



TRICARE Program Options Costs



Costs listed are for the **fiscal year (FY) October 1, 2008–September 30, 2009**, 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
Inpatient	• \$0	• \$0	• \$11 per day (<i>\$25 minimum charge</i>)
Outpatient	• \$0	• \$0	• \$12
Clinical Preventive	• \$0	• \$0	• \$0
Emergency	• \$0	• \$0	• \$30
Inpatient Behavioral Health <i>(includes partial hospitalization program [PHP] and residential treatment center [RTC] admissions)</i>	• \$0	• \$0	• \$40 per day
Outpatient Behavioral Health	• \$0	• \$0	<ul style="list-style-type: none"> • \$25/Individual visit • \$17/Group visit • \$12/Initial evaluation • \$12/Medication management • \$12/Psychological testing • \$12/Electroconvulsive therapy
Inpatient Skilled Nursing	• \$0	• \$0	• \$11 per day (<i>\$25 minimum charge</i>)
Ambulance	• \$0	• \$0	• \$20
DME/Prosthetics/Supplies	• \$0	• \$0	• 20%
Ambulatory Surgery	• \$0	• \$0	• \$25

TRICARE Prime Program Point of Service Option Costs

Point of service (POS) option costs apply to TRICARE Prime beneficiaries (*except ADSMs, newborns/adoptees enrolled in TRICARE Prime in their first 60 days, or beneficiaries with other health insurance*) who seek nonemergency care without a referral from their primary care manager (PCM). 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 (E-4 and below)	• None	• \$50/Individual • \$100/Family	• \$50/Individual • \$100/Family
ADFMs (E-5 and above)	• 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 fiscal year, 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% of TRICARE-allowable charge after the annual deductible is met TRICARE Extra: <ul style="list-style-type: none"> 15% of contracted rate 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"> \$15.65 per day <i>(\$25 minimum charge per admission)</i> 	TRICARE Standard: <ul style="list-style-type: none"> Lesser of \$535 per day or 25% for institutional services, plus 25% cost-share for separately billed professional services TRICARE Extra: <ul style="list-style-type: none"> Lesser of \$250 per day or 25% of contracted rate for institutional services, plus 20% 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 the hospital-specific per diem Low-Volume Hospital: Lesser of \$193 per day or 25% of the billed charges RTC: 25% of the TRICARE-allowable charge PHP: 25% of the TRICARE-allowable charge, plus 25% of TRICARE-allowable charge for separately billed professional charges TRICARE Extra: <ul style="list-style-type: none"> 20% of the total charge, plus 20% for separately billed professional 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"> \$15.65 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 services <i>(based on contracted rate)</i> TRICARE Extra: <ul style="list-style-type: none"> Lesser of \$250 per day or 20% for institutional services, plus 20% cost-share of separately billed charges <i>(based on contracted rate)</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