

TRICARE Eligible Patients Covered Under Medicare

If you are eligible for care at military facility, there are no charges for services provided by CRDAMC's Emergency Department or ambulance service. If you are transferred to a civilian hospital, Medicare is billed for the civilian care. Civilian ambulance services are also billed to Medicare. There is no guarantee CRDAMC's ambulance service will be available when a patient is transferred.

Dependent Parents and Parent-in-laws

Dependent parents and parents-in-law will not incur any charges if seen in the CRDAMC Emergency Department; however they will have to pay the current family member rate per day if admitted to CRDAMC. They will be personally billed for any care or service provided by a civilian hospital or ambulance service unless they have other health insurance coverage.

Ambulance Service for TRICARE Beneficiaries

CRDAMC Ambulance Service - no charge, when available and if medically appropriate

Civilian Ambulance - you may incur charges for civilian ambulance services dependent upon your TRICARE Coverage. Visit tricare.mil for more information.

Civilian Emergencies

Civilians brought to CRDAMC for emergency care will be personally billed for any service provided by CRDAMC's Emergency Department (emergency treatment, transport service, or admission). Civilians are responsible for all ambulance service charges. CRDAMC is unable to bill Medicare/Medicaid for any services provided to civilians. Civilians are not authorized non-emergency care at CRDAMC.



...contact one of the
Business Operations Division's
Health Benefits Advisors at:

(254) 288-8155

Carl R. Darnall Army Medical Center
Public Affairs & Marketing Office
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ARMY MEDICINE
Serving To Heal...Honored To Serve



**Understanding Your
Financial Obligations**

DARNALL
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Beneficiaries

Usually, beneficiaries do not have to pay for outpatient care at military hospitals. However, there are times when you must pay a reasonable portion of the cost of care. You can expect to pay some costs if you visit CRDAMC's Emergency Department and are admitted to the hospital or if you are transferred to a civilian hospital for further medical care. Transfers to civilian hospitals are based on medical necessity, not on financial considerations.

Active Duty Service Members

Active-duty service members pay 0 per day subsistence fee when admitted to a military hospital. The service member pays nothing if he/she is transferred to a civilian facility and becomes an inpatient.

Family Members of Active Duty

Family members who go to a civilian emergency department may incur costs that include the annual deductible (fiscal year 1 Oct -30 Sept), the emergency room care, ambulance service, and hospital fees. The following costs apply depending on the TRICARE option you have chosen:

Deductible

Prime – No deductible for Active-duty family members.

Standard or Extra

E-4 and below: \$50 per person or \$100 per family
E-5 and above: \$150 per person or \$300 per family

Civilian Emergency Room Service Co-payment

Extra – 15% of contracted fee
Standard – 20% of TRICARE allowable charge

Hospital Admission for Active-duty Family Member

Military Hospital:

Prime – \$0

Extra/Standard – Current Fiscal Year Family Member Rate will be charged

Civilian Hospital (This applies even if Darnall refers you to the civilian hospital.):

Prime – \$0

Extra/Standard - see tricare.mil for more information

Retiree/Retirees Family Members

Retirees and retiree family members under age 65 who go to a civilian emergency department incur costs that include the annual deductible (fiscal year 1 Oct – 30 Sept), the emergency room care, ambulance service, and hospital fees. The following costs apply depending on the TRICARE option you have chosen:

Deductible

Prime – No deductible

(There is an annual enrollment fee)

Extra and Standard – \$150 per person or \$300 per family

Emergency Room Care

Prime – \$30 co-payment

Extra – 20% of contracted fee

Standard – 25% of TRICARE allowable charge

Hospital Admission

Military Hospital

Retired enlisted – \$0

Retired officers – see tricare.mil for more information

Retiree Family Members - Current Fiscal Year Family Member Rate will be charged

Civilian Hospital: Visit tricare.mil for more information concerning your responsibilities when admitted to a civilian hospital.

Catastrophic Cap

Family members of active duty have a catastrophic cap of \$1,000 per year. This means once you have paid a total of \$1,000 for a fiscal year (1 Oct – 30 Sept), you are not responsible for any more of the TRICARE maximum allowable charges. Retirees and their family members have a catastrophic cap of \$3,000 for a fiscal year (1 Oct - 30 Sept), you are not responsible for any more of the TRICARE maximum allowable charges. However, you may still be responsible for additional health care costs. See your Health Benefits Advisor.

Veterans' Administration Eligibility

If you are a VA patient, tell the medical staff immediately. If you must be transferred, the staff may coordinate your transfer to the VA, rather than to a civilian hospital, if your medical needs can be met by the VA. VA beneficiaries that are not otherwise eligible under TRICARE, will be responsible for all incurred charges.

