



TRICARE  
Supplement  
Insurance

**Plan Profile**



## TRICARE Retired Reserve Supplement Insurance Plan

### **Additional Protection at a Competitive Price**

The TRICARE Retired Reserve Supplement Insurance Plan provides benefits to help pay your TRICARE cost share for inpatient and outpatient care including doctor visits, emergency room care and prescription medications. The Retired Reserve Supplement Insurance Plan also pays 100% of Covered Excess Charges up to the TRICARE Legal Limit. The Plan has a Calendar year plan deductible of \$250 per person or \$500 per family maximum.

## **About Plan Sponsor: USBA**

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**

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 or 23 if enrolled as a full-time student. Coverage is extended to adult dependent children who are under age 26 and enrolled in TRICARE Young Adult (TYA) program.

## **Eligibility Restrictions:**

If both You and Your Spouse are USBA members and are eligible for coverage, coverage may not be duplicated by applying as dependents of each other and both cannot enroll dependents. No Covered Person can be insured as a dependent of more than one member under The Policy.

## **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.

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

### **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.



## How the TRICARE Retired Reserve Insurance Plan Works

Covered Care Required	TRICARE Retired Reserve Pays	TRICARE Retired Reserve Supplement Pays
<b>Hospitalization (Inpatient Care)</b>	All but \$179 for in network providers or 25% of the cost share for non-network providers	Network: \$179 Non-network: 100% of TRICARE Allowed Amount
<b>Outpatient Visit – Primary</b>	All but \$25 for in network providers or 25% of the cost for non-network providers	Network: \$25 Non-network: 100% of TRICARE Allowed Amount
<b>Outpatient Visit – Specialty</b>	All but \$41 for in network providers or 25% for non-network providers	Network: \$41 Non-network: 100% of TRICARE Allowed Amount
<b>Urgent Care</b>	All but \$41 for in network providers or 25% for non-network providers	Network: \$41 Non-network: 100% of TRICARE Allowed Amount
<b>Emergency Services</b>	All but \$82 for in network providers or 25% for non-network providers	Network: \$82 Non-network: 100% of TRICARE Allowed Amount
<b>Mental Health (Inpatient)</b>	All but \$179 for in network providers or 25% for non-network providers	Network: \$179 Non-network: 100% of TRICARE Allowed Amount
<b>Mental Health (Residential Treatment Facility)</b>	All but \$51 for in network providers or less of \$308/day or 20% for non-network providers	Network: \$51 Non-network : 100% of TRICARE Allowed Amount
<b>Mental Health (Outpatient/Partial Hospitalization) – Primary Care</b>	All but \$25 for in network providers or 25% for non-network providers	Network: \$25 Non- network: 100% of TRICARE Allowed Amount
<b>Mental Health (Outpatient/Partial Hospitalization) – Specialty Care</b>	All but \$41 for in network providers or 25% for non-network providers	Network: \$41 Non-network: 100% of TRICARE Allowed Amount

The TRICARE Retired Reserve Supplement Insurance Plan pays the Inpatient and Outpatient covered medical expenses once the Calendar year plan deductible of \$250 per person, \$500 per

family maximum has been satisfied. Expenses incurred to satisfy the Calendar year TRICARE Retired Reserve Outpatient Deductible cannot be used to satisfy the TRICARE Retired Reserve Supplement Insurance Plan deductible.

**Competitively-Priced Premiums**

As a member, you benefit from your Association's mass purchasing power, making the rates for this valuable coverage more competitive. (3)

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

Age of Retiree, Spouse, Widow(er), Former Spouse:	First-Year Quarterly Rate* (includes 6% discount(4))
Under 40	\$78.96
40-44	\$84.60
45-49	\$94.94
50-54	\$119.38
55-59	\$150.40
60-64	\$166.38
65+	\$208.00
Each Child	\$62.98

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

(1) 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 Illness, drug addiction or alcoholism.

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

(3) Rates and/or benefits are based on the attained age of the Insured Person and increase as the Insured Person enters 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.

(4) Members receive a 6% 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.

(5) 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.

### **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.

### **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 the child's birth; or b) required for school enrollment (but not sports physicals) by a Covered Child aged 5 through 11; 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 that artificial limbs and eyes and devices which must be implanted by surgery are covered); 6) cosmetic procedures, except those resulting from Sickness or Injury; 7) hearing aids; 8) orthopedic footwear; 9) care for the mentally incapacitated or physically handicapped if the care is required because of the mental incapacitation; 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 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 the child's 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) any part of a covered expense which the Covered Person is not legally obligated to pay because of payment by a TRICARE alternative program; 19) 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.

## **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 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 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. 11) the date Your Dependent's coverage ends in accordance with the Newborn or Newly Adopted Child Coverage provision. Termination of coverage will be without prejudice to any claim which originated before the effective date of termination

### **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 in which 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: [www.selmanco.com/eservice](http://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.

AGP-5925

TS-PlanProfile-Retail-Select-USBA-5925-052019

Photo Credits: DoD. The appearance of U.S. Department of Defense (DoD) visual information does not imply or constitute DoD endorsement.

TS-PlanProfile-Retail-TRR-5925-062019-USBA