

§ 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

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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 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.

(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
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

¹So 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.

(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 adjust 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.

NOTES

Source

(Added Pub. L. 114-328, div. A, title VII, Sec. 701(a)(1), Dec. 23, 2016, 130 Stat. 2180.)

Prior Provisions

A prior section 1075, added Pub. L. 85-861, Sec. 1(25)(B), Sept. 2, 1958, 72 Stat. 1447; amended Pub. L. 97-22, Sec. 10(b)(2), July 10, 1981, 95 Stat. 137; Pub. L. 108-87, title VIII, Sec. 8146(a), Sept. 30, 2003, 117 Stat. 1109; Pub. L. 108-106, title I, Sec. 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, Sec. 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, Sec. 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 (Sec. 1973cc et seq.) of chapter 20 of Title 42, The Public Health and Welfare.

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.

