against your real starting point. An added benefit alone does not establish that changing plans is right for you.

Official sources · checked September 16, 2026

Medicare: Original Medicare and Medicare Advantage compared
Medicare: Understanding health plan costs

PRIVATE PREPARATION · 2 OF 2

A comparison you can use.

Record what needs checking, who will answer it and the next action. Do not cancel existing coverage based only on a preliminary discussion.

03 · Compare the complete arrangement

- ☐ Check exact doctors, facilities, prescriptions and pharmacy rules.
- ☐ Compare premiums, likely service costs and medical out-of-pocket exposure.
- ☐ Read benefit limits, supplier rules and any required approvals.
- ☐ For TFL or CHAMPVA, separately check claims and prescription consequences.

04 · Confirm the timing and next step

- ☐ Identify the applicable enrollment opportunity and proposed effective date.
- ☐ Check Medigap rights before dropping a policy.
- ☐ Separate a current coverage dispute or appeal deadline from a future plan review.
- ☐ Keep the comparison, written confirmations and follow-up instructions.

Next action / responsible program or person / date to follow up

Reading or printing this worksheet does not submit information, arrange a call or enroll you.

See sample review summaries online

Official sources · checked September 16, 2026

Medicare: Special Enrollment Periods · Medicare: Changing a Medigap policy · TRICARE: Medicare Advantage and TRICARE For Life · Veterans Affairs: Meds by Mail and other prescription insurance

PROGRAM OVERVIEW

VA health care + Medicare

Start with where you receive care. These programs can both be part of your picture, but they are not one combined insurance plan.

Know the care pathway

VA health care follows VA rules. Medicare-covered care follows Medicare or the Medicare plan you use. VA-authorized community care is different from an ordinary non-VA appointment billed to Medicare.

Explore the Medicare choice

Original Medicare and Medicare Advantage have different provider and cost structures. Compare the non-VA doctors, services and prescriptions you use—not just an advertised premium or extra benefit.

Check prescriptions separately

List where each prescription is filled and which program pays. Review any proposed drug coverage alongside your current VA or other pharmacy arrangement.

Questions worth bringing

- ☐ Which non-VA appointments are actually VA-authorized?
- ☐ Does the exact proposed Medicare plan include my providers?
- ☐ What would change about prescriptions, costs and approvals?
- ☐ Is there an applicable enrollment opportunity?

> VA enrollment does not replace a Medicare enrollment-timing check. Confirm the rules before delaying or cancelling a Medicare part.

Read the complete VA + Medicare guide

Official sources · checked September 16, 2026

Veterans Affairs: VA health care and other insurance
Medicare: Original Medicare and Medicare Advantage compared
Medicare: Choose how you get drug coverage
Medicare: When you can sign up for Medicare

PROGRAM OVERVIEW

TRICARE For Life + Medicare

A useful review considers the value of available options alongside the strong coverage you may already have.

Confirm eligibility first

TFL is Medicare-wraparound coverage for TRICARE-eligible people with Medicare Parts A and B, regardless of age. It is not a benefit every veteran automatically receives. Verify the individual beneficiary's status.

Understand the pharmacy choice

TFL includes the TRICARE Pharmacy Program. Part D is not required just to have prescription coverage, although it can be useful for some people. Compare actual medications and costs before deciding on a plan with or without Part D.

Compare opportunity and changes together

Some Medicare Advantage plans may offer additional benefits or a Part B premium reduction. Plan availability, costs and terms vary. Enrolling in Medicare Advantage does not itself remove TFL, but provider rules and the claims process can change.

> TRICARE warns that Medicare Advantage does not use the usual claims crossover process. Understand reimbursement responsibilities before enrollment.

Questions worth bringing

- ☐ Are my doctors in the exact plan, and what approvals apply?
- ☐ How would prescriptions and any existing dental/vision coverage be affected?
- ☐ Who submits reimbursement documents, and what is required?

Explore the TFL + Medicare Advantage comparison

Official sources · checked September 16, 2026

TRICARE: TRICARE For Life overview
TRICARE: Do I need Medicare Part D with TRICARE?
TRICARE: Medicare Advantage and TRICARE For Life
Medicare: Understanding health plan costs

FAMILY-MEMBER PROGRAM OVERVIEW

CHAMPVA + Medicare

Keep medical coverage, provider billing and the prescription pathway in the same conversation.

