

8455-00-NSH-0001—Logo, BDU Coat and Shirt

8455-00-NSH-0002—Logo, BDU Coat and Shirt

Mandatory Source of Supply: Southeastern Kentucky Rehabilitation Industries, Inc., Corbin, KY

Contracting Activity: Defense Logistics Agency Troop Support

Amy B. Jensen,

Director, Business Operations.

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BILLING CODE 6353-01-P

DEPARTMENT OF DEFENSE

Office of the Secretary

[Docket ID: DOD-2017-HA-0065]

Proposed Collection; Comment Request

AGENCY: Office of the Assistant Secretary of Defense for Health Affairs, DoD.

ACTION: 60-Day information collection notice.

SUMMARY: In compliance with the *Paperwork Reduction Act of 1995*, the Office of the Assistant Secretary of Defense for Health Affairs announces a proposed public information collection and seeks public comment on the provisions thereof. Comments are invited on: Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; the accuracy of the agency's estimate of the burden of the proposed information collection; ways to enhance the quality, utility, and clarity of the information to be collected; and ways to minimize the burden of the information collection on respondents, including through the use of automated collection techniques or other forms of information technology.

DATES: Consideration will be given to all comments received by March 6, 2018.

ADDRESSES: You may submit comments, identified by docket number and title, by any of the following methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.
- *Mail:* Department of Defense, Office of the Deputy Chief Management Officer, Directorate for Oversight and Compliance, Regulatory and Advisory Committee Division, 4800 Mark Center Drive, Mailbox #24, Suite 08D09B, Alexandria, VA 22350-1700.

Instructions: All submissions received must include the agency name, docket

number and title for this **Federal Register** document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the internet at <http://www.regulations.gov> as they are received without change, including any personal identifiers or contact information.

Any associated form(s) for this collection may be located within this same electronic docket and downloaded for review/testing. Follow the instructions at <http://www.regulations.gov> for submitting comments. Please submit comments on any given form identified by docket number, form number, and title.

FOR FURTHER INFORMATION CONTACT: To request more information on this proposed information collection or to obtain a copy of the proposal and associated collection instruments, please contact Defense Health Agency, TRICARE Health Plan (J-10), ATTN: Mark Ellis, 7700 Arlington Boulevard, Falls Church, VA 22042, or call the TRICARE Health Plan, 703-681-0039.

SUPPLEMENTARY INFORMATION:

Title; Associated Form; and OMB Number: TRICARE Select Enrollment, Disenrollment, and Change Form; DD Form 3043; OMB Control Number 0720-0061.

Needs and Uses: The information collection requirement is necessary to obtain each non-active duty TRICARE beneficiary's personal information needed to: (1) Complete his/her enrollment into the TRICARE Select health plan option, (2) dis-enroll a beneficiary, or (3) change a beneficiary's enrollment information (e.g., address, add a dependent, report other health insurance). This information is required to ensure the beneficiary's TRICARE benefits and claims are administered based on their TRICARE plan of choice. Without this new enrollment form, each non-active duty TRICARE beneficiary is automatically defaulted into direct care, limiting their health care options to military hospitals and clinics. These beneficiaries would have no TRICARE coverage when using the TRICARE network of providers for services not available at their local military hospital or clinic.

Affected Public: Individuals or Households.

Annual Burden Hours: 24,825.

Number of Respondents: 99,300.

Responses per Respondent: 1.

Annual Responses: 99,300.

Average Burden per Response: 15 minutes.

Frequency: On occasion.

Respondents could be any non-active duty TRICARE beneficiary who is not eligible for Medicare. These beneficiaries have the option of enrolling into either the TRICARE Prime or TRICARE Select plan option starting January 1, 2018. Those choosing to enroll in TRICARE Select can do so by submitting the DD Form 3043, using the BWE portal, or calling their Regional Contractor. If they choose to use the DD Form 3043, they must complete the appropriate page(s) of the form and mail the form to their Regional Contractor. No other form is required to enroll, disenroll, or change an enrollment. Respondents can download the form from the DoD Forms Management Program website, or click on the link to the form on the *TRICARE.mil* website or their Regional Contractor's website, or obtain a copy from their local military hospital or clinic. The mailing address and toll-free customer service number for their Regional Contractor are included on the DD Form 3043. If using either website option, the respondent can type in the information on the form prior to printing it or handwrite the information after printing the blank form.

