



Last Reviewed November 2021

TRICARE[®] Costs

Supplemental Briefing Slides that Provide Additional Information to the Other TRICARE Briefings

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TRICARE Costs

- TRICARE costs are subject to change.
- Go to **www.tricare.mil/costs** for the most up-to-date cost information.
- Special conditions for differing costs may exist.

Beneficiary Categories: Group A and Group B

All beneficiaries fall into one of two categories based on when you or your sponsor entered the uniformed services. Each group pays different costs and fees.

- **Group A:** If your or your sponsor's initial enlistment or appointment occurred before Jan. 1, 2018, you are in Group A.
 - While enrolled in a premium-based plan (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program), Group A beneficiaries follow Group B deductibles, cost-shares, and catastrophic caps.
- **Group B:** If your or your sponsor's initial enlistment or appointment occurred on or after Jan. 1, 2018, you are in Group B.



Enrollment Costs

Jan. 1–Dec. 31

Program	Beneficiary Category	Enrollment Costs
TRICARE Prime® Includes TRICARE Overseas Program (TOP) Prime	Active duty service members, eligible active duty family members, overseas command-sponsored active duty family members, surviving spouses (during the first three years), and surviving dependent children	No enrollment costs
	Stateside retired service members and their families, surviving spouses (after the first three years), eligible former spouses, and others	Group A: 2021 Individual: \$303/year 2022 Individual: \$323/year 2021 Family: \$606/year 2022 Family: \$647/year
	Not available to retired service members, their families, and others overseas (See TRICARE Select for information about TOP Select).	Group B: 2021 Individual: \$366/year 2022 Individual: \$392/year 2021 Family: \$732/year 2022 Family: \$784/year



Enrollment Costs

Jan. 1–Dec. 31

Program	Beneficiary Category	Enrollment Costs
TRICARE Prime Remote Includes TOP Prime Remote	In certain remote locations, eligible stateside active duty family members living with the sponsor, and overseas command-sponsored active duty family members	No enrollment costs
US Family Health Plan (USFHP)	Stateside active duty family members and retirees and their family members until turning age 65	Same as TRICARE Prime
TRICARE Select® Includes TOP Select	Eligible active duty family members Retired service members and their families, surviving spouses (after the first three years), eligible former spouses, and others	No enrollment costs Group A: 2021 Individual: \$150/year 2022 Individual: \$158/year 2021 Family: \$300/year 2022 Family: \$317/year Group B: 2021 Individual: \$474/year 2022 Individual: \$504/year 2021 Family: \$948/year 2022 Family: \$1,008/year



Premium-Based Plans

Jan. 1–Dec. 31

Program	Beneficiary Category	Premium Costs
TRICARE Reserve Select®	Selected Reserve members and their families	2021 Individual: \$47.20/month 2022 Individual: \$46.70/month 2021 Family: \$238.99/month 2022 Family: \$229.99/month
TRICARE Retired Reserve®	Retired Reserve members until turning 60 and their families	2021 Individual: \$484.83/month 2022 Individual: \$502.32/month 2021 Family: \$1,165.01/month 2022 Family: \$1,206.59/month
TRICARE Young Adult (TYA)	Qualified adult children who have aged out of TRICARE	TYA Prime: 2021: \$459/month 2022: \$512/month TYA Select: 2021: \$257/month 2022: \$265/month

① Premium-Based Plans (Continued)

Oct. 1, 2021–Sept. 30, 2022

Program	Beneficiary Category	Premium Costs
Continued Health Care Benefit Program (CHCBP)**	Former TRICARE-eligible members and their families, former spouses who have not remarried before age 55, emancipated children, and unmarried children by adoption or legal custody	Individual: \$1,654/quarter Family: \$4,079/quarter <i>Note: CHCBP rates follow the federal government fiscal year (Oct. 1, 2021–Sept. 30, 2022)</i>

TRICARE For Life

Program	Beneficiary Category	Enrollment/Premium Costs
TRICARE For Life (TFL)	TRICARE beneficiaries entitled to premium-free Medicare Part A and who have Medicare Part B, regardless of age or place of residence	Medicare Part B monthly premium (With TFL, there are no TRICARE premiums or TRICARE enrollment costs)

If the service is covered by:	Then, you pay:
Both Medicare and TRICARE	Nothing.
TRICARE but not Medicare	The TRICARE calendar year deductible and cost-shares.
Medicare but not TRICARE	The Medicare deductible and coinsurance.

