

A GUIDE FOR MILITARY SPOUSES & SURVIVING SPOUSES

What TRICARE For Life pays for at home — and what it doesn't

Most families are told one of two wrong things: that Medicare covers nothing at home, or that it will send a caregiver. Neither is right. Here is the actual line, and where your family falls on it.



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TRICARE For Life is excellent medical coverage. It is not long-term-care insurance.

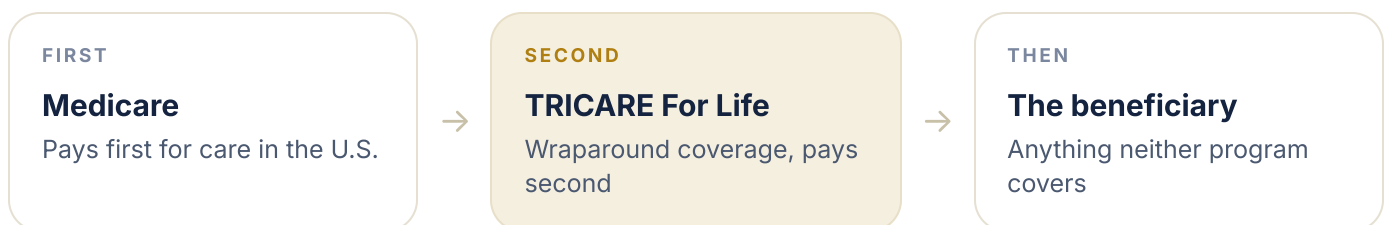
Medicare and TRICARE For Life may cover skilled home health care, and limited home health aide services, for beneficiaries who qualify. They generally do not pay for ongoing 16-hour, 24-hour, or round-the-clock custodial care at home.

Both halves of that matter. Families who hear only the second half often stop asking — and miss a real benefit their parent qualifies for. Families who hear only the first half plan around caregiver hours that never arrive.

What TRICARE For Life is

TRICARE For Life is Medicare-wraparound coverage for people who are TRICARE-eligible, correctly listed in DEERS, and have both Medicare Part A and Part B.

Coverage generally begins automatically once someone eligible has both parts of Medicare. There is no separate TFL enrollment form and no TFL enrollment fee, though beneficiaries generally must keep paying their Medicare Part B premium.



TFL is not a Medigap or Medicare Supplement policy. It is TRICARE coverage that coordinates with Medicare, which is why its rules are TRICARE's rules and not an insurer's.

How TFL works with Medicare

For a TFL beneficiary getting care in the United States, Medicare is generally the primary payer. For home health specifically, TRICARE states that it covers certain home health services, that they are generally the same services Medicare covers, and that a TFL beneficiary in the U.S. must follow **Medicare's rules for receiving home health care.**

The practical consequence runs through the rest of this guide: Medicare's eligibility test is the test.

You don't have to be the veteran

A MILITARY SPOUSE

An eligible spouse can have TRICARE For Life in their own right.

That holds when they remain TRICARE-eligible, are correctly reflected in DEERS, and have Medicare Part A and Part B. The person receiving TFL does not have to be the one who served.

A SURVIVING SPOUSE

A surviving spouse may continue to have TRICARE For Life.

The death of a retired military sponsor does not automatically end TRICARE eligibility. An eligible surviving spouse generally remains TRICARE-eligible **unless they remarry**.

Eligibility circumstances vary. Verify the beneficiary's current status in DEERS rather than assuming it either way.

WHAT IS ACTUALLY COVERED

Can Medicare pay for a home health aide?

Yes — under specific circumstances.

Medicare can cover part-time or intermittent home health aide care when the beneficiary also qualifies for Medicare home health and is receiving qualifying skilled services.

Covered aide activities may include help with walking, bathing, grooming, feeding, and changing bed linens — personal care included in the home health plan of care.

These look almost identical to ordinary non-medical home care. The difference is not the task. The difference is whether the beneficiary meets Medicare's home-health eligibility requirements.

- ✗ A person cannot qualify for Medicare home health *simply because* they need help bathing, dressing, eating, walking, or staying safe at home.

Who qualifies for Medicare home health

In general the beneficiary must be **homebound** and need qualifying part-time or intermittent skilled services under an appropriate plan of care. Qualifying skilled services can include skilled nursing, physical therapy, speech-language pathology, and certain occupational therapy services.

Once someone qualifies for the home health benefit, medically necessary home health aide services may also be included in the plan of care.

The same person, two different answers

NOT COVERED

Mary is elderly. She has trouble showering safely, dressing, and making breakfast. She does not otherwise qualify for Medicare home health.

