

Limits on TRICARE for Reservists: Frequently Asked Questions

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Limits on TRICARE for Reservists: Frequently Asked Questions

While on active duty, reservists and their family members have access to a wide range of health care services administered by the Department of Defense's (DOD) Military Health System (MHS). Prior to 2005, Title 10, Chapter 55 of the *U.S. Code*, authorized little to no DOD health care services to nonactivated reservists or their family members.

In 2005, Congress began examining initial impacts of frequent mobilizations on reservists, their families, and their employers. Soon after, Congress enacted a series of new or expanded health care, transitional, and other personnel benefits to mitigate certain effects associated with reserve mobilizations. Two health care programs tailored for reservists were established:

- TRICARE Reserve Select (TRS)—a premium-based health plan option available to qualified members of the Selected Reserve and their family members; and
- TRICARE Retired Reserve (TRR)—a premium-based health plan option available to so-called *gray area* reservists—those who have retired but are too young to draw retired pay—and their family members.

Section 701 of the Ronald W. Reagan National Defense Authorization (NDAA) Act of Fiscal Year 2005 (P.L. 108-375) established TRS. Initially, TRS eligibility was limited to certain reservists who had served on continuous active duty in support of a contingency operation and signed a military service obligation agreement. Section 706 of the John Warner NDAA for FY2007 (P.L. 109-364) revised TRS by removing certain restrictions and expanding eligibility. The law also added a prohibition on members of the Selected Reserve and their family members from being eligible for TRS if they are also eligible for a health benefits plan under Title 5, Chapter 89, of the *U.S. Code* (e.g., Federal Employees Health Benefits [FEHB] program). Section 705 of the NDAA for FY2010 (P.L. 111-84) established TRR, which also prohibits retired reservists and their families from participating if they are also eligible for the FEHB program. Both reserve plans mirror the benefits and cost sharing requirements established for TRICARE Select, a health plan option available to family members of active duty servicemembers and certain military retirees.

Congress has not explicitly addressed why the prohibition on TRS or TRR for FEHB-eligible reservists and their family members was established. Nevertheless, observers have noted several considerations in removing the statutory prohibition, including

- potential impacts to the FEHB health insurance risk-pools;
- potential cost implications to federal mandatory and discretionary spending; and
- continuity of care for reservists transitioning between active and reserve status.

Since the creation of these programs, Congress has considered various proposals to remove the statutory prohibitions on TRS or TRR eligibility. Section 701 of the FY2020 NDAA (P.L. 116-92) removes the statutory prohibition for TRS eligibility and is to take effect on January 1, 2030.

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Background

The Department of Defense (DOD) operates a Military Health System (MHS) that delivers certain health entitlements under Title 10, Chapter 55 of the *U.S. Code*. The Defense Health Agency (DHA)—a component of the MHS—administers the TRICARE program, which offers health care services to approximately 9.4 million beneficiaries, composed of military personnel, retirees, and their families.¹ Beneficiaries may receive health care services in DOD-operated hospitals and clinics—known as military treatment facilities (MTFs)—or through participating civilian health care providers. DOD operates 736 MTFs in the United States and in overseas locations.² Each MTF provides a range of clinical services depending on its size, mission, and level of capabilities. Only active duty servicemembers are entitled to care in any MTF.³ Dependents and retirees may receive care in an MTF on a space-available basis that takes into account patient capacity, beneficiary category (e.g., servicemember, family member, retiree), and enrollment status.⁴

When care is not available at an MTF, beneficiaries may generally receive care from a civilian health care provider who participates in TRICARE. The three main health plan options offered to eligible beneficiaries include TRICARE Prime, TRICARE Select, and TRICARE for Life.⁵

TRICARE also offers premium-based health plan options for certain beneficiaries, such as qualified members of the Selected Reserve, retired reservists, young adults, and servicemembers transitioning from active duty.⁶ Other TRICARE benefits include a pharmacy program, optional dental plans, and a vision plan for certain beneficiaries.⁷

This report answers frequently asked questions about TRICARE health plan options tailored for certain reservists, retired reservists, and their families (i.e., TRICARE Reserve Select and TRICARE Retired Reserve) and certain statutory prohibitions that limit their participation in the plans.

