

106TH CONGRESS  
2D SESSION

# H. R. 4124

To amend title 10, United States Code, to improve the access to military treatment facilities for retired members of the uniformed services, and their dependents, who are over 65 years of age, to provide for Medicare reimbursement for health care services provided to such persons, to permit such persons to enroll in the Federal Employees Health Benefits program, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 29, 2000

Mr. THORNBERRY introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committees on Armed Services, Commerce, and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title 10, United States Code, to improve the access to military treatment facilities for retired members of the uniformed services, and their dependents, who are over 65 years of age, to provide for Medicare reimbursement for health care services provided to such persons, to permit such persons to enroll in the Federal Employees Health Benefits program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) **SHORT TITLE.**—This Act may be cited as the  
3 “Military Retiree Health Care Options Act”.

4 (b) **TABLE OF CONTENTS.**—The table of contents of  
5 this Act is as follows:

Sec. 1. Short title; table of contents.

**TITLE I—ENROLLMENT OF RETIREES IN TRICARE PRIME AND  
MEDICARE REIMBURSEMENT**

Sec. 101. Definitions.

Sec. 102. Availability of TRICARE-prime for Medicare-eligible uniformed services retirees.

Sec. 103. Medicare reimbursement.

Sec. 104. Determination of reimbursement amounts.

Sec. 105. Maintenance of defense health care effort.

Sec. 106. Department of Defense payment of late enrollment penalty under Medicare.

Sec. 107. Medigap special open enrollment for certain uniformed services retirees and dependents.

**TITLE II—FEHBP OPTION FOR RETIREES**

Sec. 201. Inclusion of Medicare-eligible uniformed services retirees in Federal Employees Health Benefits program.

Sec. 202. Improved benefits under CHAMPUS and TRICARE standard.

**TITLE III—OTHER MATTERS**

Sec. 301. Participation of medicare-eligible beneficiaries in certain Department of Defense pharmacy programs.

Sec. 302. Nationwide enrollment card under the TRICARE program.

6 **TITLE I—ENROLLMENT OF RE-**  
7 **TIREES IN TRICARE PRIME**  
8 **AND MEDICARE REIMBURSE-**  
9 **MENT**

10 **SEC. 101. DEFINITIONS.**

11 For purposes of this title:

1           (1) MEDICARE-ELIGIBLE UNIFORMED SERVICES  
2 RETIREE.—The term “Medicare-eligible uniformed  
3 services retiree” means an individual—

4           (A) who is—

5           (i) a member or former member of the  
6 uniformed services described in section  
7 1074(b) of title 10, United States Code;

8           (ii) a dependent of a member de-  
9 scribed in subsection (a)(2)(B) or (b) of  
10 section 1076 of that title; or

11           (iii) a dependent of a member who  
12 died while on active duty for a period of  
13 more than 30 days;

14           (B) who is entitled to hospital insurance  
15 benefits under part A of title XVIII of the So-  
16 cial Security Act (42 U.S.C. 1395 et seq.); and

17           (C) who has attained age 65.

18           (2) TRICARE PROGRAM.—The term  
19 “TRICARE program” means the managed health  
20 care program that is established by the Secretary of  
21 Defense under the authority of chapter 55 of title  
22 10, United States Code, principally section 1097 of  
23 such title, and includes the competitive selection of  
24 contractors to financially underwrite the delivery of

1 health care services under the Civilian Health and  
2 Medical Program of the Uniformed Services.

3 (3) SUBVENTION PROGRAM.—The term “sub-  
4 vention program” means the program established  
5 under section 103(a) to reimburse the Department  
6 of Defense, from the Medicare program under title  
7 XVIII of the Social Security Act (42 U.S.C. 1395 et  
8 seq.), for health care services provided to Medicare-  
9 eligible uniformed services retirees through the  
10 TRICARE program.

11 (4) DEPENDENT.—The term “dependent” has  
12 the meaning given the term in section 1072(2) of  
13 title 10, United States Code.

14 (5) SECRETARIES.—The term “Secretaries”  
15 means the Secretary of Defense and the Secretary of  
16 Health and Human Services acting jointly.

17 **SEC. 102. AVAILABILITY OF TRICARE-PRIME FOR MEDI-**  
18 **CARE-ELIGIBLE UNIFORMED SERVICES RE-**  
19 **TIREES.**

20 The Secretary of Defense may not prohibit the enroll-  
21 ment of Medicare-eligible uniformed services retirees in  
22 the managed care option of the TRICARE program  
23 (known as TRICARE prime) solely on account of age or  
24 the entitlement of such persons to hospital insurance bene-

1 fits under part A of title XVIII of the Social Security Act  
2 (42 U.S.C. 1395c et seq.).

