

**TRICARE RESERVE SELECT COST SHARE\***

Enrollment Fees or Premiums	Member only: \$46.70/month Member + Family: \$229.99/month
Deductible	E1-E4: \$56/individual & \$112/family; E-5 & above: \$168/individual & \$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%
Outpatient Visit - Specialty	Network: \$28 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

\* Costs are for calendar year (CY) 2022 unless noted separately. Monthly or quarterly premium may be charged depending on your plan. Premiums do not count toward your catastrophic cap. There are no costs for services received at a military hospital or clinic, except for a small per diem when using inpatient care. Visit [www.tricare.mil](http://www.tricare.mil), their [Cost Terms](#) page, or contact 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 - Specialty	Primary: \$0 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

**2022 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 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