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2016

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SUMMARY OF CHANGE(S): This change updates the Continued Health Care Benefit Program (CHCBP) Premiums for Fiscal Year (FY) 2016 and documents historical CHCBP premiums for previous FYs.

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Chapter 26

Continued Health Care Benefit Program (CHCBP)

Section/Addendum Subject/Addendum Title

1 Continued Health Care Benefit Program (CHCBP), Eligibility And Coverage

A **Continued Health Care Benefit Program (CHCBP) Premiums**

for the beneficiary, the claim is to be processed. If the claim is for a beneficiary who is less than 60 days old, the claim is to be processed, even if no copy of an CHCBP coverage card is attached as long as at least one member of the sponsor's family is currently enrolled in CHCBP. In all other cases, the claim is to be denied.

2.2.2 In order to be enrolled in the CHCBP, the beneficiary will be disenrolled from any TRICARE programs in which enrolled. This will require no action on the beneficiary's part.

2.3 Disputes Regarding Enrollment

2.3.1 Confirmation of a person's eligibility as a CHCBP beneficiary is the responsibility of the CHCBP contractor. Disputed questions of fact concerning a beneficiary's eligibility will not be considered an appealable issue, but must be resolved with the appropriate Uniformed Service.

2.3.2 If the contractor determines the applicant does not appear eligible due to an ineligible response from DEERS (i.e., no history segments or record of previous DoD entitlement) or failure of the applicant to provide the documentation requested to verify eligibility the contractor shall deny the application in writing within 10 business days of the reason for the denial.

3.0 APPLICATION PERIOD AND PREMIUMS

3.1 CHCBP Application Period

There is a 60-day application period for CHCBP, beginning the day following the end date of the beneficiary's eligibility for TRICARE coverage. The contractor shall deny any applications received after the 60-day period. The contractor shall apply the following business rules when determining the start of the 60-day application period.

Former beneficiaries that were previously not eligible to purchase CHCBP until the NDAA for Fiscal Year (FY) 2008 have until November 12, 2013 to apply for retroactive coverage with an effective date of no earlier than October 16, 2011. Retroactive premiums must be paid to cover the period following the end date of the beneficiary's eligibility for TRICARE coverage.

3.1.1 Members and Former Members, Their Families, and Other Individuals Losing TRICARE Coverage

The government routinely notifies beneficiaries prior to their loss of TRICARE coverage (active duty members are notified of the CHCBP during outprocessing; other beneficiaries who lose TRICARE coverage are notified by the Defense Manpower Data Center (DMDC) in writing of the availability of the CHCBP). However, if an eligible beneficiary advises the contractor that he/she was not notified of this program and submits documentation to support their position, the contractor shall forward the documentation to the TRICARE Regional Office (TRO) - South Director or designee, who shall provide direction on the start-date of the 60-day application period.

3.1.2 Unremarried Former Spouses

There is no formal mechanism established to promptly identify unremarried former spouses that may qualify for this program, therefore the contractor shall process all applications from unremarried former spouses upon receipt.

3.2 Coverage Categories

CHCBP offers two coverage categories. Individual coverage is available to the member or former member, an unremarried former spouse, an adult child, a surviving spouse, or other qualified individuals. Family coverage is only available to the member or former member and his/her dependents. Dependents cannot be covered under family coverage unless the member or former member is also covered by family coverage.

3.3 CHCBP Application

DD Form 2837, CHCBP Application, shall be accepted as the application form for CHCBP coverage. No later than six months prior to the start work date of the contract, the contractor shall provide the Contracting Officer's Representative (COR) with the contractor's mailing address and toll-free telephone number. Should DD Form 2837 be revised or renumbered in the future, the contractor shall use the latest version.

3.4 Dates of Coverage & Premiums

3.4.1 Coverage will begin the day following the beneficiary's loss of TRICARE coverage and will end the last day of premium coverage.

