

TRICARE Program Options Costs



Costs listed are for the **fiscal year (FY) October 1, 2009–September 30, 2010**, and are subject to change each FY on October 1. Costs are for care received from civilian providers or facilities. TRICARE Prime program costs also apply to beneficiaries using TRICARE Prime Remote (TPR) and TRICARE Prime Remote for Active Duty Family Members (TPRADFM). TRICARE Standard and TRICARE Extra costs (*listed on the reverse*) also apply to beneficiaries using TRICARE Reserve Select (TRS).

TRICARE Prime Program Costs

Type of Care	ADSMs	ADFMs	Retired Service Members and All Others
Outpatient Visits	• \$0	• \$0	• \$12
Clinical Preventive Services	• \$0	• \$0	• \$0
Hospitalization	• \$0	• \$0	• \$11 per day (\$25 minimum charge)
Emergency Services	• \$0	• \$0	• \$30
Outpatient Behavioral Health	• \$0	• \$0	• \$25/Individual visit • \$12/Medication management • \$17/Group visit • \$12/Psychological testing • \$12/Initial evaluation • \$12/Electroconvulsive therapy
Inpatient Behavioral Health <i>(includes partial hospitalization program [PHP] and residential treatment center [RTC] admissions)</i>	• \$0	• \$0	• \$40 per day
Inpatient Skilled Nursing	• \$0	• \$0	• \$11 per day (\$25 minimum per stay)

TRICARE Prime Program Point of Service Option Costs

Point of service (POS) option costs apply to TRICARE Prime beneficiaries (*except active duty service members, newborns/adoptees enrolled in TRICARE Prime in their first 60 days, or beneficiaries with other health insurance*) who seek nonemergency care without a referral. POS does **not** apply to the initial eight behavioral health visits to a network provider.

POS Deductible (<i>outpatient services</i>)	POS Cost-Share (<i>inpatient and outpatient services</i>)
• \$300/Individual • \$600/Family	• 50% after POS deductible is met

Annual Deductibles for Outpatient Care by Program Option*

Beneficiary Category	TRICARE Prime	TRICARE Standard	TRICARE Extra
ADFMs (<i>E-4 and below</i>)	• None	• \$50/Individual • \$100/Family	• \$50/Individual • \$100/Family
ADFMs (<i>E-5 and above</i>)	• None	• \$150/Individual • \$300/Family	• \$150/Individual • \$300/Family
Retired Service Members, Their Families, and All Others	• None	• \$150/Individual • \$300/Family	• \$150/Individual • \$300/Family

* Annual deductibles are based on the government's FY, October 1–September 30.

Catastrophic Caps by Program Option†

Beneficiary Category	TRICARE Prime	TRICARE Standard	TRICARE Extra
ADFMs	• \$1,000 per FY	• \$1,000 per FY	• \$1,000 per FY
Retired Service Members, Their Families, and All Others	• \$3,000 per FY	• \$3,000 per FY	• \$3,000 per FY

† The catastrophic cap is the maximum amount a beneficiary will pay per family per FY. TRICARE Prime POS deductible and cost-share amounts are **not** applied to the catastrophic cap.



TRICARE Program Options Costs

TRICARE Standard and TRICARE Extra Costs

Outpatient cost-shares listed are for any civilian outpatient visits, including emergency care, after the annual deductible is met. See the “Annual Deductibles for Outpatient Care by Program Option” section for details on deductibles.

Type of Care	ADFMs	Retired Service Members and All Others
Outpatient/ Emergency Visits <i>(includes behavioral health care)</i>	TRICARE Standard: <ul style="list-style-type: none"> • 20% after the annual deductible is met TRICARE Extra: <ul style="list-style-type: none"> • 15% after the annual deductible is met 	TRICARE Standard: <ul style="list-style-type: none"> • 25% after the annual deductible is met TRICARE Extra: <ul style="list-style-type: none"> • 20% after the annual deductible is met
Hospitalization <i>(includes maternity)</i>	TRICARE Standard and TRICARE Extra: <ul style="list-style-type: none"> • \$16.30 per day <i>(\$25 minimum charge per admission)</i> 	TRICARE Standard: <ul style="list-style-type: none"> • Lesser of \$535 per day or 25% of billed charges for institutional services, plus 25% cost-share for separately billed services TRICARE Extra: <ul style="list-style-type: none"> • Lesser of \$250 per day or 25% of negotiated rate for institutional services, plus 20% cost-share for separately billed services
Inpatient Behavioral Health Care	TRICARE Standard and TRICARE Extra: <ul style="list-style-type: none"> • \$20 per day <i>(\$25 minimum charge per admission)</i> 	TRICARE Standard: <ul style="list-style-type: none"> • High-Volume Hospital: 25% of hospital-specific per diem • Low-Volume Hospital: Lesser of \$197 per day or 25% of billed charges • PHP: 25% of TRICARE-allowable charge, plus 25% of TRICARE-allowable charge for separately billed professional charges • RTC: 25% of TRICARE-allowable charge TRICARE Extra: <ul style="list-style-type: none"> • 20% of total charges, plus 20% for separately billed services
Ambulatory Surgery	TRICARE Standard and TRICARE Extra: <ul style="list-style-type: none"> • \$25 	TRICARE Standard: <ul style="list-style-type: none"> • 25% after the annual deductible is met TRICARE Extra: <ul style="list-style-type: none"> • 20% after the annual deductible is met
Skilled Nursing Facility Care	TRICARE Standard and TRICARE Extra: <ul style="list-style-type: none"> • \$16.30 per day <i>(\$25 minimum charge per admission)</i> 	TRICARE Standard: <ul style="list-style-type: none"> • 25% cost-share of allowed institutional services, plus 25% cost-share for separately billed professional charges TRICARE Extra: <ul style="list-style-type: none"> • Lesser of \$250 per day copayment or 20% cost-share of total charges <i>(negotiated fee schedule)</i>, plus 20% cost-share for separately billed charges <i>(based on fee negotiated by contractor)</i>

TRICARE Pharmacy Program Costs

Type of Pharmacy	Formulary Costs		Non-Formulary Costs (Tier 3)
	Generic (Tier 1)	Brand Name (Tier 2)	
Military Treatment Facility (MTF) <i>(up to a 90-day supply)</i>	• \$0	• \$0	• Not available
Mail Order <i>(up to a 90-day supply)</i>	• \$3	• \$9	• \$22 <i>(unless medical necessity is established)</i>
Network Retail <i>(up to a 30-day supply)</i>	• \$3	• \$9	• \$22 <i>(unless medical necessity is established)</i>
Non-Network Retail <i>(up to a 30-day supply)</i>	<ul style="list-style-type: none"> • TRICARE Prime/TPRADFM: POS fees apply • TRICARE Standard/TRICARE Extra: Greater of \$9 or 20% of total cost after the annual deductible is met 		<ul style="list-style-type: none"> • TRICARE Prime/TPRADFM: POS fees apply • TRICARE Standard/TRICARE Extra: Greater of \$22 or 20% of total cost after the annual deductible is met