

This is a general overview of most costs and fees for TRICARE. For detailed costs and fees, including those for TRICARE For Life, survivors, and medically retired individuals, visit [www.tricare.mil/costs](http://www.tricare.mil/costs). Visit [www.tricare.mil/planfinder](http://www.tricare.mil/planfinder) to learn more about eligibility and TRICARE plans.

## Are You In Group A or Group B?

- You're in **Group A** if your initial enlistment or appointment or that of your uniformed services sponsor began before Jan. 1, 2018.
- You're in **Group B** if your initial enlistment or appointment or that of your uniformed services sponsor began on or after Jan. 1, 2018.

*Note: When enrolled in TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, or the Continued Health Care Benefit Program, Group A beneficiaries follow Group B annual deductibles and applicable copayments or cost-shares.*

## TRICARE PRIME® (JAN. 1–DEC. 31, 2025)

Includes TRICARE Prime, TRICARE Prime Overseas, TRICARE Prime Remote, TRICARE Prime Remote Overseas, the US Family Health Plan, and TYA Prime plans.

### Annual Enrollment Fees (TRICARE Prime, TRICARE Prime Remote, TRICARE Prime Overseas, TRICARE Prime Remote Overseas, and USFHP only)

No annual enrollment fee for active duty service members, active duty family members, and transitional survivors (surviving spouses during the first three years and surviving dependent children) worldwide.

For retirees, their family members, and most others\*:

- **Group A:** \$372 per individual/\$744 per family
- **Group B:** \$450 per individual/\$900.96 per family

### Annual Deductible

There is no annual deductible.

## TRICARE Prime Out-of-Pocket Costs

ADSMs, ADFMs, and transitional survivors		
Covered service	Group A	Group B
All covered services	\$0	\$0

  

Retirees, their families, and all others		
Covered service	Group A	Group B
Preventive Care Visit	\$0	\$0
Primary Care Outpatient Visit	\$25	\$25
Specialty Care Outpatient Visit	\$38	\$38
Urgent Care Center Visit	\$38	\$38
Emergency Room Visit	\$77	\$77
Inpatient Admission (Hospitalization), Network	\$193/ admission	\$193/ admission

## TRICARE Prime 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:

- \$300 per individual/\$600 per family before TRICARE cost-sharing begins
- For services beyond this deductible, you pay 50% of the TRICARE-allowable charge.
- These costs don't apply to the catastrophic cap.

## TRICARE SELECT® (JAN. 1–DEC. 31, 2025)

Includes TRICARE Select, TRICARE Select Overseas, TRS, TRR, TYA Select, and CHCBP plans.

### Annual Enrollment Fees (TRICARE Select and TRICARE Select Overseas only)

No annual enrollment fee for ADFMs. For retirees, their family members, and others:

- **Group A:** \$181.92 per individual/\$364.92 per family
- **Group B:** \$579 per individual/\$1,158.96 per family

### Annual Deductible

You must spend your annual deductible amount before TRICARE cost-sharing begins:

ADFM's and TRS members			
Pay grades E-4 and below			
Group A		Group B and TRS members	
Individual	Family	Individual	Family
\$50	\$100	\$64	\$128

  

Pay grades E-5 and above			
Group A		Group B and TRS members	
Individual	Family	Individual	Family
\$150	\$300	\$193	\$386

  

Retirees, their family members, TRR members, and all others			
Group A		Group B and TRR members	
Individual	Family	Individual	Family
\$150	\$300	Network†: \$193	Network†: \$386
		Out-of-Network†: \$386	Out-of-Network†: \$772

(Continued on next page)

\* For certain beneficiaries in Group A, their enrollment fee remains frozen at the rate when the survivor or medically retired member is classified in the Defense Enrollment Eligibility Reporting System in either category and enrolls, as long as there is a continuous TRICARE Prime enrollment. See [www.tricare.mil/costs](http://www.tricare.mil/costs) for more information.

† Network means a provider in the TRICARE network. Out-of-network means a TRICARE-authorized provider not in the TRICARE network.