3 **SEC. 103. MEDICARE REIMBURSEMENT.**

4 (a) REIMBURSEMENT REQUIRED.—The Secretary of  
5 Defense and the Secretary of Health and Human Services  
6 shall jointly establish a program to provide the Depart-  
7 ment of Defense with reimbursement, beginning October  
8 1, 2000, from the Medicare program under title XVIII of  
9 the Social Security Act (42 U.S.C. 1395 et seq.) for health  
10 care services provided to Medicare-eligible uniformed serv-  
11 ices retirees—

12 (1) through the TRICARE program to increase  
13 the number of Medicare-eligible uniformed services  
14 retirees able to enroll in the managed care option of  
15 the TRICARE program; and

16 (2) in a military medical treatment facility of  
17 the uniformed services.

18 (b) VOLUNTARY ENROLLMENT.—For purposes of the  
19 subvention program, enrollment of Medicare-eligible uni-  
20 formed services retirees in an option of the TRICARE pro-  
21 gram shall be voluntary, except that the total number of  
22 Medicare-eligible uniformed services retirees so enrolled  
23 shall be subject to the capacity and funding limitations  
24 specified in section 105.

1           (c) EFFECT OF ENROLLMENT.—In the case of a  
2 Medicare-eligible uniformed services retiree who enrolls in  
3 an option of the TRICARE program, payments may not  
4 be made under title XVIII of the Social Security Act (42  
5 U.S.C. 1395 et seq.) other than under the subvention pro-  
6 gram for health care services provided through the  
7 TRICARE program, except that the Secretaries may pro-  
8 vide exceptions for emergencies or other situations as the  
9 Secretaries consider appropriate.

10           (d) TRICARE PROGRAM ENROLLMENT FEE WAIV-  
11 ER.—The Secretary of Defense shall waive the enrollment  
12 fee applicable to any Medicare-eligible uniformed services  
13 retiree enrolled in the managed care option of the  
14 TRICARE program for whom reimbursement may be  
15 made under section 104.

16           (e) MODIFICATION OF TRICARE CONTRACTS.—In  
17 carrying out the subvention program, the Secretary of De-  
18 fense may amend existing TRICARE program contracts  
19 as may be necessary to incorporate provisions specifically  
20 applicable to Medicare-eligible uniformed services retirees  
21 who enroll in an option of the TRICARE program.

22           (f) COST SHARING.—The Secretary of Defense may  
23 establish cost sharing requirements for Medicare-eligible  
24 uniformed services retirees who enroll in an option of the

1 TRICARE program and for whom reimbursement may be  
2 made under section 104.

3 **SEC. 104. DETERMINATION OF REIMBURSEMENT AMOUNTS.**

4 (a) INDIVIDUALS ENROLLED IN PART A.—In the  
5 case of Medicare-eligible uniformed services retirees who  
6 are enrolled in the supplementary medical insurance pro-  
7 gram under part B of title XVIII of the Social Security  
8 Act (42 U.S.C. 1395j et seq.), the Secretary of Health  
9 and Human Services shall reimburse the Secretary of De-  
10 fense for services provided under section 103 at a rate  
11 equal to the amount paid to a Medicare+Choice organiza-  
12 tion under part C of this title with respect to such an en-  
13 rollee or a rate equal to the amount that otherwise would  
14 be payable under XVIII of the Social Security Act on a  
15 noncapitated basis for the service. In cases in which a pay-  
16 ment amount may not otherwise be readily computed, the  
17 Secretary shall establish rules for computing equivalent or  
18 comparable payment amounts.

19 (b) INDIVIDUALS NOT ENROLLED IN PART B.— In  
20 the case of Medicare-eligible uniformed services retirees  
21 who are not enrolled in the supplementary medical insur-  
22 ance program under part B of title XVIII of the Social  
23 Security Act (42 U.S.C. 1395j et seq.), the Secretary of  
24 Health and Human Services shall reimburse the Secretary  
25 of Defense for services provided under section 103 at a

1 rate equal to the amount that otherwise would be payable  
2 under title XVIII of the Social Security Act on a  
3 noncapitated basis for the service. In cases in which a pay-  
4 ment amount may not otherwise be readily computed, the  
5 Secretary shall establish rules for computing equivalent or  
6 comparable payment amounts.