¹ Department of Defense (DOD), *Evaluation of the TRICARE Program: Fiscal Year 2024 Report to Congress*, February 29, 2024, p. 11, at <https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>.

² *Ibid.* Military treatment facilities (MTFs) include inpatient hospitals and medical centers, ambulatory care and occupational health clinics, and dental clinics.

³ 10 U.S.C. §1074.

⁴ DOD clarified the basic priorities for MTF care in 32 C.F.R. §199.17(d) and Department of Defense, Health Affairs Policy 11-005, *TRICARE Policy for Access to Care*, February 23, 2011.

⁵ For more on the various TRICARE plans, see Question “7. What are the Different TRICARE Plans?” in CRS Report R45399, *Military Medical Care: Frequently Asked Questions*, by Bryce H. P. Mendez.

⁶ For more on the Selected Reserve, see CRS In Focus IF10540, *Defense Primer: Reserve Forces*, coordinated by Kristy N. Kamarck. *Transitioning servicemembers* include those involuntarily separated from military service (under honorable conditions), transitioning between the active and reserve components, or voluntarily separated under certain conditions. For more on transitioning servicemembers, see <https://tricare.mil/tamp>.

⁷ For more on other TRICARE benefits, see Department of Defense, “TRICARE 101,” accessed July 12, 2024, at <https://www.tricare.mil/Plans/New>.

Questions and Answers

1. What are TRICARE Reserve Select and TRICARE Retired Reserve?

TRICARE Reserve Select (TRS) is a premium-based health plan available worldwide for some members of the Selected Reserve and their families. TRS was established by Section 701 of the Ronald W. Reagan National Defense Authorization Act (NDAA) of Fiscal Year 2005 (P.L. 108-375).⁸ TRICARE Retired Reserve (TRR) is a premium-based health plan available worldwide for qualified retired members of the reserve components. TRR was established by Section 705 of the NDAA for FY2010 (P.L. 111-84) as a TRICARE coverage option for so-called *gray area* reservists, defined as those who have retired but are too young to draw retired pay.⁹

The plans are similar to TRICARE Select (i.e., preferred provider option); they feature monthly premiums, annual deductibles, and fixed co-pays when receiving care from a network provider or paying a percentage of the allowable charge when receiving care from a TRICARE-authorized, non-network provider.¹⁰ Eligible beneficiaries residing outside of the United States are also eligible for TRS and TRR; however, the availability of network providers may be limited based on geographic location.¹¹

By law, DOD is required to subsidize the cost of TRS.¹² Servicemembers pay 28% of the cost in the form of premiums.¹³ DOD does not subsidize the cost of TRR; enrollees pay the full cost of the calculated premium as determined by the Secretary of Defense.¹⁴ DOD annually updates the premiums for each program on an “appropriate actuarial basis.”¹⁵ Monthly TRS and TRR premiums for calendar years 2024 and 2025 are listed in

Table 1.

⁸ 10 U.S.C. §1076d. For more on TRICARE Select, see <https://www.tricare.mil/select>.

⁹ 10 U.S.C. §1076e. Typically, reservists are eligible to draw retired pay at age 60 and become eligible for other TRICARE plan options. For more on military retirement, see CRS Report RL34751, *Military Retirement: Background and Recent Developments*, by Kristy N. Kamarck.

¹⁰ For more on TRICARE Select premiums and cost sharing requirements, see <https://tricare.mil/costs>.

¹¹ TRICARE’s network provider directories are publicly accessible at <https://tricare.mil/networkproviders>.

¹² 10 U.S.C. §1076d(d)(3). The congressional record and the committee and conference reports accompanying the enacting and amending legislation for TRS do not articulate why a premium payment is required (compared to active duty servicemembers who pay no premium for a TRICARE health plan), or why the reservists’ share was set at 28% of the “total monthly amount determined on an appropriate actuarial basis as being reasonable for that coverage.” The originating provision, Section 706 of the Senate-passed FY2005 NDAA (S. 2400), proposed a premium payment requirement of (1) 28% for the participating reservist; (2) 72% for the reservist’s civilian employer; and (3) 100% if the reservist was unemployed or lacked access to employer-sponsored health insurance. After conference, the House Armed Services Committee and Senate Armed Services Committee included the premium payment requirement of 28% for the participating reservist, requiring DOD to cover the remaining cost to administer TRS.

