



Uniformed Services Benefit Association®



Plan Underwriter: Hartford Life and Accident Insurance Company, One Hartford Plaza, Hartford, CT 06155.

## TRICARE Select Supplement Insurance Plan

### Additional Protection at a Competitive Price

The TRICARE Select Supplement Insurance Plan provides benefits to help pay your TRICARE Select cost share for inpatient and outpatient care including doctor visits, emergency room care and prescription medications. (Note: TRICARE Select was formerly known as TRICARE Standard/Extra.) The Select Supplement Insurance Plan also pays 100% of Covered Excess Charges up to the TRICARE Legal Limit. The Select Supplement Insurance Plan has a Calendar year plan deductible of \$250 per person or \$500 per family maximum. See Benefit Chart. For more information or clarification on TRICARE Supplement plans including costs, exclusions, limitations and terms of coverage call 1-877-297-9235 ext. 554.

## About Plan Sponsor: USBA

USBA is a nonprofit 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: <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 (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. TRICARE-eligible widow(er)s and ex-spouses who have not remarried may also enroll.

### 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.

How the TRICARE Select Supplement Insurance Plan Works. Numbers below are for TRICARE Select Group A participants.

<b>TRICARE SELECT, &amp; TRICARE YOUNG ADULT SELECT SUPPLEMENT PLANS For Coverage Effective On or After January 1, 2019</b>	
<b>Benefit</b>	<b>Benefit Payment</b>
<b>TRICARE Annual Outpatient Deductible Credit</b>	None of the amount of Eligible Charges used to satisfy the Covered Person's Outpatient deductible under TRICARE Select.
<b>Plan Deductible</b>	\$250 applies to Inpatient and Outpatient Family deductible is double the Plan Deductible
<b>Inpatient Benefit</b>	100% of the Cost Share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount after the Plan Deductible is met until the TRICARE Catastrophic Cap is reached.
<b>Outpatient Benefit</b>	100% of the Cost Share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount after the TRICARE Annual Outpatient Deductible and after the Plan Deductible is met until the TRICARE Catastrophic Cap is reached.
<b>Excess Benefit</b>	100% of all Covered Expenses in excess of the TRICARE allowed amount not to exceed the Legal Limit.
<b>Ambulatory Surgery Services (same day)</b>	100% of the Cost Share not paid by TRICARE after the TRICARE Annual Outpatient Deductible and after the Plan Deductible is met until the TRICARE Catastrophic Cap is reached.
<b>Pharmacy Reimbursement Benefit</b>	100% of the Cost Share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount after any applicable TRICARE Annual Outpatient Deductible and after the Plan Deductible is met until the TRICARE Catastrophic Cap is reached.

The TRICARE Select 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 Select Outpatient Deductible cannot be used to satisfy the TRICARE Select 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. 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.

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

<b>TRICARE Select Supplement</b>				
<b>Age of Retiree, Spouse, Widow(er), Former Spouse:</b>	<b>Monthly Rate with First Year Discount/Base Rate(4)</b>	<b>Quarterly Rate with First Year Discount/Base Rate(4)</b>	<b>Semi-Annually Rate with First Year Discount/Base Rate(4)</b>	<b>Annually Rate with First Year Discount/Base Rate(4)</b>
<b>Under 40</b>	\$26.32 / \$28	\$78.96 / \$84	\$157.92 / \$168	\$315.84 / \$336
<b>40-44</b>	\$28.2 / \$30	\$84.60 / \$90	\$169.2 / \$180	\$338.4 / \$360
<b>45-49</b>	\$31.65 / \$33.67	\$94.94 / \$101	\$189.88 / \$202	\$379.76 / \$404
<b>50-54</b>	\$39.79 / \$42.33	\$119.38 / \$127	\$238.76 / \$254	\$477.52 / \$508
<b>55-59</b>	\$50.13 / \$53.33	\$150.40 / \$160	\$300.8 / \$320	\$601.6 / \$640
<b>60-64</b>	\$55.46 / \$59	\$166.38 / \$177	\$332.76 / \$354	\$665.52 / \$708
<b>65+</b>	\$69.33 / \$73.33	\$208.00 / \$221	\$416 / \$442	\$832 / \$884
<b>Each Child</b>	\$21 / \$22.33	\$62.98 / \$67	\$125.96 / \$134	\$251.92 / \$268

## TRICARE Select Supplement Base Rates – Ohio and Kentucky \*

Age of Retiree, Spouse, Widow(er), Former Spouse:	Monthly	Quarterly	Semi-Annually	Annually
Under 40	\$28.00	\$84.00	\$168.00	\$336.00
40-44	\$30.00	\$90.00	\$180.00	\$360.00
45-49	\$33.67	\$101.00	\$202.00	\$404.00
50-54	\$42.33	\$127.00	\$254.00	\$508.00
55-59	\$53.33	\$160.00	\$320.00	\$640.00
60-64	\$59.00	\$177.00	\$354.00	\$708.00
65+	\$73.33	\$221.00	\$442.00	\$884.00
Each Child	\$22.33	\$67.00	\$134.00	\$268.00

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

- (1) Members receive a 6% rate discount during their first twelve months of coverage. There are no other discounts. After the 12th month, the rates go up 6%.
- (2) 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 [www.tricare.mil/](http://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.

