

TRICARE Fundamentals Course

Transitional Benefits

5

Participant Guide

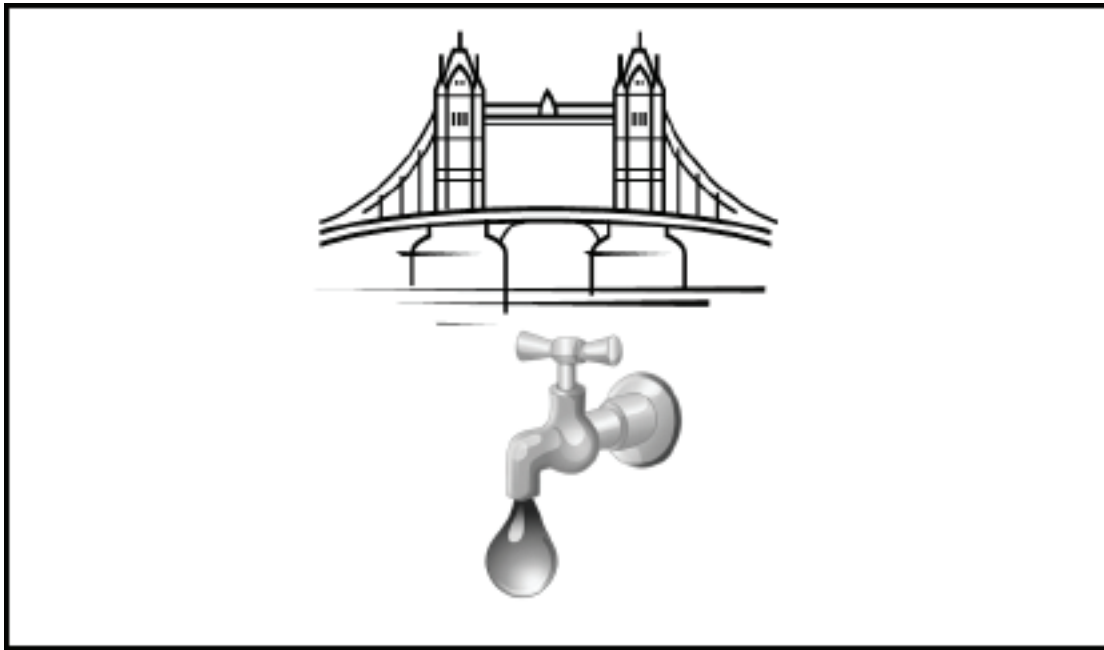
References

10 USC
32 CFR §§ 199.20, 199.3
Public Law 102-484, 102-125, 103-337, 108-375, 101-510
National Defense Authorization Act, FY 1993
TRICARE Policy Manual, Chapter 10, 2008 and 2002
TRICARE Policy Manual, Chapter 12, 2002



Brainteaser

What phrase is represented below?



Riddle

I have three changing faces. When I give my signal, I start races. What am I?

Module Objectives



- **Explain the purpose of the Transitional Assistance Management Program (TAMP)**
- **Identify who may be eligible for the TRICARE Young Adult program (TYA)**
- **State who is eligible for the Continued Health Care Benefit Program (CHCBP)**
- **Explain the purpose of a Certificate of Creditable Coverage**

1.0 TRICARE Transitional Health Care Coverage

The transition from military life back to civilian life can be challenging. TRICARE assists certain active duty service members (ADSMs), eligible National Guard or Reserve members, eligible family members, and others losing TRICARE eligibility.

Military retirees remain TRICARE eligible as retirees. Certain other beneficiaries are offered continued health care coverage through select transitional programs:

- Transitional Assistance Management Program (TAMP)
- Transitional Care for Service-Related Conditions (TCSRC)
- TRICARE Young Adult Program (TYA)
- Continued Health Care Benefit Program (CHCBP)

2.0 TAMP

TAMP provides 180 days of transitional health care coverage for certain members of the uniformed services based on eligibility.

2.1 TAMP Eligibility

Each branch of service is responsible for determining eligibility for transitional health care benefits under TAMP and recording eligibility in DEERS.

