

“(1) 30 days after the date of the release of the member from active duty; or

“(2) the date on which the member and the dependents of the member are covered by a health plan sponsored by an employer.

“(b) ELIGIBLE MEMBER DESCRIBED.—A member of the Armed Forces referred to in subsection (a) is a member who—

“(1) is a member of a reserve component of the Armed Forces and is called or ordered to active duty under chapter 39 of title 10, United States Code, in connection with Operation Desert Storm;

“(2) is involuntarily retained on active duty under section 673c [now 12305] of title 10, United States Code, in connection with Operation Desert Storm; or

“(3) voluntarily agrees to remain on active duty for a period of less than one year in connection with Operation Desert Storm.

“(c) HEALTH CARE DESCRIBED.—The health care referred to in subsection (a) is—

“(1) medical and dental care under section 1076 of title 10, United States Code, in the same manner as a dependent described in subsection (a)(2) of that section; and

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

“(d) DEPENDENT DEFINED.—For purposes of this section, the term ‘dependent’ has the meaning given that term in section 1072(2) of title 10, United States Code.”

DEPENDENT; QUALIFICATION AS; TRANSITION

Pub. L. 100-456, div. A, title VI, § 651(c), Sept. 29, 1988, 102 Stat. 1990, provided that: “Any person who qualified as a dependent under section 645(c) of the Department of Defense Authorization Act, 1985 [Pub. L. 98-525, formerly set out as a note under section 1072 of this title], as in effect before its repeal by subsection (b), shall remain qualified as a dependent as specified in that section and shall become eligible for benefits in accordance with section 1076(f) of title 10, United States Code (as added by subsection (a)), when no longer qualified as a dependent pursuant to such section 645(c).”

§ 1076a. TRICARE dental program

(a) ESTABLISHMENT OF DENTAL PLANS.—The Secretary of Defense may establish, and in the case of the dental plan described in paragraph (1) shall establish, the following voluntary enrollment dental plans:

(1) PLAN FOR SELECTED RESERVE AND INDIVIDUAL READY RESERVE.—A dental insurance plan for members of the Selected Reserve of the Ready Reserve and for members of the Individual Ready Reserve described in subsection 10144(b) of this title. During the period beginning on the date of the enactment of this sentence and ending December 31, 2018, such plan shall provide that coverage for a member of the Selected Reserve who is involuntarily separated from the Selected Reserve under other than adverse conditions, as characterized by the Secretary concerned, shall not terminate earlier than 180 days after the date on which the member is separated.

(2) PLAN FOR OTHER RESERVES.—A dental insurance plan for members of the Individual Ready Reserve not eligible to enroll in the plan established under paragraph (1).

(3) PLAN FOR ACTIVE DUTY DEPENDENTS.—Dental benefits plans for eligible dependents of members of the uniformed services who are on active duty for a period of more than 30 days.

(4) PLAN FOR READY RESERVE DEPENDENTS.—A dental benefits plan for eligible dependents of

members of the Ready Reserve of the reserve components who are not on active duty for more than 30 days.

(b) ADMINISTRATION OF PLANS.—The plans established under this section shall be administered under regulations prescribed by the Secretary of Defense in consultation with the other administering Secretaries.

(c) CARE AVAILABLE UNDER PLANS.—Dental plans established under subsection (a) may provide for the following dental care:

(1) Diagnostic, oral examination, and preventive services and palliative emergency care.

(2) Basic restorative services of amalgam and composite restorations, stainless steel crowns for primary teeth, and dental appliance repairs.

(3) Orthodontic services, crowns, gold fillings, bridges, complete or partial dentures, and such other services as the Secretary of Defense considers to be appropriate.

(d) PREMIUMS.—

(1) PREMIUM SHARING PLANS.—(A) The dental insurance plan established under subsection (a)(1) and the dental benefits plans established under subsection (a)(3) are premium sharing plans.

(B) Members enrolled in a premium sharing plan for themselves or for their dependents shall be required to pay a share of the premium charged for the benefits provided under the plan. The member's share of the premium charge may not exceed \$20 per month for the enrollment.