Medicare does not pay for an aide simply because Mary needs help with daily activities.

MAY BE COVERED

Mary is homebound and qualifies for Medicare home health because she requires qualifying skilled care. Her plan of care also establishes that she needs aide help with bathing, grooming, and walking.

Those home health aide services may be Medicare-covered.

Mary's needs are the same in both. What changed is whether she meets the benefit's conditions.

HOW MUCH CARE

How many hours can Medicare cover?

Medicare states that in most cases, **part-time or intermittent** means up to 8 hours a day combined for skilled nursing and home health aide services, and no more than **28 hours a week combined**. For a short period, when the provider determines it is necessary, care may reach up to **35 hours a week** while staying under 8 hours a day.

28

USUAL WEEKLY MAXIMUM

168

HOURS IN A WEEK

MON	■	■	■	■	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
TUE	■	■	■	■	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
WED	■	■	■	■	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
THU	■	■	■	■	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
FRI	■	■	■	■	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
SAT	■	■	■	■	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
SUN	■	■	■	■	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□

■ Up to 28 combined hours Medicare may cover □ The remaining 140 hours

The limit applies to skilled nursing *and* aide services **combined** — not 28 aide hours plus separate nursing hours. Medicare also says qualifying beneficiaries can get unlimited home health *visits*: that does not mean unlimited hours, and it does not mean 24-hour care. It means there is no fixed lifetime cap on visits so long as the person keeps meeting the requirements.

One more caution: 28 and 35 are **ceilings inside a definition**, not an allocation. Nobody is handed 28 hours. The hours must be medically necessary and written into the plan of care.

ROUND-THE-CLOCK CARE

Will Medicare or TFL pay for 16 or 24 hours a day?

Generally, no.

Medicare specifically excludes 24-hour-a-day care at home from the ordinary home health benefit, and does not cover custodial or personal care when that is the only care the beneficiary needs. TRICARE similarly states that custodial care is generally excluded.

The care in question is often the most necessary care in the house. It commonly includes long-term bathing help, dressing, toileting, continence care, meal preparation, transfers, supervision, companionship, dementia supervision, safety monitoring, housekeeping, laundry, and simply someone being present because the person cannot safely be alone.

Needing care is not the same thing as having a Medicare-covered home health benefit.

What “custodial care” actually means

Custodial care generally means ongoing assistance with activities of daily living, rather than qualifying skilled medical care — help with eating, dressing, getting in and out of bed, toileting, bathing, mobility, and routine supervision. TRICARE states that custodial care is generally excluded from coverage. That single fact is why TRICARE For Life should not be treated as long-term-care insurance.

The test turns on the **kind of service being delivered**, not on how sick the person is or where they live. It is also why a case can be covered for a while and then stop being covered: as someone stabilizes and the skilled need ends, the care that remains is custodial, even though nothing about the person got easier.

TWO DIFFERENT KINDS OF CARE

Home health care vs. private-duty home care

MEDICARE / TFL HOME HEALTH	PRIVATE-DUTY HOME CARE
A medical benefit	Long-term support
Must meet Medicare’s eligibility requirements	No Medicare qualification needed
Skilled nursing may be provided	Companionship and supervision
PT, OT, speech therapy may be provided	Meal preparation
Aide may help with certain daily activities	Extensive help with daily activities
Part-time or intermittent	Can be 8, 12, 16, or 24 hours a day
Medicare or TFL may pay when covered	Usually private pay, long-term-care insurance, or another qualifying program

A family can use both at once. Someone who qualifies may receive Medicare-covered skilled home health while separately arranging private-duty caregivers for the additional hours and services Medicare does not cover. Medicare and TFL do not pay for that private-duty portion.

TFL does not double the Medicare benefit

Because there are two programs, families reasonably assume there are two buckets of hours. That is not how TFL works.

NOT THIS

Medicare → 28 hours
+
TFL → another 28 hours

TFL is not a second allocation of aide hours.

INSTEAD

Medicare's home health rules
↓
Covered home health services
↓
TFL coordinates as wraparound

One benefit, two payers.

GETTING STARTED

Start here

1

Verify TRICARE eligibility

Confirm the beneficiary's information is current in DEERS. This is where survivor eligibility questions get settled. **800-538-9552**

2

Confirm Medicare coverage

For TFL beneficiaries in the United States, Medicare is generally the primary payer, so Medicare's status drives everything downstream. **1-800-633-4227**

3

Contact TRICARE For Life

For questions about how TFL coordinates with Medicare, call the TFL contractor, WPS. **1-866-773-0404**

4

Ask the provider the right question

If the beneficiary is homebound and needs skilled nursing or therapy, ask the treating provider about home health. The wording matters more than families expect.

