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Conditions	Conditions	<p>TRICARE Reserve Select</p> <ul style="list-style-type: none"> Costs are for calendar year (CY) 2023 unless noted separately. You have to pay a monthly or quarterly premium depending on your plan. Premiums do not count toward your catastrophic cap. Visit the Cost Terms (https://tricare.mil/Costs/Cost-Terms) page for definitions to help you better understand TRICARE costs.
Enrollment Fees or Premiums	Enrollment Fees or Premiums	<p>Member only: \$48.47/month Member + Family: \$239.69/month</p>
Deductibles	Deductible	<p>E1-E4: \$60/individual and \$121/family E5 & above: \$182/individual and \$365/family <i>Note: prescription costs also apply to your annual deductible.</i></p>
Catastrophic Cap	Catastrophic Cap	\$1,217
Health Plan Costs	Outpatient Visit - Primary	<p>Network: \$18 Out-of-Network: 20%</p>
	Outpatient Visit - Specialty	<p>Network: \$30 Out-of-Network: 20%</p>
	Urgent Care	<p>Network: \$24 Out-of-Network: 20%</p>
	Emergency Services	<p>Network: \$48 Out-of-Network: 20%</p>
	Laboratory and X-Ray	<p>Network: \$0 Out-of-Network: 20%</p>
	Ambulance	<p><u>Outpatient:</u> (https://tricare.mil/CoveredServices/IsItCovered/AmbulanceService#costoutpatient)</p> <ul style="list-style-type: none"> Network: \$18

	<ul style="list-style-type: none"> Out-of-Network: 20% <p><u>Inpatient</u> (https://tricare.mil/CoveredServices/IsItCovered/AmbulanceService#costinpatient) : 20%</p>
Ambulatory Surgery (Same Day)	Network: \$30 Out-of-Network: 20%
Mental Health (Inpatient)	Network: \$73/admission Out-of-Network: 20%
Mental Health (Outpatient/Partial Hospitalization) - Primary Care	Network: \$18 Out-of-Network: 20%
Mental Health (Outpatient/Partial Hospitalization) - Specialty Care	Network: \$30 Out-of-Network: 20%
Mental Health (RTF)	Network: \$30/day Out-of-Network: \$60/day
Clinical Preventive Services	\$0
Durable Medical Equipment, Prosthetics, and Medical Supplies	Network: 10% Out-of-Network: 20%
Home Health Care	\$0
Hospice Care	\$0 (Medical equipment and pharmacy are billed separately)
Hospitalization (Inpatient Care)	Network: \$73/admission Out-of-Network: 20%
Immunizations	\$0
Maternity (Delivery/Inpatient)	Network: \$73/admission Out-of-Network: 20%
Maternity (Delivery/Birthing Center)	Network: \$30 Out-of-Network: 20%
Maternity (Home) - Primary	Network: \$18 Out-of-Network: 20%
Maternity (Home) - Specialty	Network: \$30 Out-of-Network: 20%
Newborn Care	Network: \$0 Out-of-Network: 20%

Pharmacy	Skilled Nursing	Network: \$30/day Out-of-Network: \$60/day
	Generic (Tier 1) - Military Pharmacy	\$0
	Generic (Tier 1) - Home Delivery	\$12
	Generic (Tier 1) - Retail	Network: \$14 Non-network: \$38 or 20% of total cost, whichever is more
	Brand-name (Tier 2) - Military Pharmacy	\$0
	Brand-name (Tier 2) - Home Delivery	\$34
	Brand-name (Tier 2) - Retail	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.
	Non-Formulary (Tier 3) - Home Delivery	\$68
	Non-Formulary (Tier 3) - Retail	Network: \$68 Non-network: \$68 or 20% of total cost, whichever is more

Co-Pays & Cost Shares [Print View]

Last Updated 1/26/2022