

Secretary concerned to serve continuously in the Selected Reserve for a period of one or more whole years following such date.”

Subsec. (a)(2). Pub. L. 109-163, § 701(d), substituted “not later than 90 days after release” for “on or before the date of the release”.

Subsec. (b). Pub. L. 109-364, § 706(b), substituted “Termination of Eligibility Upon Termination of Service” for “Period of Coverage” in heading, struck out “(4)” before “Eligibility”, and struck out pars. (1) to (3) and (5), which related to beginning of period of coverage, length of coverage period, period of coverage in the case of a member recalled to active duty, and coverage for a member of the Individual Ready Reserve.

Subsec. (b)(2). Pub. L. 109-163, § 701(a)(2), substituted “Subject to paragraph (3) and unless earlier terminated under paragraph (4)” for “Unless earlier terminated under paragraph (3)”.

Subsec. (b)(3), (4). Pub. L. 109-163, § 701(a)(1), added par. (3) and redesignated former par. (3) as (4).

Subsec. (b)(5). Pub. L. 109-163, § 701(b), added par. (5).

Subsec. (c). Pub. L. 109-163, § 701(c), inserted at end “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 Standard coverage shall continue for six months beyond the date of death of the member.”

Subsec. (d)(3). Pub. L. 109-364, § 704(c), inserted at end “During the period beginning on April 1, 2006, and ending on September 30, 2007, the monthly amount of the premium may not be increased above the amount in effect for the month of March 2006.”

Subsec. (e). Pub. L. 109-364, § 706(c)(1)(A), (B), redesignated subsec. (g) as (e) and struck out heading and text of former subsec. (e). Text read as follows: “The service agreement required of a member of a reserve component under subsection (a)(2) is separate from any other form of commitment of the member to a period of obligated service in that reserve component and may cover any part or all of the same period that is covered by another commitment of the member to a period of obligated service in that reserve component.”

Subsec. (f)(2). Pub. L. 109-163, § 701(e), amended par. (2) generally. Prior to amendment, par. (2) read as follows: “The term ‘TRICARE Standard’ means the Civilian Health and Medical Program of the Uniformed Services option under the TRICARE program.”

Subsec. (f)(3). Pub. L. 109-364, § 706(c)(1)(C), struck out par. (3) which read as follows: “The term ‘member recalled to active duty’ means, with respect to a member who is eligible for coverage under this section based on a period of active duty service, a member who is called or ordered to active duty for an additional period of active duty subsequent to the period of active duty on which that eligibility is based.”

Pub. L. 109-163, § 701(a)(3), added par. (3).

Subsec. (g). Pub. L. 109-364, § 706(c)(1)(B), redesignated subsec. (g) as (e).

EFFECTIVE DATE OF 2008 AMENDMENT

Pub. L. 110-417, [div. A], title VII, § 704(c), Oct. 14, 2008, 122 Stat. 4499, provided that: “The amendments made by this section [amending this section] shall take effect as of October 1, 2008.”

EFFECTIVE DATE OF 2006 AMENDMENT

Pub. L. 109-364, div. A, title VII, § 706(g), Oct. 17, 2006, 120 Stat. 2282, provided that: “The Secretary of Defense shall ensure that health care under TRICARE Standard is provided under section 1076d of title 10, United States Code, as amended by this section, beginning not later than October 1, 2007.”

SAVINGS PROVISION

Pub. L. 109-364, div. A, title VII, § 706(f), Oct. 17, 2006, 120 Stat. 2282, as amended by Pub. L. 110-181, div. A, title VII, § 706(a), Jan. 28, 2008, 122 Stat. 189, provided that:

“(1) Except as provided in paragraph (2), enrollments in TRICARE Standard that are in effect on the day be-

fore the date of the enactment of this Act [Oct. 17, 2006] under section 1076d of title 10, United States Code, as in effect on such day, shall be continued until terminated after such day under such section 1076d as amended by this section.

“(2) The enrollment of a member in TRICARE Standard that is in effect on the day before health care under TRICARE Standard is provided pursuant to the effective date in subsection (g) [set out as an Effective Date of 2006 Amendment note above] shall not be terminated by operation of the exclusion of eligibility under subsection (a)(2) of such section 1076d, as so amended, for the duration of the eligibility of the member under TRICARE Standard as in effect on October 16, 2006.”

[Pub. L. 110-181, div. A, title VII, § 706(b), Jan. 28, 2008, 122 Stat. 189, provided that: “The amendments made by subsection (a) [amending section 706(f) of Pub. L. 109-364, set out above] shall take effect on October 1, 2007.”]

CALCULATION OF MONTHLY PREMIUMS FOR 2009

Pub. L. 110-417, [div. A], title VII, § 704(b), Oct. 14, 2008, 122 Stat. 4499, provided that: “For purposes of section 1076d(d)(3) of title 10, United States Code, the appropriate actuarial basis for purposes of subparagraph (A) of that section shall be determined for calendar year 2009 by utilizing the reported cost of providing benefits under that section to members and their dependents during calendar years 2006 and 2007, except that the monthly amount of the premium determined pursuant to this subsection may not exceed the amount in effect for the month of March 2007.”

IMPLEMENTATION

Pub. L. 108-375, div. A, title VII, § 701(b), Oct. 28, 2004, 118 Stat. 1981, provided that:

“(1) The Secretary of Defense shall implement section 1076d of title 10, United States Code, not later than 180 days after the date of the enactment of this Act [Oct. 28, 2004].

