

Calendar Year 2019 TRICARE For Life Cost Matrix

| Medicare Part A – Covers medically necessary inpatient care you get in the U.S. or U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands). | | | | |
|--|---|--|--|---|
| | Days | Medicare¹ Pays | TRICARE² Pays | You³ Pay |
| Hospital Stay (Medical and Surgical) | 1-60 | 100% after \$1,364 ⁴ deductible is met each benefit period ⁵ | \$1,364 deductible | \$0 for services paid by Medicare and TRICARE |
| | 61-90 | All but \$341 per day ⁴ each benefit period ⁵ | \$341 per day | \$0 for services paid by Medicare and TRICARE |
| | 91-150 (Lifetime Reserve days) ⁶ | All but \$682 per day ⁴ each benefit period ⁵ | \$682 per day | \$0 for services paid by Medicare and TRICARE |
| | 151+ | Nothing ⁷ | Network Hospital⁸ Negotiated charges minus your share for institutional and professional charges, if applicable. Non-Network Hospital DRG ⁹ allowable amount minus your share for institutional and professional charges. | Network Hospital⁸ Active Duty Family Members: \$18.60 per day (\$25 minimum charge per admission) All others: \$250 per day or 25% of total negotiated institutional charges, whichever is less, plus 20% for separately billed negotiated professional charges Non-Network Hospital Active Duty Family Members: \$18.60 per day (\$25 minimum charge per admission) All others: \$953 per day or 25% billed charges for institutional services, whichever is less, plus 25% of the TRICARE-allowable amount for separately billed professional charges |
| Mental Health¹⁰ (Services you get in a general or psychiatric hospital) | 1-60 | 100% after \$1,364 ⁴ deductible is met each benefit period ⁵ | \$1,364 deductible | \$0 for services paid by Medicare and TRICARE |
| | 61-90 | All but \$341 per day ⁴ each benefit period ⁵ | \$341 per day | \$0 for services paid by Medicare and TRICARE |
| | 91-150 (Lifetime Reserve days) ⁶ | All but \$682 per day ⁴ each benefit period ⁵ | \$682 per day | \$0 for services paid by Medicare and TRICARE |

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| | Days | Medicare ¹ Pays | TRICARE ² Pays | You ³ Pay |
|--|---|--|--|---|
| Mental Health ¹⁰ continued | 151+ | Nothing ⁷ | <p>Network Hospital⁶ Negotiated charges minus your share for institutional and professional charges, if applicable.</p> <p>Non-Network Hospital TRICARE-allowable amount minus your share for institutional and professional charges.</p> | <p>Network Hospital⁶ Active Duty Family Members: \$20 per day (\$25 minimum charge per admission) All others: 20% of total negotiated institutional charges, plus 20% for separately billed negotiated professional charges</p> <p>Non-Network Hospital Active Duty Family Members: \$20 per day (\$25 minimum charge per admission) All others: High Volume Hospital: 25% hospital specific per diem, plus 25% of allowable charges for separately billed professional charges Low Volume Hospital: \$248 per day or 25% of hospital billed charges, whichever is less, plus 25% of allowable charges for separately billed professional charges Residential Treatment Center: 25% of the TRICARE-allowable amount</p> |
| <p>Skilled Nursing Facility</p> <p>You must have a qualifying inpatient hospital stay of 3 days in a row or more, starting with the day the hospital admits you as an inpatient, but doesn't include the day you leave the hospital. Skilled nursing facilities must be Medicare-certified and must participate with TRICARE.</p> | 1-20 | 100% | Nothing | \$0 for services paid by Medicare and TRICARE |
| | 21-100 | All but \$170.50 per day ⁴ each benefit period ⁵ | \$170.50 per day | \$0 for services paid by Medicare and TRICARE |
| | 101+ You must get pre-authorization from TFL | Nothing ⁷ | <p>Network Skilled Nursing Facility Negotiated charges minus your share for institutional and professional charges, if applicable.</p> <p>Non-Network Skilled Nursing Facility TRICARE-allowable amount minus your share for institutional and professional charges.</p> | <p>Network Skilled Nursing Facility Active Duty Family Members: \$18.60 per day (\$25 minimum charge per admission) All others: \$250 per day or 20% of total negotiated institutional charges, whichever is less, plus 20% for separately billed negotiated professional charges</p> <p>Non-Network Skilled Nursing Facility Active Duty Family Members: \$18.60 per day (\$25 minimum charge per admission) All others: 25% of the TRICARE-allowable amount for institutional charges, plus 25% of the TRICARE-allowable amount for separately billed professional charges</p> |
| <p>Medicare and TRICARE pay only for medically necessary skilled nursing facility care in the United States and U.S. territories. Skilled care is available only for a short time when your doctor decides you need daily skilled care given by, or under the direct supervision of, skilled nursing or therapy staff. Custodial care is non-skilled, personal care, such as help with eating, dressing, getting in or out of a bed, and using the bathroom. Medicare and TRICARE don't pay for custodial care.</p> | | | | |
| Hospice Care | N/A | 100% | Nothing | \$0 for services paid by Medicare and TRICARE |

