



## USBA TRICARE Select Supplement Insurance Plan

If you're an eligible TRICARE beneficiary, we invite you to compare our TRICARE Select Supplemental insurance plan to other providers. 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 Select Supplement Insurance Plan**?

- Guaranteed Acceptance (subject to pre-existing condition limitation\*)
- 30-Day Right to Examine
- Your Choice of 2 Specially-designed Plans to Custom Fit Your Needs
- Competitively Priced
- 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
- Must NOT be enrolled in Medicare

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

**Attention "Gray Area Reservists and Survivors":** If you are enrolled in the TRICARE Retired Reserve (TRR) health plan, you are eligible to enroll in our TRICARE Select High Option II Supplement Plan.

**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

**USBA High Option II Plan** - USBA's Supplement to TRICARE Select.

You Pay:

- The TRICARE Select Supplement Plan's fiscal year deductible of:
  - \$250 per person or \$500 per family.
  - Active duty military do not have an annual deductible.
- The TRICARE Select 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). Coverage is extended to adult dependent children who are under age 26 and enrolled in TRICARE Young Adult (TYA) program. Eligible spouses and children of active-duty service members may enroll; TRICARE-eligible widow(er)s and ex-spouses may also enroll.

**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 the TRICARE web site: <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.

**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.

**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 the child's birth; or b) ordered by a Uniform 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 your 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 that artificial limbs and eyes and devices which must be implanted by surgery are covered); 9) cosmetic procedures, except those resulting from Sickness or Injury; 10) hearing aids; 11) orthopedic footwear; 12) 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; 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 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 the child's 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; 23) 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 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 for 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; 16) 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 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** (Nervous, Mental, Emotional Disorder, Alcoholism, and Drug Addiction Limits) - The coverage provided under the Inpatient Benefit of the TRICARE 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 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: 1) the number of days TRICARE pays for such Inpatient treatment during the Fiscal Year; or 2) 90 Inpatient days per Fiscal Year. The coverage provided under the Outpatient Benefit of the TRICARE Supplement plan for: 1) nervous, mental, and emotional disorders; and 2) 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.

*Waiver for Conditions Prior to Effective Date of Coverage: Under the following conditions, the period of time required to satisfy the Pre-Existing Condition exclusion will be reduced or waived as stated:*

*If you retire from Active Duty and become eligible for TRICARE Retiree Supplement coverage as provided under "Plan Conversions" and Requests such coverage within 63 days of the date you first becomes eligible for coverage, we will credit you with continuity of coverage from your prior effective date under the TRICARE Supplement Plan.*

*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.*

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## BENEFITS SUMMARY

See how USBA TRICARE Supplement plans work with TRICARE Select coverage.

Covered Care Required	TRICARE Select Pays	TRICARE Select Supplement Pays
<b>Inpatient confinement in civilian hospitals for RETIREES and dependent family members (room, board, supplies and staff services billed by the hospital)</b>	The TRICARE Select DRG(2) amount (contracted rate for TRICARE Extra) minus your cost share.	The lesser of the DRG/day or 25% of billed amount not to exceed the TRICARE Select 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.
<b>Inpatient confinement in civilian hospitals for RETIREES and dependent family members (doctors, &amp; other inpatient services not billed by the hospital)</b>	75% of the TRICARE Select allowed amount (80% for TRICARE Extra) for doctors and other professional services.	Your cost share AFTER you satisfy the fiscal year plan deductible.
<b>Inpatient confinement in military hospitals</b>	All but the daily subsistence fee.	The daily subsistence fee.
<b>Outpatient care for RETIREES and dependent family members (office visits, clinics, lab, prescription drugs, etc.)</b>	75% of the TRICARE Select allowed amount (80% for TRICARE Extra) after you pay the TRICARE Outpatient Deductible.	Your cost share AFTER you satisfy the fiscal year plan deductible PLUS 100% of covered excess charges up to the TRICARE Legal Limit. For prescription drugs – the plan pays your copayment amounts.
<b>Inpatient confinement in civilian hospitals for ACTIVE DUTY dependents</b>	All allowable charges except daily subsistence fee or \$25, whichever is greater.	Active Duty Plan – \$25 or the daily subsistence fee, whichever is greater.
<b>Outpatient care for ACTIVE DUTY dependents (office visits, clinics, lab, prescription drugs, etc.)</b>	80% of the TRICARE Select allowed amount (85% for TRICARE Extra) after you pay the TRICARE Outpatient Deductible.	Active Duty Plan – Your cost share PLUS 100% of covered excess charges up to the TRICARE Legal Limit. For prescription drugs – the plan pays your copayment amounts.

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.

**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 Select 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 savings or checking account (Automatic Payment Option (APO)) or direct bill - 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. Does the plan cover the service member when he/she retires?**

**A10.** 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.

**Q11. 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?**

**A11.** No.



## RATES

**Competitive Premiums to fit your budget** - As a member, you benefit from our mass purchasing power, making the rates for this valuable coverage surprisingly competitive. The insurance company also guarantees you'll never be singled out for a rate increase, no matter how many claims you file!\*

### ***TRICARE Select Supplement***

<b>High Option II Plan</b>				
Age**	Monthly	Quarterly	Semi-Annual	Annual
Under 40	\$27.00	\$79.00	\$158.00	\$316.00
40-44	\$29.00	\$85.00	\$170.00	\$339.00
45-49	\$32.00	\$95.00	\$290.00	\$380.00
50-54	\$40.00	\$120.00	\$240.00	\$478.00
55-59	\$51.00	\$151.00	\$302.00	\$602.00
60-64	\$56.00	\$167.00	\$334.00	\$666.00
Each Child*** of Retiree	\$21.00	\$63.00	\$126.00	\$252.00
<b>Active Duty Plan</b>				
Spouse	\$8.00	\$24.00	\$48.00	\$93.00
Each Child***	\$7.00	\$20.00	\$40.00	\$80.00

The first year discounted rates displayed above are not available to insureds in Kentucky or Ohio. The TRICARE Select Supplement Base Rates below apply to residents in Kentucky and Ohio.

### ***TRICARE Select Supplement Base Rates***

<b>High Option II Plan</b>				
Age**	Monthly	Quarterly	Semi-Annual	Annual
Under 40	\$28.00	\$84.00	\$168.00	\$336.00
40-44	\$30.00	\$90.00	\$180.00	\$360.00
45-49	\$34.00	\$101.00	\$202.00	\$404.00
50-54	\$42.00	\$127.00	\$254.00	\$508.00
55-59	\$53.00	\$160.00	\$320.00	\$640.00
60-64	\$59.00	\$177.00	\$354.00	\$708.00
Each Child*** of Retiree	\$22.00	\$67.00	\$134.00	\$268.00
<b>Active Duty Plan</b>				
Spouse	\$9.00	\$28.00	\$56.00	\$112.00
Each Child***	\$8.00	\$24.00	\$48.00	\$96.00





**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.

**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.

\*\*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.

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To download an application or order a complete packet of information (including an application) for our **USBA TRICARE Select Supplement Insurance plan**, call **(877) 297-9235** or visit our website: <https://www.usba.com/Help-Plans/TRICAREStandard.asp>.