2.1.1 Eligibility for Service Members

A Uniformed Service member is considered TAMP eligible if he or she is:

- A member who is involuntarily separating from active duty under honorable conditions.
- A member who is separating from active duty after being involuntarily retained (Stop-Loss) in support of a contingency operation.
- A member who is separating from active duty following a voluntary agreement to stay on active duty for less than one year in support of a contingency operation.
- A National Guard or Reserve member separating from a period of active duty that was more than 30 consecutive days in support of a contingency operation.
- A member receiving a sole survivorship discharge when the service member is the only surviving child in a family in which the mother or father, or one or more siblings, served in the Armed Forces and, as a result of that service, either died or was severely injured resulting in permanent disability.
- A member who is separating from active duty who agrees to become a member of the Selected Reserve.

Service members who are involuntarily separated may or may not be eligible for TAMP and should check with their service personnel department to see if they qualify for TAMP benefits.

2.2 TRICARE Coverage During TAMP

2.2.1 TRICARE Standard

TAMP coverage, by default, is TRICARE Standard. Deductibles and certain cost shares may be waived for TAMP beneficiaries as long as DEERS reflects the special entitlement codes that indicate the service member was serving in support of a named contingency operation.

2.2.2 TRICARE Prime

- TAMP eligibles, including the former active duty member, who were enrolled in TRICARE Prime immediately prior to the sponsor's separation may continue their Prime enrollment without a break in coverage, as long as a new enrollment application is submitted before the TAMP period ends. The Prime effective date will be the date the eligible sponsor separates from active duty, to ensure that Prime coverage is seamless.
- TAMP eligibles who were not enrolled in Prime or Prime Remote immediately prior to their sponsors' separation may choose to enroll in TRICARE Prime if available at their location; however, enrollment is subject to the "20th-of-the-month" rule.
- Under TAMP, beneficiaries aren't eligible for coverage under TRICARE Prime Remote, TRICARE Prime Remote for Active Duty Family Members, or TRICARE Overseas Program (TOP) Prime Remote.

2.2.3 TRICARE Overseas Program (TOP) Prime

- TAMP eligibles, including the former active duty member, who were enrolled in TOP Prime immediately prior to the sponsor's separation may continue their TOP Prime enrollment without a break in coverage, as long as a re-enrollment application is submitted before the TAMP period ends. The "20th-of-the-month" rule doesn't apply overseas.
- TAMP eligibles who weren't enrolled in TOP Prime immediately prior to their sponsor's separation because they chose not to enroll or were not command sponsored, cannot enroll in TOP Prime during the TAMP period; they remain covered under TOP Standard.

2.2.4 TAMP Eligibles Whose Sponsors are Recalled to Active Duty

- TAMP eligible family members who were enrolled in Prime immediately prior to their sponsor's reactivation may continue TRICARE Prime enrollment with no break in coverage if they re-enroll in TRICARE Prime within 30 days of their sponsor's return to active duty status.
 - If they submit a re-enrollment form within 30 days of the sponsor's return to active duty status, their enrollment is retroactive to the date of the sponsor's activation with no break in Prime coverage.
 - If re-enrollment is not accomplished within 30 days of the sponsor's return to active duty status, the "20th-of-the-month" rule applies and there may be a break in TRICARE coverage.

2.3 Benefit

- TAMP provides 180 days of health care coverage
- Dental coverage isn't available for former active duty service members (ADSMs) or active duty family members (ADFMs) during the TAMP period.
 - Certain National Guard or Reserve members may purchase TRICARE Dental Program (TDP) coverage during and after TAMP.
- During TAMP, beneficiaries are still eligible for active duty related benefits (e.g., ECHO.)

2.4 Claims

While the sponsor's status is neither active duty nor retiree, the claims for individuals covered under TAMP, including the former active duty member, are processed as active duty family member claims; active duty family member deductibles, copays, and cost shares apply. In cases where TAMP beneficiaries have other health insurance (OHI), TRICARE pays after the OHI.

3.0 TAMP: Application Exercises

3.1 Scenarios

Read the following scenarios below. Given the background information and what you already know about TAMP, prepare to explain who is eligible for TAMP, and who isn't.

A. Lieutenant Karen Anderson is an active duty navy officer who is pregnant. She decided to separate from active duty this month. Will she be eligible for TAMP upon separation? Explain.

B. Active Duty Air Force Senior Airman, John Stephenson failed to meet Air Force fitness standards. He is being processed for involuntary separation at the military processing flight today. Is Senior Airman Stephenson eligible for TAMP? Explain.

C. Marine Corps Lance Corporal Amy Roberts was on active duty in support of a contingency operation for 9 months. One month prior to her separation date, she was extended another 6 months under Stop-Loss. She separates from active duty today. Is she eligible for TAMP? Explain.

