



TRICARE  
Supplement  
Insurance

**Plan Profile**



## TRICARE Reserve Select Supplement Insurance Plan

### **Additional Coverage to Help Pay Cost Shares and Copayments**

The TRICARE Reserve Select Supplement Insurance Plan provides coverage to help pay your TRICARE cost share for inpatient and outpatient care including doctor visits, emergency room care, prescription medications, and much more. TRICARE Reserve Select Supplement Insurance Plan pays 100% of all covered expenses in excess of the TRICARE allowed amount, not to exceed the Legal Limit. You can purchase the TRICARE Reserve Select Supplement Insurance Plan at any time throughout the year as long as you are eligible for and enrolled in TRICARE Reserve Select.

## **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 supplement insurance application, available at: [www.usba.com/TRICARE-app](http://www.usba.com/TRICARE-app).

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

## **Eligibility**

Before enrolling in the TRICARE Reserve Select Supplement Insurance Plan, you must qualify for and be enrolled in TRICARE Reserve Select (TRS). TRICARE Reserve Select is available to all members of the Select 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, please visit the TRICARE website at <https://www.tricare.mil/>.

To qualify for the TRS Supplement, you must be a USBA member of the Select Reserve or the Ready Reserve, and you cannot be eligible for or enrolled in the Federal Employees Health Benefits Program (FEHBP) or currently covered under FEHBP (either under their own eligibility or through a family member with FEHBP).

## **Class**

- **Members:** Members who are eligible for TRS.
- **Spouses:** Spouses who are eligible for TRS. Member must also be covered in order to enroll Spouse.
- **Child:** A child who is eligible for TRS, and 1) is under 21; or 2) 21 or over, but under 23 if enrolled as a full-time student. Member must also be covered in order to enroll Child(ren) 3) coverage is extended to adult dependent children who are under age 26 and enrolled in TRICARE Young Adult (TYA) program.

## **Non-Duplication of Coverage under Employer Health Program**

If a claim payable under the Policy is also payable under an Employer Health Program with TRICARE 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 TRICARE, will not exceed 100% of TRICARE Covered Expenses.

## **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 processing of your first premium payment. If, on that day, you or a covered dependent are confined in a Hospital or Skilled Nursing Facility, the effective date will be the day following you are discharged. 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 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 coverage terminates on the premium due date following the date he or she is no longer a dependent.

## **Termination**

**Insured Person:** Coverage under the Policy will cease on the first to occur of: 1) the date the Policy terminates, or the date the Organization ceases to be a Participating Organization of the policyholder, 2) the date the required premium is not paid, subject to the Grace Period provision; 3) the first day of the month on or next following the date you cease to be a member of the Policyholder; 4) 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; 5) the date we or the Policyholder cancel coverage for a Class of Eligible Person to which you belong; 6) the date you attain age 65 unless you are not eligible for Medicare and can provide documentation of such from the Social Security Administration; 7) the date you cease to be covered under TRICARE; or 8) 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.

**Dependent:** Dependent's coverage under the Policy will cease on the first to occur of: 1) the date the Policy terminates or the Participating Organization ceases to participate in the Policy; 2) the date the required premium is not paid, subject to the Grace Period provision; 3) the first day of the

month on or next following the date the dependent ceases to be an Eligible Spouse or an Eligible Child; 4) the first day of the month on or next following the date the dependent ceases to be eligible for the Plan under which the dependent is covered; 5) the date we or the Policyholder cancel coverage for a Class of Eligible Person to which the dependent belongs; 6) the first day of the month following the date you cease 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); 7) the date the dependent becomes eligible for Medicare unless the dependent resides in an area where Medicare is not available, in which case coverage will not terminate until the dependent returns to residency in an area where Medicare is available; 8) if a child, the date the child attains age 21 or age 23 (if the child is enrolled full time at a school of higher learning); under 26 if covered by the TRICARE Young Adult Program; or 9) the date a dependent ceases to be covered under TRICARE; 10) the date a 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. Termination of coverage will be without prejudice to any claim which originated before the effective date of termination 11) the date Your Dependent's coverage ends in accordance with the Newborn or Newly Adopted Child Coverage provision.



## How the TRICARE Reserve Select Supplement Insurance Plan Works

Care Required	TRICARE Reserve Select Pays(f)	TRICARE Reserve Select Supplement Pays
Government Hospital	All TRICARE Reserve Select Allowed Amount except the Daily Subsistence fee	Current Daily Subsistence Charge
Civilian Hospital or Skilled Nursing Facility	All TRICARE Reserve Select Allowed Amounts except the daily Subsistence fee or \$25, whichever is greater	The greater of: 1) Current Daily Subsistence Charge for each day of confinement(b); 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(b) is met;
Outpatient(d) Visit	<p><b>TRICARE Network Provider</b></p> <p>All but the copayments of the \$15 TRICARE allowable charge after the annual deductible(c) is met</p> <p><b>TRICARE Authorized, Non-Network Provider</b></p> <p>80% of the TRICARE allowable charge after the annual deductible is met</p>	<p><b>TRICARE Network Provider</b></p> <p>Your cost share for covered expenses until the TRICARE Cap is met</p> <p><b>TRICARE Authorized, Non Network Provider</b></p> <p>Your 20% cost share PLUS 100% of the Covered Excess Charges up to the Legal Limit(e)</p>
Prescription Drug Charges(f)	<p><b>Home Delivery:</b> All but the copayments of \$7 generic, \$24 brand name, or \$53 non-formulary</p> <p><b>Network Retail</b> (up to 30-day supply): All but the copayments of \$11 generic, \$28 brand name or \$53 non-formulary</p>	<p><b>Home Delivery:</b> Copayments of \$7 generic, \$24 brand name, or \$53 non-formulary</p> <p><b>Network Retail</b> (up to 30-day supply): Copayments of \$11 generic, \$28 brand name or \$53 non-formulary</p>
Non-Network Pharmacy(f)	All but \$28 or 20% of the total cost for generic/brand name or \$50 or 20% for non-formulary (whichever is greater) after the Calendar year deductible	Copayments of \$28 or 20% of the total cost for generic/brand name or \$53 or 20% for non-formulary (whichever is greater) after the Calendar year deductible