¹³ 10 U.S.C. §1076d(d)(3).

¹⁴ 10 U.S.C. §1076e(d)(3).

¹⁵ 10 U.S.C. §1076d(d)(3) and 10 U.S.C. §1076e(d)(3).

Table 1. Monthly TRS and TRR Premiums for Calendar Years 2024 and 2025

TRICARE Plan	Member-Only Coverage		Family Coverage	
	2024	2025	2024	2025
TRICARE Reserve Select	\$51.95	\$53.80	\$256.87	\$274.48
TRICARE Retired Reserve	\$585.24	\$631.26	\$1,406.22	\$1,513.04

Source: Assistant Secretary of Defense for Health Affairs memorandum, “Policy Memorandum to Establish 2024 Premium Rates for TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program,” September 28, 2023, at <https://www.health.mil/Reference-Center/Policies/2023/09/28/TRR-TRS-TYA-CHCBP-CY24-Premium-Rates>; and DHA, *TRICARE 2025 Costs and Fees Preview*, November 2024, at <https://tricare.mil/costs>.

DOD reports that, at the end of FY2023, TRS covered 418,075 beneficiaries and TRR covered 13,122 beneficiaries.¹⁶

2. Who qualifies for TRS, and what are the statutory prohibitions on TRICARE Reserve Select eligibility for certain members of the reserve components?

Members of the Selected Reserve (i.e., drilling reservists) and their families qualify for TRS if the following criteria are met:

- the reservist is not on active duty orders;
- neither the reservist nor their family members are covered under the Transitional Assistance Management Program;¹⁷ and
- neither the reservist nor their family members are eligible for a health benefits plan under Title 5, Chapter 89 of the *U.S. Code* (e.g., the *Federal Employees Health Benefits* [FEHB] program or the *Postal Services Health Benefits* [PSHB] program).¹⁸

Prior to 2006, TRS availability was limited to members of the Selected Reserve (including family members) after they served on continuous active duty in support of a contingency operation for 90 or more days and signed an agreement to continue serving in the Selected Reserve for one or more years.¹⁹ TRS coverage was also limited to the lesser of

- one year (in cases where an activated reservist does not continuously serve on active duty for at least 90 days due to an “injury, illness, or disease incurred or aggravated while deployed”);

¹⁶ DOD, *Evaluation of the TRICARE Program: Fiscal Year 2024 Report to Congress*, February 29, 2024, p. 14.

¹⁷ The *Transition Assistance Management Program* (TAMP) provides 180 days of premium-free TRICARE Prime or TRICARE Select coverage to certain servicemembers and their families during transition periods from active duty. For more on TAMP, see <https://www.tricare.mil/Plans/SpecialPrograms/TAMP>.

¹⁸ The Office of Personnel Management (OPM) administers the FEHB and PSHB program. Prior to 2025, USPS employees were eligible to enroll in FEHB. Effective January 1, 2025, U.S. Postal Service (USPS) employees are eligible for a new health benefits program known as PSHB. For additional information on the FEHB and PSHB programs, see CRS Report R43922, *Federal Employees Health Benefits (FEHB) Program: An Overview*, by Ryan J. Rosso and Ada S. Cornell; and the Office of Personnel Management, “Healthcare & Benefits,” at <https://www.opm.gov/healthcare-insurance/>.

¹⁹ Section 701(a) of FY2005 (P.L. 108-375).

- one year for each consecutive period of 90 days of continuous active duty service; or
- the number of years agreed upon in the military service obligation agreement.²⁰

Section 706 of the John Warner NDAA for FY2007 (P.L. 109-364) amended 10 U.S.C. §1076d to expand TRS eligibility, including removal of the military service obligation agreement, active duty service length, and period of coverage requirements. In revising TRS, the law also added a prohibition on members of the Selected Reserve and their family members from being eligible for TRS if they are also eligible for, or enrolled in, “a health benefits plan under Chapter 89 of Title 5,” *U.S. Code*. Health benefits plans under this part of the *U.S. Code* include the FEHB program and the PSHB program.

3. Who is eligible for TRR and what are the statutory prohibitions on TRICARE Retired Reserve eligibility for qualified retired reservists?

