Declucible E1. 64. 556/nhortch Member - Family, \$239. 99/month E1. 64. 556/nhortch		TRICARE RESERVE SELECT COST SHARE*	
Deductible	Enrollment Foos or Promiums		
International Cape			intion costs also apply to your
Catastrophic Cap Outpatient Visit - Primary Network: \$16 Non-network: 20%	Deductible		iption costs also apply to your
Outpatient Visit - Primary Network: 53R Non-network: 20% Urgent Care Network: 53R Non-network: 20% Urgent Care Network: 53R Non-network: 20% Outpatient Visit - Specialty Network: 53R Non-network: 20% Outpatient Visit - Specialty Network: 53R Non-network: 20% Urgent Care Network: 53R Non-network: 20% Laboratory and X-Ray Network: 53R Non-network: 20% Laboratory and X-Ray Network: 53R Non-network: 20% Ambulance Outpatient: Network: 53R Non-network: 20% Ambulance Outpatient: Network: 53R Non-network: 20% Merial Health (Inpatient) Network: 53R Non-network: 20% Merial Health (Outpatient/Partial Hospitalization) - Primary Care Network: 53R Non-network: 20% Merial Health (Outpatient/Partial Hospitalization) - Specialty Care Network: 53R Non-network: 20% Merial Health (Outpatient/Partial Hospitalization) - Specialty Care Network: 53R Non-network: 20% Merial Health (Outpatient/Partial Hospitalization) - Specialty Care Network: 53R Non-network: 20% Merial Health (Gutpatient/Partial Hospitalization) - Specialty Care Network: 53R Non-network: 20% Merial Health (Gutpatient/Partial Hospitalization) - Specialty Care Network: 53R Non-network: 20% Merial Health (Gutpatient/Partial Hospitalization) - Specialty Care Network: 53R Non-network: 20% Network: 53R Non-network: 20% Merial Health (Gutpatient/Partial Hospitalization) - Specialty Care Network: 53R Non-network: 20% Merial Health (Gutpatient/Partial Hospitalization) - Specialty Non-network: 20% M	Catastrophic Can		
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Non-Formulary (Tier 3) - Home Delivery \$68			inpatient care. Visit <u>www.tricare.mil</u> ,
additional information on	Non-Formulary (Tier 3) - Home Delivery	\$68	your regional contractor for
			additional information on

2022 TRICARE RETIRED RESERVE COST SHARE*		
Enrollment Fees or Premiums	Member only: \$502.32/month Member + Family: \$1,206.59/month	
Deductible	Network: \$168/individual, no more than \$336/family Non-network: \$336/individual, no more than \$672/family*	
	*There is no family option for TYA. Note: prescription costs also apply to your annual deductible.	
Catastrophic Cap	\$3,921	
Outpatient Visit - Primary	Network: \$28 Non-network: 25%	
Outpatient Visit - Specialty	Network: \$44 Non-network: 25%	
Urgent Care	Network: \$44 Non-network: 25%	
Emergency Services	Network: \$44 Non-network: 20%	
Outpatient Visit - Specialty	Network: \$28 Non-network: 20%	
Emergency Services	Network: \$89 Non-network: 25%	
Laboratory and X-Ray	Network: \$0 Non-network: 25%	
Ambulance	Outpatient: Network: \$67 Non-network: 25% Inpatient: 25%	
Ambulatory Surgery (Same Day)	Network: \$106 Non-network: 25%	
Mental Health (Inpatient)	Network: \$196/admission Non-network: 25%	
Mental Health (Outpatient/Partial Hospitalization) - Primary Care	Network: \$28 Non-network: 25%	
Mental Health (Outpatient/Partial Hospitalization) - Specialty Care	Network: \$44 Non-network: 25%	
Mental Health (RTF)	Network: \$56/day Non-network: Lesser of \$336/day or 20%	
Clinical Preventive Services	\$0	
Durable Medical Equipment, Prosthetics, and Medical Supplies	Network: 20% Non-network: 25%	
Home Health Care	\$0	
Hospice Care	\$0 (Medical equipment and pharmacy are billed separately)	
Hospitalization (Inpatient Care)	Network: \$196/admission Non-network: 25%	
Immunizations	\$0	
Maternity (Delivery/Inpatient)	Network: \$196/admission Non-network: 25%	
Maternity (Delivery/Birthing Center)	Network: \$106 Non-network: 25%	
Maternity (Home) - Primary	Network: \$28 Non-network: 25%	
Maternity (Home) - Specialty	Network: \$44 Non-network: 25%	
Newborn Care	Network: \$0 Non-network: 25%	
Skilled Nursing	Network: \$56/day Non-network: Lesser of \$336/day or 20%	
Generic (Tier 1) - Military Pharmacy	\$0	
Generic (Tier 1) - Home Delivery	\$12	
Generic (Tier 1) - Retail	Network: \$14 Non-network: \$38 or 20% of total cost, whichever is more	
Brand-name (Tier 2) - Military Pharmacy	\$0	
Brand-name (Tier 2) - Home Delivery	\$34	
Brand-name (Tier 2) - Retail	Network: \$38 Non-network: \$38 or 20% of total cost, whichever is more	
Non-Formulary (Tier 3) - Military Pharmacy	Generally not available without medical necessity for non-formulary drugs.	
