

PHARMACY BENEFITS PROGRAM - COST-SHARES

I. COST-SHARES

PHARMACY PAYMENT MATRIX

TRICARE PHARMACY COPAYMENTS/COST SHARES IN THE UNITED STATES (INCLUDING PUERTO RICO, GUAM, AND THE U.S. VIRGIN ISLANDS)			
PLACE OF SERVICE	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 Network Pharmacy (TRRx) (up to a 30-day supply)	\$3	\$9	\$22*
Non-network Retail 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.	<p>For those who are not enrolled in TRICARE Prime: \$9 or 20% of total cost, whichever is greater, after deductible is met (D1-E4: \$50/person; \$100/family; all others, including retirees, \$150/person, \$300/family)</p> <p>TRICARE Prime: 50% cost share after point-of-service deductibles (\$300 per person/\$600 per family deductible)</p>		<p>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)</p> <p>TRICARE Prime: 50% cost share after point-of-service deductibles (\$300 per person/\$600 per family deductible)</p>
* 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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