Start with the beneficiary's own program

CHAMPVA serves qualifying family members. It is separate from a veteran's own VA care and from TRICARE. Confirm eligibility and the Medicare Parts A and B requirements that apply to the person.

Ask about both the plan and the billing

For a proposed Medicare Advantage plan, verify the exact provider network. Separately, ask how the office handles CHAMPVA and secondary claims. Confirming one does not answer the other.

Protect the pharmacy decision

VA states that a CHAMPVA beneficiary cannot use Meds by Mail if they have other insurance with prescription coverage. Adding Part D or a plan with Part D therefore needs a deliberate review of medications, pharmacies and costs.

Questions worth bringing

- ☐ Am I using Meds by Mail now?
- ☐ Does the proposed plan include prescription insurance?
- ☐ How will the provider bill the primary plan and CHAMPVA?
- ☐ What improves, and what would change about routine care?

> Do not cancel a drug or medical plan based on this overview. Verify the full replacement arrangement and the applicable enrollment steps first.

Read the complete CHAMPVA + Medicare guide

Official sources · checked September 16, 2026

Veterans Affairs: CHAMPVA eligibility and application
Veterans Affairs: Using CHAMPVA care and prescriptions
Veterans Affairs: Meds by Mail and other prescription insurance
Medicare: Choose how you get drug coverage

ORGANIZATION RESOURCE · 1 OF 2

A clearer Medicare starting point.

A practical education package for veteran organizations, community groups and professionals supporting military-connected households.

The purpose

Help people identify their current coverage, understand relevant Medicare choices and prepare useful questions. Educational resources are available without an account or contact submission. Group education and individual insurance assistance remain separate.

A sample briefing agenda

1. **Identify the audience.** VA, TFL, CHAMPVA, starting Medicare, already insured or supporting a family member.
2. **Explain the systems.** Show where programs are separate and where coordination needs checking.
3. **Compare thoughtfully.** Discuss providers, prescriptions, costs and benefit limitations without recommending one plan to the group.
4. **Prepare the next question.** Use the worksheet and official-source links; keep private medical details out of the room discussion.
5. **Separate optional help.** Attendees decide whether to explore a later individual review where available.

> This is a proposed educational format, not an event reservation, partnership announcement or assurance that a presenter or licensed service is available.

Review the briefing format and current inquiry options

Official sources · checked September 16, 2026

Veterans Affairs: VA health care and other insurance
TRICARE: TRICARE For Life overview
Veterans Affairs: CHAMPVA eligibility and application
Medicare: Original Medicare and Medicare Advantage compared

ORGANIZATION RESOURCE · 2 OF 2

Ready to review and share.

Use this checklist before distributing resources or arranging a session. Keep sources and limitations attached to shared copies.

Host preparation

- ☐ Confirm the audience, format, accessibility needs and expected group size.
- ☐ Confirm presenter identity, credentials, responsibilities and availability before announcing a session.
- ☐ Review the materials, source dates and educational purpose.
- ☐ Do not provide membership contact lists or beneficiary health records.
- ☐ Keep any individual plan discussion and requested-contact process separate.

Resources in this packet

Coverage-review worksheet · Private preparation and follow-up questions

VA, TFL and CHAMPVA overview sheets · One-page program starting points

Sample review summaries · Fictional examples of a structured comparison

Suggested introduction

This independent resource explains Medicare questions that may arise alongside VA care, TFL or CHAMPVA. You can use the guides and worksheet without requesting insurance assistance. Official programs and plan documents control eligibility and coverage decisions.

> Sharing a resource does not establish an endorsement, paid referral arrangement or beneficiary permission to be contacted.

Open current PDFs and related web resources

Editorial and source policy · Current service availability

SAMPLE REVIEW · 1 OF 3

Starting Medicare review

A clear starting plan before coverage begins.

FICTIONAL EXAMPLE · Not a real client, plan quote, savings claim or individual recommendation. This format shows what a real review must establish.

01 · Starting information

Someone is preparing to start Medicare and wants to keep established doctors and a familiar pharmacy. Eligibility and effective dates have not yet been confirmed.

Priority: Keep care organized, understand coverage choices and avoid acting on an assumed start date.

02 · A comparison that matters

Enrollment

Compare: Part A and Part B enrollment is separate from selecting a private plan.