Non-Formulary (Tier 3) - Home Delivery	\$68	
Non-Formulary (Tier 3) - Retail	Network: \$68 Non-network: \$68 or 20% of total cost, whichever is more	
Generic (Tier 1) - Retail	Network: \$14 Non-network: \$38 or 20% of total cost, whichever is more	
Brand-name (Tier 2) - Military Pharmacy	\$0	
Brand-name (Tier 2) - Home Delivery	\$34	
Brand-name (Tier 2) - Retail	Network: \$38 Non-network: \$38 or 20% of total cost, whichever is more	
Non-Formulary (Tier 3) - Military Pharmacy	Generally not available without medical necessity for non-formulary drugs.	
Non-Formulary (Tier 3) - Home Delivery	\$68	
Non-Formulary (Tier 3) - Retail	Network: \$68 Non-network: \$68 or 20% of total cost, whichever is more	

2022 TRICARE PRIME COST SHARE*		
Enrollment Fees or Premiums	\$0	
Deductible	\$0	
Catastrophic Cap	\$1000	
Outpatient Visit - Primary	Primary: \$0 Non-network: POS	
Outpatient Visit - Finnal y Outpatient Visit - Specialty	Primary: \$0	
Outpatient visit - Specialty	Frimary. 30	
	Non-network: POS	
Urgent Care	TRICARE-authorized urgent care provider: \$0 Any other urgent care provider: POS	
Emergency Services	Network: \$44 Non-network: 20%	
Outpatient Visit - Specialty	Network: \$0 Non-network: POS	
Urgent Care	TRICARE-authorized urgent care provider: \$0 Any other urgent care provider: POS	
Emergency Services	Network: \$0	
Laboratory and X-Ray	Network: \$0 Non-network: POS	
Ambulance	Outpatient: Network: \$0 Non-network: POS Inpatient: Network: \$0 Non-network: POS	
Ambulatory Surgery (Same Day)	Network: \$0 Non-network: POS	
Mental Health (Inpatient)	Network: \$0 Non-network: POS	
Mental Health (Outpatient/Partial Hospitalization) - Primary Care	Network: \$0 Non-network: POS	
Mental Health (Outpatient/Partial Hospitalization) - Specialty Care	Network: \$0 Non-network: POS	
Mental Health (RTF)	Network: \$0 Non-network: POS	
Clinical Preventive Services	Network: \$0 Non-network: POS	
Durable Medical Equipment, Prosthetics, and Medical Supplies	Network: \$0 Non-network: POS	
Home Health Care	Network: \$0 Non-network: POS	
Hospice Care	Network: \$0 (Medical equipment and pharmacy are billed separately) Non-network: POS	
Hospitalization (Inpatient Care)	Network: \$0 Non-network: POS	
Immunizations	Network: \$0 Non-network: POS	
Maternity (Delivery/Inpatient)	Network: \$0 Non-network: POS	
Maternity (Delivery/Birthing Center)	Network: \$0 Non-network: POS	
Maternity (Home) - Primary	Network: \$0 Non-network: POS	
Maternity (Home) - Specialty	Network: \$0 Non-network: POS	
Newborn Care	Network: \$0 Non-network: POS	
Skilled Nursing	Network: \$0 Non-network: POS	
Generic (Tier 1) - Military Pharmacy	\$0	
Generic (Tier 1) - Home Delivery	\$12	
Generic (Tier 1) - Retail	Network: \$14 Non-network: \$38 or 20% of total cost, whichever is more	
Brand-name (Tier 2) - Military Pharmacy	\$0	
Brand-name (Tier 2) - Home Delivery	\$34	
Brand-name (Tier 2) - Retail	Network: \$38 Non-network: \$38 or 20% of total cost, whichever is more	
Non-Formulary (Tier 3) - Military Pharmacy	Generally not available without medical necessity for non-formulary drugs.	
Non-Formulary (Tier 3) - Home Delivery	\$68	
Non-Formulary (Tier 3) - Retail	Network: \$68 Non-network: \$68 or 20% of total cost, whichever is more	
Generic (Tier 1) - Retail	Network: \$14 Non-network: \$38 or 20% of total cost, whichever is more	
Brand-name (Tier 2) - Military Pharmacy	\$0	
Brand-name (Tier 2) - Home Delivery	\$34	
Brand-name (Tier 2) - Retail	Network: \$38 Non-network: \$38 or 20% of total cost, whichever is more	
Non-Formulary (Tier 3) - Military Pharmacy	Generally not available without medical necessity for non-formulary drugs.	
