''(i) for payments to health benefits plans under this subsection; and

''(ii) to pay the costs of administering this subsection.

''(14) REPORTS.—

''(A) INITIAL REPORTS.—Not later than one year after the date on which the Secretary establishes the pilot program, and annually thereafter for the following three years, the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the pilot program.

''(B) MATTERS INCLUDED.—The report under subparagraph (A) shall include, with respect to the year covered by the report, the following:

''(i) The number of eligible reserve component beneficiaries participating in the pilot program, listed by the health benefits plan under which the beneficiary is covered.

''(ii) The number of health benefits plans offered under the pilot program.

''(iii) The cost of the pilot program to the Department of Defense.

''(iv) The estimated cost savings, if any, to the Department of Defense.

''(v) The average cost to the eligible reserve component beneficiary.

''(vi) The effect of the pilot program on the medical readiness of the members of the reserve components.

''(vii) The effect of the pilot program on access to health care for members of the reserve components.

''(C) FINAL REPORT.—Not later than 180 days before the date on which the pilot program will terminate pursuant to paragraph (3), the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report on the pilot program that includes—

''(i) the matters specified under subparagraph (B); and

''(ii) the recommendation of the Secretary regarding whether to make the pilot program permanent or to terminate the pilot program.

''(c) DEFINITIONS.—In this section:

''(1) The term 'Director' means the Director of the Office of Personnel Management.

''(2) The term 'eligible reserve component beneficiary' means an eligible reserve component member enrolled in, or a dependent of such a member described in subparagraph (A), (D), or (I) of section 1072(2) of title 10, United States Code, covered under, a health benefits plan under subsection (b).

''(3) The term 'eligible reserve component member' means a member of the Selected Reserve of the Ready Reserve of an Armed Force.

''(4) The term 'extended health care option' means the program of extended benefits under subsections (d) and (e) of section 1079 of title 10, United States Code.

''(5) The term 'Federal Employees Health Benefits Program' means the health insurance program under chapter 89 of title 5, United States Code.

''(6) The term 'qualified carrier' means an insurance carrier that is licensed to issue group health insurance in any State, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, and any territory or possession of the United States.''

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 Retired Reserve 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 Retired Reserve 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 COVERAGE.—Eligibility for TRICARE Retired Reserve coverage of a member under this section shall terminate upon the member becoming eligible for TRICARE coverage at age 60 under section 1086 of this title.

(c) FAMILY MEMBERS.—While a member of a reserve component is covered by TRICARE Retired Reserve under this section, the members of the immediate family of such member are eligible for TRICARE Retired Reserve 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 Retired Reserve 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 coverage under such section (instead of under this section).

(d) PREMIUMS.—(1) A member of a reserve component covered by TRICARE Retired Reserve under this section shall pay a premium for that coverage. Such premium shall apply instead of any enrollment fees required under section 1075 of this section.[1]

(2) The Secretary of Defense shall prescribe for the purposes of this section one premium for TRICARE Retired Reserve coverage of members without dependents and one premium for TRICARE Retired Reserve 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 Retired Reserve 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 Retired Reserve'' means—

(A) medical care at facilities of the uniformed 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 such section 1075.

(Added Pub. L. 111–84, div. A, title VII, § 705(a), Oct. 28, 2009, 123 Stat. 2374; Pub. L. 114–328, div. A, title VII, § 701(j)(1)(C), Dec. 23, 2016, 130 Stat. 2192; Pub. L. 115–91, div. A, title VII, § 701(b), Dec. 12, 2017, 131 Stat. 1432.)

AMENDMENTS

2017—Subsec. (b). Pub. L. 115–91, § 701(b)(1), struck out ''Retired Reserve'' after ''TRICARE'' in heading. See first 2016 Amendment note for subsec. (b) below.

Subsec. (c). Pub. L. 115–91, § 701(b)(2), struck out ''Retired Reserve'' before ''coverage under such section'' in last sentence.

Subsec. (f)(2). Pub. L. 115–91, § 701(b)(3), added par. (2) and struck out former par. (2) which read as follows: ''The term 'TRICARE Retired Reserve' means the TRICARE Select self-managed, preferred-provider network option under section 1075 made available to beneficiaries by reason of this section and in accordance with subsection (d)(1).''

2016—Pub. L. 114–328, § 701(j)(1)(C)(iv), substituted ''TRICARE Retired Reserve'' for ''TRICARE Standard'' in section catchline and wherever appearing in text.

Subsec. (b). Pub. L. 114–328, § 701(j)(1)(C)(iv), which directed substitution of ''TRICARE Retired Reserve'' for ''TRICARE Standard'' wherever appearing in text, was also executed to heading of subsec. (b) to reflect the probable intent of Congress and the subsequent amendment by Pub. L. 115–91, § 701(b)(1), which could be executed only if the substitution had taken place.

Pub. L. 114–328, § 701(j)(1)(C)(iii), substituted ''TRICARE coverage at'' for ''TRICARE Standard coverage at''.

Subsec. (d)(1). Pub. L. 114–328, § 701(j)(1)(C)(i), inserted at end ''Such premium shall apply instead of any enrollment fees required under section 1075 of this section.''

Subsec. (f)(2). Pub. L. 114–328, § 701(j)(1)(C)(ii), added par. (2) and struck out former par. (2) which defined the term ''TRICARE Standard''.

EFFECTIVE DATE OF 2016 AMENDMENT

Amendment by Pub. L. 114–328 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 a note under section 1072 of this title.

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.''

§ 1076f. TRICARE program: extension of coverage for certain members of the National Guard and dependents during certain disaster response duty

(a) EXTENDED COVERAGE.—During a period in which a member of the National Guard is performing disaster response duty, the member may be treated as being on active duty for a period of more than 30 days for purposes of the eligibility of the member and dependents of the member for health care benefits under the TRICARE program if such period immediately follows a period in which the member served on full-time National Guard duty under section 502(f) of title 32, including pursuant to chapter 9 of such title, unless the Governor of the State (or, with respect to the District of Columbia, the mayor of the District of Columbia) determines that such extended eligibility is not in the best interest of the member or the State.

(b) CONTRIBUTION BY STATE.—(1) The Secretary shall charge a State for the costs of providing coverage under the TRICARE program to members of the National Guard of the State and the dependents of the members pursuant to subsection (a). Such charges shall be paid from the funds of the State or from any other non-Federal funds.

(2) Any amounts received by the Secretary under paragraph (1) 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

[1] So in original. Probably should be ''of this title.''