



This brochure provides an overview of most costs and fees for TRICARE programs. For detailed costs and fees, including those for TRICARE For Life, visit www.tricare.mil/costs. To learn more about each TRICARE program option and eligibility, visit www.tricare.mil/planfinder.

TRICARE beneficiaries fall into one of two groups: Group A or Group B

- You're in **Group A** if your initial enlistment or appointment or that of your uniformed services sponsor began before Jan. 1, 2018.
- You're in **Group B** if your initial enlistment or appointment or that of your uniformed services sponsor began on or after Jan. 1, 2018.

Note: When enrolled in TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), TRICARE Young Adult (TYA), or the Continued Health Care Benefit Program (CHCBP), Group A beneficiaries follow Group B deductibles and applicable copayments or cost-shares.

TRICARE PRIME® (JAN. 1–DEC. 31, 2020)

Includes TRICARE Prime, TRICARE Prime Remote, the US Family Health Plan (USFHP), and TYA Prime plans.

Annual Enrollment Fees (TRICARE Prime, TRICARE Prime Remote, and USFHP only)

No yearly enrollment fee for active duty service members (ADSMs), active duty family members (ADFMs), and transitional survivors (surviving spouses during the first three years and surviving dependent children) worldwide.

For retirees, their families, and most others*:

- **Group A:** \$300 per individual/\$600 per family
- **Group B:** \$366 per individual/\$732 per family

Annual Deductible

There is no annual deductible.

TRICARE Prime Out-of-Pocket Costs

ADSMs, ADFMs, and transitional survivors		
Covered service	Group A	Group B
All covered services	\$0	\$0
Retirees, their families, and all others		
Covered service	Group A	Group B
Preventive Care Visit	\$0	\$0
Primary Care Outpatient Visit	\$20	\$20
Specialty Care Outpatient Visit	\$31	\$31
Urgent Care Center Visit	\$31	\$31
Emergency Room Visit	\$62	\$62
Inpatient Admission (Hospitalization)	\$156/ admission	\$156/ admission

TRICARE Prime Point-of-Service Option

When you see a TRICARE-authorized provider other than your primary care manager for any nonemergency services without a referral, you pay:

- A yearly deductible before TRICARE cost-sharing will begin: \$300 per individual/\$600 per family.
- For services beyond this deductible, you pay 50% of the TRICARE-allowable charge.
- These costs do not apply to the catastrophic cap.

TRICARE SELECT® (JAN. 1–DEC. 31, 2020)

Includes TRICARE Select, TRICARE Overseas Program (TOP) Select, TRS, TRR, TYA Select, and CHCBP plans.

Annual Enrollment Fees (TRICARE Select and TOP Select only)

No yearly enrollment fee for ADFMs. For retirees, their families, and others:

- **Group A:** No yearly enrollment fee
- **Group B:** \$471 per individual/\$942 per family

Annual Deductible

You must spend your deductible amount before TRICARE cost-sharing begins:

ADFMs and TRS members			
Pay grades E-4 and below			
Group A		Group B	
Individual	Family	Individual	Family
\$50	\$100	\$52	\$104
Pay grades E-5 and above			
Group A		Group B	
Individual	Family	Individual	Family
\$150	\$300	\$156	\$313
Retirees, their families, TRR members, and all others			
Group A		Group B	
Individual	Family	Individual	Family
\$150	\$300	Network†: \$156	Network†: \$313
		Out-of-Network†: \$313	Out-of-Network†: \$626

(Continued on next page)

* For certain beneficiaries in Group A, their enrollment fee remains frozen at the rate when the survivor or medically-retired member is classified in the Defense Enrollment Eligibility Reporting System in either category and enrolls, as long as there is a continuous TRICARE Prime enrollment. See www.tricare.mil/costs for more information.

† Network means a provider in the TRICARE network. Out-of-network means a TRICARE-authorized provider not in the TRICARE network.

