



CHCBP

Continued Health Care Benefit Program

The **Continued Health Care Benefit Program (CHCBP)** is a premium-based health care program administered by Humana Military, a division of Humana Government Business. If you qualify, CHCBP provides you and your family with continued health care coverage for 18–36 months after you lose your military health care benefits. Participation in CHCBP is optional.

CHCBP is available to former qualified uniformed service members, their family members, former spouses who have not remarried, adult children, and unmarried children by adoption or legal custody.

CHCBP is not a TRICARE program, but it offers coverage comparable to TRICARE Standard with similar benefits, providers, and program rules. The main differences are that premium payments are required, and CHCBP enrollees are not legally entitled to routine, urgent, or specialty care at military hospitals and clinics or to military treatment facility pharmacy services.

The Affordable Care Act, also known as the health care reform law, requires that individuals maintain health insurance or other health care coverage that meets the definition of “minimum essential coverage.” CHCBP is considered minimum essential coverage. You can also find other health care coverage options at www.healthcare.gov.



QUALIFICATION CRITERIA AND DURATION OF COVERAGE BY BENEFICIARY CATEGORY

BENEFICIARY CATEGORY	QUALIFICATION CRITERIA	DURATION OF COVERAGE
Former active duty service members (ADSMs) and their family members	Former ADSMs and their family members may qualify for Continued Health Care Benefit Program (CHCBP) coverage when: • The sponsor is released or discharged from active duty under other than adverse conditions • The sponsor was entitled to medical care under a military health plan • ADSMs and their family members are not eligible for any benefits under TRICARE or the Transitional Assistance Management Program (TAMP)	Up to 18 months Note: Former ADSMs and their family members qualify for CHCBP when TAMP benefits expire.
Members of the Selected Reserve, members of the Retired Reserve, and their families	For members of the Selected Reserve, members of the Retired Reserve, and their families, the CHCBP 18-month eligibility begins at the end of the active duty service or TAMP period, or upon termination of coverage under TRICARE Reserve Select or TRICARE Retired Reserve.	Up to 18 months
Former spouses who have not remarried	Former spouses who have not remarried may qualify for CHCBP when: • They are covered under TRICARE or TAMP as dependents of a current or former service member on the day before the date of the final decree of divorce, dissolution, or annulment • They are not eligible for TRICARE as a former spouse of a member or former member of the uniformed services	Up to 36 months ¹
Dependent spouses and children²	Dependents of sponsors may qualify for CHCBP when: • They cease to meet requirements as a dependent of a member or former member of the uniformed services • They were covered under TRICARE, TAMP, or TRICARE Young Adult (TYA)³ as dependents of a member or former member of the uniformed services on the day before ceasing to meet the requirements for being considered a dependent • They would not otherwise be eligible for any benefits under TRICARE	Up to 36 months

1. Certain former spouses who have not remarried may qualify for an unlimited duration of coverage.

2. Includes children who were adopted or were placed in the legal custody of a uniformed service sponsor.

3. Children older than age 21 (before reaching age 26) who lose eligibility for TRICARE or TAMP may qualify to purchase TYA coverage instead of CHCBP. Purchasing TYA coverage after losing TRICARE or TAMP coverage offers additional coverage options and may extend the eligibility to purchase CHCBP coverage. Visit www.tricare.mil/tya for more information.

KEEP YOUR DEERS INFORMATION UP TO DATE

It is essential that you keep information in the Defense Enrollment Eligibility Reporting System (DEERS) up to date for you and your family. Proper and current DEERS registration is key to receiving timely, effective CHCBP benefits, including doctors' appointments, prescriptions, and health care expense payments.

You have several options for updating and verifying DEERS information:

	In Person¹ (add a family member or update contact information)	• Visit a local identification card-issuing facility. • Find a facility near you at www.dmdc.osd.mil/rsl. • Call to verify location and business hours.
	Phone²	• 1-800-538-9552 • 1-866-363-2883 (TDD/TTY)
	Fax²	• 1-831-655-8317
	Mail²	• Defense Manpower Data Center Support Office 400 Gigling Road/Seaside, CA 93955-6771

1. Only a sponsor (or a sponsor-appointed individual with valid power of attorney) can add a family member. Family members age 18 and older may update their own contact information.
2. Use these methods to change contact information.

ENROLLMENT

The uniformed services will notify service members who are eligible to receive health benefits under CHCBP as part of pre-separation counseling, and the Defense Manpower Data Center will notify others in writing that they are eligible. CHCBP must be purchased within 60 days of qualifying for coverage. To enroll in CHCBP, submit the following:

- A completed *Continued Health Care Benefit Program (CHCBP) Application* form (DD Form 2837)
- A payment in full for the first 90 days of coverage
- *Certificate of Release or Discharge From Active Duty* (DD Form 214) (if applicable)

Once Humana Military verifies that you qualify and completes your enrollment, you will receive a CHCBP enrollment card by mail.

Former spouses who have not remarried must also submit a copy of the final divorce decree, dissolution, or annulment.

Humana Military
Attn: CHCBP
P.O. Box 740072
Louisville, KY 40201-7472

Note: If your CHCBP coverage is terminated because you regain TRICARE entitlement or eligibility, you will be able to purchase CHCBP coverage again once that eligibility for TRICARE coverage ends.

