

TRICARE For Life 2022 Cost Matrix



Updated December 2021

Below are 2022 costs for certain Medicare and TRICARE covered services. For more information about TRICARE For Life (TFL), eligibility, and costs for covered services, visit www.tricare.mil/tfl.

Medicare Part A

Medicare Part A covers medically necessary **inpatient care** you get in the United States or U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands).

Hospital Stay (Medical and Surgical)

| Days | Medicare ¹ Pays | TRICARE ² Pays | You Pay ³ |
|--|--|--|--|
| 1–60 Days | 100% after you meet your \$1,556 deductible each benefit period ⁵ | Your \$1,556 deductible | \$0 for services paid by Medicare and TRICARE |
| 61–90 Days | All but \$389 per day ⁴ each benefit period ⁵ | \$389 per day | \$0 for services paid by Medicare and TRICARE |
| 91–150 Days (Lifetime Reserve days) ⁶ | All but \$778 per day ⁴ each benefit period ⁵ | \$778 per day | \$0 for services paid by Medicare and TRICARE |
| 151+ Days | Nothing ⁷ | <p>Network Hospital⁸: Negotiated charges minus your share for institutional and professional charges, if applicable.</p> <p>Non-Network Hospital: DRG⁹ allowable amount minus your share for institutional and professional charges.</p> | <p>Network Hospital⁸: \$250 per day or 25% of total negotiated institutional charges, whichever is less, plus 20% for separately billed negotiated professional charges</p> <p>Non-Network Hospital: \$1,053 per day or 25% billed charges for institutional services, whichever is less, plus 25% of the TRICARE-allowable amount for separately billed professional charges</p> |

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Hospital Stay (Mental Health)

| Days | Medicare ¹ Pays | TRICARE ² Pays | You Pay ³ |
|---|---|--|--|
| 1–60 Days | 100% after you meet your \$1,556 ⁴ deductible each benefit period ⁵ | Your \$1,556 deductible | \$0 for services paid by Medicare and TRICARE |
| 61–90 Days | All but \$389 per day ⁴ each benefit period ⁵ | \$389 per day | \$0 for services paid by Medicare and TRICARE |
| 91–150 Days (Lifetime Reserve days) ⁶ | All but \$778 per day ⁴ each benefit period ⁵ | \$778 per day | \$0 for services paid by Medicare and TRICARE |
| 151+ Days | Nothing ⁷ | <p>Network Hospital⁸: 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 Hospital⁸: 20% of total negotiated institutional charges, plus 20% for separately billed negotiated professional charges</p> <p>Non-Network Hospital:</p> <p>High Volume Hospital: 25% hospital specific per diem, plus 25% of allowable charges for separately billed professional charges</p> <p>Low Volume Hospital: \$268 per day or 25% of hospital billed charges, whichever is less, plus 25% of allowable charges for separately billed professional charges</p> <p>Residential Treatment Center: 25% of the TRICARE-allowable amount</p> |

Skilled Nursing Facility

You must have a qualifying inpatient hospital stay of at least 3 days in a row, starting with the day the hospital admits you as an inpatient. This doesn't include the day you leave the hospital. Skilled nursing facilities must be Medicare-certified and must participate with TRICARE.

Medicare and TRICARE pay for the cost of skilled nursing, including the custodial care given in the skilled nursing home for a limited time. The care must be for recovery from illness or injury—not for a chronic condition. If you don't also need skilled nursing care, Medicare and TRICARE don't pay for custodial care. Custodial care is non-skilled, personal care, such as help with eating, dressing, getting in or out of a bed, and using the bathroom.

| Days | Medicare ¹ Pays | TRICARE ² Pays | You Pay ³ |
|---|--|--|--|
| 1–20 Days | 100% | Nothing | \$0 for services paid by Medicare and TRICARE |
| 21–100 Days | All but \$194.50 per day ⁴ each benefit period ⁵ | \$194.50 per day | \$0 for services paid by Medicare and TRICARE |
| 101+ Days 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: \$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: 25% of the TRICARE-allowable amount for institutional charges, plus 25% of the TRICARE-allowable amount for separately billed professional charges</p> |

Hospice Care

To qualify for hospice care, a hospice doctor and your doctor (if you have one) must certify that you're terminally ill. This means you have a life expectancy of 6 months or less. When you agree to hospice care, you're agreeing to comfort care (palliative care) instead of care to cure your illness. You also must sign a statement choosing hospice care instead of other benefits Medicare covers to treat your terminal illness and related conditions.

| Days | Medicare ¹ Pays | TRICARE ² Pays | You Pay ³ |
|------|----------------------------|---------------------------|---|
| N/A | 100% | Nothing | \$0 for services paid by Medicare and TRICARE |

Medicare Part B

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 (\$233)².

| Covered Outpatient Service | Medicare ¹ Pays | TRICARE ² Pays | You Pay ³ |
|---------------------------------|--|---------------------------|---|
| 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 |

Notes for Tables:

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 TRICARE For Life catastrophic cap (\$3,000). 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 calendar year 2022, 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.