



Information Partners Can Use on:

COMPARISON OF OUTPATIENT PRESCRIPTION DRUG COVERAGE: MEDICARE, VA, CHAMPVA, TRICARE

Medicare Prescription Drug Coverage

Revised April 2009

This chart compares Medicare Part D, VA, CHAMPVA, and TRICARE prescription drug coverage. The amounts shown in this chart are for 2009.

	MEDICARE	VA	CHAMPVA	TRICARE
Who is eligible?	All people with Medicare	All veterans who are eligible for, and enroll in, VA health care coverage.	A spouse, widow(er), or child of certain veterans killed or permanently and totally disabled in the line of duty. If eligible for Medicare Part A (Hospital Insurance), enrollment in Medicare Part B (Medical Insurance) or a letter of disallowance is required to remain eligible.	Active duty and retired military and dependents. If age 65 on or after April 1, 2001, a person must have Part B coverage to use the TRICARE pharmacy program. Individuals who turned age 65 before April 1, 2001, don't need to enroll in Part B to use the TRICARE pharmacy program.
Who fills the prescription(s)?	Generally, prescriptions are filled at a plan participating pharmacy. Some plans may also offer a mail order option.	Generally, VA prescriptions are written by VA doctors and filled by VA pharmacies or by the Consolidated Mail Outpatient Pharmacy Program (CMOP).	Prescriptions may be filled at retail pharmacies or through the no-cost Meds by Mail Program. Note: People enrolled in a Medicare drug plan won't be eligible for Meds by Mail.	Prescriptions may be filled at military treatment facilities, through the TRICARE Mail Order Pharmacy, at TRICARE retail network pharmacies, or at non-network pharmacies. Note: People enrolled in a Medicare drug plan won't be able to use the TRICARE Mail Order Pharmacy benefit unless a TRICARE-covered item isn't covered by Medicare or the person is in the coverage gap.
How much are premiums?	Varies by plan	None	None	None



	MEDICARE	VA	CHAMPVA	TRICARE
<p>How much are copayments?</p> <p>(Note: Amounts may vary by plan.)</p>	<p>\$295 deductible, then 25% copayments until \$2,700 total in drug spending.</p> <p>100% payment until the \$4,350 out-of-pocket limit is met.</p> <p>5% or the copayment (\$2.40 or \$6) per prescription, whichever is higher, after the \$4,350 out-of-pocket limit is met and for the rest of the calendar year.</p>	<p>\$8 copayment for each 30-day or less supply of medication.</p> <p>VA limits drug copayments at \$960 yearly for some veterans.</p>	<p>\$50 yearly deductible for all outpatient care, including retail pharmacy.</p> <p>Cost-share for retail pharmacy is 25% of the allowable amount.</p> <p>If no other drug benefits, may use Meds by Mail at no cost for maintenance prescription drugs or may use a retail pharmacy and the person is responsible for 25% of the VA-determined allowance amount.</p> <p>Once a person meets the CHAMPVA catastrophic yearly out-of-pocket limit (\$3,000 in 2009), CHAMPVA pays 100% of prescription drug costs.</p>	<p>Military Treatment Facilities: up to a 90-day supply (formulary drugs only) at no cost.</p> <p>TRICARE retail network pharmacies: up to a 30-day supply: \$3 generic, \$9 brand name, and \$22 non-formulary copayment.</p> <p>TRICARE mail order pharmacy: up to a 90-day supply: \$3 generic, \$9 brand name, and \$22 non-formulary copayment.</p> <p>Non-network pharmacies have higher cost shares and a deductible. TRICARE Prime enrollees pay point-of-service charges which don't count toward the \$3,000 out-of-pocket medical expense cap.</p> <p>A person won't pay more than \$3,000 in out-of-pocket expenses per fiscal year for ALL covered medical care and prescriptions.</p>
<p>Is there extra help available to pay for prescription drug costs?</p>	<p>Yes. If a person with Medicare has limited income and resources, Medicare may help pay the Medicare drug plan's monthly premium, deductible, and copayments. They should apply for extra help.</p> <p>If a person with Medicare has Medicaid, Supplemental Security Income (SSI), or belongs to a Medicare Savings Program, he or she will automatically get extra help with prescription drug costs and doesn't need to apply for it.</p>	<p>Yes. There are no drug copayments for limited-income veterans. Limited income for VA purposes is based upon VA's pension amount.</p>	<p>No. There are no additional benefits to help pay for prescription drugs for people with limited income and resources.</p>	<p>No. There are no additional benefits to help pay for prescription drugs for people with limited income and resources.</p>



	MEDICARE	VA	CHAMPVA	TRICARE
What drugs are covered (formulary)?	Each Medicare drug plan has its own list of covered drugs (with certain requirements set by Medicare).	National formulary of covered drugs.	National formulary of covered drugs. CHAMPVA uses the VA formulary for prescriptions filled through Meds by Mail.	National formulary of covered drugs. Department of Defense policy requires a generic, if available.
Who is the “primary” and the “secondary” payer?	Generally, a Medicare drug plan is the secondary payer if there is other prescription drug coverage.	VA is the primary payer if it is a benefit or service provided or directed by VA. VA won't bill Medicare for prescription drugs prescribed by VA doctors. If a prescription is filled by a Medicare drug plan, it won't go to VA for any additional payment. A person with Medicare must use either VA or Medicare Part D.	Medicare is the primary payer, and CHAMPVA is the secondary payer if it is a benefit payable by both Medicare and CHAMPVA. CHAMPVA will pay Medicare drug plan copayments up to 75% of the CHAMPVA allowable amount for prescriptions.	If the person has a Medicare drug plan, Medicare is the primary payer and other health insurance is the secondary payer. If Medicare and TRICARE both cover the drug and there is no other prescription drug coverage, then TRICARE is the secondary payer and will pay the person's out-of-pocket expenses (deductible and cost-shares) for TRICARE-covered prescriptions. TRICARE won't reimburse people for their monthly Medicare drug plan premiums. People with Medicare will have no copayments for TRICARE-covered prescriptions until the Medicare coverage limit of \$2,700 (in 2009) in total drug costs is reached. After the coverage limit, TRICARE becomes the primary payer and the person with Medicare is responsible for TRICARE pharmacy copayments/ cost-shares.



For more information about Medicare prescription drug coverage

- Visit www.medicare.gov. Select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to get personalized information about Medicare drug plans.
- Visit www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call your State Health Insurance Assistance Program (SHIP). Call 1-800-MEDICARE or visit www.medicare.gov, and select “Find Helpful Phone Numbers and Websites” to get their telephone number.

For more information about VA prescription drug coverage

- Visit www.va.gov/healtheligibility.
- Call the VA Health Benefits Service Center at 1-877-222-VETS (1-877-222-8387), or visit the local VA medical facility.

For more information about CHAMPVA prescription drug coverage

- Visit www.va.gov/hac.
- Call 1-800-733-8387.

For more information about TRICARE prescription drug coverage

- Visit www.tricare.mil/pharmacy.
- Call 1-866-363-8779 for the TRICARE Retail Pharmacy Program.
- Call 1-866-363-8667 for the TRICARE Mail Order Pharmacy Program.

My Health.
My Medicare.