



USBA TRICARE Reserve Select Supplement Insurance Plan



A Few Words About This Plan ...

Out-of-pocket expenses can mount up quickly when you receive medical care outside the military system. That's why supplemental health insurance like the TRICARE Reserve Select Supplemental Plan is so important for you and your family. With this economical insurance coverage, you're better protected against the high cost of medical expenses you might face each calendar year in the event of illness.

Many people like you are concerned about getting good insurance coverage at an affordable cost. It's not easy to get that kind of information on your own ... and it can eat up a lot of your precious time. That's why we're proud to offer the TRICARE Reserve Select Supplement Plan for National

Guard and Reservists.

So why choose this plan?

- Low Monthly Premiums
- Guaranteed Acceptance (subject to pre-existing condition limitation)
- 30-Day Satisfaction Guarantee
- No Medical Exam Required
- Smokers Pay the Same Price as Non-smokers
- Pays cost shares – after the annual deductible is met
- Pays 100% of covered excess charges – after the annual deductible is met

To qualify for this product, you:

- Must be a member of the selected reserve of the ready reserve
- Can't be eligible for or enrolled in FEHBP
- Must be enrolled in Tricare Reserve Select. Enroll here:
<http://www.tricare.mil/mybenefit/home/overview/Enrollment>

NOTE: Coverage is not available in Nevada.

ASI, the plan administrator of the TRICARE Supplement Plan, is exercising its contractual right to change the plan underwriter effective October 1, 2010. The plan underwriter will be changed from Hartford Life and Accident Insurance Company to Monumental Life Insurance Company and Transamerica Financial Life Insurance Company (NY residents only).

FEATURES

Eligibility - TRICARE Reserve Select Supplement is available to all members of the Selected Reserve regardless of any active duty served, with one exception: If you are eligible for the Federal Employees Health Benefits Program (FEHBP) or currently covered under FEHBP, you are excluded from purchasing the restructured TRS plan. For more information, visit the TRICARE website and use their interactive Plan Wizard: <http://www.tricare.mil/mybenefit/home/overview/PlanWizard.jsp>

Effective Date - Your coverage begins on the first day of the first or second month (whichever you select on the TRS Supplement Request Form) following the postmark of your TRS Supplement Request Form. For example, if your form is postmarked in July, you may choose for your coverage to begin on the first day of the next month, August, or on the first day of the second month, September.

Renewability - The **TRICARE Reserve Select Supplement** coverage is renewable to age 65. As long as premiums are paid on time; you remain a member of the sponsoring organization; you, your spouse and dependents remain in an eligible status (you are covered by TRICARE Reserve Select, children are under age 21 or 23 if a full-time student); and the Master Policy and your class of insured persons remain in effect. So, even if you or a covered dependent develops a serious health condition in the future, their coverage will not terminate, provided these conditions are met.

Exclusions - Treatment or confinement not ordered by a physician or necessary for medical care; intentionally self-inflicted injury; suicide or attempted suicide, whether sane or insane; sickness or injury resulting from act of war, whether declared or undeclared; routine physical exams, eye exams, eye refractions and immunizations, except for well baby care covered by TRICARE; custodial care, hearing aids, orthopedic footwear, eyeglasses or contact lenses; cosmetic procedures, except those resulting from sickness or injury occurring while a covered person; drugs (other than insulin) which do not require a prescription; any confinement, service or supply not covered under TRICARE, or for expenses paid in full by TRICARE; expenses in excess of the TRICARE Cap; the TRICARE Reserve Select fiscal year outpatient deductible, care of the mentally retarded or physically handicapped which is required due to the mental retardation or physical handicap; any part of a covered expense which the covered person is not legally obligated to pay because of payment by a TRICARE alternative program. Check your regional contractor's web site or your Certificate of Insurance for additional information.

