

“(1) on active duty for a period of more than 30 days (as defined in section 101(d)(2) of title 10, United States Code); and

“(2) reassigned from a permanent duty station where a dental benefits plan under the dependents’ dental program is not available to a permanent duty station where such a plan is available.

“(c) REPORT ON ADVISABILITY OF EXPANSION.—Not later than February 28, 1994, the Secretary shall submit to Congress a report evaluating the advisability of expanding the enrollment eligibility of members of the uniformed services in the dependents’ dental program in the manner authorized in subsection (a). The report shall include an analysis of the cost implications for such an expansion to the Federal Government, beneficiaries under the dependents’ dental program, and contractors under the program.

“(d) NOTIFICATION OF EXERCISE OF AUTHORITY.—The Secretary shall notify Congress of any decision to expand the enrollment eligibility of dependents in the dependents’ dental program as provided in subsection (a) not later than 30 days before such expansion takes effect.”

**[§ 1076b. Repealed. Pub. L. 109-364, div. A, title VII, § 706(d), Oct. 17, 2006, 120 Stat. 2282]**

Section, added Pub. L. 108-106, title I, § 1115(a), Nov. 6, 2003, 117 Stat. 1216; amended Pub. L. 108-136, div. A, title VII, § 702, Nov. 24, 2003, 117 Stat. 1525; Pub. L. 109-163, div. A, title VII, § 702(a)(1), Jan. 6, 2006, 119 Stat. 3340; Pub. L. 109-364, div. A, title VII, § 704(d), Oct. 17, 2006, 120 Stat. 2280, related to TRICARE Standard coverage for members of the Selected Reserve.

A prior section 1076b, added Pub. L. 104-106, div. A, title VII, § 705(a)(1), Feb. 10, 1996, 110 Stat. 372; amended Pub. L. 104-201, div. A, title VII, § 702(a), (b), Sept. 23, 1996, 110 Stat. 2588; Pub. L. 105-85, div. A, title VII, § 733(a), Nov. 18, 1997, 111 Stat. 1812, related to Selected Reserve dental insurance, prior to repeal by Pub. L. 106-65, div. A, title VII, § 711(a), Oct. 5, 1999, 113 Stat. 685.

EFFECTIVE DATE OF REPEAL

Pub. L. 109-364, div. A, title VII, § 706(d), Oct. 17, 2006, 120 Stat. 2282, provided that the repeal made by section 706(d) is effective Oct. 1, 2007.

**§ 1076c. Dental insurance plan: certain retirees and their surviving spouses and other dependents**

(a) REQUIREMENT FOR PLAN.—The Secretary of Defense, in consultation with the other administering Secretaries, shall establish a dental insurance plan for retirees of the uniformed services, certain unremarried surviving spouses, and dependents in accordance with this section.

(b) PERSONS ELIGIBLE FOR PLAN.—The following persons are eligible to enroll in the dental insurance plan established under subsection (a):

(1) Members of the uniformed services who are entitled to retired pay.

(2) Members of the Retired Reserve who would be entitled to retired pay under chapter 1223 of this title but for being under 60 years of age.

(3) Eligible dependents of a member described in paragraph (1) or (2) who are covered by the enrollment of the member in the plan.

(4) Eligible dependents of a member described in paragraph (1) or (2) who is not enrolled in the plan and who—

(A) is enrolled under section 1705 of title 38 to receive dental care from the Secretary of Veterans Affairs;

(B) is enrolled in a dental plan that—

(i) is available to the member as a result of employment by the member that is separate from the military service of the member; and

(ii) is not available to dependents of the member as a result of such separate employment by the member; or

(C) is prevented by a medical or dental condition from being able to obtain benefits under the plan.

(5) The unremarried surviving spouse and eligible child dependents of a deceased member—

(A) who died while in a status described in paragraph (1) or (2);

(B) who is described in section 1448(d)(1) of this title; or

(C) who died while on active duty for a period of more than 30 days and whose eligible dependents are not eligible, or no longer eligible, for dental benefits under section 1076a of this title.