D. Army Reserve Staff Sergeant Roger Burke was activated in support of a contingency operation for one year. One month prior to his separation date, he volunteered to serve another 180 days there. He separates from active duty tomorrow. Is he be eligible for TAMP?

3.2 True / False Questions

Read the following statement about TAMP. Answer true or false, and prepare to explain your answer.

The purpose of TAMP is to provide health care coverage for transitioning service members and their family members indefinitely.

4.0 Transitional Care for Service-Related Conditions (TCSRC)

The TCSRC benefit provides extended transitional health care coverage to former ADSMs with certain service-related conditions.

4.1 Eligibility

- Eligibility is limited to TAMP-eligible former active duty service members with a “newly diagnosed” or “newly discovered” medical condition identified during the TAMP period that they believe is related to active duty service.
- These members may receive extended transitional care for that condition and that condition only.
- The medical condition must meet the following criteria:
 - Is service-related.
 - Diagnosed by the member’s civilian or TRICARE provider during the TAMP period and validated by a DoD physician.
 - Requires treatment and can be resolved within 180 days from the date the condition is validated by the DoD physician.
- Family members are not eligible for this benefit.

4.2 Enrollment

If a former active duty member has a service-related condition diagnosed during the TAMP period, he/she needs to submit documentation to the Military Medical Support Office (MMSO) to apply for the TCSRC benefit. Documentation must support that the condition is service-related and was not reported/treated during the active duty period.

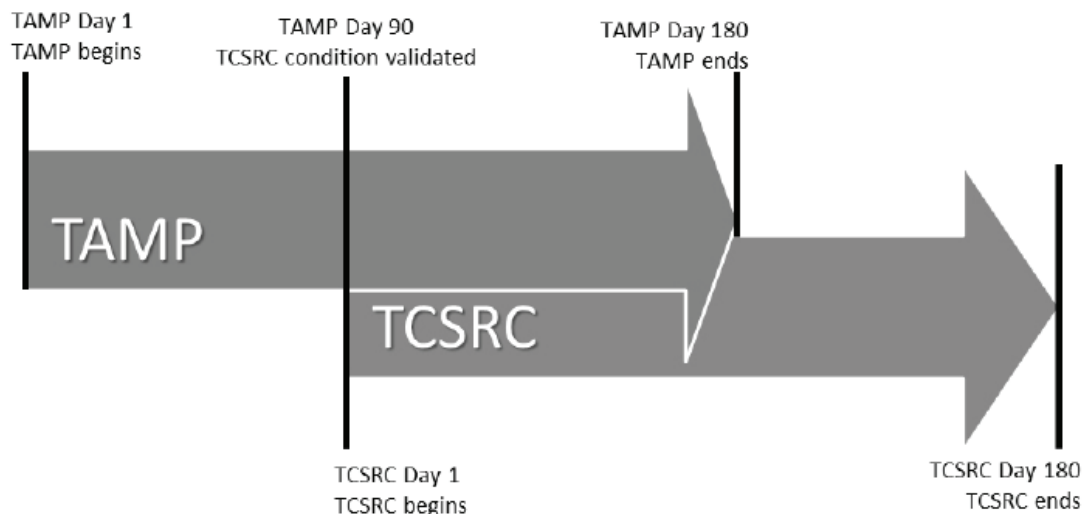
- Once received, MMSO coordinates documentation review by a DoD physician and care is either approved or denied.
- If care is approved:
 - MMSO provides coverage information (start date and condition authorized for treatment) to the former member and the regional contractor.
 - Coverage for the specific condition ends 180 days from the date the DoD physician validates the condition. If a medical condition is identified during the TAMP coverage period and TCSRC is requested, but unable to be validated by a DoD physician before the TAMP period ends, the 180 day TCSRC coverage begins on the date the DoD physician validated the condition.
- If care is denied because it doesn't meet the TCSRC criteria, former active duty members should go to their respective service component to establish a line of duty determination for the illness/injury or go to the Veterans Administration to receive an eligibility determination for government provided care.
- If eligible for other TRICARE benefits, the former member may continue to receive care for the condition, following existing TRICARE guidelines. TAMP-eligible members with multiple service-related conditions may have multiple TCSRC coverage as long as conditions meet the criteria for coverage; each condition may have the same or different start and end dates.

4.3 Benefit

TCSRC is equivalent to active duty care coverage. Enrollment in TCSRC includes eligibility for pharmacy services necessary to treat the service-related condition(s). Former members may have to pay out of pocket and file claims for reimbursement.

