

TRICARE: Summary of Beneficiary Costs



This flyer summarizes the costs based on the TRICARE program option you are using in the United States (overseas costs are not included). These costs are subject to change each year on October 1. This flyer is not intended to be all-inclusive—contact your regional contractor (see page 7) if you have questions or visit www.tricare.mil/tricarecost for more information.

TRICARE PRIME OPTIONS

The following section outlines the costs for TRICARE Prime, TRICARE Prime Remote (TPR) and TRICARE Prime Remote for Active Duty Family Members (TPRADFM). If you have questions about any of these options, contact your regional contractor (see page 7).

TRICARE Prime Annual Enrollment Fees

Retired service members, their families, survivors, eligible former spouses and others enrolled in TRICARE Prime are required to pay an annual enrollment fee, which is applied to the catastrophic cap. The following chart offers a look at the enrollment fee payment options. **Note:** There are no enrollment fees for active duty service members and active duty family members (and for survivors of members during the first three years following the active duty member's death) enrolled in TRICARE Prime, TPR or TPRADFM.

Enrollment Fees	
Individual	\$230
Family	\$460

Payment Options		Payment Instructions
Monthly	Allotment from Retired Pay	Complete an Enrollment Fee Allotment Authorization letter (obtained from your regional contractor). Once authorized, your TRICARE Prime enrollment fee is deducted automatically from your retirement pay on a monthly basis. You must include an initial three-month payment (\$57.50 individual or \$115 family) when you submit your Enrollment Fee Allotment Authorization letter to allow time for processing.
	Electronic Funds Transfer (EFT)	Provide your correct banking information to your regional contractor. Once authorized, your TRICARE Prime enrollment fee is deducted automatically from your bank account on a monthly basis. You must include an initial three-month payment (\$57.50 individual or \$115 family) to your regional contractor when you begin EFT payments to allow time for processing.
Quarterly or Annually	Check, Cashier's Check or Money Order	A bill for your TRICARE Prime enrollment fee will be sent on a quarterly or annual basis, depending on your selection. Instructions for paying your bill are on the billing statement.
	Visa® or MasterCard®	Your initial payment will be charged to your credit card, and you will be sent a bill for each subsequent payment. Return the bill to your regional contractor along with the credit card authorization for each billing period. For your convenience, you also can pay credit card payments to your regional contractor online if you are a registered member.

1. TRICARE has a limited refund policy. In most cases, TRICARE Prime enrollment fees will not be refunded. If you are close to age 65, and therefore close to eligibility for TRICARE For Life, you should not choose the annual payment option.

TRICARE Prime, TPR and TPRADFM Health Care Costs

The costs listed are for care received in civilian facilities. These costs are effective for fiscal year 2007 (Oct. 1, 2006–Sept. 30, 2007) and are subject to change for retirees, their families and all others each year on October 1.

Type of Care	Active Duty Service Members and Their Families (TRICARE Prime, TPR or TPRADFM)	Retirees, Their Families and All Others (TRICARE Prime)
Annual Deductible	\$0 (unless POS option is used, see below)	\$0 (unless POS option is used, see below)
Outpatient Visit	\$0 copayment per visit	\$12 copayment per visit
Clinical Preventive Services	\$0 copayment per service	\$0 copayment per service
Hospitalization	\$0 per day	\$11 per day (\$25 minimum charge)
Emergency Services	\$0 copayment per visit	\$30 copayment per visit
Outpatient Behavioral Health	\$0 copayment per visit	\$25 (individual visit), \$17 (group visit)
Inpatient Behavioral Health	\$0 per day	\$40 per day
Inpatient Skilled Nursing	\$0 per day charge per admission	\$11 per day (\$25 minimum charge)

Point of Service Option

The point of service (POS) option allows you to receive nonemergency care from any TRICARE-authorized provider without requesting a referral from your primary care manager (PCM), resulting in higher out-of-pocket costs. The POS deductible applies only to outpatient services, and the cost-share applies to both inpatient and outpatient care. Any out-of-pocket expenses you pay under POS do NOT apply to your annual catastrophic cap. **Note:** The POS option does not apply to active duty service members, newborns or adoptees in their first 60 days, emergency care or if you have other health insurance.

