2013 TRICARE For Life Cost Matrix with FY13 TRICARE Rates

Medicare Part A – Covers medically necessary civilian (outside a military treatment facility) inpatient health care services received in the United States, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.				
		Medicare[1] Pays	**TRICARE[2] Pays**	**You Pay[3]**
Hospital Stay (Medical and Surgical)	Days 1-60	100% after $1,184[4] deductible is met each benefit period[5]	$1,184 deductible	Nothing for services paid by Medicare and TRICARE
	Days 61-90	All but $296/day[4] each benefit period[5]	$296/day	Nothing for services paid byMedicare and TRICARE
	Days 91-150[6]	All but $592/day[4] each benefit period[5]	$592/day	Nothing for services paid by Medicare and TRICARE
	Days 151+	Nothing[7]	**Network Hospital[8]** Negotiated charges minus your copay/cost shares for institutional and professional charges **Non-Network Hospital** DRG[9] allowable amount minus your copay/cost shares for institutional and professional charges	**Network Hospital[8]** **Active Duty Service Members:** No copay or cost share. **Active Duty Family Members:** $17.65/day ($25 minimum charge per admission). No separate cost-share for separately billed professional charges. **All others:** $250/day copay or a 25% cost share of total negotiated institutional charges, which ever is less, plus a 20% cost share for separately billed negotiated professional charges. **Non-Network Hospital** **Active Duty Service Members:** No copay or cost share. **Active Duty Family Members:** $17.65/day ($25 minimum charge per a dmission). No separate cost-share for separately billed professional charges. **All others:** $744/day copay or a 25% cost share of billed charges for institutional services, which ever is less, plus a 25% cost share of the TRICARE allowed amount for separately billed professional charges.
Mental Health[10] **(Services given in a general hospital or psychiatric hospital).**	Days 1-60	100% after $1,184[4] deductible is met each benefit period[5]	$1,184 deductible	Nothing for services paid by Medicare and TRICARE
	Days 61-90	All but $296/day[4] each benefit period[5]	$296/day	Nothing for services paid by Medicare and TRICARE
	Days 91-150[6]	All but $592/day[4] each benefit period[5]	$592/day	Nothing for services paid by Medicare and TRICARE

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		Medicare[1] Pays	TRICARE[2] Pays	You Pay[3]
	Days 151+	Nothing[7]	**Network Hospital**[8] Negotiated charges minus your cost shares for institutional and professional charges **Non-Network Hospital** TRICARE allowed amount minus your cost shares for institutional and professional charges	**Network Hospital**[8] **Active Duty Service Members**: No copay or cost share. **Active Duty Family Members**: $20/day ($25 minimum charge per admission). **All others**: 20% cost share of total negotiated institutional charges, plus a 20% cost share for separately billed negotiated professional charges. **Non-Network Hospital** **Active Duty Service Members**: No copay or cost share. **Active Duty Family Members**: $20/day ($25 minimum charge per admission). **All others:** *High Volume Hospital:* 25% per day cost share, plus a 25% cost share of allowable charges for separately billed professional charges *Low Volume Hospital:* $218/day **or** 25% cost share of hospital billed charges, whichever is less, plus a 25% cost share of allowable charges for separately billed professional charges *Residential Treatment Center:* 25% cost share of the TRICARE allowed amount, plus a 25% cost share of allowable charges for separately billed professional charges
Skilled Nursing Facility ***You must have a qualifying inpatient hospital stay of 3 days in a row or more, not including the day you leave the hospital. Skilled nursing facilities must be Medicare certified and must participate with TRICARE.***	Days 1-20	100%	Remaining liability (if any)	Nothing for services paid by Medicare and TRICARE
	Days 21-100	All but $148.00/day[4] each benefit period[5]	$148.00/day	Nothing for services paid by Medicare and TRICARE
	Days 101+	Nothing[7]	**Network Skilled Nursing Facility** Negotiated charges minus your copay/cost shares for institutional and professional charges **Non-Network Skilled Nursing Facility** TRICARE allowed amount minus your cost shares for institutional and professional charges	**Network Skilled Nursing Facility** **Active Duty Service Members**: No copay or cost share. **Active Duty Family Members**: $17.65/day ($25 minimum charge per admission). **All others**: $250/day copay **or** a 20% cost share of total negotiated institutional charges, whichever is less, plus a 20% cost share for separately billed negotiated professional charges **Non-Network Skilled Nursing Facility** **Active Duty Service Members**: No copay or cost share. **Active Duty Family Members**: $17.65/day ($25 minimum charge per admission). **All others**: 25% cost share of the TRICARE allowed amount for institutional charges, plus a 25% cost share of the TRICARE allowed amount for separately billed professional charges.
	Medicare and TRICARE pay only for medically necessary skilled nursing facility care*. Skilled care is available only for a short time after a hospitalization and is given when you need skilled nursing or rehabilitation staff to manage, observe, and evaluate your care. Custodial care is non-skilled, personal care, such as help with activities of daily living like bathing, dressing, eating, getting in or out of bed or chair, moving around, and using the bathroom. Medicare and TRICARE don't pay for custodial care. Skilled nursing facility care is only covered in the United States and U.S.Territories.*			
Hospice Care		100%	Remaining liability (if any)	Nothing for services paid by Medicare and TRICARE

