

## Guaranteed Acceptance—Satisfaction Guaranteed

*It's easy to enroll in the TRICARE Reserve Select 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 (minus any claims paid) if you are not completely satisfied.*

866-919-6572

Brought to you by:



P.O. Box 25956  
Overland Park, KS 66225-5956

Administered by:



Association & Society Insurance Corporation  
(Doing business in California and Texas as ASI Insurance Services; in Virginia as ASI Administrators Inc.)  
P.O. Box 2510  
Rockville, MD 20847

Underwritten by:

Monumental Life Insurance Company, Cedar Rapids, IA  
Transamerica Financial Life Insurance Company, Harrison, NY  
AEGON companies  
MZ0925795H0000A

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. Complete details are in the Certificate of Insurance issued to each insured individual. This program may vary and may not be available to residents of all states.

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## TRICARE Reserve Select Supplement Plan



*A Supplement Program Designed for  
TRICARE Eligible Members  
of the Selected Reserve Who  
Are Qualified for TRS*

## The TRICARE Reserve Select 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 health insurance like the TRICARE Reserve Select Supplement Plan is so important for you and your family. With this economical insurance coverage, you're better protected against the high cost of medical expenses you might face each year in the event of illness or injury.



### A Few Words About This Plan...

Many people like you are concerned about getting good 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 are proud to offer the TRICARE Reserve Select Supplement Plan for the National Guard and Reservists.

The TRICARE Reserve Select Supplement provides benefits to help pay your TRICARE cost share for in-hospital and outpatient care, doctor visits, emergency room care, prescription medications, and much more.

TRICARE Reserve Select Supplement pays 100% of all covered expenses in excess of the TRICARE allowed amount, not to exceed the legal limit - after the TRICARE deductibles are met.

You can purchase the TRICARE Reserve Select Supplement plan at any time throughout the year as long as you are eligible for TRICARE Reserve Select.

There is no specific period of coverage. Coverage is effective unless terminated or you are not eligible for the TRICARE Reserve Select program (see Renewability section).

## CHECKOMATIC REQUEST FORM AND BANK CHECK AUTHORIZATION

(Please Print)

NAME OF BANK DEPOSITOR  
AS SHOWN ON BANK RECORDS

NAME OF INSURANCE APPLICANT  
(IF NOT BANK DEPOSITOR)

CERTIFICATE NO.

CHECKING ACCOUNT NO.

NAME OF BANK AND BRANCH

ABA (BANK ROUTING NUMBER)

As a convenience to me, I request and authorize Association & Society Insurance Corporation's administrator/representatives to initiate electronic debit entries each month and charge them to my checking account as indicated above. Authority to charge such debits to my account shall become effective as of the date this authorization is signed and shall remain in effect until revoked by me in writing.

I agree that the bank's rights, with respect to each debit, shall be the same as if it were drawn and signed by me. I further agree that, should any debit be dishonored, whether with or without cause, the bank shall be under no liability whatsoever, even though such dishonor results in the termination of insurance.

SIGNATURE OF  
DEPOSITOR X

DATE

### INDEMNIFICATION AGREEMENT

TO: The bank named in the authorization.

In consideration of your compliance with the Depositor's Checkomatic Request and Authorization, the Association & Society Insurance Corp. (the "Plan Administrator") agrees that:

1. It will indemnify and hold you harmless from any liability to any persons arising out of payments by you, in accordance with the terms of this Request and Authorization, of any draft or debt advice drawn by means of commercial paper on the specified checking account by the Plan Administrator and payable to the order of the Plan.
2. It will refund to you any amount erroneously paid by you to the Plan on any such draft or other debit advice if claim for the amount of such erroneous payment is made by you within twelve months of the date of the instrument on which erroneous payment was made.
3. It will defend, at its own cost and expense, any action which may be brought by any persons because of your action taken in accordance with the terms of this Request and Authorization or arising in any manner by reason of your participation in the preauthorized payment plan requiring your acceptance of the Request and Authorization.

**REMEMBER**, send a voided check or deposit slip along with this form and your premium payment.

09/2/06 ASSOCIATION & SOCIETY INSURANCE CORPORATION

## Renewability

The TRICARE Reserve Select Supplement coverage is renewable to age 65. As long as premiums are paid on time; you remain a member of the sponsoring organization; you, your spouse and dependents remain in an eligible status (you are covered by TRICARE Reserve Select, children are under age 21 or age 23 if a full-time student); and the Master Policy and your class of insured persons remains in effect. So, even if you or a covered dependent develops a serious health condition in the future, their coverage will not terminate, provided these conditions are met.

