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Conditions	Conditions	TRICARE Prime, Active Duty, Group A	TRICARE Select, Active Duty, Group A
Enrollment Fees or Premiums	Enrollment Fees or Premiums	\$0	\$0
Deductibles	Deductible	\$0	E1-E4: \$50/individual and \$100/family E5 & above: \$150/individual and \$300/family
Catastrophic Cap	Catastrophic Cap	\$1,000	\$1,000

Health Plan Costs	Outpatient Visit - Primary	Primary: \$0 Out-of-Network: <u>POS</u> (https://tricare.mil/Costs/POS).	Network: \$25 Out-of-Network: 20%
	Outpatient Visit - Specialty	Network: \$0 Out-of-Network: (https://tricare.mil/Costs/POS). <u>POS</u> (https://tricare.mil/Costs/POS).	Network: \$37 Out-of-Network: 20%
	Urgent Care	TRICARE-authorized urgent care provider: \$0 Any other urgent care provider: <u>POS</u> (https://tricare.mil/Costs/POS).	Network: \$25 Out-of-Network: 20%
	Emergency Services	Network: \$0	Network: \$103 Out-of-Network: 20%
	Laboratory and X-Ray	Network: \$0 Out-of-Network: (https://tricare.mil/Costs/POS). (https://tricare.mil/Costs/POS). <u>POS</u> (https://tricare.mil/Costs/POS).	Network: \$0 Out-of-Network: 20%
	Ambulance	<u>Outpatient:</u> (https://tricare.mil/CoveredServices/IsItCovered/AmbulanceServices#costoutpatient). <ul style="list-style-type: none"> • Network: \$0 • Out-of-Network: (https://tricare.mil/Costs/POS). (https://tricare.mil/Costs/POS). <u>POS</u> (https://tricare.mil/Costs/POS). <u>Inpatient:</u> (https://tricare.mil/CoveredServices/IsItCovered/AmbulanceServices#costinpatient). <ul style="list-style-type: none"> • Network: \$0 • Out-of-Network: <u>POS</u> (https://tricare.mil/Costs/POS). 	<u>Outpatient:</u> (https://tricare.mil/CoveredService/IsItCovered/AmbulanceServices#costoutpatient). <ul style="list-style-type: none"> • Network: \$75 • Out-of-Network: 20% <u>Inpatient</u> (https://tricare.mil/CoveredService/IsItCovered/AmbulanceServices#costinpatient): 20%
	Ambulatory Surgery (Same Day)	Network: \$0 Out-of-Network: (https://tricare.mil/Costs/POS). <u>POS</u> (https://tricare.mil/Costs/POS).	\$25
	Mental Health (Inpatient)	Network: \$0	Network: \$21.30/day (\$25 minimum)

	<p>Out-of-Network: (https://tricare.mil/Costs/POS) (https://tricare.mil/Costs/POS) <u>POS</u> (https://tricare.mil/Costs/POS)</p>	<p>Out-of-Network: \$21.30/day (\$25 minimum)</p>
<p>Mental Health (Outpatient/Partial Hospitalization) - Primary Care</p>	<p>Network: \$0 Out-of-Network: (https://tricare.mil/Costs/POS) <u>POS</u> (https://tricare.mil/Costs/POS)</p>	<p>Network: \$25 Out-of-Network: 20%</p>
<p>Mental Health (Outpatient/Partial Hospitalization) - Specialty Care</p>	<p>Network: \$0 Out-of-Network: (https://tricare.mil/Costs/POS) <u>POS</u> (https://tricare.mil/Costs/POS)</p>	<p>Network: \$37 Out-of-Network: 20%</p>
<p>Mental Health (RTF)</p>	<p>Network: \$0 Out-of-Network: (https://tricare.mil/Costs/POS) <u>POS</u> (https://tricare.mil/Costs/POS)</p>	<p>Network: \$21.30/day (\$25 minimum) Out-of-Network: \$21.30/day (\$25 minimum)</p>
<p>Clinical Preventive Services</p>	<p>Network: \$0 Out-of-Network: (https://tricare.mil/Costs/POS) <u>POS</u> (https://tricare.mil/Costs/POS)</p>	<p>\$0</p>
<p>Durable Medical Equipment, Prosthetics, and Medical Supplies</p>	<p>Network: \$0 Out-of-Network: (https://tricare.mil/Costs/POS) <u>POS</u> (https://tricare.mil/Costs/POS)</p>	<p>Network: 15% Out-of-Network: 20%</p>
<p>Home Health Care</p>	<p>Network: \$0 Out-of-Network: (https://tricare.mil/Costs/POS) (https://tricare.mil/Costs/POS) <u>POS</u> (https://tricare.mil/Costs/POS)</p>	<p>\$0</p>
<p>Hospice Care</p>	<p>Network: \$0 (Medical equipment and pharmacy are billed separately) Out-of-Network: (https://tricare.mil/Costs/POS) <u>POS</u> (https://tricare.mil/Costs/POS)</p>	<p>\$0 (Medical equipment and pharmacy are billed separately)</p>

