

**Title 10 - Armed Forces
 Subtitle A - General Military Law
 Part II - Personnel
 Chapter 55 - Medical And Dental Care**

§ 1075a. TRICARE Prime: cost sharing

(a) Cost-sharing Requirements.—The cost-sharing requirements under TRICARE Prime are as follows:

(1) There are no cost-sharing requirements for beneficiaries who are covered by section 1074(a) of this title.

(2) With respect to beneficiaries in the active-duty family member category or the retired category (as described in section 1075(b)(1) of this title) by reason of being a member or former member of the uniformed services who originally enlists or is appointed in the uniformed services on or after January 1, 2018, or by reason of being a dependent of such a member, the cost-sharing requirements shall be calculated pursuant to subsection (b)(1).

(3)(A) With respect to beneficiaries described in subparagraph (B) in the active-duty family member category or the retired category (as described in section 1075(b)(1) of this title), the cost-sharing requirements shall be calculated in accordance with the other provisions of this chapter without regard to subsection (b).

(B) Beneficiaries described in this subparagraph are beneficiaries who are eligible to enroll in the TRICARE program by reason of being a member or former member of the uniformed services who originally enlists or is appointed in the uniformed services before January 1, 2018, or by reason of being a dependent of such a member.

(b) Cost-sharing Amounts.—(1) Beneficiaries described in subsection (a)(2) enrolled in TRICARE Prime shall be subject to cost-sharing requirements in accordance with the amounts and percentages under the following table during calendar year 2018 and as such amounts are adjusted under paragraph (2) for subsequent years:

TRICARE Select	Active-Duty Family Member (Individual/Family)	Retired (Individual/Family)
Annual Enrollment	\$0	\$350 / \$700
Annual deductible	No	No
Annual catastrophic cap	\$1,000	\$3,500
Outpatient visit civilian network	\$0	\$20 primary care \$30 specialty care
ER visit civilian network	\$0	\$60 network
Urgent care civilian network	\$0	\$30 network
Ambulatory surgery civilian network	\$0	\$60 network
Ambulance civilian network	\$0	\$40
Durable medical equipment civilian network	\$0	20% of negotiated fee, network

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TRICARE Select	Active-Duty Family Member (Individual/Family)	Retired (Individual/Family)
Inpatient visit civilian network	\$0	\$150 per admission
Inpatient skilled nursing/rehab civilian	\$0	\$30 per day network

(2) Each dollar amount expressed as a fixed dollar amount in the table set forth in paragraph (1) shall be annually indexed to the amount by which retired pay is increased under section 1401a of this title, rounded to the next lower multiple of \$1. The remaining amount above such multiple of \$1 shall be carried over to, and accumulated with, the amount of the increase for the subsequent year or years and made when the aggregate amount of increases carried over under this clause for a year is \$1 or more.

(3) Enrollment fees, deductible amounts, and catastrophic caps under this section are on a calendar-year basis.

(c) Special Rule for Amounts Without Referrals.—Notwithstanding subsection (b)(1), the cost-sharing amount for a beneficiary enrolled in TRICARE Prime who does not obtain a referral for care under paragraph (1) of section 1075f(a)¹ of this title (or a waiver pursuant to paragraph (2) of such section for such care) shall be an amount equal to 50 percent of the allowed point-of-service charge for such care.

NOTES

Source

(Added Pub. L. 114-328, div. A, title VII, Sec. 701(b)(1), Dec. 23, 2016, 130 Stat. 2184.)

Effective Date

Section applicable with respect to the provision of health care under the TRICARE program beginning on Jan. 1, 2018, see section 701(k) of Pub. L. 114-328, set out as an Effective Date of 2016 Amendment note under section 1072 of this title.

Footnote

⁽¹⁾ So in original. Probably should be “1095f(a)”.

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