



## USBA TRICARE Standard/Extra Supplement Insurance Plan

**If you are an eligible TRICARE beneficiary, you may be eligible to consider a TRICARE Supplement.** USBA understands how confusing the health care choices are today for military families and retirees. We also understand how important choosing the right health care supplement is ... because your family will still have medical expenses even after TRICARE pays. And even though your costs may be small, in many cases they can be huge.

So why choose **USBA's TRICARE Standard/Extra Supplement Insurance Plan?**

- Guaranteed Acceptance (subject to pre-existing condition limitation)
- 30-Day Satisfaction Guarantee
- No Medical Exam Required
- Your Choice of 2 Specially-designed Plans to Custom Fit Your Needs
- Priced to Fit Your Budget As Well As Your Needs
- Retirees and Spouses Get the Same Rates
- Smokers Pay the Same Price As Non-smokers



To qualify for this product, you must be:

- TRICARE-eligible recipient under age 65 and entitled to retired, retainer, or equivalent pay
- TRICARE-eligible spouse under age 65, and dependent, unmarried children under age 21 (23 if in college)
- TRICARE-eligible widow(er)s and ex-spouses
- Eligible Spouses and Children of active-duty service members

**Check your eligibility for TRICARE by visiting: <http://www.tricare.osd.mil>.**

***NOTE: Do Not Request MEDICARE SUPPLEMENT Information. 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

**USBA High Option II Plan** - USBA's Supplement to TRICARE Standard and TRICARE Extra.

You Pay:

- The Tricare Standard/Extra Supplement Insurance Plan's fiscal year deductible of:
  - \$250 per person or \$500 per family.
- The TRICARE Standard/Extra Fiscal year outpatient deductible.

**USBA High Option II** pays:

- Your daily subsistence for inpatient confinement in military hospitals.
- Your cost share for inpatient confinement in civilian hospitals.
- Your cost share for outpatient confinement after the TRICARE outpatient deductible has been met (25% of TRICARE Standard allowed amount).
- 100% of covered excess charges up to the legal limit.

**Eligibility** - You are eligible to enroll provided you are an eligible TRICARE recipient under age 65, and entitled to retired, retainer, or equivalent pay. If you are age 65 or over and ineligible for Medicare, you may enroll for the plan by attaching a copy of your Social Security Notice of Disallowance of Benefits to your Enrollment Form. Coverage is also available for your TRICARE-eligible spouse under age 65, and dependent, unmarried children under age 21 (23 if in college). Eligible spouses and children of active-duty service members may enroll; TRICARE-eligible widow(er)s and ex-spouses may also enroll.

**Effective Date** - Your coverage and that of your covered dependents becomes effective on the first day of the month following receipt of your Enrollment Form and first premium payment. If, on that day, you or a covered dependent are confined in a hospital, the effective date will be the day following discharge from the hospital.

**Termination** - The Insured Person's coverage under the Policy will cease on the first to occur of: the date the Policy terminates, or the date the Organization ceases to be a Participating Organization of the Policyholder; 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 he or she ceases to be a Member; the first day of the month on or next following the date he or she ceases to be eligible for the Plan under which he or she is covered; the date we or the group cancel coverage for a Class of Eligible Persons to which he or she belongs; the date he or she attains age 65; the date he or she becomes eligible for Medicare. Termination of an Insured Person's insurance will not prejudice any claim which occurred before the effective date of termination.

The dependent's coverage under the Policy will cease on the first to occur of: the date the Policy terminates, or the date the Organization ceases to be a Participating Organization of the Policyholder; the date the required premium is not paid, subject to the Grace Period provision; the first day of the month on or next following the date he or she ceases to be an Eligible Spouse or an Eligible Child (except that a spouse who remains eligible for TRICARE after divorce or legal separation from the Member may

continue his or her coverage until he or she remarries, subject to payment of the required premium); the first day of the month on or next following the date he or she ceases to be eligible for the Plan under which he or she is covered; the date we or the group cancel coverage for a Class of Eligible Persons to which he or she belongs; if a Spouse, the date he or she attains age 65; the date he or she becomes eligible for Medicare; the date the Member ceases to be covered, subject to the Covered Dependent Continuation provision, (this will not apply to the Spouse or Child of an Active Duty Member or a Service Disabled Member); if a Child, the date he or she attains age 21 or age 23 if he or she is enrolled full time at a school of higher learning. Termination of a Covered Dependent's insurance will not prejudice any claim which occurred before the effective date of termination.

