(2) each member of the Selected Reserve of an armed force.

(b) ELEMENTS.—The mental health assessments provided pursuant to this section shall—

(1) be conducted in accordance with the requirements of subsection (c)(1) of section 1074m of this title with respect to a mental health assessment provided pursuant to such section; and

(2) include a review of the health records of the member that are related to each previous health assessment or other relevant activities of the member while serving in the armed forces, as determined by the Secretary.

(c) SUFFICIENCY OF OTHER MENTAL HEALTH ASSESSMENTS.—(1) The Secretary is not required to provide a mental health assessment pursuant to this section to an individual in a calendar year in which the individual has received a mental health assessment pursuant to section 1074m of this title.

(2) The Secretary may treat periodic health assessments and other person-to-person assessments that are provided to members of the armed forces, including examinations under section 1074f of this title, as meeting the requirements for mental health assessments required under this section if the Secretary determines that such assessments and person-to-person assessments meet the requirements for mental health assessments established by this section.

(d) PRIVACY MATTERS.—Any medical or other personal information obtained under this section shall be protected from disclosure or misuse in accordance with the laws on privacy applicable to such information.

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

(Added Pub. L. 113–291, div. A, title VII, §701(a)(1), Dec. 19, 2014, 128 Stat. 3408; amended Pub. L. 115–91, div. A, title VII, §706(b), Dec. 12, 2017, 131 Stat. 1436.)

AMENDMENTS

2017—Subsec. (a). Pub. L. 115–91 inserted ''(and before separation from active duty pursuant to section 1145(a)(5)(A) of this title)'' after ''each calendar year'' in introductory provisions.

IMPLEMENTATION OF REGULATIONS

Pub. L. 113–291, div. A, title VII, §701(a)(3), Dec. 19, 2014, 128 Stat. 3409, provided that: ''Not later than 180 days after the date of the issuance of the regulations prescribed under section 1074n(e) of title 10, United States Code, as added by paragraph (1), the Secretary of Defense shall implement such regulations.''

§ 1074*o*. Provision of hyperbaric oxygen therapy for certain members

(a) IN GENERAL.—The Secretary may furnish hyperbaric oxygen therapy available at a military medical treatment facility to a covered member if such therapy is prescribed by a physician to treat post-traumatic stress disorder or traumatic brain injury.

(b) COVERED MEMBER DEFINED.—In this section, the term ''covered member'' means a member of the armed forces who is—

(1) serving on active duty; and

(2) diagnosed with post-traumatic stress disorder or traumatic brain injury.

(Added Pub. L. 115–91, div. A, title VII, §703(a)(1), Dec. 12, 2017, 131 Stat. 1435.)

EFFECTIVE DATE

Pub. L. 115–91, div. A, title VII, §703(b), Dec. 12, 2017, 131 Stat. 1435, provided that: ''The amendments made by subsection (a) [enacting this section] shall take effect 90 days after the date of the enactment of this Act [Dec. 12, 2017].''

§ 1075. TRICARE Select

(a) ESTABLISHMENT.—(1) Not later than January 1, 2018, the Secretary of Defense shall establish a self-managed, preferred-provider network option under the TRICARE program. Such option shall be known as ''TRICARE Select''.

(2) The Secretary shall establish TRICARE Select in all areas. Under TRICARE Select, eligible beneficiaries will not have restrictions on the freedom of choice of the beneficiary with respect to health care providers.

(b) ENROLLMENT ELIGIBILITY.—(1) The beneficiary categories for purposes of eligibility to enroll in TRICARE Select and cost-sharing requirements applicable to such category are as follows:

(A) An ''active-duty family member'' category that consists of beneficiaries who are covered by section 1079 of this title (as dependents of active duty members).

(B) A ''retired'' category that consists of beneficiaries covered by subsection (c) of section 1086 of this title, other than Medicare-eligible beneficiaries described in subsection (d)(2) of such section.

(C) A ''reserve and young adult'' category that consists of beneficiaries who are covered by—

(i) section 1076d of this title;

(ii) section 1076e; or

(iii) section 1110b.

(2) A covered beneficiary who elects to participate in TRICARE Select shall enroll in such option under section 1099 of this title.

(c) COST-SHARING REQUIREMENTS.—The cost-sharing requirements under TRICARE Select are as follows:

(1) With respect to beneficiaries in the active-duty family member category or the retired category by reason of being a member or former member of the uniformed services who originally enlists or is appointed in the uniformed services on or after January 1, 2018, or by reason of being a dependent of such a member, the cost-sharing requirements shall be calculated pursuant to subsection (d)(1).

