



STATE OF WISCONSIN  
BOARD ON AGING AND LONG TERM CARE  
1402 Pankratz Street, Suite 111  
Madison, WI 53704-4001  
(608) 246-7013  
Ombudsman Program (800) 815-0015  
Medigap Helpline (800) 242-1060  
Fax (608) 246-7001  
<http://longtermcare.state.wi.us>

BOARD OF DIRECTORS  
Eva Arnold  
Rose Boron  
Patricia A. Finder-Stone  
Terry Lynch  
Tanya L. Meyer  
Dale B. Taylor  
Barbara Thoni

EXECUTIVE DIRECTOR  
George F. Potaracke

FOR IMMEDIATE RELEASE

1 Oct 2007

CONTACT: Medigap Helpline  
1 (800) 242.1060

**I Am A Veteran....Do I Need Medicare?**

There are many people who have served this country in the armed services. These Veterans (if meeting eligibility requirements and priority levels) may be receiving their health care through Veterans Administration (VA) facilities. Common questions that are asked by veterans include: "Do I need Medicare or Medicare Part B?" "Do I need a Medicare Prescription Drug Plan?" "Do I need other supplemental health care coverage?" This article will briefly address the coverage that a veteran may have and the reasons for considering having alternative coverages as well.

First, in order for a veteran to be eligible for VA benefits, they need to meet Military Service requirements, having served at least 24 continuous months of service (there are a number of exceptions). Contact your County Veteran's Service Officer (CVSO) for more information on eligibility requirements or if there are any service-connected disabilities. Veterans are assigned to a "Priority Group". If funding becomes an issue, the lowest priority groups may be "suspended" from receiving VA services or "closed" to new enrollees. *Note: non-veteran spouses or dependents generally do not qualify for VA health care.*

If a Veteran receives care in a VA facility for a service-connected condition, the VA covers incurred expenses. For non service-connected conditions, the VA is required to also bill other health insurance carriers that the veteran may have. The VA cannot bill Medicare for services, but they will bill a supplemental policy. The funds collected help offset the cost of care and allow the VA to provide services for more veterans.

Answers to some of the more frequently asked questions:

**"Do I need Medicare Part B?"** --- The VA's funding for non service-connected conditions may be limited; therefore enrolling in Part B allows the veteran to be able to receive covered healthcare services in non-VA facilities. If a veteran travels or lives some distance away from VA facilities, having Part B assures coverage when it is necessary to get services in non-VA facilities. To avoid incurring possible penalties, it is advisable for the veteran to enroll into Part B when the veteran becomes eligible for Medicare if they are not covered by an Employer Group Plan or a spouse's plan due to active employment.

**"Do I need a Medicare Prescription Drug Plan (Part D)?"** --- The quick answer is NO. If the veteran is eligible by priority status to obtain medication thru a VA Outpatient Pharmacy, they do not need to enroll into Part D. The VA Pharmacy Benefits are considered "creditable coverage" so a veteran may chose to enroll into Part D at a later date and will not incur any penalties. A veteran may want to enroll into Part D sooner if accessing VA medications is difficult due to distance, if the prescriptions are not available thru the VA pharmacy, or if the veteran qualifies for "extra help" with Part D and would therefore have low costs with the Part D plan. *(Annual Election Period to enroll into Part D is November 15<sup>th</sup> thru December 31<sup>st</sup> of every year.)*

**"Do I need a Medicare Supplement or other healthcare insurance?"** --- As long as a veteran receives services thru a VA facility, there is no need for other coverage. However, if a veteran receives services in non-VA facilities, they will only have Medicare A&B and will be subject to the out-of-pocket deductibles and coinsurance (except for certain circumstances with emergency care for service-connected conditions). These costs can add up so it may be preferable to also purchase a Medicare Supplemental policy to cover expenses after Medicare A&B. Having this coverage also gives more freedom of choice in selecting health care providers. Some veterans have opted to enroll in Medicare Advantage Plans (*plans which replace Original Medicare A&B*) to minimize the impact of the cost of care outside a VA facility in the event of an emergency or if they choose to see a non-VA provider.

There are choices our veterans have when it comes to choosing health care coverage. Contact a County Veteran Service Officer to better understand military benefits (Call 1-800-947-8387 or <http://dva.state.wi.us/CVSO.asp> for listings of local CVSO's). Also call to speak with a Medigap Insurance Counselor (1-800-242-1060) to learn about the health care coverage's in the event that you should require services outside of the VA system.

*Submitted by: Vicki J. Buchholz, Medigap Insurance Counselor*