

Calendar Year 2022

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
Annual enrollment fee	<i>Individual</i>	\$156	\$504	\$321	\$390
	<i>Family</i>	\$315	\$1,008	\$645	\$783
Annual deductible	<i>Individual</i>	\$150	\$168 (IN); \$336 (OON)	\$0	\$0
	<i>Family</i>	\$300	\$336 (IN); \$672 (OON)	\$0	\$0
Annual catastrophic cap		\$3,706	\$3,921	\$3,000	\$3,921
Preventive care visit		\$0	\$0	\$0	\$0
Primary care		\$32 (IN) 25% (OON)	\$28 (IN) 25% (OON)	\$22	\$22
Specialty care		\$50 (IN) 25% (OON)	\$44 (IN) 25% (OON)	\$33	\$33
Emergency room visit		\$133 (IN) 25% (OON)	\$89 (IN) 25% (OON)	\$67	\$63
Urgent care center visit		\$32 (IN) 25% (OON)	\$44 (IN) 25% (OON)	\$33	\$33
Ambulatory surgery		20% (IN) 25% (OON)	\$106 (IN) 25% (OON)	\$67	\$67
Ambulance, outpatient ground		\$99 (IN) 25% (OON)	\$67 (IN) 25% (OON)	\$44	\$44
Ambulance, outpatient air		25% (IN or OON)	25% (IN or OON)	\$20	\$20
Durable medical equipment		20% (IN) 25% (OON)	20% (IN) 25% (OON)	20%	20%
Inpatient admission	<i>In network</i>	\$250/day up to 25% of hospital charges, plus 20% of separately billed services	\$196 per admission	\$168 per admission	\$168 per admission
	<i>Out of network</i>	‡\$1,034/day up to 25% of hosp. charges, plus 25% of separately billed services	25%	\$168 per admission	\$168 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)	\$56 per day (IN); lesser of \$336 per day or 20% (OON)	\$33 per day	\$33 per day

‡ This is the CY21 rate. The CY22 out of pocket expense will be available mid-December once the DRG payment rates are calculated.

* 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.

