TRICARE® 2027 Costs and Fees

This is an overview of TRICARE costs and fees.

All costs are for Jan. 1–Dec. 31, 2027, unless noted.

For more costs and fees, including those for survivors, medically retired individuals, TRICARE For Life, the TRICARE Dental Program, and the Continued Health Care Benefit Program, go to **tricare.mil/costs**.

Know Your Plan, Find Your Costs

Your TRICARE plan, who you are, and your beneficiary group all affect your costs. To find your costs, start by finding your health plan.

- **TRICARE Prime®** . . . . . **See pages 2-5.**
  Plans include TRICARE Prime, TRICARE Prime Remote, TRICARE Prime Overseas, TRICARE Prime Remote Overseas, Uniformed Services Family Health Plan, and TRICARE Prime Demo
- **TRICARE Select®** . . . . . **See pages 2-5.**
  Plans include TRICARE Select and TRICARE Select Overseas
- **Premium-based plans** . . . . . **See pages 6-7.**
  Plans include TRICARE Reserve Select®, TRICARE Retired Reserve®, and TRICARE Young Adult
- **TRICARE Pharmacy Program** . . . . . **See page 8.**

Not sure which plan you have? You can find out by checking your DEERS profile in milConnect (**milconnect.dmdc.osd.mil**) or calling your regional contractor.

IMPORTANT

Copayments and cost-shares in this guide are for TRICARE-covered services. You pay the full cost for non-covered services. Go to **tricare.mil/coveredservices** to learn more about what TRICARE covers.

Some services require a referral or pre-authorization. Learn more at **tricare.mil/referrals**.

You'll pay less out of pocket when you follow your plan's rules for getting care. Go to **tricare.mil/gettingcare** to learn more.

Helpful Terms

Keep these terms in mind as you review your costs. Look for more helpful terms throughout this guide.

Catastrophic cap: The most you pay out of pocket each calendar year (Jan. 1–Dec. 31) for TRICARE-covered services. Not all costs count toward your catastrophic cap. Go to **tricare.mil/catcap** to learn more.

Copayment: The fixed dollar amount you pay for a covered healthcare service or drug.

Cost-share: A percentage of the total cost of a covered healthcare service that you pay.

Deductible: The amount you must pay before cost-sharing begins. TRICARE Select plans and most premium-based plans have an annual deductible.

Enrollment fee: The amount you may pay each year to enroll in a TRICARE Prime or TRICARE Select plan.

Network provider: A provider in the TRICARE network.

Non-network provider: A TRICARE-authorized provider not in the TRICARE network.

TRICARE-allowable charge: The maximum amount TRICARE will pay a provider for a procedure, service, or equipment.

TRICARE PRIME AND TRICARE SELECT PLANS

Costs for Active Duty Service Members

You have no enrollment fees and no deductibles. You'll pay nothing out of pocket for TRICARE-covered services when following the rules of your plan.

Costs for Active Duty Family Members and Transitional Survivors in Group A

You're in **Group A** if your sponsor's initial enlistment or appointment occurred **before** Jan. 1, 2018.

Cost Type	TRICARE Prime	TRICARE Select
Enrollment fee (annual)	$0	$0
Deductible (annual)	$0	**Pay grades E-1 through E-4:** $50 per individual $100 per family **Pay grades E-5 and above:** $150 per individual $300 per family
Catastrophic cap (annual)	$1,000 per family	$1,000 per family
Preventive services	**Network:** $0 **Non-network:** Point-of-service fees	**Network or non-network:** $0
Primary care outpatient visit	**Network:** $0 **Non-network:** Point-of-service fees	**Network:** $30 **Non-network:** 20%
Specialty care outpatient visit	**Network:** $0 **Non-network:** Point-of-service fees	**Network:** $39 **Non-network:** 20%
Laboratory and X-ray services	**Network:** $0 **Non-network:** Point-of-service fees	**Network:** $0 **Non-network:** 20%
Urgent care	**Network provider or TRICARE-authorized urgent care center:** $0 **Any other urgent care provider:** Point-of-service fees	**Network:** $30 **Non-network:** 20%
Emergency visit	**Network or non-network:** $0	**Network:** $107 **Non-network:** 20%
Hospitalization (inpatient admission)	**Network:** $0 **Non-network:** Point-of-service fees	**Network or non-network:** $25.45 per day

Costs for Active Duty Family Members and Transitional Survivors in Group B

You're in **Group B** if your sponsor's initial enlistment or appointment occurred **on or after** Jan. 1, 2018.

