



USBA CHAMPVA Supplement Plan



The **USBA CHAMPVA Supplement Plan**

provides you with the protection you may need when a serious covered accident or sickness occurs. The USBA CHAMPVA Supplement Plan, when combined with your CHAMPVA benefits, is designed to provide you with the protection you need when you need it.

So why choose this plan?

- Guaranteed Acceptance (subject to pre-existing condition limitation)
- 30-Day Right to Examine
- 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:

- CHAMPVA-eligible recipient under age 65
- CHAMPVA-eligible spouse under age 65, and dependent, unmarried children under age 18 (23 if in college)
- CHAMPVA-eligible widow(er) under age 65

NOTE: Do Not Request **MEDICARE SUPPLEMENT** Information. Coverage is currently not available in Maine, Montana, Nevada, New Hampshire, Vermont and Washington.

Notice: ASI, the administrator of USBA's TRICARE/CHAMPVA Supplement products was recently acquired by Selman & Company of Cleveland, Ohio. This acquisition does not change the terms or conditions of your TRICARE/CHAMPVA Supplement products. The insurer stays the same, claims file the same, the customer service 1-800-638-2610 remains the same. USBA was not a party to the acquisition and continues to operate independently.

Underwritten by Transamerica Premier Life Insurance Company, Cedar Rapids, IA and for NY residents, Transamerica Financial Life Insurance Company, Harrison, NY.



FEATURES

The **USBA CHAMPVA Supplement Plan** will pay your cost share for both covered inpatient and outpatient medical expenses after you satisfy the calendar year plan deductible of \$250 per person, \$500 family maximum. Take a moment to read the details below. Then enroll today to give your family the additional protection of the USBA CHAMPVA Supplement Plan that complements your CHAMPVA benefits.

Eligibility - Eligible Spouse: "Spouse" means your spouse who is under age 65 and a CHAMPVA benefits recipient, but not a spouse from whom you are legally separated or divorced. "Spouse" also means widow(er) if he or she is a member of the Participating Organization.

Spouses over age 65 are also eligible if documentation from the Social Security Administration certifying their non-entitlement to Medicare Part A benefits is submitted with their enrollment form. Eligible dependents and unmarried children under 18 (23 if a full-time college student) may also enroll.

Effective Date - Coverage for dependents becomes effective on the first day of the month following receipt of your Enrollment Form and first premium payment.

Covered Dependent Effective Date - Subject to the Deferred Effective Date provision, an Eligible Dependent will become covered by the Policy on the Certificate Effective Date that first shows coverage for him or her. Your coverage is shown on your Schedule of Insurance.

Deferred Effective Date - If on the date that an Eligible Dependent is to become covered under the Policy he or she is confined in a Hospital, coverage of such person will be deferred until the first day after he or she is discharged.

Renewability - Your coverage is renewable to age 65. As long as premiums are paid on time and the Master Policy remains in effect, no one can be individually canceled. So even if you or a covered dependent develops a serious health condition in the future, the coverage will not terminate, provided these conditions are met.

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.

Termination - A Covered Person's coverage under the Policy will cease on the first to occur of: (1) the date the Policy terminates, or the date USBA ceases to be a Participating Organization of the Policyholder; (2) the date the required premium is not paid, subject to the Grace Period provisions; (3) the date you or your widow(er) terminates membership in the Participating Organization; (4) the first premium due date on or next following the date a dependent ceases to be an Eligible Spouse or an Eligible Child; (5) the date we or the group cancel coverage for a class of Eligible Person to which he or she belongs; (6) the first premium due date on or next following the date he or she ceases to be covered by CHAMPVA; (7) the date he or she becomes eligible for Medicare unless the covered person resides in an area where Medicare is not available, in which case coverage will not terminate until the covered person returns to residency in an area where Medicare is available; (8) if a child, the date he or she attains age 18, or 23 if enrolled full-time in a school of higher learning; (9) if a spouse, the date he or she attains age 65. Termination of insurance will not prejudice any claim which occurred before the effective date of termination. Limitations and exclusions may vary by state. Please see Certificate for details.