7 **SEC. 105. MAINTENANCE OF DEFENSE HEALTH CARE EF-**  
8 **FORT.**

9 (a) MAINTENANCE OF EFFORT REQUIRED.—The  
10 Secretary of Defense shall maintain the Department of  
11 Defense health care efforts for Medicare-eligible uni-  
12 formed services retirees so as to avoid imposing on the  
13 Medicare program those costs that the Department of De-  
14 fense would be expected to incur to provide health care  
15 services to Medicare-eligible uniformed services retirees in  
16 the absence of the subvention program.

17 (b) ESTIMATE OF PRIOR EFFORT.—For the first fis-  
18 cal year of the subvention program, the Secretaries shall  
19 estimate the amount expended by the Department of De-  
20 fense for fiscal year 2000 for providing health care items  
21 and services (other than pharmaceuticals provided to out-  
22 patients) to Medicare-eligible uniformed services retirees.  
23 For subsequent fiscal years, the amount so estimated shall  
24 be adjusted for inflation, for differences between estimated

1 and actual amounts expended, and for major changes in  
2 the Department of Defense health care budget.

3 (c) TARGET FOR DEFENSE EFFORT.—On the basis  
4 of the estimate made under subsection (b), the Secretaries  
5 shall establish monthly targets of the number of Medicare-  
6 eligible uniformed services retirees for whom reimburse-  
7 ment will not be provided to the Department of Defense  
8 under section 104.

9 (d) PROTECTION OF MEDICARE PROGRAM AGAINST  
10 INCREASED COSTS.—

11 (1) PURPOSE.—The purpose of this subsection  
12 is to protect the Medicare program against costs in-  
13 curred under section 104 in connection with the pro-  
14 vision of health care services to Medicare-eligible  
15 uniformed services retirees that would not have been  
16 incurred by the Medicare program in the absence of  
17 the reimbursement requirement.

18 (2) REVIEW BY COMPTROLLER GENERAL.—Not  
19 later than December 31 of each year, the Comp-  
20 troller General shall determine and submit to the  
21 Secretaries and Congress a report on the extent, if  
22 any, to which the costs of the Secretary of Defense  
23 under the TRICARE program and the costs of the  
24 Secretary of Health and Human Services under the

1 Medicare program have increased as a result of the  
2 subvention program.

3 (3) ACTIONS TO PREVENT INCREASED COSTS.—

4 If the Secretaries determine that the trust funds  
5 under title XVIII of the Social Security Act (42  
6 U.S.C. 1395 et seq.) still incur excess costs as a re-  
7 sult of the subvention program, the Secretaries shall  
8 take such steps as may be necessary to offset those  
9 excess costs (and prevent future excess costs), in-  
10 cluding adjustment of the payment rate under sec-  
11 tion 104 or an adjustment of the maintenance of ef-  
12 fort requirements of the Department of Defense  
13 under this section.

14 **SEC. 106. DEPARTMENT OF DEFENSE PAYMENT OF LATE**  
15 **ENROLLMENT PENALTY UNDER MEDICARE.**

16 (a) DEPARTMENT OF DEFENSE PAYMENT.—In the  
17 case of any Medicare-eligible uniformed services retiree  
18 who enrolls under part B of title XVIII of the Social Secu-  
19 rity Act and who, because of the date of such enrollment,  
20 is subject to the late enrollment penalty imposed pursuant  
21 to section 1839(b) of the Social Security Act on the  
22 monthly premium under part B of such title, the Secretary  
23 of Defense shall reimburse the Medicare-eligible uniformed  
24 services retiree for the cost of such penalty by—

1           (1) increasing the amount of a payment other-  
2           wise made by the Department of Defense to the  
3           Medicare-eligible uniformed services retiree, such as  
4           retired or retainer pay; or

5           (2) making a special payment to the Medicare-  
6           eligible uniformed services retiree to cover the cost  
7           of such penalty.

8           (b) APPLICABILITY.—This section applies to a Medi-  
9           care-eligible uniformed services retiree—

10           (1) who was eligible to enroll under part B of  
11           title XVIII of the Social Security Act, and

12           (2) who at the time the individual first satisfied  
13           paragraph (1) or (2) of section 1836 of the Social  
14           Security Act, did not elect to enroll (or to be deemed  
15           enrolled) under section 1837 of the Social Security  
16           Act during the individual’s initial enrollment period.