4.3.1 TCSRC Example

A former ADSM is diagnosed with a service-related condition 90 days into TAMP. TAMP coverage for other than the service-related condition terminates on day 180. Care for the service-related condition terminates 180 days from the date the service-related condition is validated by a DoD physician.



4.4 Claims Processing and Payment

Once a claim is submitted, the claims processor determines if the claim is for the TCSRC condition. The claim is processed and paid as if the member was on active duty.

If a claim includes other services not covered by TCSRC coverage, the regional contractor splits it into separate claims. There are no catastrophic caps, deductibles, cost shares, copayments, or coordination of benefits associated with TCSRC claims.

5.0 TRICARE Young Adult Program

The premium-based TRICARE Young Adult (TYA) program extends TRICARE medical coverage to certain family members who have lost or will lose TRICARE eligibility due to age.

5.1 TYA Eligibility

- TYA eligibility depends on the uniformed service sponsor's service and program eligibility status.
 - Young adult dependents of TRICARE for Life sponsors are eligible to purchase TYA Prime coverage, the same as if they were eligible to enroll in TRICARE Prime before they Prime Remote aged out of TRICARE. They must meet all of the TYA and Prime rules, but their sponsor's loss of eligibility for Prime due to being on Medicare does not limit their young adult dependents from purchasing TYA Prime if they meet the program requirements.
- Eligible young adults may purchase TYA coverage if they:
 - Are a dependent of an eligible uniformed service sponsor
 - Are not married
 - Are at least age 21 but under age 26
 - Are not a member of the uniformed services
 - Are not qualified for an employer-sponsored health plan, and
 - Are not eligible for other TRICARE coverage
- TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR) eligible sponsors must be enrolled in TRS or TRR for the young adult dependent to apply for TYA Standard coverage.
 - TRS survivor benefits end 6 months after the TRS-enrolled sponsor's death or the young adult reaches age 26, whichever comes first.
 - TRR survivor benefits end on the date the TRR-enrolled sponsor would have become a regular retiree or when the young adult reaches age 26, whichever comes first.
- TYA coverage ends when:
 - The young adult submits a TYA application asking for coverage to end because he or she no longer qualifies for coverage, for example he or she gains health care under an employer.
 - The young adult's sponsor loses TRICARE eligibility
 - The young adult ages out at 26

5.2 TYA Enrollment

- Qualified young adult dependents may purchase TRICARE Standard/Extra or Prime coverage on a month-to-month basis as long as they are listed in the Defense Enrollment Eligibility Reporting System (DEERS).
- To purchase coverage, qualified young adults submit an application to their regional or overseas contractor, along with an initial three-month premium payment.
- Application forms are available online at www.tricare.mil/forms or www.tricare.mil/TYA.
- Effective dates are as follows:

- Standard: the first day of the next month after the application is received or up to 90 days in the future
- Prime options: the “20th-of-the-month rule” applies (See *Glossary*)
- Young adult dependents losing previous TRICARE program coverage (e.g. aged out of Prime at age 21) may purchase TYA coverage with an effective date of when they lost previous TRICARE program coverage.
 - The TYA application must be postmarked within 30 days of the previous loss.
 - TRICARE Overseas Program (TOP) Prime and TOP Prime Remote program enrollment requirements still apply, i.e. the young adult must be command-sponsored at the time he/she lost TRICARE eligibility.
- Continuous enrollment requires an electronic debit from a checking or savings account or an automatic credit card charge.
- Once the young adult dependent purchases TYA coverage, he or she receives an enrollment card and welcome letter. They and their sponsor should then visit the nearest uniformed service ID card issuing facility for a new ID card for the young adult dependent to present when seeking health care services.
- A qualified young adult may purchase TYA coverage throughout the year unless locked out due to failure to pay TYA premiums or their sponsor’s failure to pay his or her own TRICARE Reserve Select or TRICARE Retired Reserve premiums.
 - If locked out, the young adult may submit a new application up to 45 days before the end of the 12-month lockout period for new coverage to begin after the lockout period ends.
 - Young adults may request reinstatement if there was an enrollment processing error or if there are extraordinary circumstances that justify continued TYA coverage.
 - Requests should be submitted to the regional contractor within 90 days of when the last full premium was paid.
 - Lock-out waiver approval authority rests with the TRICARE Regional Office, TRICARE Area Office (overseas), or the Uniformed Services Family Health Plan Program Office.

5.3 TYA Portability

To switch from TYA Standard to TYA Prime/Prime Remote or TYA coverage from one region to another, the young adult must submit a new application form.