### Certain TRICARE Select Out-of-Pocket Costs: Network and Out-of-Network\*

Covered Services	ADFM's and TRS members		Retirees, their family members, TRR members, and all others	
	Group A	Group B and TRS members	Group A	Group B and TRR members
<b>Preventive Care Visit</b>	\$0	\$0	\$0	\$0
<b>Primary Care Outpatient Visit</b>	Network: \$27 Out-of-Network: 20% <sup>†</sup>	Network: \$19 Out-of-Network: 20% <sup>†</sup>	Network: \$37 Out-of-Network: 25% <sup>†</sup>	Network: \$32 Out-of-Network: 25% <sup>†</sup>
<b>Specialty Care Outpatient Visit</b>	Network: \$38 Out-of-Network: 20% <sup>†</sup>	Network: \$32 Out-of-Network: 20% <sup>†</sup>	Network: \$51 Out-of-Network: 25% <sup>†</sup>	Network: \$51 Out-of-Network: 25% <sup>†</sup>
<b>Urgent Care Center Visit</b>	Network: \$27 Out-of-Network: 20% <sup>†</sup>	Network: \$25 Out-of-Network: 20% <sup>†</sup>	Network: \$37 Out-of-Network: 25% <sup>†</sup>	Network: \$51 Out-of-Network: 25% <sup>†</sup>
<b>Emergency Room Visit</b>	Network: \$105 Out-of-Network: 20% <sup>†</sup>	Network: \$51 Out-of-Network: 20% <sup>†</sup>	Network: \$140 Out-of-Network: 25% <sup>†</sup>	Network: \$103 Out-of-Network: 25% <sup>†</sup>
<b>Inpatient Admission (Hospitalization)</b>	Network and Out-of-Network: \$23.45 per day or \$25 per admission (whichever is more)	Network: \$77 per admission	Network: \$250 per day or up to 25% hospital charge (whichever is less); plus 20% separately billed services	Network: \$225 per admission
		Out-of-Network: 20% <sup>†</sup>	Out-of-Network: \$1,221 per day <sup>§</sup> or up to 25% hospital charge (whichever is less); plus 25% separately billed services	Out-of-Network: 25% <sup>†</sup>
		\$22.30 per day (subsistence charge) <sup>‡</sup> military hospital or clinic		

‡ Cost through Dec. 31, 2024. Subsistence charge refers to the rate charged for inpatient care obtained in a military hospital or clinic.  
 § Cost through Dec. 31, 2024. All final claims reimbursed under the TRICARE Diagnosis Related Group-based payment system are to be priced using the rules, weights, and rates in effect as of the date of discharge.

\* Network means a provider in the TRICARE network. Out-of-network means a TRICARE-authorized provider not in the TRICARE network.

† Percentage of TRICARE maximum-allowable charge after annual deductible is met.

When enrolled in a premium-based health plan (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult Prime, TRICARE Young Adult Select, or the Continued Health Care Benefit Program), you pay a monthly or quarterly premium and follow Group B annual deductibles and applicable copayments or cost-shares.

Quarterly Premium (Jan. 1–Dec. 31, 2025)		
Premium-Based Plan	Individual	Family
Continued Health Care Benefit Program	\$1,849	\$4,621

Monthly Premium (Jan. 1–Dec. 31, 2025)		
Premium-Based Plan	Member only	Member and family
TRICARE Reserve Select	\$53.80	\$274.48
TRICARE Retired Reserve	\$631.26	\$1,513.04
TRICARE Young Adult Prime	\$727	Not available
TRICARE Young Adult Select	\$337	Not available

## Catastrophic Cap

The catastrophic cap is the most you or your family may pay out of pocket for covered TRICARE health care services each calendar year (including enrollment fees but excluding premiums). It protects you by limiting the amount of out-of-pocket expenses you pay for TRICARE covered medical services. **Note:** A TRICARE Young Adult member’s catastrophic cap is based on the sponsor’s status but follows Group B. The Continued Health Care Benefit Program catastrophic cap follows Group B.

Sponsor or Beneficiary Type	Group A	Group B
<b>ADFM</b> s	\$1,000/family	\$1,288/family
<b>Retirees, their family members, and others</b>	\$3,000/family (TRICARE Prime) \$4,261/family (TRICARE Select)	\$4,509/family
<b>TRS members</b>	(Follow Group B)	\$1,288/family
<b>TRR members</b>	(Follow Group B)	\$4,509/family



## PHARMACY COSTS (JAN. 1, 2024–DEC. 31, 2025)

ADSMs have no prescription drug costs when using a military pharmacy, TRICARE Pharmacy Home Delivery, or a TRICARE retail network pharmacy for covered drugs. Your TRICARE plan, which group you’re in (A or B), and pharmacy type determine whether you may have to meet your annual deductible before copayments or cost-shares apply. To learn more, use the TRICARE Compare Cost Tool at [www.tricare.mil/comparecosts](http://www.tricare.mil/comparecosts).

At network and non-network pharmacies, you may get up to a 30-day supply of your covered prescription; with all other pharmacy options, you may get up to a 90-day supply, depending on the type of drug prescribed. Some drugs are only covered through home delivery. Overseas, some limitations may apply. Learn more at <https://militaryrx.express-scripts.com>, or call Express Scripts at 877-363-1303.

