

This is an overview of most TRICARE costs and fees. For detailed costs and fees, including those for TRICARE For Life, survivors, and medically retired individuals, visit [www.tricare.mil/comparecosts](http://www.tricare.mil/comparecosts).

## 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:** If you're enrolled in TRICARE Reserve Select, TRICARE Retired Reserve, or TRICARE Young Adult, you follow Group B annual deductibles and applicable copayments or cost-shares.

### TRICARE PRIME® (JAN. 1–DEC. 31, 2026)

Includes TRICARE Prime, TRICARE Prime Overseas, TRICARE Prime Remote, TRICARE Prime Remote Overseas, the US Family Health Plan, TRICARE Prime Demo\*, and TYA-Prime.

#### Annual Enrollment Fees

(Doesn't include TYA-Prime)

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

For retirees, their family members, and most others:

- **Group A:** \$381.96 per individual/\$765 per family
- **Group B:** \$462.96 per individual/\$927 per family

#### TRICARE Prime Out-of-Pocket Costs

ADSMs, ADFMs, and transitional survivors		
Covered service	Group A	Group B
All covered services	\$0	\$0
Retirees, their family members, and all others		
Covered service	Group A	Group B
Preventive care visit	\$0	\$0
Primary care outpatient visit	\$26	\$26
Specialty care outpatient visit	\$39	\$39
Urgent care center visit	\$39	\$39
Emergency room visit	\$79	\$79
Inpatient admission (hospitalization), network	\$198 per admission	\$198 per admission

#### Point-of-service Option

With the point-of-service option, you can get care without a referral from any TRICARE-authorized provider. If you use this option, you pay:

- \$300 individual deductible/\$600 family deductible before TRICARE cost-sharing begins
- 50% of the TRICARE-allowable charge.
- These costs don't apply to the catastrophic cap.

### TRICARE SELECT® (JAN. 1–DEC. 31, 2026)

Includes TRICARE Select, TRICARE Select Overseas, TRS, TRR, and TYA-Select.

#### Annual Enrollment Fees

(Doesn't include TRS, TRR, or TYA-Select)

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

- **Group A:** \$186.96 per individual/\$375 per family
- **Group B:** \$594.96 per individual/\$1,191 per family

#### Annual Deductible

You must pay your annual deductible amount before TRICARE cost-sharing begins.

“Network” means a provider in the TRICARE network. “Non-network” means a TRICARE-authorized provider not in the TRICARE network.

ADFM and TRS members			
Pay grades E-4 and below			
Group A ADFMs		Group B ADFMs and TRS members	
Individual	Family	Individual	Family
\$50	\$100	\$66	\$132
Pay grades E-5 and above			
Group A ADFMs		Group B ADFMs and TRS members	
Individual	Family	Individual	Family
\$150	\$300	\$198	\$397
Retirees, their family members, TRR members, and all others			
Group A Retirees and their family members		Group B Retirees and their family members and TRR members	
Individual	Family	Individual	Family
\$150	\$300	Network: \$198 Out-of-network: \$397	Network: \$397 Out-of-network: \$794

\* If you're a retiree, retiree family member, or survivor enrolled in the TRICARE Prime Demo, your enrollment fees are waived for the first 12 months, regardless of when you enroll. After the first year, you'll pay TRICARE Prime enrollment fees.

### Certain TRICARE Select Out-of-Pocket Costs: Network and Non-network

“Network” means a provider in the TRICARE network. “Non-network” means a TRICARE-authorized provider not in the TRICARE network.

