



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200

JAN 21 2020

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND  
RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND  
RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER  
AND RESERVE AFFAIRS)  
ASSISTANT SECRETARY FOR HEALTH DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
HEALTH AND SAFETY DIRECTOR OF THE COAST GUARD  
DIRECTOR, NATIONAL OCEANIC AND ATMOSPHERIC  
ADMINISTRATION COMMISSIONED OFFICERS CORPS

SUBJECT: TRICARE Prime and TRICARE Select Out-of-Pocket Expenses for Calendar Year  
2020

Request your widest dissemination of the attached TRICARE Prime and TRICARE  
Select beneficiary out-of-pocket expenses for calendar year 2020. These rates will be effective  
January 1, 2020.

Federal law and implementing regulations established rates for TRICARE beneficiary  
out-of-pocket expenses and allow how certain expenses may be increased by the annual retiree  
cost of living adjustment (COLA) or, in the case of certain beneficiaries, adjusted to meet budget  
neutrality rules compared to the previous year. The retiree COLA for fiscal year 2020 is 1.6  
percent.

My point of contact is Mr. Mark Ellis, TRICARE Health Plan. Mr. Ellis may be reached  
at (703) 275-6234 or mark.a.ellis14.civ@mail.mil.

Thomas P. McCaffery

Attachment:  
As stated

cc:  
Surgeon General of the Army  
Surgeon General of the Navy  
Surgeon General of the Air Force

**TRICARE Prime and TRICARE Select Out-Of-Pocket Expenses for CY20  
Retirees and Retiree Family Members  
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	Select Group A Retirees	Select Group B Retirees	Prime * Group A Retirees	Prime * Group B Retirees
<b>Annual enrollment fee</b>				
<b>Individual</b>	\$0	\$471	\$300	\$366
<b>Family</b>	\$0	\$942	\$600	\$732
<b>Annual Deductible</b>				
<b>Individual</b>	\$150	\$156 (IN); \$312 (OON)	\$0	\$0
<b>Family</b>	\$300	\$313 (IN); \$626 (OON)	\$0	\$0
<b>Annual catastrophic cap</b>	\$3,000	\$3,655	\$3,000	\$3,655
<b>Preventive visit</b>	\$0	\$0	\$0	\$0
<b>Primary care</b>	\$30 (IN) 25% (OON)	\$26 (IN) 25% (OON)	\$20	\$20
<b>Specialty care</b>	\$45 (IN) 25% (OON)	\$41 (IN) 25% (OON)	\$31	\$31
<b>ER visit</b>	\$118 (IN) 25% (OON)	\$83 (IN) 25% (OON)	\$62	\$62
<b>Urgent care center visit</b>	\$30 (IN) 25% (OON)	\$41 (IN) 25% (OON)	\$31	\$31
<b>Ambulatory surgery</b>	20% (IN) 25% (OON)	\$99 (IN) 25% (OON)	\$62	\$62
<b>Ambulance, outpatient ground</b>	\$90 (IN) 25% (OON)	\$62 (IN) 25% (OON)	\$41	\$41
<b>Ambulance, outpatient air</b>	25% (IN or OON)	25% (IN or OON)	\$20	\$20

**IN: In Network**

**OON: Out of Network**

\* TRICARE Prime Point of Service deductible and cost shares apply when TRICARE Prime enrollees obtain specialty or non-emergency inpatient care without a referral.