Cost Type	TRICARE Prime	TRICARE Select
Enrollment fee (annual)	$0	$0
Deductible (annual)	$0	**Pay grades E-1 through E-4:** $68 per individual $137 per family **Pay grades E-5 and above:** $205 per individual $411 per family
Catastrophic cap (annual)	$1,372 per family	$1,372 per family
Preventive services	**Network:** $0 **Non-network:** Point-of-service fees	**Network or non-network:** $0
Primary care outpatient visit	**Network:** $0 **Non-network:** Point-of-service fees	**Network:** $20 **Non-network:** 20%
Specialty care outpatient visit	**Network:** $0 **Non-network:** Point-of-service fees	**Network:** $34 **Non-network:** 20%
Laboratory and X-ray services	**Network:** $0 **Non-network:** Point-of-service fees	**Network:** $0 **Non-network:** 20%
Urgent care	**Network provider or TRICARE-authorized urgent care center:** $0 **Any other urgent care provider:** Point-of-service fees	**Network:** $27 **Non-network:** 20%
Emergency visit	**Network or non-network:** $0	**Network:** $54 **Non-network:** 20%
Hospitalization (inpatient admission)	**Network:** $0 **Non-network:** Point-of-service fees	**Network:** $82 per admission **Non-network:** 20%

Helpful Terms: Point-of-Service Option

Do you have a TRICARE Prime plan? The point-of-service option lets you get nonemergency care from any TRICARE-authorized provider other than your primary care manager without a referral. The point-of-service option doesn't apply to active duty service members.

When you use the point-of-service option, you'll pay:

- An annual point-of-service deductible before TRICARE cost-sharing begins. This deductible is $300 per individual or $600 per family.
- 50% of the TRICARE-allowable charge after you meet your point-of-service deductible.

Point-of-service fees don't count toward your catastrophic cap. Go to **tricare.mil/pointofservice** to learn more.

TRICARE PRIME AND TRICARE SELECT PLANS

Costs for Retirees and Their Family Members in Group A

You're in **Group A** if your sponsor's initial enlistment or appointment occurred **before** Jan. 1, 2018.

Are you enrolled in the TRICARE Prime Demo? Your enrollment fees are waived for the first 12 months, regardless of when you enroll. After the first year, you'll pay enrollment fees.

Cost Type	TRICARE Prime	TRICARE Select
Enrollment fee (annual)	**Individual:** $396 **Family:** $792.96	**Individual:** $193.92 **Family:** $388.92
Deductible (annual)	$0	**Individual:** $150 **Family:** $300
Catastrophic cap (annual)	$3,000 per family	$4,538 per family $3,000 per family for medically retired sponsors, their family members, and survivors
Preventive services	**Network:** $0 **Non-network:** Point-of-service fees	**Network or non-network:** $0
Primary care outpatient visit	**Network:** $27 **Non-network:** Point-of-service fees	**Network:** $40 **Non-network:** 25%
Specialty care outpatient visit	**Network:** $41 **Non-network:** Point-of-service fees	**Network:** $52 **Non-network:** 25%
Laboratory and X-ray services	**Network:** $0 **Non-network:** Point-of-service fees	**Network:** $0 **Non-network:** 25%
Urgent care	**Network provider or TRICARE-authorized urgent care center:** $41 **Any other urgent care provider:** Point-of-service fees	**Network:** $40 **Non-network:** 25%
Emergency visit	**Network or non-network:** $82	**Network:** $143 **Non-network:** 25%
Hospitalization (inpatient admission)	**Network or non-network:** $205 per admission	**Network:** $250 per day or up to 25% hospital charge (whichever is less), plus 20% separately billed services **Non-network:** $1,345* per day or up to 25% hospital charge (whichever is less), plus 25% separately billed services

**Cost through Dec. 31, 2026. 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.*

Note: If you're a medically retired sponsor, family member, or survivor in Group A, your enrollment fee remains frozen at the rate when you were classified in DEERS as medically retired or as a survivor and enrolled in TRICARE Prime. It stays frozen as long as there's no break in your TRICARE Prime enrollment. For more information, go to **tricare.mil/comparecosts**.

Costs for Retirees and Their Family Members in Group B

You're in **Group B** if your sponsor's initial enlistment or appointment occurred **on or after** Jan. 1, 2018.

Are you enrolled in the TRICARE Prime Demo? Your enrollment fees are waived for the first 12 months, regardless of when you enroll. After the first year, you'll pay enrollment fees.