**Confinement** or **Confined** 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 or educational care, or the aged; or
- c) a place for the treatment of mental disease, drug addiction or alcoholism.

## Your Payment Options

Please note: You also may have the option of paying your premiums once a year (annually), twice a year (semi-annually), four times a year (quarterly), or monthly. Depending on your choice of payment method, you may be charged a credit card processing fee, typically 3%.

## Exclusions and Limitations

### Exclusions:

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, whether sane or insane.

**Limitations:**

The Policy limits coverage for:

- 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 those covered by TRICARE;
- 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 or physically incapacitated if the care is required because of the mental or physical 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 a well newborn, except as specifically provided under TRICARE;
- 14) any routine newborn care except Well Baby Care;
- 15) expenses in excess of the TRICARE Catastrophic Cap;
- 16) that part of any Covered Expense which is in excess of the TRICARE Allowed Amount, except as otherwise stated in the plan benefits;
- 17) expenses which are paid in full by TRICARE;
- 18) any expense or portion thereof applied to the TRICARE Outpatient Deductible, except as otherwise stated in the plan benefits;
- 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;
- 20) any claim under more than one of the TRICARE Supplement Plans. If a claim is payable under more than one plan or benefit, payment will only be made under the provision that provides the highest coverage.

**TRICARE Catastrophic Cap:**

TRICARE will increase its rate of payment to 100% of the TRICARE Allowed Amount when a Covered Person has met the TRICARE Catastrophic Cap. After the TRICARE Catastrophic Cap has been met, we will not duplicate benefits by paying any part of the Cost Share which is payable under TRICARE.

**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.

**Other TRICARE or CHAMPVA Supplement Policy Limitation (Over-insurance Limitation):**

If a Covered Person is insured under any other TRICARE Supplement policy underwritten by Us, any claim for benefits is only payable under one policy. The Covered Person (or their Spouse or estate, in the event of death) may elect under which policy benefits are payable.

We will return the amount of premium paid for any other TRICARE Supplement policy that is declined by the Covered Person retroactive to the later of:

- 1) the last date any benefit was paid for any Covered Person under the other TRICARE Supplement policy; or
- 2) the effective date of insurance for the Covered Person under the other TRICARE Supplement policy.

**Termination**

**Insured Person:** Your coverage will end on the earliest of the following:

- 1) the date The Policy terminates;
- 2) the first day of the month following the date You are no longer in a class eligible for coverage;
- 3) the date The Policy no longer covers Your class;
- 4) the date the required premium is due but not paid, subject to the Individual Grace Period or Policyholder Grace Period;
- 5) the first day of the month following the date You Request We terminate Your coverage;
- 6) the date You cease to be covered under TRICARE;
- 7) the date You cease to be a Member of the Policyholder;
- 8) the date You become eligible for Medicare (unless You reside in an area where Medicare is not available. Coverage will not terminate until You reside in an area where Medicare is available);
- 9) the date You attain Age 65 unless You are not eligible for Medicare and can provide documentation of such from the Social Security Administration; unless continued under the Continuation Provisions.

In addition to the events listed, if Your coverage was continued in accordance with the Widow or Widower's Continuation provision, Your coverage will end on the Premium Due Date on or next following the date You remarry or enter or enter into a legal relationship recognized as a spouse.

Termination of coverage will be without prejudice to any claims which originated before the effective date of termination.

**Dependent:** Coverage for Your Dependent(s) will end on the earliest of the following:

- 1) the date The Policy terminates;

- 2) the first day of the month following the date Your Dependent is no longer in a class eligible for coverage;
- 3) the date The Policy no longer covers Your Dependent's class;
- 4) the date Your Dependent ceases to be covered under TRICARE;
- 5) the date the required premium is due but not paid, subject to the Individual Grace Period or Policyholder Grace Period;
- 6) the first day of the month following the date You cease to be a Member of the Policyholder;
- 7) the date We or the Policyholder terminate Dependent coverage;
- 8) the first date of the month following the date You Request We terminate Dependent coverage;
- 9) the date Your Dependent's coverage ends in accordance with the Newborn or Newly Adopted Child Coverage provision;
- 10) the date 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 becomes eligible for Medicare unless he or she resides in an area where Medicare is not available. Coverage will not terminate until Your Dependent resides in an area where Medicare is available;
- 12) the date Your Spouse no longer satisfies the definition of Spouse; or
- 13) the date Your child no longer satisfies the definition Dependent Child(ren); unless coverage is continued under the Continuation Provisions.

Termination of coverage will be without prejudice to any claims 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 Supplement Insurance Plan.

- Phone: 877-297-9235 ext. 554, Monday through Friday, 9:00 a.m. to 4:00 p.m. Central Time
- Email: [Tricare@usba.com](mailto:Tricare@usba.com)
- Web: <http://www.usba.com/tricare>
- Social Media:



## 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: <https://www.selmanco.com/eservice>
- Submit a Claim:

*By Mail*

Attn: Claims Dept.  
SelmanCo  
PO Box 14043  
Lexington, KY 40512

*By Fax*

1-800-310-5514

## Plan Underwriter

**Hartford Life and Accident Insurance Company, One Hartford Plaza, Hartford, CT 06155.**

The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at [www.thehartford.com](http://www.thehartford.com). TRICARE Form Series includes Form GBD-3000, GBD-3100, 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.

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