CHAPTER 10
SECTION 4.1

# CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP)

ISSUE DATE: September 8, 1994
AUTHORITY: Section 4408 of Public Law 102-484, 32 CFR 199.20

## I. ISSUE

Establishing eligibility for coverage in the Continued Health Care Benefit Program (CHCBP) for certain TRICARE beneficiaries who lose eligibility for coverage under a health benefits plan under 10 United States Code (USC) Chapter 55 or 10 USC § 1145(a).

## II. BACKGROUND

Implementation of the CHCBP was directed by Congress in section 4408 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 1993, Public Law 102-484, which amended 10 USC, by adding § 1078a. This law directed the implementation of a program of temporary continued health benefits coverage comparable to the health benefits provided for former civilian employees of the Federal government. A 2008 change to 10 USC § 1078a expanded CHCBP to all who the Secretary specifies in regulation who lose eligibility to health care services under 10 USC Chapter 55 or 10 USC § 1145(a). The CHCBP is a premium based transitional health care coverage program that will be available to qualified beneficiaries after eligibility for coverage ends under a health benefits plan under 10 USC Chapter 55 or 10 USC § 1145(a). Medical benefits under this program generally model the TRICARE Standard and Extra Plans only.

## III. POLICY

A. Individuals identified in Figure 10-4.1-1, regardless of their place of residence (e.g., overseas or in the United States) may qualify to purchase CHCBP effective the day following the day they lose eligibility for coverage. For those covered under premium-based TRICARE health benefits plans such as TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), TRICARE Young Adult (TYA), etc., such coverage must have been purchased and in place the day before the loss of eligibility.

## FIGURE 10-4.1-1 CHCBP ELIGIBILITY TABLE

| CHCBP ELIGIBILITY FOR MEMBERS* | | | |
|---|---|---|---|
| FORMER CATEGORY | NO LONGER ENTITLED OR ELIGIBLE FOR | ELIGIBILITY FOR CHCBP COVERAGE | ELECTION OF COVERAGE |
| Active Duty | TRICARE coverage under 10 USC § 1074(a) | Up to 18 months: 10 USC § 1078a(g)(1)(A). | Latter of 60 days from:<br>• Date of discharge from active duty or<br>• Date of notification of CHCBP eligibility from the Uniformed Services. |
| Full-time National Guard (NG) | Health care benefits due to separation from full-time NG status | Up to 18 months: 10 USC § 1078a(g)(1)(A). | Latter of 60 days from:<br>• Date of discharge from full-time NG or<br>• Date of notification of CHCBP eligibility from the Uniformed Services. |
| Member eligible for Transitional Assistance Management Program (TAMP) | TRICARE coverage under TAMP: 10 USC § 1145(a) | Up to 18 months: 10 USC § 1078a(g)(1)(A). | Latter of 60 days from:<br>• Date eligibility for TAMP ends or<br>• Date of notification of CHCBP eligibility from the Uniformed Services. |
| Selected Reserve (SelRes) member enrolled in TRICARE Reserve Select (TRS) | TRS coverage under 10 USC § 1076d | Up to 18 months: 10 USC § 1078a(b)(4). | Latter of 60 days from:<br>• Date eligibility for TRS ends or<br>• Date of notification of CHCBP eligibility from the Uniformed Services. |
| Retired Reserve member enrolled in TRICARE Retired Reserve (TRR) | TRR coverage under 10 USC § 1076e | Up to 18 months: 10 USC § 1078a(b)(4). | Latter of 60 days from:<br>• Date eligibility for TRR ends or<br>• Date of notification of CHCBP eligibility from the Uniformed Services. |
| SelRes member | Other specific statutory authority under 10 USC Chapter 55 pertaining to a SelRes member | Up to 18 months. | Latter of 60 days from:<br>• Date eligibility for 10 USC Chapter 55 ends or<br>• Date of notification of CHCBP eligibility from the Uniformed Services. |

*Members of the Uniformed Services who are discharged or released from active duty (or full-time NG duty), whether voluntarily or involuntarily, under other than adverse conditions as characterized by the Secretary.