5.4 TYA Coverage

- TYA coverage depends on the sponsor’s status (active duty, retiree, Selected or Retired Reserve) and where the young adult dependent lives.
- Benefits mirror the option purchased (Standard or Prime).
- TYA does not include dental coverage.

5.5 Costs

5.5.1 Monthly Premiums

- Premiums are based on what the government needs to cover the full cost of health care for qualified young adults.
- Premiums may change in January of each calendar year.
- Coverage and premium costs may change or end as the sponsor’s status changes. (For example, if retiree moves overseas, TYA coverage may have to shift from Prime to Standard).

5.5.2 Out-of-Pocket Expenses

- TRICARE Standard deductibles, and cost shares apply.

- TRICARE Prime copays and cost shares apply.
- Payments for TRICARE-covered services apply to the individual/family's catastrophic cap.
 - TYA premiums are not credited to the catastrophic cap, as they are used to offset health care costs.
- Pharmacy copays and cost shares apply (See *Pharmacy*)

6.0 Continued Health Care Benefit Program (CHCBP)

CHCBP is a premium-based health care program that offers temporary transitional health coverage after military health care benefits end, including TAMP and TYA. If the application is received in a timely manner, coverage is effective the day after military health care benefits end.

- CHCBP uses existing TRICARE providers and follows most of the rules and procedures of the TRICARE Standard option.
- By using TRICARE network providers, CHCBP enrollees are eligible for reduced cost shares.
- CHCBP enrollees aren't eligible for TRICARE Prime.

6.1 Eligibility

- Former ADSMs and their family members
- Certain former active duty Guard or Reserve members and their family members
- Certain unremarried former spouses
- Children who lose military coverage due to age
- Certain unmarried children by adoption or legal custody

6.2 CHCBP and TAMP and TYA Timeline

Eligible beneficiaries who want CHCBP coverage may purchase CHCBP within 60 days of loss of eligibility for regular TRICARE, TAMP, or TRICARE Young Adult coverage.

TRICARE Reserve Select (TRS) enrollees must purchase CHCBP within 30 days after loss of TRS coverage. Eligibility for TRS runs concurrently with CHCBP eligibility for the 18 months after the loss of military eligibility.

6.3 Enrollment Requirements

To enroll in CHCBP, eligible beneficiaries must submit the following to the CHCBP contractor:

- Enrollment application
- Premium payment
- Required documentation as indicated on the enrollment form, include copies of:
 - DD 214, *Certificate of Release or Discharge from Active Duty*
 - DD 1173, *Uniformed Services Identification Card*
 - Final divorce decree, if applicable

6.3.1 Enrollment Application

- The DD Form 2837, *CHCBP Enrollment Application*, is available at:
tricare.mil/mybenefit/Download/Forms/CHCBP_Enrollment_Form.pdf
 - The CHCBP contractor's web site: humana-military.com/library/pdf/chcbp-dd2837.pdf
 - TRICARE Service Center (TSC)

6.3.2 Premium Payment (Effective 1 October 2011)

- Quarterly premium rates are \$1,065 for one person and \$2,390 for family coverage.
- The enrollment application must include a premium payment for the first quarter.
- Quarterly premiums are subject to change on an annual basis. The CHCBP contractor bills beneficiaries directly for subsequent quarterly premiums once they're enrolled until they lose eligibility for CHCBP coverage.

6.4 CHCBP Coverage

The period of coverage under the CHCBP is limited and varies based on the individual's classification.

18 month limit:

- Former active duty service members and their eligible family members

36 month limit:

- Most unremarried former spouses
- Emancipated children
- Unmarried children by adoption or legal custody
- Unremarried former spouses

In some cases, unremarried former spouses may continue coverage beyond 36 months if they meet certain criteria.

6.5 CHCBP Contractor

- The CHCBP contractor is responsible for:
 - Verification of health plan eligibility
 - Processing enrollment into CHCBP
 - Collection of health plan premiums
 - Disenrolling CHCBP participants if eligibility expires or premiums aren't paid
 - Issuing certificates of creditable coverage when CHCBP coverage ends

6.6 CHCBP Claims Processing

6.6.1 Provider Responsibility

TRICARE network providers will file for enrollees, however non-network TRICARE-authorized providers aren't required to file claims, health care is limited to TRICARE-covered services.

