

# 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](http://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.

## Group A

If your or your sponsor's initial enlistment or appointment occurred **before** Jan. 1, 2018

## Group B

If your or your sponsor's initial enlistment or appointment occurred **on or after** Jan. 1, 2018

- The groups pay different costs and fees.
  - Group A beneficiaries enrolled in a premium-based plan (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, or the Continued Health Care Benefit Program) follow Group B deductibles, cost-shares, and catastrophic caps.

# Enrollment Costs: TRICARE Prime (1 of 2)

Jan. 1–Dec. 31, 2025

Program	Beneficiary Category	Enrollment Costs
TRICARE Prime® Includes TRICARE Prime Overseas*	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
TRICARE Prime® Includes TRICARE Prime Overseas*	Stateside retired service members and their family members, surviving spouses (after the first three years), eligible former spouses, and others	<b>Group A:</b> Individual: \$372/year Family: \$744/year  <b>Group B:</b> Individual: \$450/year Family: \$900.96/year

<sup>1</sup> Not available to retired service members, their family members, and others overseas

# Enrollment Costs: TRICARE Prime (2 of 2)

Jan. 1–Dec. 31, 2025

Program	Beneficiary Category	Enrollment Costs
TRICARE Prime Remote Includes TRICARE Prime Remote Overseas*	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	Stateside active duty family members and retirees and their family members until turning age 65	Same as TRICARE Prime

*\*Not available to retired service members, their family members, and others overseas.*

# Enrollment Costs: TRICARE Select

Jan. 1–Dec. 31, 2025

Program	Beneficiary Category	Enrollment Costs
TRICARE Select® Includes TRICARE Select Overseas	Eligible active duty family members	No enrollment costs
TRICARE Select® Includes TRICARE Select Overseas	Retired service members and their family members, surviving spouses (after the first three years), eligible former spouses, and others	<b>Group A:</b> Individual: \$181.92/year Family: \$364.92/year <b>Group B:</b> Individual: \$579/year Family: \$1,158.96/year

# Premium-Based Plans

Jan. 1–Dec. 31, 2025

Program	Beneficiary Category	Premium Costs
TRICARE Reserve Select®	Selected Reserve members and their family members	Individual: \$53.80/month Family: \$274.48/month
TRICARE Retired Reserve®	Retired Reserve members until turning 60 and their family members	Individual: \$631.26/month Family: \$1,513.04/month
TRICARE Young Adult	Qualified adult children who have aged out of TRICARE	TYA Prime: \$727/month TYA Select: \$337/month
Continued Health Care Benefit Program	Former TRICARE-eligible members and their family members, former spouses who haven't remarried before age 55, emancipated children, and unmarried children by adoption or legal custody	Individual: \$1,849/quarter Family: \$4,621/quarter

# TRICARE For Life

Program	Beneficiary Category	Enrollment/Premium Costs
TRICARE For Life	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:	If the service is covered by:
Both Medicare and TRICARE	Nothing	Both Medicare and TRICARE
TRICARE but not Medicare	TRICARE annual deductible and cost-share	TRICARE but not Medicare
Medicare but not TRICARE	Medicare annual deductible and cost-share	Medicare but not TRICARE



# Annual Deductible: TRICARE Prime

ADSMs, ADFMs, transitional survivors, retirees, their family members, and all others (Jan. 1–Dec. 31, 2025)

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

# Annual Deductible: TRICARE Select (1 of 2)

ADFM's and TRS members (Jan. 1–Dec. 31, 2025)

Pay Grade	Type	Group A	Group B and TRS members
E-4 and below	Individual	\$50	\$64
E-4 and below	Family	\$100	\$128
E-5 and above	Individual	\$150	\$193
E-5 and above	Family	\$300	\$386

# Annual Deductible: TRICARE Select (2 of 2)

Retirees, their family members, TRR members, and all others  
(Jan. 1–Dec. 31, 2025)

Type	Group A	Group B and TRR members
Individual	\$150	Network: \$193 Out-of-Network: \$386
Family	\$300	Network: \$386 Out-of-Network: \$772

