

Catastrophic Loss Protection For TRICARE Services Received Prior To January 1, 2018; And For TRICARE Services Received On Or After January 1, 2018, By TRICARE For Life (TFL) Beneficiaries

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Authority: Sections 1079(b)(5) and 1086(b)(4), Title 10, USC

1.0 DESCRIPTION

1.1 The National Defense Authorization Act (NDAA) for Fiscal Years (FYs) 1988 and 1989 (Public Law (PL) 100-180) amended Title 10, United States Code (USC), and established catastrophic loss protection for TRICARE beneficiary families on a government fiscal year basis. The law placed fiscal year limits or catastrophic caps on beneficiary liabilities for deductibles and cost-shares under the TRICARE Basic Program. The NDAA for FY 1993 (Public Law (PL) 102-484) amended Title 10, USC, and reduced the catastrophic cap for beneficiaries other than **Active Duty Family Members (ADFM)s**. The NDAA for FY 2001 also amended Title 10, USC, and further reduced the fiscal year catastrophic cap for beneficiaries other than ADFMs from \$7,500 to \$3,000.

1.2 [32 CFR 199.17](#), authorizes catastrophic loss protection for TRICARE Prime beneficiary families on a one-year enrollment period basis in addition to the protection on a **Fiscal Year (FY)** basis (**Calendar Year (CY) beginning January 1, 2018**). The enrollment period shall coincide with the fiscal year (i.e., the beneficiary's initial enrollment date is May 1 with the enrollment expiration being October 1, all future enrollment periods will be October 1 to October 1). **The enrollment year coincides with the CY starting January 1, 2018.**

2.0 POLICY

2.1 TRICARE Standard and TRICARE Extra

2.1.1 Catastrophic Cap For ADFMs

Under the TRICARE Extra and TRICARE Standard, the maximum family liability is \$1,000 for deductibles and cost-shares based on allowed charges for the services and supplies received in a fiscal year.

2.1.2 Catastrophic Cap For All Other Beneficiaries

For dates of service on or after October 1, 2000, the **FY (CY for dates of service after December 31, 2017)** cap is \$3,000.

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2.1.3 Cap is Met

For beneficiaries not enrolled in TRICARE Prime, after the **FY (CY for dates of service after December 31, 2017)** catastrophic cap is met, the TRICARE determined allowable amount shall be paid in full for all covered services and supplies under TRICARE Standard and Extra for the remainder of the **FY (CY for dates of service after December 31, 2017)**.

2.2 TRICARE Prime

Under TRICARE Prime, in addition to the catastrophic loss protection based on the **FY**, Prime enrollees also have an enrollment year catastrophic cap. **As of January 1, 2018, the protection is based on CY and enrollment year as they are both the same. See Section 4 for catastrophic loss protraction guidance for the plan years beginning January 1, 2018.**

2.2.1 For TRICARE Prime enrollees who are ADFMs, out-of-pocket expenses accrue toward a \$1,000 **FY** catastrophic cap. The enrollment year catastrophic cap is eliminated effective December 31, 2017.

2.2.2 For TRICARE Prime enrollees who are other than active duty personnel or ADFMs (i.e., retirees, family members of retirees, survivors, etc.), out-of-pocket expenses accrue toward a \$3,000 per enrollment year catastrophic cap. Out-of-pocket expenses also accrue toward the \$3,000 **FY (CY for dates of services after December 31, 2017)** catastrophic cap.

2.2.3 **Through December 31, 2017,** for TRICARE Prime enrollees that retire other than the first of the month, enrollment in TRICARE Prime will be allowed with no break in coverage. The enrollment anniversary date shall be determined using the existing 20th day of the month rule. Additional enrollment fees shall not be collected for days between the effective enrollment date and the determined enrollment anniversary date. Any out-of-pocket payments made by the enrollee between the actual enrollment date and the enrollment year start date (anniversary date) will not be applied to the enrollment year catastrophic cap. Out-of-pocket expenditures will be applied to the catastrophic cap as of the enrollment anniversary date.

2.2.4 **Through December 31, 2017,** Prime enrollees will pay no more applicable out-of-pocket expenses for the rest of the fiscal year once the **FY** catastrophic cap is met.

Note: For FY 2017 only, the range was extended three months through December 2017 to accommodate transition to CY. See Section 4 for catastrophic loss protraction guidance for the plan years beginning January 1, 2018.

2.2.5 Prime enrollees will pay no more Prime copayments or enrollment fees for the rest of the enrollment year once the enrollment year catastrophic cap is met.