Still to confirm: Read the eligibility notice and confirm dates with the responsible program.

Doctors and prescriptions

Compare: Use those needs to compare relevant coverage arrangements.

Still to confirm: Check exact providers, medication coverage and pharmacy requirements.

Costs and protection

Compare: Compare premiums, service costs and appropriate supplemental options.

Still to confirm: Check actual plan terms and any applicable Medigap buying rights.

03 · Decision summary

Start with the confirmed Medicare dates, then compare arrangements against the care and prescriptions the person actually uses. The useful output is one organized timeline and comparison—not a plan application before those facts are known.

04 · Next steps

1. Confirm the eligibility pathway and Part A/Part B dates.
2. Prepare private provider and medication lists.
3. Compare the relevant options and record remaining checks before applying.

Official sources · checked September 16, 2026

Medicare: How to sign up for Medicare
Medicare: When you can sign up for Medicare
Medicare: Original Medicare and Medicare Advantage compared
Medicare: Medigap Open Enrollment and buying protections

SAMPLE REVIEW · 2 OF 3

Current coverage review

A focused review of what changed—and what matters.

FICTIONAL EXAMPLE · Not a real client, plan quote, savings claim or individual recommendation. This format shows what a real review must establish.

01 · Starting information

An existing Medicare plan member receives a notice and wants to know whether their specialist and planned care will still fit. No actual plan, network or benefit amount is supplied here.

Priority: Keep access to important care and understand the effect of the notice before deciding.

02 · A comparison that matters

Plan year

Compare: Separate today's coverage from changes described for the next year.

Still to confirm: Identify the notice, effective date and corresponding coverage document.

Provider access

Compare: Check the same providers under each exact plan being considered.

Still to confirm: Confirm plan and practice participation, not just the carrier name.

Value and tradeoffs

Compare: Compare service costs and usable benefits against the current arrangement.

Still to confirm: Record benefit limits, prescription implications and enrollment timing.

03 · Decision summary

The comparison should answer the member's actual question: what changes about access, costs and benefits? A plan with a useful improvement may be worth pursuing after verification; a current coverage dispute needs its own timely process.

04 · Next steps

1. Match the notice to the exact plan and year.
2. Verify the specialist, facility and planned service requirements.
3. Document the comparison and any enrollment or appeal deadline.

Official sources · checked September 16, 2026

Medicare: Plan Annual Notice of Change
Medicare: Coverage documents and plan notices
Medicare: Original Medicare and Medicare Advantage compared
Medicare: Special Enrollment Periods
Medicare: Filing an appeal

SAMPLE REVIEW · 3 OF 3

TRICARE For Life review

Potential added value—with the full TFL picture included.

FICTIONAL EXAMPLE · Not a real client, plan quote, savings claim or individual recommendation. This format shows what a real review must establish.

01 · Starting information

A military retiree reports having Medicare Parts A and B, TFL and TRICARE pharmacy coverage. They want to explore added benefits without overlooking providers or claim handling.

Priority: Understand whether an available Medicare Advantage arrangement offers useful value for this person's circumstances.

02 · A comparison that matters

Prescriptions

Compare: Review whether a plan without Part D fits; do not assume it always does.

Still to confirm: Check actual medications, pharmacy access and any reason to consider Part D.

Medical access and claims

Compare: A Medicare Advantage plan can introduce network and claims-process differences.

Still to confirm: Verify exact providers and TFL reimbursement responsibilities before enrollment.

Additional value

Compare: Check available benefits against current coverage and the person's likely use.

Still to confirm: Verify the plan, service area, costs, limits and effective date; no savings are calculated here.

03 · Decision summary

A useful TFL review compares potential added benefits with the medical, pharmacy and administrative changes. The next step is a verified plan-level comparison—not a claim that every retiree should enroll.

04 · Next steps

1. Verify existing TFL eligibility and the pharmacy arrangement.
2. Check the exact plan's providers, benefits and costs.
3. Confirm claims responsibilities and an applicable enrollment opportunity.

Official sources · checked September 16, 2026

TRICARE: TRICARE For Life overview
TRICARE: Medicare Advantage and TRICARE For Life
TRICARE: Do I need Medicare Part D with TRICARE?
Medicare: Original Medicare and Medicare Advantage compared
Medicare: Understanding health plan costs