(c) PREMIUMS.—(1) A member enrolled in the dental insurance plan established under subsection (a) shall pay the premiums charged for the insurance coverage.

(2) The Secretary of Defense shall establish procedures for the collection of the premiums charged for coverage by the dental insurance plan. To the maximum extent practicable, the premiums payable by a member entitled to retired pay shall be deducted and withheld from the retired pay of the member (if pay is available to the member).

(d) BENEFITS AVAILABLE UNDER THE PLAN.—The dental insurance plan established under subsection (a) shall provide benefits for dental care and treatment which may be comparable to the benefits authorized under section 1076a of this title for plans established under that section and shall include diagnostic services, preventative services, endodontics and other basic restorative services, surgical services, and emergency services.

(e) COVERAGE.—(1) The Secretary shall prescribe a minimum required period for enrollment by a member or surviving spouse in the dental insurance plan established under subsection (a).

(2) The dental insurance plan shall provide for voluntary enrollment of participants and shall authorize a member or eligible unremarried surviving spouse to enroll for self only or for self and eligible dependents.

(f) REQUIRED TERMINATIONS OF ENROLLMENT.—The Secretary shall terminate the enrollment of any enrollee, and any eligible dependents of the enrollee covered by the enrollment, in the dental insurance plan established under subsection (a) upon the occurrence of the following:

(1) In the case of an enrollment under subsection (b)(1), termination of the member’s entitlement to retired pay.

(2) In the case of an enrollment under subsection (b)(2), termination of the member’s status as a member of the Retired Reserve.

(3) In the case of an enrollment under subsection (b)(5), remarriage of the surviving spouse.

(g) CONTINUATION OF DEPENDENTS’ ENROLLMENT UPON DEATH OF ENROLLEE.—Coverage of a de-

pendent in the dental insurance plan established under subsection (a) under an enrollment of a member or a surviving spouse who dies during the period of enrollment shall continue until the end of that period and may be renewed by (or for) the dependent, so long as the premium paid is sufficient to cover continuation of the dependent's enrollment. The Secretary may terminate coverage of the dependent when the premiums paid are no longer sufficient to cover continuation of the enrollment. The Secretary shall prescribe in regulations under subsection (h) the parties responsible for paying the remaining premiums due on the enrollment and the manner for collection of the premiums.

(h) REGULATIONS.—The dental insurance plan established under subsection (a) shall be administered under regulations prescribed by the Secretary of Defense, in consultation with the other administering Secretaries.

(i) VOLUNTARY DISENROLLMENT.—(1) With respect to enrollment in the dental insurance plan established under subsection (a), the Secretary of Defense—

(A) shall allow for a period of up to 30 days at the beginning of the prescribed minimum enrollment period during which an enrollee may disenroll; and

(B) shall provide for limited circumstances under which disenrollment shall be permitted during the prescribed enrollment period, without jeopardizing the fiscal integrity of the dental program.

(2) The circumstances described in paragraph (1)(B) shall include—

(A) a case in which a retired member, surviving spouse, or dependent of a retired member who is also a Federal employee is assigned to a location outside the jurisdiction of the dental insurance plan established under subsection (a) that prevents utilization of dental benefits under the plan;

(B) a case in which a retired member, surviving spouse, or dependent of a retired member is prevented by a serious medical condition from being able to obtain benefits under the plan;

(C) a case in which severe financial hardship would result; and

(D) any other circumstances which the Secretary considers appropriate.

(3) The Secretary shall establish procedures for timely decisions on requests for disenrollment under this section and for appeal to the TRICARE Management Activity of adverse decisions.

(j) DEFINITIONS.—In this section:

(1) The term “eligible dependent” means a dependent described in subparagraph (A), (D), or (I) of section 1072(2) of this title.