Retired members of the reserve components and their family members qualify for TRR if the following criteria are met:

- the retiree is qualified for *non-regular retirement* under chapter 1223 of Title 10, *U.S. Code*;²¹
- the retiree is under age 60;²² and
- the retiree and their family members are not eligible for the FEHB program.

The FY2010 NDAA (P.L. 111-84), which established TRR, incorporated a similar prohibition on qualified retired members of the reserve components and their family members from being eligible for TRR if they are eligible for the FEHB program.²³ For example, a reservist or qualified retired reservist who is also a civil service or U.S. Postal Service (USPS) employee, annuitant, or has a family member that is eligible for the FEHB program, is barred from enrolling in TRS or TRR. This restriction does not apply to other TRICARE programs for which reservists or retired reservists may also be eligible under other criteria (e.g., TRICARE Prime, TRICARE Select, TRICARE for Life, TRICARE Dental Program, or the Transition Assistance Management Program).²⁴

²⁰ Ibid.

²¹ Reserve component retirements are referred to as nonregular retirement. For more on nonregular retirement, see CRS Report RL34751, *Military Retirement: Background and Recent Developments*, by Kristy N. Kamarck.

²² At age 60, a retired reservist may begin to collect retired pay and becomes eligible for TRICARE Prime and TRICARE Select, in lieu of TRR.

²³ 10 U.S.C. §1076e(a)(2).

²⁴ Reservists or retired reservists may be eligible for other TRICARE programs under other criteria, such as an order to federal active duty greater than 30 days, receiving retirement pay, or transitioning to/from federal active duty status. For more on other TRICARE programs, see <https://tricare.mil/Plans/HealthPlans>.

4. How many beneficiaries do the TRS eligibility restrictions affect?

In 2019, the Congressional Budget Office (CBO) estimated approximately 110,000 members of the Selected Reserve are prohibited from enrolling in TRS because they are eligible for FEHB.²⁵ This represents approximately 13.7% of the total Selected Reserve force.²⁶ CBO also estimated that about “one third would enroll in TRS if given the opportunity.”²⁷ CRS has identified no similar DOD or CBO estimates published for TRR.

5. Why did Congress enact these statutory prohibitions?

The congressional record and the committee and conference reports accompanying the enacting and amending legislation for TRS and TRR, do not articulate why the prohibitions are in place.²⁸ Some observers have speculated that these prohibitions may be related to potential increases in mandatory or discretionary costs associated with certain risk-pool adjustments to FEHB and expansion of the TRICARE program.²⁹

As the House of Representatives considered the FY2007 NDAA, as reported by the House Armed Services Committee, the Office of Management and Budget issued a *Statement of Administration Policy* (SAP) that expressed cost concerns with the proposal to expand to TRS. The SAP noted

... the Administration strongly opposes Section 709, which expands TRICARE eligibility to all Selected Reserve members and their families and dramatically worsens the fiscal situation by increasing the government subsidy for non-mobilized reservists and their families at an estimated cost of \$400 million in FY 2007 and \$3.6 billion from FY 2007 through FY 2011. By FY 2011, it is estimated that the annual cost for this expanded benefit will reach \$1.2 billion. It is critical for Congress to eliminate these unfunded expansions and work with the Administration to place the system on a sound fiscal foundation.³⁰

²⁵ Congressional Budget Office (CBO), *CBO Cost Estimate*, H.R. 2500 National Defense Authorization Act for Fiscal Year 2020, June 26, 2019, p. 7, at <https://www.cbo.gov/system/files/2019-06/hr2500.pdf>.

²⁶ DOD estimated that in FY2019, there were 802,714 members in the Selected Reserve and 1.25 million Selected Reserve family members. Department of Defense, *Evaluation of the TRICARE Program: Fiscal Year 2019 Report to Congress*, Access Cost, and Quality Data through Fiscal Year 2018, April 8, 2019, p. 157, at <https://health.mil/Reference-Center/Congressional-Testimonies/2019/04/08/TRICARE-Program-Effectiveness>.

²⁷ CBO, *CBO Cost Estimate*, H.R. 2500 National Defense Authorization Act for Fiscal Year 2020, June 26, 2019, p. 7.