“(2)(A) A member of a reserve component of the Armed Forces who performed active-duty service described in subsection (a) of section 1076d of title 10, United States Code, for a period beginning on or after September 11, 2001, and was released from that active-duty service before the date of the enactment of this Act, or is released from that active-duty service on or within 180 days after the date of the enactment of this Act, may, for the purpose of paragraph (2) of such subsection, enter into an agreement described in such paragraph not later than one year after the date of the enactment of this Act. TRICARE Standard coverage (under such section 1076d) of a member who enters into such an agreement under this paragraph shall begin on the later of—

“(i) the date applicable to the member under subsection (b) of such section; or

“(ii) the date of the agreement.

“(B) The Secretary of Defense shall take such action as is necessary to ensure, to the maximum extent practicable, that members of the reserve components eligible to enter into an agreement as provided in subparagraph (A) actually receive information on the opportunity and procedures for entering into such an agreement together with a clear explanation of the benefits that the members are eligible to receive as a result of entering into such an agreement under section 1076d of title 10, United States Code.”

§ 1076e. TRICARE program: TRICARE Standard coverage for certain members of the Retired Reserve who are qualified for a non-regular retirement but are not yet age 60

(a) ELIGIBILITY.—(1) Except as provided in paragraph (2), a member of the Retired Reserve of a reserve component of the armed forces who is qualified for a non-regular retirement at age 60 under chapter 1223 of this title, but is not age

60, is eligible for health benefits under TRICARE Standard as provided in this section.

(2) Paragraph (1) does not apply to a member who is enrolled, or is eligible to enroll, in a health benefits plan under chapter 89 of title 5.

(b) **TERMINATION OF ELIGIBILITY UPON OBTAINING OTHER TRICARE STANDARD COVERAGE.**—Eligibility for TRICARE Standard coverage of a member under this section shall terminate upon the member becoming eligible for TRICARE Standard coverage at age 60 under section 1086 of this title.

(c) **FAMILY MEMBERS.**—While a member of a reserve component is covered by TRICARE Standard under this section, the members of the immediate family of such member are eligible for TRICARE Standard 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 Standard coverage under this section shall continue for the same period of time that would be provided under section 1086 of this title if the member had been eligible at the time of death for TRICARE Standard coverage under such section (instead of under this section).

(d) **PREMIUMS.**—(1) A member of a reserve component covered by TRICARE Standard under this section shall pay a premium for that coverage.

(2) The Secretary of Defense shall prescribe for the purposes of this section one premium for TRICARE Standard coverage of members without dependents and one premium for TRICARE Standard coverage of members with dependents referred to in subsection (f)(1). The premium prescribed for a coverage shall apply uniformly to all members of the reserve components covered under this section.

(3) The monthly amount of the premium in effect for a month for TRICARE Standard coverage under this section shall be the amount equal to the cost of coverage that the Secretary determines on an appropriate actuarial basis.

(4) The Secretary shall prescribe the requirements and procedures applicable to the payment of premiums under this subsection.

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

(f) **DEFINITIONS.**—In this section:

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

(2) The term “TRICARE Standard” means—

(A) medical care to which a dependent described in section 1076(b)(1) of this title is entitled; and

(B) health benefits contracted for under the authority of section 1086(a) of this title

and subject to the same rates and conditions as apply to persons covered under that section.

(Added Pub. L. 111–84, div. A, title VII, §705(a), Oct. 28, 2009, 123 Stat. 2374.)

EFFECTIVE DATE

Pub. L. 111–84, div. A, title VII, §705(c), Oct. 28, 2009, 123 Stat. 2375, provided that: “Section 1076e of title 10, United States Code, as inserted by subsection (a), shall apply to coverage for months beginning on or after October 1, 2009, or such earlier date as the Secretary of Defense may specify.”

§ 1077. Medical care for dependents: authorized care in facilities of uniformed services

(a) Only the following types of health care may be provided under section 1076 of this title:

(1) Hospitalization.

(2) Outpatient care.

(3) Drugs.

(4) Treatment of medical and surgical conditions.

(5) Treatment of nervous, mental, and chronic conditions.

(6) Treatment of contagious diseases.

(7) Physical examinations, including eye examinations, and immunizations.

(8) Maternity and infant care, including well-baby care that includes one screening of an infant for the level of lead in the blood of the infant.

(9) Diagnostic tests and services, including laboratory and X-ray examinations.

(10) Dental care.

(11) Ambulance service and home calls when medically necessary.

(12) Durable equipment, which may be provided on a loan basis.

(13) Primary and preventive health care services for women (as defined in section 1074d(b) of this title).

(14) Preventive health care screening for colon or prostate cancer, at the intervals and using the screening methods prescribed under section 1074d(a)(2) of this title.

(15) Prosthetic devices, as determined by the Secretary of Defense to be necessary because of significant conditions resulting from trauma, congenital anomalies, or disease.

(16) A hearing aid, but only for a dependent of a member of the uniformed services on active duty and only if the dependent has a profound hearing loss, as determined under standards prescribed in regulations by the Secretary of Defense in consultation with the administering Secretaries.

(17) Any rehabilitative therapy to improve, restore, or maintain function, or to minimize or prevent deterioration of function, of a patient when prescribed by a physician.

(b) The following types of health care may not be provided under section 1076 of this title:

(1) Domiciliary or custodial care.

(2) Orthopedic footwear and spectacles, except that, outside of the United States and at stations inside the United States where adequate civilian facilities are unavailable, such items may be sold to dependents at cost to the United States.