



Below are 2024 costs for certain Medicare and TRICARE covered services in the United States and U.S. territories. For more information about TRICARE For Life (TFL), eligibility, and costs for covered services, visit [www.tricare.mil/tfl](http://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 <sup>1</sup> Pays	TRICARE <sup>2</sup> Pays	You Pay <sup>3</sup>
<b>1–60 Days</b>	100% after you meet your \$1,632 <sup>4</sup> deductible each benefit period <sup>5</sup>	Your \$1,632 deductible	\$0 for services paid by Medicare and TRICARE
<b>61–90 Days</b>	All but \$408 per day <sup>4</sup> each benefit period <sup>5</sup>	\$408 per day	\$0 for services paid by Medicare and TRICARE
<b>91–150 Days</b> (Lifetime reserve days) <sup>6</sup>	All but \$816 per day <sup>4</sup> each benefit period <sup>5</sup>	\$816 per day	\$0 for services paid by Medicare and TRICARE
<b>151+ Days</b>	Nothing <sup>7</sup>	As the primary payer	Your TRICARE cost-share Call the TFL contractor for details: 1-866-773-0404 (TDD 1-866-773-0405)

## TRICARE For Life Cost Matrix 2024

### Hospital Stay<sup>8</sup> (Mental Health)

Days	Medicare <sup>1</sup> Pays	TRICARE <sup>2</sup> Pays	You Pay <sup>3</sup>
<b>1–60 Days</b>	100% after you meet your \$1,632 <sup>4</sup> deductible each benefit period <sup>5</sup>	Your \$1,632 deductible	\$0 for services paid by Medicare and TRICARE
<b>61–90 Days</b>	All but \$408 per day <sup>4</sup> each benefit period <sup>5</sup>	\$408 per day	\$0 for services paid by Medicare and TRICARE
<b>91–150 Days</b> (Lifetime reserve days) <sup>6</sup>	All but \$816 per day <sup>4</sup> each benefit period <sup>5</sup>	\$816 per day	\$0 for services paid by Medicare and TRICARE
<b>151+ Days</b>	Nothing <sup>7</sup>	As the primary payer	Your TRICARE cost-share Call the TFL contractor for details: 1-866-773-0404 (TDD 1-866-773-0405)

## TRICARE For Life Cost Matrix 2024

### Skilled Nursing Facility

You must have a qualifying inpatient hospital stay of at least three 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 <sup>1</sup> Pays	TRICARE <sup>2</sup> Pays	You Pay <sup>3</sup>
<b>1–20 Days</b>	100%	Nothing	\$0 for services paid by Medicare and TRICARE
<b>21–100 Days</b>	All but \$204 per day <sup>4</sup> each benefit period <sup>5</sup>	\$204 per day	\$0 for services paid by Medicare and TRICARE
<b>101+ Days</b> You must get pre-authorization from TFL	Nothing <sup>7</sup>	As the primary payer	Your TRICARE cost-share Call the TFL contractor for details: 1-866-773-0404 (TDD 1-866-773-0405)

## TRICARE For Life Cost Matrix 2024

### 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 six 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 <sup>1</sup> Pays	TRICARE <sup>2</sup> Pays	You Pay <sup>3</sup>
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 United States 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 (\$240)<sup>2</sup>.

Covered Outpatient Service	Medicare <sup>1</sup> Pays	TRICARE <sup>2</sup> Pays	You Pay <sup>3</sup>
<b>Doctors Services</b>	80%	20%	\$0 for services paid by Medicare and TRICARE
<b>Emergency Room Visit</b>	80% of the facility and doctor's charges	20%	\$0 for services paid by Medicare and TRICARE
<b>Mental Health Visit</b>	80%	20%	\$0 for services paid by Medicare and TRICARE
<b>Laboratory Services</b>	100%	Nothing	\$0 for services paid by Medicare and TRICARE
<b>Radiology (X-rays)</b>	80%	20%	\$0 for services paid by Medicare and TRICARE
<b>Home Health Care</b>	100%	Nothing	\$0 for services paid by Medicare and TRICARE
<b>Durable Medical Equipment</b>	80%	20%	\$0 for services paid by Medicare and TRICARE
<b>Outpatient Hospital Services</b>	80%	20%	\$0 for services paid by Medicare and TRICARE
<b>Chiropractic Services (limited)</b>	80%	Nothing	20% Medicare cost-share

## Notes for Tables

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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 2024 and may change each year on Jan. 1.
5. A benefit period begins the day you go into a hospital or skilled nursing facility (including services in a psychiatric hospital). It ends after you haven't had any inpatient 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 is 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 lifetime reserve days, you don't get any extra days during your lifetime.
7. Unless a new benefit period begins, Medicare doesn't pay.
8. You can get mental health services either in a general hospital or a psychiatric hospital (a facility that only cares for people with mental health disorders). There's no limit to the number of benefit periods you can have, whether you're getting mental health care in a general or psychiatric hospital. But, if you're in a psychiatric hospital (instead of a general hospital), Medicare Part A only pays for up to 190 days of inpatient psychiatric hospital services during your lifetime.