



Uniformed Services Benefit Association®



PLAN UNDERWRITER: HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY, ONE HARTFORD PLAZA, HARTFORD, CT 06155.

CHAMPVA SUPPLEMENT INSURANCE PLAN

INCREASE YOUR COVERAGE OPTIONS

The USBA CHAMPVA Supplement Insurance Plan, when combined with your CHAMPVA benefits, is designed to help provide you with the protection you need when you need it. The plan will pay your cost share for both covered inpatient and outpatient medical expenses after you satisfy the calendar year plan deductible of \$250 per person, \$500 family maximum. Take a moment now to read the details. Then enroll today to give your family the additional protection of the USBA CHAMPVA Supplement Insurance Plan that complements your CHAMPVA benefits. For more information or clarification on CHAMPVA Supplement plans including costs, exclusions, limitations, and terms of coverage call 1-877-297-9235 ext. 554.

ABOUT PLAN SPONSOR:

USBA is a not-for-profit association providing affordable life insurance and financial products and services to military personnel, current Federal employees, National Guard and Reserve members, Honorably Discharged Veterans and their families with the highest ethical standards of conduct and service.

IMPORTANT NOTICE/MEMBERSHIP

This coverage is available to members and their dependents. You must be a member of USBA to enroll in the supplemental insurance plan. There is no fee to become a member of USBA. Simply complete the USBA membership information section of the CHAMPVA Supplement Insurance Universal Application, available at: <http://www.usba.com/CHAMPVA-app>

For additional inquiries, call USBA at 1-877-297-9235 ext. 554.

ELIGIBILITY

Spouses and Dependent Child(ren) of a disabled veteran who is a member are eligible for this coverage if they are covered by CHAMPVA. A widow(er) who is a member of the Participating Organization is also eligible for coverage as well as their Dependent Children. Eligible Spouse means your spouse who is under age 65 and not legally separated or divorced from you is also eligible for coverage. Spouses over age 65 are also eligible if documentation from the Social Security Administration certifying their non-entitlement to Medicare Part A benefits is submitted with their enrollment form. Unmarried Dependent Child(ren) under age 18, or under 23 if enrolled as a full-time student, may also enroll. Individuals who are Medicare beneficiaries may not enroll in the CHAMPVA Supplement Insurance Plan.

EFFECTIVE DATE

Subject to the Deferred Effective Date provision, coverage becomes effective on the first day of the month after we receive the request for coverage provided the required premium is paid and coverage is renewable to age 65. However, in no event will a dependent become covered under this Policy before the date the dependent qualifies as an Eligible Dependent.

If, on the date that a member or eligible Dependent is to become covered under this Policy, the member or eligible Dependent is confined in a Hospital or Skilled Nursing Facility, coverage of that member or eligible Dependent will be deferred until the first day after that member or eligible Dependent is discharged. This provision does not apply to a newborn child. If a Member requests a change in coverage, the change will become effective on the first day of the month on or after the date we receive the Request, provided the required premium is paid. No change will be made if the Member's dependent is not eligible for the change requested.

With respect to a newborn child born to the Member or the Member's Covered Spouse or a child placed for adoption with the Member or the Member's Covered Spouse, coverage shall automatically be provided during the 31-day period immediately following the date of birth or adoption placement. If application for dependent coverage and payment of required premium is not made within 31 days of the date of birth or adoption placement, coverage shall automatically terminate at the end of the 31st day. If the child's insurance terminates because the Member fails to request insurance (or pay the required contribution) within the 31-day period following the child's date of birth, adoption, Placement, or the date the Member becomes a party in a suit for adoption, benefits will be payable only for covered expenses incurred by the child during the 31-day period in which insurance was in force.

PRE-EXISTING CONDITIONS LIMITATIONS

Any injuries or sickness whether diagnosed or undiagnosed, for which a covered person received medical care or treatment within the 6-month period preceding the effective date of his or her insurance will not be covered until the coverage has been in effect for 6 months. However, treatment related to new conditions will be covered immediately.

