

# TRICARE® Costs

## Supplemental Briefing Slides That Provide Additional Information to the Other TRICARE Briefings

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**ATTENTION PRESENTER:** This set of slides was created to provide extra TRICARE cost overview information to add to other briefings. For the latest version of this briefing, go to [www.health.mil/tricarebriefings](http://www.health.mil/tricarebriefings).

- **Presenter Tips:**

- Review slides before briefing to decide which are related to your audience.
- Add relevant slides from this slide deck into your beneficiary briefing before your presentation.
- Because the Federal Employees Dental and Vision Insurance Program is managed by the U.S. Office of Personnel Management, FEDVIP costs aren't included with these slides. Costs for FEDVIP plans are available at [www.BENEFEDS.gov](http://www.BENEFEDS.gov).

- **TRICARE Resources:** Visit [www.tricare.mil/costs](http://www.tricare.mil/costs) to view more detailed cost information. Visit [www.tricare.mil/publications](http://www.tricare.mil/publications) to view, print, or download TRICARE educational materials. Suggested resource: *TRICARE Costs and Fees Fact Sheet*.

## TRICARE Costs

- TRICARE costs are subject to change.
- Go to [www.tricare.mil/costs](http://www.tricare.mil/costs) for the most up-to-date cost information.
- Special conditions for differing costs may exist.

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- Special conditions for differing costs may exist.

## Beneficiary Categories: Group A and Group B

- All beneficiaries fall into one of two categories based on when you or your sponsor entered the uniformed services.

### Group A

If your or your sponsor's initial enlistment or appointment occurred **before Jan. 1, 2018**

### Group B

If your or your sponsor's initial enlistment or appointment occurred **on or after Jan. 1, 2018**

- The groups pay different costs and fees.
  - Group A beneficiaries enrolled in a premium-based plan (TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, or the Continued Health Care Benefit Program) follow Group B deductibles, cost-shares, and catastrophic caps.

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- All beneficiaries fall into one of two categories based on when you or your sponsor entered the military. The groups pay different costs and fees.
  - **Group A:** If your or your sponsor's initial enlistment or appointment occurred before Jan. 1, 2018, you're in Group A.
  - **Group B:** If your or your sponsor's initial enlistment or appointment occurred on or after Jan. 1, 2018, you're in Group B.
- When enrolled in premium-based plans, including TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program, Group A beneficiaries follow Group B cost-shares, deductibles, and catastrophic caps.
- Because this designation is based on your or your sponsor's uniformed services initial enlistment or appointment, this category can't be changed by any action taken by the beneficiary (for example, switching plans or failure to pay).
- You can find monthly premium amounts for the premium-based plans at [www.tricare.mil/costs](http://www.tricare.mil/costs).

## Enrollment Fees: TRICARE Prime (1 of 2)

Jan. 1–Dec. 31, 2026

Program	Beneficiary Category	Enrollment Fees
TRICARE Prime® Includes TRICARE Prime Overseas*	Active duty service members, eligible active duty family members, overseas command-sponsored active duty family members, surviving spouses (during the first three years), and surviving dependent children	No enrollment fees
TRICARE Prime® Includes TRICARE Prime Overseas*	Stateside retired service members and their family members, surviving spouses (after the first three years), eligible former spouses, and others	<b>Group A:</b> Individual: \$381.96/year Family: \$765/year  <b>Group B:</b> Individual: \$462.96/year Family: \$927/year

\* Not available to retired service members, their family members, and others overseas

- This slide shows enrollment fees for TRICARE Prime and TRICARE Prime Overseas.

## Enrollment Fees: TRICARE Prime (2 of 2)

Jan. 1–Dec. 31, 2026

Program	Beneficiary Category	Enrollment Fees
TRICARE Prime Remote Includes TRICARE Prime Remote Overseas*	In certain remote locations, eligible stateside active duty family members living with the sponsor, and overseas command-sponsored active duty family members	No enrollment fees
US Family Health Plan	Stateside active duty family members and retirees and their family members until turning age 65	Same as TRICARE Prime

*\*Not available to retired service members, their family members, and others overseas.*

- This slide shows enrollment fees for TRICARE Prime Remote, TRICARE Prime Remote Overseas, and US Family Health Plan.

