



This brochure provides an overview of most costs and fees for TRICARE programs. For a more detailed view of costs and fees, visit [www.tricare.mil/costs](http://www.tricare.mil/costs). To learn more about each TRICARE program option, visit [www.tricare.mil/planfinder](http://www.tricare.mil/planfinder).

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

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

*Note: TRICARE Retired Reserve (TRR), TRICARE Reserve Select (TRS), TRICARE Young Adult (TYA) and Continued Health Care Benefit Program (CHCBP) enrollees have Group B cost-shares, deductibles and catastrophic caps.*

## TRICARE PRIME® COSTS (Jan. 1–Dec. 31)

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 (ADFM)s and transitional survivors (surviving spouses during the first three years and surviving dependent children) worldwide.

For retirees, their families and others†:

- **Group A:** \$289.08 per individual/\$578.16 per family
- **Group B:** \$350 per individual/\$700 per family

### Annual Deductible

There is no annual deductible.

## TRICARE Prime Out-of-Pocket Health Care 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	\$30	\$30
Urgent Care Center Visit	\$30	\$30
Emergency Room Visit	\$60	\$60
Inpatient Admission (Hospitalization)	\$150/admission	\$150/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 begins: \$300 per individual/\$600 per family
- For services beyond this deductible, you pay 50 percent of the TRICARE-allowable charge
- These costs do not apply to the catastrophic cap

## TRICARE SELECT COSTS (Jan. 1–Dec. 31)

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:** \$450 per individual/\$900 per family

### Annual Deductible

You must meet a deductible before TRICARE cost-sharing begins. Refer to the chart below:

ADFM)s and TRS members			
Pay grades E-4 and below			
Group A		Group B	
Individual	Family	Individual	Family
\$50	\$100	\$50	\$100

  

Pay grades E-5 and above			
Group A		Group B	
Individual	Family	Individual	Family
\$150	\$300	\$150	\$300

  

Retirees, their families, TRR members and all others			
Group A		Group B	
Individual	Family	Individual	Family
\$150	\$300	\$150 Network‡	\$300 Network‡
		\$300 Out-of-Network‡	\$600 Out-of-Network‡

(Continued on next page)

\* Active duty service members (ADSMs) are not eligible for USFHP.

† For certain beneficiaries in Group A, their enrollment fee remains frozen at the rate when the survivor or medically-retired member is classified in DEERS in either category and enrolls, as long as there is a continuous TRICARE Prime enrollment. See [www.tricare.mil/plans/enroll/prime/enrollmentfees/annualincrease](http://www.tricare.mil/plans/enroll/prime/enrollmentfees/annualincrease) 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 Health Care 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
<b>Preventive Care Visit</b>	\$0	\$0	\$0	\$0
<b>Primary Care Outpatient Visit</b>	\$21 Network	\$15 Network	\$28 Network	\$25 Network
	20%† Out-of-Network	20%† Out-of-Network	25%† Out-of-Network	25%† Out-of-Network
<b>Specialty Care Outpatient Visit</b>	\$31 Network	\$25 Network	\$41 Network	\$40 Network
	20%† Out-of-Network	20%† Out-of-Network	25%† Out-of-Network	25%† Out-of-Network
<b>Urgent Care Center Visit</b>	\$21 Network	\$20 Network	\$28 Network	\$40 Network
	20%† Out-of-Network	20%† Out-of-Network	25%† Out-of-Network	25%† Out-of-Network
<b>Emergency Room Visit</b>	\$81 Network	\$40 Network	\$109 Network	\$80 Network
	20%† Out-of-Network	20%† Out-of-Network	25%† Out-of-Network	25%† Out-of-Network
<b>Inpatient Admission (Hospitalization)</b>	\$18.60 per day or \$25 per admission (whichever is more) Network and Out-of-Network	\$60 per admission Network	\$250 per day or up to 25% hospital charge (whichever is less); plus 20% separately billed services Network	\$175 per admission Network
	‡ <i>Subsistence charge refers to the rate charged for inpatient care obtained in a military hospital or clinic.</i> § <i>All final claims reimbursed under the TRICARE Diagnosis Related Group (DRG)-based payment system are to be priced using the rules, weights and rates in effect as of the date of discharge.</i>	20%† Out-of-Network	\$901 per day§ or up to 25% hospital charge (whichever is less); plus 25% separately billed services Out-of-Network	25%† Out-of-Network
	\$18.60 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.

### TRICARE Prime and TRICARE Select Calendar Year (CY) 2018 Catastrophic Cap (Jan. 1–Dec. 31)

**ADFM's and TRS members:**  
\$1,000 per family (Groups A and B)

**Retirees, their families and all others:**  
\$3,000 per family (Group A)  
\$3,500 per family (Group B, including all TRR, TYA and CHCBP members)

## Premium-Based Health Plans

### Calendar Year (CY) 2018 Monthly Premiums (Jan. 1–Dec. 31)

#### TRS Monthly Premium

\$46.09 Member only  
\$221.38 Member and family

#### TYA Monthly Premium

\$324 TYA Prime plans  
\$225 TYA Select plans

#### TRR Monthly Premium

\$431.35 Member only  
\$1,038.31 Member and family

### Fiscal Year (FY) 2018 Quarterly Premiums

(Oct. 1, 2017–Sept. 30, 2018)

