

Pharmacy Benefits Program - Cost-Shares

PHARMACY PAYMENT MATRIX

PLACE OF SERVICE (POS)	FORMULARY		NON-FORMULARY (TIER 3)
	GENERIC (TIER 1)	BRAND NAME (TIER 2)	
Military Treatment Facility (MTF) Pharmacy (up to a 90-day supply)	\$0	\$0	Not Applicable
TRICARE Mail Order Pharmacy (TMOP) (up to a 90-day supply)	\$3	\$9	\$22*
TRICARE Retail Pharmacy (TRRx) Network Pharmacy (up to a 30-day supply)	\$3	\$9	\$22*
TRRx Non-Network Pharmacy (up to a 30-day supply) Note: Beneficiaries using non-network pharmacies may have to pay the total amount of their prescription first and then file a claim to receive partial reimbursement.	For those who are not enrolled in TRICARE Prime: \$9 or 20% of total cost, whichever is greater, after deductible is met (E1-E4: \$50/person; \$100/family; all others, including retirees, \$150/person, \$300/family) TRICARE Prime: 50% cost-share after Point of Service (POS) deductibles (\$300 per person, \$600 per family deductible)		For those who are not enrolled in TRICARE Prime: \$22 or 20% of total cost, whichever is greater, after deductible is met (E1-E4: \$50/person; \$100/family; all others, including retirees, \$150/person, \$300/family) TRICARE Prime: 50% cost-share after POS deductibles (\$300 per person, \$600 per family deductible)
* If medical necessity is established for a non-formulary drug, patients may qualify for the \$9 copayment for up to a 30-day supply in the TRRx or a 90-day supply in the TMOP Program.			

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