Limitations - Routine newborn and well baby care, hospital nursery charges for a well newborn, dental care, treatment for prevention or cure of alcoholism or drug addiction, and prosthetic devices are limited to expenses covered by TRICARE. INPATIENT treatment for mental, nervous or emotional disorders in excess of 45 days if under age 19, or 30 days if age 19 or older, is limited to 90 days (if approved by TRICARE) in a fiscal year. OUTPATIENT benefits for mental, nervous or emotional disorders, drug addiction or alcoholism are limited to a maximum of \$500 in a fiscal year.

Pre-Existing Condition Limitations - If a member enrolls in TRICARE Reserve Select and requests coverage under the TRICARE Reserve Select Supplement within 30 days of the date his or her TRICARE Reserve Select coverage begins, we will waive the Pre-Existing Conditions Limitation. A pre-existing condition provision means any injury 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 and will not be covered until the coverage has been in effect for 6 months. However, new conditions will be covered immediately.

Insured Person Termination - Your coverage under the Policy will cease on the first to occur of: the date the Policy terminates; the date the required premium is not paid, subject to the Grace Period provisions; the first day of the month on or next following the date you cease to be a member of the Policyholder; the first day of the month on or next following the date you cease to be eligible for the

Plan under which you are covered; the date we or the Policyholder cancel coverage for a Class of Eligible Person to which you belong; the date you attain age 65; the date you cease to be covered under TRICARE Reserve Select; the date you become eligible for Medicare unless you reside in an area where Medicare is not available, in which case coverage will not terminate until you return to residency in an area where Medicare is available.

Termination of coverage will be without prejudice to any claim which originated before the effective date of termination.

This plan information explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of any discrepancy between this site and the contract, the terms of the contract will apply. Complete details are found in the certificate of insurance issued to each insured individual. This program may not be available to residents of all states. You will be notified by the Administrator if you are ineligible for coverage.

BENEFITS SUMMARY

Benefits Summary Chart

Here's How The TRICARE Reserve Select Supplement Works To Pay What TRICARE Reserve Select Doesn't Pay.

Care Required	TRICARE Reserve Select Pays	Your TRICARE Reserve Select Supplement Pays
Benefits in a Government Hospital	Nominal charges may apply. Check with your local facility for details.	Current Daily Subsistence Charge.
Benefits in a Civilian Hospital or Skilled Nursing Facility	All TRICARE Reserve Select allowable amounts except the first \$25.00 or current daily subsistence charges (whichever is greater).	<ol style="list-style-type: none"> 1. Current Daily Subsistence Charge for each day of Confinement; or 2. \$25.00 for all Confinements which are due to the same or related Sickness or Injury and separated by less than 60 days; until the TRICARE Cap* is met
Outpatient Benefit	<p>TRICARE Network Provider 85% of the negotiated rate after the fiscal year deductible is met.</p> <p>Non-Network Provider 80% of the TRICARE allowable charge after the fiscal year deductible is met.</p>	<p>TRICARE Network Provider Your 15% cost share for covered expenses until the TRICARE Cap* is met.</p> <p>TRICARE Authorized, Non-Network Provider Your 20% cost share until the TRICARE Cap* is met PLUS 100% of Covered Excess Charges up to the Legal Limit.</p>
Prescription Drug Benefit Mail Order (up to 90-day supply) Network Retail (up to 30-day supply) Non-Network Retail (up to 30-day supply)	<p>All but the copayment of \$3 generic, \$9 brand name or \$22 non-formulary</p> <p>All but the copayment of \$3 generic, \$9 brand name or \$22 non-formulary</p> <p>All but \$9 or 20% of the total cost for generic/brand name or \$22 of 20% for non-formulary (whichever is greater) after the fiscal year deductible</p>	<p>Copayments of \$3 generic, \$9 brand name or \$22 non-formulary</p> <p>Copayments of \$3 generic, \$9 brand name or \$22 non-formulary</p> <p>\$9 or 20% of the total cost for generic/brand name or \$22 or 20% for non-formulary (whichever is greater) after the fiscal year deductible</p>

* TRICARE Catastrophic Cap — Maximum out-of-pocket expense = \$1,000 per family, per fiscal year. Monthly premium payments do not apply toward meeting the catastrophic cap.

