

tion [amending this section and section 1086 of this title] shall apply only with respect to dependents of members of the uniformed services whose deaths occur after September 30, 1985.”

EFFECTIVE DATE OF 1982 AMENDMENT; TRANSITION PROVISIONS

Amendment by Pub. L. 97-252 effective Feb. 1, 1983, and applicable in the case of any former spouse of a member or former member of the uniformed services whether final decree of divorce, dissolution, or annulment of marriage of former spouse and such member or former member is dated before, on, or after Feb. 1, 1983, see section 1006 of Pub. L. 97-252, set out as an Effective Date; Transition Provisions note under section 1408 of this title.

EFFECTIVE DATE OF 1980 AMENDMENT

Amendment by Pub. L. 96-513 effective Dec. 12, 1980, see section 701(b)(3) of Pub. L. 96-513, set out as a note under section 101 of this title.

EFFECTIVE DATE OF 1978 AMENDMENT

Pub. L. 95-397, title III, §302, Sept. 30, 1978, 92 Stat. 849, provided that: “The amendment made by section 301 [amending this section] shall become effective on October 1, 1978, or on the date of the enactment of this Act [Sept. 30, 1978], whichever is later.”

EFFECTIVE DATE OF 1966 AMENDMENT

For effective date of amendment by Pub. L. 89-614, see section 3 of Pub. L. 89-614, set out as a note under section 1071 of this title.

STIPEND FOR MEMBERS OF RESERVE COMPONENTS FOR HEALTH CARE FOR CERTAIN DEPENDENTS

Pub. L. 110-181, div. A, title VII, §704, Jan. 28, 2008, 122 Stat. 188, provided that: “The Secretary of Defense may, pursuant to regulations prescribed by the Secretary, pay a stipend to a member of a reserve component of the Armed Forces who is called or ordered to active duty for a period of more than 30 days for purposes of maintaining civilian health care coverage for a dependent whom the Secretary determines to possess a special health care need that would be best met by remaining in the member’s civilian health plan. In making such determination, the Secretary shall consider whether—

“(1) the dependent of the member was receiving treatment for the special health care need before the call or order to active duty of the member; and

“(2) the call or order to active duty would result in an interruption in treatment or a change in health care provider for such treatment.”

TRANSITIONAL HEALTH CARE FOR MEMBERS, OR DEPENDENTS OF MEMBERS, UPON RELEASE OF MEMBER FROM ACTIVE DUTY IN CONNECTION WITH OPERATION DESERT STORM

Pub. L. 102-25, title III, §313, Apr. 6, 1991, 105 Stat. 85, provided that:

“(a) **HEALTH CARE PROVIDED.**—A member of the Armed Forces described in subsection (b), and the dependents of the member, shall be entitled to receive health care described in subsection (c) upon the release of the member from active duty in connection with Operation Desert Storm until the earlier of—

“(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.

(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.**—

(1) **IN GENERAL.**—The plans established under this section shall be administered under regulations prescribed by the Secretary of Defense in consultation with the other administering Secretaries.

(2) **PREMIUM SHARING PLANS.**—Effective as of January 1, 2027, the regulations prescribed pursuant to paragraph (1) shall include, with respect to premium sharing plans referred to in subsection (d)(1), the following elements:

(A) A third party administrator shall manage the administrative features of such plans, including eligibility, enrollment, plan change and premium payment processes, submission of qualifying life events changes, and address changes.

(B) Such plans shall include the following three enrollment options:

- (i) Self.
- (ii) Self plus one.
- (iii) Family.

(C) In the United States, to the extent practicable, individuals eligible to enroll in such a plan shall be offered options to enroll in plans of not fewer than two and not more than four dental insurance carriers.

(D) To the extent practicable, each carrier described in subparagraph (C)—

(i) shall manage dental care delivery matters, including claims adjudication (with required electronic submission of claims), coordination of benefits, covered services, enrollment verification, and provider networks;

(ii) shall, in addition to offering a standard option plan, offer a non-standard option plan;

(iii) may offer a non-standard option plan managed as a dental health maintenance organization plan;

(iv) shall establish and operate dental provider networks that provide—

- (I) accessible care with a prevention or wellness focus;
- (II) continuity of care;
- (III) coordinated care (including appropriate dental and medical referrals);
- (IV) patient-centered care (including effective communications, individualized care, and shared decision-making); and
- (V) high-quality, safe care;

(v) shall develop and implement adult and pediatric dental quality measures, including effective measurements for—

- (I) access to care;
- (II) continuity of care;
- (III) cost;
- (IV) adverse patient events;
- (V) oral health outcomes; and
- (VI) patient experience; and

(vi) may conduct in the provider networks established and operated by the carrier under clause (iv), to the extent practicable, pilot programs on the development of a model of care based on the model of care commonly referred to as patient-centered dental homes.

(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. During the period preceding January 1, 2027, 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 during the period preceding January 1, 2027, 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) During the period preceding January 1, 2027, 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).

(E) Beginning on January 1, 2027, the amount of the premium required under subparagraph (A)—

(i) for standard option plans, shall be established by the Secretary annually such that in the aggregate (taking into account the adjustments under subparagraph (F) and subsection (e)(3)), the Secretary's share of each premium is 60 percent of the premium for each enrollment category (self, self plus one, and family, respectively) of each standard option plan; and

(ii) for non-standard option plans, shall be equal to the amount determined under clause (i) plus 100 percent of the additional premium amount applicable to such non-standard option plan.

(F) Beginning on January 1, 2027, the Secretary of Defense shall 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.

(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.

(3) Beginning on January 1, 2027, the Secretary of Defense shall reduce copayments 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.