2.2.6 The following expenses may be credited to a Prime beneficiary's fiscal year catastrophic cap:

- Enrollment fees,
- The outpatient and inpatient cost-shares and copayments.

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Note: Deductibles and cost-shares imposed on services provided under the Point of Service (POS) option are not creditable to the catastrophic cap.

2.3 Double Coverage

For purposes of catastrophic loss protection, the full deductible and cost-share calculated according to the TRICARE provisions will be credited toward meeting the applicable catastrophic cap (even when double coverage exists). See an illustration below for an inpatient retiree with other insurance who is not enrolled in TRICARE Prime:

Total Amount Billed	\$8,169.11
Total Amount Allowed	8,169.11
Cost-Share (25% of the Total Amount Allowed)	2,042.27
Paid By Beneficiary To Provider	0.00
Paid By Other Health Insurance (OHI)	7,119.11
Total TRICARE Payment	1,050.00
AMOUNT TO BE CREDITED TOWARD CAP	\$2,042.27

Note: Normal double coverage rules, as provided in [Chapter 4, Section 1](#), remain in effect after the cap has been reached. The beneficiary will not have to pay a cost-share after the other health insurance has made payment.

2.4 TRICARE Supplemental Plans

TRICARE supplemental plans which provide coverage for deductibles, cost-shares, and sometimes for non-covered services, will be ignored. As with double coverage, the full deductible and cost-share will be credited toward meeting the catastrophic cap.

2.5 Multiple Family Situations

Multiple family situations--e.g., sponsor and new spouse and children live together, and sponsor's children from previous marriage live elsewhere--will be treated as one family. In other words, for a divorced and then remarried sponsor with two sets of family members, their deductibles and cost-shares will be combined to meet the fiscal year catastrophic cap.

Note: When a family's sponsor changes, e.g., a spouse divorces a sponsor and marries another active duty person, then only the new sponsor's liabilities for deductible and cost-shares in a fiscal year will count toward meeting the cap. In other words, this spouse cannot carry to the new family those credits accumulated toward the cap under the previous sponsor.

2.6 Former Spouses

Any TRICARE eligible former spouse will be treated as an "other than ADFM." For the purpose of determining the catastrophic cap, a former spouse will be treated as an independent family and

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must independently meet the catastrophic cap.

2.7 Change of Sponsor Status

A change in a sponsor's duty status will have the following effects on application of the catastrophic cap.

2.7.1 Claims Subject To The TRICARE DRG-Based Payment System

Note: For FY 2017 only, the FY range described below was extended three months through December 2017 to accommodate the transition to CY.

2.7.1.1 When the status changes during a beneficiary's inpatient stay, the appropriate catastrophic cap will apply to that stay according to the beneficiary's cost-sharing status for the stay. Effective for services provided after midnight of the day of discharge from the hospital, the catastrophic cap will be based on the sponsor's current status.

2.7.1.2 When the status changes at any time other than during a beneficiary's inpatient stay, the appropriate catastrophic cap (according to the sponsor's current duty status) will apply for TRICARE eligible families for the remaining FY (CY for dates of service after December 31, 2017), (or until the status changes again) effective for services provided after midnight of the day the duty status changes.

2.7.1.3 When the status changes, the full deductible and cost-shares credited toward meeting the previous family cap will be credited toward the new cap as the sponsor's liabilities in the same FY (CY for dates of services after December 31, 2017). However, in no case will a change in a sponsor's status from retired to active duty result in an adjustment to previous claims, even if the aggregate cost-share had exceeded the active duty cap.

2.7.2 Claims Exempt From The TRICARE DRG-Based Payment System

When a sponsor's duty status changes, the appropriate cap (according to the sponsor's current duty status) will apply for TRICARE eligible families for the remaining FY (CY for dates of service after December 31, 2017) effective for services provided after midnight of the day the duty status changes. The full deductible and cost-shares credited toward meeting the previous family cap will be credited toward the new cap as the sponsor's liabilities in the same FY (CY for dates of service after December 31, 2017).

2.8 Inpatient Care Spanning Two Fiscal Years

When the dates of inpatient care span different FYs (CY for dates of service after December 31, 2017), it is absolutely necessary that the catastrophic cap application be as accurate as possible. If for a claim the ending date of care is in a different FY (CY for dates of service after December 31, 2017) from the beginning date of care, the beneficiary cost-share amount must be allocated between the two FYs based on the dates of care. For the purpose of the catastrophic cap application only, the following provisions are applicable:

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2.8.1 Cost-Share When Fixed Daily Amount Is Known

When the beneficiary cost-share is based on a fixed daily amount (or when such amount can accurately be calculated), the actual daily cost-share amount will be allocated between the two **periods** according to the days of care received in each **period**.