Annual Deductible: TRICARE Prime

ADSMs, ADFMs, transitional survivors, retirees, their families,
and all others

Covered Service	Group A	Group B
All covered services	No deductible	No deductible

Annual Deductible: TRICARE Select

ADFM's and TRS members (Jan. 1–Dec. 31)

Pay Grade	Type	Group A	Group B and TRS members
E-4 and below	Individual	\$50	2021: \$52 2022: \$56
	Family	\$100	2021: \$105 2022:\$112
E-5 and above	Individual	\$150	2021: \$158 2022: \$ 168
	Family	\$300	2021: \$317 2022: \$336

Annual Deductible: TRICARE Select

Retirees, their families, TRR members, and all others (Jan. 1–
Dec. 31)

Type	Group A	Group B and TRR members
Individual	\$150	2021 Network: \$158 2021 Out-of-Network: \$317 2022 Network: \$168 2022 Out-of-Network: \$336
Family	\$300	2021 Network: \$317 2021 Out-of-Network: \$634 2022 Network: \$336 2022 Out-of-Network: \$672

Catastrophic Cap

Sponsor or Beneficiary Type	Group A	Group B
Active duty family members	\$1,000 per family	2021: \$1,058 per family 2022: \$1,120 per family
Retirees, their families, and all others	\$3,000 per family (TRICARE Prime) TRICARE Select <ul style="list-style-type: none"> • 2021: \$3,500 per family • 2022: \$3,706 per family 	2021: \$3,703 per family 2022: \$3,921 per family
TRICARE Reserve Select members	(Follow Group B)	2021: \$1,058 per family 2022: \$1,120 per family
TRICARE Retired Reserve members	(Follow Group B)	2021: \$3,703 per family 2022: \$3,921 per family
TRICARE For Life individuals and families (two or more beneficiaries)	\$1,000 for ADFMs \$3,000 for all others	

Out-of-Pocket Costs: TRICARE Prime

ADSMs, ADFMs, and transitional survivors

Covered Service	Group A	Group B
All covered services	\$0	\$0

Out-of-Pocket Costs: TRICARE Prime

Retirees, their families, and all others

Covered Service	Group A	Group B
Preventive care visit	\$0	\$0
Primary care outpatient visit	2021: \$21 2022: \$22	2021: \$21 2022: \$22
Specialty care outpatient visit	2021: \$31 2022: \$33	2021: \$31 2022: \$33
Urgent care center visit	2021: \$31 2022: \$33	2021: \$31 2022: \$33
Emergency room visit	2021: \$63 2022: \$67	2021: \$63 2022: \$67
Inpatient admission (Hospitalization)	2021 Network: \$158/admission 2022 Network: \$168/admission 2021 Out-of-Network: \$158 2022 Out-of-Network: \$168	2021 Network: \$158/admission 2022 Network: \$168/admission 2021 Out-of-Network: \$158 2022 Out-of-Network: \$168

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 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.

Out-of-Pocket Costs: TRICARE Select

ADFM's and TRS members

Covered Service	Group A	Group B and TRS members
Preventive care visit	\$0	\$0
Primary care outpatient visit	2021 Network: \$22 2022 Network: \$24 Out-of-Network: 20%	2021 Network: \$15 2022 Network: \$16 Out-of-Network: 20%
Specialty care outpatient visit	2021 Network: \$34 2022 Network: \$38 Out-of-Network: 20%	2021 Network: \$26 2022 Network: \$28 Out-of-Network: 20%
Urgent care center visit	2021 Network: \$22 2022 Network: \$24 Out-of-Network: 20%	2021 Network: \$21 2022 Network: \$22 Out-of-Network: 20%
Emergency room visit	2021 Network: \$93 2022 Network: \$99 Out-of-Network: 20%	2021 Network: \$42 2022 Network: \$44 Out-of-Network: 20%

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Out-of-Pocket Costs: TRICARE Select

ADFM's and TRS members (Continued)