**FIGURE 10-4.1-1 CHCBP ELIGIBILITY TABLE (CONTINUED)**

| CHCBP ELIGIBILITY FOR FORMER DEPENDENTS | | | |
|---|---|---|---|
| CATEGORY | NO LONGER ENTITLED OR ELIGIBLE FOR | ELIGIBILITY FOR CHCBP COVERAGE | ELECTION OF COVERAGE |
| Dependent Spouse | TRICARE coverage under 10 USC Chapter 55 or 10 USC § 1145a. | Up to 36 months: 10 USC § 1072(b)4. | Latter of 60 days from:<br>• Date eligibility as a dependent spouse per 10 USC § 1072(A) ends or<br>• Date of notification of CHCBP eligibility from the Uniformed Services. |
| Dependent Child<br>• Child who marries: 10 USC § 1072(6).<br>• Child under age 21 (under age 23 if enrolled in a full-time course of study at an approved institution of higher learning and dependent on the Uniformed Service sponsor for more than half of their financial support), or incapable of support: 10 USC § 1072(2)(D).<br>• Legal ward under age 21, (under age 23 if enrolled in a full-time course of study at an approved institution of higher learning and dependent on the Uniformed Service sponsor for more than half of their financial support), or incapable of support: 10 USC § 1072(2)(I).<br>• Child over age 21 (over age 23 if enrolled in a full-time course of study at an approved institution of higher learning and dependent on the Uniformed Service sponsor for more than half of their financial support) after TRICARE Young Adult (TYA) coverage ends: 10 USC § 1110b. | TRICARE coverage under 10 USC Chapter 55 or 10 USC § 1145(a). | Up to 36 months: 10 USC 1078a(g)(1)(B). | Latter of 60 days from:<br>• Date eligibility as a dependent child per 10 USC § 1072(2)(D), 10 USC § 1072(I), or 10 USC § 1110b ends or<br>• Date of notification of CHCBP eligibility from the Uniformed Services. |

**FIGURE 10-4.1-1 CHCBP ELIGIBILITY TABLE (CONTINUED)**

| CHCBP ELIGIBILITY FOR UNREMARRIED FORMER SPOUSES (URFSs) | | | |
|---|---|---|---|
| CATEGORY | NO LONGER ENTITLED OR ELIGIBLE FOR | ELIGIBILITY FOR CHCBP COVERAGE | ELECTION OF COVERAGE |
| URFS of member or former member who on the day before the date of the final divorce decree, dissolution, or annulment, was covered by 10 USC Chapter 55 or 10 USC § 1145(a) | TRICARE coverage under 10 USC Chapter 55 or 10 USC § 1145(a). | Up to 36 months: 10 USC § 1078a(g)(3); starts after one year of additional TRICARE coverage if eligible per 10 USC § 1072(2)(H). | Latter of 60 days from:<br>• Date eligibility as a URFS per 10 USC § 1072(2) ends or<br>• Date of notification of CHCBP eligibility from the Uniformed Services. |
| URFS of a retired member whose marriage was dissolved after the member retired from service if former spouse:<br>• Has not remarried before age of 55; and<br>• Eligible for TRICARE as dependent of a retiree, or enrolled in CHCBP, during 18 month period before date of divorce, dissolution, or annulment; and<br>• Receiving a portion of retired or retainer pay of member or former member or an annuity based on the retainer pay of the member; or<br>• Has court order for payment of any portion of the retired or retainer pay or has a written agreement (voluntary or pursuant to a court order) which provides for an election by the member or former member to provide an annuity to the former spouse. | TRICARE coverage under 10 USC Chapter 55 or 10 USC § 1145(a). | Unlimited per 10 USC § 1078a(g)(4). | Latter of 60 days from:<br>• Date eligibility as a URFS per 10 USC § 1072(2) ends or<br>• Date of notification of CHCBP eligibility from the Uniformed Services. |

B. Notification of Eligibility.

The Uniformed Services notify members eligible to receive health benefits under the CHCBP as part of pre-separation counseling and the Defense Manpower Data Center (DMDC) will notify other eligibles in writing. The 60-day application period begins the day following the end date of TRICARE coverage.

C. Purchase Period.

To obtain continued coverage, written application by an eligible beneficiary must be submitted to the contractor before the end of the 60-day purchase period as shown in Figure 10-4.1-1 or the date the former beneficiary receives notification of eligibility. This date will correspond to the date of CHCBP brochures, fact sheets, etc., of which beneficiaries are

expected to be aware.

D. Application to Purchase Care.

1. General. In order to purchase CHCBP coverage, an eligible individual must submit a CHCBP enrollment application to the contractor. The name and address of the contractor will be extensively publicized and is available through TRICARE Service Centers (TSCs), DoD transition offices, Military Treatment Facilities (MTFs), and other DoD and Uniformed Services entities which provide information regarding TRICARE. A member or former member of the Uniformed Services who is eligible to purchase CHCBP may purchase self-only or family coverage. If the member or former member purchases family coverage, family members cannot purchase self-only coverage.

2. Application.

a. Applicants for enrollment in CHCBP are required to use DoD Document (DD) Form 2837, CHCBP Application. DD Form 2837 is available electronically on the TRICARE web site (http:///www.tricare.mil/chcbp) and through the contractor's web site. It is also available in hardcopy from the contractor or any of the TSCs. Supporting eligibility documentation may be requested by the contractor.

b. Payment of the premium for the first quarter (three months) coverage must be submitted along with the application. Payment must be by check or money order made out to "The Treasury of the United States" or by credit card. The exact amount of the premium is available at http:///www.tricare.mil/chcbp and is also available from the contractor or wherever the applicant obtains information regarding the CHCBP.

