

TRI-CARE RESERVE SELECT COSTS

Enrollment Fees	Member only: \$42.83/month Member + Family: \$218.01/month&nbsp;
Deductible	E1-E4: \$51 per individual and \$102 per family&nbsp;
Catastrophic Cap	\$1,028
Outpatient Visit - Primary	Network: \$15
Outpatient Visit - Specialty	Network: \$25
Urgent Care	Network: \$20
Emergency Services	Network \$41
Laboratory and X-Ray	Network: \$0
Ambulance Services	Network: \$15
Ambulatory Surgery (Same Day)	Network: \$25
Mental Health (Inpatient)	Network \$61
Mental Health (Outpatient/Partial Hospitalization) - Primary Care	Network: \$15
Mental Health (Outpatient/Partial Hospitalization) - Specialty Care	Network: \$25
Mental Health (Residential Treatment Facility)	Network: \$25/day
Clinical Preventive Services	\$0
Durable Medical Equipment, Prosthetics, and Medical Supplies	Network: 10%
Home Health Care	\$0
Hospice Care	\$0 (Medical equipment and pharmacy&nbsp;are billed separately)
Hospitalization (Inpatient Care)	Network \$61
Immunizations	\$0
Maternity (Delivery/Inpatient)	Network: \$61
Maternity (Delivery/Birthing Center)	Network: \$25
Maternity (Home) - Primary	Network: \$15
Maternity (Home) - Specialty	Network: \$25
Newborn Care	Network: \$0
Skilled Nursing	Network: \$25
Generic - MTF	\$0
Generic - Home Delivery	Network: \$7
Generic - Retail	Network: \$11
Brand-name - MTF	\$0
Brand-name - Home Delivery	Network: \$24
Brand-name - Retail	Network: \$28
Non-Formulary - MTF	N/A
Non-Formulary - Home Delivery	Network: \$53
Non-Formulary - Retail	Network: \$53