



## RESERVE OFFICERS ASSOCIATION

### Limit Military Health Care Beneficiary Fee Increases Resolution No. 16-32

**WHEREAS**, since 2005, the Department of Defense (DoD) announced intentions to increase fees and co-payment paid by beneficiaries of various military TRICARE health care programs; and

**WHEREAS**, this would increase the costs of TRICARE for military families, serving Reservists, and military retirees; and

**WHEREAS**, DoD continues to seek increases in TRICARE Retail Pharmacy fees paid by all beneficiaries; and

**WHEREAS**, DoD intends to increase TRICARE Prime enrollment fees paid by military beneficiaries annually at a rate higher than the Cost of Living Allowance rate, now in law; and

**WHEREAS**, DoD continues to seek an annual enrollment fee for TRICARE Standard and TRICARE for Life: and

**WHEREAS**, TRICARE Reserve Select is based on TRICARE Standard and fee increases could raise health care costs for a benefit intended to ensure Guard and Reserve are medically fit to serve; and

**WHEREAS**, DoD justifies fee increases for military health care beneficiaries as a way to secure savings to pay for military procurement and operations; and

**WHEREAS**, DoD no longer views health care as a deferred benefit, with DoD's 2013 Strategic Choices and Management Review recommending that TRICARE be changed to encourage beneficiaries to use private-sector insurance instead of TRICARE;

**NOW, THEREFORE BE IT RESOLVED** that the Reserve Officers Association of the United States, chartered by Congress, urge the Congress to continue to limit increases in fees charged to beneficiaries for TRICARE health care and pharmacy benefits and deductibles when there are not commensurate service increases or improvements.

Renewed: 14 September 2016, 10 August 2013, and 10 February 2010

Adopted by the National Council, 7 February 2007

Source: Department of California, February 2007