²⁸ Committee and conference reports accompanying the FY2007 NDAA include S.Rept. 109-254, H.Rept. 109-452, and H.Rept. 109-702. Committee and conference reports accompanying the FY2010 NDAA include S.Rept. 111-35, H.Rept. 111-116, and H.Rept. 111-288.

²⁹ See Adam Stone, “Benefit Denied,” *National Guard*, February 2018, pp. 22-26, at <http://www.nationalguardmagazine.com>; or Federal Managers Association, “Fed Manager,” *Bill would give reservist feds the choice to enroll in TRICARE*, February 5, 2019, at <https://fedmanager.com/news/bill-would-give-reservist-feds-the-choice-to-enroll-in-tricare>.

³⁰ Section 709 as identified in the SAP, would later be enacted as Section 706 of the FY2007 NDAA. Executive Office of the President, Office of Management and Budget, “Statement of Administration Policy,” *H.R. 5512 – National Defense Authorization Act for Fiscal Year 2007*, May 11, 2006, p. 1.

6. What health insurance options are available to those prohibited from enrolling in TRS or TRR?

Reservists, qualified retired reservists, or their family members subject to the statutory prohibitions may obtain health insurance coverage, if eligible, through any of the following health insurance options:

- FEHB;
- Medicaid;
- private individual health insurance; or
- employer-sponsored insurance (e.g., personally or as offered through a spouse's employer).

Reservists serving in a *federal* active duty status for greater than 30 days are eligible to participate in TRICARE programs for active duty servicemembers, including TRICARE Prime.³¹

7. What are the premium rates for the FEHB program?

The FEHB program establishes several premium rates based on geographic location, coverage option, and federal employee category.³² The monthly average premium rates (non-USPS employee and annuitant) for calendar year 2025 are listed in **Table 2**.

Table 2. Monthly FEHB Premium Rates for Calendar Year 2025

National Average—Non-USPS Employees and Annuitants

FEHB Coverage Option	Total Average Premium	Maximum Government Contribution	Derived Employee Contribution*
Self only	\$897.00	\$645.84	\$251.16
Self plus one	\$1,956.02	\$1,408.33	\$547.69
Self and family	\$2,149.31	\$1,547.50	\$601.81

Source: CRS analysis of monthly program-wide weighted average FEHB premiums available at Office of Personnel Management (OPM), "Healthcare & Insurance," *2025 Premiums*, accessed November 21, 2024, at <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/premiums/>.

Notes: *Derived Employee Contribution based on the difference between the Total Average Premium and the Maximum Government Contribution. *Non-USPS* are employees and annuitants of federal agencies other than the U.S. Postal Service (USPS). OPM national average data for those with temporary continuation of coverage is not publicly available. For more on FEHB, see CRS Report R43922, *Federal Employees Health Benefits (FEHB) Program: An Overview*, by Ryan J. Rosso and Ada S. Cornell.

³¹ With regard to members of the National Guard, TRICARE programs for active duty servicemembers are only available to those called to federal active duty. Those called to active duty in an exclusively state status are not eligible. For more on the various ways a reservist can be called to active duty, see CRS Report RL30802, *Reserve Component Personnel Issues: Questions and Answers*, by Lawrence Kapp and Barbara Salazar Torreon.

³² The Office of Personnel Management establishes different premium rates for the following categories: non-USPS employees, and temporary continuation of coverage (TCC) and former spouses. Starting in 2025, U.S. Postal Service (USPS) employees, retirees, and their dependents no longer are eligible for FEHB coverage and instead receive coverage through the similar Postal Service Health Benefits Program. For more information, see CRS Insight IN11856, *Proposed Changes to USPS Health Benefits in the Postal Service Reform Act of 2022*, by Ryan J. Rosso, and *Postal Service Health Benefits (PSHB) Program* at <https://www.opm.gov/healthcare-insurance/pshb/>.

8. What are the potential implications of extending TRS or TRR eligibility to all members of the Selected Reserve and qualified retired reservists?

Parity in TRS or TRR Eligibility for Reservists

Reservists who are eligible for FEHB, for any reason, are disqualified from participation in TRS or TRR. Reservists not employed by the federal government (and not eligible for FEHB) may participate in TRS or TRR.

