



This is a general overview of most costs and fees for TRICARE. For detailed costs and fees, including those for TRICARE For Life, visit www.tricare.mil/costs. Visit www.tricare.mil/planfinder to learn more about eligibility and TRICARE plans.

Are You In 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 annual deductibles and applicable copayments or cost-shares.

TRICARE PRIME® (JAN. 1–DEC. 31, 2024)

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

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

No annual 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:** \$363 per individual/\$726 per family
- **Group B:** \$438.96 per individual/\$879 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	\$25	\$25
Specialty Care Outpatient Visit	\$37	\$37
Urgent Care Center Visit	\$37	\$37
Emergency Room Visit	\$75	\$75
Inpatient Admission (Hospitalization), Network	\$188/ admission	\$188/ 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:

- An annual 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 don't apply to the catastrophic cap.

TRICARE SELECT® (JAN. 1–DEC. 31, 2024)

Includes TRICARE Select, TRICARE Select Overseas, TRS, TRR, TYA Select, and CHCBP plans.

Annual Enrollment Fees (TRICARE Select and TRICARE Select Overseas only)

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

- **Group A:** \$177.96 per individual/\$355.92 per family
- **Group B:** \$564.96 per individual/\$1,131 per family

Annual Deductible

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

ADFM's and TRS members			
Pay grades E-4 and below			
Group A		Group B and TRS members	
Individual	Family	Individual	Family
\$50	\$100	\$62	\$125
Pay grades E-5 and above			
Group A		Group B and TRS members	
Individual	Family	Individual	Family
\$150	\$300	\$188	\$377
Retirees, their families, TRR members, and all others			
Group A		Group B and TRR members	
Individual	Family	Individual	Family
\$150	\$300	Network [†] : \$188	Network [†] : \$377
		Out-of-Network [†] : \$377	Out-of-Network [†] : \$754

(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 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.

Certain 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 and TRS members	Group A	Group B and TRR members
Preventive Care Visit	\$0	\$0	\$0	\$0
Primary Care Outpatient Visit	Network: \$27 Out-of-Network: 20% †	Network: \$18 Out-of-Network: 20% †	Network: \$36 Out-of-Network: 25% †	Network: \$31 Out-of-Network: 25% †
Specialty Care Outpatient Visit	Network: \$38 Out-of-Network: 20% †	Network: \$31 Out-of-Network: 20% †	Network: \$50 Out-of-Network: 25% †	Network: \$50 Out-of-Network: 25% †
Urgent Care Center Visit	Network: \$27 Out-of-Network: 20% †	Network: \$25 Out-of-Network: 20% †	Network: \$36 Out-of-Network: 25% †	Network: \$50 Out-of-Network: 25% †
Emergency Room Visit	Network: \$104 Out-of-Network: 20% †	Network: \$50 Out-of-Network: 20% †	Network: \$139 Out-of-Network: 25% †	Network: \$100 Out-of-Network: 25% †
Inpatient Admission (Hospitalization)	Network and Out-of-Network: \$22.30 per day or \$25 per admission (whichever is more)	Network: \$75 per admission	Network: \$250 per day or up to 25% hospital charge (whichever is less); plus 20% separately billed services	Network: \$219 per admission
		Out-of-Network: 20% †	Out-of-Network: \$1,221 per day § or up to 25% hospital charge (whichever is less); plus 25% separately billed services	Out-of-Network: 25% †
‡ Subsistence charge refers to the rate charged for inpatient care obtained in a military hospital or clinic. § All final claims reimbursed under the TRICARE Diagnosis Related Group-based payment system are to be priced using the rules, weights, and rates in effect as of the date of discharge.		\$22.30 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 annual deductible is met.

When enrolled in a premium-based health plan (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult Prime, TRICARE Young Adult Select, or the Continued Health Care Benefit Program), you pay a monthly or quarterly premium and follow Group B annual deductibles and applicable copayments or cost-shares.