POS Deductible	<ul style="list-style-type: none"> \$300/Individual \$600/Family
POS Cost-share	50% after POS deductible is met

TRICARE STANDARD AND TRICARE EXTRA

This section highlights your costs when using TRICARE Standard and TRICARE Extra. Remember, TRICARE Standard and TRICARE Extra can be used interchangeably and the option you use determines your out-of-pocket expense. If you have additional questions, contact your regional contractor (see page 7).

Annual Outpatient Deductible

When using TRICARE Standard and TRICARE Extra, you are required to meet an annual deductible each fiscal year for outpatient services before cost-sharing begins. The annual deductible varies based on your beneficiary category and type of coverage (individual or family).

Note: Active duty service members may not use TRICARE Standard and TRICARE Extra.

Beneficiary Category	Outpatient Deductible
Active Duty Family Members (sponsor rank E-4 and below)	<ul style="list-style-type: none"> \$50/Individual \$100/Family
Active Duty Family Members (sponsor rank E-5 and above)	<ul style="list-style-type: none"> \$150/Individual \$300/Family
Retired Service Members, Their Families and All Others	<ul style="list-style-type: none"> \$150/Individual \$300/Family
Family Members of Guard and Reserve Activated in Support of a Contingency (OEF, OIF, Noble Eagle)	<ul style="list-style-type: none"> \$0; Deductibles waived as part of the Reserve Family Demonstration Project

TRICARE Standard and TRICARE Extra Health Care Costs

The costs listed are for care received in civilian facilities. The costs listed are effective for fiscal year 2007 (Oct. 1, 2006–Sept. 30, 2007) and are subject to change for retirees, their families and all others each year on October 1.

Type of Care	TRICARE Standard	TRICARE Extra
Outpatient Visit <i>(including behavioral health care)</i>	<p>Active Duty Family Members: 20% after the annual deductible is met</p> <p>Retirees, Their Families and All Others: 25% after the annual deductible is met</p>	<p>Active Duty Family Members: 15% after the annual deductible is met</p> <p>Retirees, Their Families and All Others: 20% after the annual deductible is met</p>
Hospitalization	<p>Active Duty Family Members: \$14.80 per day (\$25 minimum charge)¹</p> <p>Retirees, Their Families and All Others: \$535 per day or 25% for institutional services, whichever is less, plus 25% for separately billed services</p>	<p>Active Duty Family Members: \$14.80 per day (\$25 minimum charge)¹</p> <p>Retirees, Their Families and All Others: \$250 per day or 25% for institutional services, whichever is less, plus 20% for separately billed services</p>
Inpatient Skilled Nursing	<p>Active Duty Family Members: \$14.80 per day (\$25 minimum charge)¹</p> <p>Retirees, Their Families and All Others: 25% for institutional services plus 25% cost-share for separately billed services</p>	<p>Active Duty Family Members: \$14.80 per day (\$25 minimum charge)¹</p> <p>Retirees, Their Families and All Others: \$250 per day or 20% for institutional services, whichever is less, plus 20% for separately billed services</p>
Inpatient Behavioral Health	<p>Active Duty Family Members: \$20 per day (\$25 minimum charge)¹</p> <p>Retirees, Their Families and All Others:</p> <ul style="list-style-type: none"> High-volume hospitals—25% hospital specific per diem, plus 25% for separately billed professional services Low-volume hospitals—\$181 per day or 25% of the billed charges, whichever is less, plus 25% for separately billed services 	<p>Active Duty Family Members: \$20 per day (\$25 minimum charge)¹</p> <p>Retirees, Their Families and All Others: 20% of total charge, plus 20% for separately billed services</p>

1. Example: If your hospital stay lasts one day, your charge for the stay will be \$25. If your hospital stay lasts more than one day, your charge will be \$14.80 multiplied by the number of days of your stay.

TRICARE RESERVE SELECT

Typically adjusted annually, effective January 1st each year, TRICARE Reserve Select (TRS) premium rates have been frozen at the calendar year 2006 level for the period Oct. 1, 2006–Sept. 30, 2007. Look for updates regularly on your regional contractor's Web site or the TRS Web site at www.tricare.mil/reserve/reserveselect.