Certain military service organizations (MSOs) argue that removal of the statutory prohibition for TRS or TRR would create equality among all members of the Selected Reserves or qualified retired reservists.³³ These advocacy groups also hold that if this change were made, all members of the Selected Reserves would be able to access TRS as a “more affordable option” than FEHB, which has higher premiums and cost shares.³⁴

In a 2018 report to Congress on reserve component health care, DOD stated that reservists have “expressed strong feelings of discontent with the law that disqualifies Selected Reserve members from purchasing TRICARE Reserve Select (TRS) for themselves or for family members if they are eligible for, or enrolled in, the FEHB program.”³⁵ DOD also noted in its report that reservists “would like Congress to repeal the FEHB exclusion and DOD fully supports its repeal.”³⁶ DOD made no recommendation concerning this issue at the time it produced the report, though some military leaders have discussed this topic and its potential effect on the medical and dental readiness of servicemembers.³⁷

Cost Implications

In addition to the cost implications expanding TRS or TRR eligibility would have for DOD, there are also cost considerations for other federal agencies that fund FEHB benefits for their respective federal employees. In June 2019, CBO published a cost estimate of a proposal to remove the TRS prohibition starting in 2030—Section 703 of the FY2020 NDAA (H.R. 2500; as reported by the House Armed Services Committee). Overall, CBO estimated there would be a savings to the

³³ *Military service organizations* are typically private organizations that focus on certain military issues or activities. DOD refers to some of these organizations as *National Military Associations*. Department of Defense Instruction 5410.19, “Public Affairs Community Relations Policy Implementation,” November 13, 2001, p. 24, at <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/541019p.pdf>. The Military Coalition (TMC), a group of 32 MSOs and veteran service organizations, lists TRS expansion earlier than FY2030 to federal employees serving in the reserves as part of its “top 2023 legislative goals.” For more on TMC’s 2023 health care goals, see <http://www.themilitarycoalition.org/health-care-committee-goals.html>.

³⁴ Enlisted Association of the National Guard of the United States, “2018 Legislative Request,” *Expand TRICARE Reserve Select Coverage*, September 1, 2017, at <https://eangus.org/wp-content/uploads/sites/1/2017/09/TRS-1.pdf>.

³⁵ DOD, *Assessment of Transition to TRICARE Program by Families of Members of Reserve Components Called to Active Duty and Continuity of Health Care Coverage for Selected Reserve*, December 12, 2018, p. 8.

³⁶ *Ibid.*, pp. 8 and 53.

³⁷ See Testimony of National Guard Bureau Chief General Daniel R. Hokanson, in U.S. Congress, Senate Appropriations Committee, Department of Defense Subcommittee, *A Review of the President’s Fiscal Year 2024 Budget Request for the National Guard and Reserve*, 118th Cong., 1st sess., June 1, 2023; and CRS Insight IN12215, *FY2024 NDAA: TRICARE for Reservists*, by Bryce H. P. Mendez.

federal government.³⁸ CBO's estimate described that expanding TRS eligibility would produce an increase in mandatory costs:

Because members of the Selected Reserve are younger and healthier than the average federal employee, reservists and their family members who discontinue FEHB coverage would cause an increase in premiums for all remaining FEHB beneficiaries, including federal retirees and active postal employees, whose premiums are paid from mandatory accounts. When implemented, CBO estimates this section would increase direct spending by about \$40 million each year beginning in 2030.³⁹

Concurrently, CBO's estimate also described that there would be savings in discretionary spending, greater than the increase in mandatory costs:

On net, CBO estimates section 703 would eventually reduce discretionary costs to the government by about \$250 million per year beginning in 2030 because the cost of TRS is less than the government's share of the premium for FEHB. Section 703 would also affect spending for other FEHB beneficiaries.⁴⁰

Beneficiary Satisfaction

Reservists and their family members have expressed a mix of satisfaction and criticism of TRICARE. On one hand, DOD asserted, in 2018, that reservists and their spouses "show satisfaction with the TRICARE program in general, and TRS in particular."⁴¹ In DOD's 2004 Status of Forces Survey, approximately "70 percent of reservists thought TRICARE was either equal to or better than their civilian health insurance plans."⁴² In another DOD survey conducted in 2014 among reserve component spouses, approximately 80% felt that TRICARE had "no difference" or was "better or much better" than their civilian health insurance plan.⁴³