HERE'S HOW THE CHAMPVA SUPPLEMENT INSURANCE PLAN WORKS

Benefit	Benefit Payment
CHAMPVA Annual Outpatient Deductible Credit	None of the eligible charges used to satisfy the Covered Person's CHAMPVA Annual Outpatient Deductible.
Plan Deductible	\$250 applies to Inpatient and Outpatient Family deductible is double the Plan Deductible
Inpatient Benefit	100% of the Cost Share remaining after CHAMPVA pays, not to exceed any CHAMPVA allowed or negotiated amount after the Plan Deductible is met and until the CHAMPVA Catastrophic Cap is reached.
Outpatient Benefit	100% of the Cost Share remaining after CHAMPVA pays, not to exceed any CHAMPVA allowed or negotiated amount after the CHAMPVA Annual Outpatient Deductible and after the Plan Deductible is met until the CHAMPVA Catastrophic Cap is reached. Not to exceed \$500 in every 12 consecutive months for coverage provided for Nervous, Mental, and Emotional Disorders; including Alcoholism and Drug Addiction.
Excess Benefit	Not applicable to CHAMPVA
Ambulatory Surgery Services (same day)	100% of the Cost Share not paid by CHAMPVA and after the Plan Deductible is met until the CHAMPVA Catastrophic Cap is reached.
Pharmacy Reimbursement Benefit	100% of the Cost Share remaining after CHAMPVA pays, not to exceed any CHAMPVA allowed or negotiated amount after any applicable CHAMPVA Annual Outpatient Deductible and after the Plan Deductible is met until the CHAMPVA Catastrophic Cap is reached.

We will pay the Inpatient and Outpatient covered medical expenses once the Calendar Year plan deductible of \$250 per person and \$500 family maximum has been satisfied. Expenses incurred to satisfy the CHAMPVA Calendar Year Outpatient deductible cannot be used to satisfy the CHAMPVA Supplement Plan deductible.

(1) **Confinement or Confined** means being an inpatient in a hospital (or skilled nursing facility) due to sickness or injury.

Skilled Nursing Facility does not mean:

- a. a hospital; or
- b. a place for rest, custodial care, educational care or the aged; or
- c. a place for the treatment of mental illness, drug addiction or alcoholism.

(2) **Diagnosis-Related Groups (DRG):** An agreement between most hospitals and CHAMPVA to accept a fixed rate for inpatient care regardless of the billed amount.

Competitively Priced Premiums

As a USBA member, you benefit from your Association's mass purchasing power, making the rates for this valuable coverage more competitive. Rates and/or benefits are based on the attained age of the Insured Person and increase as you enter each new age category. Rates and/or benefits may be changed on a class basis. Plan or rate changes may be subject to final approval by the applicable regulatory authorities.

INSURANCE PREMIUM RATE CHART

Age of Spouse, Widow(er)	First-Year Quarterly Rate* (includes 11% discount**)	Base Rate Quarterly Rate (after 12 months**)
Under 40	\$96.12	\$108
40-44	\$106.80	\$120
45-49	\$122.82	\$138
50-54	\$157.53	\$177
55-59	\$186.90	\$210
60-64	\$224.28	\$252
65+	\$283.02	\$318
Each Child	\$74.76	\$84

* First-year discounted rates are not available to insureds in OH or KY.

** Members receive an 11% rate discount during their first twelve months of coverage. There are no other discounts. After the 12th month, the rates go up 11%.

EXCLUSIONS

This Policy does not cover 1) injury or sickness resulting from war or act of war, whether war is declared or undeclared; 2) intentionally self-inflicted injury; 3) suicide or attempted suicide, whether sane or insane.