(C) Effective as of January 1 of each year, the amount of the premium required under subparagraph (A) shall be increased by the percent equal to the lesser of—

(i) the percent by which the rates of basic pay of members of the uniformed services are increased on such date; or

(ii) the sum of one-half percent and the percent computed under section 5303(a) of title 5 for the increase in rates of basic pay for statutory pay systems for pay periods beginning on or after such date.

(D) The Secretary of Defense may reduce the monthly premium required to be paid under paragraph (1) in the case of enlisted members in pay grade E-1, E-2, E-3, or E-4 if the Secretary determines that such a reduction is appropriate to assist such members to participate in a dental plan referred to in subparagraph (A).

(2) FULL PREMIUM PLANS.—(A) The dental insurance plan established under subsection (a)(2) and the dental benefits plan established under subsection (a)(4) are full premium plans.

(B) Members enrolled in a full premium plan for themselves or for their dependents shall be required to pay the entire premium charged for the benefits provided under the plan.

(3) PAYMENT PROCEDURES.—A member's share of the premium for a plan established under subsection (a) may be paid by deductions from the basic pay of the member and from compensation paid under section 206 of title 37, as the case may be. The regulations prescribed under subsection (b) shall specify

the procedures for payment of the premiums by enrollees who do not receive such pay.

(e) **COPAYMENTS UNDER PREMIUM SHARING PLANS.**—(1) Except as provided pursuant to paragraph (2), a member or dependent who receives dental care under a premium sharing plan referred to in subsection (d)(1) shall—

(A) in the case of care described in subsection (c)(1), pay no charge for the care;

(B) in the case of care described in subsection (c)(2), pay 20 percent of the charges for the care; and

(C) in the case of care described in subsection (c)(3), pay a percentage of the charges for the care that is determined appropriate by the Secretary of Defense, after consultation with the other administering Secretaries.

(2)(A) During a national emergency declared by the President or Congress and subject to regulations prescribed by the Secretary of Defense, the Secretary may waive, in whole or in part, the charges otherwise payable by a member of the Selected Reserve of the Ready Reserve or a member of the Individual Ready Reserve under paragraph (1) for the coverage of the member alone under the dental insurance plan established under subsection (a)(1) if the Secretary determines that such waiver of the charges would facilitate or ensure the readiness of a unit or individual for deployment.

(B) The waiver under subparagraph (A) may apply only with respect to charges for coverage of dental care required for readiness.

(f) **TRANSFER OF MEMBERS.**—If a member whose dependents are enrolled in the plan established under subsection (a)(3) is transferred to a duty station where dental care is provided to the member's eligible dependents under a program other than that plan, the member may discontinue participation under the plan. If the member is later transferred to a duty station where dental care is not provided to such member's eligible dependents except under the plan established under subsection (a)(3), the member may re-enroll the dependents in that plan.

(g) **CARE OUTSIDE THE UNITED STATES.**—The Secretary of Defense may exercise the authority provided under subsection (a) to establish dental insurance plans and dental benefits plans for dental benefits provided outside the United States for the eligible members and dependents of members of the uniformed services. In the case of such an overseas dental plan, the Secretary may waive or reduce any copayments required by subsection (e) to the extent the Secretary determines appropriate for the effective and efficient operation of the plan.

(h) **WAIVER OF REQUIREMENTS FOR SURVIVING DEPENDENTS.**—The Secretary of Defense may waive (in whole or in part) any requirements of a dental plan established under this section as the Secretary determines necessary for the effective administration of the plan for a dependent who is an eligible dependent described in subsection (k)(2).

(i) **AUTHORITY SUBJECT TO APPROPRIATIONS.**—The authority of the Secretary of Defense to enter into a contract under this section for any fiscal year is subject to the availability of appropriations for that purpose.