Dated: January 2, 2018.

Aaron Siegel,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 2018-00007 Filed 1-4-18; 8:45 am]

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DEPARTMENT OF DEFENSE

Office of the Secretary

TRICARE; Notice of TRICARE Prime and TRICARE Select Plan Information for Calendar Year 2018

AGENCY: Office of the Secretary of Defense, Department of Defense.

ACTION: TRICARE Prime and TRICARE Select Plan Information for Calendar Year 2018.

SUMMARY: This notice provides a notice of TRICARE Prime and TRICARE Plan Information for Calendar Year 2018.

DATES: TRICARE health plan information in this notice is valid for services during calendar year 2018 (January 1, 2018–December 31, 2018).

ADDRESSES: Defense Health Agency, TRICARE Health Plan, 7700 Arlington Boulevard, Suite 5101, Falls Church, Virginia 22042-5101.

FOR FURTHER INFORMATION CONTACT: Mr. Mark A. Ellis, (703) 681-0039.

SUPPLEMENTARY INFORMATION: An interim final rule published in the

Federal Register (FR) on September 29, 2017 (82 FR 45438–45461) established the requirement for the Director, Defense Health Agency, to provide a public notice to TRICARE program beneficiaries with a summary of changes to the TRICARE program each calendar year in connection with the open season enrollment period.

The following changes or improvements to the TRICARE program benefits apply for calendar year 2018:

- On January 1, 2018, TRICARE North and South regions will combine to form TRICARE East, while TRICARE West region will remain mostly unchanged. Humana Military will administer the new East region and Health Net Federal Services will administer the West region. This change will allow better coordination between the military hospitals and clinics and the civilian health care providers in each region. Go to <https://tricare.mil/About/Changes/General-TRICARE-Changes/Regions> for more information.

- TRICARE Select will replace TRICARE Standard and TRICARE Extra on January 1, 2018. TRICARE Select brings together the features of TRICARE Standard and TRICARE Extra in a single plan. Select enrollees may obtain care from any TRICARE authorized provider without a referral or authorization. Enrollees who obtain services from TRICARE network providers will pay lower cost sharing amounts for network care.

- All current TRICARE beneficiaries will be automatically enrolled in their respective plan on January 1, 2018. TRICARE Prime plan enrollees will remain in their TRICARE Prime plan. TRICARE Standard and Extra beneficiaries will be enrolled in a TRICARE Select plan.

- Beneficiary out-of-pocket costs: A detailed break-out of beneficiary out-of-pocket costs for 2018 is shown in Appendix A. Some out-of-pocket costs will be announced later in 2018 as we define certain high-value medications

and health care services that will result in lower out of pocket expenses for beneficiaries.

- Improving what's covered:

Beginning January 1, 2018:

- TRICARE Select enrollees may receive most TRICARE Prime clinical preventive services with no copayment when furnished by a network provider.

- TRICARE Prime and TRICARE Select will cover behavioral interventions for obese adults and children/adolescents with certain body mass indexes to promote sustained weight loss with no cost if furnished by a network provider.

- TRICARE will cost share on medically necessary foods and vitamins, including low protein modified food and amino acid preparation products for dietary management of individuals with limited or impaired capacity to absorb other nourishment.

- Beneficiaries can choose to enroll in or change their TRICARE Prime or TRICARE Select coverage during an annual open enrollment period in November-December, 2018 for coverage beginning on January 1, 2019. For calendar year 2019, failure to enroll in TRICARE Prime or TRICARE Select results in the termination of coverage for civilian care. These beneficiaries who choose to not enroll may only receive care at a military clinic or hospital on a space available basis.