Non-Formulary (Tier 3) - Home Delivery	\$68	
Non-Formulary (Tier 3) - Retail	Network: \$68 Non-network: \$68 or 20% of total cost, whichever is more	

	22 TRICARE FOR LIFE (RETIRED) COST SHARE*
Enrollment Fees or Premiums	\$0. There are no enrollment fees for TRICARE For Life. Most of the time, you won't have cost shares because both Medicare and TRICARE cover most services. You only have to pay the TRICARE For Life (TFL) deductible and health plan costs when a service is covered by TRICARE and not by Medicare. Download the TFL Cost Matrix to see what Medicare and TRICARE pay.
Deductible	\$150/individual, no more than \$300/family Note: prescription costs also apply to your annual deductible.
Catastrophic Cap	\$3000
Outpatient Visit - Primary	\$0 (If covered by both Medicare and TRICARE) Network: 20% Non-network: 25% Overseas: 25%
Outpatient Visit - Specialty	\$0 (If covered by both Medicare and TRICARE) Network: 20% Non-network: 25% Overseas: 25%
Urgent Care	\$0 (If covered by both Medicare and TRICARE) Network: 20% Non-network: 25% Overseas: 25%
Emergency Services	\$0 (If covered by both Medicare and TRICARE) Network: 20% Non-network: 25% Overseas: 25%
Laboratory and X-Ray	25%
Ambulance	\$0 (If covered by both Medicare and TRICARE) Network: 20% Non-network: 25% Overseas: 25%
Ambulatory Surgery (Same Day)	\$0 (If covered by both Medicare and TRICARE) Network: 20% Non-network: 25% Overseas: 25%
Mental Health (Inpatient)	\$0 (If covered by both Medicare and TRICARE) Network: \$250/day + 20% separately billed charges Non-network: \$1,053/day + 25% separately billed charges Overseas: \$1,053/day + 25% separately billed charges
Mental Health (Outpatient/Partial Hospitalization) - Primary Care	\$0 (If covered by both Medicare and TRICARE) Network: 20% Non-network: 25% Overseas: 25%
Mental Health (Outpatient/Partial Hospitalization) - Specialty Care	\$0 (If covered by both Medicare and TRICARE) Network: 20% Non-network: 25% Overseas: 25%
Mental Health (RTF)	\$0 (If covered by both Medicare and TRICARE) Network: 20% Non-network: 25% Overseas: 25%
Clinical Preventive Services	\$0 (If covered by both Medicare and TRICARE) Network: 20% Non-network: 25% Overseas: 25%
Durable Medical Equipment, Prosthetics, and Medical Supplies	\$0 (If covered by both Medicare and TRICARE) Network: 20% Non-network: 25% Overseas: 25%
Home Health Care	N/A
Hospice Care	N/A
Hospitalization (Inpatient Care)	\$0 (If covered by both Medicare and TRICARE) Network: \$250/day + 20% separately billed charges Non-network: \$1,053/day or up to 25% of hospital charges (whichever is less) + 25% separately billed charges Overseas: \$1,053/day or up to 25% of hospital charges (whichever is less) + 25% separately billed charges
Immunizations	\$0
Maternity (Delivery/Inpatient)	\$0 (If covered by both Medicare and TRICARE) Network: \$250/day + 20% separately billed charges Non-network: \$1,053/day or up to 25% of hospital charges (whichever is less) + 25% separately billed charges Overseas: \$1,053/day or up to 25% of hospital charges (whichever is less) + 25% separately billed charges
Maternity (Delivery/Birthing Center)	N/A
Maternity (Home) - Primary	\$0 (If covered by both Medicare and TRICARE) Network: 20% Non-network: 25% Overseas: 25%
Maternity (Home) - Specialty	\$0 (If covered by both Medicare and TRICARE) Network: 20% Non-network: 25% Overseas: 25%
Newborn Care	\$0 (If covered by both Medicare and TRICARE) Network: \$250/day or up to 25% of hospital charges (whichever is less) + 20% separately billed charges Non-network: \$1,053/day or up to 25% of hospital charges (whichever is less) + 25% separately billed charges Overseas: \$1,053/day or up to 25% of hospital charges (whichever is less) + 25% separately billed charges
Skilled Nursing	\$0
Generic (Tier 1) - Military Pharmacy	\$0
Generic (Tier 1) - Home Delivery	\$12
Generic (Tier 1) - Retail	Network: \$14 Non-network: \$38 or 20% of total cost, whichever is more
Brand-name (Tier 2) - Military Pharmacy	\$0
Brand-name (Tier 2) - Home Delivery	\$34
Brand-name (Tier 2) - Retail	Network: \$38 Non-network: \$38 or 20% of total cost, whichever is more
Non-Formulary (Tier 3) - Military Pharmacy	Generally not available without medical necessity for non-formulary drugs.
