

2018 TRICARE For Life Cost Matrix

Medicare Part A – Covers medically necessary inpatient care you get in the United States, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.				
	Days	Medicare ¹ Pays	TRICARE ² Pays	You Pay ³
Hospital Stay (Medical and Surgical)	1-60	100% after \$1,340 ⁴ deductible is met each benefit period ⁵	\$1,340 deductible	\$0 for services paid by Medicare and TRICARE
	61-90	All but \$335 per day ⁴ each benefit period ⁵	\$335 per day	\$0 for services paid by Medicare and TRICARE
	91-150 ⁶	All but \$670 per day ⁴ each benefit period ⁵	\$670 per day	\$0 for services paid by Medicare and TRICARE
	151+	Nothing ⁷	<p>Network Hospital⁸ Negotiated charges <u>minus</u> your share for institutional and professional charges</p> <p>Non-Network Hospital DRG⁹ allowable amount <u>minus</u> your share for institutional and professional charges</p>	<p>Network Hospital⁸ Active Duty Service Members: \$0 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, <u>plus</u> 20% for separately billed negotiated professional charges</p> <p>Non-Network Hospital Active Duty Service Members: \$0 Active Duty Family Members: \$18.60 per day (\$25 minimum charge per admission) All others: \$901 per day or 25% billed charges for institutional services, whichever is less, <u>plus</u> 25% of the TRICARE allowed amount for separately billed professional charges</p>
Mental Health ¹⁰ (Services you get in a general or psychiatric hospital)	1-60	100% after \$1,340 ⁴ deductible is met each benefit period ⁵	\$1,340 deductible	\$0 for services paid by Medicare and TRICARE
	61-90	All but \$335 per day ⁴ each benefit period ⁵	\$335 per day	\$0 for services paid by Medicare and TRICARE
	91-150 ⁶	All but \$670 per day ⁴ each benefit period ⁵	\$670 per day	\$0 for services paid by Medicare and TRICARE

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	Days	Medicare ¹ Pays	TRICARE ² Pays	You Pay ³
Mental Health ¹⁰ continued.	151+	Nothing ⁷	<p>Network Hospital⁸ Negotiated charges <u>minus</u> your share for institutional and professional charges</p> <p>Non-Network Hospital TRICARE allowed amount <u>minus</u> your share for institutional and professional charges</p>	<p>Network Hospital⁸ Active Duty Service Members: \$0 Active Duty Family Members: \$18.60 per day (\$25 minimum charge per admission) All others: 20% of total negotiated institutional charges, <u>plus</u> 20% for separately billed negotiated professional charges</p> <p>Non-Network Hospital Active Duty Service Members: \$0 Active Duty Family Members: \$18.60 per day (\$25 minimum charge per admission) All others: <i>High Volume Hospital:</i> 25% hospital specific per diem, <u>plus</u> 25% of allowable charges for separately billed professional charges <i>Low Volume Hospital:</i> \$235 per day or 25% of hospital billed charges, whichever is less, <u>plus</u> 25% of allowable charges for separately billed professional charges. <i>Residential Treatment Center:</i> 25% of the TRICARE allowed 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%	Anything leftover	\$0 for services paid by Medicare and TRICARE
	21-100	All but \$167.50 per day ⁴ each benefit period ⁵	\$167.50 per day	\$0 for services paid by Medicare and TRICARE
	101+	Nothing ⁷	<p>Network Skilled Nursing Facility Negotiated charges <u>minus</u> your share for institutional and professional charges</p> <p>Non-Network Skilled Nursing Facility TRICARE allowed amount <u>minus</u> your share for institutional and professional charges</p>	<p>Network Skilled Nursing Facility Active Duty Service Members: \$0 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, <u>plus</u> 20% for separately billed negotiated professional charges</p> <p>Non-Network Skilled Nursing Facility Active Duty Service Members: \$0 Active Duty Family Members: \$18.60 per day (\$25 minimum charge per admission) All others: 25% of the TRICARE allowed amount for institutional charges, <u>plus</u> a 25% of the TRICARE allowed amount for separately billed professional charges</p>
	You must get pre-authorization from TRICARE For Life			<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%	Anything leftover	\$0 for services paid by Medicare and TRICARE

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Medicare Part B – Covers medically necessary outpatient care you get in the United States, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. Medicare pays after you meet the annual Medicare Part B deductible (\$183.00)².			
	Medicare¹ Pays	TRICARE² Pays	What You Pay³
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%	Anything leftover	\$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%	Anything leftover	\$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, copays, 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 approved 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 annual catastrophic cap, you don't pay anything for the rest of the year for services and supplies that are medically necessary and covered by TRICARE.

⁴ These Medicare amounts are for 2018, and may change January 1st of each year.

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 are in a hospital 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 A TRICARE network hospital has a contractual agreement with TRICARE.

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

¹⁰ If you're in a psychiatric hospital (instead of a general hospital), Part A only pays for up to 190 days of inpatient psychiatric hospital services during your lifetime.