17 **SEC. 107. MEDIGAP SPECIAL OPEN ENROLLMENT FOR CER-**  
18 **TAIN UNIFORMED SERVICES RETIREES AND**  
19 **DEPENDENTS.**

20           (a) MEDIGAP SPECIAL OPEN ENROLLMENT.—Not-  
21           withstanding any other provision of law, in the case of a  
22           Medicare-eligible uniformed services retiree who seeks to  
23           enroll in a Medicare supplemental policy (as defined in  
24           section 1882(g) of the Social Security Act), the issuer of  
25           the Medicare supplemental policy—

1 (1) may not deny or condition the issuance or  
2 effectiveness of a Medicare supplemental policy; and

3 (2) may not discriminate in the pricing of the  
4 policy on the basis of the individual's health status,  
5 medical condition (including both physical and men-  
6 tal illnesses), claims experience, receipt of health  
7 care, medical history, genetic information, evidence  
8 of insurability (including conditions arising out of  
9 acts of domestic violence), or disability.

10 (b) APPLICABILITY.—This section applies to a Medi-  
11 care-eligible uniformed services retiree who was eligible to  
12 enroll under part B of title XVIII of the Social Security  
13 Act.

14 **TITLE II—FEHBP OPTION FOR**  
15 **RETIRES**

16 **SECTION. 201. INCLUSION OF MEDICARE-ELIGIBLE UNI-**  
17 **FORMED SERVICES RETIREES IN FEDERAL**  
18 **EMPLOYEES HEALTH BENEFITS PROGRAM.**

19 (a) IN GENERAL.—Section 1108 of title 10, United  
20 States Code, is amended to read as follows:

21 **“§ 1108. Health care coverage through Federal Em-**  
22 **ployees Health Benefits program**

23 “(a) FEHBP OPTION.—The Secretary of Defense,  
24 after consulting with the other administering Secretaries,  
25 shall enter into an agreement with the Office of Personnel

1 Management under which eligible beneficiaries described  
2 in subsection (b) may enroll in health benefits plans of-  
3 fered through the Federal Employees Health Benefits pro-  
4 gram under chapter 89 of title 5.

5 “(b) ELIGIBLE BENEFICIARIES; COVERAGE.—(1) An  
6 eligible beneficiary under this subsection is—

7 “(A) a member or former member of the uni-  
8 formed services described in section 1074(b) of this  
9 title who is entitled to hospital insurance benefits  
10 under part A of title XVIII of the Social Security  
11 Act (42 U.S.C. 1395c et seq.);

12 “(B) an individual who is a former spouse of a  
13 member or former member described in section  
14 1072(2)(F) or 1072(2)(G));

15 “(C) an individual who is—

16 “(i) a dependent of a deceased member or  
17 former member described in section 1076(b) or  
18 1076(a)(2)(B) of this title or of a member who  
19 died while on active duty for a period of more  
20 than 30 days; and

21 “(ii) a member of family as defined in sec-  
22 tion 8901(5) of title 5; or

23 “(D) an individual who is—

24 “(i) a dependent of a living member or  
25 former member described in section 1076(b)(1)

1 of this title who is entitled to hospital insurance  
2 benefits under part A of title XVIII of the So-  
3 cial Security Act, regardless of the member's or  
4 former member's eligibility for such hospital in-  
5 surance benefits; and

6 “(ii) a member of family as defined in sec-  
7 tion 8901(5) of title 5.

8 “(2) Eligible beneficiaries may enroll in a Federal  
9 Employees Health Benefit plan under chapter 89 of title  
10 5 under this section for self-only coverage or for self and  
11 family coverage which includes any dependent of the mem-  
12 ber or former member who is a family member for pur-  
13 poses of such chapter.

14 “(3) A person eligible for coverage under this sub-  
15 section shall not be required to satisfy any eligibility cri-  
16 teria specified in chapter 89 of title 5 (except as provided  
17 in paragraph (1)(C) or (1)(D)) as a condition for enroll-  
18 ment in health benefits plans offered through the Federal  
19 Employees Health Benefits program under this section.

20 “(4) For purposes of determining whether an indi-  
21 vidual is a member of family under paragraph (5) of sec-  
22 tion 8901 of title 5 for purposes of paragraph (1)(C) or  
23 (1)(D), a member or former member described in section  
24 1076(b) or 1076(a)(2)(B) of this title shall be deemed to  
25 be an employee under such section.

1       “(5) An eligible beneficiary who is eligible to enroll  
2 in the Federal Employees Health Benefits program as an  
3 employee under chapter 89 of title 5 is not eligible to en-  
4 roll in a Federal Employees Health Benefits plan under  
5 this section.

