

**AMENDMENT TO RULES COMMITTEE PRINT 117-**

**13**

**OFFERED BY MR. KELLY OF MISSISSIPPI**

At the end of subtitle A of title VII, add the following new section:

1 **SEC. 7\_\_\_.** **ELIMINATION OF CERTAIN HEALTH CARE**  
2 **CHARGES FOR MEMBERS OF THE SELECTED**  
3 **RESERVE.**

4 (a) TRICARE RESERVE SELECT.—Section 1076d of  
5 title 10, United States Code, is amended to read as fol-  
6 lows:

7 **“§ 1076d. TRICARE program: TRICARE Reserve Se-**  
8 **lect coverage for members of the Selected**  
9 **Reserve**

10 “(a) MEMBERS OF SELECTED RESERVE.—(1) A  
11 member of the Selected Reserve of the Ready Reserve of  
12 a reserve component of the armed forces is eligible for  
13 health benefits under TRICARE Reserve Select as pro-  
14 vided in this section.

15 “(2) Eligibility for TRICARE Reserve Select cov-  
16 erage of a member under this section shall terminate upon  
17 the termination of the member’s service in the Selected  
18 Reserve.

1       “(b) TRICARE RESERVE SELECT FAMILY COV-  
2 ERAGE.—While a member of a reserve component is cov-  
3 ered by TRICARE Reserve Select under subsection (a),  
4 the members of the immediate family of such member are  
5 eligible for TRICARE Reserve Select coverage as depend-  
6 ents of the member. If a member of a reserve component  
7 dies while in a period of coverage under this section, the  
8 eligibility of the members of the immediate family of such  
9 member for TRICARE Reserve Select coverage shall con-  
10 tinue for six months beyond the date of death of the mem-  
11 ber.

12       “(c) NO PREMIUMS FOR INDIVIDUAL COVERAGE.—  
13 A member of a reserve component covered by TRICARE  
14 Reserve Select individual coverage shall pay no premium  
15 for such coverage.

16       “(d) PREMIUMS FOR FAMILY COVERAGE.—(1) A  
17 member of a reserve component covered by TRICARE Re-  
18 serve Select under this section shall pay a premium for  
19 any member of the immediate family of such member cov-  
20 ered under TRICARE Reserve Select family coverage.  
21 Such premium shall apply instead of any enrollment fees  
22 required under section 1075 of this title.

23       “(2) The Secretary of Defense shall prescribe for the  
24 purposes of this section one premium for TRICARE Re-  
25 serve Select family coverage of immediate family members

1 of members of the reserve components, that shall apply  
2 uniformly to all such immediate family members.

3 “(3)(A) The monthly amount of the premium in ef-  
4 fect for a month for TRICARE Reserve Select family cov-  
5 erage under this section shall be the amount equal to 28  
6 percent of the total monthly amount determined on an ap-  
7 propriate actuarial basis as being reasonable for that cov-  
8 erage.

9 “(B) The appropriate actuarial basis for purposes of  
10 subparagraph (A) shall be determined, for each calendar  
11 year after calendar year 2009, by utilizing the actual cost  
12 of providing benefits under this section to members’ de-  
13 pendants during the calendar years preceding such cal-  
14 endar year.

15 “(4) The premiums for TRICARE Reserve Select  
16 family coverage payable by a member of a reserve compo-  
17 nent under this subsection may be deducted and withheld  
18 from basic pay payable to the member under section 204  
19 of title 37 or from compensation payable to the member  
20 under section 206 of such title. The Secretary shall pre-  
21 scribe the requirements and procedures applicable to the  
22 payment of premiums.

23 “(5) Amounts collected as premiums under this sub-  
24 section shall be credited to the appropriation available for  
25 the Defense Health Program Account under section 1100

1 of this title, shall be merged with sums in such Account  
2 that are available for the fiscal year in which collected,  
3 and shall be available under subsection (b) of such section  
4 for such fiscal year.

5 “(e) COST-SHARING AMOUNTS.—

6 “(1) NETWORK INDIVIDUAL COVERAGE.—Ex-  
7 cept as provided in paragraph (2), a beneficiary cov-  
8 ered by TRICARE Reserve Select individual cov-  
9 erage shall pay no charge for any health care service  
10 to which the beneficiary is entitled pursuant to such  
11 coverage.

12 “(2) OUT-OF-NETWORK INDIVIDUAL COV-  
13 ERAGE.—With respect to out-of-network health care  
14 services, a beneficiary covered by TRICARE Reserve  
15 Select individual coverage shall be subject to the  
16 same out-of-network cost-sharing requirements as  
17 those to which beneficiaries described in section  
18 1075(e)(1) of this title in the active-duty family  
19 member category are subject to for the cor-  
20 responding year.

21 “(3) FAMILY COVERAGE.—A beneficiary cov-  
22 ered by TRICARE Reserve Select family coverage  
23 shall be subject to the same cost-sharing require-  
24 ments as those to which beneficiaries described in  
25 section 1075(e)(1) of this title in the active-duty

1 family member category are subject to for the cor-  
2 responding year.

3 “(f) REGULATIONS.—The Secretary of Defense, in  
4 consultation with the other administering Secretaries,  
5 shall prescribe regulations for the administration of this  
6 section.