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| Medicare Part B – Covers medically necessary outpatient care you get in the U.S. or U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands). Medicare pays after you meet the annual Medicare Part B deductible (\$185.00) ² . | | | |
|--|--|---------------------------------|---|
| This list is not all-inclusive. Visit www.tricare.mil for more information. | Medicare⁴ Pays | TRICARE² Pays | You³ Pay |
| Doctors Services | 80% | 20% | \$0 for services paid by Medicare and TRICARE |
| Emergency Room Visit | 80% of the facility and doctor's charges | 20% | \$0 for services paid by Medicare and TRICARE |
| Mental Health Visit | 80% | 20% | \$0 for services paid by Medicare and TRICARE |
| Laboratory Services | 100% | Nothing | \$0 for services paid by Medicare and TRICARE |
| Radiology (X-rays) | 80% | 20% | \$0 for services paid by Medicare and TRICARE |
| Home Health Care | 100% | Nothing | \$0 for services paid by Medicare and TRICARE |
| Durable Medical Equipment | 80% | 20% | \$0 for services paid by Medicare and TRICARE |
| Outpatient Hospital Services | 80% | 20% | \$0 for services paid by Medicare and TRICARE |
| Chiropractic Services (limited) | 80% | Nothing | 20% Medicare cost-share |

¹ Medicare pays the amounts Medicare approved for Medicare-covered services you get from doctors or suppliers who accept Medicare assignment.

² TRICARE pays your Medicare deductible, copayments, and cost-shares for services covered by TRICARE. If you use a doctor or supplier who doesn't accept Medicare assignment, TRICARE may pay up to 15% over the Medicare-allowed amount.

³ During a calendar year (Jan. 1–Dec. 31), the most you pay for TRICARE-covered services and supplies is your catastrophic cap (\$1,000 for active duty family members/\$3,000 for all others). When you meet your calendar year catastrophic cap, you don't pay anything for the rest of the calendar year for services and supplies that are medically necessary and covered by TRICARE.

⁴ These Medicare amounts are for 2019, and may change each year on Jan. 1.

⁵ A benefit period begins the day you go into a hospital or skilled nursing facility. It ends when you haven't received any hospital care (or skilled care in a skilled nursing facility) for 60 days in a row. If you go into a hospital or a skilled nursing facility again after 60 days, a new benefit period begins. The Medicare inpatient hospital deductible applies for each benefit period. There's no limit to the number of benefit periods.

⁶ Lifetime Reserve days (91-150) are the 60 days Medicare pays for when you're in a hospital (general or psychiatric), skilled nursing facility, or inpatient rehabilitation facility for more than 90 days in a row. Once you use your 60 reserve days, you don't get any extra days during your lifetime.

⁷ Unless a new benefit period begins, Medicare doesn't pay.

⁸ Network means a provider in the TRICARE network. Out-of-network means a TRICARE-authorized provider not in the TRICARE network. The TFL contractor doesn't manage network providers or facilities lists. Therefore, many claims may process as non-network.

⁹ TRICARE uses the Diagnosis Related Group (DRG) to calculate reimbursement to the hospital. The DRG per diem rate may change every fiscal year.

¹⁰ If you're in a psychiatric hospital (instead of a general hospital), Medicare Part A only pays for up to 90 days per benefit period. There is no limit to the number of benefit periods in your lifetime.