Non-Formulary (Tier 3) - Home Delivery	\$68
Non-Formulary (Tier 3) - Retail	Network: \$68 Non-network: \$68 or 20% of total cost, whichever is more
Generic (Tier 1) - Retail	Network: \$14 Non-network: \$38 or 20% of total cost, whichever is more
Brand-name (Tier 2) - Military Pharmacy	\$0
Brand-name (Tier 2) - Home Delivery	\$34
Brand-name (Tier 2) - Retail	Network: \$38 Non-network: \$38 or 20% of total cost, whichever is more
Non-Formulary (Tier 3) - Military Pharmacy	Generally not available without medical necessity for non-formulary drugs.
Non-Formulary (Tier 3) - Home Delivery	\$68
Non-Formulary (Tier 3) - Retail	Network: \$68 Non-network: \$68 or 20% of total cost, whichever is more

TRICARE YOUN	TRICARE YOUNG ADULT SELECT (W/GROUP A, ACTIVE DUTY SPONSOR)*		
Enrollment Fees or Premiums	\$265/month		
Deductible	E1-E4: \$56/individual and \$112/family; E5 & above: \$168/individual and \$336/family *Note: prescription costs also apply to		
	your annual deductible.		
Catastrophic Cap	\$1,120		
Outpatient Visit - Primary	Network: \$16 Non-network: 20%		
Outpatient Visit - Specialty	Network: \$28 Non-network: 20%		
Urgent Care	Network: \$22 Non-network: 20%		
Emergency Services	Network: \$44 Non-network: 20%		
Laboratory and X-Ray	Network: \$0 Non-network: 20%		
Ambulance	Outpatient: Network: \$16 Non-network: 20% Inpatient: 20%		
Ambulatory Surgery (Same Day)	Network: \$28 Non-network: 20%		
Mental Health (Inpatient)	Network: \$67/admission Non-network: 20%		
Mental Health (Outpatient/Partial Hospitalization) - Primary Care	Network: \$16 Non-network: 20%		
Mental Health (Outpatient/Partial Hospitalization) - Specialty Care	Network: \$28 Non-network: 20%		
Mental Health (RTF)	Network: \$28/day Non-network: \$56/day		
Clinical Preventive Services	\$0		
Durable Medical Equipment, Prosthetics, and Medical Supplies	Network: 10% Non-network: 20%		
Home Health Care	\$0		
Hospice Care	\$0 (Medical equipment and pharmacy are billed separately)		
Hospitalization (Inpatient Care)	Network: \$67/admission Non-network: 20%		
Immunizations	\$0		
Maternity (Delivery/Inpatient)	Network: \$67/admission Non-network: 20%		
Maternity (Delivery/Birthing Center)	Network: \$28 Non-network: 20%		
Maternity (Home) - Primary	Network: \$16 Non-network: 20%		
Maternity (Home) - Specialty	Network: \$28 Non-network: 20%		
Newborn Care	Network: \$0 Non-network: 20%		
Skilled Nursing	Network: \$28/day Non-network: \$56/day		
Generic (Tier 1) - Military Pharmacy	\$0		
Generic (Tier 1) - Home Delivery	\$12		
Generic (Tier 1) - Retail	Network: \$14 Non-network: \$38 or 20% of total cost, whichever is more		
Brand-name (Tier 2) - Military Pharmacy	\$0		
Brand-name (Tier 2) - Home Delivery	\$34		
Brand-name (Tier 2) - Retail	Network: \$38 Non-network: \$38 or 20% of total cost, whichever is more		
Non-Formulary (Tier 3) - Military Pharmacy	Generally not available without medical necessity for non-formulary drugs.		
Non-Formulary (Tier 3) - Home Delivery	\$68		
Non-Formulary (Tier 3) - Retail	Network: \$68 Non-network: \$68 or 20% of total cost, whichever is more		
Generic (Tier 1) - Retail	Network: \$14 Non-network: \$38 or 20% of total cost, whichever is more		
Brand-name (Tier 2) - Military Pharmacy	\$0		
Brand-name (Tier 2) - Home Delivery	\$34		
Brand-name (Tier 2) - Retail	Network: \$38 Non-network: \$38 or 20% of total cost, whichever is more		
Non-Formulary (Tier 3) - Military Pharmacy	Generally not available without medical necessity for non-formulary drugs.		
Non-Formulary (Tier 3) - Home Delivery	\$68		
Non-Formulary (Tier 3) - Retail	Network: \$68 Non-network: \$68 or 20% of total cost, whichever is more		