Exclusions - The Policy does not cover - (1) injury or sickness resulting from war or act of war, whether war is declared or undeclared; (2) treatment or confinement not ordered by a Physician or necessary for medical care;



(3) intentionally self-inflicted injury; (4) suicide or attempted suicide, whether sane or insane (in Colorado and Missouri while sane); (5) routine physical exams and immunizations, except when considered Well Baby Care covered by CHAMPVA; (6) domiciliary or custodial care, care received in a retirement home, rest home or halfway house; (7) rest cures; (8) eye refractions and routine eye exams except when considered Well Baby Care covered by CHAMPVA; (9) eyeglasses and contact lenses; (10) cosmetic procedures, except those resulting from Sickness or Injury while a Covered Person; (11) hearing aids or hearing exams except when considered Well Baby Care covered by CHAMPVA; (12) orthopedic footwear; (13) care for the mentally incapacitated or physically handicapped if the care is required because of the mental incapacitation or physical handicap; (14) drugs which do not require a prescription, except insulin and other diabetic supplies; (15) any confinement, service, or supply that is not covered under CHAMPVA; (16) expenses in excess of the CHAMPVA Cap; (17) expenses in excess of the CHAMPVA Allowed Amount; (18) expenses which are paid in full by CHAMPVA; (19) any expenses or portion thereof applied to the CHAMPVA Deductible; (20) any part of a covered expense which the Covered Person is not legally obligated to pay; (21) care received as part of a grant, study or research program; (22) care considered experimental or investigational.

Limitations - The coverage provided under the Inpatient Benefit of the CHAMPVA Supplement Plan for nervous, mental and emotional disorders, including alcoholism and drug addictions, is limited to: (a) 30 Inpatient treatment days for a Covered Person age 19 or older; or (b) 45 Inpatient treatment days for a Covered Person under age 19; or (c) 150 Inpatient treatment days in a CHAMPVA authorized Residential Treatment Center for a Covered Person under age 21 per Calendar Year. This Inpatient limit is based on the number of days CHAMPVA normally provides each Calendar Year for such confinements. In rare instances, CHAMPVA extends these daily limits. If this occurs, we will limit the number of days that we provide for such confinement to the lesser of: (a) the number of days CHAMPVA pays for such Inpatient treatment during the Calendar Year; or (b) 90 Inpatient days per Calendar Year.

The coverage provided under the Outpatient Benefit of the CHAMPVA Supplement Plan for: (a) nervous, mental, and emotional disorders; and (b) alcoholism and drug addition; is limited to \$500 during any Calendar Year for all such disorders.

Coverage provided under the CHAMPVA Supplement Plan for: (1) routine newborn and Well Baby Care; (2) hospital nursery charges for a well newborn; (3) dental care; (4) treatment for the prevention or cure of alcoholism or drug addition; (5) and prosthetic devices; will be limited to those expenses covered by CHAMPVA for such care or service.

***Pre-Existing Condition Limitations** - 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 will not be covered until the coverage has been in effect for 6 months. However, new conditions will be covered immediately.

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 CHAMPVA 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.



BENEFITS SUMMARY

Benefits Summary Chart

Here's how the **USBA CHAMPVA Supplement Plan** works to help pay covered expenses after CHAMPVA pays.

Care Required	CHAMPVA Pays	CHAMPVA Supplement Plan Pays
Inpatient Services Confinement in civilian hospital or skilled nursing facility.	DRG* rate, less the beneficiary cost share.	The lesser of (1) the standard DRG* amount per day, times number of inpatient days, or (2) 25% of the billed amount.
Inpatient Services Non-DRG* based.	75% of the Allowable Amount.	25% of the Allowable Amount.
Inpatient Physician Services Visits, surgeons, anesthesiologists, etc.	75% of the Allowable Amount.	25% of the Allowable Amount.
Outpatient Services Office visits, clinics, laboratory and pharmacy services, durable medical equipment (non-VA source).	75% of the Allowable Amount, after the CHAMPVA Annual Outpatient Deductible.	25% of the Allowable Amount.
<p>We will pay the Inpatient and Outpatient covered medical expenses once the Calendar Year plan deductible of \$250 per person and \$500 family maximum has been satisfied. Expenses incurred to satisfy the CHAMPVA Calendar Year Outpatient deductible cannot be used to satisfy the CHAMPVA Supplement Plan deductible.</p>		

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.