(j) **LIMITATION ON REDUCTION OF BENEFITS.**—The Secretary of Defense may not reduce benefits provided under a plan established under this section until—

(1) the Secretary provides notice of the Secretary's intent to reduce such benefits to the Committees on Armed Services of the Senate and the House of Representatives; and

(2) one year has elapsed following the date of such notice.

(k) **ELIGIBLE DEPENDENT DEFINED.**—(1) In this section, the term “eligible dependent” means a dependent described in subparagraph (A), (D), or (I) of section 1072(2) of this title.

(2) Such term includes any such dependent of a member who dies—

(A) while on active duty for a period of more than 30 days; or

(B) while such member is a member of the Ready Reserve.

(3) Such term does not include a dependent by reason of paragraph (2) after the end of the three-year period beginning on the date of the member's death, except that, in the case of a dependent of the deceased who is described by subparagraph (D) or (I) of section 1072(2) of this title, the period of continued eligibility shall be the longer of the following periods beginning on such date:

(A) Three years.

(B) The period ending on the date on which such dependent attains 21 years of age.

(C) In the case of such dependent who, at 21 years of age, is enrolled in a full-time course of study in a secondary school or in a full-time course of study in an institution of higher education approved by the administering Secretary and was, at the time of the member's death, in fact dependent on the member for over one-half of such dependent's support, the period ending on the earlier of the following dates:

(i) The date on which such dependent ceases to pursue such a course of study, as determined by the administering Secretary.

(ii) The date on which such dependent attains 23 years of age.

(Added Pub. L. 106-65, div. A, title VII, §711(a), Oct. 5, 1999, 113 Stat. 685; amended Pub. L. 106-398, §1 [[div. A], title VII, §704(a)], Oct. 30, 2000, 114 Stat. 1654, 1654A-174; Pub. L. 107-314, div. A, title VII, §703, Dec. 2, 2002, 116 Stat. 2584; Pub. L. 108-375, div. A, title VII, §711, Oct. 28, 2004, 118 Stat. 1984; Pub. L. 109-163, div. A, title VII, §713, Jan. 6, 2006, 119 Stat. 3343; Pub. L. 110-417, [div. A], title VII, §735(b), Oct. 14, 2008, 122 Stat. 4514; Pub. L. 111-84, div. A, title VII, §704, Oct. 28, 2009, 123 Stat. 2373; Pub. L. 111-383, div. A, title VII, §703, Jan. 7, 2011, 124 Stat. 4245; Pub. L. 112-239, div. A, title VII, §701(b), Jan. 2, 2013, 126 Stat. 1798.)

REFERENCES IN TEXT

The date of the enactment of this sentence, referred to in subsec. (a)(1), is the date of enactment of Pub. L. 112-239, which was approved Jan. 2, 2013.

PRIOR PROVISIONS

A prior section 1076a, added Pub. L. 99-145, title VI, §651(a)(1), Nov. 8, 1985, 99 Stat. 655; amended Pub. L.

99-661, div. A, title VII, §707(a), (b), Nov. 14, 1986, 100 Stat. 3905; Pub. L. 102-190, div. A, title VII, §701, Dec. 5, 1991, 105 Stat. 1399; Pub. L. 102-484, div. A, title VII, §701(a)-(e), Oct. 23, 1992, 106 Stat. 2430; Pub. L. 103-337, div. A, title VII, §§702(b), 703(a), 707(b), Oct. 5, 1994, 108 Stat. 2797, 2798, 2800; Pub. L. 105-85, div. A, title VII, §732, Nov. 18, 1997, 111 Stat. 1812; Pub. L. 105-261, div. A, title VII, §701(a)(1), (b), Oct. 17, 1998, 112 Stat. 2056; Pub. L. 106-65, div. A, title X, §1066(a)(8), Oct. 5, 1999, 113 Stat. 770; Pub. L. 106-398, §1 [[div. A], title X, §1087(d)(4)], Oct. 30, 2000, 114 Stat. 1654, 1654A-293, related to dependents' dental program, prior to repeal by Pub. L. 106-65, div. A, title VII, §711(a), Oct. 5, 1999, 113 Stat. 685.