Covered service	Group A ADFMs	Group B ADFMs and TRS members	Group A retirees, their family members, and all others	Group B retirees, their family members, and all others and TRR members
<b>Preventive care visit</b>	\$0	\$0	\$0	\$0
<b>Primary care outpatient visit</b>	Network: \$28 Non-network: 20% <sup>1</sup>	Network: \$19 Non-network: 20% <sup>1</sup>	Network: \$38 Non-network: 25% <sup>1</sup>	Network: \$33 Non-network: 25% <sup>1</sup>
<b>Specialty care outpatient visit</b>	Network: \$39 Non-network: 20% <sup>1</sup>	Network: \$33 Non-network: 20% <sup>1</sup>	Network: \$52 Non-network: 25% <sup>1</sup>	Network: \$52 Non-network: 25% <sup>1</sup>
<b>Urgent care center visit</b>	Network: \$28 Non-network: 20% <sup>1</sup>	Network: \$26 Non-network: 20% <sup>1</sup>	Network: \$38 Non-network: 25% <sup>1</sup>	Network: \$52 Non-network: 25% <sup>1</sup>
<b>Emergency room visit</b>	Network: \$103 Non-network: 20% <sup>1</sup>	Network: \$52 Non-network: 20% <sup>1</sup>	Network: \$138 Non-network: 25% <sup>1</sup>	Network: \$105 Non-network: 25% <sup>1</sup>
<b>Inpatient admission (hospitalization)</b>	Network and Non-network: \$24.50 per day or \$25 per admission (whichever is more)  Military hospital or clinic: \$23.45 per day subsistence charge <sup>2</sup>	Network: \$79 per admission Non-network: 20% <sup>1</sup> Military hospital or clinic: \$23.45 per day subsistence charge <sup>2</sup>	Network: \$250 per day or up to 25% hospital charge (whichever is less), plus 20% separately billed services  Non-network: \$1,345 per day <sup>3</sup> or up to 25% hospital charge (whichever is less), plus 25% separately billed services  Military hospital or clinic: \$23.45 per day subsistence charge <sup>2</sup>	Network: \$231 per admission Non-network: 25% <sup>1</sup> Military hospital or clinic: \$23.45 per day subsistence charge <sup>2</sup>

1. Percentage of TRICARE maximum-allowable charge after annual deductible is met.
2. “Subsistence charge” refers to the rate charged for inpatient care obtained in a military hospital or clinic.
3. 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.

### Premiums

When enrolled in a premium-based health plan, you pay a monthly or quarterly premium and follow Group B annual deductibles and applicable copayments or cost-shares.

*Note:* To view costs for the Continued Health Care Benefit Program, visit [www.tricare.mil/chcbpcosts](http://www.tricare.mil/chcbpcosts).

Monthly Premium (Jan. 1–Dec. 31, 2026)		
Premium-based Plan	Member only	Member and family
TRICARE Reserve Select	\$57.88	\$286.66
TRICARE Retired Reserve	\$645.90	\$1,548.30
TRICARE Young Adult-Prime	\$794	Not available
TRICARE Young Adult-Select	\$363	Not available

## Catastrophic Cap

The catastrophic cap is the most you or your family may pay out of pocket for covered TRICARE health care services each calendar year (including enrollment fees but excluding premiums). It protects you by limiting the amount of out-of-pocket expenses you pay for TRICARE covered medical services.

**Note:** A TRICARE Young Adult member’s catastrophic cap is based on their sponsor’s type and follows Group B amounts. The Continued Health Care Benefit Program catastrophic cap follows Group B.

Sponsor or Beneficiary Type	Group A	Group B
<b>ADFMs</b>	\$1,000/family	\$1,324/family
<b>Retirees, their family members, and others</b>	\$3,000/family (TRICARE Prime) \$4,381/family (TRICARE Select)	\$4,635/family
<b>TRS members</b>	Follow Group B	\$1,324/family
<b>TRR members</b>	Follow Group B	\$4,635/family

## PHARMACY COSTS (JAN. 1, 2026–DEC. 31, 2027)

ADSMs have no prescription drug costs when using a military pharmacy, TRICARE Pharmacy Home Delivery, or a TRICARE retail network pharmacy for covered drugs. Your TRICARE plan, which group you’re in (A or B), and pharmacy type determine whether you may have to meet your annual deductible before copayments or cost-shares apply. Learn more at [www.tricare.mil/pharmacycosts](http://www.tricare.mil/pharmacycosts).

At network and non-network pharmacies, you may get up to a 30-day supply of your covered prescription. With all other pharmacy options, you may get up to a 90-day supply, depending on the type of drug prescribed. Some drugs are only covered through home delivery. Overseas, some limitations may apply. Learn more at [www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy), or call Express Scripts at 877-363-1303.