**Exclusions** - This Policy does not cover: injury or sickness resulting from war or act of war, whether war is declared or undeclared; intentionally self-inflicted injury; suicide or attempted suicide, whether sane or insane (in Missouri, while sane); routine physical exams and immunizations, except when: rendered to a child up to 6 years from his or her birth; or ordered by a Uniformed Service: for a Covered Spouse or Child of an Active Duty Member; or for such spouse or child's travel out of the United States due to Member's assignment; domiciliary or custodial care; eye refractions and routine eye exams except when rendered to a child up to 6 years from his or her birth; eyeglasses and contact lenses; prosthetic devices, except those covered by TRICARE; cosmetic procedures, except those resulting from Sickness or Injury while a Covered Person; hearing aids; orthopedic footwear; care for the mentally incapacitated or physically handicapped if: the care is required because of the mental incapacitation or physical handicap; or the care is received by an Active Duty Member's child who is covered by the "Program for the Handicapped" under TRICARE; drugs which do not require a prescription, except insulin; dental care unless care is covered by TRICARE, and then only to the extent that TRICARE covers such care; any confinement, service, or supply that is not covered under TRICARE; Hospital nursery charges for a well newborn, except as specifically provided under TRICARE; any routine newborn care except Well Baby Care, as defined, for a child up to 6 years from his or her birth; expenses in excess of the TRICARE Cap; expenses which are paid in full by TRICARE; any expense or portion thereof which is in excess of the Legal Limit; the part of any Covered Expense which is in excess of the TRICARE Allowed Amount except as otherwise stated in the Supplement Benefits; treatment for the prevention or cure of alcoholism or drug addiction except as specifically provided under TRICARE and the Policy; any part of a covered expense which the Covered Person is not legally obligated to pay because of payment by a TRICARE alternative program; and any claim under more than one of the TRICARE Supplement Plans, or under more than one Inpatient Benefit or more than one Outpatient Benefit of the TRICARE Supplement Plan.

If a claim is payable under more than one of the stated Plans or Benefits, payment will only be made under the one that provides the highest coverage, subject to the Pre-Existing Condition Limitations.

**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. The coverage provided under the Inpatient Benefits of the TRICARE Supplements for nervous, mental and emotional disorders, including alcoholism and drug addiction, is limited to: 30 Inpatient treatment days for a Covered Person age 19 or older; or 45 Inpatient treatment days for a Covered Person under age 19; per Fiscal Year. This Inpatient limit is based

on the number of days TRICARE normally provides each Fiscal Year for such confinements. In rare instances, TRICARE extends these daily limits. If this occurs, we will limit the number of days that we provide for such Confinement to the lesser of: the number of days TRICARE pays for such Inpatient treatment during the Fiscal Year; or 90 Inpatient days per Fiscal Year. The coverage provided under the Outpatient Benefits of the TRICARE Supplements for: nervous, mental, and emotional disorders; and alcoholism and drug addiction; is limited to \$500 during any fiscal year for all such disorders.

**Pre-Existing Condition Limitations** - Pre-Existing Condition, as used in this limitation, means any injury or sickness including pregnancy, diagnosed or undiagnosed, for which Medical Care is received by a Covered Person; within the 6 month period prior to the Covered Person's effective date of insurance; or with respect to the limitation for increase in coverage, within the 6 month period prior to the effective date of the Covered Person's increase in coverage. For the purposes of this limitation, we will consider; (a) Medical Care received when: a Physician is consulted or medical advice is given; or Treatment is recommended or prescribed by, or received from, a Physician; (b) Treatment to include, but not limited to, any; medical examination, test, attendance, or observation; medical services, supplies, or equipment, including their prescription or use; or prescribed drugs or medicines, including their prescription or use. All manifestations, symptoms, or findings which result; from the same or related accidents or Sickness; or from any aggravations of accident or Sickness; are considered to be the same accident or Sickness for the purpose of determining a Pre-Existing Condition.

