



For the most up-to-date costs, visit www.tricare.mil/costs. To learn more about each TRICARE program option and which is right for you, visit www.tricare.mil/planfinder.

TRICARE PRIME®

Includes TRICARE Prime Remote, the US Family Health Plan (USFHP), TRICARE Overseas Program (TOP) Prime and TOP Prime Remote. **Note:** Active duty service members (ADSMs) are not eligible for USFHP.

Yearly Enrollment Fees: Fiscal Year (FY) 2017

ADSMs, active duty family members (ADFMs) and transitional survivors (surviving spouses during the first three years and surviving dependent children) worldwide: no yearly enrollment fee

Retirees, their families and others per FY (Oct. 1–Sept. 30): \$282.60 per individual/\$565.20 per family

Health Care Costs: TRICARE Prime Options

ADSMs, ADFMs and transitional survivors	
Covered service	Cost
All covered services	\$0
Retirees, their families and all others	
Covered service	Cost
Outpatient	\$12
Inpatient (hospitalization)	\$11 per day (\$25 minimum charge)
Preventive	\$0
Emergency	\$30 per visit
Outpatient surgery	\$25 per visit

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:

- A yearly deductible before TRICARE cost-sharing begins: \$300 per individual/\$600 per family
- For services beyond this deductible, you pay: 50% of the TRICARE-allowable charge
- These costs do not apply to the catastrophic cap

TRICARE STANDARD® AND TRICARE EXTRA

Includes TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR) and TOP Standard. TRICARE Extra is not available overseas.

Yearly Deductible

You must meet a deductible before TRICARE cost-sharing begins.

Beneficiary category	Individual	Family	
ADFM and TRS members	Pay grades E-4 and below	\$50	\$100
	Pay grades E-5 and above	\$150	\$300
Retirees, their families, TRR members and all others	\$150	\$300	

Health Care Costs: TRICARE Extra and TRICARE Standard Options

Covered service	ADFM and TRS	Retirees, their families, TRR and all others
<ul style="list-style-type: none"> • Outpatient • Preventive (except those preventive services that are free of cost) • Emergency 	TRICARE Extra: 15% after the yearly deductible is met TRICARE Standard: 20% after the yearly deductible is met	TRICARE Extra: 20% after the yearly deductible is met TRICARE Standard: 25% after the yearly deductible is met
Inpatient (hospitalization)	All: Visit www.tricare.mil/costs	TRICARE Extra: \$250 per day or 25% of billed charges for institutional services, whichever is less, plus 20% cost-share for separately billed services TRICARE Standard: Visit www.tricare.mil/costs
Outpatient surgery	All: \$25	TRICARE Extra: 20% after the yearly deductible is met TRICARE Standard: 25% after the yearly deductible is met

Catastrophic Cap Per FY

ADFM and TRS:
\$1,000 per family

Retirees, their families, TRR and all others:
\$3,000 per family

Premium-Based Health Care Options

TRS for Calendar Year (CY) 2017

Monthly premium rate:
Member only: \$47.82
Member and family: \$217.51

TRR for CY 2017

Monthly premium rate:
Member only: \$402.81
Member and family: \$1,013.36

TRICARE Young Adult (TYA) for CY 2017

Monthly premium rate:
TYA Prime: \$319
TYA Standard: \$216

Other costs:

TYA Prime: Same as for TRICARE Prime
TYA Standard: Same as for TRICARE Standard and TRICARE Extra

Continued Health Care Benefit Program for FY 2017

Quarterly premium rate:
Individual: \$1,372
Family: \$3,087

TRICARE PHARMACY PROGRAM COSTS (Feb. 1, 2016–Jan. 31, 2017)

ADSMs have no prescription drug costs when using a military pharmacy, TRICARE Pharmacy Home Delivery or a TRICARE retail network pharmacy. Costs for all others are shown below. At TRICARE retail network and non-network pharmacies, you may get up to a 30-day supply of your prescription. With all other pharmacy options, you may get up to a 90-day supply. Your options for filling your prescription depend on the type of drug your provider prescribes. Some drugs are only covered through TRICARE Pharmacy Home Delivery. To learn more, visit www.express-scripts.com/TRICARE or call Express Scripts, Inc., which administers the TRICARE pharmacy benefit, at 1-877-363-1303.

Pharmacy types	Formulary drug costs		Nonformulary (Tier 3) drug costs
	Generic (Tier 1)	Brand-name (Tier 2)	
Military pharmacy	\$0	\$0	Not available
TRICARE Pharmacy Home Delivery (overseas, some limitations may apply)	\$0	\$20	\$49
TRICARE retail network pharmacy	\$10	\$24	\$50
Non-network pharmacy (in the U.S. and U.S. territories: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands)	TRICARE Prime options: 50% cost-share applies after the point-of-service (POS) deductible is met All other beneficiaries: \$24 or 20% of the total cost, whichever is greater, after the yearly deductible is met		TRICARE Prime options: 50% cost-share applies after the POS deductible is met All other beneficiaries: \$50 or 20% of the total cost, whichever is greater, after the yearly deductible is met
Overseas pharmacy (outside the U.S. and U.S. territories)	ADSMs and ADFMs using TOP Prime or TOP Prime Remote: \$0 (you may have to pay the full cost up front and file a claim for reimbursement) ADFMs using TOP Standard and TRS members: 20% cost-share after the yearly deductible is met Retirees, their families and all others using TOP Standard and TRR members: 25% cost-share after the yearly deductible is met		

TRICARE DENTAL PROGRAM AND TRICARE RETIREE DENTAL PROGRAM COSTS

TRICARE Dental Program Monthly Premiums (Feb. 1, 2016–April 30, 2017)

Sponsor status	Sponsor-only premium	Single premium (one family member, not the sponsor)	Family premium (more than one family member, not the sponsor)	Sponsor-and-family premium
Active duty	N/A	\$11.68	\$34.68	N/A
Selected Reserve	\$11.68	\$29.19	\$87.59	\$99.27
Individual Ready Reserve	\$29.19	\$29.19	\$87.59	\$116.78

TRICARE Retiree Dental Program Monthly Premiums (Jan. 1–Dec. 31)

Visit www.trdp.org to view premium rates for your region.

Costs for Dental Care

Type of service	TRICARE Dental Program (TDP)	TRICARE Retiree Dental Program (TRDP)
Diagnostic, preventive (except sealants)	0%	0%
Sealants, basic restorative	20%	20%
Endodontic, periodontic, oral surgery	Pay grades E-1 through E-4: 30%; All others: 40%	40%
Prosthodontic, implant, orthodontic	50%	50%
Yearly deductible	\$0	\$50 per person, per enrollment year; \$150 cap per family

The TDP and TRDP both have a yearly maximum of \$1,300 per person, per enrollment year for non-orthodontic services (payments for certain diagnostic and preventive services are not applied); an orthodontic lifetime maximum of \$1,750 per person, per lifetime (orthodontic diagnostic services are applied to the \$1,300 yearly maximum) and a dental accident maximum of \$1,200 per person, per enrollment year.

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