- 2018 will be a transition year with a grace period for enrollment. To allow beneficiaries to adjust to making their health care option choices during an annual open season enrollment period or to remember to elect their coverage when a qualifying life event (QLE) occurs, beneficiaries can elect to make their coverage changes anytime during 2018 to ensure they have the right coverage in place starting in 2019.

- Referrals for civilian urgent care visits are no longer needed for most TRICARE Prime enrollees. Most TRICARE Prime enrollees can now seek care at an urgent care center without a referral. Point of Service charges no

longer applies if seen without a referral. As a reminder, after seeking urgent care, it's always a good idea to contact the primary care manager and arrange follow-up care as needed.

- However, some exceptions still apply. Active Duty Service members (ADSMs) must obtain authorization before seeking urgent care services from civilian providers.

- Active Duty family members enrolled to TRICARE Overseas Program (TOP) Prime/Prime Remote must contact the TOP contractor to obtain an authorization in order to ensure their urgent care visit will be cashless/claimless. Without this authorization, overseas providers may request payment upfront and the beneficiary will then have to submit a claim for reimbursement. Additionally, any ADSM enrolled in TOP Prime/Prime Remote requiring urgent care while on temporary duty or on leave status in the 50 United States and the District of Columbia, may access urgent care without a referral or an authorization.

- For more information, visit tricare.mil/changes or call your regional TRICARE contractor.

Appendix A

See tables below for TRICARE Prime, TRICARE Select, and TRICARE Pharmacy out-of-pocket expenses that take effect on January 1, 2018.

Group A beneficiaries are service members who enlisted or were appointed in a Uniformed Service before January 1, 2018 and their family members.

Group B are service members who enlisted or were appointed in a Uniformed Service on or after January 1, 2018 and their family members.

Group B cost shares also apply to enrollees in the TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, and the Continued Health Care Benefit Program health plans. Monthly premiums apply in lieu of enrollment fees.

Key:

IN—Network Provider

OON—Out-of-Network Provider

TABLE 1—TRICARE SELECT AND TRICARE PRIME COST SHARING FOR ACTIVE DUTY FAMILY MEMBERS (ADFMS) FOR CALENDAR YEAR 2018

	TRICARE select group A ADFMs	TRICARE select group B ADFMs	Prime group A ADFMs	Prime group B ADFMs
Annual Enrollment	\$0	\$0	\$0	\$0
Annual Deductible	E1–E4: \$50/\$100 E5 & above: \$150/\$300.	E1–E4: \$50/\$100 E5 & above: \$150/\$300.	0	0
Annual Catastrophic Cap	\$1,000	\$1,000	1,000	1,000
Preventive Care Outpatient Visit	\$0	\$0	0	0
Primary Care Outpatient Visit	\$21 IN 20% OON	\$15 IN 20% OON	0	0
Specialty Care Outpatient Visit	\$31 IN 20% OON	\$25 IN 20% OON	0	0
Emergency Room Visit	\$81 IN 20% OON	\$40 IN 20% OON	0	0
Urgent Care Center	\$21 IN 20% OON	\$20 IN 20% OON	0	0
Ambulatory Surgery	\$25	\$25 IN 20% OON	0	0

TABLE 1—TRICARE SELECT AND TRICARE PRIME COST SHARING FOR ACTIVE DUTY FAMILY MEMBERS (ADFMs) FOR CALENDAR YEAR 2018—Continued

	TRICARE select group A ADFMs	TRICARE select group B ADFMs	Prime group A ADFMs	Prime group B ADFMs
Ambulance Service (not including air).	\$74 IN 20% OON	\$15 IN 20% OON	0	0
Durable Medical Equipment	15% IN 20% OON	10% IN 20% OON	0	0
Inpatient Hospital Admission	\$18.60/day, minimum \$25/admission.	\$60/admission IN; 20% OON	0	0
Inpatient Skilled Nursing/Rehab Facility.	\$18.60/day, minimum \$25/admission.	\$25/day IN; \$50/day OON	0	0