This site 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

See how our USBA TRICARE Supplement plans work with your TRICARE Standard/Extra coverage.

Confinement Required	TRICARE Standard/Extra Pays	Your TRICARE Standard/Extra Supplement Insurance Pays
Inpatient confinement in civilian hospitals for RETIREES and dependent family members (room, board, supplies, and staff services billed by the hospital)	The TRICARE Standard/DRG amount (contracted rate for TRICARE Extra) minus your cost share.	<b>High Option II Plan</b> – The lesser of the Standard DRG amount or 25% of the billed amount, not to exceed the TRICARE Standard DRG amount (lesser of \$250/day or 25% cost share* of the contracted rate for TRICARE Extra) AFTER you satisfy the fiscal year Plan Deductible PLUS 100% of Covered Excess Charges up to the Legal Limit**.
Inpatient confinement in civilian hospitals for RETIREES and dependent family members (doctors & other inpatient services not billed by the hospital)	75% of the TRICARE Standard allowed amount (80% for TRICARE Extra) after you pay the TRICARE Outpatient Deductible.	<b>High Option II Plan</b> - Your cost share* AFTER you satisfy the fiscal year Plan Deductible PLUS 100% of Covered Excess Charges up to the Legal Limit**.
Inpatient confinement in military hospitals	All but the daily subsistence fee.	<b>Both Plans</b> - The daily subsistence fee.
Outpatient confinement for RETIREES and dependent family members (office visits, clinics, lab, prescription drugs, etc.)	75% of the TRICARE Standard allowed amount (80% for TRICARE Extra) after you pay the TRICARE outpatient deductible.	<b>High Option II Plan</b> - Your cost share* AFTER you satisfy the Plan Deductible PLUS 100% of Covered Excess Charges up to the Legal Limit**. For prescription drugs - the plan pays your copayment amounts.
Inpatient confinement in civilian hospitals for ACTIVE DUTY dependents	All allowable charges except daily subsistence fee or \$25, whichever is greater.	<b>Active Duty Plan</b> - \$25 or the daily subsistence fee, whichever is greater, PLUS 100% of Covered Excess Charges up to the Legal Limit.
Outpatient confinement for ACTIVE DUTY dependents (office visits, clinics, lab, prescription drugs, etc.)	80% of the TRICARE Standard Allowed amount (85% for TRICARE Extra) after you pay the TRICARE Outpatient Deductible.	<b>Active Duty Plan</b> - Your cost share* Plus 100% of Covered Excess Charges up to the Legal Limit**. For prescription drugs – the plan pays your copayment amounts.

**Confined** or **Confinement** means being an Inpatient in a hospital (or Skilled Nursing Facility) due to Sickness or Injury.

**A Skilled Nursing Facility** does not mean: a hospital; or a place for rest, custodial care or aged; or a place for the treatment of mental disease, drug addiction or alcoholics.

**The High Option II Supplement Plan** pays the Inpatient and Outpatient covered medical expenses once the fiscal year plan deductible of \$250 per person, \$500 per family maximum has been satisfied. Expenses incurred to satisfy the fiscal year TRICARE Standard Outpatient Deductible cannot be used to satisfy the High Option II Plan deductible.

\* Until the TRICARE Cap is met.

\*\* Legal Limit means the maximum amount that a non-participating provider can legally charge. The amount is up to 115% of the TRICARE allowed amount.

NOTE: Inpatient and outpatient expenses can be used to satisfy the fiscal year Plan Deductible.