Cost Type	TRICARE Prime	TRICARE Select
Enrollment fee (annual)	**Individual:** $480 **Family:** $960	**Individual:** $616.92 **Family:** $1,233.96
Deductible (annual)	$0	**Individual (Network):** $205 **Individual (Non-network):** $411 **Family (Network):** $411 **Family (Non-network):** $823
Catastrophic cap (annual)	$4,802 per family	$4,802 per family
Preventive services	**Network:** $0 **Non-network:** Point-of-service fees	**Network or non-network:** $0
Primary care outpatient visit	**Network:** $27 **Non-network:** Point-of-service fees	**Network:** $34 **Non-network:** 25%
Specialty care outpatient visit	**Network:** $41 **Non-network:** Point-of-service fees	**Network:** $54 **Non-network:** 25%
Laboratory and X-ray services	**Network:** $0 **Non-network:** Point-of-service fees	**Network:** $0 **Non-network:** 25%
Urgent care	**Network provider or TRICARE-authorized urgent care center:** $41 **Any other urgent care provider:** Point-of-service fees	**Network:** $54 **Non-network:** 25%
Emergency visit	**Network or non-network:** $82	**Network:** $109 **Non-network:** 25%
Hospitalization (inpatient admission)	**Network or non-network:** $205 per admission	**Network:** $240 per admission **Non-network:** 25%

PREMIUM-BASED PLANS

TRICARE Reserve Select and TRICARE Retired Reserve Costs

Cost Type	TRICARE Reserve Select	TRICARE Retired Reserve
Premium (monthly)	**Member only:** $60.54 **Member and family:** $307.48	**Member only:** $707.59 **Member and family:** $1,697.70
Deductible (annual)	**Pay grades E-1 through E-4:** $68 per individual; $137 per family **Pay grades E-5 and above:** $205 per individual; $411 per family	**Individual (Network):** $205; **Individual (Non-network):** $411 **Family (Network):** $411; **Family (Non-network):** $823
Catastrophic cap (annual)	$1,372 per family	$4,802 per family
Preventive services	**Network or non-network:** $0	**Network or non-network:** $0
Primary care outpatient visit	**Network:** $20; **Non-network:** 20%	**Network:** $34; **Non-network:** 25%
Specialty care outpatient visit	**Network:** $34; **Non-network:** 20%	**Network:** $54; **Non-network:** 25%
Laboratory and X-ray services	**Network:** $0; **Non-network:** 20%	**Network:** $0; **Non-network:** 25%
Urgent care	**Network:** $27; **Non-network:** 20%	**Network:** $54; **Non-network:** 25%
Emergency visit	**Network:** $54; **Non-network:** 20%	**Network:** $109; **Non-network:** 25%
Hospitalization (inpatient admission)	**Network:** $82 per admission **Non-network:** 20%	**Network:** $240 per admission **Non-network:** 25%

TRICARE Young Adult: Costs for Adult Children of Active Duty Sponsors and TRICARE Reserve Select Enrollees

Cost Type	TRICARE Young Adult Prime	TRICARE Young Adult-Select
Premium (monthly)	$893 per individual	$394 per individual
Deductible (annual)	$0	**Pay grades E-1 through E-4:** $68 per individual **Pay grades E-5 and above:** $205 per individual
Catastrophic cap (annual)	$1,372 per family	$1,372 per family
Preventive services	**Network:** $0; **Non-network:** Point-of-service fees	**Network or non-network:** $0
Primary care outpatient visit	**Network:** $0; **Non-network:** Point-of-service fees	**Network:** $20; **Non-network:** 20%
Specialty care outpatient visit	**Network:** $0; **Non-network:** Point-of-service fees	**Network:** $34; **Non-network:** 20%
Laboratory and X-ray services	**Network:** $0; **Non-network:** Point-of-service fees	**Network:** $0; **Non-network:** 20%
Urgent care	**Network provider or TRICARE-authorized urgent care center:** $0 **Any other urgent care provider:** Point-of-service fees	**Network:** $27; **Non-network:** 20%
Emergency visit	**Network or non-network:** $0	**Network:** $54; **Non-network:** 20%
Hospitalization (inpatient admission)	**Network:** $0 **Non-network:** Point-of-service fees	**Network:** $82 per admission **Non-network:** 20%

TRICARE Young Adult: Costs for Adult Children of Retired Sponsors and TRICARE Retired Reserve Enrollees

