

These are **calendar year 2026 costs** for certain Medicare and TRICARE-covered services in the U.S. and U.S. territories. See “Using TRICARE For Life Overseas” to learn about TFL costs in other overseas locations.

General Costs

Cost Type	Medicare	TRICARE
Premium/ Enrollment fee	Medicare Part A premium: \$0 for most people Medicare Part B premium: Monthly premium based on your income	\$0 <i>If you're eligible for premium-free Medicare Part A, you must have Medicare Part A and Part B to have TFL.</i>
Deductible	Medicare Part A: \$1,736 (per inpatient hospital benefit period) Medicare Part B: \$283 (annual) <i>TRICARE pays your Medicare deductibles for services covered by Medicare and TRICARE.</i>	\$150 per individual or \$300 per family (annual) <i>You must pay the TRICARE deductible when TRICARE is the only payer.</i>
Catastrophic cap	Not applicable	\$3,000 per family (annual)

The catastrophic cap is the most your family may pay out of pocket for TRICARE-covered health care services in a calendar year.

Costs for Care

Medicare pays the Medicare-approved amount for Medicare-covered services you get from doctors or suppliers who accept Medicare assignment. If you use a doctor or supplier who doesn't accept assignment, TRICARE may pay up to 15% over the Medicare-approved amount.

Type of Service	Medicare Pays	TRICARE Pays	You Pay
Covered by Medicare and TRICARE	Medicare-approved amount	Remaining amount	Nothing
Covered by Medicare only	Medicare-approved amount	Nothing	Medicare deductible and cost-share
Covered by TRICARE only	Nothing	TRICARE-allowable amount	TRICARE deductible and cost-share
Not covered by TRICARE or Medicare	Nothing	Nothing	Billed charges (which may exceed the Medicare-approved or TRICARE-allowable amount)

This fact sheet isn't all-inclusive. For more information, go to www.tricare.mil/tfl and www.medicare.gov.

Medicare Part A

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).

Hospital Stay: Medical, Surgical, and Mental Health

Days	Medicare Pays	TRICARE Pays	You Pay
1–60 days	100% after you meet your \$1,736 Medicare Part A deductible each benefit period	Your \$1,736 Medicare Part A deductible	\$0 for services paid by Medicare and TRICARE
61–90 days	All but \$434 per day each benefit period	\$434 per day	\$0 for services paid by Medicare and TRICARE
91–150 days (Lifetime reserve days)	All but \$868 per day each benefit period	\$868 per day	\$0 for services paid by Medicare and TRICARE
151 days or more	Nothing	As the primary payer	Your TRICARE cost-share Call the TFL contractor for details: 866-773-0404 (TDD 866-773-0405)

A **benefit period** starts the day you go into a hospital or skilled nursing facility. It ends after you haven't had inpatient hospital care (or skilled care in an SNF) for 60 days in a row. A new benefit period begins if you go into a hospital or SNF again after 60 days. There's no limit to the number of benefit periods you can have.

You can get **mental health services** in a general hospital or a psychiatric hospital. (A psychiatric hospital is a hospital that only cares for people with mental health disorders). There's no limit to the number of benefit periods you can have, whether you get mental health care in a general or psychiatric hospital. However, Medicare Part A only pays for up to 190 days of inpatient psychiatric hospital services during your lifetime.

Lifetime reserve days are the 60 days Medicare pays for when you're in a hospital, SNF, 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.

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. SNFs must be Medicare-certified, and they must participate with TRICARE.

Medicare and TRICARE pay for the cost of skilled nursing, including the custodial care given in the SNF, for a limited time. The care must be for recovery from illness or injury — not for a chronic condition. If you don't 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 bed, and using the bathroom.

Days	Medicare Pays	TRICARE Pays	You Pay
1–20 days	100%	Nothing	\$0 for services paid by Medicare and TRICARE
21–100 days	All but \$217 per day each benefit period	\$217 per day	\$0 for services paid by Medicare and TRICARE
101 days or more	Nothing	As the primary payer — You must get pre-authorization from TFL	Your TRICARE cost-share Call the TFL contractor for details: 866-773-0404 (TDD 866-773-0405)

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 Pays	TRICARE Pays	You Pay
Not applicable	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.

Covered Outpatient Service	Medicare Pays	TRICARE Pays	You Pay
Doctor and other health care provider services	80%	20%	\$0 for services paid by Medicare and TRICARE
Preventive and screening services	100%	Nothing	\$0 for services paid by Medicare and TRICARE
Emergency department services	80% of the facility and doctor's charges	20% plus Medicare copayments	\$0 for services paid by Medicare and TRICARE
Ambulance services	80%	20%	\$0 for services paid by Medicare and TRICARE
Outpatient hospital services	80%	20% plus Medicare copayments	\$0 for services paid by Medicare and TRICARE
Urgently needed care	80%	20% (plus Medicare copayment if in a hospital outpatient setting)	\$0 for services paid by Medicare and TRICARE
Clinical laboratory tests	100%	Nothing	\$0 for services paid by Medicare and TRICARE
Diagnostic laboratory tests	100%	Nothing	\$0 for services paid by Medicare and TRICARE
Diagnostic non-laboratory tests (radiology)	80%	20%	\$0 for services paid by Medicare and TRICARE
Home health services	100%	Nothing	\$0 for services paid by Medicare and TRICARE
Durable medical equipment	80%	20%	\$0 for services paid by Medicare and TRICARE
Mental health care (outpatient)	80%	20% (plus Medicare copayment if in a hospital outpatient setting)	\$0 for services paid by Medicare and TRICARE
Chiropractic services	80%	Nothing	20% Medicare cost-share

Using TRICARE For Life Overseas

Medicare doesn't pay for care you get outside the U.S. and U.S. territories. (You **must** pay Medicare Part B premiums to have TFL overseas.)

If you use TFL overseas, be prepared to pay up front for your health care. Then you can file a claim for reimbursement. Find claims information at www.tricare.mil/overseasclaims.

For more information, go to www.tricare.mil/TFLOverseas.

Costs for TRICARE-Covered Services (Network Providers)

Medicare Pays	TRICARE Pays	You Pay
\$0	As the primary payer (after you meet your TRICARE annual deductible)	25% cost-share

Note: There may be no limit to the amount that nonparticipating non-network providers can bill. You're responsible for paying any amount that exceeds the TRICARE-allowable charge. This is in addition to your deductible and cost-shares.

Pharmacy Costs

As a TFL beneficiary, you have prescription drug coverage through the TRICARE Pharmacy Program. Some drugs are only covered through home delivery. Overseas, some limits may apply.

Learn more at www.tricare.mil/pharmacy.

Costs for Covered Drugs

Pharmacy Type	Generic Formulary Drugs	Brand-Name Formulary Drugs	Non-Formulary Drugs
Military pharmacy Up to a 90-day supply	\$0	\$0	Generally not available without medical necessity
TRICARE Pharmacy Home Delivery Up to a 90-day supply	\$14	\$44	\$85
TRICARE retail network pharmacy Up to a 30-day supply	\$16	\$48	\$85
Non-network retail pharmacy In the U.S. and U.S. territories Up to a 30-day supply	Formulary drugs: \$48 or 20% of total cost (whichever is more) after you meet your TRICARE annual deductible Non-formulary drugs: \$85 or 20% of total cost (whichever is more) after you meet your TRICARE annual deductible		
Overseas retail pharmacy Outside the U.S. and U.S. territories	25% cost-share after you meet your TRICARE annual deductible		

You pay the full cost of non-covered drugs.

Medically retired service members and their family members have lower copayments. Learn more at www.tricare.mil/pharmacycosts.