This document is scheduled to be published in the
Federal Register on 2026-11-12 and available online at
https://www.federalregister.gov/d/2026-23035, and on
https://govinfo.gov

Billing Code

DEPARTMENT OF DEFENSE

Office of the Secretary

TRICARE; Calendar Year (CY) 2027 TRICARE Prime and TRICARE Select Out-Of-Pocket Expenses

AGENCY: Office of the Secretary, Department of Defense (DoD).

ACTION: Notice of CY 2027 TRICARE Prime and TRICARE Select out-of-pocket expenses.

SUMMARY: This notice provides the CY 2027 TRICARE Prime and TRICARE Select out-of-pocket expenses.

DATES: The CY 2027 rates contained in this notice are effective January 1, 2027.

ADDRESSES: Defense Health Agency (DHA), TRICARE Health Plan, 7700 Arlington Boulevard, Suite 5101, Falls Church, Virginia 22042-5101.

FOR FURTHER INFORMATION CONTACT: Debra Fisher, 703-275-6224, dha.ncr.healthcare-ops.mbx.thp-policy-and-programs-branch@health.mil.

SUPPLEMENTARY INFORMATION: The National Defense Authorization Acts for Fiscal Years 2012 and 2017, and subsequent implementing regulations (*e.g.*, § 199.17 of Title 32 of the Code of Federal Regulations), established rates for TRICARE beneficiary out-of-pocket expenses and how they may be increased by the annual cost of living adjustment (COLA) percentage used to increase military retired pay or via budget neutrality rules. The CY 2027 retiree COLA increase is 3.6%.

The DHA has updated the CY 2027 out-of-pocket expenses as shown below:

Calendar Year (CY) 2027 TRICARE Prime and TRICARE Select Out-of-Pocket Expenses
Active Duty Family Members Category

Out of Pocket Expense		Select Group A CY27	Select Group B CY27	Prime* Group A CY27	Prime* Group B CY27
Annual enrollment fee	*Individual*	$0	$0	$0	$0
	Family	$0	$0	$0	$0
Annual deductible	*E1-E4, individual*	$50	$68	$0	$0
	E1-E4, family	$100	$137	$0	$0
	E5 & above, individual	$150	$205	$0	$0
	E5 & above, family	$300	$411	$0	$0
Annual catastrophic cap		$1,000	$1,372	$1,000	$1,372
Preventive visit		$0	$0	$0	$0
Primary care		$30 (IN) 20% (OON)	$20 (IN) 20% (OON)	$0	$0
Specialty care		$39 (IN) 20% (OON)	$34 (IN) 20% (OON)	$0	$0
Emergency Room visit		$107 (IN) 20% (OON)	$54 (IN) 20% (OON)	$0	$0
Urgent care center visit		$30 (IN) 20% (OON)	$27 (IN) 20% (OON)	$0	$0
Ambulatory surgery		$25 (IN or OON)	$34 (IN) 20% (OON)	$0	$0
Ambulance, outpatient ground		$86 (IN) 20% (OON)	$20 (IN) 20% (OON)	$0	$0
Ambulance, outpatient air		20% (IN or OON)	20% (IN or OON)	$0	$0
Durable medical equipment		15% (IN) 20% (OON)	10% (IN) 20% (OON)	$0	$0
Inpatient admission		$25.45 per day; $25 min. per admission	$82 per adm. (IN); 20% (OON)	$0	$0
Inpatient Skilled Nursing Facility/rehab facility		$25.45 per day; $25 min. per admission	$34 per day (IN); $68 per day (OON)	$0	$0

* When TRICARE Prime enrollees other than active duty Service members self-refer to specialty or non-emergent inpatient care without a referral from a network provider and/or authorization from the regional contractor, the TRICARE Point of Service deductible and copayment applies in lieu of TRICARE Prime copayments.

Calendar Year (CY) 2027 TRICARE Prime and TRICARE Select Out-of-Pocket Expenses
Retiree Beneficiary Category

Out of Pocket Expense		Select Group A CY27	Select Group B CY27	Prime* Group A CY27	Prime* Group B CY27
Annual enrollment fee	*Individual*	$193.92	$616.92	$396	$480
	Family	$388.92	$1,233.96	$792.96	$960
Annual deductible	*Individual*	$150	$205 (IN); $411 (OON)	$0	$0
	Family	$300	$411 (IN); $823 (OON)	$0	$0
Annual catastrophic cap		$4,538	$4,802	$3,000	$4,802
Preventive visit		$0	$0	$0	$0
Primary care		$40 (IN) 25% (OON)	$34 (IN) 25% (OON)	$27	$27
Specialty care		$52(IN) 25% (OON)	$54 (IN) 25% (OON)	$41	$41
Emergency Room visit		$143 (IN) 25% (OON)	$109 (IN) 25% (OON)	$82	$82
Urgent care center visit		$40 (IN) 25% (OON)	$54(IN) 25% (OON)	$41	$41
Ambulatory surgery		20% (IN) 25% (OON)	$130 (IN) 25% (OON)	$82	$82
Ambulance, outpatient ground		$115 (IN) 25% (OON)	$82 (IN) 25% (OON)	$54	$54
Ambulance, outpatient air		25% (IN or OON)	25% (IN or OON)	$20	$20

Note: The calendar year catastrophic cap for TRICARE Select Group A retirees who are survivors of active duty deceased sponsors or medically retired Uniformed Service members and their dependents is $3,000.

CY 2027 TRICARE Prime and TRICARE Select Out-of-Pocket Expenses
Retiree Beneficiary Category
Page 2 of 2

Out of Pocket Expense		Select Group A CY27	Select Group B CY27	Prime* Group A CY27	Prime* Group B CY27
Durable medical equipment		20% (IN) 25% (OON)	20% (IN) 25% (OON)	20%	20%
Inpatient admission	*In-network*	$250/day up to 25% of hospital charges, plus 20% of sep. billed services	$240 per adm	$205 per adm	$205 per adm
	Out of network	ǂ $1,345/day up to 25% of hosp. charges, plus 25% of sep. billed services	25%	$205 per adm	$205 per adm
Inpatient Skilled Nursing Facility /rehab facility		$250/day up to 25% of hospital charges, plus 20% of sep. billed services (IN); 25% (OON)	$68 per day (IN); lesser of $411 per day or 20% (OON)	$41 per day	$41 per day

ǂ This is the CY26 rate. The CY27 out-of-pocket expense will be available mid-December once the Diagnosis Related Group payment rates are calculated.

* When TRICARE Prime enrollees other than active duty Service members self-refer to specialty or non-emergent inpatient care without a referral from a network provider and/or authorization from the regional contractor, the TRICARE Point of Service deductible and copayment applies in lieu of TRICARE Prime copayments.

Dated: November 9, 2026.

Aaron T. Siegel,

Alternate OSD Federal Register

Liaison Officer, Department of Defense.

[FR Doc. 2026-23035 Filed: 11/10/2026 8:45 am; Publication Date: 11/12/2026]