



# **Module 6: Transitional Benefits**

# Module Objectives

## After this module, you should be able to:

- List who may be eligible for transitional health care coverage
- Explain the purpose of the Transitional Assistance Management Program (TAMP) and program elements
- Discuss who may be eligible for extended care for service-related conditions beyond the TAMP period
- State who can be covered under the Continued Health Care Benefit Program (CHCBP)
- Explain the purpose of a Certificate of Creditable Coverage



# TRICARE Transitional Benefits

- The transition from military life back to civilian life can be challenging
- There are two programs available to assist active duty service members (ADSMs), eligible National Guard/Reserve members, family members and others losing TRICARE eligibility make the transition from military life back to civilian life:
  - Transitional Assistance Management Program (TAMP)
  - Continued Health Care Benefit Program (CHCBP)
- Military retirees are not eligible for either of these programs, as they remain TRICARE eligible as a retiree



# Transitional Assistance Management Program (TAMP)

- TAMP provides transitional health care coverage for certain uniformed services members (and eligible family members) who separate from active duty
- TAMP provides **180** days of transitional health care coverage for certain members of the Uniformed Services that separated from active duty, and their eligible family members
  - This 180 day period begins the day after their active duty benefit coverage ends



# TAMP Eligibility

- A uniformed service member is considered eligible if he or she is:
  - A member who is involuntarily separated from active duty\*
  - A member who is separated from active duty after being involuntarily retained (Stop-Loss) in support of a contingency operation
  - A member separated 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 and Reserve member ordered to active duty for more than 30 consecutive days in support of a contingency operation
- Family members of TAMP eligible sponsors are eligible for TAMP benefits beginning on the sponsor's separation date.

**\*Note:** Service members who are involuntarily separated may be eligible for TAMP and should check with their Service personnel departments to see if they qualify for TAMP benefits and that their eligibility is documented in DEERS.



# TRICARE Coverage During TAMP

- TAMP coverage, by default, is TRICARE Standard.
  - TAMP beneficiaries (including the former active duty member) who were enrolled in TRICARE Prime immediately prior to their separation may continue their enrollment in TRICARE Prime with no break in coverage, as long as a re-enrollment application is submitted prior to the end of the TAMP period.
- During TAMP, beneficiaries are not eligible for TRICARE Prime Remote or TRICARE Prime Remote for Active Duty Family Members.



# Transitional Care for Service-Related Conditions (TCSRC)

- Beginning November 1, 2009, an additional benefit will be available to former active duty service members that have a service-related condition identified during their TAMP period.
- The Transitional Care for Service-Related Conditions (TCSRC) benefit will provide extended transitional health care coverage for **certain service-related conditions** for former active duty service members discovered or diagnosed during their TAMP period.
- The period of coverage for the TCSRC is 180 days from the date the diagnosed condition is validated by a DoD physician; **TCSRC does not extend the duration of the TAMP period beyond 180 days.**



# TCSRC Eligibility

- Eligibility is limited to TAMP-eligible former active duty service members with a medical or adjunctive dental condition that they believe is related to active duty service.
- These members may receive extended transitional care for that condition, **and that condition only**.
- There are certain criteria that must be met in order to obtain this benefit.
- If a former active duty member believes he/she now has a service-related condition during the TAMP period, he/she will need to submit documentation to the Military Medical Support Office (MMSO) to apply for the benefit.
  - MMSO will coordinate the review of the documentation by a DoD physician and care will then either be approved or denied.
  - The member will be notified of the physician's determination within 30 days of the member's request.



# Continued Health Care Benefit Program (CHCBP)

- The Continued Health Care Benefit Program (CHCBP) is a premium health care program that offers temporary transitional health coverage (up to 18 or 36 months) after TRICARE eligibility ends.
- Eligible beneficiaries have up to 60 days after losing military healthcare (including TAMP) to enroll in CHCBP.
  - To avoid a gap in coverage, it is recommended that beneficiaries enroll 60 days prior before losing their TRICARE benefit.
- Enrollment involves submitting an application, a premium payment and required documentation.



# CHCBP Eligibility

- The following categories are eligible to enroll in CHCBP:
  - Former active duty service members released from active duty (under other than adverse conditions) and their eligible family members. *Coverage is limited to 18 months.*
  - Unremarried former spouses who were eligible for TRICARE on the day **before** the date of the final decree of divorce, dissolution, or annulment. *Coverage is limited to 36 months.*
  - Emancipated children who cease to meet the requirements to be an eligible family member and were eligible for TRICARE on the day **before** ceasing to meet those requirements. *Coverage is limited to 36 months.*
  - Certain unmarried children by adoption or legal custody. *Coverage is limited to 36 months.*



# CHCBP Coverage

- Although CHCBP uses existing TRICARE providers and follows the rules of the TRICARE Standard program option, it is not a part of TRICARE.
  - The CHCBP program is administered by Humana Military Healthcare Services, Inc., and participation is completely **optional**.
- Coverage is effective on the day after beneficiaries lose their military health care benefits
- For more information visit: [www.humana-military.com](http://www.humana-military.com)



# Certificate of Creditable Coverage

- A Certificate of Creditable Coverage serves as evidence of prior health care coverage and can help reduce or eliminate medical pre-existing condition waiting periods.
- The Defense Manpower Data Center (DMDC) issues Certificates of Creditable Coverage to beneficiaries within 14 days of their loss of health care eligibility.



# Congratulations! You've Completed Module 6: Transitional Benefits!

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