## Exclusions

Treatment or confinement not ordered by a physician or necessary for medical care; intentionally self-inflicted injury; suicide or attempted suicide, whether sane or insane; sickness or injury resulting from act of war, whether declared or undeclared; routine physical exams, eye exams, eye refractions and immunizations, except for well baby care covered by TRICARE; custodial care, hearing aids, orthopedic footwear, eyeglasses or contact lenses; cosmetic procedures, except those resulting from sickness or injury occurring while a covered person; drugs (other than insulin) which do not require a prescription; any confinement, service or supply not covered under TRICARE, or for expenses paid in full by TRICARE; expenses in excess of the TRICARE Cap; the TRICARE Reserve Select fiscal year outpatient deductible, care of the mentally retarded or physically handicapped which is required due to the mental retardation or physical handicap; any part of a covered expense which the covered person is not legally obligated to pay because of payment by a TRICARE alternative program. Check your regional contractor's web site or your Certificate of Insurance for additional information.

## 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. 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 fiscal year. OUTPATIENT benefits for mental, nervous or emotional disorders, drug addiction or alcoholism are limited to a maximum of \$500 in a fiscal year.

## Pre-Existing Conditions Limitation:

If a member enrolls in TRICARE Reserve Select and requests coverage under the TRICARE Reserve Select Supplement within 30 days of the date his or her TRICARE Reserve Select coverage begins, we will waive the Pre-Existing Conditions Limitation. A pre-existing condition provision means 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 and will not be covered until the coverage has been in effect for 6 months. However, new conditions will be covered immediately.

## Economical Quarterly Premiums To Fit Your Budget

As a member, you benefit from our mass purchasing power, making the rates for this valuable coverage surprisingly 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!

Quarterly Premium Rates		
Under Age 65	Member	\$21.00
	Spouse	\$21.00
	Each Child*	\$18.00

Premiums shown are per person.

\*Newborn and adopted children not named in your enrollment form are automatically covered for the first 60 days. You must notify the Plan Administrator in writing and pay the additional premium due within 60 days of birth for coverage to continue beyond this period. Each dependent child's insurance terminates on the premium due date following the date he or she is no longer a dependent.

## BUDGET YOUR PAYMENTS WITH CHECKOMATIC... THE DIRECT MONTHLY PAYMENT PLAN

Your TRICARE Supplement Plan premiums can be deducted directly from your checking account every month, with no worries about missing a payment and losing your valuable insurance protection. Simply complete the Request and Authorization form on the next page and mail it, along with your enrollment form and first month's premium payment. **Enclose a blank check (marked VOID) to be kept on file. All future premiums will be deducted from your checking account automatically on the first business day of each month. Completed form and voided check must be received by the 15th of the month prior to the month of deduction.**

Monthly Premium Rates		
Under Age 65	Member	\$7.00
	Spouse	\$7.00
	Each Child*	\$6.00

## It's So Easy to Enroll

**Step 1.** Determine which TRICARE Supplement options you may be eligible for. Go to:

[www.tricare.mil/reserve/reserveselect](http://www.tricare.mil/reserve/reserveselect)  
Click on Plan Wizard  
Follow the instructions

*The Plan Wizard does not determine eligibility. Eligibility is determined by the Uniformed Services and reported to the Defense Enrollment Eligibility Reporting System (DEERS). All eligible beneficiaries must have their eligibility status recorded in DEERS.*

If you qualify for TRICARE Reserve Select Supplement – then proceed to Step 2. If you do not qualify for TRICARE Reserve Select Supplement, USBA has other TRICARE Supplement plans available upon request.

**Step 2.** Print your telephone number(s) and other information clearly in the top box on the Enrollment Form attached. Then, fill out the Application for USBA Membership and Eligibility information on the back side of the form.

**Step 3.** Select the TRICARE Reserve Select Supplement coverage you desire. Complete Dependent Information, if requesting coverage for your spouse and/or eligible children.

**Step 4.** Select your premium from the appropriate schedule in this brochure. (Complete Checkomatic Form if you wish to have premiums deducted monthly from your bank account.)

**Step 5.** Sign and date the Enrollment Form as indicated.

**Step 6.** Make your check payable to "USBA Group Health Program" and mail it with your Enrollment Form to:

USBA  
PO Box 25956  
Overland Park, KS 66225-0956

## Eligibility

To qualify for TRS Supplement, you must be a member of the Selected Reserve of the Ready Reserve, and you cannot be eligible for or enrolled in the Federal Employees Health Benefits Program (FEHBP) or currently covered under FEHBP (either under their own eligibility or through a family member with FEHBP).