7 “(g) DEFINITIONS.—In this section:

8 “(1) The terms ‘active-duty family member cat-  
9 egory’, ‘network’, and ‘out-of-network’ have the  
10 meanings given such terms in section 1075(h) of  
11 this title.

12 “(2) The term ‘immediate family’, with respect  
13 to a member of a reserve component, means all of  
14 the dependents of the member described in subpara-  
15 graphs (A), (D), and (I) of section 1072(2) of this  
16 title.

17 “(3) The term ‘TRICARE Reserve Select’  
18 means—

19 “(A) medical care at facilities of the uni-  
20 formed services to which a dependent described  
21 in section 1076(a)(2) of this title is entitled;  
22 and

23 “(B) health benefits under the TRICARE  
24 Select self-managed, preferred provider network  
25 option under section 1075 of this title made

1 available to beneficiaries by reason of this sec-  
2 tion and subject to the cost-sharing require-  
3 ments set forth in paragraph (e) of this section.

4 “(4) The term ‘TRICARE Reserve Select fam-  
5 ily coverage’ means the coverage under TRICARE  
6 Reserve Select of any members of the immediate  
7 family of a member of the reserve component, as de-  
8 scribed in subsection (b).

9 “(5) The term ‘TRICARE Reserve Select indi-  
10 vidual coverage’ means the coverage under  
11 TRICARE Reserve Select of a member of the re-  
12 serve component, as described in subsection (a).”.

13 (b) TRICARE DENTAL FOR SELECTED RESERVE.—  
14 Section 1076a of title 10, United States Code, is amend-  
15 ed—

16 (1) in subsection (a)—

17 (A) in paragraph (1)—

18 (i) in the header, by striking “selected  
19 reserve and”; and

20 (ii) by striking the second sentence;

21 and

22 (B) by adding at the end the following new  
23 paragraph:

1           “(5) PLAN FOR SELECTED RESERVE.—A dental  
2           benefits plan for members of the Selected Reserve of  
3           the Ready Reserve.”;

4           (2) in subsection (d)—

5                 (A) by redesignating paragraph (3) as  
6                 paragraph (4); and

7                 (B) by inserting after paragraph (2) the  
8                 following new paragraph:

9           “(3) NO PREMIUM PLANS.—(A) The dental in-  
10           surance plan established under subsection (a)(5) is  
11           a no premium plan.

12                 “(B) Members enrolled in a no premium plan  
13                 may not be charged a premium for benefits provided  
14                 under the plan.”;

15           (3) in subsection (e)(2)(A), by striking “a mem-  
16           ber of the Selected Reserve of the Ready Reserve  
17           or”;

18           (4) by redesignating subsections (f) through (k)  
19           as subsections (g) through (l), respectively;

20           (5) by inserting after subsection (e) the fol-  
21           lowing new subsection (f):

22           “(f) COPAYMENTS UNDER NO PREMIUM PLANS.—A  
23           member who receives dental care under a no premium plan  
24           referred to in subsection (d)(3) shall pay no charge for  
25           any care described in subsection (c).”; and

1           (6) in subsection (i), as redesignated by para-  
2           graph (4), by striking “subsection (k)(2)” and in-  
3           serting “subsection (l)(2)”.

4           (c) IMPROVEMENTS TO COVERAGE FOR CERTAIN RE-  
5           TIREES.—

6           (1) ADJUSTMENT OF ELIGIBILITY.—Section  
7           1074(b)(2) of title 10, United States Code, is  
8           amended to read as follows:

9           “(2) Paragraph (1) does not apply to a member or  
10          former member entitled to retired pay for non-regular  
11          service under chapter 1223 of this title who is under 60  
12          years of age unless such member or former member is in  
13          receipt of such pay (or would be in receipt of such pay  
14          but for section 5304 or 5305 of title 38).”.

15          (2) TRICARE RETIRED RESERVE.—Section  
16          1076e(a)(1) of title 10, United States Code, is  
17          amended by striking “but is not age 60” and insert-  
18          ing “but is not age 60 and is not in receipt of such  
19          retired pay (or would be in receipt of such pay but  
20          for section 5304 or 5305 of title 38)”.

21          (d) CONFORMING AMENDMENTS TO TRICARE SE-  
22          LECT.—Section 1075 of title 10, United States Code, is  
23          amended—

24                (1) by amending subsection (c)(3) to read as  
25                follows:



1           “(3) With respect to beneficiaries in the reserve  
2           and young adult category—

3                   “(A) for beneficiaries covered by section  
4                   1076e or 1110b of this title, the cost-sharing  
5                   requirements shall be calculated pursuant to  
6                   subsection (d)(1) as if the beneficiary were in  
7                   the active-duty family member category or the  
8                   retired category, as applicable, except that the  
9                   premiums calculated pursuant to section 1076e  
10                  or 1110b of this title shall apply instead of any  
11                  enrollment fee required under this section; and

12                   “(B) for beneficiaries covered by section  
13                   1076d of this title, the cost-sharing require-  
14                   ments shall be calculated pursuant to section  
15                   (e) of such section.”.

16           (e) **APPLICABILITY.**—This section shall apply with re-  
17           spect to the provision of health care under the **TRICARE**  
18           program beginning on the date that is one year after the  
19           date of the enactment of this Act.