AMENDMENTS

2013—Subsec. (a)(1). Pub. L. 112-239 inserted at end “During the period beginning on the date of the enactment of this sentence and ending December 31, 2018, such plan shall provide that coverage for a member of the Selected Reserve who is involuntarily separated from the Selected Reserve under other than adverse conditions, as characterized by the Secretary concerned, shall not terminate earlier than 180 days after the date on which the member is separated.”

2011—Subsec. (k)(2). Pub. L. 111-383 amended par. (2) generally. Prior to amendment, par. (2) read as follows: “Such term includes any such dependent of a member who dies while on active duty for a period of more than 30 days or a member of the Ready Reserve if, on the date of the death of the member, the dependent—

“(A) is enrolled in a dental benefits plan established under subsection (a); or

“(B) if not enrolled in such a plan on such date—

“(i) is not enrolled by reason of a discontinuance of a former enrollment under subsection (f); or

“(ii) is not qualified for such enrollment because—

“(I) the dependent is a child under the minimum age for such enrollment; or

“(II) the dependent is a spouse who is a member of the armed forces on active duty for a period of more than 30 days.”

2009—Subsec. (k)(3). Pub. L. 111-84 amended par. (3) generally. Prior to amendment, par. (3) read as follows: “Such term does not include a dependent by reason of paragraph (2) after the end of the three-year period beginning on the date of the member's death.”

2008—Subsec. (e). Pub. L. 110-417 designated existing provisions as par. (1), substituted “Except as provided pursuant to paragraph (2), a member or dependent” for “A member or dependent”, redesignated former pars. (1) to (3) as subpars. (A) to (C), respectively, of par. (1) and added par. (2).

2006—Subsec. (k). Pub. L. 109-163 reenacted heading without change and amended text generally. Prior to amendment, text read as follows: “In this section, the term ‘eligible dependent’—

“(1) means a dependent described in subparagraph (A), (D), or (I) of section 1072(2) of this title; and

“(2) includes any such dependent of a member who dies while on active duty for a period of more than 30 days or a member of the Ready Reserve if, on the date of the death of the member, the dependent is enrolled in a dental benefits plan established under subsection (a), is not enrolled in such a plan by reason of a discontinuance of a former enrollment under subsection (f), or is not enrolled because the dependent is a child under the minimum age for enrollment, except that the term does not include the dependent after the end of the three-year period beginning on the date of the member's death.”

2004—Subsec. (k)(2). Pub. L. 108-375 substituted “under subsection (a),” for “under subsection (a) or” and inserted “or is not enrolled because the dependent is a child under the minimum age for enrollment,” after “under subsection (f).”

2002—Subsec. (k)(2). Pub. L. 107-314 substituted “if, on the date of the death of the member, the dependent is enrolled in a dental benefits plan established under

subsection (a) or is not enrolled in such a plan by reason of a discontinuance of a former enrollment under subsection (f)” for “if the dependent is enrolled on the date of the death of the member in a dental benefits plan established under subsection (a)”.

2000—Subsec. (k)(2). Pub. L. 106-398 substituted “three-year period” for “one-year period”.

AUTHORIZATION TO EXPAND ENROLLMENT IN DEPENDENTS' DENTAL PROGRAM TO CERTAIN MEMBERS RETURNING FROM OVERSEAS ASSIGNMENTS

Pub. L. 103-160, div. A, title VII, §703, Nov. 30, 1993, 107 Stat. 1687, provided that:

“(a) AUTHORITY TO EXPAND PROGRAM.—After March 31, 1994, the Secretary of Defense may expand the dependents' dental program established under section 1076a of title 10, United States Code, to permit a member of the uniformed services described in subsection (b) to enroll dependents described in subsection (a) of such section in a dental benefits plan under the program without regard to the length of the uncompleted portion of the member's period of obligated service.

“(b) COVERED MEMBERS.—A member referred to in subsection (a) is a member of the uniformed services who is—

“(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 admin-