



USBA TRICARE Reserve Select Supplement Insurance Plan



If you're currently enrolled in TRICARE Reserve Select, we invite you to compare our TRICARE Reserve Select Supplemental Insurance plan to other providers.

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 competitively priced 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 a reasonable 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?

- Competitive Monthly Premiums
- Guaranteed Acceptance (subject to pre-existing condition limitation*)
- 30-Day Right to Examine
- Smokers Pay the Same Price as Non-smokers
- Pays cost shares – after the annual TRICARE Reserve Select Plan deductible is met
- Pays 100% of covered excess charges – after the annual TRICARE Reserve Select Plan deductible is met
- No annual deductible for USBA's TRICARE Reserve Select Supplement Plan, however you must pay the annual deductible for your TRICARE Reserve Select Plan before the Supplement will start paying

To qualify for this product, you:

- Must be a member of the selected reserve or the ready reserve
- Can't be eligible for or enrolled in FEHBP
- Must be enrolled in Tricare Reserve Select, check eligibility: <https://tricare.mil/Plans/PlanFinder.aspx>
- Must not be enrolled in Medicare

NOTE: Coverage may not be available in all states.

Plan Administered by: 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 for over 30 years. Selman & Company is among the largest privately held firms in the nation with focus on the markets in which it serves.

Underwritten by: Transamerica Premier Life Insurance Company (TPLIC), Cedar Rapids, IA, Group Policy MLTRC1000GP. Transamerica Financial Life Insurance Company (TFLIC), Harrison, NY, Group Policy TFTRC1000GP. TFLIC is authorized to conduct business in New York. TPLIC is authorized to conduct business in all other states.



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 finder: <https://tricare.mil/Plans/PlanFinder.aspx>.

TRICARE Young Adult (TYA) Program - Coverage is extended to qualified adult dependent children who are under age 26 and enrolled in TRICARE Young Adult (TYA) program. For further information on TRICARE Young Adult, please visit: <https://tricare.mil/tya>.

To enroll your adult dependent child in the TRICARE Supplement Plan, complete the enrollment form and mail along with a copy of his/her TYA enrollment card. Your adult dependent child must be enrolled in TRICARE Young Adult before enrolling in the TRICARE Supplement Plan. TYA coverage ends if any of the following occurs:

- Dependent attains age 26
- Gets married
- Becomes eligible for an employer-sponsored plan
- Gains other TRICARE coverage
- Sponsor ends TRICARE coverage

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. 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 coverage terminates on the premium due date following the date he or she is no longer a dependent.

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 - 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 (in Colorado and Missouri while sane); 4) 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; 5) domiciliary or custodial care; 6) eye refractions and routine eye exams except when rendered to a child up to 6 years from the child's birth; 7) eyeglasses and contact lenses; 8) prosthetic devices, (except artificial limbs and eyes and devices which must be implanted by surgery are covered); 9) cosmetic procedures, except those



resulting from Sickness or Injury while a Covered Person; 10) hearing aids; 11) orthopedic footwear; 12) 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; 13) drugs which do not require a prescription, except insulin; 14) dental care unless such care is covered by TRICARE, and then only to the extent that TRICARE covers such care; 15) any confinement, service, or supply that is not covered under TRICARE; 16) Hospital nursery charges for a well newborn, except as specifically provided under TRICARE; 17) any routine newborn care except Well Baby Care, as defined, for a child up to 6 years from his or her birth; 18) expenses in excess of the TRICARE Cap; 19) expenses which are paid in full by TRICARE; 20) any expense or portion thereof applied to the TRICARE Outpatient Deductible; 21) treatment for the prevention or cure of alcoholism or drug addiction except as specifically provided under TRICARE; 22) 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 23) 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.