(2)(A) Except as provided by subsection (e), with respect to beneficiaries described in subparagraph (B) in the active-duty family member category or the retired category, the cost-sharing requirements shall be calculated as if the beneficiary were enrolled in TRICARE Extra or TRICARE Standard as if TRICARE Extra or TRICARE Standard, as the case may be, were still being carried out by the Secretary.

(B) Beneficiaries described in this subparagraph are beneficiaries who are eligible to en-

roll in the TRICARE program by reason of being a member or former member of the uniformed services who originally enlists or is appointed in the uniformed services before January 1, 2018, or by reason of being a dependent of such a member.

(3) With respect to beneficiaries in the reserve and young adult category, 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 1076d, 1076e, or 1110b of this title, as the case may be, shall apply instead of any enrollment fee required under this section.

(d) COST-SHARING AMOUNTS FOR CERTAIN BENEFICIARIES.—(1) Beneficiaries described in subsection (c)(1) enrolled in TRICARE Select shall be subject to cost-sharing requirements in accordance with the amounts and percentages under the following table during calendar year 2018 and as such amounts are adjusted under paragraph (2) for subsequent years:

TRICARE Select	Active-Duty Family Member (Individual/Family)	Retired (Individual/Family)
Annual Enrollment	$0	$450 / $900
Annual deductible	E4 & below: $50 / $100 E5 & above: $150 / $300	$150 / $300 Network $300 / $600 out of network
Annual catastrophic cap	$1,000	$3,500
Outpatient visit civilian network	$15 primary care $25 specialty care Out of network: 20%	$25 primary care $40 specialty care 25% of[1] out of network
ER visit civilian network	$40 network 20% out of network	$80 network 25% out of network
Urgent care civilian network	$20 network 20% out of network	$40 network 25% out of network
Ambulatory surgery civilian network	$25 network 20% out of network	$95 network 25% out of network
Ground ambulance civilian network	$15	$60
Durable medical equipment civilian network	10% of negotiated fee	20% network
Inpatient visit civilian network	$60 per network admission 20% out of network	$175 per admission network 25% out of network
Inpatient skilled nursing/rehab civilian	$25 per day network $50 per day out of network	$50 per day network Lesser of $300 per day or 20% of billed charges out of network

[1] So in original.

(2) Each dollar amount expressed as a fixed dollar amount in the table set forth in paragraph (1), and the amounts specified under paragraphs (1) and (2) of subsection (e), shall be annually indexed to the amount by which retired pay is increased under section 1401a of this title, rounded to the next lower multiple of $1. The remaining amount above such multiple of $1 shall be carried over to, and accumulated with, the amount of the increase for the subsequent year or years and made when the aggregate amount of increases carried over under this clause for a year is $1 or more.

(3) Enrollment fees, deductible amounts, and catastrophic caps under this section are on a calendar-year basis.

(4) The cost-sharing requirements applicable to services not specifically addressed in the table set forth in paragraph (1) shall be established by the Secretary.

(e) EXCEPTIONS TO CERTAIN COST-SHARING AMOUNTS FOR CERTAIN BENEFICIARIES ELIGIBLE PRIOR TO 2018.—(1) Subject to paragraph (4), and in accordance with subsection (d)(2), the Secretary shall establish an annual enrollment fee for beneficiaries described in subsection (c)(2)(B) in the retired category who enroll in TRICARE Select (other than such beneficiaries covered by paragraph (3)). Such enrollment fee shall be $150 for an individual and $300 for a family.

(2) For the calendar year for which the Secretary first establishes the annual enrollment fee under paragraph (1), the Secretary shall ad-

just the catastrophic cap amount to be $3,500 for beneficiaries described in subsection (c)(2)(B) in the retired category who are enrolled in TRICARE Select (other than such beneficiaries covered by paragraph (3)).

(3) The enrollment fee established pursuant to paragraph (1) and the catastrophic cap adjusted under paragraph (2) for beneficiaries described in subsection (c)(2)(B) in the retired category shall not apply with respect to the following beneficiaries:

(A) Retired members and the family members of such members covered by paragraph (1) of section 1086(c) of this title by reason of being retired under chapter 61 of this title or being a dependent of such a member.

(B) Survivors covered by paragraph (2) of such section 1086(c).

(4) The Secretary may not establish an annual enrollment fee under paragraph (1) until 90 days has elapsed following the date on which the Comptroller General of the United States is required to submit the review under paragraph (5).

