

**Limit Military Health Care Beneficiary Fee Increases  
(Health and Dental Care)  
Resolution 19-37**

**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 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 ROA, 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: 29 Sept 2019 (Res 16-32), 14 Sept 2016, 10 Aug 2013, and 10 Feb 2010

Adopted by the National Council, 7 Feb 2007

Source: Department of California, Feb 2007