LIMITATIONS

The Policy limits coverage for:

- 1) routine physical exams and immunizations, except when:
 - a. rendered to a child up to 6 years from the child's birth; or
 - b. required for school enrollment (but not sports physicals) by a Covered Child aged 5 through 11;
- 2) domiciliary or custodial care;
- 3) eye refractions and routine eye exams except when rendered to a child up to 6 years from the child's birth;
- 4) eyeglasses and contact lenses;
- 5) prosthetic devices, except those covered by CHAMPVA;
- 6) cosmetic procedures, except those resulting from Sickness or Injury, while a Covered Person;
- 7) hearing aids;
- 8) orthopedic footwear;
- 9) care for the mentally or physically incapacitated if the care is required because of the mental or physical incapacitation;
- 10) drugs which do not require a prescription, except insulin;
- 11) dental care unless such care is covered by CHAMPVA, and then only to the extent that CHAMPVA covers such care;
- 12) any confinement, service, or supply that is not covered under CHAMPVA;
- 13) Hospital nursery charges for a well newborn, except as specifically provided under CHAMPVA;
- 14) any routine newborn care except Well Baby Care;
- 15) expenses in excess of the CHAMPVA Catastrophic Cap;
- 16) that part of any Covered Expense which is in excess of the CHAMPVA Allowed Amount, except as otherwise stated in the plan benefits;
- 17) expenses which are paid in full by CHAMPVA;
- 18) any expense or portion thereof applied to the CHAMPVA Outpatient Deductible;
- 19) treatment for the prevention or cure of alcoholism or drug addiction, except as specifically provided under CHAMPVA and The Policy;
- 20) any part of a Covered Expense which the Covered Person is not legally obligated to pay because of payment by a CHAMPVA alternative program;
- 21) any claim under more than one of the CHAMPVA Supplement Plans. If a claim is payable under more than one plan or benefit, payment will only be made under the provision that provides the highest coverage.

CHAMPVA Catastrophic Cap: CHAMPVA will increase its rate of payment to 100% of the CHAMPVA Allowed Amount when a Covered Person has met the CHAMPVA Catastrophic Cap. After the CHAMPVA Catastrophic Cap has been met, we will not duplicate benefits by paying any part of the Cost Share which is payable under CHAMPVA.

Non-Duplication of Coverage under Employer Health Program: If a claim payable under The Policy is also payable under an Employer Health Program with CHAMPVA as the secondary payor, we will limit our payment to an amount which, when added to the amounts paid by the Employer Health Program and CHAMPVA, will not exceed 100% of CHAMPVA Covered Expenses.

Other TRICARE or CHAMPVA Supplement Policy Limitation (Over-insurance Limitation)

If a Covered Person is insured under any other CHAMPVA Supplement policy underwritten by Us, any claim for benefits is only payable under one policy. The Covered Person (or their Spouse or estate, in the event of death) may elect under which policy benefits are payable.

We will return the amount of premium paid for any other CHAMPVA Supplement policy that is declined by the Covered Person retroactive to the later of:

- 1) The last date any benefit was paid for any Covered Person under the other CHAMPVA Supplement policy; or
- 2) The effective date of insurance for the Covered Person under the other CHAMPVA Supplement policy.

LIMITATIONS (NERVOUS, MENTAL, EMOTIONAL DISORDER, ALCOHOLISM, AND DRUG ADDICTION LIMITS)

The coverage provided under the Inpatient Benefit of the CHAMPVA Supplement plan for nervous, mental and emotional disorders, including alcoholism and drug addiction, is limited to:

- 1) 30 Inpatient treatment days for a Covered Person age 19 or older; or
- 2) 45 Inpatient treatment days for a Covered Person under age 19; or
- 3) 150 Inpatient treatment days in a CHAMPVA authorized Residential Treatment Center for a Covered Person under age 21 per Calendar Year.

This Inpatient limit is based on the number of days CHAMPVA normally provides each Calendar Year for such confinements. In rare instances, CHAMPVA extends these daily limits. If this occurs, we will limit the number of days that we provide for such Confinement to the number of days paid by CHAMPVA for Inpatient treatment.

TERMINATION

Termination of Your Coverage: Your coverage will end on the earliest of the following:

1. the date The Policy terminates, or the Participating Organization ceases to participate in The Policy;
2. the first of the month following the date You are no longer in a class eligible for coverage;
3. the date The Policy no longer covers Your class;
4. the date the required premium is due but not paid, subject to the Individual Grace Period or Policyholder Grace Period;
5. the first of the month following the date You Request We terminate Your coverage;
6. the date You cease to be covered under CHAMPVA;
7. the date You cease to be a Member of the Policyholder or a Participating Organization;

8. the date You become eligible for Medicare (unless You reside in an area where Medicare is not available. Coverage will not terminate until You reside in an area where Medicare is available);
9. the date You attain Age 65 unless You are not eligible for Medicare and can provide documentation of such from the Social Security Administration, unless continued under the Continuation Provisions.

