

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

- There are programs available to assist active duty service members (ADSMs), eligible National Guard/Reserve members, family members, and others who are losing TRICARE eligibility to make the transition from military health care back to civilian health care:
 - Transitional Assistance Management Program (TAMP)
 - Transitional Care for Service-Related Conditions (TCSRC)
 - Continued Health Care Benefit Program (CHCBP)
- Military retirees are not eligible for any of these programs, as they remain TRICARE-eligible as a retiree



Transitional Assistance Management Program (TAMP)

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



TAMP Eligibility

- A uniformed service member is considered eligible if they are:
 - 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/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 is, by default, TRICARE Standard
- TAMP beneficiaries (including former active duty members) who were enrolled in TRICARE Prime immediately prior to their separation may continue 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)

- Effective November 1, 2009, an additional benefit became available to former active duty service members who have a service-related condition identified during their TAMP period
- The Transitional Care for Service-Related Conditions (TCSRC) benefit provides 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 original TAMP period beyond 180 days**



TCSRC Eligibility

- Eligibility is limited to TAMP-eligible former active duty service members with a newly diagnosed medical 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



TCSRC Eligibility

- If a former active duty member believes they now have a newly diagnosed service-related condition during the TAMP period, they 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 request
- The TCSRC website provides detailed information about application requirements: www.tricare.mil/tcsrc



Continued Health Care Benefit Program (CHCBP)

- The Continued Health Care Benefit Program (CHCBP) is a premium-based healthcare 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 before losing their TRICARE benefit
- Enrollment involves submitting an application, a premium payment and required documentation

***NOTE:** TRICARE Reserve Select (TRS) beneficiaries must purchase CHCBP within 30 days after loss of TRS coverage. CHCBP eligibility runs concurrently with TRS eligibility for a period of 18 months after TAMP or TRICARE coverage.



CHCBP Eligibility

- The following 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 who 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 the day after beneficiaries lose their military healthcare benefits
- For more information visit: www.humana-military.com



Certificate of Creditable Coverage

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



Certificate of Creditable Coverage

- Active duty service members who retire do not receive a certificate of creditable coverage, because they do not lose their TRICARE eligibility
 - If a retiree needs proof of coverage for a new employer's health plan, they may request a letter of eligibility from DMDC, which reflects ongoing TRICARE medical coverage
- Written requests for a Certificate of Creditable Coverage should be mailed to:

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



You've Completed Module 6: Transitional Benefits

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