## FAQs

**Q1. Is there a maximum limit on benefits (lifetime, annual, etc.)?**

**A1.** When the **TRICARE** cap of \$3,000 is met, **TRICARE** will pay 100% of covered medical expenses. The supplement pays nothing. However, the supplement will pay 100% of covered excess charges over the cap. Additionally, 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 calendar year. Outpatient benefits for mental, nervous or emotional disorders, drug addiction or alcoholism are limited to a maximum of \$500 in a 12 month period.

**Q2. Will the plan cover amounts beyond what TRICARE allows?**

**A2.** The Plan will pay 100% of covered excess charges up to the legal limit.

**Q3. Does the plan pay for services that aren't covered by TRICARE?**

**A3.** No.

**Q4. Will the plan pay the TRICARE outpatient deductible?**

**A4.** The High Option II plan has a fiscal year Plan deductible of \$250 per person and \$500 family maximum.

**Q5. How will the plan require premium payments?**

**A5.** Premiums may be paid monthly by deduction from checking account (checkomatic), quarterly, semi-annually or annually. Credit cards may not be used to pay premiums.

**Q6. Will the plan cover the TRICARE Prime enrollment fees or co-payments?**

**A6.** No, as we no longer offer a Prime Supplement.

**Q7. Does the plan convert to a Medicare Supplement? If so, must it be in force as a TRICARE supplement for any specified length of time before conversion?**

**A7.** No, the plan does not convert to a Medicare Supplement Plan. At age 65, **TRICARE FOR LIFE** kicks in and benefits are paid between **TRICARE** and Medicare (providing the individual has Part B of Medicare.)

**Q8. Will the plan cover you overseas?**

**A8.** Yes. **TRICARE** coverage is worldwide. If **TRICARE** pays for covered medical expenses overseas, the plan will pay its contractual benefit.

**Q9. Can premium payments be increased? Under what conditions?**

**A9.** Premiums increase as a person moves from one 5-year age bracket to another (40, 45, 50, 55, 60). The company reserves the right to change premiums on a group wide basis to maintain the financial solvency of the plan.

**Q10. What are the membership fees (annual, lifetime, etc.), if any, when you join the organization that sponsors the plan?**

**A10.** USBA has no membership fees.

**Q11. Does the plan cover the service member when he/she retires?**

**A11.** Yes. If the member enrolls within 63 days from the time he/she retires from the military, providing his dependents had already enrolled in our **TRICARE Supplement Plan**, the retiree will not be subject to the Pre-Existing Condition provision. If the retiree waits beyond the 63 day period, he/she is subject to the Pre-Existing Condition clause.

**Q12. If you're retired military and have a health care plan (which pays before TRICARE) through a civilian job, do you still need a TRICARE supplement if, between them, your employer's plan and the TRICARE health care option you've chosen will pay most or all of your civilian medical bills?**

**A12.** No.

## RATES

**Economical Quarterly Premiums to fit your budget** - 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!

**NOTE:** To pay premiums semi-annually or annually, just multiply your quarterly premium by 2 or 4 respectively.

<b>USBA TRICARE Standard/Extra Supplement Economical Rates</b>		
	<b>High Option II Plan</b>	
Age*	Month	Quarter
Under 40	\$25.00	\$75.00
40-44	\$27.00	\$81.00
45-49	\$30.00	\$90.00
50-54	\$38.00	\$114.00
55-59	\$48.00	\$144.00
60-64	\$53.00	\$159.00
Each Child** of Retiree	\$20.00	\$60.00
	<b>Active Duty Family Plan</b>	
Spouse	\$7.00	\$21.00
Each Child**	\$6.00	\$18.00

**Premiums shown are PER PERSON** - Premiums increase based on your effective date of coverage and as you move from one age bracket to another. The insurance company reserves the right to change benefits or premiums on a group wide basis. Rates and/or benefits may be changed on a class basis. Rates are based on the attained age of the Insured Person and increase as you enter each new age category.

\*Age of Retiree, Spouse, Widow/er, Former Spouse

\*\*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 Standard/Extra Supplement Insurance plan**, call **(800) 368-7021** or visit our website at <http://www.usba.com/Help-Plans/TRICAREStandard.asp> .