E. Period of Coverage.

1. Limits on Coverage Periods. Coverage under the CHCBP varies depending on the category of beneficiary as listed in Figure 10-4.1-1.

2. If coverage under the CHCBP is terminated because the former beneficiary regains eligibility for TRICARE coverage under 10 USC Chapter 55 or 10 USC § 1145(a), once that eligibility for TRICARE coverage ends, CHCBP coverage is again available per Figure 10-4.1-1.

NOTE: If the member elects family coverage, eligibility periods for the family are identical to those for the member.

F. CHCBP Administration.

1. General. Only TRICARE Standard and Extra benefits and procedures apply to the CHCBP.

2. Exceptions.

a. Eligibility. The CHCBP has unique eligibility requirements as contained in paragraph III.A.

b. Non-Availability Statements (NAS) and Use of MTFs.

(1) CHCBP purchasers are not required to obtain a NAS.

(2) CHCBP purchasers are not eligible to receive care at MTFs except in a medical emergency. Should emergency MTF care be required, payment may be made to the MTF as an authorized provider.

c. Beneficiary Liability.

(1) CHCBP deductible and cost-sharing requirements, and catastrophic cap limits, amounts applicable to the category of beneficiary (active duty or retired) to which the CHCBP beneficiary's sponsor last belonged shall continue to apply. Because separating active duty members were not eligible for TRICARE Standard, amounts applicable to family members of active duty members shall apply to this category of beneficiary.

(2) Active duty cost-shares shall apply to emancipated children and family members placed in legal custody whose sponsor is an active duty member at the time of application. If the sponsor retires during the period of coverage of the emancipated child or family member placed in legal custody, retirees' cost-shares shall apply to the beneficiary as of the date of retirement of the sponsor.

(3) Former spouses shall pay retiree cost-shares the same as under TRICARE.

(4) Deductible and cost-sharing amounts for the CHCBP must be met independent of TRICARE deductible and cost-sharing amounts. Any deductible and cost-sharing amounts previously paid under TRICARE cannot be carried over to the CHCBP. Similarly, CHCBP cost-shares and deductibles do not carry over to a TRICARE plan should the beneficiary regain TRICARE eligibility except for the purchase of retroactive TYA coverage (see the TRICARE Operations Manual (TOM), Chapter 25).

(5) A dependent spouse who is Medicare-eligible and is also covered under TRICARE for Life (TFL), and who then divorces their sponsor, is eligible to purchase CHCBP if they otherwise meet CHCBP requirements (including requirements to remain unmarried and not otherwise be eligible for TRICARE as a 20/20/20 or 20/20/15 former spouse). In such circumstances CHCBP is a second payor to Medicare.

G. Premiums.

1. Rates. Premium rates are established by the Assistant Secretary of Defense (Health Affairs) (ASD(HA)) for two rate groups--individual and family. The rates are based on Federal Employee Health Benefit Program (FEHBP) employee and agency contributions required for a comparable health benefits plan, plus an administrative fee. The administrative fee, not to exceed ten percent of the basic premium amount, is determined based on actual expected administrative costs for administration of the CHCBP. Premium rates may be updated annually and will be published when updated.

a. Rate Groups. Members or former members must select their rate group at the time they apply--either individual or family. If the member or former member purchases family coverage, family members cannot purchase self-only coverage. Otherwise, all other CHCBP purchasers must select the individual option.

b. Changing Rate Groups. Only the member or former member identified in Figure 10-4.1-1 is eligible to change rate groups.

(1) Family to Individual. After purchasing coverage, the member or former member may change from family to individual at any time by notifying the contractor in writing. At that point, only the member or former member can be covered under CHCBP.

(2) Individual to Family. Changes from individual to family may not be made except when one of the following qualifying events has occurred:

(a) The birth of a child;

(b) Marriage of the member or former member;

(c) Legal adoption of a child;

(d) Placement by a court of a child as a legal ward in the member's or former member's home; or

(e) A child is no longer eligible to purchase TYA coverage.

(3) If one of the above qualifying events has occurred, the member or former member may change his/her coverage from individual to family, effective as of the date of the qualifying event, if:

(a) The qualifying event occurred after the initial purchase of CHCBP coverage;

(b) The member or former member sends a written request to the contractor no later than (NLT) 60 days from the date of the qualifying event (date of birth, date of marriage, etc.);

(c) The written request includes documentation of the qualifying event (a copy of the birth certificate, etc.) and the necessary additional premium. Premiums are to be prorated based upon the days of each type of coverage.

2. Payments.

a. Premiums must be paid quarterly to the contractor, NLT 30 days after the start of the coverage quarter.

b. Failure to make a premium payment as required will result in denial of continued CHCBP coverage and denial of payment for any services provided on or after the first day of the coverage quarter for which the premium payment was not paid. Beneficiaries

denied coverage due to lack of premium payments will be locked out of the CHCBP as of the paid-through coverage end date, and will not be permitted to re-enroll.

IV. EFFECTIVE DATE October 1, 1994.

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