Quarterly Premium (Jan. 1 Dec. 31, 2024)		
Premium-Based Plan	Individual	Family
Continued Health Care Benefit Program	\$1,813	\$4,539

Monthly Premium (Jan. 1 Dec. 31, 2024)		
Premium-Based Plan	Member only	Member and family
TRICARE Reserve Select	\$51.95	\$256.87
TRICARE Retired Reserve	\$585.24	\$1,406.22
TRICARE Young Adult Prime	\$637	Not available
TRICARE Young Adult Select	\$311	Not available

Catastrophic Cap

The catastrophic cap is the most you or your family may pay out of pocket for covered TRICARE health services each calendar year (including enrollment fees but excluding premiums). It protects you by limiting the amount of out-of-pocket expenses you pay for TRICARE covered medical services. **Note:** A TRICARE Young Adult member’s catastrophic cap is based on the sponsor’s status but follows group B. The Continued Health Care Benefit Program catastrophic cap follows Group B.

Sponsor or Beneficiary Type	Group A	Group B
ADFMs	\$1,000/family	\$1,256/family
Retirees, their families, and others	\$3,000/family (TRICARE Prime) \$4,157/family (TRICARE Select)	\$4,399/family
TRS members	(Follow Group B)	\$1,256/family
TRR members	(Follow Group B)	\$4,399/family



PHARMACY COSTS (JAN. 1, 2024–DEC. 31, 2025)

Copayments won’t change in 2024 for survivors of active duty service members and medically retired service members and their family members. ADSMs have no prescription drug costs when using a military pharmacy, TRICARE Pharmacy Home Delivery, or a TRICARE retail network pharmacy for covered drugs. Your TRICARE plan, which group you’re in (A or B), and pharmacy type determine whether you may have to meet your annual deductible before copayments or cost-shares apply. To learn more, use the TRICARE Compare Cost Tool at www.tricare.mil/comparecosts.

At 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, depending on the type of drug prescribed. Some drugs are only covered through home delivery. Overseas, some limitations may apply. Learn more at <https://militaryrx.express-scripts.com>, or call Express Scripts 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	\$13	\$38	\$76	Not available
TRICARE retail network pharmacy Up to a 30-day supply	\$16	\$43	\$76	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 you meet your point-of-service annual deductible All other beneficiaries: You pay for formulary drugs (\$43 or 20% of total cost, whichever is more, after you meet your annual deductible) and non-formulary drugs (\$76 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/pharmacy for more information.	ADSMs and ADFMs using TRICARE Prime Overseas or TRICARE Prime Remote Overseas: \$0 (you may have to pay the full cost up front and file a claim for reimbursement) ADFMs using TRICARE Select Overseas and TRS members: 20% cost-share after you meet your annual deductible Retirees, their families, TRR members, and all others in TRICARE Select Overseas: 25% cost-share after you meet your annual deductible			Full cost of drug



VOLUNTARY DENTAL PROGRAMS

The TRICARE Dental Program (TDP) is a voluntary, premium-based dental program. Below are the TDP rates. To learn more about dental plans and eligibility, visit www.tricare.mil/dental. **Note:** Retirees, their families, and certain others may be eligible for dental coverage through the Federal Employees Dental and Vision Insurance Program (FEDVIP). Learn about FEDVIP dental and vision coverage at www.benefeds.com.

TRICARE Dental Program Monthly Premiums (May 1, 2023–April 30, 2024)

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	\$12.36	\$32.13	N/A
Selected Reserve	\$12.36	\$30.89	\$80.33	\$92.69
Individual Ready Reserve	\$30.89	\$30.89	\$80.33	\$111.22

TRICARE Dental Program Out-of-Pocket Costs (May 1, 2023–April 30, 2024)

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%
Annual 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 toward the non-orthodontic service maximum, but other diagnostic and preventive service charges are not.

Note: More costs, including those for survivors and medically retired individuals, are available at www.tricare.mil/costs.

LOOKING FOR More Information?

GO TO www.tricare.mil



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
<https://militaryrx.express-scripts.com>



TRICARE Dental Program

United Concordia Companies, Inc.
CONUS: 1-844-653-4061
OCONUS: 1-844-653-4060 or 1-717-888-7400
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

+1-215-942-8393 (overseas)
1-877-451-8659 (stateside)
tricarephl@internationalsos.com

Pacific

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

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.

TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.