# Catastrophic Cap

Jan. 1–Dec. 31, 2025

Sponsor or Beneficiary Type	Group A	Group B
Active duty family members	\$1,000 per family	\$1,288 per family
Retirees, their family members, and all others	\$3,000 per family (TRICARE Prime) \$4,261 per family (TRICARE Select)	\$4,509 per family
TRICARE Reserve Select members	Follow Group B	\$1,288 per family
TRICARE Retired Reserve members	Follow Group B	\$4,509 per family
TRICARE For Life individuals and family members (two or more beneficiaries)	\$1,000 for ADFMs \$3,000 for all others	\$1,000 for ADFMs \$3,000 for all others

# Out-of-Pocket Costs: TRICARE Prime (1 of 2)

ADSMs, ADFMs, and transitional survivors (Jan. 1–Dec. 31, 2025)

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

# Out-of-Pocket Costs: TRICARE Prime (2 of 2)

Retirees, their family members, and all others (Jan. 1–Dec. 31, 2025)

Covered Service	Group A	Group B
Preventive care visit	\$0	\$0
Primary care outpatient visit	\$25	\$25
Specialty care outpatient visit	\$38	\$38
Urgent care center visit	\$38	\$38
Emergency room visit	\$77	\$77

# 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.

# Out-of-Pocket Costs: TRICARE Select (1 of 4)

## ADFMs and TRS members (Jan. 1–Dec. 31, 2025)

Covered Service	Group A	Group B and TRS members
Preventive care visit	\$0	\$0
Primary care outpatient visit	Network: \$27 Out-of-Network: 20%	Network: \$19 Out-of-Network: 20%
Specialty care outpatient visit	Network: \$38 Out-of-Network: 20%	Network: \$32 Out-of-Network: 20%
Urgent care center visit	Network: \$27 Out-of-Network: 20%	Network: \$25 Out-of-Network: 20%
Emergency room visit	Network: \$105 Out-of-Network: 20%	Network: \$51 Out-of-Network: 20%



# Out-of-Pocket Costs: TRICARE Select (2 of 4)

## ADFMs and TRS members (Jan. 1–Dec. 31, 2025)

Covered Service	Group A	Group B and TRS members
Inpatient admission (Hospitalization)	Network and Out-of-Network: \$23.45 per day or \$25 per admission (whichever is more)	Network: \$77 per admission Out-of-Network: 20%
	\$23.45 per day (subsistence charge) military hospital or clinic	\$23.45 per day (subsistence charge) military hospital or clinic

# Out-of-Pocket Costs: TRICARE Select (3 of 4)

Retirees, their family members, TRR members, and all others  
(Jan. 1–Dec. 31, 2025)

Covered Service	Group A	Group B and TRR members
Preventive care visit	\$0	\$0
Primary care outpatient visit	Network: \$37 Out-of-Network: 25%	Network: \$32 Out-of-Network: 25%
Specialty care outpatient visit	Network: \$51 Out-of-Network: 25%	Network: \$51 Out-of-Network: 25%
Urgent care center visit	Network: \$37 Out-of-Network: 25%	Network: \$51 Out-of-Network: 25%
Emergency room visit	Network: \$140 Out-of-Network: 25%	Network: \$103 Out-of-Network: 25%

# Out-of-Pocket Costs: TRICARE Select (4 of 4)

Retirees, their family members, TRR members, and all others  
(Jan. 1–Dec. 31, 2025)

Covered Service	Group A	Group B and TRR members
Inpatient admission (Hospitalization)	Network: \$250 per day or up to 25% hospital charge (whichever is less); plus 20% separately billed services  Out-of-Network: \$1,306 per day <sup>‡</sup> or up to 25% hospital charge (whichever is less); plus 25% separately billed services	Network: \$225 per admission  Out-of-Network: 25%
	\$23.45 per day (subsistence charge) military hospital or clinic	\$23.45 per day (subsistence charge) military hospital or clinic

<sup>‡</sup> 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.