# Enrollment Fees: TRICARE Select

Jan. 1–Dec. 31, 2026

Program	Beneficiary Category	Enrollment Fees
TRICARE Select® Includes TRICARE Select Overseas	Eligible active duty family members	No enrollment fees
TRICARE Select® Includes TRICARE Select Overseas	Retired service members and their family members, surviving spouses (after the first three years), eligible former spouses, and others	<b>Group A:</b> Individual: \$186.96/year Family: \$375/year  <b>Group B:</b> Individual: \$594.96/year Family: \$1,191/year

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- This slide shows enrollment fees for TRICARE Select and TRICARE Select Overseas.

# Premium-Based Plans

Jan. 1–Dec. 31, 2026

Program	Beneficiary Category	Premium Costs
TRICARE Reserve Select®	Selected Reserve members and their family members	Individual: \$57.88/month Family: \$286.66/month
TRICARE Retired Reserve®	Retired Reserve members until turning 60 and their family members	Individual: \$645.90/month Family: \$1,548.30/month
TRICARE Young Adult	Qualified adult children who have aged out of TRICARE	TYA Prime: \$794/month TYA Select: \$363/month
Continued Health Care Benefit Program	Former TRICARE-eligible members and their family members, former spouses who haven't remarried before age 55, emancipated children, and unmarried children by adoption or legal custody	Individual: \$2,103/quarter Family: \$5,339/quarter

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- This slide shows monthly premiums for TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult-Prime, TRICARE Young Adult-Select, and quarterly premiums for the Continued Health Care Benefit Program.

# TRICARE For Life

Program	Beneficiary Category	Enrollment/Premium Costs
TRICARE For Life	TRICARE beneficiaries entitled to premium-free Medicare Part A and who have Medicare Part B, regardless of age or place of residence	Medicare Part B monthly premium (With TFL, there are no TRICARE premiums or TRICARE enrollment fees)

If the service is covered by:	Then, you pay:	If the service is covered by:
Both Medicare and TRICARE	Nothing	Both Medicare and TRICARE
TRICARE but not Medicare	TRICARE annual deductible and cost-share	TRICARE but not Medicare
Medicare but not TRICARE	Medicare annual deductible and cost-share	Medicare but not TRICARE

- This slide shows the costs associated with TRICARE For Life.
- TRICARE For Life, or TFL, is for TRICARE beneficiaries eligible for premium-free Medicare Part A and who have Medicare Part B, regardless of age or place of residence.
- Although you must pay a Medicare Part B monthly premium with TFL, there aren't any TRICARE premiums or TRICARE enrollment fees.

**Note:** If a service isn't covered by Medicare or TRICARE, the beneficiary is responsible for paying the billed charges, which may exceed the Medicare-allowed amount and TRICARE-allowable amount.

- Additional TFL cost information is available at [www.tricare.mil/tfl](http://www.tricare.mil/tfl).

## Annual Deductible: TRICARE Prime

ADSMs, ADFMs, transitional survivors, retirees, their family members, and all others (Jan. 1–Dec. 31, 2026)

Covered Service	Group A	Group B
All covered services	No deductible	No deductible

- This slide shows the annual deductible costs for anyone enrolled in TRICARE Prime, including TRICARE Prime Remote, US Family Health Plan, and anyone who has purchased TRICARE Young Adult-Prime coverage.

## Annual Deductible: TRICARE Select (1 of 2)

ADFM's and TRS members (Jan. 1–Dec. 31, 2026)

Pay Grade	Type	Group A	Group B and TRS members
E-4 and below	Individual	\$50	\$66
E-4 and below	Family	\$100	\$132
E-5 and above	Individual	\$150	\$198
E-5 and above	Family	\$300	\$397

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- This slide shows the annual deductible costs for active duty family members enrolled in TRICARE Select or those who have purchased TRICARE Reserve Select coverage.

**Note:** For family members of National Guard and Reserve members called or ordered to active service for more than 30 days for a federal preplanned mission or in support of a contingency operation, the TRICARE Select deductible is \$0.

## Annual Deductible: TRICARE Select (2 of 2)

Retirees, their family members, TRR members, and all others  
(Jan. 1–Dec. 31, 2026)

Type	Group A	Group B and TRR members
Individual	\$150	Network: \$198 Out-of-Network: \$397
Family	\$300	Network: \$397 Out-of-Network: \$794

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- This slide shows the annual deductible costs for retirees, their family members, enrolled in TRICARE Select or those who have purchased TRICARE Retired Reserve coverage.