(5) Not later than February 1, 2020, the Comptroller General of the United States shall submit to the Committees on Armed Services of the House of Representatives and the Senate a review of the following:

(A) Whether health care coverage for covered beneficiaries has changed since the enactment of this section.

(B) Whether covered beneficiaries are able to obtain appointments for health care according to the access standards established by the Secretary of Defense.

(C) The percent of network providers that accept new patients under the TRICARE program.

(D) The satisfaction of beneficiaries under TRICARE Select.

(f) EXCEPTION TO COST-SHARING REQUIREMENTS FOR TRICARE FOR LIFE BENEFICIARIES.—A beneficiary enrolled in TRICARE for Life is subject to cost-sharing requirements pursuant to section 1086(d)(3) of this title and calculated as if the beneficiary were enrolled in TRICARE Standard as if TRICARE Standard were still being carried out by the Secretary.

(g) CONSTRUCTION.—Nothing in this section may be construed as affecting the availability of TRICARE Prime and TRICARE for Life or the cost-sharing requirements for TRICARE for Life under section 1086(d)(3) of this title.

(h) DEFINITIONS.—In this section:

(1) The terms ''active-duty family member category'', ''retired category'', and ''reserve and young adult category'' mean the respective categories of TRICARE Select enrollment described in subsection (b).

(2) The term ''network'' means—

(A) with respect to health care services, such services provided to beneficiaries by TRICARE-authorized civilian health care providers who have entered into a contract under this chapter with a contractor under the TRICARE program; and

(B) with respect to providers, civilian health care providers who have agreed to accept a pre-negotiated rate as the total charge for services provided by the provider and to file claims for beneficiaries.

(3) The term ''out-of-network'' means, with respect to health care services, such services provided by TRICARE-authorized civilian providers who have not entered into a contract under this chapter with a contractor under the TRICARE program.

(Added Pub. L. 114–328, div. A, title VII, §701(a)(1), Dec. 23, 2016, 130 Stat. 2180; amended Pub. L. 115–91, div. A, title VII, §739(b)(1), Dec. 12, 2017, 131 Stat. 1446.)

PRIOR PROVISIONS

A prior section 1075, added Pub. L. 85–861, §1(25)(B), Sept. 2, 1958, 72 Stat. 1447; amended Pub. L. 97–22, §10(b)(2), July 10, 1981, 95 Stat. 137; Pub. L. 108–87, title VIII, §8146(a), Sept. 30, 2003, 117 Stat. 1109; Pub. L. 108–106, title I, §1112(a), Nov. 6, 2003, 117 Stat. 1215, related to subsistence charges for officers and certain enlisted members, prior to repeal by Pub. L. 108–375, div. A, title VI, §607(a)(1), Oct. 28, 2004, 118 Stat. 1946.

Another prior section 1075, act Aug. 10, 1956, ch. 1041, 70A Stat. 82, related to post card requests for absentee ballots, and for printing and transmission thereof, prior to repeal by Pub. L. 85–861, §36B(5), Sept. 2, 1958, 72 Stat. 1570, as superseded by the Federal Voting Assistance Act of 1955 which is classified to subchapter I–D (§1973cc et seq.) of chapter 20 of Title 42, The Public Health and Welfare.

AMENDMENTS

2017—Subsec. (d)(1). Pub. L. 115–91, §739(b)(1)(B), substituted ''Ground ambulance civilian network'' for ''Ambulance civilian network'' in first column of table.

Subsec. (d)(4). Pub. L. 115–91, §739(b)(1)(A), added par. (4).

EFFECTIVE DATE

Section applicable with respect to the provision of health care under the TRICARE program beginning on Jan. 1, 2018, see section 701(k) of Pub. L. 114–328, set out as an Effective Date of 2016 Amendment note under section 1072 of this title.

PILOT PROGRAM ON HEALTH CARE ASSISTANCE SYSTEM

Pub. L. 115–91, div. A, title VII, §731, Dec. 12, 2017, 131 Stat. 1441, provided that:

''(a) PILOT PROGRAM.—The Secretary of Defense shall carry out a pilot program to provide a health care assistance service to certain covered beneficiaries enrolled in TRICARE Select using purchased care to improve the health outcomes and patient experience for covered beneficiaries with complex medical conditions.

''(b) ELEMENTS.—The pilot program under subsection (a) may include the following elements:

''(1) Assisting beneficiaries with complex medical conditions to understand and use the health benefits under the TRICARE program.