TABLE 2—TRICARE SELECT AND TRICARE PRIME COST SHARING FOR RETIREE FAMILIES FOR CALENDAR YEAR 2018

	TRICARE select group A retirees	TRICARE select group B retirees	TRICARE prime group A retirees ¹	TRICARE prime group B retirees
Annual Enrollment	\$0	\$450/\$900	\$289.08/\$578.16	\$350/\$700
Annual Deductible	\$150/\$300	\$150/\$300 IN \$300/\$600 OON.	0	0
Annual Catastrophic Cap	\$3,000	\$3,500	3,000	3,500
Preventive Care Visit	\$0	\$0	0	0
Primary Care Outpatient Visit	\$28 IN 25% OON	\$25 IN 25% OON ...	20	20
Specialty Care Outpatient Visit	\$41 IN 25% OON	\$40 IN 25% OON ...	30	30
Emergency Room Visit	\$109 IN 25% OON	\$80 IN 25% OON ...	60	60
Urgent Care Center Visit	\$28 IN 25% OON	\$40 IN 25% OON ...	30	30
Ambulatory Surgery	20% IN 25% OON	\$95 IN 25% OON ...	60	60
Ambulance Service (not including air).	\$98 IN 25% OON	\$60 IN 25% OON ...	40	40
Durable Med. Equip.	20% IN 25% OON	20% IN 25% OON ...	20%	20%
Inpatient Admission	\$250/day up to 25% hosp. charge + 20% separately billed services IN \$901/day up to 25% hosp. charge + 25% separately billed services OON.	\$175/admission IN 25% OON.	150/admission	150/admission
Inpatient Skilled Nursing/Rehab Admission.	\$250/day up to 25% hospital charge + 20% separately billed services IN 25% OON.	\$50/day IN Lesser of \$300/day or 20% OON.	30/day	30/day

¹ TRICARE Prime enrollees who are (1) survivors of active duty deceased sponsors, or (2) medically retired Uniformed Services members and their family members, have their TRICARE Prime enrollment fees frozen at the rate in effect when classified and enrolled in a fee paying Prime plan. (This does not include TRICARE Young Adult (TYA) plans).

TABLE 3—PHARMACY COPAYMENTS FOR CALENDAR YEAR 2018

Year	Copayment amount for a 30-day supply of a retail generic is:	Copayment amount for a 30-day supply of a retail formulary is:	Copayment amount for a 90-day supply of a mail order generic is:	Copayment amount for a 90-day supply of a mail order formulary is:	Copayment amount for a 90-day supply of a mail order non-formulary is:
2018	\$11	\$28	\$7	\$24	\$53

Note: Pharmacy copayment amounts for (1) survivors of active duty deceased sponsors, or (2) medically retired Uniformed Services members and their family members are equal to the copayment amounts, if any, for 2017.

Dated: January 2, 2018.

Aaron Siegel,

Alternate OSD Federal Register Liaison
Officer, Department of Defense.

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BILLING CODE 5001-06-P

DEPARTMENT OF DEFENSE

Office of the Secretary

Charter Renewal of Department of Defense Federal Advisory Committees

AGENCY: Department of Defense.

ACTION: Renewal of Federal Advisory Committee.

SUMMARY: The Department of Defense (DoD) is publishing this notice to announce that it is renewing the charter

for the Secretary of the Navy Advisory Panel ("the Panel").

FOR FURTHER INFORMATION CONTACT: Jim Freeman, Advisory Committee Management Officer for the Department of Defense, 703-692-5952.

SUPPLEMENTARY INFORMATION: This committee's charter is being renewed in accordance with the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., Appendix, as amended) and 41 CFR 102-3.50(d). The charter and contact information for the Panel's Designated Federal Officer (DFO) can be