**Active Duty Family Members**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | |  | **TRICARE Prime** | **TRICARE Extra** | **TRICARE Standard** |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Annual Deductible** | None |  | $150/individual or $300/family for E-5 & above; $50/$100 for E-4 & below |  | $150/individual or $300/family for E-5 & above; $50/100 E-4 below | | **Annual Enrollment Fee** | None |  | None |  | None | | **Civilian Outpatient Visit** | No cost |  | 15% of negotiated fee |  | 20% of [allowable charges](http://www.tricare.mil/allowablecharges) for covered service | | **Civilian Inpatient Admission** | No cost |  | $ 16.85/day rate (multi-day stay) or $25 charge per admission, whichever is greater |  | $ 16.85/day rate (multi-day stay) or $25 charge per admission, whichever is greater | | **Civilian Inpatient Behavioral Health** | No cost |  | $20/day rate (multi-day stay) or $25 charge per admission, which is greater |  | $20/day rate (multi-day stay) or $25 charge per admission, which is greater | | **Civilian Inpatient Skilled Nursing Facility Care** | $0 per diem charge per admission  No separate cost share for separately billed professional charges |  | $ 16.85/day rate (multi-day stay) or $25 charge per admission, whichever is greater |  | $ 16.85/day rate (multi-day stay) or $25 charge per admission, whichever is greater | |

**Retirees, Their Family Members, and Others**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | |  | **TRICARE Prime** | **TRICARE Extra** | **TRICARE Standard** |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Annual Deductible** | None |  | $150/individual or  $300/family |  | $150/individual or  $300/family | | **Annual Enrollment Fee** | $230/individual $460/family |  | None |  | None | | **Civilian Outpatient Visits** | $12 |  | 20% of negotiated  fee |  | 25% of [allowable charges](http://www.tricare.mil/allowablecharges) for covered service | | **Emergency Care** | $30 |  | 20% of negotiated  fee |  | 25% of [allowable charges](http://www.tricare.mil/allowablecharges) for covered service | | **Outpatient Behavioral Health Visit** | $25  (individual)   $17 (group visit) |  | 20% of negotiated  fee |  | 25% of [allowable charges](http://www.tricare.mil/allowablecharges) for covered service | | **Civilian Inpatient  Cost Share** | $11/day (minimum $25 charge per admission); no separate co-payment for separately billed professional charges. |  | Lesser of $250/day or 25% of negotiated charges plus 20% of negotiated professional fees |  | Lesser of $535/day or 25% of billed charges plus 25% of [allowable](http://www.tricare.mil/allowablecharges) professional fees | | **Civilian Inpatient Skilled Nursing Facility Care** | $11/day (minimum $25 charge per admission) |  | $250 per diem cost share or 20% cost share of total charges, whichever is less, institutional services, plus 20% cost share of separately billed professional charges |  | 25% cost share of allowable charges for institutional services, plus 25% cost share of [allowable](http://www.tricare.mil/allowablecharges) for separately billed professional charges. | | **Civilian Inpatient Behavioral Health** | $40 per day; no charge for separately billed professional charges |  | 20% of total charge. Plus, 20% of the [allowable](http://www.tricare.mil/allowablecharges) charge for separately billed professional services |  | High Volume Hospitals - 25% hospital specific per diem, plus 25% of the [allowable](http://www.tricare.mil/allowablecharges) charge for separately billed professional services; Low Volume Hospitals - $202 per day or 25% of the billed charges, whichever is lower, plus 25% of the [allowable](http://www.tricare.mil/allowablecharges) charge for separately billed services | |