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:

SEC. 7. ELIMINATION OF CERTAIN HEALTH CARE CHARGES FOR MEMBERS OF THE SELECTED RESERVE.

(a) TRICARE Reserve Select.—Section 1076d of title 10, United States Code, is amended to read as follows:

“§ 1076d. TRICARE program: TRICARE Reserve Select coverage for members of the Selected Reserve

“(a) Members of Selected Reserve.—(1) A member of the Selected Reserve of the Ready Reserve of a reserve component of the armed forces is eligible for health benefits under TRICARE Reserve Select as provided in this section.

“(2) Eligibility for TRICARE Reserve Select coverage of a member under this section shall terminate upon the termination of the member’s service in the Selected Reserve.
“(b) TRICARE Reserve Select Family Coverage.—While a member of a reserve component is covered by TRICARE Reserve Select under subsection (a), the members of the immediate family of such member are eligible for TRICARE Reserve Select coverage as dependents of the member. If a member of a reserve component dies while in a period of coverage under this section, the eligibility of the members of the immediate family of such member for TRICARE Reserve Select coverage shall continue for six months beyond the date of death of the member.

“(c) No Premiums for Individual Coverage.—A member of a reserve component covered by TRICARE Reserve Select individual coverage shall pay no premium for such coverage.

“(d) Premiums for Family Coverage.—(1) A member of a reserve component covered by TRICARE Reserve Select under this section shall pay a premium for any member of the immediate family of such member covered under TRICARE Reserve Select family coverage. Such premium shall apply instead of any enrollment fees required under section 1075 of this title.

“(2) The Secretary of Defense shall prescribe for the purposes of this section one premium for TRICARE Reserve Select family coverage of immediate family members
of members of the reserve components, that shall apply uniformly to all such immediate family members.

“(3)(A) The monthly amount of the premium in effect for a month for TRICARE Reserve Select family coverage under this section shall be the amount equal to 28 percent of the total monthly amount determined on an appropriate actuarial basis as being reasonable for that coverage.

“(B) The appropriate actuarial basis for purposes of subparagraph (A) shall be determined, for each calendar year after calendar year 2009, by utilizing the actual cost of providing benefits under this section to members’ dependents during the calendar years preceding such calendar year.

“(4) The premiums for TRICARE Reserve Select family coverage payable by a member of a reserve component under this subsection may be deducted and withheld from basic pay payable to the member under section 204 of title 37 or from compensation payable to the member under section 206 of such title. The Secretary shall prescribe the requirements and procedures applicable to the payment of premiums.

“(5) Amounts collected as premiums under this subsection shall be credited to the appropriation available for the Defense Health Program Account under section 1100...
of this title, shall be merged with sums in such Account
that are available for the fiscal year in which collected,
and shall be available under subsection (b) of such section
for such fiscal year.

“(e) COST-SHARING AMOUNTS.—

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

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

“(3) FAMILY COVERAGE.—A beneficiary cov-
ered by TRICARE Reserve Select family coverage
shall be subject to the same cost-sharing require-
ments as those to which beneficiaries described in
section 1075(c)(1) of this title in the active-duty
family member category are subject to for the cor-
responding year.

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

“(g) DEFINITIONS.—In this section:

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

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

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

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

“(B) health benefits under the TRICARE
Select self-managed, preferred provider network
option under section 1075 of this title made
available to beneficiaries by reason of this section and subject to the cost-sharing requirements set forth in paragraph (e) of this section.

“(4) The term ‘TRICARE Reserve Select family coverage’ means the coverage under TRICARE Reserve Select of any members of the immediate family of a member of the reserve component, as described in subsection (b).

“(5) The term ‘TRICARE Reserve Select individual coverage’ means the coverage under TRICARE Reserve Select of a member of the reserve component, as described in subsection (a).”.

(b) TRICARE DENTAL FOR SELECTED RESERVE.—
Section 1076a of title 10, United States Code, is amended—

(1) in subsection (a)—

(A) in paragraph (1)—

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

(ii) by striking the second sentence; and

(B) by adding at the end the following new paragraph:
“(5) PLAN FOR SELECTED RESERVE.—A dental benefits plan for members of the Selected Reserve of the Ready Reserve.”;

(2) in subsection (d)—

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

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

“(3) NO PREMIUM PLANS.—(A) The dental insurance plan established under subsection (a)(5) is a no premium plan.

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

(3) in subsection (e)(2)(A), by striking “a member of the Selected Reserve of the Ready Reserve or”;

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

(5) by inserting after subsection (e) the following new subsection (f):

“(f) COPAYMENTS UNDER NO PREMIUM PLANS.—A member who receives dental care under a no premium plan referred to in subsection (d)(3) shall pay no charge for any care described in subsection (e).”; and
(6) in subsection (i), as redesignated by para-
graph (4), by striking “subsection (k)(2)” and in-
serting “subsection (l)(2)”.

(c) IMPROVEMENTS TO COVERAGE FOR CERTAIN RE-

TIREES.—

(1) ADJUSTMENT OF ELIGIBILITY.—Section
1074(b)(2) of title 10, United States Code, is
amended to read as follows:
“(2) Paragraph (1) does not apply to a member or
former member entitled to retired pay for non-regular
service under chapter 1223 of this title who is under 60
years of age unless such member or former member is in
receipt of such pay (or would be in receipt of such pay
but for section 5304 or 5305 of title 38).”.

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

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

(1) by amending subsection (c)(3) to read as
follows:
“(3) With respect to beneficiaries in the reserve and young adult category—

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

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

(e) APPLICABILITY.—This section shall apply with respect to the provision of health care under the TRICARE program beginning on the date that is one year after the date of the enactment of this Act.