Cost Type	TRICARE Young Adult Prime	TRICARE Young Adult-Select
Premium (monthly)	$893 per individual	$394 per individual
Deductible (annual)	$0	**Network:** $205 per individual **Non-network:** $411 per individual
Catastrophic cap (annual)	$4,802 per family	$4,802 per family
Preventive services	**Network:** $0 **Non-network:** Point-of-service fees	**Network or non-network:** $0
Primary care outpatient visit	**Network:** $27 **Non-network:** Point-of-service fees	**Network:** $34 **Non-network:** 25%
Specialty care outpatient visit	**Network:** $41 **Non-network:** Point-of-service fees	**Network:** $54 **Non-network:** 25%
Laboratory and X-ray services	**Network:** $0 **Non-network:** Point-of-service fees	**Network:** $0 **Non-network:** 25%
Urgent care	**Network provider or TRICARE-authorized urgent care center:** $41 **Any other urgent care provider:** Point-of-service fees	**Network:** $54 **Non-network:** 25%
Emergency visit	**Network or non-network:** $82	**Network:** $109 **Non-network:** 25%
Hospitalization (inpatient admission)	**Network or non-network:** $205 per admission	**Network:** $240 per admission **Non-network:** 25%

Helpful Terms: Premiums

A premium is what you pay each month or each quarter to be enrolled in a TRICARE premium-based plan. TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Young Adult have monthly premiums. Premiums don't count toward your catastrophic cap.

TRICARE PHARMACY PROGRAM

Pharmacy Costs

Active duty service members: You have no costs for covered drugs when using a military pharmacy, TRICARE Pharmacy Home Delivery, or a TRICARE retail network pharmacy. At non-network pharmacies, you may need to pay the full cost up front and file a claim for reimbursement.

All others: Find your costs in the table below.

Note: *Section 702 of the NDAA for FY 2018 froze pharmacy copayments at the 2017 rates for medically retired service members and their family members and survivors of active duty service members. Visit* ***tricare.mil/pharmacycosts*** *to see your costs.*

Pharmacy Type	Generic Formulary Drug Costs	Brand Name Formulary Drug Costs	Non Formulary Drug Costs
Military pharmacy Up to a 90-day supply	$0	$0	Generally not available without medical necessity
TRICARE Pharmacy Home Delivery Up to a 90-day supply	$14 ($0 for TRICARE Prime Remote)	$44 ($0 for TRICARE Prime Remote)	$85 ($0 for TRICARE Prime Remote)
TRICARE retail network pharmacy Up to a 30-day supply	$16 ($0 for TRICARE Prime Remote)	$48 ($0 for TRICARE Prime Remote)	$85 ($0 for TRICARE Prime Remote)
Non-network pharmacy (U.S. and U.S. territories) Up to a 30-day supply	**TRICARE Prime plans (including TRICARE Prime Remote, TRICARE Young Adult-Prime, Uniformed Services Family Health Plan, and TRICARE Prime Demo):** A 50% cost-share applies after you meet your point-of-service annual deductible. **All other plans:** After you meet your annual deductible, you pay for formulary drugs ($48 or 20% of total cost, whichever is more) and non-formulary drugs ($85 or 20% of total cost, whichever is more).		
Overseas retail pharmacy (Outside the U.S. and U.S. territories) Up to a 30-day supply	**Active duty family members 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.) **Active duty family members using TRICARE Select Overseas and TRICARE Reserve Select enrollees:** A 20% cost-share applies after you meet your annual deductible. **Retirees, their family members, TRICARE Retired Reserve enrollees, and all others in TRICARE Select Overseas:** A 25% cost-share applies after you meet your annual deductible.		

Overseas, some limitations may apply. For information about a drug's costs and coverage, search the TRICARE Formulary at **esrx com/tform**.

LOOKING FOR **More Information?** GO TO **tricare.mil/costs**

An Important Note About TRICARE Program Information
At the time of publication, this information is current. TRICARE policies and benefits are governed by public law and federal regulations and change accordingly. For the most up-to-date information, visit tricare.mil, or contact your TRICARE regional contractor or local military hospital or clinic.

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Updated November 2026

TRICARE East Region
Humana Military
800-444-5445
tricare.mil/east

TRICARE West Region
TriWest Healthcare Alliance
888-TRIWEST (888-874-9378)
tricare.mil/west

TRICARE Overseas Program
International SOS
Government Services, LLC
tricare-overseas.com
For toll-free contact information, visit this website.

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

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