6       “(c) PROHIBITION AGAINST USE OF MTF'S AND EN-  
7 ROLLMENT UNDER TRICARE.—Covered beneficiaries  
8 under this chapter who are provided coverage under this  
9 section shall not be eligible to receive care at a military  
10 medical treatment facility or to enroll in a health care plan  
11 under the TRICARE program.

12       “(d) SEPARATE RISK POOLS; CHARGES.—(1) The  
13 Director of the Office of Personnel Management shall re-  
14 quire health benefits plans under chapter 89 of title 5 that  
15 participate under this section to maintain a separate risk  
16 pool for purposes of establishing premium rates for eligible  
17 beneficiaries who enroll in such a plan in accordance with  
18 this section.

19       “(2) The Director shall determine total subscription  
20 charges for self only or for family coverage for eligible  
21 beneficiaries who enroll in a health benefits plan under  
22 chapter 89 of title 5 in accordance with this section. The  
23 subscription charges shall include premium charges paid  
24 to the plan and amounts described in section 8906(c) of

1 title 5 for administrative expenses and contingency re-  
2 serves.

3 “(e) GOVERNMENT CONTRIBUTIONS.—The Secretary  
4 of Defense shall be responsible for the Government con-  
5 tribution for an eligible beneficiary who enrolls in a health  
6 benefits plan under chapter 89 of title 5 in accordance  
7 with this section, except that the amount of the contribu-  
8 tion may not exceed the amount of the Government con-  
9 tribution which would be payable if the electing beneficiary  
10 were an employee (as defined for purposes of such chap-  
11 ter) enrolled in the same health benefits plan and level  
12 of benefits.”.

13 (b) CONFORMING AMENDMENTS.—(1) The item re-  
14 lating to section 1108 in the table of sections at the begin-  
15 ning of chapter 55 of title 10, United States Code, is  
16 amended to read as follows:

“1108. Health care coverage through Federal Employees Health Benefits pro-  
gram.”.

17 (2) Section 724 of the Strom Thurmond National De-  
18 fense Authorization Act for Fiscal Year 1999 (Public Law  
19 105–261; 112 Stat. 2069) is amended to read as follows:

20 **“SEC. 724. COMPREHENSIVE EVALUATION OF IMPLEMEN-**  
21 **TATION OF DEMONSTRATION PROJECT AND**  
22 **TRICARE PHARMACY REDESIGN.**

23 “Not later than March 31, 2003, the Comptroller  
24 General shall submit to the Committees on Armed Serv-

1 ices of the Senate and the House of Representatives a re-  
2 port containing a comprehensive comparative analysis of  
3 the TRICARE Senior Supplement under section 722 and  
4 the redesign of the TRICARE pharmacy system under  
5 section 723. The comprehensive analysis shall incorporate  
6 the findings of the evaluation submitted under section  
7 723(c).”.

8 (3) Chapter 89 of title 5, United States Code, is  
9 amended—

10 (A) in section 8905(d), by striking “, as part of  
11 the demonstration project under such section,”;

12 (B) in section 8906(b)(4)—

13 (i) by striking “as part of the demonstra-  
14 tion project”; and

15 (ii) by striking “subsection (i)” and insert-  
16 ing “subsection (e)”;

17 (C) in section 8906(g)(3)—

18 (i) by striking “as part of the demonstra-  
19 tion project”; and

20 (ii) by striking “subsection (i)” and insert-  
21 ing “subsection (e)”;

22 (D) in section 8909(g), by striking “the dem-  
23 onstration project under”.

1 **SEC. 202. IMPROVED BENEFITS UNDER CHAMPUS AND**  
2 **TRICARE STANDARD.**

3 (a) COMPARABILITY.—(1) Chapter 55 of title 10,  
4 United States Code, is further amended by inserting after  
5 section 1109 the following new section:

6 **“§ 1110. CHAMPUS and TRICARE Standard benefits:**  
7 **comparability with service benefit plan**  
8 **of the Federal Employees Health Benefits**  
9 **program**

10 “(a) BENEFITS.—The health and dental care benefits  
11 provided under CHAMPUS and TRICARE Standard  
12 shall be comparable to the highest level of benefits pro-  
13 vided under the service benefit plan of the Federal Em-  
14 ployees Health Benefits program.

15 “(b) PROVIDER REIMBURSEMENT RATES.—The  
16 rates prescribed for the reimbursement of health and den-  
17 tal care providers under CHAMPUS and TRICARE  
18 Standard shall be the same as those provided for the high-  
19 est level of benefits under the service benefit plan of the  
20 Federal Employees Health Benefits program.”.