''(2) Supporting such beneficiaries in accessing and navigating the purchased care health care delivery system.

''(3) Providing such beneficiaries with information to allow the beneficiaries to make informed decisions regarding the quality, safety, and cost of available health care services.

''(4) Improving the health outcomes for such beneficiaries.

''(c) DURATION.—The Secretary shall carry out the pilot program for an amount of time determined appropriate by the Secretary during the five-year period beginning 180 days after the date of the enactment of this Act [Dec. 12, 2017].

''(d) REPORT.—Not later than January 1, 2021, the Secretary shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report containing an evaluation of the success of the pilot program under subsection (a), including—

''(1) an analysis of the implementation of the elements under subsection (b); and

''(2) the feasibility of incorporating such elements into TRICARE support contracts.

''(e) DEFINITIONS.—In this section, the terms 'covered beneficiary', 'TRICARE program', and 'TRICARE Select' have the meaning given those terms in section 1072 of title 10, United States Code.''

§ 1075a. TRICARE Prime: cost sharing

(a) COST-SHARING REQUIREMENTS.—The cost-sharing requirements under TRICARE Prime are as follows:

(1) There are no cost-sharing requirements for beneficiaries who are covered by section 1074(a) of this title.

(2) With respect to beneficiaries in the active-duty family member category or the retired category (as described in section 1075(b)(1) of this title) by reason of being a member or former member of the uniformed services who originally enlists or is appointed in the uniformed services on or after January 1, 2018, or by reason of being a dependent of such a member, the cost-sharing requirements shall be calculated pursuant to subsection (b)(1).

(3)(A) With respect to beneficiaries described in subparagraph (B) in the active-duty family member category or the retired category (as described in section 1075(b)(1) of this title), the cost-sharing requirements shall be calculated in accordance with the other provisions of this chapter without regard to subsection (b).

(B) Beneficiaries described in this subparagraph are beneficiaries who are eligible to enroll in the TRICARE program by reason of being a member or former member of the uniformed services who originally enlists or is appointed in the uniformed services before January 1, 2018, or by reason of being a dependent of such a member.

(b) COST-SHARING AMOUNTS.—(1) Beneficiaries described in subsection (a)(2) enrolled in TRICARE Prime shall be subject to cost-sharing requirements in accordance with the amounts and percentages under the following table during calendar year 2018 and as such amounts are adjusted under paragraph (2) for subsequent years:

TRICARE Prime	Active-Duty Family Member (Individual/Family)	Retired (Individual/Family)
Annual Enrollment	$0	$350 / $700
Annual deductible	No	No
Annual catastrophic cap	$1,000	$3,500
Outpatient visit civilian network	$0	$20 primary care
		$30 specialty care
ER visit civilian network	$0	$60 network
Urgent care civilian network	$0	$30 network
Ambulatory surgery civilian network	$0	$60 network
Ground ambulance civilian network	$0	$40
Durable medical equipment civilian network	$0	20% of negotiated fee, network
Inpatient visit civilian network	$0	$150 per admission
Inpatient skilled nursing/rehab civilian	$0	$30 per day network

(2) Each dollar amount expressed as a fixed dollar amount in the table set forth in paragraph (1) shall be annually indexed to the amount by which retired pay is increased under section 1401a of this title, rounded to the next lower multiple of $1. The remaining amount above such multiple of $1 shall be carried over to, and accumulated with, the amount of the increase for the subsequent year or years and made when the aggregate amount of increases carried over under this clause for a year is $1 or more.

(3) Enrollment fees, deductible amounts, and catastrophic caps under this section are on a calendar-year basis.

(4) The cost-sharing requirements applicable to services not specifically addressed in the table set forth in paragraph (1) shall be established by the Secretary.

(c) SPECIAL RULE FOR AMOUNTS WITHOUT REFERRALS.—Notwithstanding subsection (b)(1), the cost-sharing amount for a beneficiary enrolled in TRICARE Prime who does not obtain a referral for care under paragraph (1) of section 1095f(a) of this title (or a waiver pursuant to paragraph (2) of such section for such care) shall be an amount equal to 50 percent of the allowed point-of-service charge for such care.

(Added Pub. L. 114–328, div. A, title VII, § 701(b)(1), Dec. 23, 2016, 130 Stat. 2184; amended Pub. L. 115–91, div. A, title VII, § 739(b)(2), (e)(2), Dec. 12, 2017, 131 Stat. 1447.)