**Note:** For family members of National Guard and Reserve members called or ordered to active service for more than 30 days for a federal preplanned mission or in support of a contingency operation, the TRICARE Select deductible is \$0.

# Catastrophic Cap

Jan. 1–Dec. 31, 2026

Sponsor or Beneficiary Type	Group A	Group B
Active duty family members	\$1,000 per family	\$1,324 per family
Retirees, their family members, and all others	\$3,000 per family (TRICARE Prime) \$4,381 per family (TRICARE Select)	\$4,635 per family
TRICARE Reserve Select members	Follow Group B	\$1,324 per family
TRICARE Retired Reserve members	Follow Group B	\$4,635 per family
TRICARE For Life individuals and family members (two or more beneficiaries)	\$1,000 for ADFMs \$3,000 for all others	\$1,000 for ADFMs \$3,000 for all others

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- The yearly catastrophic cap limits the most you or your family will pay for covered health services each calendar year, which is Jan. 1 through Dec. 31.
- The catastrophic cap applies to all covered services, including any enrollment fees, annual deductibles, pharmacy copayments, and other cost-shares based on TRICARE-allowable charges.
- After you meet the catastrophic cap, TRICARE will pay your portion of the TRICARE-allowable amount for all covered services for the rest of the calendar year.

**Note:** While enrolled in premium-based plans (TRS, TRR, TYA, and CHCBP), Group A beneficiaries follow Group B cost-shares, deductibles, and catastrophic caps. Premiums don't count toward the catastrophic cap.

- Point-of-service, or POS, charges and additional non-network provider charges don't count toward the catastrophic cap.
  - The POS option allows enrollees in TRICARE Prime to see any TRICARE-authorized provider without a referral, but they'll pay more when doing so. POS charges occur when a TRICARE Prime beneficiary gets nonemergency care without a referral from a provider other than their primary care manager.
  - When non-network providers don't participate on a claim, they don't accept TRICARE's payment as the full payment for covered health care services. They also don't file claims for you. They may charge up to 15% above the TRICARE-allowable charge. Outside the U.S. and U.S. territories, which include American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands, non-network providers can charge any amount above the

TRICARE limit. You must pay any cost above the TRICARE limit, plus your deductible and cost-shares. This amount doesn't apply to your catastrophic cap.

# Out-of-Pocket Costs: TRICARE Prime (1 of 2)

ADSMs, ADFMs, and transitional survivors (Jan. 1–Dec. 31, 2026)

Covered Service	Group A	Group B
All covered services	No deductible	No deductible

- This slide shows the out-of-pocket costs for all covered services for ADSMs, ADFMs, and transitional survivors enrolled in TRICARE Prime.

## Out-of-Pocket Costs: TRICARE Prime (2 of 2)

Retirees, their family members, and all others (Jan. 1–Dec. 31, 2026)

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

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- This slide shows the out-of-pocket costs for certain covered services for retirees, their family members, and all others enrolled in TRICARE Prime. Costs for every covered service are available at [www.tricare.mil/costs](http://www.tricare.mil/costs).

## 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.

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- Through the TRICARE Prime point-of-service option—or POS 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.

## Out-of-Pocket Costs: TRICARE Select (1 of 4)

### ADFM's and TRS members (Jan. 1–Dec. 31, 2026)

Covered Service	Group A	Group B and TRS members
Preventive care visit	\$0	\$0
Primary care outpatient visit	Network: \$28 Out-of-Network: 20%	Network: \$19 Out-of-Network: 20%
Specialty care outpatient visit	Network: \$39 Out-of-Network: 20%	Network: \$33 Out-of-Network: 20%
Urgent care center visit	Network: \$28 Out-of-Network: 20%	Network: \$26 Out-of-Network: 20%
Emergency room visit	Network: \$103 Out-of-Network: 20%	Network: \$52 Out-of-Network: 20%

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- This is the first of two slides showing out-of-pocket TRICARE Select costs for certain covered services for ADFM's and TRS members. Costs for covered services is available at [www.tricare.mil/costs](http://www.tricare.mil/costs).