3.4.2 Due to the documentation requirements for purchasing coverage, most coverage will be retroactive; however, there may be some coverage that will be prospective. Prospective coverage must be accompanied by a premium payment for one quarter. Retroactive coverage must be accompanied by full premium payment retroactive to the effective date of coverage through the end coverage date in the quarter in which the individual is applying.

3.4.3 Premiums are as stated in [paragraph 3.5](#) of these instructions.

Examples of the premiums required for retroactive and prospective coverage:

	Military Benefits End	Application Received	Quarters of Premium Due	CHCBP Coverage Begins
Example 1:	10/01/2010	11/15/2010	1 quarter	10/02/2010
Example 2:	09/15/2010	02/10/2011	2 quarters	09/16/2010
Example 3:	11/05/2010	10/01/2010	1 quarter	11/06/2010
Example 4:	03/01/2011	11/01/2010	1 quarter	03/02/2011

3.5 Premium Rates

3.5.1 The amount of the CHCBP premiums shall be established by the government and may be adjusted each fiscal year.

3.5.2 The contractor shall begin charging the adjusted quarterly premiums on the date specified in [Addendum A](#).

3.5.3 Upon receipt of adjusted rates from the government, the contractor shall issue a written notice to the beneficiary of the changes in premium amounts, to include the effective date of the

change. This notification should be done at least 30 days prior to the effective date directed by the Contracting Officer (CO).

3.5.4 When qualifying events occur that change the sponsor from individual to family coverage or vice versa, coverage and premiums shall be changed effective with the date of the qualifying event. The contractor, within 10 business days of receiving such information, shall issue a written notice to the beneficiary of the changes in the coverage category and premium amount, including the effective date of the changes.

3.6 Form of Payment

3.6.1 Checks, money orders, or credit cards are allowable forms of payment for CHCBP beneficiaries to use in paying their premiums. The contractor may propose additional payment mechanisms, to include electronic processes for premium payments. Proposed electronic processes shall maintain the integrity and security of the application processes which includes important documentation required to validate eligibility for CHCBP.

3.6.2 As a minimum, the contractor shall accept VISA and MasterCard® for credit card payments, and may, but is not required to, accept additional nationally recognized major credit cards as a form of premium payment.

3.6.3 The contractor shall not accept premiums submitted by, or on behalf, of a health care provider for any beneficiary other than (a) the provider him/herself and (b) a member of the provider's immediate family. Should a provider submitted payment be received, the contractor shall return the payment to the provider with a written notice advising the provider that submission of premium payments by health care providers is prohibited. A copy of the letter should also be sent to the beneficiary. The contractor shall submit documentation to the Defense Health Agency (DHA) Program Integrity Office to include the following: a copy of contractor's notification to the provider, copy of front and back of premium (money order or check), originals of all documentation submitted by the provider (to include mailing envelope), documentation of all conversations and communications the contractor had with the provider on the subject of paying premiums, and any other information that the contractor has in its files or records concerning the provider that might be of assistance in Government follow-up action on this issue.

3.7 Insufficient Funds

In the case of insufficient funds, the contractor shall, within three business days, issue a written notice to the applicant (for initial applications) or beneficiary (in the case of renewal premiums), advising the applicant or beneficiary of the insufficient funds, the amount of the premium due, and the date by which a valid premium must be received by the contractor. For initial application requests, the notice shall also advise the beneficiary that if premium payment is not received in full by the due date (the last day of the 60-day application period), the applicant will not be covered in CHCBP. For renewals, the notice shall advise the beneficiary that if the contractor does not receive valid payment in full within 30 days of the date of the contractor's letter, that coverage will be terminated. That notice shall also provide the effective date of termination if payment is not received. If the premium payment has not been received by the contractor within the specified time frame, the contractor shall terminate the CHCBP coverage and issue a written Termination Notice (TN) to the beneficiary confirming the termination of coverage.

