

Comparison of Calendar Year 2020 and 2021 TRICARE Prime and TRICARE Select Out-of-Pocket Costs: Active Duty Family Members

Out-of-Pocket Cost		TRICARE Select				TRICARE Prime			
		Group A		Group B		Group A		Group B	
		2020	2021	2020	2021	2020	2021	2020	2021
Annual enrollment fee	Individual	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Family	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual deductible	E-1-E-4, individual	\$50	\$50	\$52	\$52	\$0	\$0	\$0	\$0
	E-1-E-4, family	\$100	\$100	\$104	\$105	\$0	\$0	\$0	\$0
	E-5 & above, individual	\$150	\$150	\$156	\$158	\$0	\$0	\$0	\$0
	E-5 & above, family	\$300	\$300	\$313	\$317	\$0	\$0	\$0	\$0
Annual catastrophic cap		\$1,000	\$1,000	\$1,044	\$1,058	\$1,000	\$1,000	\$1,044	\$1,058
Preventive care visit		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary care		\$22 (IN) ¹ 20% (OON)	\$22 (IN) 20% (OON)	\$15 (IN) 20% (OON)	\$15 (IN) 20% (OON)	\$0	\$0	\$0	\$0
Specialty care		\$33 (IN) 20% (OON)	\$34 (IN) 20% (OON)	\$26 (IN) 20% (OON)	\$26 (IN) 20% (OON)	\$0	\$0	\$0	\$0
Emergency room visit		\$89 (IN) 20% (OON)	\$93 (IN) 20% (OON)	\$41 (IN) 20% (OON)	\$42 (IN) 20% (OON)	\$0	\$0	\$0	\$0
Urgent care center visit		\$22 (IN) 20% (OON)	\$22 (IN) 20% (OON)	\$20 (IN) 20% (OON)	\$21 (IN) 20% (OON)	\$0	\$0	\$0	\$0
Ambulatory surgery		\$25 (IN or OON)	\$25 (IN or OON)	\$26 (IN) 20% (OON)	\$26 (IN) 20% (OON)	\$0	\$0	\$0	\$0
Ambulance, outpatient ground		\$68 (IN) 20% (OON)	\$70 (IN) 20% (OON)	\$15 (IN) 20% (OON)	\$15 (IN) 20% (OON)	\$0	\$0	\$0	\$0
Ambulance, outpatient air		20% (IN or OON)	20% (IN or OON)	20% (IN or OON)	20% (IN or OON)	\$0	\$0	\$0	\$0
Durable medical equipment		15% (IN) 20% (OON)	15% (IN) 20% (OON)	10% (IN) 20% (OON)	10% (IN) 20% (OON)	\$0	\$0	\$0	\$0
Inpatient admission		\$19.55 per day; \$25 min. per admission	\$20.15 per day; \$25 min. per admission	\$62 per adm. (IN); 20% (OON)	\$63 per adm. (IN); 20% (OON)	\$0	\$0	\$0	\$0
Inpatient skilled nursing facility/rehab facility		\$19.55 per day; \$25 min. per admission	\$20.15 per day; \$25 min. per admission	\$26 per day (IN); \$52 per day (OON)	\$26 per day (IN); \$52 per day (OON)	\$0	\$0	\$0	\$0

* When TRICARE Prime enrollees other than active duty service members self-refer to specialty or non-emergent inpatient care without a referral from a network provider and/or authorization from the regional contractor, the TRICARE point-of-service deductible and copayment applies in lieu of TRICARE Prime copayments.

¹ IN: In network means a provider in the TRICARE network.

OON: Out of network means a TRICARE-authorized provider not in the TRICARE network.

