

Comparison of Calendar Year 2020 and 2021 TRICARE Prime and TRICARE Select Out-of-Pocket Costs: Retired Service Members, Their Families, and Others

Out-of-Pocket Cost		TRICARE Select				TRICARE Prime			
		Group A		Group B		Group A		Group B	
		2020	2021	2020	2021	2020	2021	2020	2021
Annual enrollment fee	Individual	\$0	\$150	\$471	\$474	\$300	\$303	\$366	\$366
	Family	\$0	\$300	\$942	\$948	\$600	\$606	\$732	\$732
Annual deductible	Individual	\$150	\$150	\$156 (IN); \$313 (OON)	\$158 (IN); \$317 (OON)	\$0	\$0	\$0	\$0
	Family	\$300	\$300	\$313 (IN); \$626 (OON)	\$317 (IN); \$634 (OON)	\$0	\$0	\$0	\$0
Annual catastrophic cap		\$3,000	\$3,500	\$3,655	\$3,703	\$3,000	\$3,000	\$3,655	\$3,703
Preventive care visit		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary care		\$30 (IN) ² 25% (OON)	\$30 (IN) 25% (OON)	\$26 (IN) 25% (OON)	\$26 (IN) 25% (OON)	\$20	\$21	\$20	\$21
Specialty care		\$45 (IN) 25% (OON)	\$46 (IN) 25% (OON)	\$41 (IN) 25% (OON)	\$42 (IN) 25% (OON)	\$31	\$31	\$31	\$31
Emergency room visit		\$118 (IN) 25% (OON)	\$125 (IN) 25% (OON)	\$83 (IN) 25% (OON)	\$84 (IN) 25% (OON)	\$62	\$63	\$62	\$63
Urgent care center visit		\$30 (IN) 25% (OON)	\$30 (IN) 25% (OON)	\$41 (IN) 25% (OON)	\$42 (IN) 25% (OON)	\$31	\$31	\$31	\$31
Ambulatory surgery		20% (IN) 25% (OON)	20% (IN) 25% (OON)	\$99 (IN) 25% (OON)	\$100 (IN) 25% (OON)	\$62	\$63	\$62	\$63
Ambulance, outpatient ground		\$90 (IN) 25% (OON)	\$93 (IN) 25% (OON)	\$62 (IN) 25% (OON)	\$63 (IN) 25% (OON)	\$41	\$42	\$41	\$42
Ambulance, outpatient air		25% (IN or OON)	25% (IN or OON)	25% (IN or OON)	25% (IN or OON)	\$20	\$20	\$20	\$20
Durable medical equipment		20% (IN) 25% (OON)	20% (IN) 25% (OON)	20% (ON) 25% (OON)	20% (IN) 25% (OON)	20%	20%	20%	20%
Inpatient admission	In network	\$250/day up to 25% of hospital charges, plus 20% of separately billed services	\$250/day up to 25% of hospital charges, plus 20% of separately billed services	\$182 per admission	\$185 per admission	\$156 per admission	\$158 per admission	\$156 per admission	\$158 per admission
	Out of network	\$1,035/day up to 25% of hosp. charges, plus 25% of separately billed services	‡ \$1,035/day up to 25% of hosp. charges, plus 25% of separately billed services	25%	25%	\$156 per admission	\$158 per admission	\$156 per admission	\$158 per admission
Inpatient skilled nursing facility/rehab facility		\$250/day up to 25% of hosp. charges, plus 20% of separately billed services (IN); 25% (OON)	\$250/day up to 25% of hosp. charges, plus 20% of separately billed services (IN); 25% (OON)	\$52 per day (IN); lesser of \$313 per day or 20% (OON)	\$52 per day (IN); lesser of \$317 per day or 20% (OON)	\$31 per day	\$31 per day	\$31 per day	\$31 per day

‡ This is the CY 2020 rate. The CY 2021 out-of-pocket expense will be available mid-December once the diagnosis-related group payment rates are calculated. Visit www.health.mil/military-health-topics/business-support/rates-and-reimbursement/diagnosis-related-group-rates for more information.

* When TRICARE Prime enrollees other than active duty service members self-refer to specialty or non-emergent inpatient care without a referral from a network provider and/or authorization from the regional contractor, the TRICARE point-of-service deductible and copayment applies in lieu of TRICARE Prime copayments.

² IN: In network means a provider in the TRICARE network.

OON: Out of network means a TRICARE-authorized provider not in the TRICARE network.

