

Retired Service Members, Families, and Others

Are you a retired Service member or their family? Or are you using any of the premium-based plans?

You may pay an enrollment fee depending on your group and your plan. You may also have deductibles, copays and cost-shares. Regardless of plan, you will be protected by a catastrophic cap.

If you're in TRICARE Prime and choose to get specialty care without referral or authorization, that is our point-of-service (POS) option. With POS, you will have to pay the deductible and 50% of the cost for your TRICARE covered treatment. Any deductibles or cost-shares for POS don't count toward your catastrophic cap.

Type	Select <u>group A If you or your sponsor's initial enlistment or appointment occurred before January 1, 2018, you are in Group A.</u>	Select <u>Group B If you or your sponsor's initial enlistment or appointment occurs on or after January 1, 2018, you are in Group B.</u>	Prime Group A	Prime Group B
Annual Enrollment	\$0	\$450 for individual and \$900 for family	\$282.60 for individual and \$565.20 for family (plus Cost of Living Adjustment)	\$350 for individual and \$700 for family
Annual Deductible	\$150 for individual and \$300 for family	Network Provider: \$150 for individual and \$300 for family	\$0	\$0
		Out of network:\$300 for individual and \$600 for family		
Catastrophic Cap Per Year	\$3,000	\$3,500	\$3,000	\$3,500
Point of Service Option Deductible	N/A	N/A	\$300 for individual and \$600 for family	\$300 for individual and \$600 for

				family
Preventive Care Visit	\$0	\$0	\$0	\$0
Primary Care Outpatient Visit	Network Provider: \$35	Network Provider: \$25	\$20	\$20
	Out of network: 25%	Out of network: 25%		
Specialty Care Outpatient Visit	Network Provider: \$45	Network provider: \$40	\$30	\$30
	Out of network: 25%	Out of network: 25%		
Emergency Room The hospital department that provides emergency services to patients who need immediate medical attention. Visit	Network Provider: \$116	Network Provider: \$80	\$60	\$60
	Out of network: 25%	Out of network: 25%		
Urgent Care Center	Network Provider: \$35	Network Provider: \$40	\$30	\$30
	Out of network: 25%	Out of network: 25%		
Ambulatory Surgery	Network Provider: 20%	Network Provider: \$95	\$60	\$60
	Out of network: 25%	Out of network: 25%		
Ambulance Service (not including air)	Network Provider: \$106	Network Provider: \$60	\$40	\$40
	Out of network: 25%	Out of network: 25%		
Durable Medical Equipment	Network Provider: 20%	Network Provider: 20%	20%	20%
	Out of network: 25%	Out of network: 25%		
Inpatient Admission	Network Provider: \$250 per day up to 25% hospital charge, whichever is less, plus 20% separately billed services	Network Provider: \$175 per admission	\$150 per admission	\$150 per admission
	Out of network: \$250 per day up to 25% hospital charge, whichever is less, plus 25% separately billed services	Out of network: 25%		
Inpatient Skilled	Network Provider: \$250 per	Network Provider: \$50 per	\$30 per day	\$30 per day

Nursing/Rehab Admission	day or up to 25% hospital charge, whichever is less, plus 20% separately billed services	day		
	Out of network: \$250 per day or up to 25% hospital charge, whichever is less, plus 25% separately billed services	Out of network: Lesser of \$300 per day or 20%		

Group A = “grandfathered”enrollees (initial military affiliation before 1/1/18).

Group B = non-“grandfathered” enrollees (initial military affiliation after 1/1/18).

TBD = To be Decided (and announced prior to annual open enrollment season).

Last Updated 10/13/2017