**TRICARE Annual Outpatient Deductible:

Member-Only Plan	Family Plan
E-4 and Below - \$50.00	\$100.00
E-5 and Above - \$150.00	\$300.00

We will not pay for expenses which are used to satisfy the Outpatient Deductible charged by TRICARE. All outpatient Covered Expenses will be deemed incurred on the date the Covered Person received the treatment, service or supply that gave rise to the expense.

Exclusions may vary by state and underwriter. See your Certificate for complete details.

Confined or Confinement 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 or the aged; or
- c) a place for the treatment of mental disease, drug addicts or alcoholics.

FAQs

Q1. What is TRICARE Reserve Select (TRS)?

A1. TRICARE Reserve Select (TRS) is a premium-based health plan that qualified National Guard and Reserve members may purchase. TRS, which requires a monthly premium, offers coverage similar to TRICARE Standard and Extra.

Q2. Who qualifies for TRICARE Reserve Select (TRS)?

A2. To qualify for TRS, you must be a member of the Selected Reserve of the Ready Reserve, and you cannot be eligible for or enrolled in the FEHBP program. Once you qualify, you may purchase the plan at any time throughout the year, there are no tiers or open seasons.

Q3. How can I check to confirm if I am eligible for TRICARE Select Reserve (TRS)?

A3. Determine your eligibility here: <http://www.tricare.mil/mybenefit/home/overview/PlanWizard.jsp>

Q4. What is the TRICARE Reserve Select Supplement Plan?

A4. This supplement enhances your current TRS coverage by providing reimbursement of eligible out-of-pocket medical expenses for insured members and their families.

Q5. Who is eligible for the TRICARE Reserve Select Supplement Plan?

A5. All qualified members, their spouse and children, under age 21 or age 23 if a full-time student, who are eligible for TRS. The member must be covered in order to enroll Spouse or Children.

Q6. Do Retirees (Ages 60-64) Qualify for TRS and TRS Supplement?

A6. No, but they qualify for TRICARE Standard and for USBA's TRICARE Standard Supplement. Learn more here: <http://www.usba.com/Help-Plans/TRICAREStandard.asp>

Q7. Does the plan cover the service member when he/she retires?

A7. Yes. As long as you are still eligible for TRICARE Reserve Select, you'll be eligible to apply for TRICARE Reserve Select Supplement. Once you become ineligible for TRS, you will also be ineligible for the TRS Supplement. However, we offer a supplement plan for those who become eligible for TRICARE Extra/Standard. More information on this product: <http://www.usba.com/Help-Plans/TRICAREStandard.asp>

Q8. Why do I have to join USBA to apply for this plan?

A8. You'll be asked to "join" USBA when you apply for this TRICARE Supplement product. The Uniformed Services Benefit Association is a Voluntary Employee Beneficiary Association (VEBA) organization established to offer group insurance benefits to all federal and military members (including active duty, National Guard, Reservists, retirees, veterans) and their families. USBA uses its combined "Power of One" to negotiate group rates on behalf of its membership. As a formality, you must become a USBA member to qualify for the group rate. There are no dues to pay and no other obligations or expectations.

Q9. What are the membership fees (annual, lifetime, etc.), if any, when you join USBA?

A9. USBA has no membership fees.

Q10. What if I change my mind after I apply?

A10. Your satisfaction is guaranteed with **TRICARE Reserve Select Supplement**. Take 30 days after you receive your Certificate of Insurance to examine the coverage. Pay for it only after you determine it's the right protection for you. If you're not completely satisfied after the 30-day free look, return your Certificate for cancellation. You're under no obligation.