Termination of insurance will not prejudice any claim which occurred before the effective date of termination.

Termination of Your Dependents' Coverage: Coverage for Your Dependent(s) will end on the earliest of the following:

1. the date The Policy terminates, or the Participating Organization ceases to participate in The Policy;
2. the first day of the month following the date Your Dependent is no longer in a class eligible for coverage;
3. the date The Policy no longer covers Your Dependent's class;
4. the date Your Dependent ceases to be covered under CHAMPVA;
5. the date the required premium is due but not paid, subject to the Individual Grace Period or Policyholder Grace Period;
6. the date You cease to be a Member of the Policyholder or a Participating Organization;
7. the date We or the Policyholder terminate Dependent coverage;
8. the first day of the month following the date You Request We terminate Dependent coverage;
9. the date Your Dependent's coverage ends in accordance with the Newborn or Newly Adopted Child Coverage provision;
10. the date Your Spouse attains Age 65 unless he or she is not eligible for Medicare and can provide documentation of such from the Social Security Administration;
11. the date Your Dependent becomes eligible for Medicare unless he or she resides in an area where Medicare is not available. Coverage will not terminate until Your Dependent resides in an area where Medicare is available;
12. the date Your Spouse no longer satisfies the definition of Spouse; or
13. the date Your child no longer satisfies the definition Dependent Child(ren); unless coverage is continued under the Continuation Provisions.

Termination of insurance will not prejudice any claim which occurred before the effective date of termination. Limitations and exclusions may vary by state. Please see your Certificate for details. In addition to the events listed, if Your coverage was continued in accordance with the Widow or Widower's Continuation provision, Your coverage will end on the Premium Due Date on or next following the date You remarry or enter or enter into a legal relationship recognized as a spouse.

30 DAY FREE LOOK

You cannot be turned down for coverage, although a pre-existing condition may initially limit the extent of your coverage. After your completed Enrollment Form and first premium payment have been processed, you'll receive a Certificate of Insurance which you can examine for a 30 day free look. Return it for a full refund if you are not completely satisfied. No claims are payable if the plan is returned.

HOW TO CONTACT THE SPONSOR (USBA)

Our CHAMPVA Specialists are available if you have questions about your CHAMPVA Supplement Insurance Plan.

- Phone: 877-297-9235 ext. 554, Monday through Friday, 9:00 a.m. to 4:00 p.m. Central Time
- Email: Tricare@usba.com
- Web: <https://www.usba.com/health-insurance/champva>
- Social Media:



PLAN ADMINISTRATOR

Selman & Company, based in Cleveland, Ohio, has marketed and administered life and health insurance products to members of associations and affinity groups, customers of financial institutions, and employees through their employers for over 35 years.

Selman & Company is among the largest privately held firms in the nation with focus on the markets in which it serves.

HOW TO CONTACT SELMAN & COMPANY

Our Call Center Representatives are available if you have questions about your CHAMPVA Supplement Insurance Plan:

- Phone: 800-638-2610, Monday through Friday, 9:00 a.m. to 7:00 p.m. Eastern Time
- Email: memberservices@selmanco.com
- Web: www.SelmanCo.com
- Social Media: @SelmanCompany
- Manage Your Account: <https://www.selmanco.com/eservice>
- Submit a Claim:

By Mail

Attn: Claims Dept.
SelmanCo
PO Box 14043
Lexington, KY 40512

By Fax

1-800-310-5514

PLAN UNDERWRITER

Hartford Life and Accident Insurance Company, One Hartford Plaza, Hartford, CT 06155.

TRICARE Form Series includes Form GBD-3000, GBD-3100, or state equivalent.

This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by Hartford Life and Accident Insurance Company detail exclusions, limitations, and terms under which the policy may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder. This program may vary and may not be available to residents of all states.

NOT AVAILABLE IN ALL STATES.

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