Don't ask: *"Will Medicare pay for a caregiver?"*

Ask: "Does she meet Medicare's eligibility requirements for home health, and would home health aide services be medically necessary as part of her plan of care?"

THREE BENEFITS PEOPLE CONFUSE WITH THIS ONE

Skilled nursing facility

A separate benefit with separate rules. The TRICARE For Life Cost Matrix explains how the two programs coordinate payment for a qualifying stay. When skilled nursing is no longer required, they generally do not keep paying because custodial care continues.

Hospice

A person generally qualifies when physicians certify a terminal illness with about six months or less to live and the beneficiary elects hospice. It is substantial care — but routine hospice does not pay for someone to stay with an elderly person around the clock.

ECHO

TRICARE's Extended Care Health Option and ECHO Home Health Care can expand services for certain qualifying beneficiaries. It has its own eligibility rules and is **not** a general long-term home-care benefit for elderly spouses.

COMMON QUESTIONS

What families ask us

My husband was the veteran. I wasn't. Can I still have TFL?

Yes, potentially. Eligible spouses and surviving spouses can have TRICARE For Life. The beneficiary must remain TRICARE-eligible and generally have Medicare Part A and Part B.

My retired military spouse died. Do I automatically lose TRICARE?

No. Surviving spouses of retired service members generally remain TRICARE-eligible unless they remarry, subject to the applicable eligibility rules. Verify current status in DEERS.

Will TFL pay for someone to stay with me 24 hours a day?

Generally no. TFL is not long-term-care insurance, and Medicare does not cover ordinary 24-hour custodial care at home.

Can Medicare pay for a home health aide?

Yes, under specific circumstances. The beneficiary must qualify for Medicare home health and meet the requirements for covered home health aide services as part of the plan of care.

Can the aide help with bathing and grooming?

Yes. Medicare recognizes qualifying home health aide assistance with personal care such as bathing and grooming when the beneficiary meets the home health requirements.

How many hours can Medicare cover?

In most cases Medicare defines part-time or intermittent skilled nursing and aide care as up to 8 hours a day combined, and no more than 28 hours a week combined. For a short period, medically necessary care may reach up to 35 combined hours a week while staying under 8 hours a day.

This is not a guarantee of 28 or 35 hours. The amount must be medically necessary and included in the plan of care.

Can I get 28 hours from Medicare and another 28 from TFL?

No. For TFL beneficiaries in the United States, TFL generally follows Medicare's home health rules. It is not a second allocation of aide hours.

What if we need more help than Medicare covers?

Families commonly combine Medicare-covered home health with other sources of long-term help: private-pay home care, long-term-care insurance, Medicaid long-term services and supports for those who qualify, certain VA benefits where applicable, family caregiving, and other community or government programs. Eligibility varies a great deal between them.

Five things to remember

1 You don't have to be the veteran.

Eligible spouses and surviving spouses can have TRICARE For Life.

2 Medicare generally pays first.

For TFL beneficiaries in the U.S., Medicare is the primary payer and its rules govern.

3 Home health aides can be covered.

When someone qualifies for Medicare home health, an aide may provide covered personal care — bathing, grooming, feeding, walking.

4 There are limits.

Skilled nursing and aide care combined generally up to 28 hours a week, with up to 35 for a short period when medically necessary.

5 TFL is not long-term-care insurance.

It generally won't pay for ongoing 16- or 24-hour private-duty custodial care just because someone needs help or supervision.

OFFICIAL RESOURCES

Medicare [medicare.gov/coverage/home-health-services](https://www.medicare.gov/coverage/home-health-services)

TRICARE For Life tricare.mil/Plans/HealthPlans/TFL

TRICARE home health care tricare.mil/CoveredServices

TFL portal (WPS) tricare4u.com

DEERS & eligibility milconnect.dmdc.osd.mil

TRICARE ECHO tricare.mil/Plans/SpecialPrograms/ECHO

This guide is for educational purposes and does not guarantee coverage or eligibility. Medicare and TRICARE coverage depends on the beneficiary's eligibility, medical needs, plan of care, provider participation, authorization requirements, and applicable program rules. Beneficiaries should verify current benefits directly with Medicare and TRICARE For Life. Sources: tricare.mil, tricare4u.com, [medicare.gov](https://www.medicare.gov). Program rules and dollar figures change — verify before relying on any number.



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