*Diagnosis-Related Groups (DRG) - An agreement between most hospitals and CHAMPVA to accept a fixed rate for inpatient care regardless of the billed amount.



FAQs

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

A1. No maximum limit.

Q2. Will the plan cover amounts beyond what CHAMPVA allows?

A2. The CHAMPVA Supplement does pay cost share amounts, however; it does not pay additional charges above CHAMPVA's allowed amount..

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

A3. No.

Q4. Will the plan pay the CHAMPVA outpatient deductible?

A4. The CHAMPVA outpatient deductible is not covered by the CHAMPVA Supplement Plan. The CHAMPVA Supplement 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. Does my Medicare status impact eligibility for CHAMPVA benefits?

A6. Yes, your Medicare status has an impact on your eligibility for CHAMPVA benefits. Medicare automatically enrolls the vast majority of eligible **beneficiaries** 90 days prior to their 65th birthday. When you receive your initial information from Medicare, you also receive a Medicare card indicating both Medicare Part A and Medicare Part B coverage. To continue your CHAMPVA eligibility, you **MUST** enroll in, and remain enrolled in, Medicare Part B.

Upon enrollment in Medicare Part B, CHAMPVA changes to CHAMPVA for Life and becomes the secondary payor to Medicare. As a result, the CHAMPVA Supplement Plan will automatically end.

Q7. Will the plan cover you overseas?

A7. Yes, if you live or travel overseas (excluding Iraq, North Korea and Cuba), the supplement provides the same benefits as if you were in the U.S. Reimbursement for health care claims in foreign countries is based on reasonable and customary billed amounts. Your deductible and cost share will be the same as if you were in the U.S.

Medicare does not provide benefits for services provided overseas. However, if you are 65 or over, you must enroll in Medicare Part B. CHAMPVA will continue as your primary benefit option for the period of time you are overseas. As a result, the CHAMPVA Supplement Plan will also continue. You will receive the same level of benefits provided to those under age 65.



Q8. Can premium payments be increased? Under what conditions?

A8. 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.

Q9. Does the plan cover the service member when he/she retires?

A9. The service member is not covered by CHAMPVA.

Q10. If you're retired military and have a health care plan (which pays before CHAMPVA) through a civilian job, do you still need a CHAMPVA supplement if, between them, your employer's plan and the CHAMPVA health care option you've chosen will pay most or all of your civilian medical bills?

A10. You will need to look at your individual situation and review your primary health plan benefits to determine if the CHAMPVA Supplement Plan will be necessary. In most cases, an individual with a primary health plan, CHAMPVA and a CHAMPVA Supplement Plan will be over insured.

Q11. When does a spouse lose eligibility?

A11. When there is a divorce or annulment from the qualifying Veteran sponsor. Eligibility for CHAMPVA ends at midnight of the effective date of the divorce decree or annulment.

Q12. When does a child lose eligibility?

A12.

- At age 18, unless enrolled in an accredited school as a full-time student.
- At age 23 or loses full-time student status whichever comes first.
- He/she marries.
- A stepchild no longer lives in the household of the sponsor.

An incapacitated dependent will continue coverage past age 18 or 23 as long as incapacity occurred while enrolled in the plan.



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. What's more ... the insurance company guarantees you'll never be singled out for a rate increase, no matter how many claims you file!*

CHAMPVA Supplement

Age of Spouse, Widow/er	Monthly	Quarterly	Semi-Annual	Annual
Under 40	\$33.00	\$97.00	\$194.00	\$385.00
40 - 44	\$36.00	\$107.00	\$214.00	\$428.00
45 - 49	\$41.00	\$123.00	\$246.00	\$492.00
50 - 54	\$53.00	\$158.00	\$316.00	\$631.00
55 - 59	\$63.00	\$187.00	\$374.00	\$748.00
60 - 64	\$75.00	\$225.00	\$450.00	\$898.00
65+	\$95.00	\$284.00	\$568.00	\$1,133.00
Each child**	\$25.00	\$75.00	\$150.00	\$300.00

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.

**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 CHAMPVA Supplement Insurance plan**, call **(877) 297-9235** or visit our website at <http://www.usba.com/Help-Plans/CHAMPVA.asp>.