TRICARE Select Out-of-Pocket Costs: Network and Out-of-Network*

Covered Services	ADFM's and TRS members		Retirees, their families, TRR members, and all others	
	Group A	Group B	Group A	Group B
Preventive Care Visit	\$0	\$0	\$0	\$0
Primary Care Outpatient Visit	Network: \$22 Out-of-Network: 20%†	Network: \$15 Out-of-Network: 20%†	Network: \$30 Out-of-Network: 25%†	Network: \$26 Out-of-Network: 25%†
Specialty Care Outpatient Visit	Network: \$33 Out-of-Network: 20%†	Network: \$26 Out-of-Network: 20%†	Network: \$45 Out-of-Network: 25%†	Network: \$41 Out-of-Network: 25%†
Urgent Care Center Visit	Network: \$22 Out-of-Network: 20%†	Network: \$20 Out-of-Network: 20%†	Network: \$30 Out-of-Network: 25%†	Network: \$41 Out-of-Network: 25%†
Emergency Room Visit	Network: \$89 Out-of-Network: 20%†	Network: \$41 Out-of-Network: 20%†	Network: \$118 Out-of-Network: 25%†	Network: \$83 Out-of-Network: 25%†
Inpatient Admission (Hospitalization)	\$19.55 per day or \$25 per admission (whichever is more) Network and Out-of-Network	\$62 per admission Network	\$250 per day or up to 25% hospital charge (whichever is less); plus 20% separately billed services Network	\$182 per admission Network
		20%† Out-of-Network	\$953 per day§ or up to 25% hospital charge (whichever is less); plus 25% separately billed services Out-of-Network	25%† Out-of-Network
		\$19.55 per day (subsistence charge)‡ Military Hospital or Clinic		

* Network means a provider in the TRICARE network. Out-of-network means a TRICARE-authorized provider not in the TRICARE network.

† Percentage of TRICARE maximum-allowable charge after deductible is met.

PREMIUM-BASED HEALTH PLANS

When enrolled in a premium-based health plan (TRS, TRR, TYA Prime, TYA Select, or CHCBP), you pay a monthly or quarterly premium and follow Group B deductibles and applicable copayments or cost-shares.

Quarterly Premium (Oct. 1, 2019–Sept. 30, 2020)		
Premium-Based Plan	Individual	Family
Continued Health Care Benefit Program	\$1,553	\$3,500

Monthly Premium (Jan. 1–Dec. 31, 2020)		
Premium-Based Plan	Member only	Member and family
TRICARE Reserve Select	\$44.17	\$228.27
TRICARE Retired Reserve	\$444.37	\$1,066.26
TRICARE Young Adult Prime	\$376	Not available
TRICARE Young Adult Select	\$228	Not available

Catastrophic Cap

The catastrophic cap is the most you or your family may pay out of pocket for covered TRICARE health care services each calendar year. This protects you because it limits the amount of out-of-pocket expenses you pay for TRICARE covered medical services. **Note:** The TYA member's catastrophic cap is based on the sponsor's status but follows Group B. The CHCBP catastrophic cap follows Group B.

Sponsor or Beneficiary Type	Group A	Group B
ADFMs	\$1,000/family	\$1,044/family
Retirees, their families, and others	\$3,000/family	\$3,655/family
TRS members	(Follow Group B)	\$1,044/family
TRR members	(Follow Group B)	\$3,655/family



PHARMACY COSTS (JAN. 1, 2020–DEC. 31, 2021)

ADSMs have no prescription drug costs when using a military pharmacy, TRICARE Pharmacy Home Delivery, or a TRICARE retail network pharmacy for covered drugs. Costs for all others are shown below.

At TRICARE retail network and non-network pharmacies, you may get up to a 30-day supply of your covered prescription. With all other pharmacy options, you may get up to a 90-day supply. Your options for filling your prescription depend on the type of drug your provider prescribes. Some drugs are only covered through TRICARE Pharmacy Home Delivery. Overseas, some limitations may apply.

To learn more, visit www.express-scripts.com/TRICARE or call Express Scripts, Inc., which administers the TRICARE pharmacy benefit, at 1-877-363-1303.