On the other hand, while some TRS enrollees have expressed a general satisfaction with their TRICARE plan, other enrollees have described challenges, such as

- difficulty in finding health care providers and facilities that accept TRICARE;
- difficulty in maintaining continuity of care for a family member when a reservist is activated and ordered to active duty; and
- having to reenroll in TRS after a reservist transitions from active duty to the Selected Reserve.⁴⁴

³⁸ CBO, *Cost Estimate: H.R. 2500, National Defense Authorization Act for Fiscal Year 2020*, As reported by the House Committee on Armed Services on June 19, 2019, June 26, 2019, pp. 7 and 13.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ DOD, *Assessment of Transition to TRICARE Program by Families of Members of Reserve Components Called to Active Duty and Continuity of Health Care Coverage for Selected Reserve*, December 12, 2018, p. 83, at <https://health.mil/Reference-Center/Congressional-Testimonies/2018/12/12/Assessment-of-Transition-to-TRICARE-Program-by-Families-of-Members-of-Reserve-Components>

⁴² U.S. Government Accountability Office (GAO), *Military Health: Increased TRICARE Eligibility for Reservists Presents Educational Challenges*, GAO-07-195, February 2007, p. 4, at <https://www.gao.gov/products/gao-07-195>.

⁴³ DOD, *Assessment of Transition to TRICARE Program by Families of Members of Reserve Components Called to Active Duty and Continuity of Health Care Coverage for Selected Reserve*, December 12, 2018, pp. 84-85.

⁴⁴ For more beneficiary challenges with TRS, see DOD, *Assessment of Transition to TRICARE Program by Families of Members of Reserve Components Called to Active Duty and Continuity of Health Care Coverage for Selected Reserve*, December 12, 2018, pp. 21-25.

The implications of these reported challenges, among other factors (e.g., cost shares and access to care), could influence whether or not beneficiaries remain satisfied with TRS, or opt for other health insurance coverage options.

9. Has Congress previously considered extending TRS or TRR eligibility?

Since the creation of TRS and TRR, Congress has considered a number of proposals to eliminate the statutory prohibitions described above (see **Table 3**). In December 2019, Congress enacted a provision that removes the statutory prohibition for TRS eligibility.⁴⁵ Section 701 of the FY2020 NDAA (P.L. 116-92) amends 10 U.S.C. §1076d to nullify the prohibition beginning on January 1, 2030. At that time, all servicemembers of the Selected Reserve would become eligible to enroll in TRS.

Table 3. Selected Legislative Proposals to Remove the Statutory Prohibition on TRICARE Reserve Select or TRICARE Retired Reserve Eligibility for Certain Members of the Reserve Component
109th-118th Congresses (2005-2024)

Congress	Bill or Amendment Number	Bill or Amendment Title
118 th	H.R. 3668	TRICARE Fairness for National Guard and Reserve Retirees Act.
118 th	H.R. 2935	Sergeant First Class Michael Clark TRICARE Reserve Parity Act.
118 th	S. 1755	Sergeant First Class Michael Clark TRICARE Reserve Parity Act.
118 th	S. 1670	To amend Title 10, United States Code, to improve the TRICARE program for certain members of the Retired Reserve of the reserve components.
118 th	H.R. 4221	To amend Title 10, United States Code, to eliminate certain healthcare charges for members of the Selected Reserve eligible for TRICARE Reserve Select, and for other purposes.
118 th	S. 5217	Affordable Mental Health Care for Selected Reserve Act.
118 th		To amend Title 10, United States Code, to eliminate certain charges under the TRICARE dental program for members of the Selected Reserve of the Ready Reserve, and for other purposes.
118 th	S. 2046	To amend Title 10, United States Code, to eliminate certain charges under the TRICARE dental program for members of the Selected Reserve of the Ready Reserve, and for other purposes.
118 th	H.R. 2670 (P.L. 118-31)	Sec. 702. Extension of period of eligibility for health benefits under TRICARE Reserve Select for survivors of a member of the Selected Reserve; and Sec. 705. Clarification of applicability of required mental health self-initiated referral process for members of the Selected Reserve in the National Defense Authorization Act (NDAA) NDAA for FY2024.
118 th	S. 2226H.R. 4220	Sec. 701. Extension of period of eligibility for health benefits under TRICARE Reserve Select for survivors of a member of the Selected Reserve in the NDAA for FY2024.