## Out-of-Pocket Costs: TRICARE Select (2 of 4)

ADFM's and TRS members (Jan. 1–Dec. 31, 2026)

Covered Service	Group A	Group B and TRS members
Inpatient admission (Hospitalization)	Network and Out-of-Network: \$24.50 per day or \$25 per admission (whichever is more)	Network: \$79 per admission Out-of-Network: 20%
	\$23.45 per day (subsistence charge) military hospital or clinic	\$23.45 per day (subsistence charge) military hospital or clinic

- This is the second of two slides showing out-of-pocket TRICARE Select costs for certain covered services for ADFM's and TRS members.

## Out-of-Pocket Costs: TRICARE Select (3 of 4)

Retirees, their family members, TRR members, and all others  
(Jan. 1–Dec. 31, 2026)

Covered Service	Group A	Group B and TRR members
Preventive care visit	\$0	\$0
Primary care outpatient visit	Network: \$38 Out-of-Network: 25%	Network: \$33 Out-of-Network: 25%
Specialty care outpatient visit	Network: \$52 Out-of-Network: 25%	Network: \$52 Out-of-Network: 25%
Urgent care center visit	Network: \$38 Out-of-Network: 25%	Network: \$52 Out-of-Network: 25%
Emergency room visit	Network: \$138 Out-of-Network: 25%	Network: \$105 Out-of-Network: 25%

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- This is the first of two slides showing out-of-pocket TRICARE Select costs for certain covered services for retirees, their family members, TRR members, and all others. Costs for covered services is available at [www.tricare.mil/costs](http://www.tricare.mil/costs).

## Out-of-Pocket Costs: TRICARE Select (4 of 4)

Retirees, their family members, TRR members, and all others  
(Jan. 1–Dec. 31, 2026)

Covered Service	Group A	Group B and TRR members
Inpatient admission (Hospitalization)	Network: \$250 per day or up to 25% hospital charge (whichever is less); plus 20% separately billed services  Out-of-Network: \$1,306 per day <sup>†</sup> or up to 25% hospital charge (whichever is less); plus 25% separately billed services	Network: \$231 per admission  Out-of-Network: 25%
	\$23.45 per day (subsistence charge) military hospital or clinic	\$23.45 per day (subsistence charge) military hospital or clinic

<sup>†</sup> CY 2025 rate. 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.

- This is the second of two slides showing out-of-pocket TRICARE Select costs for certain covered services for retirees, their family members, TRR members, and all others. Costs for covered services is available at [www.tricare.mil/costs](http://www.tricare.mil/costs).

# Maternity Costs: Inpatient

Covered Service: Delivery in an inpatient hospitalization setting  
(Jan. 1–Dec. 31, 2026)

Active Duty Family Members and TRS	Retirees, Their Family Members, TRR, and All Others
TRICARE Prime: \$0	TRICARE Prime: \$198/admission (Stateside only)
<p><b>TRICARE Select (Group A):</b> Subsistence charge per day (\$23.45), minimum \$25/admission</p> <p><b>TRICARE Select (Group B):</b> Network: \$79/admission Out-of-Network: 20% of allowable charge</p>	<p><b>TRICARE Select (Group A):</b> Network: \$250/day or 25% of the hospital's total charges, whichever is less, plus 20% of separately billed professional charges Out-of-Network: DRG per diem (\$1,345/day<sup>†</sup>) or 25% of the hospital's total charges, whichever is less, plus 25% of allowable charge for separately billed professional charges</p> <p><b>TRICARE Select (Group B):</b> Network: \$231/admission Out-of-Network: 25% of allowable charge or \$23.45 per day (subsistence charge) at a military hospital or clinic</p>

<sup>†</sup> 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.

- This slide shows out-of-pocket costs for inpatient maternity delivery in a hospital by beneficiary category. These costs will either be copayments or cost-shares, if applicable.

# Maternity Costs: Ambulatory

Covered Service: Delivery in a TRICARE-authorized birthing center  
(Jan. 1–Dec. 31, 2026)

Active Duty Family Members and TRS	Retirees, Their Family Members, TRR, and All Others
TRICARE Prime: \$0	TRICARE Prime: \$79 (Stateside only)
TRICARE Select (Group A): Network: \$25 Out-of-Network: \$25	TRICARE Select (Group A): Network: 20% of allowable charge Out-of-Network: 25% of allowable charge
TRICARE Select (Group B): Network: \$33 Out-of-Network: 20% of allowable charge	TRICARE Select (Group B): Network: \$125 Out-of-Network: 25% of allowable charge

- This slide shows out-of-pocket costs for ambulatory maternity delivery in a TRICARE-authorized birthing center by beneficiary category. These costs will either be copayments or cost-shares, if applicable.

