

## Calendar Year 2021 TRICARE For Life Cost Matrix

Below are 2021 costs for certain Medicare and TRICARE covered services. For more information about TRICARE For Life (TFL) and costs for covered services, visit [www.tricare.mil/tfl](http://www.tricare.mil/tfl).

<b>Table 1: Medicare Part A</b> – Covers medically necessary <b>inpatient care</b> 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)				
<b>Covered Inpatient Service</b>	<b>Days</b>	<b>Medicare<sup>1</sup> Pays</b>	<b>TRICARE<sup>2</sup> Pays</b>	<b>You Pay<sup>3</sup></b>
Hospital Stay (Medical and Surgical)	1–60	100% after your \$1,484 <sup>4</sup> deductible is met each benefit period <sup>5</sup>	Your \$1,484 deductible	\$0 for services paid by Medicare and TRICARE
	61–90	All but \$371 per day <sup>4</sup> each benefit period <sup>5</sup>	\$371 per day	\$0 for services paid by Medicare and TRICARE
	91–150 (Lifetime Reserve days) <sup>6</sup>	All but \$742 per day <sup>4</sup> each benefit period <sup>5</sup>	\$742 per day	\$0 for services paid by Medicare and TRICARE
	151+	Nothing <sup>7</sup>	<b>Network Hospital<sup>8</sup>:</b> Negotiated charges minus your share for institutional and professional charges, if applicable.  <b>Non-Network Hospital: DRG<sup>9</sup></b> allowable amount minus your share for institutional and professional charges.	<b>Network Hospital<sup>8</sup>:</b> <b>Active Duty Family Members:</b> \$20.15 per day (\$25 minimum charge per admission) <b>All others:</b> \$250 per day or 25% of total negotiated institutional charges, whichever is less, plus 20% for separately billed negotiated professional charges  <b>Non-Network Hospital:</b> <b>Active Duty Family Members:</b> \$20.15 per day (\$25 minimum charge per admission) <b>All others:</b> \$1,034 per day or 25% billed charges for institutional services, whichever is less, plus 25% of the TRICARE-allowable amount for separately billed professional charges

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<b>Covered Inpatient Service</b>	<b>Days</b>	<b>Medicare<sup>1</sup> Pays</b>	<b>TRICARE<sup>2</sup> Pays</b>	<b>You Pay<sup>3</sup></b>
Mental Health <sup>10</sup> (Services you get in a general or psychiatric hospital)	1–60	100% after your \$1,484 <sup>4</sup> deductible is met each benefit period <sup>5</sup>	Your \$1,484 deductible	\$0 for services paid by Medicare and TRICARE
	61–90	All but \$371 per day <sup>4</sup> each benefit period <sup>5</sup>	\$371 per day	\$0 for services paid by Medicare and TRICARE
	91–150 (Lifetime Reserve days) <sup>6</sup>	All but \$742 per day <sup>4</sup> each benefit period <sup>5</sup>	\$742 per day	\$0 for services paid by Medicare and TRICARE

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<b>Table 1: Medicare Part A</b> – Covers medically necessary <b>inpatient care</b> 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)				
<b>Covered Inpatient Service</b>	<b>Days</b>	<b>Medicare<sup>1</sup> Pays</b>	<b>TRICARE<sup>2</sup> Pays</b>	<b>You Pay<sup>3</sup></b>
	151+	Nothing <sup>7</sup>	<p><b>Network Hospital<sup>8</sup>:</b> Negotiated charges minus your share for institutional and professional charges, if applicable.</p> <p><b>Non-Network Hospital:</b> TRICARE-allowable amount minus your share for institutional and professional charges.</p>	<p><b>Network Hospital<sup>8</sup>:</b>  <b>Active Duty Family Members:</b> \$20 per day (\$25 minimum charge per admission)  <b>All others:</b> 20% of total negotiated institutional charges, plus 20% for separately billed negotiated professional charges</p> <p><b>Non-Network Hospital:</b>  <b>Active Duty Family Members:</b> \$20 per day (\$25 minimum charge per admission)  <b>All others:</b>  <b>High Volume Hospital:</b> 25% hospital specific per diem, plus 25% of allowable charges for separately billed professional charges  <b>Low Volume Hospital:</b> \$261 per day or 25% of hospital billed charges, whichever is less, plus 25% of allowable charges for separately billed professional charges  <b>Residential Treatment Center:</b> 25% of the TRICARE-allowable amount</p>
Skilled Nursing Facility	1-20	100%	Nothing	\$0 for services paid by Medicare and TRICARE
(You must have a qualifying inpatient hospital stay of 3 days in a row or more, starting with the day the	21-100	All but \$185.50 per day <sup>4</sup> each benefit period <sup>5</sup>	\$185.50 per day	\$0 for services paid by Medicare and TRICARE

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<b>Table 1: Medicare Part A</b> – Covers medically necessary <b>inpatient care</b> 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)				
<b>Covered Inpatient Service</b>	<b>Days</b>	<b>Medicare<sup>1</sup> Pays</b>	<b>TRICARE<sup>2</sup> Pays</b>	<b>You Pay<sup>3</sup></b>
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.)	101+  You must <b>get pre-authorization from TFL</b>	Nothing <sup>7</sup>	<p><b>Network Skilled Nursing Facility:</b>  Negotiated charges minus your share for institutional and professional charges, if applicable.</p> <p><b>Non-Network Skilled Nursing Facility:</b>  TRICARE-allowable amount minus your share for institutional and professional charges.</p>	<p><b>Network Skilled Nursing Facility:</b>  <b>Active Duty Family Members:</b> \$20.15 per day (\$25 minimum charge per admission)  <b>All others:</b> \$250 per day or 20% of total negotiated institutional charges, whichever is less, plus 20% for separately billed negotiated professional charges</p> <p><b>Non-Network Skilled Nursing Facility:</b>  <b>Active Duty Family Members:</b> \$20.15 per day (\$25 minimum charge per admission)  <b>All others:</b> 25% of the TRICARE-allowable amount for institutional charges, plus 25% of the TRICARE-allowable amount for separately billed professional charges</p>
	<p><b>Medicare and TRICARE pay only for medically necessary skilled nursing facility care in the U.S. and U.S. territories.</b> 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%	Nothing	<b>\$0 for services paid by Medicare and TRICARE</b>

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<b>Table 2: Medicare Part B</b> – Covers medically necessary <b>outpatient care</b> 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 (\$203) <sup>2</sup> .			
<b>Covered Outpatient Service</b>	<b>Medicare<sup>1</sup> Pays</b>	<b>TRICARE<sup>2</sup> Pays</b>	<b>You Pay<sup>3</sup></b>
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

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### Notes for Table 1 and Table 2:

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 catastrophic cap (\$1,000 for active duty family members/\$3,000 for all others). 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 2021, 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.