6.6.2 CHCBP Enrollee Responsibility

- Enrollees are responsible for making sure all claims are filed, including provider and pharmacy claims.
- To file a claim, the enrollee must submit:
 - The claim form, DD Form 2642
 - The provider's bill
 - A copy of their CHCBP enrollment card
- Submit CHCBP claims to:

PGBA
P.O. Box 7031
Camden, SC 29020

- For questions about CHCBP claims, beneficiaries and providers may contact 800-403-3950 or visit the PGBA

web site at www.mytricare.com

- For more information on CHCBP, visit: tricare.mil/mybenefit/home/overview/SpecialPrograms/CHCBP

7.0 Certificate of Creditable Coverage

A certificate of creditable coverage is a document that provides proof of prior health care coverage. It's used to reduce the time a civilian health care plan may exclude an individual from coverage for a pre-existing condition. Pre-existing conditions are medical conditions which are present prior to an individual obtaining their health insurance plan coverage.

7.1 Eligibility

- The Health Insurance Portability and Accountability Act (HIPAA) requires TRICARE to issue a certificate of creditable coverage to TRICARE beneficiaries who lose TRICARE eligibility.
- The Defense Manpower Data Center (DMDC) issues certificates when:
 - An active duty member separates
 - A Guard or Reserve member separates (demobilizes) from active duty
 - A family member loses eligibility
 - A spouse loses eligibility following divorce

7.2 Additional Details

The certificate reflects each period of continuous TRICARE coverage that occurred within the 24 months before eligibility was lost. Each certificate identifies the sponsor's or family member's name for whom it is issued, the dates TRICARE coverage began and ended, and the certificate issue date.

7.3 Requests for Certificate of Creditable Coverage

- Former TRICARE beneficiaries may request certificates of creditable coverage.
- Certificates can take about three weeks to process; however, if the request is urgent, processing may be expedited.
- If the certificate of creditable coverage is going to a third party (e.g., a health insurance carrier) former beneficiaries must request their request for a certificate in writing and include the following:
 - Sponsor's name and social security number
 - Name of person or entity requesting the certificate
 - Signature of the requester
 - Name and address where the certificate should be sent
 - Reason for the request
- Beneficiaries may request certificates in writing, by phone, or fax at any time; the Defense Manpower Data Center Support Office mails the certificate free of charge.
 - Phone: 1-800-538-9552
 - Fax: 831-655-8317
- Mail written requests to:

Defense Manpower Data Center Support Office
Attn: Certificate of Creditable Coverage
400 Gigling Road
Seaside, CA 93955-6771

See Appendix I for a sample certificate of creditable coverage.

Module Objectives



Summary

- **Explain the purpose of the Transitional Assistance Management Program (TAMP)**
- **Identify who may be eligible for TRICARE Young Adult program (TYA)**
- **State who is eligible for the Continued Health Care Benefit Program (CHCBP)**
- **Explain the purpose of a Certificate of Creditable Coverage**

Appendix I: Sample Certificate of Creditable Coverage



TRICARE - Military Managed Health Care Program (formerly CHAMPUS)

Certificate of Creditable Coverage

IMPORTANT This certificate provides evidence of your prior health care coverage under one of the TRICARE administered programs. You may need to furnish this certificate if you become eligible under a group health plan that excludes coverage for certain medical conditions that you have before you enroll (also known as pre-existing conditions). This certificate may need to be provided if medical advice, diagnosis, care, or treatment was recommended or received for the condition within a certain time period (often six months to one year) prior to your enrollment in the new plan. If you become covered under another group health plan, check with the plan administrator to see if you need to provide this certificate. You may also need this certificate to buy, for yourself or your family, an insurance policy that does not exclude coverage for medical conditions that are present before you enroll.

1. Date of this certificate: <Date>
2. Participant (Sponsor) name: <Sponsor Name>
3. Participant (Sponsor) Identification Number: <Sponsor ID>
4. Names of individual(s) to whom this certificate applies:

<Bene1>

<Bene2>

<Bene3>

5. All questions concerning this certificate should be directed to:
Defense Manpower Data Center (DMDc) Support Office
Attn: CnCC
400 Gilling Road
Seaside, CA 93955-6771

For further information, call: 1-800-538-9552

TTY/TDD: 1-866-363-2883

6. If the individual(s) identified in Line 4 above has/have at least 18 months of creditable coverage, check here X and skip Line 7. (Does not include any periods of coverage that occurred prior to a break in coverage of more than 63 days.)
7. Date coverage began: <BeginDate>
8. Date coverage ended: <EndDate>

NOTE Separate certificates will be furnished if information is not identical for the participant and each dependent.