

## The TRICARE Standard/Extra Supplement Plan Offers

# Affordable Help with Your Cost Shares and Copayments

**Out-of-pocket expenses can mount up quickly when you receive medical care outside the military system.**

**That's why supplemental coverage like the TRICARE Standard/Extra Supplement Plan is so important for you and your family. With this supplement insurance coverage, you're protected against the several thousands of dollars of medical expenses you might face each year in the event of illness or injury.**

**Using TRICARE and the TRICARE Supplement Plan provide a win/win combination and the peace of mind you need.**

## A Few Words About This Plan...

Many people are concerned about getting good supplemental insurance coverage at economical prices. It's not easy to get that kind of information on your own... and it can eat up a lot of your precious time.

We've done the shopping for you. To help you find supplemental health care protection at economical prices, we've examined several insurance plans. After comparing prices and benefits, we've decided this plan offers you the best rates and coverage.

Compare it for yourself with insurance coverage offered by any other organization.

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 any discrepancy between this brochure and the contract, the terms of the contract will apply. Complete details are found in the certificate of insurance issued to each insured individual. Coverage may not be available in all states; you will be advised.

Administered by:

Association & Society Insurance Corporation  
(Doing business in California and Texas as ASI Insurance Services; in Virginia as ASI Administrators Inc.)



ASSOCIATION & SOCIETY  
INSURANCE CORPORATION

P.O. Box 2107

Rockville, MD 20847

For all inquiries, call toll-free: 1-  
866-919-6572

Underwritten by:

Monumental Life Insurance Company, Cedar Rapids, IA  
Transamerica Financial Life Insurance Company,  
Harrison, NY (NY residents only)

AEGON companies

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Supplement Plan

*A Supplement Program Designed for  
TRICARE Eligible Members of*

## AMERICAN MILITARY RETIRES ASSOCIATION

- Helps Pay Your Cost Shares
- Pays 100% of Covered Excess Charges Up to the TRICARE Legal Limit





*Supplement Plan*

## Get the protection you may need, at a price you can afford.

The **TRICARE Standard/Extra** High Option II Supplement 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 High Option II Plan also pays 100% of Covered Excess Charges up to the TRICARE Legal Limit.

The High Option II Plan has a fiscal year plan deductible of \$250 per person or \$500 per family maximum.

## It's So Easy To Enroll

1. Print your name and address clearly on the Enrollment Form attached.
2. Sign and date the Enrollment Form as indicated.
3. Check the appropriate boxes to indicate the coverage you have chosen.
4. Calculate your premium from the appropriate schedule in this brochure. (Complete Checkomatic Form on reverse side of enrollment form if you wish to pay premiums monthly)
5. Make your check payable to "AMRA Group Health Program" and mail it with your Enrollment Form to:

**AMRA Insurance  
3434 Edwards Mill Rd.  
Box 112-390  
Raleigh, NC 27612**

**IMPORTANT NOTICE:** This coverage is available to AMRA members and their dependents only.

If you're not a member of AMRA, it's easy to become one. Any retired military member is eligible to join. Just complete a membership application form and add your membership fee to your premium check. The membership fee is \$18.00.



## Here's How The TRICARE Standard/Extra Supplement Works to Pay After TRICARE Pays

Care Required	TRICARE Standard/Extra Pays	Your TRICARE Standard/Extra Supplement High Option II Plan Pays
Inpatient confinement in civilian hospitals for RETIREES and dependent family members (room, board, supplies and staff services billed by the hospital)	The TRICARE Standard DRG 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 Standard 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 PLUS 100% of covered excess charges up to the TRICARE Legal Limit.
Inpatient confinement in civilian hospitals for RETIREES and dependent family members (doctors, & other inpatient services not billed by the hospital)	75% of the TRICARE Standard allowed amount (80% for TRICARE Extra) for doctors and other professional services.	Your cost share AFTER you satisfy the fiscal year plan deductible PLUS 100% of covered excess charges up to the TRICARE Legal Limit.
Inpatient confinement in military hospitals	All but the daily subsistence fee.	The daily subsistence fee.
Outpatient care for RETIREES and dependent family members (office visits, clinics, lab, prescription drugs, etc.)	75% of the TRICARE Standard 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.

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 Standard Outpatient Deductible cannot be used to satisfy the High Option II Plan deductible.

### Definition

**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.

## Economical Quarterly Premiums To Fit Your Budget

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

Age of Retiree, Spouse, Widow/er, Former Spouse (Premiums shown are per person)	High Option II Plan
Under 40	\$ 75
40 - 44	\$ 81
45 - 49	\$ 90
50 - 54	\$ 114
55 - 59	\$ 144
60 - 64	\$ 159
Each Child* of Retiree	\$ 60

\*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.

Rates are based on the attained age of the insured person and increase as you enter each new category. Rates and/or benefits may be changed on a class basis.

NOTE: To pay premium semi-annually or annually, just multiply your quarterly premium by 2 or 4 respectively.

## 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 apply 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). TRICARE-eligible widow(er)s may also enroll.

## 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.

## 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. See coverage information below for mental, nervous, or emotional disorders.

## 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, new conditions will be covered immediately.

## 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 (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 Uniformed Service:
    - (1) for a Covered Spouse or Child of an Active Duty Member;
    - (2) 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 his or her birth;
7. eyeglasses and contact lenses;

8. prosthetic devices, except those covered by TRICARE;
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 "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 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 and the Policy;
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 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 Termination: The Insured Person's 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 he or she ceases to be a Member;
- 4) the first day of the month on or next following the date he or she ceases to be eligible for the Plan under which he or she is covered;
- 5) the date we or the group cancel coverage for a Class of Eligible Person to which he or she belongs;
- 6) the date the Member attains age 65;

- 7) the date he or she becomes eligible for Medicare, if under age 65 at time of Medicare eligibility, you must notify ASI in writing.

Termination of an Insured Person's insurance will not prejudice any claim which occurred before the effective date of termination.

Dependent Termination: The dependent's coverage under the Policy will cease on the first to occur of:

- a) the date the Policy terminates, or the date the Organization ceases to be a Participating Organization of the Policyholder;
- b) the date the required premium is not paid, subject to the Grace Period provision;
- c) the first day of the month on or next following the date he or she ceases to be an Eligible Spouse or an Eligible Child;
- d) the first day of the month on or next following the date he or she ceases to be eligible for the Plan under which he or she is covered;
- e) the date we or the group cancel coverage for a Class of Eligible Person to which he or she belongs;
- f) the date he or she ceases to be covered under TRICARE;
- g) the date he or she becomes eligible for Medicare (must notify ASI in writing);
- h) the date the Member ceases to be covered, subject to the Covered Dependent's Continuation Provision; (This will not apply to the Spouse or Child of an Active Duty Member or a Service Disabled Member.)
- i) if a Spouse, the date he/she attains age 65.

Termination of Covered Dependent's coverage will be without prejudice to any claim which occurred before the effective date of termination.

## 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.

## 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.

## Guaranteed Acceptance — Satisfaction Guaranteed

It's easy to enroll in the TRICARE Standard/Extra Supplement Plan. Just complete the attached Enrollment Form — making sure to provide all information requested — and return it with your check for the first premium payment. That's all there is to it!

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 30 days risk-free. Return it for a full refund if you are not completely satisfied.