Q11. What does the Plan pay?

A11. It pays:

- 100% covered excess charges – after the annual deductible is met
- Cost shares – after annual deductible is met:
 - 15% TRICARE network provider
 - 20% TRICARE non-network provider

Q12. Can I be singled out for cancellation?

A12. Your coverage will remain in force as long as the master policy remains in force, and you pay your premium. With regards to your covered spouse and children, their coverage will remain in force as long as your coverage is active, or until they no longer meet the eligibility standards.

Q13. Will the plan cover me overseas?

A13. Yes. TRICARE coverage is worldwide. If TRICARE pays for covered medical expenses overseas, the plan will pay its contractual benefit.

Q14. Can premium payments be increased? Under what conditions?

A14. The company reserves the right to change premiums on a group wide basis to maintain the financial solvency of the plan.

Q15. Will I be asked to take a medical exam when I apply?

A15. No medical exam is required. Acceptance is guaranteed.

Q16. Is there a waiting period for pre-existing conditions?

A16. There is a 6 month waiting period for a pre-existing condition. (Pre-existing condition is waived if signed up w/in 30 days of TRS enrollment.)

Q17. How much does the NGAUS/EANGUS/USBA TRICARE Reserve Select Supplement Plan cost?

A17. See *Rates* below.

Q18. I still have questions. Who should I contact?

A18. Please call (800) 821-7912 for more details or to request a FREE, No-Obligation Information Kit be mailed to you.

Q19. Do I have to be a member of NGAUS or EANGUS to apply for this TRICARE Reserve Select Supplement Plan?

A19. No, but you do have to be a National Guardsman. USBA partnered with the National Guard Association of the U.S. (NGAUS) to promote the new changes to TRICARE Reserve Select (TRS), and to offer a new plan, NGAUS/EANGUS USBA TRICARE Reserve Select Supplement. It is available to all qualifying members of the National Guard. If you'd like to learn more about NGAUS or the Enlisted Association of the National Guard of the U.S. (EANGUS) visit these websites:

NGAUS: <http://www.ngaus.org/>

EANGUS: <http://www.memberconnections.com/eangus/>

Important Note: This plan information provides a general description of the insurance plan offered and is not a contract. Complete terms, conditions, definitions, exclusions, limitations and renewability requirements are detailed in the Group Policy issued to the Group Policyholder. Each insured will be provided with a Certificate of Insurance that summarizes the policy provisions affecting his/her coverage.

RATES

Choose from two payment plans featuring attractive rates!

As a member, you benefit from our mass purchasing power, making the rates for this valuable coverage surprisingly affordable. What's more ... the insurance company guarantees you'll never be singled out for a rate increase, no matter how many claims you file!

Monthly Premium Rates		
Under Age 65	Member	\$7.00
Under Age 65	Spouse	\$7.00
	Each Child*	\$6.00

Premiums shown are PER PERSON

Quarterly Premium Rates		
Under Age 65	Member	\$21.00
Under Age 65	Spouse	\$21.00
	Each Child*	\$18.00

Premiums shown are PER PERSON

* Newborn children not named in your enrollment form are automatically covered from birth for injury or sickness, including treatment of congenital defects and birth abnormalities, for 31 days. You must notify the Plan Administrator in writing and pay the additional premium due within 31 days of birth for coverage to continue beyond this period. Insured children who are incapable of self-sustaining employment because of mental retardation or physical disability - and who are unmarried and chiefly dependent on the insured member for support and maintenance - may continue coverage past policy age limits, with requested proof. Otherwise, each dependent child's insurance terminates on the premium due date following the date he or she is no longer a dependent.

To download an application or order a complete packet of information (including an application) for our **USBA TRICARE Reserve Select Supplement Insurance plan**, call **(800) 368-7021** or visit our website at <http://www.usba.com/Help-Plans/TRICAREReserveSelect.asp> .