#### CHCBP Quarterly Premium

\$1,425 Individual  
\$3,210 Family

## TRICARE PHARMACY PROGRAM COSTS (Feb. 1, 2018–Jan. 31, 2019)

ADSMs have no prescription drug costs when using a military pharmacy, TRICARE Pharmacy Home Delivery or a TRICARE retail network pharmacy. 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 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](http://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 (Tier 3) drug costs
	Generic (Tier 1)	Brand-name (Tier 2)	
<b>Military pharmacy</b>	\$0	\$0	Not available
<b>TRICARE Pharmacy Home Delivery</b>	\$7	\$24	\$53
<b>TRICARE retail network pharmacy</b>	\$11	\$28	\$53
<b>Non-network pharmacy</b> (in the U.S. and U.S. territories: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands)	<b>TRICARE Prime options:</b> 50% cost-share applies after the point-of-service (POS) deductible is met <b>All other beneficiaries:</b> \$28 or 20% of the total cost, whichever is greater, after the yearly deductible is met		<b>TRICARE Prime options:</b> 50% cost-share applies after the POS deductible is met <b>All other beneficiaries:</b> \$53 or 20% of the total cost, whichever is greater, after the yearly deductible is met
<b>Overseas pharmacy</b> (outside the U.S. and U.S. territories)  Visit <a href="http://www.tricare.mil/overseas-pharmacy">www.tricare.mil/overseas-pharmacy</a> for more information.	<b>ADSMs and ADFMs using TOP Prime or TOP Prime Remote:</b> \$0 (you may have to pay the full cost up front and file a claim for reimbursement) <b>ADFMs using TOP Select and TRS members:</b> 20% cost-share after yearly deductible is met <b>Retirees, their families, TRR members and all others enrolled in TOP Select:</b> 25% cost-share after the yearly deductible is met		

## TRICARE DENTAL PROGRAM AND TRICARE RETIREE DENTAL PROGRAM COSTS

### TRICARE Dental Program Monthly Premiums (May 1, 2017–April 30, 2018)

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
<b>Active duty</b>	N/A	\$11.10	\$28.87	N/A
<b>Selected Reserve</b>	\$11.10	\$27.76	\$72.18	\$83.28
<b>Individual Ready Reserve</b>	\$27.76	\$27.76	\$72.18	\$99.94

### TRICARE Retiree Dental Program Monthly Premiums (Jan. 1–Dec. 31)

Visit [www.trdp.org](http://www.trdp.org) to view premium rates for your region.

#### Costs for Dental Care

Services, deductibles and maximums	TRICARE Dental Program (TDP)	TRICARE Retiree Dental Program (TRDP)
<b>Diagnostic, preventive (including sealants)</b>	0%	0% (20% for sealants)
<b>Basic restorative</b>	20%	20%
<b>Endodontic, periodontic, oral surgery</b>	Pay grades E-1 through E-4: 30% All others: 40%	40%
<b>Prosthodontic, implant, orthodontic</b>	50%	50% (100% during your first 12 months of enrollment); Enhanced benefit only
<b>Yearly deductible</b>	\$0	\$50 per person, per enrollment year; \$150 cap per family
<b>Non-orthodontic service maximum*</b>	\$1,500 (per person, per contract year, May 1–April 30)	\$1,300 (per person, per contract year, Jan. 1–Dec. 31) enhanced benefit; \$1,000 (per person, per contract year, Jan. 1–Dec. 31) basic benefit
<b>Orthodontic lifetime maximum</b>	\$1,750 (per person, per lifetime)	\$1,750 (per person, per lifetime); Enhanced benefit only
<b>Dental accident maximum</b>	\$1,200 (per person, per contract year, May 1–April 30)	\$1,200 (per person, per contract year, Jan. 1–Dec. 31); Enhanced benefit only

\* 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](http://www.tricare.mil/contactus)



**TRICARE East Region**

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



**TRICARE West Region**

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



**TRICARE Overseas Program (TOP)**

International SOS  
Government Services, Inc.  
www.tricare-overseas.com

For toll-free contact information, visit  
[www.tricare-overseas.com/contact-us](http://www.tricare-overseas.com/contact-us)

**TOP Regional Call Centers**

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

**Latin America and Canada**  
+1-215-942-8393 (overseas)  
1-877-451-8659 (stateside)  
tricarephl@internationalsos.com

**Pacific (Singapore)**  
+65-6339-2676 (overseas)  
1-877-678-1208 (stateside)  
sin.tricare@internationalsos.com

**Pacific (Sydney)**  
+61-2-9273-2710 (overseas)  
1-877-678-1209 (stateside)  
sydtricare@internationalsos.com

**TRICARE Pharmacy Program**

1-877-363-1303  
www.tricare.mil/pharmacy  
www.express-scripts.com/TRICARE

**TRICARE Dental Options**

**Active Duty Dental Program**  
United Concordia Companies, Inc.  
1-866-984-ADDP (1-866-984-2337)  
www.addp-ucci.com

**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 Retiree Dental Program**  
Delta Dental of California  
1-888-838-8737  
www.trdp.org

**Defense Enrollment Eligibility Reporting System (DEERS)**

www.tricare.mil/deers

**TRICARE Prime**

www.tricare.mil/prime

**TRICARE Select**

www.tricare.mil/select

**TRICARE Plus**

www.tricare.mil/plus

**TRICARE Retired Reserve**

www.tricare.mil/trr

**TRICARE Reserve Select**

www.tricare.mil/trs

**TRICARE Young Adult**

www.tricare.mil/tya

**TRICARE For Life**

www.tricare.mil/tfl  
Wisconsin Physicians  
Service—Military and  
Veterans Health  
1-866-773-0404  
www.tricare4u.com

**US Family Health Plan**

1-800-74-USFHP  
(1-800-748-7347)  
www.tricare.mil/usfhp

**Continued Health Care Benefit Program**

www.tricare.mil/chcbp

**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. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.