Covered Service	Group A	Group B and TRS members
Inpatient admission (Hospitalization)	2021: Network and Out-of-Network: \$20.15 per day or \$25 per admission (whichever is more)	2021: Network: \$63 per admission Out-of-Network: 20%
	2022: Network and Out-of-Network: \$20.75 per day or \$25 per admission (whichever is more)	2022: Network: \$67 per admission Out-of-Network: 20%
	2021: \$20.15 per day (subsistence charge) Military Hospital or Clinic 2022: \$20.75 per day (subsistence charge) Military Hospital or Clinic	

Out-of-Pocket Costs: TRICARE Select

Retirees, their families, TRR members, and all others

Covered Service	Group A	Group B and TRR members
Preventive care visit	\$0	\$0
Primary care outpatient visit	2021 Network: \$30 2022 Network: \$32 Out-of-Network: 25%	2021 Network: \$26 2022 Network: \$28 Out-of-Network: 25%
Specialty care outpatient visit	2021 Network: \$46 2022 Network: \$50 Out-of-Network: 25%	2021 Network: \$42 2022 Network: \$44 Out-of-Network: 25%
Urgent care center visit	2021 Network: \$30 2022 Network: \$32 Out-of-Network: 25%	2021 Network: \$42 2022 Network: \$44 Out-of-Network: 25%
Emergency room visit	2021 Network: \$125 2022 Network: \$133 Out-of-Network: 25%	2021 Network: \$84 2022 Network: \$89 Out-of-Network: 25%

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Out-of-Pocket Costs: TRICARE Select

Retirees, their families, TRR members, and all others (Continued)

Covered Service	Group A	Group B and TRR members
Inpatient admission (Hospitalization)	<p>Network: \$250 per day or up to 25% hospital charge (whichever is less); plus 20% separately billed services</p> <p>Out-of-Network: \$1,034 per day[‡] or up to 25% hospital charge (whichever is less); plus 25% separately billed services</p> <p>2021: \$20.15 per day (subsistence charge) Military Hospital or Clinic 2022: \$20.75 per day (subsistence charge) Military Hospital or Clinic</p>	<p>2021 Network: \$185 per admission 2022 Network: \$196 per admission</p> <p>Out-of-Network: 25%</p>

[‡] This is the 2021 rate. The 2022 out-of-pocket expense will be available mid-December once the diagnosis-related group payment rates are calculated.

2021 Maternity Costs: Inpatient

Covered Service: Delivery in an inpatient hospitalization setting

Active Duty Family Members and TRICARE Reserve Select	Retirees, Their Families, TRICARE Retired Reserve, and All Others
TRICARE Prime: \$0	TRICARE Prime: \$158/admission (Stateside only)
TRICARE Select (Group A): <ul style="list-style-type: none">Subsistence charge per day (\$20.15), minimum \$25/admission TRICARE Select (Group B): <p>Network:</p> <ul style="list-style-type: none">\$63/admission <p>Out-of-Network:</p> <ul style="list-style-type: none">20% of allowable charge	TRICARE Select (Group A): <p>Network:</p> <ul style="list-style-type: none">\$250/day or 25% of the hospital's total charges, whichever is less, plus 20% of separately billed professional charges <p>Out-of-Network:</p> <ul style="list-style-type: none">DRG per diem (\$1,034/day) or 25% of the hospital's total charges, whichever is less, plus 25% of allowable charge for separately billed professional charges TRICARE Select (Group B): <p>Network:</p> <ul style="list-style-type: none">\$185/admission <p>Out-of-Network:</p> <ul style="list-style-type: none">25% of allowable charge

2021 Maternity Costs: Ambulatory

Covered Service: Delivery in a TRICARE-authorized birthing center

Active Duty Family Members and TRICARE Reserve Select	Retirees, Their Families, TRICARE Retired Reserve, and All Others
TRICARE Prime: \$0	TRICARE Prime: \$63 (Stateside only)
TRICARE Select (Group A): Network: <ul style="list-style-type: none">• \$25 Out-of-Network: <ul style="list-style-type: none">• \$25	TRICARE Select (Group A): Network: <ul style="list-style-type: none">• 20% of allowable charge Out-of-Network: <ul style="list-style-type: none">• 25% of allowable charge
TRICARE Select (Group B): Network: <ul style="list-style-type: none">• \$26 Out-of-Network: <ul style="list-style-type: none">• 20% of allowable charge	TRICARE Select (Group B): Network: <ul style="list-style-type: none">• \$100 Out-of-Network: <ul style="list-style-type: none">• 25% of allowable charge