TRS monthly premium amounts vary by tier and type of coverage. TRS premium payments are not applied to the catastrophic cap. **Note:** Cost-shares and deductibles are the same as those listed above for active duty family members for TRICARE Standard and TRICARE Extra.

Type of Coverage	Tier 1	Tier 2	Tier 3
TRS Member Only	\$81.00	\$145.29	\$247.00
TRS Member and Family	\$253.00	\$451.42	\$767.41

Prohibition of Waiving Cost-shares and Deductibles

When using TRICARE Standard, TRICARE Extra and TRICARE Reserve Select, you are responsible, under law, to pay an annual deductible and cost-shares associated with your care. The law prohibits health care providers from waiving the deductible or cost-shares and requires providers to make reasonable efforts to collect these amounts. Providers who offer to waive deductibles and cost-shares, or who advertise that they will do so, can be suspended or excluded as TRICARE-authorized providers.

Balance Billing and Violation of Participation Agreements

Nonparticipating providers may charge up to 15 percent above the TRICARE allowable charge, which you must pay out-of-pocket. Participating providers are prohibited from balance billing—collecting from you any amount in excess of the TRICARE allowable charge, less any applicable patient cost-share paid by you. Once a participating provider marks “yes” on the claim form for that service, they cannot later revoke or cancel that decision. Participating providers who attempt to fraudulently collect higher payments are commonly referred to as being in “violation of the participation agreement.” **Note:** Non-network, participating providers may choose to participate on a claim-by-claim basis.

TRICARE FOR LIFE

When using TRICARE For Life (TFL), TRICARE is the second payer after Medicare in most cases. You have minimal out-of-pocket costs with TFL. There are no TFL enrollment fees, but you are required to pay Medicare Part B premiums (unless you are an active duty family member). Visit www.medicare.gov for the current Medicare Part B premium amounts.

TRICARE For Life Health Care Costs

The chart below highlights your out-of-pocket costs associated with TFL. For a more detailed breakdown, visit www.tricare.mil/tfl/tflcostmatrix.html.

Type of Service	What Medicare Pays	What TRICARE Pays	What You Pay
Covered by TRICARE and Medicare	Medicare’s authorized amount	Remaining amount	Nothing
Covered by Medicare but Not TRICARE	Medicare’s authorized amount	Nothing	Medicare deductible and cost-share
Covered by TRICARE but Not Medicare	Nothing	TRICARE’s authorized amount	TRICARE deductible and cost-share
Not Covered by TRICARE or Medicare	Nothing	Nothing	Total amount charged

For additional information about TFL, contact Wisconsin Physicians Service (see page 7), or visit www.tricare.mil/tfl.

CATASTROPHIC CAP

The catastrophic cap is the maximum out-of-pocket expense you’ll pay each fiscal year for TRICARE-covered services. You are not responsible for any amounts above the catastrophic cap in a given fiscal year, except for services that are not covered, POS charges or for the additional 15 percent nonparticipating providers may charge above the TRICARE allowable charge. The catastrophic cap amount is based on your beneficiary category and is not affected by the program option you are using. **Note:** Point of service deductible and cost-share amounts are not creditable to the enrollment/fiscal year catastrophic cap.

Active Duty Family Members	Retirees, Their Families and All Others	National Guard and Reserve Members and Their Families
\$1,000 per family, per fiscal year	\$3,000 per family, per fiscal year	\$1,000 per family, per fiscal year

TRICARE PHARMACY PROGRAM COSTS

Pharmacy costs are based on whether the prescription is classified as formulary generic (Tier 1), formulary brand-name (Tier 2) or non-formulary (Tier 3) and where you choose to have your prescription filled. The following table summarizes the costs for prescription drugs. **Note:** Your TRICARE program option only matters if you have a prescription filled at a non-network pharmacy.

