



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY  
AURORA, COLORADO 80011-9066

TRICARE  
MANAGEMENT ACTIVITY

**MB&RB**

**CHANGE 68  
6010.57-M  
MAY 25, 2012**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE POLICY MANUAL (TPM), FEBRUARY 2008**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

**CHANGE TITLE: PHARMACY PROCESSES FOR CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) BENEFICIARIES**

**CONREQ: 15707**

**PAGE CHANGE(S): See page 2.**

**SUMMARY OF CHANGE(S): The CHCBP Catastrophic Capitation and Deductible (CC&D) totals are maintained by the CHCBP contractor and are not available from the Defense Enrollment Eligibility Reporting System (DEERS). This modification will allow the pharmacy contractor to obtain and use CC&D information from the CHCBP contractor to calculate reimbursements of overpayments and charge appropriate copays.**

**EFFECTIVE DATE: November 4, 2009.**

**IMPLEMENTATION DATE: Upon direction of the Contracting Officer.**

**This change is made in conjunction with Feb 2008 TOM, Change No. 78 and Feb 2008 TSM, Change No. 38.**

**Ann N. Fazzini  
Chief, Medical Benefits and  
Reimbursement Branch**

**ATTACHMENT(S): 4 PAGE(S)  
DISTRIBUTION: 6010.57-M**

**CHANGE 68**  
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**MAY 25, 2012**

**REMOVE PAGE(S)**

**CHAPTER 10**

Section 4.1, pages 5 - 8

**INSERT PAGE(S)**

Section 4.1, pages 5 - 8

## 3.2 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 eligibility for TRICARE coverage.

## 3.3 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 beginning **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.

## 3.4 Application To Purchase Care

### 3.4.1 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.**

### 3.4.2 Application

**3.4.2.1** 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.

**3.4.2.2** 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.

## 3.5 Period of Coverage

**3.5.1** Limits on Coverage Periods. Coverage under the CHCBP varies depending on the category of beneficiary as **listed in Figure 10.4.1-1**.

**3.5.2** 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.

### **3.6 CHCBP Administration**

#### **3.6.1 General**

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

#### **3.6.2 Exceptions**

##### **3.6.2.1 Eligibility**

The CHCBP has unique eligibility requirements as contained in [paragraph 3.1](#).

##### **3.6.2.2 Non-Availability Statements (NAS) and Use of MTFs**

**3.6.2.2.1** CHCBP purchasers are not required to obtain a NAS.

**3.6.2.2.2** 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.

##### **3.6.2.3 Beneficiary Liability**

**3.6.2.3.1** For purposes of 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.

**3.6.2.3.2** 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.

**3.6.2.3.3** Former spouses shall pay retiree cost-shares the same as under TRICARE.

**3.6.2.3.4** 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](#)). **The CHCBP contractor and the pharmacy contractor shall have a process to monitor CHCBP CC&D totals for accurately calculating deductible and cost-share amounts. See the TOM, [Chapter 23, Section 3](#), for details.**

**3.6.2.3.5** 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.

## **3.7 Premiums**

### **3.7.1 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 10% 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.

#### **3.7.1.1 Rate Groups**

**3.7.1.2** 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.

#### **3.7.1.3 Changing Rate Groups**

Only the member or former member identified in [Figure 10.4.1-1](#) is eligible to change rate groups.

**3.7.1.3.1** 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.

**3.7.1.3.2** Individual to Family. Changes from individual to family may be made by the member or former member when one of the following qualifying events has occurred:

- The birth of a child;
- Marriage of the member or former member;
- Legal adoption of a child;
- Placement by a court of a child as a legal ward in the member's or former member's home; or
- A child is no longer eligible to purchase TYA coverage.

**TRICARE Policy Manual 6010.57-M, February 1, 2008**

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

- The qualifying event occurred after the initial purchase of CHCBP coverage;
- 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 (DOB), date of marriage, etc.);
- 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.

**3.7.2 Payments**

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

**3.7.2.2** 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.

**4.0 EFFECTIVE DATE**

October 1, 1994.

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