Pharmacy types	Formulary drug costs		Non-formulary drug costs	Non-covered drug costs
	Generic	Brand-name		
<b>Military pharmacy</b> Up to a 90-day supply	\$0	\$0	Generally not available without medical necessity	Not available
<b>TRICARE Pharmacy Home Delivery</b> Up to a 90-day supply	\$13	\$38	\$76	Not available
<b>TRICARE retail network pharmacy</b> Up to a 30-day supply	\$16	\$43	\$76	Full cost of drug
<b>Non-network pharmacy</b> (in the U.S. and U.S. territories: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands)	<b>TRICARE Prime options:</b> 50% cost-share applies after you meet your point-of-service annual deductible <b>All other beneficiaries:</b> You pay for <b>formulary drugs</b> (\$43 or 20% of total cost, whichever is more, after you meet your annual deductible) and <b>non-formulary drugs</b> (\$76 or 20% of total cost, whichever is more, after you meet your annual deductible).			Full cost of drug
<b>Overseas pharmacy</b> (outside the U.S. and U.S. territories)  Visit <a href="http://www.tricare.mil/pharmacy">www.tricare.mil/pharmacy</a> for more information.	<b>ADSMs and ADFMs using TRICARE Prime Overseas or TRICARE Prime Remote Overseas:</b> \$0 (you may have to pay the full cost up front and file a claim for reimbursement) <b>ADFM</b> s using <b>TRICARE Select Overseas</b> and <b>TRS members:</b> 20% cost-share after you meet your annual deductible <b>Retirees, their family members, TRR members, and all others in TRICARE Select Overseas:</b> 25% cost-share after you meet your annual deductible			Full cost of drug

*Note: Copayments won't change in 2025 for survivors of active duty service members and medically retired service members and their family members.*



## VOLUNTARY DENTAL PROGRAMS

The TRICARE Dental Program is a voluntary, premium-based dental program. Below are the TDP rates. To learn more about dental plans and eligibility, visit [www.tricare.mil/dental](http://www.tricare.mil/dental). **Note:** Retirees, their family members, and certain others may be eligible for dental coverage through the Federal Employees Dental and Vision Insurance Program. Learn about FEDVIP dental and vision coverage at [www.benefeds.gov](http://www.benefeds.gov).

### TRICARE Dental Program Monthly Premiums (Nov. 1, 2024–Feb. 28, 2025)

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	\$12.10	\$31.46	N/A
Selected Reserve	\$12.10	\$30.25	\$78.64	\$90.74
Individual Ready Reserve	\$30.25	\$30.25	\$78.64	\$108.89

### TRICARE Dental Program Out-of-Pocket Costs (Nov. 1, 2024–Feb. 28, 2025)

Services, deductibles, and maximums	TRICARE Dental Program
Diagnostic, preventive (including sealants)	You pay: 0%
Basic restorative	You pay: 20%
Endodontic, periodontic, oral surgery	You pay: Pay grades E-1 through E-4: 30%; All others: 40%
Prosthodontic, implant, orthodontic	You pay: 50%
Annual deductible	\$0
Annual service maximum*	\$1,500 (per person, per contract year maximum United Concordia will pay)
Orthodontic lifetime maximum	\$1,750 (per person, per lifetime maximum United Concordia will pay)
Dental accident maximum	\$1,200 (per person, per contract year maximum United Concordia will pay)

\* Orthodontic diagnostic service charges are applied toward the non-orthodontic service maximum. Certain other diagnostic and preventive service charges aren't applied toward the annual maximum.

## LOOKING FOR More Information?

GO TO [www.tricare.mil](http://www.tricare.mil)



**TRICARE Costs**  
[www.tricare.mil/costs](http://www.tricare.mil/costs)



**TRICARE Plan Finder**  
[www.tricare.mil/planfinder](http://www.tricare.mil/planfinder)



**TRICARE East Region**  
Humana Military  
800-444-5445  
[HumanaMilitary.com](http://HumanaMilitary.com)  
[www.tricare.mil/east](http://www.tricare.mil/east)



**TRICARE Overseas Program (TOP)**  
International SOS  
Government Services, Inc.  
[www.tricare-overseas.com](http://www.tricare-overseas.com)  
For toll-free contact information, visit this website.



**TRICARE Pharmacy Program**  
Express Scripts, Inc.  
877-363-1303  
877-540-6261 (TDD/TTY)  
[www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy)  
<https://militaryrx.express-scripts.com>



**TRICARE Dental Program**  
United Concordia Companies, Inc.  
CONUS: 844-653-4061  
OCONUS: 844-653-4060 or 717-888-7400  
711 (TDD/TTY)  
[www.uccitdp.com](http://www.uccitdp.com)



**TRICARE West Region**  
TriWest Healthcare Alliance  
888-TRIWEST (888-874-9378)  
[www.tricare.mil/west](http://www.tricare.mil/west)

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#### An Important Note About TRICARE Program Information

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic.

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Updated November 2024