**TRICARE Prime and TRICARE Select Out-Of-Pocket Expenses for CY20  
Retirees and Retiree Family Members**

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	Select Group A Retirees	Select Group B Retirees	Prime * Group A Retirees	Prime * Group B Retirees
<b>Durable medical equipment</b>	20% (IN) 25% (OON)	20% (ON) 25% (OON)	20%	20%
<b>Inpatient admission</b>				
<b>In-network</b>	\$250/day up to 25% of hospital charges, plus 20% of sep. billed services	\$182 per adm	\$156 Per adm	\$156 per adm
<b>Out of network</b>	\$953/day up to 25% of hosp. charges, plus 25% of sep. billed services **	25%	\$156 per adm	\$156 per adm
<b>Inpatient SNF/rehab facility</b>	\$250/day up to 25% of hospital charges, plus 20% of sep. billed services (IN); 25% (OON)	\$52 per day (IN); lesser of \$313 per day or 20% (OON)	\$31 per day	\$31 per day

**IN: In Network**

**OON: Out of Network**

\* TRICARE Prime Point of Service deductible and cost shares apply when TRICARE Prime enrollees obtain specialty or non-emergency inpatient care without a referral.

\*\* Per Diem rate will be updated once the FY20 Diagnosis Related Group (DRG) payment rates are calculated.

**TRICARE Prime and TRICARE Select Out-Of-Pocket Expenses for CY20  
Active Duty Family Members (ADFM)  
Page 1 of 2**

	Select Group A ADFM CY20	Select Group B ADFM CY20	Prime * Group A ADFM CY20	Prime * Group B ADFM CY20
<b>Annual enrollment fee</b>				
<b>Individual</b>	\$0	\$0	\$0	\$0
<b>Family</b>	\$0	\$0	\$0	\$0
<b>Annual Deductible</b>				
<b>E1-E4, individual</b>	\$50	\$52	\$0	\$0
<b>E1-E4, family</b>	\$100	\$104	\$0	\$0
<b>E5 &amp; above,     individual</b>	\$150	\$156	\$0	\$0
<b>E5 &amp; above,     family</b>	\$300	\$312	\$0	\$0
<b>Annual catastrophic cap</b>	\$1,000	\$1,044	\$1,000	\$1,044
<b>Preventive visit</b>	\$0	\$0	\$0	\$0
<b>Primary care</b>	\$22 (IN) 20% (OON)	\$15 (IN) 20% (OON)	\$0	\$0
<b>Specialty care</b>	\$33 (IN) 20% (OON)	\$26 (IN) 20% (OON)	\$0	\$0
<b>ER visit</b>	\$89 (IN) 20% (OON)	\$41 (IN) 20% (OON)	\$0	\$0
<b>Urgent care center visit</b>	\$22 (IN) 20% (OON)	\$20 (IN) 20% (OON)	\$0	\$0

**IN: In Network**

**OON: Out of Network**

\* TRICARE Prime Point of Service deductible and cost shares apply when TRICARE Prime enrollees obtain specialty or non-emergency inpatient care without a referral.

**TRICARE Prime and TRICARE Select Out-Of-Pocket Expenses for CY20  
Active Duty Family Members (ADFM)**

**Page 2 of 2**

	Select Group A ADFM CY20	Select Group B ADFM CY20	Prime * Group A ADFM CY20	Prime * Group B ADFM CY20
<b>Ambulatory surgery</b>	\$25 (IN or OON)	\$26 (IN) 20% (OON)	\$0	\$0
<b>Ambulance, outpatient ground</b>	\$68 (IN) 20% (OON)	\$15 (IN) 20% (OON)	\$0	\$0
<b>Ambulance, outpatient air</b>	20% (IN or OON)	20% (IN or OON)	\$0	\$0
<b>Durable medical equipment</b>	15% (IN) 20% (OON)	10% (IN) 20% (OON)	\$0	\$0
<b>Inpatient admission</b>	\$19.55 per day; \$25 min. per adm **	\$62 per adm. (IN); 20% (OON)	\$0	\$0
<b>Inpatient SNF/rehab facility</b>	\$19.55 per day; \$25 min. per adm **	\$26 per day (IN); \$52 per day (OON)	\$0	\$0

**IN: In Network**

**OON: Out of Network**

\* TRICARE Prime Point of Service deductible and cost shares apply when TRICARE Prime enrollees obtain specialty or non-emergency inpatient care without a referral.

\*\* Per day rate change effective October 1, 2019