21 (2) The table of sections at the beginning of such  
22 chapter is amended by inserting after the item relating  
23 to section 1109 the following new item:

“1110. CHAMPUS and TRICARE Standard benefits: comparability with serv-  
ice benefit plan of the Federal Employees Health Benefits pro-  
gram.”.

1 (b) DEFINITIONS.—Section 1072 of title 10, United  
2 States Code, is amended—

3 (1) in paragraph (4), by striking out “The term  
4 ‘Civilian Health and Medical Program of the Uni-  
5 formed Services’ means” and inserting in lieu there-  
6 of “The terms ‘Civilian Health and Medical Pro-  
7 gram of the Uniformed Services’ and ‘CHAMPUS’  
8 mean”; and

9 (2) by adding at the end the following:

10 “(8) The term ‘TRICARE Standard’ means a  
11 CHAMPUS health care benefits option that, subject  
12 to the deductibles and cost-sharing requirements  
13 under CHAMPUS, pays a share of the cost of cov-  
14 ered health care services that are provided by health  
15 care providers outside the Federal Government who  
16 are not part of the CHAMPUS network of health  
17 care providers.

18 “(9) The term ‘Federal Employee Health Bene-  
19 fits program’ means the Federal Employee Health  
20 Benefits program under chapter 89 of title 5.”.

1       **TITLE III—OTHER MATTERS**

2       **SEC. 301. PARTICIPATION OF MEDICARE-ELIGIBLE BENE-**  
3                   **FICIARIES IN CERTAIN DEPARTMENT OF DE-**  
4                   **FENSE PHARMACY PROGRAMS.**

5           (a) IN GENERAL.—Not later than October 1, 2000,  
6 the Secretary of Defense shall—

7                   (1) expand and make permanent the dem-  
8 onstration project for pharmaceuticals by mail estab-  
9 lished under subsection (a) of section 702 of the Na-  
10 tional Defense Authorization Act for Fiscal Year  
11 1993 (10 U.S.C. 1079 note) in order to permit indi-  
12 viduals described in subsection (b) worldwide to ob-  
13 tain pharmaceuticals through the project; and

14                   (2) modify each managed health care program  
15 which includes a managed care network of commu-  
16 nity retail pharmacies under subsection (b) of such  
17 section 702 to supply prescription pharmaceuticals  
18 to the individuals described in subsection (b) of this  
19 section through such network in the area covered by  
20 such program.

21           (b) ELIGIBLE INDIVIDUALS.—An individual eligible  
22 to obtain pharmaceuticals under this section is an  
23 individual—

24                   (1) who is—

1 (A) a member or former member of the  
2 uniformed services described in section 1074(b)  
3 of title 10, United States Code;

4 (B) a dependent of a member described in  
5 subsection (a)(2)(B) or (b) of section 1076 of  
6 that title; or

7 (C) a dependent of a member who died  
8 while on active duty for a period of more than  
9 30 days;

10 (2) who is entitled to hospital insurance bene-  
11 fits under part A of title XVIII of the Social Secu-  
12 rity Act (42 U.S.C. 1395 et seq.); and

13 (3) who has attained age 65.

14 (c) FEES AND CHARGES.—(1) An eligible individual  
15 described in subsection (b) shall not be charged an enroll-  
16 ment fee or deductible for participation in the project or  
17 a retail pharmacy network under this section.

18 (2) The Secretary of Defense may not establish or  
19 collect any new fee or charge under the project referred  
20 to in subsection (a)(1), or any retail pharmacy network  
21 referred to in subsection (a)(2), by reason of the participa-  
22 tion of eligible individuals described in subsection (b) in  
23 the project or network under this section.

1 **SEC. 302. NATIONWIDE ENROLLMENT CARD UNDER THE**  
2 **TRICARE PROGRAM.**

3 (a) REQUIREMENT.—The Secretary of Defense, after  
4 consultation with the other administering Secretaries,  
5 shall issue to covered beneficiaries under the TRICARE  
6 program an enrollment card which shall serve as an enroll-  
7 ment card for participation in the TRICARE program na-  
8 tionwide. The purpose of the enrollment card is to facili-  
9 tate the ready portability of benefits under the TRICARE  
10 program.

11 (b) DEFINITIONS.—In this section the terms “admin-  
12 istering Secretaries” and “TRICARE program” shall have  
13 the meanings given such terms in section 1072 of title 10,  
14 United States Code.

○