2021 Maternity Costs: Outpatient

Covered Service: Delivery planned at home or another setting

Active Duty Family Members and TRICARE Reserve Select

TRICARE Prime: \$0

TRICARE Select (Group A):

Network:

- Primary Care: \$22
- Specialty Care: \$34

Out-of-Network: 20% of allowable charge

TRICARE Select (Group B):

Network:

- Primary Care: \$15
- Specialty Care: \$26

Out-of-Network: 20% of allowable charge

Retirees, Their Families, TRICARE Retired Reserve, and All Others

TRICARE Prime (Group A/Group B)
(Stateside only)

Network:

- Primary Care: \$21
- Specialty Care: \$31

*POS charges may apply to nonemergency care

TRICARE Select (Group A):

Network:

- Primary Care: \$30
- Specialty Care: \$46

Out-of-Network: 25% of allowable charge

TRICARE Select (Group B):

Network:

- Primary Care: \$26
- Specialty Care: \$42

Out-of-Network: 25% of allowable charge

2022 Maternity Costs: Inpatient

Covered Service: Delivery in an inpatient hospitalization setting

Active Duty Family Members and TRICARE Reserve Select	Retirees, Their Families, TRICARE Retired Reserve, and All Others
TRICARE Prime: \$0	TRICARE Prime: \$168/admission (Stateside only)
TRICARE Select (Group A): <ul style="list-style-type: none">Subsistence charge per day (\$20.75), minimum \$25/admission TRICARE Select (Group B): <p>Network:</p> <ul style="list-style-type: none">\$67/admission <p>Out-of-Network:</p> <ul style="list-style-type: none">20% of allowable charge	TRICARE Select (Group A): <p>Network:</p> <ul style="list-style-type: none">\$250/day or 25% of the hospital's total charges, whichever is less, plus 20% of separately billed professional charges <p>Out-of-Network:</p> <ul style="list-style-type: none">DRG per diem (\$1,034/day) or 25% of the hospital's total charges, whichever is less, plus 25% of allowable charge for separately billed professional charges TRICARE Select (Group B): <p>Network:</p> <ul style="list-style-type: none">\$196/admission <p>Out-of-Network:</p> <ul style="list-style-type: none">25% of allowable charge

2022 Maternity Costs: Ambulatory

Covered Service: Delivery in a TRICARE-authorized birthing center

Active Duty Family Members and TRICARE Reserve Select	Retirees, Their Families, TRICARE Retired Reserve, and All Others
TRICARE Prime: \$0	TRICARE Prime: \$67 (Stateside only)
TRICARE Select (Group A): Network: <ul style="list-style-type: none">• \$25 Out-of-Network: <ul style="list-style-type: none">• \$25	TRICARE Select (Group A): Network: <ul style="list-style-type: none">• 20% of allowable charge Out-of-Network: <ul style="list-style-type: none">• 25% of allowable charge
TRICARE Select (Group B): Network: <ul style="list-style-type: none">• \$28 Out-of-Network: <ul style="list-style-type: none">• 20% of allowable charge	TRICARE Select (Group B): Network: <ul style="list-style-type: none">• \$106 Out-of-Network: <ul style="list-style-type: none">• 25% of allowable charge

2022 Maternity Costs: Outpatient

Covered Service: Delivery planned at home or another setting

Active Duty Family Members and TRICARE Reserve Select

TRICARE Prime: \$0

TRICARE Select (Group A):

Network:

- Primary Care: \$24
- Specialty Care: \$38

Out-of-Network: 20% of allowable charge

TRICARE Select (Group B):

Network:

- Primary Care: \$16
- Specialty Care: \$28

Out-of-Network: 20% of allowable charge

Retirees, Their Families, TRICARE Retired Reserve, and All Others

TRICARE Prime (Group A/Group B)
(Stateside only)

Network:

- Primary Care: \$22
- Specialty Care: \$33

*POS charges may apply to nonemergency care

TRICARE Select (Group A):

Network:

- Primary Care: \$32
- Specialty Care: \$50

Out-of-Network: 25% of allowable charge

TRICARE Select (Group B):

Network:

- Primary Care: \$28
- Specialty Care: \$44

Out-of-Network: 25% of allowable charge

TRICARE Pharmacy Program

Out-of-Pocket Costs

Pharmacy Option	Formulary Drugs		Non-formulary Drugs	Non-covered Drugs
	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)	2020-2021: \$10 2022-2023: \$12	2020-2021: \$29 2022-2023: \$34	2020-2021: \$60 2022-2023: \$68	Not available
TRICARE Retail Network Pharmacy (up to a 30-day supply)	2020-2021: \$13 2022-2023: \$14	2020-2021: \$33 2022-2023: \$38	2020-2021: \$60 2022-2023: \$68	Full price of drug

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** Some non-formulary drugs are only available through TRICARE Pharmacy Home Delivery. Home delivery isn't available in Germany. Home delivery may not be available to all overseas locations.*

TRICARE Pharmacy Program

Out-of-Pocket Costs (Continued)

Pharmacy Option	Formulary Drugs		Non-formulary Drugs	Non-covered Drugs
	Generic	Brand-name		
Non-Network Pharmacy (up to a 30-day supply) (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 point-of-service (POS) deductible is met		TRICARE Prime options: 50% cost-share applies after POS deductible is met	Full price of drug
	All other beneficiaries: \$33 (2020 and 2021)/\$38 (2022 and 2023) or 20% of the total cost, whichever is greater, after the yearly deductible is met		All other beneficiaries: \$60 (2020 and 2021)/\$68 (2022 and 2023) or 20% of the total cost, whichever is greater, after the yearly deductible is met	

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TRICARE Pharmacy Program

Out-of-Pocket Costs (Continued)

Pharmacy Option	Formulary Drugs		Non-formulary Drugs	Non-covered Drugs
	Generic	Brand-name		
Overseas Pharmacy (Outside the U.S. and U.S. territories)*	<p>ADSMs and ADFMs using TOP Prime or TOP Prime Remote: \$0 (You may have to pay the full cost upfront and file a claim for reimbursement.)</p> <p>ADFMs using TOP Select and TRS members: 20% cost-share after yearly deductible is met</p> <p>Retirees, their families, TRR members, and all others enrolled in TOP Select: 25% cost-share after the yearly deductible is met</p>			

* If you're filling a prescription in the Philippines, you must have your prescription filled at a certified pharmacy.

TRICARE Dental Program (TDP) Monthly Premiums

Effective May 1, 2021–April 30, 2022

Sponsor Status	Sponsor-Only	One Family Member	More Than One Family Member	Sponsor and Family
Active Duty	N/A	\$11.65	\$30.28	N/A
Selected Reserve and Individual Ready Reserve (IRR) (Mobilization Only)	\$11.65	\$29.12	\$75.71	\$87.36
IRR (Non-Mobilization)	\$29.12	\$29.12	\$75.71	\$104.83

TDP Cost-Shares

Effective May 1, 2021–April 30, 2022

Type of Service	CONUS		OCONUS
	Sponsor Pay Grade E-1–E-4	Sponsor Pay Grade E-5 and above	Command-Sponsored Beneficiary
Diagnostic, Preventive (including sealants)	0%	0%	0%
Sealants	0%	0%	0%
Basic restorative	20%	20%	0%
Endodontic, Periodontic, Oral surgery	30%	40%	0%
Prosthodontic, Implant, Orthodontic	50%	50%	50%

TDP Maximums and Deductible

Effective May 1, 2021–April 30, 2022

Maximum	Amount
Yearly Maximum	\$1,500 per person, per enrollment year for non-orthodontic services. Payments for certain diagnostic and preventive services are not applied.
Orthodontic Lifetime Maximum	\$1,750 per person, per lifetime for orthodontic services. Orthodontic diagnostic services are applied to the yearly maximum.
Dental Accident Maximum*	\$1,200 per person, per enrollment year
Yearly Deductible	\$0

Active Duty Dental Program (ADDP)

- There are no out-of-pocket costs when using the ADDP. However, for services that require prior authorization (for example, orthodontics or crowns), active duty service members may be responsible for the cost of care if they don't get prior authorization from the ADDP contractor, United Concordia Companies, Inc. (United Concordia).
 - Outside of the U.S. and U.S territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands), International SOS Government Services, Inc. (International SOS) handles all overseas dental care. If you need to see an overseas dentist, contact International SOS.
- Active duty service members must use a network provider unless otherwise authorized by United Concordia.
- For more information about ADDP, go to **www.addp-ucci.com**.