



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. To learn more about each TRICARE program option visit 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 military sponsor's initial enlistment or appointment began before Jan. 1, 2018.
- You are in Group B if your or your military 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.

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 (ADFMs) 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:

ADFMs 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 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
Preventive Care Visit	\$0	\$0	\$0	\$0
Primary Care Outpatient Visit	\$21 Network	\$15 Network	\$28 Network	\$25 Network
	20% [†] Out-of-Network	20% [†] Out-of-Network	25% [†] Out-of-Network	25% [†] Out-of-Network
Specialty Care Outpatient Visit	\$31 Network	\$25 Network	\$41 Network	\$40 Network
	20% [†] Out-of-Network	20% [†] Out-of-Network	25% [†] Out-of-Network	25% [†] Out-of-Network
Urgent Care Center Visit	\$21 Network	\$20 Network	\$28 Network	\$40 Network
	20% [†] Out-of-Network	20% [†] Out-of-Network	25% [†] Out-of-Network	25% [†] Out-of-Network
Emergency Room Visit	\$81 Network	\$40 Network	\$109 Network	\$80 Network
	20% [†] Out-of-Network	20% [†] Out-of-Network	25% [†] Out-of-Network	25% [†] Out-of-Network
Inpatient Admission (Hospitalization)	\$18.60 per day (subsistence charge) [‡] 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
		20% [†] Out-of-Network	DRG [§] per diem or \$250 per day 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, TRR members and all others:

\$3,000 per family (Group A)
\$3,500 per family (Group B)

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 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)	
Military pharmacy	\$0	\$0	Not available
TRICARE Pharmacy Home Delivery	\$7	\$24	\$53
TRICARE retail network pharmacy	\$11	\$28	\$53
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: \$24 or 20% of the total cost, whichever is greater, after the yearly deductible is met		TRICARE Prime options: 50% cost-share applies after the POS deductible is met All other beneficiaries: \$53 or 20% of the total cost, whichever is greater, after the yearly deductible is met
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		

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

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

Visit 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)
Diagnostic, preventive (including sealants)	0%	0% (20% for sealants)
Basic restorative	20%	20%
Endodontic, periodontic, oral surgery	Pay grades E-1 through E-4: 30% All others: 40%	40%
Prosthodontic, implant, orthodontic	50%	50% (100% during your first 12 months of enrollment); Enhanced benefit only
Yearly deductible	\$0	\$50 per person, per enrollment year; \$150 cap per family
Non-orthodontic service maximum*	\$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
Orthodontic lifetime maximum	\$1,750 (per person, per lifetime)	\$1,750 (per person, per lifetime); Enhanced benefit only
Dental accident maximum	\$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

E

TRICARE East Region

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

W

TRICARE West Region

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

O

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

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.