# Maternity Costs: Outpatient

Covered Service: Delivery planned at home or another setting (Jan. 1–Dec. 31, 2026)

Active Duty Family Members and TRS	Retirees, Their Family Members, TRR, and All Others
<p>TRICARE Prime: \$0</p>	<p>TRICARE Prime (Group A/Group B) (Stateside only)</p> <p>Network:</p> <ul style="list-style-type: none"> <li>• Primary Care: \$26</li> <li>• Specialty Care: \$39</li> </ul> <p>*POS charges may apply to nonemergency care</p>
<p>TRICARE Select (Group A):</p> <p>Network:</p> <ul style="list-style-type: none"> <li>• Primary Care: \$28</li> <li>• Specialty Care: \$39</li> </ul> <p>Out-of-Network: 20% of allowable charge</p> <p>TRICARE Select (Group B):</p> <p>Network:</p> <ul style="list-style-type: none"> <li>• Primary Care: \$19</li> <li>• Specialty Care: \$33</li> </ul> <p>Out-of-Network: 20% of allowable charge</p>	<p>TRICARE Select (Group A):</p> <p>Network:</p> <ul style="list-style-type: none"> <li>• Primary Care: \$38</li> <li>• Specialty Care: \$52</li> </ul> <p>Out-of-Network: 25% of allowable charge</p> <p>TRICARE Select (Group B):</p> <p>Network:</p> <ul style="list-style-type: none"> <li>• Primary Care: \$33</li> <li>• Specialty Care: \$52</li> </ul> <p>Out-of-Network: 25% of allowable charge</p>

- This slide shows out-of-pocket costs for outpatient maternity delivery planned at home by beneficiary category. These costs will either be copayments or cost-shares, if applicable.

# TRICARE Pharmacy Program (1 of 3)

## Out-of-Pocket Costs (Jan. 1–Dec. 31, 2026)

Pharmacy Option	Formulary drugs: Generic	Formulary drugs: Brand-name	Non-formulary Drugs	Non-covered Drugs
Military Pharmacy (Up to a 90-day supply)	\$0	\$0	Generally not available without medical necessity	Not available
TRICARE Pharmacy Home Delivery* (Up to a 90-day supply)	\$14	\$44	\$85	Not available
TRICARE Retail Network Pharmacy (Up to a 30-day supply)	\$16	\$48	\$85	Full cost of drug

*\*Some non-formulary drugs are only available through TRICARE Pharmacy Home Delivery. Home delivery isn't available in Germany, Norway, or Saudi Arabia. Home delivery may not be available to all overseas locations.*

*Section 702 of the NDAA for FY 2018 froze pharmacy copayments at the 2017 rates for survivors of active duty service members and medically retired service members (and their family members).*

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- This slide shows out-of-pocket costs for filling prescriptions at a military pharmacy, through TRICARE Pharmacy Home Delivery, or at a TRICARE retail network pharmacy.
- Your options for filling your prescriptions depend on the type of drug your provider prescribes. Some drugs are only covered through TRICARE Pharmacy Home Delivery. To learn more, search for your drug at [www.express-scripts.com/tform](http://www.express-scripts.com/tform).
- Active duty service members, or ADSMs, can get prescriptions filled from any pharmacy at no cost.
- Copayments remain the same for dependent survivors of ADSMs and medically retired service members and their dependents.

