

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, as amended by Pub. L. 117-81, div. A, title VII, § 705, Dec. 27, 2021, 135 Stat. 1781, 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 November 1, 2022, 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);

“(2) the feasibility of incorporating such elements into TRICARE support contracts; and

“(3) input from covered beneficiaries who have participated in the pilot program regarding their satisfaction with, and any benefits attained from, such participation.

“(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

TRICARE Prime	Active-Duty Family Member (Individual/Family)	Retired (Individual/Family)
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.

(d) PROHIBITION ON COST-SHARING FOR CERTAIN SERVICES.—(1)(A) Notwithstanding any other provision of this section, the cost-sharing amount under this section for any beneficiary enrolled in TRICARE Prime for a service described in subparagraph (B) that is provided under TRICARE Prime is \$0.

(B) A service described in this subparagraph is any contraceptive method approved, cleared, or authorized under section 505, 510(k), 513(f)(2), or 515 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355, 360(k), 360c(f)(2), 360e), any contraceptive care (including with respect to insertion, removal, and follow up), any sterilization procedure, or any patient education or counseling service provided in connection with any such contraceptive, care, or procedure.

(2)(A) Consistent with other provisions of this chapter and subject to requirements to be prescribed by the Secretary, the Secretary may waive cost-sharing requirements for the first three outpatient mental health visits each year of a beneficiary in the active-duty family member category (as described in section 1075(b)(1)(A) of this title).

(B) This paragraph shall terminate on the date that is five years after the date of the enactment of the National Defense Authorization Act for Fiscal Year 2024.

(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; Pub. L. 118-31, div. A, title VII, § 701(b), Dec. 22, 2023, 137 Stat. 299; Pub. L. 118-159, div. A, title VII, § 707(c), (d)(2), Dec. 23, 2024, 138 Stat. 1944, 1945.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of the National Defense Authorization Act for Fiscal Year 2024, referred to in subsec. (d)(2)(B), is the date of enactment of Pub. L. 118-31, which was approved Dec. 22, 2023.

AMENDMENTS

2024—Subsec. (a)(4). Pub. L. 118-159, § 707(d)(2), redesignated par. (4) of subsec. (a) as par. (2) of subsec. (d). Subsec. (d). Pub. L. 118-159, § 707(c), added subsec. (d). Subsec. (d)(2). Pub. L. 118-159, § 707(d)(2), redesignated par. (4) of subsec. (a) as par. (2) of subsec. (d).

2023—Subsec. (a)(4). Pub. L. 118-31 added par. (4).
2017—Subsec. (b)(1). Pub. L. 115-91, § 739(b)(2)(B), which directed amendment of “Paragraph (1) of such section” by substituting “Ground ambulance civilian network” for “Ambulance civilian network” in first column of table, was executed by making the substitution in par. (1) of subsec. (b) of this section, to reflect the probable intent of Congress.
Subsec. (b)(4). Pub. L. 115-91, § 739(b)(2)(A), added par. (4).

Subsec. (c). Pub. L. 115-91, § 739(e)(2), substituted “section 1095f(a)” for “section 1075f(a)”.

Statutory Notes and Related Subsidiaries

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.

§ 1076. Medical and dental care for dependents: general rule

(a)(1) A dependent described in paragraph (2) is entitled, upon request, to the medical and dental care prescribed by section 1077 of this title in facilities of the uniformed services, subject to the availability of space and facilities and the capabilities of the medical and dental staff.

(2) A dependent referred to in paragraph (1) is a dependent of a member of a uniformed service described in one of the following subparagraphs:

(A) A member who is on active duty for a period of more than 30 days or died while on that duty.

(B) A member who died from an injury, illness, or disease incurred or aggravated—

(i) while the member was on active duty under a call or order to active duty of 30 days or less, on active duty for training, or on inactive-duty training; or

(ii) while the member was traveling to or from the place at which the member was to perform, or had performed, such active duty, active duty for training, or inactive-duty training.

(C) A member who died from an injury, illness, or disease incurred or aggravated in the line of duty while the member remained overnight immediately before the commencement of inactive-duty training, or while the member remained overnight between successive peri-