Type of Pharmacy	Formulary Costs		Non-formulary Costs (Tier 3)
	Generic (Tier 1)	Brand Name (Tier 2)	
Military <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
Network Retail <i>(up to a 30-day supply)</i>	\$3	\$9	\$22
Non-network Retail <i>(up to a 30-day supply)</i>	TRICARE Prime/TPRADFM: POS fees apply TRICARE Standard/TRICARE Extra: \$9 or 20% of total cost (whichever is greater) after the annual deductible is met		TRICARE Prime/TPRADFM: POS fees apply TRICARE Standard/TRICARE Extra: \$22 or 20% of total cost (whichever is greater) after the annual deductible is met

Non-formulary drugs may be filled at the formulary costs if medical necessity is established. Visit www.tricare.mil/pharmacy for more information. You can also use the Formulary Search Tool at www.tricareformularysearch.org to find more specific costs for prescription medications. **Note:** If you are traveling overseas, be aware TRICARE retail network pharmacies are only available in the United States, Guam, Puerto Rico and the U.S. Virgin Islands. If you have prescriptions filled at a host-nation pharmacy, you may be required to pay in full and file a claim for reimbursement.

TRICARE DENTAL OPTIONS

This section highlights your dental costs when you are using the Tri-Service Remote Dental Program (RDP), the TRICARE Dental Program (TDP) or the TRICARE Retiree Dental Program (TRDP). These dental options are separate from TRICARE health care program options. Your out-of-pocket expenses for any of the costs listed in this section are not included in the TRICARE catastrophic cap.

Tri-Service Remote Dental Program

If you are an active duty service member, you'll receive most care from military dental treatment facilities at no cost. But, if enrolled in TRICARE Prime Remote, you're automatically covered by the Tri-Service Remote Dental Program (RDP). The RDP augments military dental care by providing for routine, specialty and emergency dental services. There are no out-of-pocket costs for using the RDP. For additional information about the RDP, contact the Military Medical Support Office (see page 7).

TRICARE Dental Program

The TRICARE Dental Program (TDP) is available to active duty family members, National Guard and Reserve members and National Guard and Reserve family members. **Note:** This section only highlights costs for the CONUS program.

TDP Monthly Premiums

Monthly premium amounts are based on your beneficiary category and type of plan (single or family). **Note:** If National Guard, Reserve or Individual Ready Reserve (IRR) sponsors and family members sign up together, the amounts listed are added together to determine the total premium amount.

Beneficiary Category	Type of Plan	Enrollment Year	
		Feb. 1, 2006–Jan. 31, 2007	Feb. 1, 2007–Jan. 31, 2008
Active Duty Family Member	Single	\$10.51	\$11.05
Active Duty Family Member	Family	\$26.27	\$27.63
National Guard or Reserve Member ¹	Single (<i>sponsor only</i>)	\$10.51	\$11.05
National Guard or Reserve Family Member ¹	Single	\$26.27	\$27.63
National Guard or Reserve Family Member ¹	Family (<i>not including sponsor</i>)	\$65.68	\$69.07
IRR Member ¹	Single (<i>sponsor only</i>)	\$26.27	\$27.63
IRR Family Member ¹	Single	\$26.27	\$27.63
IRR Family Member ¹	Family (<i>not including sponsor</i>)	\$65.68	\$69.07

1. These amounts are only applicable when the sponsor is not on active duty orders.

TDP Cost-shares and Maximums

Type of Service	Your Cost-share (Amount You Pay)	
	Sponsor Pay Grade E-1 to E-4	All Other Pay Grades
Diagnostic	0%	0%
Preventive (<i>except sealants</i>)	0%	0%
Emergency Services	0%	0%
Sealants	20%	20%
Basic Restorative	20%	20%
Consultation/Office Visit	20%	20%
Post-Surgical Services	20%	20%
Endodontic	30%	40%
Periodontic	30%	40%
Oral Surgery	30%	40%
General Anesthesia	40%	40%
Intravenous Sedation	50%	50%
Implant Services	50%	50%
Miscellaneous (<i>occlusal guard, athletic mouthguard, bleaching</i>)	50%	50%
Orthodontic	50%	50%
Other Restorative	50%	50%
Prosthodontic	50%	50%

TDP Maximums
The TDP limits how much can be paid for dental services per enrollee.
Annual Maximum
\$1,200 per enrollee per enrollment year for non-orthodontic services. Many diagnostic and preventive services are not applied to the annual maximum.
Lifetime Maximum
\$1,500 per enrollee during your lifetime for orthodontic services. Orthodontic diagnostic services are applied to the \$1,200 annual maximum.

Limitations apply to certain services based on your beneficiary category. For more information about the TDP, contact United Concordia Companies, Inc. (see page 7).