(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.—During the period preceding January 1, 2027, the Secretary of Defense may not reduce benefits provided under a plan established under this section, and on or after January 1, 2027, the Secretary may not reduce benefits provided under a standard option plan 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.

(l) DEFINITIONS.—In this section:

(1) The term “non-standard option plan” means a high option dental insurance plan that includes covered services in addition to, or provides greater coverage with respect to, services covered under a standard option plan.

(2) The term “standard option plan” means a dental insurance plan that provides for the coverage of preventive services, basic restorative services, and specialty dental care services at a level that is at least commensurate with the coverage of the same services provided under the premium sharing plans under this section during the period preceding January 1, 2027.

(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; Pub. L. 115–232, div. A, title VII, § 713(b), Aug. 13, 2018, 132 Stat. 1811; Pub. L. 116–283, div. A, title VII, § 711(b)–(d), Jan. 1, 2021, 134 Stat. 3691; Pub. L. 117–263, div. A, title VII, § 701(a), Dec. 23, 2022, 136 Stat. 2644; Pub. L. 118–31, div. A, title XVIII, § 1801(a)(12), Dec. 22, 2023, 137 Stat. 684; Pub. L. 118–159, div. A, title VII, § 704(a), Dec. 23, 2024, 138 Stat. 1942.)

Editorial Notes

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

2024—Pub. L. 118–159 substituted “January 1, 2027” for “January 1, 2026” wherever appearing.

2023—Subsec. (d)(1)(E)(i). Pub. L. 118–31 substituted “subsection (e)(3)” for “subsection (e)(3)”.

2022—Subsec. (b). Pub. L. 117–263, § 701(a)(1), designated existing provisions as par. (1), inserted heading, and added par. (2).

Subsec. (d)(1)(B). Pub. L. 117–263, § 701(a)(2)(A), substituted “During the period preceding January 1, 2026, the member's” for “The member's”.

Subsec. (d)(1)(C). Pub. L. 117–263, § 701(a)(2)(B), substituted “of each year during the period preceding January 1, 2026,” for “of each year,” in introductory provisions.

Subsec. (d)(1)(D). Pub. L. 117–263, § 701(a)(2)(C), substituted “During the period preceding January 1, 2026, the Secretary of Defense” for “The Secretary of Defense”.

Subsec. (d)(1)(E), (F). Pub. L. 117–263, § 701(a)(2)(D), added subpars. (E) and (F).

Subsec. (e)(3). Pub. L. 117–263, § 701(a)(3), added par. (3).

Subsec. (j). Pub. L. 117–263, § 701(a)(4), substituted “During the period preceding January 1, 2026, the Secretary of Defense may not reduce benefits provided under a plan established under this section, and on or after January 1, 2026, the Secretary may not reduce benefits provided under a standard option plan under this section, until” for “The Secretary of Defense may not reduce benefits provided under a plan established under this section until” in introductory provisions.

Subsec. (l). Pub. L. 117–263, § 701(a)(5), added subsec. (l).

2021—Subsec. (a)(1). Pub. L. 116–283, § 711(d), struck out 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.”

Subsec. (b). Pub. L. 116–283, § 711(c), repealed Pub. L. 115–232, § 713(b). See 2018 Amendment note below.

Pub. L. 116–283, § 711(b), amended subsec. (b) generally. Prior to amendment, text read as follows: “The plans established under this section shall be administered by the Secretary of Defense through an agreement with the Director of the Office of Personnel Management to allow persons described in subsection (a) to enroll in an insurance plan under chapter 89A of title 5, in accordance with terms prescribed by the Secretary, including terms, to the extent practical, as defined by the Director through regulation, consistent with subsection (d) and, to the extent practicable in relation to such chapter 89A, other provisions of this section.”

2018—Subsec. (b). Pub. L. 115–232, § 713(b), which amended subsec. (b) generally, applicable with respect to the first contract year for chapter 89A of Title 5, Government Organization and Employees, that was to begin on or after Jan. 1, 2022, was repealed by Pub. L. 116–283, § 711(c).

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, ex-

cept 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”.

Statutory Notes and Related Subsidiaries

RULEMAKING

Pub. L. 117-263, div. A, title VII, §701(b), Dec. 23, 2022, 136 Stat. 2646, as amended by Pub. L. 118-159, div. A, title VII, §704(b)(1), Dec. 23, 2024, 138 Stat. 1942, provided that: “Pursuant to the authority under section 1076a(b)(1) of title 10, United States Code, as amended by subsection (a), the Secretary of Defense shall—

“(1) not later than January 1, 2026, prescribe an interim final rule to carry out the amendments made by subsection (a) [amending this section]; and

“(2) after prescribing the interim final rule under subparagraph (A) [sic; probably should be “paragraph (1)’] and considering public comments with respect to such interim final rule, prescribe a final rule, effective on January 1, 2027, to carry out such amendments.”

TRANSITION OF ADMINISTRATION OF TRICARE DENTAL PLANS

Pub. L. 115-232, div. A, title VII, §713(d), Aug. 13, 2018, 132 Stat. 1812, which related to transition of administration of TRICARE dental plans, was repealed by Pub. L. 116-283, div. A, title VII, §711(c), Jan. 1, 2021, 134 Stat. 3691.

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.

Statutory Notes and Related Subsidiaries

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.—(1) The Secretary of Defense shall establish a dental insurance plan for retirees of the uniformed services, certain unremarried surviving spouses, and dependents in accordance with this section.

(2) The Secretary may satisfy the requirement under paragraph (1) by entering into an agreement with the Director of the Office of Personnel Management to allow persons described in subsection (b) to enroll in an insurance plan under chapter 89A of title 5 that provides benefits similar to those benefits required to be provided under subsection (d).

(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