

FY2024 NDAA: TRICARE for Reservists

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Background

Since September 11, 2001, Congress has enacted [new or modified benefits](#) tailored to certain [Selected Reserve members](#) and their dependent family members. These benefits include expanded eligibility for health care benefits offered through the [TRICARE program](#). Most drilling reservists are eligible to enroll in a premium-based health plan called [TRICARE Reserve Select](#) (TRS).

TRS is structured similarly to [TRICARE Select](#) (i.e., preferred provider option) and is available worldwide. The beneficiary cost features of TRS include monthly premiums, annual deductibles, fixed co-pays when receiving care from a [network provider](#), and paying a percentage of the allowable charges when receiving care from a TRICARE-authorized, [non-network provider](#). For [calendar year 2024](#), the TRS premiums are \$51.95 per month for servicemember-only enrollment and \$256.87 per month for servicemember and family member enrollment.

In addition to TRS, drilling reservists and their dependent family members may be eligible for dental insurance through the [TRICARE Dental Program](#) (TDP) and/or vision insurance through the [Federal Employees Dental and Vision Insurance Program](#) (FEDVIP).

Reservists (i.e., members of the Reserves Components, including the National Guard) on federal active duty orders for more than 30 consecutive days receive identical health benefits as active duty servicemembers. These benefits include a premium-free health plan (i.e., [TRICARE Prime](#)) and premium-free dental and vision care. Once activated reservists complete an active duty period, they may be eligible for [transitional health benefits](#) as they return to a reserve status.

Table 1 lists the proposed and enacted reserve component-specific health care provisions included in the House-passed (H.R. 2670), Senate-passed (S. 2226), and enacted (P.L. 118-31) versions of the National Defense Authorization Act (NDAA) for FY2024.

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Table I. FY2024 NDAA Legislative Proposals

House-Passed H.R. 2670	Senate-Passed S. 2226	Enacted Legislation (P.L. 118-31)
Section 701 would have amended 10 U.S.C. §1076a to create a premium-free TRICARE dental plan option for members of the Selected Reserve. The provision would also prohibit copayments for those enrolled in the premium-free TRICARE dental plan option.	No similar provision.	Not adopted.
Section 702 would have amended 10 U.S.C. §1076d(c) to extend the period of eligibility to enroll in TRICARE Reserve Select (TRS) for surviving “immediate family” members of a reservist who died while also enrolled in TRS. The provision would extend the period of eligibility from six months to three years after the servicemember’s death.	Section 701 is a similar provision to House Section 702 with an effective date of October 1, 2025.	Section 702 adopts the Senate provision.

Source: CRS analysis of legislation on Congress.gov.

Discussion

As of November 2023, the [Department of Defense \(DOD\)](#) reported a total of 764,526 servicemembers in the Selected Reserves across all military reserve components (i.e., Army Reserve, Army National Guard, Marine Corps Reserve, Navy Reserve, Air Force Reserve, Air National Guard, and Coast Guard Reserve). In recent years, some [military service leaders](#) have supported and [military service organizations have advocated](#) for more TRICARE benefits and reduced cost-sharing requirements for reservists, in order to ensure continuity of care when transitioning between active and reserve status, and to assist with resolving [deficient individual medical readiness](#). [Some observers](#) have noted potential challenges with the Defense Department’s ability to sustain existing health benefits, and broader personnel costs associated with extending TRICARE benefits to a larger population.

For the FY2024 NDAA, Congress considered provisions that would have eliminated certain TRICARE cost-sharing requirements for drilling reservists, or would have extended the period of TRICARE eligibility for certain dependent family members of reservists.

Health and Dental Benefits for Reservists

In [recent testimony](#) to the Senate Appropriations Committee, Subcommittee on Defense, the Chief of the National Guard Bureau, General Daniel R. Hokanson, stated that premium-free health care and dental care are “critically important” to “medical and dental readiness for our personnel.” Section 701 of the House-passed bill would have eliminated cost-sharing requirements for reservists enrolled in TDP. The provision would amend [10 U.S.C. §1076a](#) to create a premium-free TDP option for members of the Selected Reserve and prohibit copayments for those enrolled in the dental plan option. The [Congressional Budget Office estimated](#) that the House provision would have increased TDP enrollment from approximately 120,000 reservists to 450,000 reservists, and would increase DOD discretionary costs “by about \$1.1 billion over the 2024-2028 period.” The enacted bill did not include this provision. [The conferees stated](#) that they are “eagerly awaiting the findings and recommendations” on a [congressionally directed DOD study](#) on the feasibility and cost effects of expanding eligibility for TRS and TDP to all

Selected Reserve members, their dependent family members, and nondependent children under 26 years old.

The House bill did not include any proposals that would have changed TRS eligibility or costs. However, in H.Rept. 118-125, the House Armed Services Committee (HASC) described that “individuals in the National Guard and Reserves still face numerous financial and administrative barriers to healthcare coverage through TRICARE” and often “lose access to TRICARE Reserve Select coverage during their transition [between reserve and active duty status].” The committee directed the Secretary of Defense to provide a report by December 1, 2024, on the cost and feasibility of

- expanding access to TRS for 60 days for reservists transferring between reserve components (e.g., transferring from the Army National Guard to the Army Reserve, or vice-versa);
- allowing reservists to maintain TRS coverage while on active duty orders; and
- waiving the required TRS deductible and lowering the [initial premium payment](#) requirement from two months to one month.

Health Benefits for Survivors

In certain instances, [survivors of servicemembers](#) may continue to be eligible for TRICARE depending on the circumstances of the death. If a servicemember died while on active duty orders, surviving dependent family members remain eligible for TRICARE benefits indefinitely, unless a surviving spouse remarries or a dependent child reaches the age of 21 (or 23 if enrolled at an institution of higher education).

Survivors of reservists who were not on active duty orders currently [remain eligible for TRS](#) for up to six months after the servicemember’s death. After that period, a survivor may purchase temporary TRICARE coverage for 18 to 36 months through the [Continued Health Care Benefit Program](#) or opt for health insurance coverage through other avenues.

Section 702 of the enacted bill adopts S. 2226 §701, which amends [10 U.S.C. §1076d\(c\)](#) to extend the period of eligibility to enroll in TRS for surviving “immediate family” members of a reservist who died while also enrolled in TRS. The provision extends the period of eligibility from six months to three years after the servicemember’s death beginning on October 1, 2025. House Section 702, which was not adopted, was a similar provision that would have taken effect upon enactment.

For more on TRICARE for reservists, see CRS Report R45399, *Military Medical Care: Frequently Asked Questions*, by Bryce H. P. Mendez; and CRS Report R45968, *Limits on TRICARE for Reservists: Frequently Asked Questions*.

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