TRICARE Retiree Dental Program

The TRICARE Retiree Dental Program (TRDP) is available to retirees and their eligible family members in the United States, Canada, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands.

TRDP Monthly Premiums

TRDP monthly premiums vary depending on your location and type of plan (single, dual or family). To view the premium rate for your region, visit www.trdp.org, click on “Premium Search” and enter your ZIP code.

TRDP Annual Deductible

You are required to meet an annual deductible each benefit year (May 1–April 30). The deductible amount is \$50 per patient, per benefit year (not to exceed \$150 per family). Any deductible balance remaining at the end of one benefit year does not carry over to the next year, nor do deductibles carry over to other TRICARE programs. Diagnostic and preventive services covered at 100 percent of the program-allowed amount are not subject to the annual benefit year deductible.

TRDP Cost-shares¹

Type of Service	Your Cost-share (Amount You Pay)
Diagnostic	0%
Preventive	0%-20%
Emergency Services	0%-20%
Restorative	20%
Endodontic	40%
Periodontic	40%
Oral Surgery	40%
Medications	40%
Post-Surgical Services	40%

1. The percentage paid is based on the allowed amount for each procedure. Your out-of-pocket costs may be higher if care is received from a non-participating provider.

TRDP Maximums

TRDP maximums are based on which TRDP program you are enrolled in: Basic or Enhanced.

Basic Program

The annual maximum for the Basic Program is \$1,000 per patient each benefit year (May 1–April 30). Any unused balance remaining at the end of one benefit year does not carry over to the next year. Diagnostic and preventive services covered at 100 percent of the program-allowed amount are not subject to the annual maximum.

Enhanced Program

The annual maximum for the Enhanced Program is \$1,200 per patient each benefit year (May 1–April 30). Any unused balance remaining at the end of one benefit year does not carry over to the next year. Diagnostic and preventive services covered at 100 percent of the program-allowed amount are not subject to the annual maximum.

Also for the Enhanced Program, there is a separate lifetime maximum of \$1,200 for orthodontic procedures for both children and adults, and a separate “emergency” annual maximum of \$1,000 per enrollee for procedures provided as a result of a dental accident.

For more information about the TRDP, contact Delta Dental Plan of California (see page 7).

US FAMILY HEALTH PLAN

US Family Health Plan (USFHP) is a TRICARE Prime option providing coverage for active duty family members, retirees and retiree family members in six geographic areas of the country. The plan is available to all ages, including those age 65 and over. For more information contact 1-800-74-USFHP (1-800-748-7347) or visit www.usfamilyhealthplan.org.

FOR MORE INFORMATION

If you have questions about any of the information listed in this flyer, contact the appropriate contactor listed below or visit www.tricare.mil.

Regional Contractors

TRICARE North Region	TRICARE South Region	TRICARE West Region
Health Net Federal Services, Inc. 1-877-TRICARE (1-877-874-2273) www.healthnetfederalservices.com	Humana Military Healthcare Services, Inc. 1-800-444-5445 www.humana-military.com	TriWest Healthcare Alliance 1-888-TRIWEST (1-888-874-9378) www.triwest.com

TRICARE Pharmacy Options

General Pharmacy Information	TRICARE Mail Order Pharmacy	TRICARE Retail Pharmacy Network
www.tricare.mil/pharmacy	Express Scripts, Inc. 1-866-DoD-TMOP (1-866-363-8667) www.Express-Scripts.com/TRICARE	Express Scripts, Inc. 1-866-DoD-TRRx (1-866-363-8779) www.Express-Scripts.com/TRICARE

TRICARE Dental Options

Tri-Service Remote Dental Program	TRICARE Dental Program	TRICARE Retiree Dental Program
Military Medical Support Office 1-888-MHS-MMSO (1-888-647-6676) http://mmsso.med.navy.mil	United Concordia Companies, Inc. 1-888-622-2256 www.TRICAREdentalprogram.com	Delta Dental Plan of California 1-888-838-8737 www.trdp.org

TRICARE For Life

Wisconsin Physicians Service
1-866-773-0404 1-866-773-0405 (TTY/TDD for the hearing impaired) www.tricare4u.com

