Medicare Part A – Covers medically necessary civilian (outside a military treatment facility) <u>inpatient</u> 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
 Days -60	100% after \$1,068 ⁴ deductible is met each benefit period ⁵	\$1,068 deductible	Nothing for services paid by Medicare and TRICARE
Days 1-90	All but \$267/day ⁴ copay each benefit period ⁵	\$267/day copay	Nothing for services paid by Medicare and TRICARE
Days 1-150 ⁶	All but \$534/day ⁴ copay each benefit period ⁵	\$534/day copay	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: \$16.30/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, whichever 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: \$16.30/day (\$25 minimum charge per admission). No separate cost-share for separately billed professional charges. All others: \$645/day copay or a 25% cost share of the TRICARE allowed amount for institutional charges, whichever is less, plus a

Mental Health ¹⁰ (Services given in a general hospital or psychiatric hospital).	Days 1-60	100% after \$1,068 ⁴ deductible is met each benefit period ⁵	\$1,068 deductible	Nothing for services paid by Medicare and TRICARE
	Days 61-90	All but \$267/day ⁴ copay each benefit period ⁵	\$267/day copay	Nothing for services paid by Medicare and TRICARE
	Days 91-150 ⁶	All but \$534/day ⁴ copay each benefit period ⁵	\$534/day copay	Nothing for services paid by Medicare and TRICARE
	Days 151+	Nothing ⁷	Network Hospital ⁸	Network Hospital ⁸ Active Duty Service Members: No copay or cost share.
			Negotiated charges minus your cost shares for	Active Duty Family Members: \$20/day (\$25 minimum charge per admission). All others: 20% cost share of total negotiated institutional charges,
			institutional and professional charges	plus a 20% cost share for separately billed negotiated professional charges.
			Non-Network Hospital TRICARE allowed amount minus your	Non-Network Hospital Active Duty Service Members: No copay or cost share.
				Active Duty Family Members: \$20/day (\$25 minimum charge per admission).
			cost shares for	All others:
			institutional and professional charges	High Volume Hospital:25% per day cost share, plus a 25% cost share for separately billed professional charges
				Low Volume Hospital: 25% cost share of hospital billed charges or \$197 per day, whichever is less, plus a 25% cost share for separately billed professional charges
				Residential Treatment Center: 25% cost share of the TRICARE allowed amount, plus a 25% cost share for separately billed professional charges

Skilled Nursing Facility	Days 1- 20	100%	Remaining liability (if any)	Nothing for services paid by Medicare and TRICARE	
You must have a qualifying inpatient hospital stay of	Days 21-100	All but \$133.50/day ⁴ copay each benefit period ⁵	\$133.50/day copay	Nothing for services paid by Medicare and TRICARE	
3 days in a row	Days	Nothing ⁷	Network Skilled	Network Skilled Nursing Facility	
or more, not	101+		Nursing Facility	Active Duty Service Members: No copay or cost share.	
including the day you leave the hospital.			Negotiated charges minus your copay/cost shares	Active Duty Family Members: \$16.30/day (\$25 minimum charge per admission).	
Skilled Nursing Facilities must			for institutional and professional charges	All others: \$250/day copay or a 25% cost share of total negotiated institutional charges, whichever is less, <u>plus</u> a 20% cost share for separately billed negotiated professional charges	
be Medicare- certified and			Non-Network	Non-Network Skilled Nursing Facility Active Duty Service Members: No copay or cost share.	
must participate with TRICARE.			Skilled Nursing Facility TRICARE allowed	Active Duty Family Members: \$16.30/day (\$25 minimum charge per admission).	
			amount minus your cost shares for	All others: 25% cost share of the TRICARE allowed amount for institutional charges, plus a 25% cost share of the TRICARE	
			institutional and professional	allowed amount for separately billed professional charges.	
	3.6.71	1 MDIC 4 DE	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.				
Hospice Care	95%	z de i paj je. enstee	5%	Nothing for services paid by Medicare and TRICARE	

Medicare Part B - Covers medically necessary civilian (outside a military treatment facility) <u>outpatient</u> 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 (\$135)².

	Medicare ¹ Pa	ays	TRICARE ² Pays	What You Pay ³
Doctors Visits	80%		20%	Nothing for services paid by Medicare and TRICARE
Emergency Room Visit	80%		20%	Nothing for services paid by Medicare and TRICARE
Mental Health Visit	50%		50%	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
Blood	Nothing for the pints of blood 80% for additable blood		100% for the first three pints of blood 20% for additional pints of blood	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.

2009 TRICARE For Life Cost Matrix with FY10 TRICARE Rates

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 2009, 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 that 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 within freestanding psychiatric facilities.