



TRICARE COVERED SERVICES AND COST SHARING



Services Coverage and Retiree Cost Sharing for Civilian Care Comments

Services	Coverage and Retiree Cost Sharing for Civilian Care	Comments
Outpatient		
<ul style="list-style-type: none"> ▪ Office visits -- primary care and specialty care, ancillary services, family health services, home health care visits, and immunizations. 	Covered – cost share \$12 to 25%	TRICARE covers medically necessary care, from authorized providers
<ul style="list-style-type: none"> ▪ Outpatient mental health visits. 	Covered – cost share \$17 to 25%	
<ul style="list-style-type: none"> ▪ Durable medical equipment, prosthetic devices. 	Covered – cost share 20 to 25%	Foot orthotics not covered
<ul style="list-style-type: none"> ▪ Emergency room services 	Covered – cost share \$30 to 25%	
<ul style="list-style-type: none"> ▪ Ambulatory surgery services 	Covered -- \$25 to 25%	
<ul style="list-style-type: none"> ▪ Prescription drugs 	Covered -- \$3 to \$9	
<ul style="list-style-type: none"> ▪ Ambulance services 	Covered -- \$20 to 25%	
<ul style="list-style-type: none"> ▪ Rehabilitation services 	Covered -- \$12 to 25%	Cardiac Rehab, Physical, Speech, Occupational Therapy
<ul style="list-style-type: none"> ▪ Hospice and Respite services 	Covered – Minimal Cost sharing	
<ul style="list-style-type: none"> ▪ Dental services 	Separate Dental Plan offered	
Inpatient		
<ul style="list-style-type: none"> ▪ Medically necessary inpatient medical and surgical care 	Covered -- \$11 to \$414 per diem,	
<ul style="list-style-type: none"> ▪ Mental health inpatient care 	Covered -- \$40 to \$182 per day	Annual 30 day limit
<ul style="list-style-type: none"> ▪ Substance use disorder/alcohol treatment 	Covered -- \$40 to \$182 per day	Lifetime limit 3 admissions
<ul style="list-style-type: none"> ▪ Rehabilitation services 	Covered -- \$11 to \$414 per diem	
<ul style="list-style-type: none"> ▪ Hospice and Respite services 	Covered – Minimal Cost sharing	
Sub-acute and Extended Care		
<ul style="list-style-type: none"> ▪ Domiciliary care 	Not covered	
<ul style="list-style-type: none"> ▪ Skilled Nursing Care 	Covered – Same cost sharing as inpatient/ outpatient	Limited to medically necessary, non-custodial care