Pharmacy types	Formulary drug costs		Non-formulary drug costs	Non-covered drug costs
	Generic	Brand-name		
Military pharmacy Up to a 90-day supply	\$0	\$0	Generally not available without medical necessity	Not available
TRICARE Pharmacy Home Delivery Up to a 90-day supply	\$10	\$29	\$60	Not available
TRICARE retail network pharmacy Up to a 30-day supply	\$13	\$33	\$60	Full cost of drug
Non-network pharmacy (in the U.S. and U.S. territories: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands)	TRICARE Prime options: 50% cost-share applies after the point-of-service (POS) deductible is met All other beneficiaries: You pay for formulary drugs (\$33 or 20% of total cost, whichever is more, after you meet your annual deductible) and non-formulary drugs (\$60 or 20% of total cost, whichever is more, after you meet your annual deductible).			Full cost of drug
Overseas pharmacy (outside the U.S. and U.S. territories) Visit www.tricare.mil/overseas-pharmacy for more information.	ADSMs and ADFMs using TOP Prime or TOP Prime Remote: \$0 (you may have to pay the full cost up front and file a claim for reimbursement) ADFMs using TOP Select and TRS members: 20% cost-share after yearly deductible is met Retirees, their families, TRR members, and all others enrolled in TOP Select: 25% cost-share after the yearly deductible is met			Full cost of drug



VOLUNTARY DENTAL PROGRAMS

There are two voluntary dental options separate from TRICARE health care options: the TRICARE Dental Program (TDP) and the Federal Employees Dental and Vision Insurance Program (offered by the U.S. Office of Personnel Management). Below are the TDP rates. To learn more about dental programs and eligibility, visit www.tricare.mil/dental.

TRICARE Dental Program Monthly Premiums (May 1, 2019–April 30, 2020)

Sponsor status	Sponsor-only premium	Single premium (one family member, not the sponsor)	Family premium (more than one family member, not the sponsor)	Sponsor-and-family premium
Active duty	N/A	\$11.54	\$30.00	N/A
Selected Reserve	\$11.54	\$28.85	\$75.01	\$86.55
Individual Ready Reserve	\$28.85	\$28.85	\$75.01	\$103.86

TRICARE Dental Program Out-of-Pocket Costs (May 1, 2019–April 30, 2020)

Services, deductibles, and maximums	TRICARE Dental Program
Diagnostic, preventive (including sealants)	0%
Basic restorative	20%
Endodontic, periodontic, oral surgery	Pay grades E-1 through E-4: 30%; All others: 40%
Prosthodontic, implant, orthodontic	50%
Yearly deductible	\$0
Non-orthodontic service maximum*	\$1,500 (per person, per contract year, May 1–April 30)
Orthodontic lifetime maximum	\$1,750 (per person, per lifetime)
Dental accident maximum	\$1,200 (per person, per contract year, May 1–April 30)

* Orthodontic diagnostic service charges are applied towards the non-orthodontic service maximum, but other diagnostic and preventive service charges are not.

LOOKING FOR More Information?

GO TO www.tricare.mil/contactus



TRICARE Costs

www.tricare.mil/costs



TRICARE Plan Finder

www.tricare.mil/planfinder



TRICARE East Region

Humana Military
1-800-444-5445
HumanaMilitary.com
www.tricare-east.com



TRICARE Overseas Program (TOP)

International SOS
Government Services, Inc.
www.tricare-overseas.com
For toll-free contact information, visit this website.



TRICARE Pharmacy Program

Express Scripts, Inc.
1-877-363-1303
1-877-540-6261 (TDD/TTY)
www.tricare.mil/pharmacy
www.express-scripts.com/TRICARE



TRICARE Dental Program

United Concordia Companies, Inc.
1-844-653-4061 (CONUS)
1-844-653-4060 or 1-717-888-7400 (OCONUS)
711 (TDD/TTY)
www.uccitdp.com



TRICARE West Region

Health Net Federal Services, LLC
1-844-866-WEST (1-844-866-9378)
www.tricare-west.com

TOP Regional Call Centers Eurasia-Africa

+44-20-8762-8384 (overseas)
1-877-678-1207 (stateside)
tricarelon@internationalsos.com

Latin America and Canada

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An Important Note About TRICARE Program Information

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic.

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