

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

HUMANA MILITARY. HEALTHCARE SERVICES

CHCBP is available to former uniformed service members and their families, including former active duty service members (ADSMs) and their qualified family members, unremarried former spouses, 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 coverage does not include eligibility at military treatment facilities (MTFs) for routine, urgent or specialty care, or for MTF pharmacy services.



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 and their family members	For members of the Selected Reserve of the Ready Reserve and their family members, the CHCBP 18-month eligibility begins at the end of the active duty service/TAMP period. If TRS eligibility ends, the TRS member may enroll in CHCBP if there is any remaining CHCBP eligibility that began at the end of the most recent active duty service/TAMP period. In these cases, the CHCBP application must be submitted within 30 days of the loss of TRS eligibility.	Up to 18 months
Unremarried former spouses	 Unremarried former spouses 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
Adult children ¹	 Adult children may qualify for CHCBP when: They cease to meet requirements as an unmarried dependent child of a member or former member of the uniformed services They were covered under TRICARE or TAMP as dependents of a member or former member of the uniformed services on the day before ceasing to meet the requirements for being considered an unmarried dependent child They would not otherwise be eligible for any benefits under TRICARE 	Up to 36 months
Unmarried children by adoption or legal custody ¹	Unmarried children by adoption or legal custody may qualify for CHCBP when: They have been placed in the legal custody of a former member of the uniformed services 	Up to 36 months

1. Unmarried adult children and unmarried children by adoption or legal custody over age 21 and until reaching age 26 may qualify to purchase TRICARE Young Adult (TYA) coverage instead of CHCBP. Purchasing TYA coverage after losing TRICARE or TAMP coverage offers additional coverage options if qualified and may extend the eligibility to purchase CHCBP coverage. Visit **www.tricare.mil/tya** for more information.

KEEP YOUR DEERS INFORMATION CURRENT

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

You have several options for updating and verifying DEERS information:

4	In Person ¹ (add or delete 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.
*	Phone ²	• 1-800-538-9552 • 1-866-363-2883 (<i>TTY/TDD</i>)
(Fax ²	• 1-831-655-8317
	Mail ²	 Defense Manpower Data Center Support Office/400 Gigling Road/Seaside, CA 93955-6771
	Online ²	 DEERS Web site: www.dmdc.osd.mil/appj/address/ Beneficiary Web Enrollment Web site: www.dmdc.osd.mil/appj/bwe/

1. Only a sponsor (or a person appointed power of attorney) can add or delete a family member. Family members age 18 and older may update their own contact information.

2. Use these methods to change contact information.

ENROLLMENT

CHCBP must be purchased within 60 days of qualifying for coverage (*unless you have just lost TRS coverage, in which case, you must enroll in CHCBP within 30 days*). 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)

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

Note: Unremarried former spouses must also submit a copy of the final decree of divorce, dissolution, or annulment.

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

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, an unremarried former spouse, or an adult child. Beginning October 1, 2011, premiums for individuals are \$1,065 per quarter.

• Family coverage is only available to former uniformed service members and their dependents. For family coverage, the dependents cannot enroll unless the sponsor enrolls. Beginning October 1, 2011, premiums for families are \$2,390 per quarter.

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

Note: CHCBP costs are subject to annual adjustments. For more information about CHCBP costs, visit **www.tricare.mil/costs**.

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 your regional contractor 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 MTFs 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 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 further clarification, contact Humana Military at **1-800-444-5445**.

How do I find a provider who participates in TRICARE?

Humana Military can assist you in locating a list of participating providers with their "Find a Provider" feature at www.humana-military.com.

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 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 TAMP coverage may qualify to purchase either TRICARE Young Adult (TYA) or CHCBP coverage, but not both. Visit **www.tricare.mil/tya** for more information about TYA qualifications, 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 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 Healthcare Services, Inc. Attn: CHCBP P.O. Box 740072 Louisville, KY 40201-7472

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