(2) The term “eligible child dependent” means a dependent described in subparagraph (D) or (I) of section 1072(2) of this title.

(3) The term “retired pay” includes retainer pay.

(Added Pub. L. 104-201, div. A, title VII, § 703(a)(1), Sept. 23, 1996, 110 Stat. 2588; amended Pub. L. 105-85, div. A, title VII, §§ 701, 733(b), 734, Nov. 18, 1997, 111 Stat. 1807, 1812, 1813; Pub. L. 105-261, div. A, title VII, § 702, Oct. 17, 1998, 112

Stat. 2056; Pub. L. 106-65, div. A, title VII, § 704, Oct. 5, 1999, 113 Stat. 683; Pub. L. 106-398, § 1 [[div. A], title VII, § 726, title X, § 1087(a)(6)], Oct. 30, 2000, 114 Stat. 1654, 1654A-187, 1654A-290.)

#### AMENDMENTS

2000—Subsec. (b)(5)(C). Pub. L. 106-398, § 1 [[div. A], title X, § 1087(a)(6)], struck out “pursuant to subsection (i)(2) of such section” after “section 1076a of this title”.

Subsec. (f). Pub. L. 106-398, § 1 [[div. A], title VII, § 726(b)], substituted “Required Terminations” for “Termination” in heading.

Subsecs. (i), (j). Pub. L. 106-398, § 1 [[div. A], title VII, § 726(a)], added subsec. (i) and redesignated former subsec. (i) as (j).

1999—Subsec. (d). Pub. L. 106-65 amended heading and text of subsec. (d) generally. Text read as follows: “The dental insurance plan established under subsection (a) shall provide benefits for basic dental care and treatment, including diagnostic services, preventative services, basic restorative services (including endodontics), surgical services, and emergency services.”

1998—Subsec. (b)(4), (5). Pub. L. 105-261, § 702(a), added par. (4) and redesignated former par. (4) as (5).

Subsec. (f)(3). Pub. L. 105-261, § 702(b), substituted “(b)(5)” for “(b)(4)”.

1997—Subsec. (a). Pub. L. 105-85, § 734(a)(1), (b)(1), substituted “The Secretary of Defense, in consultation with the other administering Secretaries, shall establish a dental insurance plan for retirees of the uniformed services” for “The Secretary of Defense shall establish a dental insurance plan for military retirees”.

Subsec. (b)(1). Pub. L. 105-85, § 734(a)(2), substituted “uniformed services” for “Armed Forces”.

Subsec. (b)(4)(A). Pub. L. 105-85, § 701(1)(A), substituted “died” for “dies”.

Subsec. (b)(4)(C). Pub. L. 105-85, § 701(1)(B), (2), (3), added subpar. (C).

Subsec. (c)(2). Pub. L. 105-85, § 733(b), amended par. (2) generally. Prior to amendment, par. (2) read as follows: “The amount of the premiums payable by a member entitled to retired pay shall be deducted and withheld from the retired pay and shall be disbursed to pay the premiums. The regulations prescribed under subsection (h) shall specify the procedures for payment of the premiums by other enrolled members and by enrolled surviving spouses.”

Subsec. (h). Pub. L. 105-85, § 734(b)(2), substituted “other administering Secretaries” for “Secretary of Transportation”.

#### LIMITATION ON IMPLEMENTATION OF ALTERNATIVE COLLECTION PROCEDURES

Pub. L. 105-85, div. A, title VII, § 733(d), Nov. 18, 1997, 111 Stat. 1813, provided that: “The Secretary of Defense may not implement procedures for collecting premiums under [former] section 1076b(b)(3) of title 10, United States Code, or section 1076c(c)(2) of such title other than by deductions and withholding from pay until 120 days after the date that the Secretary submits a report to Congress describing the justifications for implementing such alternative procedures.”