2013 TRICARE For Life Cost Matrix with FY13 TRICARE Rates

Medicare Part B – Covers medically necessary civilian (outside a military treatment facility) outpatient health care services received in the United States, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. Note: Medicare will make payments once you meet the annual Medicare Part B deductible ($162.00)[2].			
	Medicare[1] Pays	**TRICARE[2] Pays**	**What You Pay[3]**
Doctors Visits	80%	20%	Nothing for services paid by Medicare and TRICARE
Emergency Room Visit	80% of the facility and doctor's charges	20%	Nothing for services paid by Medicare and TRICARE
Mental Health Visit	65%	35%	Nothing for services paid by Medicare and TRICARE
Laboratory Services	100%	Remaining liability (if any)	Nothing for services paid by Medicare and TRICARE
Radiology (x-rays)	80%	20%	Nothing for services paid by Medicare and TRICARE
Home Health Care	100%	Remaining liability (if any)	Nothing for services paid by Medicare and TRICARE
Durable Medical Equipment	80%	20%	Nothing for services paid by Medicare and TRICARE
Outpatient Hospital Services	80%	20%	Nothing for services paid by Medicare and TRICARE
Chiropractic Services (limited)	80%	Nothing	20% Medicare cost share

[1] Medicare will make payments based on Medicare approved amounts for Medicare-covered services received from providers who accept Medicare assignment.

[2] TRICARE will pay your Medicare deductible and copays/cost shares for TRICARE-covered services. If you use a provider who doesn't accept Medicare assignment, TRICARE will pay up to 15% over the Medicare approved amount.

[3] During a fiscal year (Oct 1 - Sept 30), the most you will spend out-of-pocket for TRICARE-covered services and supplies is your catastrophic cap ($1,000 for active duty family members/$3,000 for other than active duty family members). If you meet your fiscal year catastrophic cap, TRICARE will pay the allowable amount in full for medically necessary covered services and supplies for the remainder of the fiscal year.

[4] These Medicare amounts are for 2013, and may change on January 1st of each year.

[5] A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period 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 after one benefit period has ended, 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 will pay for when you are in a hospital more than 90 consecutive days during a benefit period. Once these 60 reserve days are used, you don't get any more extra days during your lifetime.

[7] Unless a new benefit period begins, Medicare will no longer make payments.

[8] A TRICARE network hospital has a contractual agreement with TRICARE.

[9] The Diagnosis Related Group is used to calculate reimbursement to the hospital. The Diagnosis Related Group per diem rate may change every fiscal year.

[10] There is a lifetime maximum of 190 days on inpatient psychiatric hospital services. Once you receive benefits for 190 days of care in a psychiatric hospital, Medicare will no longer cover psychiatric hospitalization. The lifetime maximum applies only to services provided with in freestanding psychiatric facilities.