COSTS

CHCBP provides two types of coverage plans: individual or family. Coverage must be purchased in 90-day increments.

- Individual coverage is available to the sponsor, a former spouse who has not remarried, or an adult child. Premiums for individuals are \$1,275 per quarter.
- Family coverage is only available to former service members and their dependents. For family coverage, dependents cannot enroll unless the sponsor enrolls. Premiums for families are \$2,868 per quarter.

When you receive medical care under CHCBP, you will be responsible for paying an annual deductible and cost-shares for covered services. These amounts are based on the status of the sponsor (e.g., *active duty* or *retired*) at the time of enrollment and the type of provider seen. Provider types are discussed later.

Note: CHCBP costs and premiums are subject to annual adjustments each fiscal year (October 1–September 30).

RENEWING COVERAGE

Because CHCBP coverage is purchased in 90-day increments, premiums are billed quarterly. Thirty days prior to the expiration of your current quarterly coverage period, you will receive a renewal notice. Renewal premiums should be paid before the coverage expiration date printed on the renewal notice and on your CHCBP enrollment card.

Payments postmarked later than 30 days after the last date of coverage will result in termination of CHCBP benefits and permanent loss of qualification to purchase CHCBP coverage.

Getting Care from TRICARE®-Authorized Providers

Network Providers

Using a TRICARE network provider is your best option under CHCBP. A TRICARE network provider has a signed agreement with regional contractors to provide care and has agreed to file claims for you.

Non-Network Participating Providers

If you seek care from a non-network provider, a participating provider is your best option. Providers who participate in TRICARE accept payment directly from TRICARE and accept the TRICARE-allowable charge (*less any applicable cost-shares paid by you*) as payment in full for their services. They may choose to participate on a claim-by-claim basis.

Non-Network Nonparticipating Providers

If you visit a nonparticipating provider, you may have to pay the provider up front and file a claim with TRICARE for reimbursement. Nonparticipating providers have not agreed to accept the TRICARE-allowable charge or to file your claims, and have the legal right to charge you up to 15 percent above the TRICARE-allowable charge for services. You are responsible for paying this amount in addition to any applicable cost-shares.

Note: CHCBP enrollees may not use military hospitals and clinics except in emergency situations.

FREQUENTLY ASKED QUESTIONS

Under what circumstances are premiums refunded?

Premiums may be refunded under only two conditions:

- If you no longer qualify for CHCBP (e.g., *a former active duty service member [ADSM] recalled to active duty or a former spouse who remarries*). Refunds for these beneficiaries will be prorated from the date of loss of qualification for program benefits to the last day of the enrollment period for which the premium has been paid.
- If you submit a written refund request regarding your prepaid premium that is received by Humana Military before the effective start date of your CHCBP coverage (e.g., *a former ADSM enrolls and prepays for CHCBP family member coverage beginning on July 1. Before the CHCBP coverage goes into effect, the former ADSM obtains employment and receives employer-sponsored health insurance. Therefore, the CHCBP coverage is no longer needed. As long as the written refund request is received by Humana Military before July, the prepaid premium will be refunded in full*).

What services are covered by CHCBP?

Detailed information about covered services is available at www.tricare.mil. For more information, call Humana Military at **1-800-444-5445**.

How do I find a provider who participates in TRICARE?

You can find a list of participating providers with the “Find a Doctor” feature at www.tricare.mil/finddoctor.

How do I know if my doctor is a participating provider?

Before getting care, call and ask if the provider participates (*or will participate*) in TRICARE. Be sure he or she understands that by participating in TRICARE, he or she agrees to accept the TRICARE-allowable charge as the full fee for your care. If the provider is not familiar with TRICARE or has questions, he or she may go to www.tricare.mil/providers or call Humana Military at **1-800-444-5445**.

I am an adult child losing TRICARE coverage due to age. What are my continuation-coverage options?

Adult children aging out of TRICARE or Transitional Assistance Management Program coverage may only purchase TRICARE Young Adult (TYA) if they qualify. Visit www.tricare.mil/tya for more information about TYA qualification, coverage, and costs.

How do I change my enrollment category from individual to family coverage?

Enrollment changes from individual to family coverage may only be made when one or more of the following qualifying events occur:

- Birth of a child
- Marriage of the sponsor
- Legal adoption of a child
- Placement of a child as a legal ward in the beneficiary's home

If one of these qualifying events occurs, you can elect to change enrollment from individual to family coverage effective from the date of the qualifying event. You also must begin to pay the family premium rate effective on the date of the qualifying event. If the qualifying event occurred after initial enrollment in the CHCBP, you must send a written request with supporting documentation to Humana Military at the address listed below no later than 60 days from the qualifying event.

How do I change from family to individual coverage?

You may make enrollment changes from family to individual coverage at any time by notifying Humana Military in writing at the following address:

Humana Military
Attn: CHCBP
P.O. Box 740072
Louisville, KY 40201-7472

For additional information about CHCBP, visit Humana Military's Web site at Humana-Military.com or call the customer service center at **1-800-444-5445**.