# Maternity Costs: Inpatient

**Covered Service: Delivery in an inpatient hospitalization setting  
(Jan. 1–Dec. 31, 2025)**

Active Duty Family Members and TRS	Retirees, Their Family Members, TRR, and All Others
<p>TRICARE Prime: \$0</p>	<p>TRICARE Prime: \$193/admission (Stateside only)</p>
<p><b>TRICARE Select (Group A):</b> Subsistence charge per day (\$23.45), minimum \$25/admission</p> <p><b>TRICARE Select (Group B):</b> Network: \$77/admission Out-of-Network: 20% of allowable charge</p>	<p><b>TRICARE Select (Group A):</b> Network: \$250/day or 25% of the hospital’s total charges, whichever is less, plus 20% of separately billed professional charges</p> <p>Out-of-Network: DRG per diem (\$1,306/day<sup>‡</sup>) or 25% of the hospital’s total charges, whichever is less, plus 25% of allowable charge for separately billed professional charges</p> <p><b>TRICARE Select (Group B):</b> Network: \$225/admission Out-of-Network: 25% of allowable charge</p>

<sup>‡</sup> 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.

# Maternity Costs: Ambulatory

**Covered Service: Delivery in a TRICARE-authorized birthing center  
(Jan. 1–Dec. 31, 2025)**

Active Duty Family Members and TRS	Retirees, Their Family Members, TRR, and All Others
TRICARE Prime: \$0	TRICARE Prime: \$77 (Stateside only)
TRICARE Select (Group A): Network: \$25 Out-of-Network: \$25  TRICARE Select (Group B): Network: \$32 Out-of-Network: 20% of allowable charge	TRICARE Select (Group A): Network: 20% of allowable charge Out-of-Network: 25% of allowable charge  TRICARE Select (Group B): Network: \$122 Out-of-Network: 25% of allowable charge

# Maternity Costs: Outpatient

Covered Service: Delivery planned at home or another setting (Jan. 1–Dec. 31, 2025)

Active Duty Family Members and TRS	Retirees, Their Family Members, TRR, and All Others
<p>TRICARE Prime: \$0</p>	<p>TRICARE Prime (Group A/Group B) (Stateside only)</p> <p>Network:</p> <ul style="list-style-type: none"> <li>• Primary Care: \$25</li> <li>• Specialty Care: \$38</li> </ul> <p>*POS charges may apply to nonemergency care</p>
<p><b>TRICARE Select (Group A):</b></p> <p>Network:</p> <ul style="list-style-type: none"> <li>• Primary Care: \$27</li> <li>• Specialty Care: \$38</li> </ul> <p>Out-of-Network: 20% of allowable charge</p> <p><b>TRICARE Select (Group B):</b></p> <p>Network:</p> <ul style="list-style-type: none"> <li>• Primary Care: \$19</li> <li>• Specialty Care: \$32</li> </ul> <p>Out-of-Network: 20% of allowable charge</p>	<p><b>TRICARE Select (Group A):</b></p> <p>Network:</p> <ul style="list-style-type: none"> <li>• Primary Care: \$37</li> <li>• Specialty Care: \$51</li> </ul> <p>Out-of-Network: 25% of allowable charge</p> <p><b>TRICARE Select (Group B):</b></p> <p>Network:</p> <ul style="list-style-type: none"> <li>• Primary Care: \$32</li> <li>• Specialty Care: \$51</li> </ul> <p>Out-of-Network: 25% of allowable charge</p>

# TRICARE Pharmacy Program (1 of 3)

## Out-of-Pocket Costs (Jan. 1–Dec. 31, 2025)

Pharmacy Option	Formulary drugs: Generic	Formulary drugs: Brand-name	Non-formulary Drugs	Non-covered Drugs
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

*\*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.*

*Copayments won't change in 2025 for survivors of active duty service members and medically retired service members and their family members.*

