

		TRICARE Reserve Select
Enrollment Fees	Enrollment Fees	2019 Member only: \$42.83/month Member + Family: \$218.01/month 2020 Member only: \$44.17/month Member + Family: \$228.27/month
Deductibles	Deductible	2019 E1-E4: \$51 per individual and \$102 per family E5 & above: \$154 per individual and \$308 per family 2020 E1-E4: \$52 per individual and \$104 per family E5 & above: \$156 per individual and \$313 per family
Catastrophic Cap	Catastrophic Cap	2019: \$1,028 2020: \$1,044
Health Plan Costs	Outpatient Visit - Primary	Network: \$15 Non-network: 20%
	Outpatient Visit - Specialty	2019 Network: \$25 Non-network: 20% 2020 Network: \$26 Non-network: 20%
	Urgent Care	Network: \$20 Non-network: 20%
	Emergency Services	Network \$41 Non-network: 20%
	Laboratory and X-Ray	Network: \$0 Non-network: 20%
	Ambulance Services	Network: \$15 Non-network: 20%
	Ambulatory Surgery (Same Day)	2019

	<p>Network: \$25 Non-network: 20%</p> <p>2020 Network: \$26 Non-network: 20%</p>
Mental Health (Inpatient)	<p>2019 Network \$61 Non-network 20%</p> <p>2019 Network \$62 Non-network 20%</p>
Mental Health (Outpatient/Partial Hospitalization) - Primary Care	<p>Network: \$15 Non-network: 20%</p>
Mental Health (Outpatient/Partial Hospitalization) - Specialty Care	<p>2019 Network: \$25 Non-network: 20%</p> <p>2020 Network: \$26 Non-network: 20%</p>
Mental Health (RTF)	<p>2019 Network: \$25/day Non-network: \$50/day</p> <p>2020 Network: \$26/day Non-network: \$52/day</p>
Clinical Preventive Services	\$0
Durable Medical Equipment, Prosthetics, and Medical Supplies	<p>Network: 10% Non-network: 20%</p>
Home Health Care	\$0
Hospice Care	\$0 (Medical equipment and pharmacy are billed separately)
Hospitalization (Inpatient Care)	<p>2019 Network \$61 Non-network 20%</p> <p>2020 Network \$62 Non-network 20%</p>
Immunizations	\$0

	Maternity (Delivery/Inpatient)	2019 Network: \$61 Non-network: 20% 2020 Network: \$62 Non-network: 20%
	Maternity (Delivery/Birthing Center)	2019 Network: \$25 Non-network: 20% 2020 Network: \$26 Non-network: 20%
	Maternity (Home) - Primary	Network: \$15 Non-network: 20%
	Maternity (Home) - Specialty	2019 Network: \$25 Non-network: 20% 2020 Network: \$26 Non-network: 20%
	Newborn Care	Network: \$0 Non-network: 20%
	Skilled Nursing	2019 Network: \$25 Non-network: \$51 2020 Network: \$26 Non-network: \$52
Pharmacy	Generic (Tier 1) - MTF	\$0
	Generic (Tier 1) - Home Delivery	2019: \$7 2020: \$10
	Generic (Tier 1) - Retail	2019 Network: \$11 2019 Non-network: \$28 or 20% of total cost, whichever is more, after meeting the annual deductible. 2020 Network: \$13 2020 Non-network: \$33 or 20% of total cost, whichever is more, after meeting the annual deductible.

Brand-name (Tier 2) - MTF	\$0
Brand-name (Tier 2) - Home Delivery	2019: \$24 2020: \$29
Brand-name (Tier 2) - Retail	2019 Network: \$28 2019 Non-network: \$28 or 20% of total cost, whichever is more, after meeting the annual deductible. 2020 Network:\$33 2020 Non- network: \$33 or 20% of total cost, whichever is more after meeting the annual deductible.
Non-Formulary (Tier 3) - MTF	Generally not available without medical necessity for non-formulary drugs.
Non-Formulary (Tier 3) - Home Delivery	2019: \$53 2020: \$60
Non-Formulary (Tier 3) - Retail	2019 Network: \$53 2019 Non-network: \$53 or 20% of total cost, whichever is more, after meeting the annual deductible. 2020 Network: \$60 2020 Non-network: \$60 or 20% of total cost, whichever is more, after meeting the annual deductible.

Co-Pays & Cost Shares [Print View]

Last Updated 1/4/2019