Pharmacy type	Generic formulary drug costs	Brand name formulary drug costs	Non formulary drug costs	Non covered drug costs
<b>Military pharmacy</b> Up to a 90-day supply	\$0	\$0	Generally not available without medical necessity	Not available
<b>TRICARE Pharmacy Home Delivery</b> Up to a 90-day supply	\$14	\$44	\$85	Not available
<b>TRICARE retail network pharmacy</b> Up to a 30-day supply	\$16	\$48	\$85	Full cost of drug
<b>Non-network pharmacy</b> (in the U.S. and U.S. territories: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands)	<b>TRICARE Prime options:</b> A 50% cost-share applies after you meet your point-of-service annual deductible. <b>All other beneficiaries:</b> You pay for <b>formulary drugs</b> (\$48 or 20% of total cost, whichever is more) and <b>non-formulary drugs</b> (\$85 or 20% of total cost, whichever is more) after you meet your annual deductible.			Full cost of drug
<b>Overseas pharmacy</b> (outside the U.S. and U.S. territories)	<b>ADSMs and ADFMs using TRICARE Prime Overseas or TRICARE Prime Remote Overseas:</b> \$0 (You may have to pay the full cost up front and file a claim for reimbursement.) <b>ADFMs using TRICARE Select Overseas and TRS members:</b> 20% cost-share after you meet your annual deductible <b>Retirees, their family members, TRR members, and all others in TRICARE Select Overseas:</b> 25% cost-share after you meet your annual deductible			Full cost of drug

**Note:** Pharmacy copayments don’t change in 2026 for medically retired service members and their family members and survivors of active duty service members. Visit [www.tricare.mil/pharmacycosts](http://www.tricare.mil/pharmacycosts) to see your costs.

## VOLUNTARY DENTAL PROGRAMS

The TRICARE Dental Program is a voluntary, premium-based dental program. Below are the TDP rates. To learn more about dental plans and eligibility, visit [www.tricare.mil/dental](http://www.tricare.mil/dental). **Note:** Retirees, their family members, and certain others may be eligible for dental coverage through the Federal Employees Dental and Vision Insurance Program. Learn about FEDVIP coverage at [www.BENEFEDS.gov](http://www.BENEFEDS.gov).

### TRICARE Dental Program Monthly Premiums (March 1, 2026–Feb. 28, 2027)

Sponsor status	Sponsor only premium	Single premium (one family member, not the sponsor)	Family premium (more than one family member, not the sponsor)	Sponsor and family premium
Active duty	N/A	Pay grades E-4 and below: \$8.79 Pay grades E-5 and above: \$11.72	Pay grades E-4 and below: \$22.85 Pay grades E-5 and above: \$30.47	N/A
Selected Reserve and Individual Ready Reserve (Mobilization only)	Pay grades E-4 and below: \$8.79 Pay grades E-5 and above: \$11.72	\$29.30	\$76.18	Pay grades E-4 and below: \$84.97 Pay grades E-5 and above: \$87.90
Individual Ready Reserve (Non-mobilization)	\$29.30	\$29.30	\$76.18	\$105.48

### TRICARE Dental Program Out-of-Pocket Costs (March 1, 2026–Feb. 28, 2027)

Services, deductibles, and maximums	TRICARE Dental Program
Diagnostic, preventive (including sealants)	You pay: 0%
Basic restorative	You pay: 20%
Endodontic, periodontic, oral surgery	Pay grades E-4 and below: You pay 30%; All others: You pay 40%
Prosthodontic, implant, orthodontic	You pay: 50%
Annual deductible	\$0
Annual service maximum <sup>1</sup>	\$1,500 (per person, per contract year maximum United Concordia will pay)
Orthodontic lifetime maximum	\$1,750 (per person, per lifetime maximum United Concordia will pay)
Dental accident maximum	\$1,200 (per person, per contract year maximum United Concordia will pay)


1. Orthodontic diagnostic service charges are applied toward the non-orthodontic service maximum. Certain other diagnostic and preventive service charges aren't applied toward the annual maximum.


## LOOKING FOR More Information? GO TO [www.tricare.mil](http://www.tricare.mil)

**E** **TRICARE East Region**  
Humana Military  
800-444-5445  
[www.tricare.mil/east](http://www.tricare.mil/east)

**W** **TRICARE West Region**  
TriWest Healthcare Alliance  
888-TRIWEST (888-874-9378)  
[www.tricare.mil/west](http://www.tricare.mil/west)

**O** **TRICARE Overseas Program**  
International SOS  
Government Services, LLC  
[www.tricare-overseas.com](http://www.tricare-overseas.com)  
For toll-free contact information, visit this website.

 **TRICARE Pharmacy Program**  
Express Scripts, Inc.  
877-363-1303  
877-540-6261 (TDD/TTY)  
[www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy)  
<https://militaryrx.express-scripts.com>

 **TRICARE Dental Program**  
United Concordia Companies, Inc.  
CONUS: 844-653-4061  
711 (TDD/TTY)  
OCONUS: 844-653-4060  
[www.uccitdp.com](http://www.uccitdp.com)

#### An Important Note About TRICARE Program Information

At the time of publication, this information is current. It's important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended.

**Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic.

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