Example: DRG claim involving per diem cost-share amounts. Retiree admitted on September 26, 2005 [FY 2005] and discharged on October 3, 2005 [FY 2006]:

We know that effective October 1, 2005, the cost-share per diem for other than active duty dependents went up from \$512 to \$535. We also know that no per diem cost-share amount is required for the day of discharge.

Step 1: CALCULATE FY 2005 CATASTROPHIC CAP CREDIT

FY 2005 care (from 09/26 through 09/30/2005)	= 5 days
FY 2005 cost-share per diem	= \$512/day
FY 2005 catastrophic cap credit	= \$2,560.00
[5 days X 512/day = \$2,560.00]	

Step 2: CALCULATE FY 2006 CATASTROPHIC CAP CREDIT

FY 2006 care (from 10/01 through 10/03/2005)	= 2 days
[excludes day of discharge]	
FY 2006 cost-share per diem	= \$535/day
FY 2006 catastrophic cap cost-share credit	= \$1,070.00
[2 days X 535/day = \$1,070.00]	

2.8.2 Cost-Share When Fixed Daily Amount Is NOT Known

When a fixed (or actual) daily amount of cost-share is not known or cannot be accurately determined, the daily cost-share amount will be calculated by proration, that is, by dividing the claim's cost-share amount by the number of days of care (not counting the day of discharge) and the resulting daily amount will be allocated between the two **periods** according to the days of care received in each **period**.

Example: Hospital claim involving a cost-share amount that is 25% of the TRICARE-determined allowable charge. Retiree admitted on September 29, 2005 [FY 2005] and discharged on October 8, 2005 [FY 2006] with a TRICARE-determined allowable charge of \$10,000.00:

Step 1: CALCULATE TOTAL COST-SHARE AMOUNT

25% of \$10,000.00 allowable charge	= \$2,500.00
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Step 2: CALCULATE TOTAL DAYS OF CARE

Care (from 09/29 through 10/08/2005)	= 9 days
[excludes day of discharge]	

Step 3: CALCULATE DAILY COST-SHARE AMOUNT

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\$2,500.00 cost-share amount
÷ 9 days of care

\$277.78/day

Step 4: CALCULATE FY 2005 CATASTROPHIC CAP CREDIT

FY 2005 care (from 09/29 through 09/30/2005) = 2 days
FY 2005 catastrophic cap cost-share credit = \$555.56
[2 days X 277.78/day = \$555.56]

Step 5: CALCULATE FY 2006 CATASTROPHIC CAP CREDIT

FY 2006 care (from 10/01 through 10/08/2005) = 7 days
[excludes day of discharge]
FY 2006 catastrophic cap cost-share credit = \$1,944.46
[7 days X 277.78/day = \$1,944.46]

3.0 EXCEPTIONS

3.1 No catastrophic loss protection is available for the North Atlantic Treaty Organization (NATO)/Partnership for Peace (PFP) family members.

3.2 The Extended Care Health Option (ECHO) sponsor/beneficiary liabilities do not accrue toward meeting the catastrophic cap.

3.3 Beneficiary costs for non-covered services or any beneficiary payments above the TRICARE determined allowable charge, shall not count toward meeting the catastrophic cap.

3.4 For TRICARE Prime enrollees, POS deductible and cost-share amounts do not have a catastrophic cap.

4.0 EFFECTIVE DATES

4.1 The fiscal year catastrophic cap is \$7,500 for beneficiaries other than ADFMs effective fiscal year 1993. Effective October 1, 2000 [FY 2001], the fiscal year catastrophic cap is \$3,000 for beneficiaries other than ADFMs.

4.2 The enrollment year catastrophic cap is \$3,000 for beneficiaries other than ADFMs who are enrolled in TRICARE Prime effective November 1, 1995. It will apply to out-of-pocket expenses incurred on and after November 1, 1995.

4.3 Effective October 1, 1996, enrollment fees accrue toward the fiscal year catastrophic cap under TRICARE Prime.

4.4 Effective October 1, 1996, the calculation for the enrollment period catastrophic cap for ADFMs enrolled in TRICARE Prime is eliminated.

4.5 Effective January 1, 2018, the catastrophic cap is calculated on a CY basis.

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