TRICARE Reserve Select is available to all members of the Selected Reserve regardless of any active duty served, with one exception: If you are eligible for the Federal Employees Health Benefits Program (FEHBP) or currently covered under FEHBP, you are excluded from purchasing the restructured TRS plan. For more information, please visit the TRICARE website and use their interactive Plan Wizard at <http://www.tricare.mil/mybenefit/home/overview/PlanWizard.jsp>

Additionally, as part of the transition to the new TRS health plan, all enrollments in the three-tiered TRS will be terminated on September 30 and you will need to re-enroll in the new plan and certify eligibility. You can learn more at <https://www.dmdc.osd.mil/appj/trs/>

**Class**

**Members** – Members who are eligible for TRS

**Spouses** – Spouses who are eligible for TRS  
*Member must also be covered in order to enroll Spouse*

**Child** – A child who is eligible for TRS, and  
 1) is under 21; or  
 2) 21 or over, but under 23 if enrolled as full-time student  
*Member must also be covered in order to enroll Child(ren).*

Your TRICARE Reserve Select Supplement coverage terminates when you reach the end date of your coverage, you no longer meet the required qualifications, or when you send a termination request to your provider. Coverage also will end if you fail to make a monthly premium payment on time, but you will still be responsible for paying any overdue amounts. If your TRICARE Reserve Select coverage is terminated for any reason, your family members' coverage automatically ends as well.

**Insured Person Termination:**

Your coverage under the Policy will cease on the first to occur of: the date the Policy terminates; the date the required premium is not paid, subject to the Grace Period provision; the first day of the month on or next following the date you cease to be a member of the Policyholder; 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; the date we or the Policyholder cancel coverage for a Class of Eligible Person to which you belong; the date you attain age 65; the date you cease to be covered under TRICARE Reserve Select; 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.

**Effective Date**

Your coverage begins on the first day of the first or second month (whichever you select on the *TRS Supplement Request Form*) following the postmark of your *TRS Supplement Request Form*. For example, if your form is postmarked in July, you may choose for your coverage to begin on the first day of the next month, August, or on the first day of the second month, September.

# Here's How The TRICARE Reserve Select Supplement Works To Pay After TRICARE Reserve Select Pays

Care Required	TRICARE Reserve Select Pays	Your TRICARE Reserve Select Supplement Pays
Benefits in a Government Hospital	Nominal charges may apply. Check with your local facility for details.	Current Daily Subsistence Charge
Benefits in a Civilian Hospital or Skilled Nursing Facility	All TRICARE Reserve Select allowable amounts except the first \$25.00 or current daily subsistence charges (whichever is greater).	1) Current Daily Subsistence Charge for each day of Confinement; or 2) \$25.00 for all Confinements which are due to the same or related Sickness or Injury and separated by less than 60 days; until the TRICARE Cap* is met; and
Outpatient Benefit	<b>TRICARE Network Provider</b> 85% of the negotiated rate after the fiscal year deductible is met <b>Non-Network Provider</b> 80% of the TRICARE allowable charge after the fiscal year deductible is met	<b>TRICARE Network Provider</b> Your 15% cost share for covered expenses until the TRICARE Cap* is met.  <b>TRICARE Authorized, Non-Network Provider</b> Your 20% cost share until the TRICARE Cap* is met PLUS 100% of Covered Excess Charges up to the Legal Limit.
Prescription Drug Benefit Mail Order (up to 90-day supply) Network Retail (up to 30-day supply) Non-Network Retail (up to 30-day supply)	All but the copayment of \$3 generic, \$9 brand name or \$22 non-formulary  All but the copayment of \$3 generic, \$9 brand name or \$22 non-formulary  All but \$9 or 20% of the total cost for generic/brand name or \$22 or 20% for non-formulary (whichever is greater) after the fiscal year deductible	Copayments of \$3 generic, \$9 brand name or \$22 non-formulary  Copayments of \$3 generic, \$9 brand name or \$22 non-formulary  \$9 or 20% of the total cost for generic/brand name or \$22 or 20% for non-formulary (whichever is greater) after the fiscal year deductible

\*TRICARE Catastrophic Cap - Maximum out-of-pocket expense = \$1,000 per family, per fiscal year. Monthly premium payments do not apply toward meeting the catastrophic cap.

\*\*TRICARE Annual Outpatient Deductible

Member-Only Plan	Family Plan
E-4 and Below - \$50.00	\$100
E-5 and Above - \$150.00	\$300

We will not pay for expenses which are used to satisfy the Outpatient Deductible charged by TRICARE.

Exclusions may vary by state and underwriter. See your Certificate for complete detail.

All outpatient Covered Expenses will be deemed incurred on the date the Covered Person received the treatment, service or supply that gave rise to the expense.

**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.



**Have Questions? Call a TRICARE Specialist toll-free at: 1-866-919-6572**