# TRICARE Pharmacy Program (2 of 3)

## Out-of-Pocket Costs (Jan. 1–Dec. 31, 2026)

Pharmacy Option	Formulary drugs: Generic and brand-name	Non-formulary Drugs	Non-covered Drugs
<b>Non-Network Pharmacy</b> (Up to a 30-day supply) (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> 50% cost-share applies after you meet your point- of-service annual deductible	<b>TRICARE Prime options:</b> 50% cost-share applies after you meet your POS annual deductible	Full cost of drug
<b>Non-Network Pharmacy</b> (Up to a 30-day supply) (In the U.S. and U.S. territories: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands)	<b>All other beneficiaries:</b> \$48 or 20% of the total cost, whichever is more, after you meet your annual deductible	<b>All other beneficiaries:</b> \$85 or 20% of the total cost, whichever is more, after you meet your annual deductible	Full cost of drug

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- This slide shows out-of-pocket costs for filling prescriptions at a military pharmacy, through TRICARE Pharmacy Home Delivery, or at a TRICARE retail network pharmacy.
- Your options for filling your prescriptions depend on the type of drug your provider prescribes. Some drugs are only covered through TRICARE Pharmacy Home Delivery. To learn more, search for your drug at [www.express-scripts.com/tform](http://www.express-scripts.com/tform).
- Active duty service members, or ADSMs, can get prescriptions filled from any pharmacy at no cost.
- Copayments remain the same as 2017 rates for dependent survivors of ADSMs and medically retired service members and their family members.

# TRICARE Pharmacy Program (3 of 3)

## Out-of-Pocket Costs (Jan. 1–Dec. 31, 2026)

Pharmacy Option	Formulary drugs: generic and brand-name, non-formulary drugs, and non-covered drugs
Overseas Pharmacy (Outside the U.S. and U.S. territories)*	<p>ADSMs and ADFMs in TRICARE Prime Overseas or TRICARE Prime Remote Overseas: \$0 (You may have to pay the full cost up front and file a claim for reimbursement.)</p> <p>ADFM in TRICARE Select Overseas and TRS members: 20% cost-share after annual deductible is met</p> <p>Retirees, their family members, TRR members, and all others in TRICARE Select Overseas: 25% cost-share after the annual deductible is met</p>

\* In the Philippines, you must fill your prescription at a certified pharmacy.

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- This slide shows out-of-pocket costs for filling prescriptions at an overseas pharmacy, effective Jan. 1, 2022, to Dec. 31, 2026.
- ADSMs and ADFMs using TRICARE Prime Overseas or TRICARE Prime Remote Overseas: \$0 (You may have to pay the full cost up front and file a claim for reimbursement.)
- ADFMs using TRICARE Select Overseas and TRS members: 20% cost-share after annual deductible is met
- Retirees, their family members, TRR members, and all others enrolled in TRICARE Select Overseas: 25% cost-share after the annual deductible is met

**Note:** Non-covered prescription drugs may be reimbursed if International SOS Government Services, LLC, the TRICARE Overseas contractor, confirms that the drug is commonly used for the intended purpose in the host nation (excluding U.S. territories) and confirms with the Defense Health Agency that it's an allowable treatment.

# TRICARE Dental Program Monthly Premiums

March 1, 2026–Feb. 28, 2027

Sponsor Status	Sponsor-Only	One Family Member	More Than One Family Member	Sponsor and Family
Active Duty	N/A	E-4 and below: \$8.79 E-5 and above: \$11.72	E-4 and below: \$22.85 E-5 and above: \$30.47	N/A
Selected Reserve and Individual Ready Reserve (Mobilization Only)	E-4 and below: \$8.79 E-5 and above: \$11.72	\$29.30	\$76.18	E-4 and below: \$84.97 E-5 and above: \$87.90
IRR (Non-Mobilization)	\$29.30	\$29.30	\$76.18	\$105.48
Survivor	N/A	\$0	\$0	N/A

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- This slide shows the monthly premiums for the TRICARE Dental Program, or TDP, for March 1, 2026, through Feb. 28, 2027.
- Premium amounts change annually and are based on sponsor and member status.
- For more information about TDP, go to [www.tricare.mil/tdp](http://www.tricare.mil/tdp) and [www.uccitdp.com](http://www.uccitdp.com).

# TDP Cost-Shares

March 1, 2026–Feb. 28, 2027

Type of Service	CONUS: Sponsor Pay Grade E-1–E-4	CONUS: Sponsor Pay Grade E-5 and above	OCONUS: Command-Sponsored Beneficiary
Diagnostic, Preventive	0%	0%	0%
Sealants	0%	0%	0%
Basic restorative	20%	20%	0%
Endodontic, Periodontic, Oral surgery	30%	40%	0%
Prosthetic, Implant, Orthodontic	50%	50%	50%

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- This slide shows examples of dental services and their respective TDP participant cost-shares.