⁴⁵ P.L. 116-92 §701.

Congress	Bill or Amendment Number	Bill or Amendment Title
117th	H.R. 3102	TRICARE Retiree Protection Act. Sec. 2. Reenrollment and establishment of monthly enrollment fee payment for TRICARE Select by certain retiree beneficiaries.
117th	S. 625	TRICARE Select Restoration Act.
117th	H.R. 1997	TRICARE Fairness for National Guard and Reserve Retirees Act.
117th	S. 829	TRICARE Fairness for National Guard and Reserve Retirees Act.
117th	H.R. 1695	TRICARE Reserve Select Improvement Act.
117th	S. 4396	Access to Healthcare for Reservists Act.
117th		Sec. 703. TRICARE Dental for Selected Reserve.
117th	H.R. 7776 (P.L. 117-263)	Sec. 702. Health benefits for members of the National Guard following required training or other duty to respond to a national emergency; and Sec. 707. Study on providing benefits under TRICARE Reserve Select and TRICARE dental program to members of the Selected Reserve and dependents thereof in the NDAA for FY2023.
116th	S. 1790 (P.L. 116-92)	Sec. 701. Modification of eligibility for TRICARE Reserve Select for certain members of the Selected Reserve in the NDAA for FY2020.
116th	H.R. 2500	Sec. 703. Modification of eligibility for TRICARE Reserve Select for certain members of the Selected Reserve in the NDAA for FY2020.
116th	S. 164	TRICARE Reserve Improvement Act.
115th	H.R. 5121	To amend Title 10, United States Code, to remove the prohibition on eligibility for TRICARE Reserve Select of members of the reserve components of the Armed Forces who are eligible to enroll in a health benefits plan under Chapter 89 of Title 5, United States Code.
115th	H.R. 2810	Sec. 701. Continued Access to Medical Care at Facilities of the Uniformed Services for certain members of the Reserve Components in the NDAA for FY2018.
115th	S. 1086	A bill to amend Title 10, United States Code, to remove the prohibition on eligibility for TRICARE Reserve Select of members of the reserve components of the Armed Forces who are eligible to enroll in a health benefits plan under Chapter 89 of Title 5, United States Code.
115th	S. 766	A bill to amend Titles 10 and 32, United States Code, to improve and enhance authorities relating to the employment, use, status, and benefits of military technicians (dual status), and for other purposes.
115th	H.R. 1777	To amend Titles 10 and 32, United States Code, to improve and enhance authorities relating to the employment, use, status, and benefits of military technicians (dual status), and for other purposes.
114th	S. 2943	Sec. 701. TRICARE Select and other TRICARE reform in the NDAA; Sec. 712 Continuity of health care coverage for Reserve Components; and Sec. 748 Assessment of transition to TRICARE program by families of members of reserve components called to active duty and elimination of certain charges for such families for FY2017.
114th	S. 2913	National Guard 12304b Benefits Parity Act.
114th	S. 1356	Sec. 703. Expansion of continued health benefits coverage to include discharged and released members of the Selected Reserve in the NDAA for FY2016.
113th	S. 2312	National Guard Technician Equity Act

112 th	H.R. 4310	Sec. 701. Extension of TRICARE Standard coverage and TRICARE dental program for members of the Selected Reserve who are involuntarily separated in the NDAA for FY2013.
110 th	S.Amdt. 2868 to H.R. 1585	To provide for a continuation of eligibility for TRICARE Standard coverage for certain members of the Selected Reserve.
109 th	S. 3550	A bill to allow members of the Selected Reserve enrolled in the TRICARE program to pay premiums with pre-tax dollars.
109 th	S.Amdt. 1363 to S. 1042	To expand the eligibility of members of the Selected Reserve under the TRICARE program.
109 th	S.Amdt. 4365 to S. 2766	To reduce the eligibility age for receipt of nonregular military service retired pay for members of the Ready Reserve in active federal status or on active duty for significant periods and to expand eligibility of members of the Selected Reserve for coverage under the TRICARE program.

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