# TRICARE Pharmacy Program (2 of 3)

## Out-of-Pocket Costs (Jan. 1–Dec. 31, 2025)

Pharmacy Option	Formulary drugs: Generic and brand-name	Non-formulary Drugs	Non-covered Drugs
<b>Non-Network Pharmacy</b> (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)	<b>TRICARE Prime options:</b> 50% cost-share applies after you meet your point- of-service annual deductible	<b>TRICARE Prime options:</b> 50% cost-share applies after you meet your POS annual deductible	Full cost of drug
<b>Non-Network Pharmacy</b> (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)	<b>All other beneficiaries:</b> \$43 or 20% of the total cost, whichever is more, after you meet your annual deductible	<b>All other beneficiaries:</b> \$76 or 20% of the total cost, whichever is more, after you meet your annual deductible	Full cost of drug



# TRICARE Pharmacy Program (3 of 3)

## Out-of-Pocket Costs (Jan. 1–Dec. 31, 2025)

Pharmacy Option	Formulary drugs: generic and brand-name, non-formulary drugs, and non-covered drugs
Overseas Pharmacy (Outside the U.S. and U.S. territories)*	<p>ADSMs and ADFMs in 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.)</p> <p>ADFMs in TRICARE Select Overseas and TRS members: 20% cost-share after annual deductible is met</p> <p>Retirees, their family members, TRR members, and all others in TRICARE Select Overseas: 25% cost-share after the annual deductible is met</p>

\* In the Philippines, you must fill your prescription at a certified pharmacy.

# TRICARE Dental Program Monthly Premiums

March 1, 2025–Feb. 28, 2026

Sponsor Status	Sponsor-Only	One Family Member	More Than One Family Member	Sponsor and Family
Active Duty	N/A	E-4 and below: \$8.65 E-5 and above: \$11.53	E-4 and below: \$22.48 E-5 and above: \$29.98	N/A
Selected Reserve and Individual Ready Reserve (Mobilization Only)	E-4 and below: \$8.65 E-5 and above: \$11.53	\$28.82	\$74.94	E-4 and below: \$83.59 E-5 and above: \$86.47
IRR (Non-Mobilization)	\$28.82	\$28.82	\$74.94	\$103.76
Survivor	N/A	\$0	\$0	N/A

# TDP Cost Shares

March 1, 2025–Feb. 28, 2026

Type of Service	CONUS: Sponsor Pay Grade E-1–E-4	CONUS: Sponsor Pay Grade E-5 and above	OCONUS: Command-Sponsored Beneficiary
Diagnostic, Preventive	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

March 1, 2025–Feb. 28, 2026

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

# Active Duty Dental Program CONUS

- There are no out-of-pocket costs to use ADDP, but you must follow certain processes before getting care.
  - All care requires an appointment control number from the ADDP contractor, United Concordia, before getting care.
  - Some services require pre-authorization (for example, crowns, bridges, dentures, and periodontal treatment).
  - Active duty service members may be responsible for the cost of care if they don't get an ACN or pre-authorization from United Concordia before getting care.
- ADDP CONUS (continental United States) Locations
  - CONUS non-remote: ADSMs can only seek care from a civilian dentist if an emergency or referred by a military dental clinic, also known as a military dental treatment facility.
  - CONUS remote (must live and work 50 miles from duty location): ADSMs must use a network dentist unless approved by United Concordia before getting care.
- For more information, go to [www.addp-ucci.com](http://www.addp-ucci.com).

# Active Duty Dental Program OCONUS

- There are no out-of-pocket costs to use ADDP, but you must follow certain processes before getting care.
  - All care requires an appointment control number from the ADDP contractor, United Concordia before getting care.
  - Some services require pre-authorization (for example, crowns, bridges, dentures, and periodontal treatment).
  - Active duty service members may be responsible for the cost of care if they don't get an ACN or pre-authorization from United Concordia before getting care.
- ADDP OCONUS (outside the continental United States) Locations
  - OCONUS non-remote: ADSMs must get all care at their assigned military dental clinic.
  - OCONUS remote: ADSMs can see any dentist but should contact United Concordia to coordinate all care.
- For more information, go to [www.addp-ucci.com](http://www.addp-ucci.com).