Hospitalization (Inpatient Care)	<p>Network: \$0</p> <p>Out-of-Network: (https://tricare.mil/Costs/POS) POS (https://tricare.mil/Costs/POS) </p>	<p>Network: \$21.30/day (\$25 minimum)</p> <p>Out-of-Network: \$21.30/day (\$25 minimum)</p>
Immunizations	<p>Network: \$0</p> <p>Out-of-Network: (https://tricare.mil/Costs/POS) (https://tricare.mil/Costs/POS) POS (https://tricare.mil/Costs/POS) </p>	\$0
Maternity (Delivery/Inpatient)	<p>Network: \$0</p> <p>Out-of-Network: (https://tricare.mil/Costs/POS) POS (https://tricare.mil/Costs/POS) </p>	<p>Network: \$21.30/day (\$25 minimum)</p> <p>Out-of-Network: \$21.30/day (\$25 minimum)</p>
Maternity (Delivery/Birthing Center)	<p>Network: \$0</p> <p>Out-of-Network: (https://tricare.mil/Costs/POS) POS (https://tricare.mil/Costs/POS) </p>	<p>Network: \$25</p> <p>Out-of-Network: \$25</p>
Maternity (Home) - Primary	<p>Network: \$0</p> <p>Out-of-Network: (https://tricare.mil/Costs/POS) POS (https://tricare.mil/Costs/POS) </p>	<p>Network: \$25</p> <p>Out-of-Network: 20%</p>
Maternity (Home) - Specialty	<p>Network: \$0</p> <p>Out-of-Network: (https://tricare.mil/Costs/POS) POS (https://tricare.mil/Costs/POS) </p>	<p>Network: \$37</p> <p>Out-of-Network: 20%</p>
Newborn Care	<p>Network: \$0</p> <p>Out-of-Network: (https://tricare.mil/Costs/POS) (https://tricare.mil/Costs/POS) POS (https://tricare.mil/Costs/POS) </p>	\$0
Skilled Nursing	<p>Network: \$0</p>	<p>Network: \$21.30/day (\$25 minimum)</p> <p>Out-of-Network: \$21.30/day (\$25 minimum)</p>

		Out-of-Network: (https://tricare.mil/Costs/POS) POS (https://tricare.mil/Costs/POS)	
Pharmacy	Generic (Tier 1) - Military Pharmacy	\$0	\$0
	Generic (Tier 1) - Home Delivery	\$12	\$12
	Generic (Tier 1) - Retail	Network: \$14 Non-network: 50% after POS	Network: \$14 Non-network: \$38 or 20% of total cost, whichever is more
	Brand-name (Tier 2) - Military Pharmacy	\$0	\$0
	Brand-name (Tier 2) - Home Delivery	\$34	\$34
	Brand-name (Tier 2) - Retail	Network: \$38 Non-network: 50% after POS	Network: \$38 Non-network: \$38 or 20% of total cost, whichever is more
	Non-Formulary (Tier 3) - Military Pharmacy	Generally not available without medical necessity for non-formulary drugs.	Generally not available without medical necessity for non-formulary drugs.
	Non-Formulary (Tier 3) - Home Delivery	\$68	\$68
	Non-Formulary (Tier 3) - Retail	Network: \$68 Non-network: 50% after POS	Network: \$68 Non-network: \$68 or 20% of total cost, whichever is more

Co-Pays & Cost Shares [Print View]

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