(a) Confinement or confined means being an inpatient in a hospital (or skilled nursing facility) due to sickness or injury. And 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 addiction or alcoholism.

(b) TRICARE Catastrophic Cap-Maximum out-of-pocket expense = \$1,000 per family, per Calendar year. Monthly premium payments do not apply toward meeting the Catastrophic Cap.

(c) The TRICARE Reserve Select Supplement Insurance Plan will not pay for expenses used to satisfy the annual deductible charged by TRICARE. TRICARE Annual Outpatient Deductible:

	<u>Member-Only</u>	<u>Family</u>
E-4 and Below:	\$50.00	\$100.00
E-5 and Above:	\$150.00	\$300.00

(d) 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.

(e) Legal Limit means the maximum amount that a non-participating provider can legally charge. This amount is up to the 115% of the TRICARE Allowed Amount.

(f) Check with TRICARE to confirm your actual copay portion. TRICARE's portion of coverage is provided here for your convenience, but is subject to change by DHA (Defense Health Agency); visit <https://www.tricare.mil/> for the most up-to-date information. The Supplement Insurance reimburses for copay costs for covered services after deductibles have been met.

### **Pre-Existing Conditions 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, covered expenses related to new conditions will be covered immediately.



## **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**

1) routine physical exams and immunizations, except when: a) rendered to a child up to 6 years from his or her birth; or b) ordered by a Uniformed Service: (i) for a Covered Spouse or Child of an Active Duty Member; (ii) for such spouse or child's travel out of the United States due to the Member's assignment; 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 artificial limbs and eyes and devices which must be implanted by surgery are covered); 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 incapacitated or physically handicapped if: a) the care is required because of the mental incapacitation or physical handicap; or b) the care is received by an Active Duty Member's child who is covered by the "Extended Care Health Option (ECHO)" under TRICARE; 10) drugs which do not require a prescription, except insulin; 11) dental care unless such care is covered by TRICARE, and then only to the extent that TRICARE covers such care; 12) any confinement, service, or supply that is not covered under TRICARE; 13) Hospital nursery charges for a well newborn, except as specifically provided under TRICARE; 14) any routine newborn care except Well Baby Care, as defined, for a child up to 6 years from his or her birth; 15) expenses in excess of the TRICARE Cap; 16) expenses which are paid in full by TRICARE; 17) any expense or portion thereof applied to the TRICARE Outpatient Deductible; 18) treatment for the prevention or cure of alcoholism or drug addiction except as specifically provided under TRICARE; 19) 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 20) any claim under more than one of the TRICARE Supplement Insurance Plans, or under more than one Inpatient Benefit or more than one Outpatient Benefit of the TRICARE Supplement Plans. 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 Limitation.

## **Competitively-Priced Premiums**

As a member, you benefit from your Association's mass purchasing power, making the rates for this valuable coverage more competitive. (1)

## Insurance Premium Rate Chart (Premiums shown are per person)

TRS Reserve Select (per person)	Quarterly First-Year Rate* (includes 17% discount (2))
Member	\$23.24
Spouse	\$23.24
Each Child	\$19.92

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

(1) 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.

(2) Members receive a 17% rate discount during their first twelve months of coverage. There are no other discounts. After the 12th month, the rates will no longer be discounted.

### Your Payment Options

Please note: You have the option of paying your premiums once a year (annually), twice a year (semi-annually), four times a year (quarterly), or monthly. If you pay your premiums monthly, quarterly or semi-annually, the total amount of premiums and/or administration fees that you pay in a year may be higher than if you make one annual payment. Depending on your choice of payment method, you may be charged a credit card processing fee, typically 3%.

### Change of Policy Premiums

We have the right on each Premium Due Date to change the rate at which premiums will be calculated. This includes the right to change premium rates for a benefit that applies to all individuals of the same class, age, plan and effective date. Rates may be changed based on claims experience of the Policy. We will give the Policyholder or Organization notice of any change at least 45 days before the Premium Due Date on which it is to become effective.

### 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 TRICARE Specialists are available if you have questions about your TRICARE Select Supplement Insurance Plan.

- Phone: 877-297-9235 ext. 554, Monday through Friday, 8:00 a.m. to 4:30 p.m. Central Time
- Email: [Tricare@usba.com](mailto:Tricare@usba.com)
- Web: [www.usba.com/tricare](http://www.usba.com/tricare)
- Social Media: (click to follow)



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

## How to Contact Selman & Company

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

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

*By Mail*

Attn: Claims  
Selman & Company  
PO Box 29151  
Hot Springs, AR 71903-3351

*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 (2017), GBD-3100 (2017), 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.

Selman & Company is compensated for the placement of insurance and for the services it provides to customers on behalf of the insurance company.

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