TRICARE® Costs and Fees MAY 2017

For the most up-to-date costs, visit www.tricare.mil/costs. To learn more about each TRICARE program option and which is right for you, visit www.tricare.mil/planfinder.

TRICARE PRIME®

Includes TRICARE Prime Remote, the US Family Health Plan (USFHP), TRICARE Overseas Program (TOP) Prime and TOP Prime Remote. Note: Active duty service members (ADSMs) are not eligible for USFHP.

Yearly Enrollment Fees: Fiscal Year (FY) 2017

ADSMs, active duty family members (ADMFs) and transitional survivors (surviving spouses during the first three years and surviving dependent children) worldwide: no yearly enrollment fee

Retirees, their families and others per FY (Oct. 1–Sept. 30): $282.60 per individual/$565.20 per family

Health Care Costs: TRICARE Prime Options

<table>
<thead>
<tr>
<th>ADSMs, ADMFs and transitional survivors</th>
<th>Covered service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>All covered services</td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Retirees, their families and all others</th>
<th>Covered service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td></td>
<td>$12</td>
</tr>
<tr>
<td>Inpatient (hospitalization)</td>
<td></td>
<td>$11 per day ($25 minimum charge)</td>
</tr>
<tr>
<td>Preventive</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Emergency</td>
<td></td>
<td>$30 per visit</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td></td>
<td>$25 per visit</td>
</tr>
</tbody>
</table>

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% of the TRICARE-allowable charge
- These costs do not apply to the catastrophic cap

TRICARE STANDARD® AND TRICARE EXTRA

Includes TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR) and TOP Standard. TRICARE Extra is not available overseas.

Yearly Deductible

You must meet a deductible before TRICARE cost-sharing begins.

<table>
<thead>
<tr>
<th>Beneficiary category</th>
<th>ADFMs and TRS members</th>
<th>Retirees, their families, TRR members and all others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay grades E-4 and below</td>
<td>$50</td>
<td>$150</td>
</tr>
<tr>
<td>Pay grades E-5 and above</td>
<td>$150</td>
<td>$300</td>
</tr>
</tbody>
</table>

Health Care Costs: TRICARE Extra and TRICARE Standard Options

<table>
<thead>
<tr>
<th>Covered service</th>
<th>ADFMs and TRS</th>
<th>Retirees, their families, TRR and all others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>TRICARE Extra: 15% after the yearly deductible is met</td>
<td>TRICARE Extra: 20% after the yearly deductible is met</td>
</tr>
<tr>
<td>Preventive (except those preventive services that are free of cost)</td>
<td>TRICARE Standard: 20% after the yearly deductible is met</td>
<td>TRICARE Standard: 25% after the yearly deductible is met</td>
</tr>
<tr>
<td>Emergency</td>
<td>All: $18.20 per day ($25 minimum charge)</td>
<td>TRICARE Extra: $250 per day or 25% of billed charges for institutional services, whichever is less, plus 20% cost-share for separately billed services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient surgery</th>
<th>TRICARE Extra: 20% after the yearly deductible is met</th>
</tr>
</thead>
<tbody>
<tr>
<td>All: $25</td>
<td>TRICARE Standard: 25% after the yearly deductible is met</td>
</tr>
</tbody>
</table>

Premium-Based Health Care Options

TRICARE Young Adult (TYA) for CY 2017

<table>
<thead>
<tr>
<th>Monthly premium rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYA Prime: $319</td>
</tr>
<tr>
<td>TYA Standard: $216</td>
</tr>
</tbody>
</table>

Other costs:
- TYA Prime: Same as for TRICARE Prime
- TYA Standard: Same as for TRICARE Standard and TRICARE Extra

TRR for CY 2017

<table>
<thead>
<tr>
<th>Monthly premium rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member only: $402.81</td>
</tr>
<tr>
<td>Member and family: $1,013.36</td>
</tr>
</tbody>
</table>

Catastrophic Cap Per FY

| ADFMs and TRS | $1,000 per family |
| Retirees, their families, TRR and all others | $3,000 per family |

Continued Health Care Benefit Program for FY 2017

| Quarterly premium rate | Individual: $1,372 |
| Family: $3,087 |

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.

<table>
<thead>
<tr>
<th>Pharmacy types</th>
<th>Formulary drug costs</th>
<th>Nonformulary (Tier 3) drug costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military pharmacy</td>
<td>$0</td>
<td>Not available</td>
</tr>
<tr>
<td>TRICARE Pharmacy Home Delivery</td>
<td>$0</td>
<td>$20</td>
</tr>
<tr>
<td>TRICARE retail network pharmacy</td>
<td>$10</td>
<td>$49</td>
</tr>
<tr>
<td>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)</td>
<td>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.</td>
<td>TRICARE Prime options: 50% cost-share applies after the POS deductible is met. All other beneficiaries: $50 or 20% of the total cost, whichever is greater, after the yearly deductible is met.</td>
</tr>
<tr>
<td>Overseas pharmacy (outside the U.S. and U.S. territories)</td>
<td>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 Standard and TRS members: 20% cost-share after the yearly deductible is met. Retirees, their families and all others using TOP Standard and TRR members: 25% cost-share after the yearly deductible is met.</td>
<td></td>
</tr>
</tbody>
</table>

TRICARE DENTAL PROGRAM AND TRICARE RETIREE DENTAL PROGRAM COSTS

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

<table>
<thead>
<tr>
<th>Sponsor status</th>
<th>Sponsor-only premium</th>
<th>Single premium (one family member, not the sponsor)</th>
<th>Family premium (more than one family member, not the sponsor)</th>
<th>Sponsor-and-family premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active duty</td>
<td>N/A</td>
<td>$11.10</td>
<td>$28.87</td>
<td>N/A</td>
</tr>
<tr>
<td>Selected Reserve</td>
<td>$11.10</td>
<td>$27.76</td>
<td>$72.18</td>
<td>$83.28</td>
</tr>
<tr>
<td>Individual Ready Reserve</td>
<td>$27.76</td>
<td>$27.76</td>
<td>$72.18</td>
<td>$99.94</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Services, deductibles and maximums</th>
<th>TRICARE Dental Program (TDP)</th>
<th>TRICARE Retiree Dental Program (TRDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic, preventive (including sealants)</td>
<td>0%</td>
<td>0% (20% for sealants)</td>
</tr>
<tr>
<td>Basic restorative</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Endodontic, periodontic, oral surgery</td>
<td>Pay grades E-1 through E-4: 30%; All others: 40%</td>
<td>40%</td>
</tr>
<tr>
<td>Prosthodontic, implant, orthodontic</td>
<td>50%</td>
<td>50% (100% during your first 12 months of enrollment)</td>
</tr>
<tr>
<td>Yearly deductible</td>
<td>$0</td>
<td>$50 per person, per enrollment year; $150 cap per family</td>
</tr>
<tr>
<td>Non-orthodontic service maximum*</td>
<td>$1,500 (per person, per enrollment year)</td>
<td>$1,300 (per person, per enrollment year)</td>
</tr>
<tr>
<td>Orthodontic lifetime maximum</td>
<td>$1,750 (per person, per lifetime)</td>
<td>$1,750 (per person, per lifetime)</td>
</tr>
<tr>
<td>Dental accident maximum</td>
<td>$1,200 (per person, per enrollment year)</td>
<td>$1,200 (per person, per enrollment year)</td>
</tr>
</tbody>
</table>

*Orthodontic diagnostic service charges are applied towards the non-orthodontic service maximum, but some other diagnostic and preventive service charges aren’t.

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