

Continued Health Care Benefit Program (CHCBP)

Revision: C-72, September 10, 2020

1.0 GENERAL

All TRICARE requirements regarding the CHCBP shall apply to the TRICARE Overseas Program (TOP) unless specifically waived or superseded by the provisions of this section or the TRICARE contract for health care support services outside the 50 United States (U.S.) and the District of Columbia (hereinafter referred to as the "TOP contract"). See the TRICARE Policy Manual (TPM), [Chapter 10, Section 4.1](#) for additional instructions.

2.0 ELIGIBILITY AND ENROLLMENT

2.1 CHCBP enrollees in overseas locations are not eligible for enrollment in TOP plans.

2.2 CHCBP claims for claims involving services received in overseas locations are processed by the CHCBP contractor as TRICARE Select. For purposes of coverage, the beneficiary deductible, catastrophic cap and cost-share provisions of the TRICARE Select plan applicable to Group B shall apply based on the category of beneficiary (e.g., Active Duty Family Member (ADFM) or Retiree Family) to which the CHCBP enrollee last belonged, except that for separating active duty members, amounts applicable to TRICARE Select ADFMs shall apply.

3.0 CONTRACTOR RESPONSIBILITIES

3.1 The TOP contractor shall not develop purchased care sector provider networks to support the CHCBP beneficiary population.

3.2 The TOP contractor shall not provide Guarantee of Payment or implement other business processes to provide CHCBP enrollees with cashless, claimless care.

3.3 The TOP contractor shall not make appointments with purchased care sector providers for CHCBP enrollees. However, upon beneficiary request, the contractor shall provide CHCBP enrollees with the name, telephone number, and address of network or non-network providers of the appropriate clinical specialty located within the beneficiary's geographic location.

3.4 The TOP contractor shall provide general CHCBP program information and enrollment forms upon request.

- END -