# TDP Maximums and Deductible

March 1, 2026–Feb. 28, 2027

Maximum	Amount
Annual Benefit Maximum	\$1,500 per person, per enrollment year for non-orthodontic services. Payments for certain diagnostic and preventive services aren't applied.
Orthodontic Lifetime Maximum	\$1,750 per person, per lifetime for orthodontic services. Orthodontic diagnostic services are applied to the yearly maximum.
Dental Accident Coverage Annual Maximum	\$1,200 per person, per enrollment year
Annual Deductible	\$0

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- This slide shows TDP maximums and deductible.

**Note:** Orthodontic treatment is covered for the following enrolled family members:

- Children up to age 21 or 23, based on student status
- Spouses of active duty and National Guard and Reserve sponsors up to age 23
- National Guard and Reserve sponsors up to age 23

## Active Duty Dental Program CONUS

- There are no out-of-pocket costs to use ADDP, but you must follow certain processes before getting care.
  - All care requires an appointment control number from the ADDP contractor, United Concordia, before getting care.
  - Some services require pre-authorization (for example, crowns, bridges, dentures, and periodontal treatment).
  - Active duty service members may be responsible for the cost of care if they don't get an ACN or pre-authorization from United Concordia before getting care.
- ADDP CONUS (continental United States) Locations
  - CONUS non-remote: ADSMs can only seek care from a civilian dentist if an emergency or referred by a military dental clinic, also known as a military dental treatment facility.
  - CONUS remote (must live and work 50 miles from duty location): ADSMs must use a network dentist unless approved by United Concordia before getting care.
- For more information, go to [www.addp-ucci.com](http://www.addp-ucci.com).

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- There are no out-of-pocket costs when using the ADDP, but there is a process you must go through before using the program. For example:
  - All care requires an appointment control number from the ADDP contractor, United Concordia Companies, Inc. (United Concordia) before getting care. Some services require pre-authorization, like crowns, bridges, dentures, and periodontal treatment.
  - Active duty service members, or ADSMs, may be responsible for the cost of care if they don't get an ACN or pre-authorization from United Concordia before getting care.
- In the ADDP CONUS service area, ADSMs who are remotely located must use a United Concordia network dentist to receive ADDP-covered dental care unless otherwise approved by United Concordia before getting care.

**Note:** ADSMs who choose to use a non-network dentist without pre-approval will be responsible for all costs related to their dental care.

- For more information about the ADDP, go to [www.tricare.mil/addp](http://www.tricare.mil/addp) and [www.addp-ucci.com](http://www.addp-ucci.com).

## Active Duty Dental Program OCONUS

- There are no out-of-pocket costs to use ADDP, but you must follow certain processes before getting care.
  - All care requires an appointment control number from the ADDP contractor, United Concordia before getting care.
  - Some services require pre-authorization (for example, crowns, bridges, dentures, and periodontal treatment).
  - Active duty service members may be responsible for the cost of care if they don't get an ACN or pre-authorization from United Concordia before getting care.
- ADDP OCONUS (outside the continental United States) Locations
  - OCONUS non-remote: ADSMs must get all care at their assigned military dental clinic.
  - OCONUS remote: ADSMs can see any dentist but should contact United Concordia to coordinate all care.
- For more information, go to [www.addp-ucci.com](http://www.addp-ucci.com).

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- There are no out-of-pocket costs when using the ADDP, but there is a process you must go through before using the program. For example:
  - All care requires an appointment control number from the ADDP contractor, United Concordia Companies, Inc., or United Concordia, before getting care. Some services require pre-authorization, like crowns, bridges, dentures, and periodontal treatment.
  - Active duty service members may be responsible for the cost of care if they don't get an ACN or pre-authorization from United Concordia before getting care.
- In the ADDP OCONUS service area, ADSMs should contact United Concordia to coordinate all care. ADSMs should seek care from a TRICARE OCONUS Preferred Dentist. If none are available, ADSMs can see any dentist.

**Note:** ADSMs who choose to use a non-network dentist without pre-approval will be responsible for all costs related to their dental care.

**Note:** Due to the remoteness of some ADSMs, some service members may have to pay up front for care and seek reimbursement from United Concordia.

- For more information about the ADDP, go to [www.tricare.mil/addp](http://www.tricare.mil/addp) and [www.addp-ucci.com](http://www.addp-ucci.com).