Exclusions with the State of New York

The 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; 4) custodial care; 5) eye refractions and routine eye exams except when rendered to a child up to 6 years from the child's birth; 6) eyeglasses; 7) cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part, and reconstructive surgery because of a congenital disease or anomaly of a covered dependent child which has resulted in a functional defect; 8) hearing aids; 9) dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly; 10) any confinement, service, or supply that is not covered under TRICARE; 11) expenses in excess of the TRICARE Cap; 12) expenses which are paid in full by TRICARE; 13) any expense or portion thereof applied to the TRICARE Outpatient Deductible; 14) treatment for the prevention or cure of alcoholism or drug addiction except as specifically provided under TRICARE; 15) 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 16) 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 Insurance 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.

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.

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; 7) the date you cease to be covered under TRICARE; 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; 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 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; 9) the date a dependent ceases to be covered under TRICARE; 10) the date a dependent attains age 65. Termination of coverage will be without prejudice to any claim which originated before the effective date of termination.

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

Here's how TRICARE Reserve Select Supplement works to pay what TRICARE Reserve Select doesn't.

Care Required	TRICARE Reserve Select Pays	TRICARE Reserve Select Supplement Pays
Government Hospital	All TRICARE Reserve Select Allowed Amount except the Daily Subsistence fee The TRICARE Select DRG2 amount (contracted rate for TRICARE Extra) minus your cost share.	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; 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 Visit	TRICARE Network Provider 85% of the TRICARE allowable charge after the annual deductible is met.	TRICARE Network Provider Your 15% cost share for covered expenses until the TRICARE Cap is met.
	TRICARE Authorized, Non-Network Provider 80% of the TRICARE allowable charge after the annual deductible is met.	TRICARE Authorized, NonNetwork Provider Your 20% cost share PLUS 100% of the Covered Excess Charges up to the Legal Limit.
Prescription Drug Benefit	Home Delivery: All but the copayments of \$7 generic, \$24 brand name, or \$53 non-formulary.	Home Delivery: Copayments of \$7 generic, \$24 brand name, or \$53 non-formulary.
	Network Retail (up to 30-day supply): All but the copayments of \$11 generic, \$28 brand name or \$53 non-formulary.	Network Retail (up to 30-day supply): Copayments of \$11 generic, \$28 brand name or \$53 non-formulary.
Non-Network Pharmacy	All but \$24 or 20% of the total cost for generic/brand name or \$50 or 20% for non-formulary (whichever is greater) after the fiscal 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 fiscal year deductible.

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). The Supplement Insurance reimburses for copay costs for covered services.

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

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/Plans/PlanFinder.aspx>

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. What if I change my mind after I apply?

A8. 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.

Q9. What does the Plan pay?

A9. 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

Q10. Does the TRS Supplement Plan have an annual deductible?

A10. No.



Q11. Can I be singled out for cancellation?

A11. 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.

Q12. Will the plan cover me overseas?

A12. Yes. TRICARE coverage is worldwide. If TRICARE pays for covered medical expenses overseas, the plan will pay its contractual benefit.

Q13. Can premium payments be increased? Under what conditions?

A13. The company reserves the right to change premiums on a group wide basis to maintain the financial solvency of the plan.

Q14. Is there a waiting period for pre-existing conditions?

A14. 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.)

Q15. I still have questions. Who should I contact?

A15. Please call (877) 297-9235 for more details or to request a FREE, No-Obligation Information Kit be mailed to you.

Important Note: This website 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

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

TRICARE Reserve Select Supplement Rates

Under age 65	Monthly	Quarterly	Semi-Annual	Annual
Member	\$8.00	\$24.00	\$48.00	\$93.00
Spouse	\$8.00	\$24.00	\$48.00	\$93.00
Each Child**	\$7.00	\$20.00	\$40.00	\$80.00

Your Payment Options:

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 premiums you pay in a year may be higher than if you make one annual payment. If you are interested in learning more about these payment options, please refer to your fulfillment package for details.

*Change of Policy Premium: 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 experienced on 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.

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 **(877) 297-9235** or visit our website: <https://www.usba.com/Help-Plans/TRICAREReserveSelect.asp>.