#### IMPLEMENTATION OF DENTAL PLAN

Pub. L. 104-201, div. A, title VII, § 703(b), Sept. 23, 1996, 110 Stat. 2590, as amended by Pub. L. 105-85, div. A, title VII, § 733(e), Nov. 18, 1997, 111 Stat. 1813, provided that: “Beginning not later than April 1, 1998, the Secretary of Defense shall—

“(1) offer members of the Armed Forces and other persons described in subsection (b) of section 1076c of title 10, United States Code (as added by subsection (a)(1) of this section), the opportunity to enroll in the dental insurance plan required under that section; and

“(2) begin to provide benefits under the plan.”

**§ 1076d. TRICARE program: TRICARE Standard coverage for members of the Selected Reserve**

(a) ELIGIBILITY.—(1) Except as provided in paragraph (2), 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 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 TERMINATION OF SERVICE.—(1) Except as provided in paragraph (2), eligibility for TRICARE Standard coverage of a member under this section shall terminate upon the termination of the member's service in the Selected Reserve.

(2) During the period beginning on the date of the enactment of this paragraph and ending December 31, 2018, eligibility for a member under this section who is involuntarily separated from the Selected Reserve under other than adverse conditions, as characterized by the Secretary concerned, shall terminate 180 days after the date on which the member is separated.

(c) FAMILY MEMBERS.—While a member of a reserve component is covered by TRICARE Standard under the 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 shall continue for six months beyond the date of death of the member.

(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 covered members of the reserve components.

(3)(A) The monthly amount of the premium in effect for a month for TRICARE Standard 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 and their dependents during the calendar years preceding such calendar year.

(4) The premiums 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 pre-

scribe 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) 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(a)(2) of this title is entitled; and

(B) health benefits contracted for under the authority of section 1079(a) of this title and subject to the same rates and conditions as apply to persons covered under that section.

(Added Pub. L. 108-375, div. A, title VII, §701(a)(1), Oct. 28, 2004, 118 Stat. 1980; amended Pub. L. 109-163, div. A, title VII, §701(a)-(f)(1), Jan. 6, 2006, 119 Stat. 3339, 3340; Pub. L. 109-364, div. A, title VII, §§704(c), 706(a)-(c), Oct. 17, 2006, 120 Stat. 2280, 2282; Pub. L. 110-181, div. A, title VII, §701(c), Jan. 28, 2008, 122 Stat. 188; Pub. L. 110-417, [div. A], title VII, §704(a), Oct. 14, 2008, 122 Stat. 4498; Pub. L. 111-84, div. A, title X, §1073(a)(11), Oct. 28, 2009, 123 Stat. 2473; Pub. L. 112-239, div. A, title VII, §701(a), Jan. 2, 2013, 126 Stat. 1798.)

REFERENCES IN TEXT

The date of the enactment of this paragraph, referred to in subsec. (b)(2), probably means the date of enactment of Pub. L. 112-239, which was approved Jan. 2, 2013.

AMENDMENTS

2013—Subsec. (b). Pub. L. 112-239 designated existing provisions as par. (1), substituted “Except as provided in paragraph (2), eligibility” for “Eligibility”, and added par. (2).

2009—Pub. L. 111-84 substituted “Standard” for “standard” in section catchline.

2008—Subsec. (d)(3). Pub. L. 110-417 designated existing provisions as subpar. (A), substituted “determined” for “that the Secretary determines”, struck out at end “During the period beginning on April 1, 2006, and ending on September 30, 2008, the monthly amount of the premium may not be increased above the amount in effect for the month of March 2006.”, and added subpar. (B).

Pub. L. 110-181 substituted “September 30, 2008” for “September 30, 2007”.

2006—Pub. L. 109-364, §706(c)(2), substituted “TRICARE standard coverage for members of the Selected Reserve” for “coverage for members of reserve components who commit to continued service in the Selected Reserve after release from active duty in support of a contingency operation” in section catchline.

Pub. L. 109-163, §701(f)(1), substituted “active duty in support of a contingency operation” for “active duty” in section catchline.