3.8 Refunds

Premiums shall be refunded if the applicant is no longer eligible for CHCBP coverage, i.e., beneficiary regains TRICARE eligibility; ex-spouse remarries; death of beneficiary; prospective member who has prepaid premium but fails to provide required eligibility documentation; and sponsor change in coverage from family to individual. Voluntary termination because the beneficiary obtained Other Health Insurance (OHI) does not constitute grounds for a refund of unused premiums. When refunds are appropriate, the contractor shall prorate the refund from the date of loss of eligibility for program benefits through the last coverage date for which the premium was paid.

3.9 Limits of CHCBP Coverage

The length of a beneficiary's CHCBP coverage varies according to the category of individual. Coverage lengths and categories are listed in the TPM, [Chapter 10, Section 4.1, Figure 10.4.1-1](#), CHCBP Eligibility Table.

3.10 Processing Applications

3.10.1 Once the contractor has verified eligibility and approved the application request, the contractor shall enter the CHCBP enrollment into DEERS through the applicable on-line interface. As DEERS does not allow individuals to be added to a sponsor's record after the sponsor's TRICARE coverage ends, there will be a small number of CHCBP beneficiaries that the contractor cannot complete the CHCBP enrollment in DEERS. The majority will be newborns whose birth occurred after the sponsor's TRICARE coverage ends, but there will occasionally be other beneficiaries as well. The contractor should not rely on DEERS as being the sole determinant of whether or not an individual is eligible for CHCBP coverage as these individuals would not be reflected on DEERS (see [paragraph 2.0](#)). The contractor's systems shall accommodate these unique cases in which the beneficiary is covered under CHCBP but not reflected on DEERS to ensure these beneficiaries are provided with all required CHCBP benefits and accurate processes, i.e., claims processing, issuing authorizations, accessing services, etc.

3.10.2 DEERS will not allow a CHCBP enrollment to be entered if the sponsor and/or dependents are still showing as eligible for TRICARE coverage. In these cases, the contractor shall pend the application and advise the applicant in writing for the sponsor to contact the nearest Uniformed Services ID card issuing office to rectify the situation. The contractor shall complete the processing of the application when DEERS has been updated to reflect that the sponsor and/or dependents are no longer eligible for services under TRICARE.

3.10.3 Once the application has been fully processed, the contractor shall issue the beneficiaries a CHCBP coverage ID card within 10 business days. The card provides the beneficiaries with (a) confirmation that the individual is covered and the effective dates; and (b) documentation that the beneficiary can use to access health care services. The card shall contain sufficient information to facilitate access to health care. Coverage dates on the card shall be limited to those dates for which a valid quarterly premium has been received by the contractor. Cards shall be issued each quarter for all subsequent quarterly payments received by the contractor. The card shall reflect that coverage is for the CHCBP and at a minimum provides the contractor's name, address, toll-free telephone number, and claims center mailing address.

Continued Health Care Benefit Program (CHCBP) Premiums

EFFECTIVE FOR COVERAGE BEGINNING	QUARTERLY PREMIUM	TYPE OF COVERAGE	AUTHORITY
October 1, 1994	\$410.00 \$891.00	Single Family	59 Federal Register (FR), September 30, 1994
May 1, 1997	\$933.00 \$1,996.00	Single Family	62 FR 6225, February 11, 1997; 62 FR 8312, February 24, 1997
October 1, 2010	\$988.00 \$2,213.00	Single Family	Health Affairs (HA) Policy, April 1, 2010
October 1, 2011	\$1,065.00 \$2,390.00	Single Family	HA Policy, June 8, 2011
October 1, 2012	\$1,138.00 \$2,555.00	Single Family	HA Policy, July 27, 2012
October 1, 2013	\$1,193.00 \$2,682.00	Single Family	HA Policy 13-008, August 23, 2013
October 1, 2014	\$1,275.00 \$2,868.00	Single Family	HA Memorandum, July 9, 2014
October 1, 2015	\$1,300.00 \$2,925.00	Single Family	HA Memorandum 15-010, August 20, 2015

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