



This is a general overview of most costs and fees for TRICARE. For detailed costs and fees, including those for TRICARE For Life, visit [www.tricare.mil/costs](http://www.tricare.mil/costs). Visit [www.tricare.mil/planfinder](http://www.tricare.mil/planfinder) to learn more about eligibility and TRICARE plans.

## Are You In Group A or Group B?

- You're in **Group A** if your initial enlistment or appointment or that of your uniformed services sponsor began before Jan. 1, 2018.
- You're in **Group B** if your initial enlistment or appointment or that of your uniformed services sponsor began on or after Jan. 1, 2018.

*Note: When enrolled in TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), TRICARE Young Adult (TYA), or the Continued Health Care Benefit Program (CHCBP), Group A beneficiaries follow Group B annual deductibles and applicable copayments or cost-shares.*

## TRICARE PRIME® (JAN. 1–DEC. 31, 2024)

Includes TRICARE Prime, TRICARE Prime Overseas, TRICARE Prime Remote, TRICARE Prime Remote Overseas, the US Family Health Plan (USFHP), and TYA Prime plans.

### Annual Enrollment Fees (TRICARE Prime, TRICARE Prime Remote, and USFHP only)

No annual enrollment fee for active duty service members (ADSMs), active duty family members (ADFMs), and transitional survivors (surviving spouses during the first three years and surviving dependent children) worldwide.

For retirees, their families, and most others:

- **Group A:** \$363 per individual/\$726 per family
- **Group B:** \$438.96 per individual/\$879 per family

### Annual Deductible

There is no annual deductible.

### TRICARE Prime Out-of-Pocket Costs

ADSMs, ADFMs, and transitional survivors		
Covered service	Group A	Group B
All covered services	\$0	\$0

  

Retirees, their families, and all others		
Covered service	Group A	Group B
Preventive Care Visit	\$0	\$0
Primary Care Outpatient Visit	\$25	\$25
Specialty Care Outpatient Visit	\$37	\$37
Urgent Care Center Visit	\$37	\$37
Emergency Room Visit	\$75	\$75
Inpatient Admission (Hospitalization), Network	\$188/ admission	\$188/ admission

### TRICARE Prime Point-of-Service Option

When you see a TRICARE-authorized provider other than your primary care manager for any nonemergency services without a referral, you pay:

- An annual deductible before TRICARE cost-sharing will begin: \$300 per individual/\$600 per family.
- For services beyond this deductible, you pay 50% of the TRICARE-allowable charge.
- These costs don't apply to the catastrophic cap.

## TRICARE SELECT® (JAN. 1–DEC. 31, 2024)

Includes TRICARE Select, TRICARE Select Overseas, TRS, TRR, TYA Select, and CHCBP plans.

### Annual Enrollment Fees (TRICARE Select and TRICARE Select Overseas only)

No annual enrollment fee for ADFMs. For retirees, their families, and others:

- **Group A:** \$177.96 per individual/\$355.92 per family
- **Group B:** \$564.96 per individual/\$1,131 per family

### Annual Deductible

You must spend your annual deductible amount before TRICARE cost-sharing begins:

ADFMs and TRS members			
Pay grades E-4 and below			
Group A		Group B and TRS members	
Individual	Family	Individual	Family
\$50	\$100	\$62	\$125

  

Pay grades E-5 and above			
Group A		Group B and TRS members	
Individual	Family	Individual	Family
\$150	\$300	\$188	\$377

  

Retirees, their families, TRR members, and all others			
Group A		Group B and TRR members	
Individual	Family	Individual	Family
\$150	\$300	Network <sup>†</sup> : \$188	Network <sup>†</sup> : \$377
		Out-of-Network <sup>†</sup> : \$377	Out-of-Network <sup>†</sup> : \$754

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\* For certain beneficiaries in Group A, their enrollment fee remains frozen at the rate when the survivor or medically retired member is classified in the Defense Enrollment Eligibility Reporting System in either category and enrolls, as long as there is continuous TRICARE Prime enrollment. See [www.tricare.mil/costs](http://www.tricare.mil/costs) for more information.

† Network means a provider in the TRICARE network. Out-of-network means a TRICARE-authorized provider not in the TRICARE network.

**Certain TRICARE Select Out-of-Pocket Costs: Network and Out-of-Network\***

Covered Services	ADFM's and TRS members		Retirees, their families, TRR members, and all others	
	Group A	Group B and TRS members	Group A	Group B and TRR members
<b>Preventive Care Visit</b>	\$0	\$0	\$0	\$0
<b>Primary Care Outpatient Visit</b>	Network: \$27 Out-of-Network: 20% †	Network: \$18 Out-of-Network: 20% †	Network: \$36 Out-of-Network: 25% †	Network: \$31 Out-of-Network: 25% †
<b>Specialty Care Outpatient Visit</b>	Network: \$38 Out-of-Network: 20% †	Network: \$31 Out-of-Network: 20% †	Network: \$50 Out-of-Network: 25% †	Network: \$50 Out-of-Network: 25% †
<b>Urgent Care Center Visit</b>	Network: \$27 Out-of-Network: 20% †	Network: \$25 Out-of-Network: 20% †	Network: \$36 Out-of-Network: 25% †	Network: \$50 Out-of-Network: 25% †
<b>Emergency Room Visit</b>	Network: \$104 Out-of-Network: 20% †	Network: \$50 Out-of-Network: 20% †	Network: \$139 Out-of-Network: 25% †	Network: \$100 Out-of-Network: 25% †
<b>Inpatient Admission (Hospitalization)</b>	Network and Out-of-Network: \$22.30 per day or \$25 per admission (whichever is more)	Network: \$75 per admission	Network: \$250 per day or up to 25% hospital charge (whichever is less); plus 20% separately billed services	Network: \$219 per admission
		Out-of-Network: 20% †	Out-of-Network: \$1,221 per day § or up to 25% hospital charge (whichever is less); plus 25% separately billed services	Out-of-Network: 25% †
		\$22.30 per day (subsistence charge) ‡ military hospital or clinic		

‡ Subsistence charge refers to the rate charged for inpatient care obtained in a military hospital or clinic.  
§ All final claims reimbursed under the TRICARE Diagnosis Related Group-based payment system are to be priced using the rules, weights, and rates in effect as of the date of discharge.

\* Network means a provider in the TRICARE network. Out-of-network means a TRICARE-authorized provider not in the TRICARE network.

† Percentage of TRICARE maximum-allowable charge after annual deductible is met.

When enrolled in a premium-based health plan (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult Prime, TRICARE Young Adult Select, or the Continued Health Care Benefit Program), you pay a monthly or quarterly premium and follow Group B annual deductibles and applicable copayments or cost-shares.

Quarterly Premium (Jan. 1 Dec. 31, 2024)		
Premium-Based Plan	Individual	Family
Continued Health Care Benefit Program	\$1,813	\$4,539

Monthly Premium (Jan. 1 Dec. 31, 2024)		
Premium-Based Plan	Member only	Member and family
TRICARE Reserve Select	\$51.95	\$256.87
TRICARE Retired Reserve	\$585.24	\$1,406.22
TRICARE Young Adult Prime	\$637	Not available
TRICARE Young Adult Select	\$311	Not available