



The American Military Retirees Association (AMRA) is pleased to make available the TRICARE Supplement Plan for employees entitled to TRICARE and listed in the Defense Enrollment Eligibility Reporting System (DEERS). The TRICARE Supplement Plan is administered by Association & Society Insurance Corporation (ASI).

This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy. Policies underwritten by Monumental Life Insurance Company and Transamerica Financial Life Insurance Company (NY residents only) detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full or discontinued. Complete Details are in the Certificate of Insurance issued to each individual member and the Master Policy issued to the policyholder, American Military Insurance Trust.

Submitting Claims to ASI:

If you have no other insurance, TRICARE will be your primary health benefit option. Your claims must be submitted to TRICARE first. Be sure to inform your medical care providers of your TRICARE coverage by providing them with a copy of your Uniformed Services ID card.

Also be sure to provide your medical care providers with a copy of your supplement plan ID card for secondary claims filing.

After processing your claim, TRICARE will send you and your participating provider a copy of your Explanation of Benefit (EOB) Statement. Either you or your provider may then submit the supplement claim (including the TRICARE EOB) to ASI. If you are submitting a claim, please write your Certificate number (found on your supplement ID card) on your TRICARE EOB.

Fax the TRICARE EOB along with a copy of the provider's bill and completed claim form to ASI at 1.800.310.5514 or mail to the address below.

How to Contact ASI

Our Call Center Representatives are available if you have questions about your TRICARE Supplement Plan. Call toll-free 1.800.638.2610 or email us at custsvc@asicorporation.com.

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
an AEGON company

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Sponsored by:



The AMRA TRICARE Supplement Plan



What is TRICARE?

TRICARE is the Department of Defense's health benefit program for the military community. It consists of TRICARE Prime, (an HMO style plan), TRICARE Extra (a PPO style plan) and TRICARE Standard, (an indemnity plan). The TRICARE Supplement Plan helps pay copayments, cost shares and applicable Excess Charges under TRICARE.

Who is Eligible for the TRICARE Supplement Plan?

Retired uniformed services members who are TRICARE eligible and under age 65, including:

- ★ Military retirees who are entitled to retiree, retainer or equivalent pay.
- ★ Retired Reservists enrolled in TRICARE Retired Reserves (gray area retirees).
- ★ Spouses and surviving spouses of retired uniformed services members.

Dependent Eligibility:

Coverage is extended to your unmarried dependent children under age 21 (or under age 23 if a full-time student).

Incapacitated dependents may continue coverage past policy age limits as long as TRICARE continues.

Exceptions to Age 65 Eligibility Rule:

Members over age 65 but are ineligible for Medicare — These individuals must provide ASI with a copy of the Social Security Administration "Notice of Disallowance."

Members and their spouses who are over age 65 but reside overseas — Since Medicare does not cover medical expenses incurred outside of the United States of America these individuals are eligible to enroll in the TRICARE Supplement benefit. However, these individuals must be entitled to Medicare Part A and enrolled in Medicare Part B.

To be eligible for the TRICARE Supplement Plan, you must be eligible for TRICARE and your DEERS file must be updated. To verify your eligibility for TRICARE benefits, contact the Defense Enrollment Eligibility Reporting System (DEERS) at the following toll free number: 1-800-538-9552 or update your contact information online at www.dmdc.osd.mil/appj/address.

Enrollment and Effective Date

The TRICARE Supplement Plan is an optional program. In order to enroll, you must contact your employer for enrollment information. You may be required to complete a payroll deduction authorization form or TRICARE Supplement Plan enrollment form. Your coverage and that of your eligible family members will become effective on the date requested by your employer.

If you were previously enrolled in other health insurance (Blue Cross, AETNA, etc.), you must notify TRICARE of the change of insurance. To do so, you must complete the TRICARE Other Health Insurance (OHI) Form to show that TRICARE is now your primary health benefit. The OHI form for your region may be found on the TRICARE web site at www.tricare.mil. The completed OHI form should be faxed to TRICARE at the number provided on the form.

The TRICARE Supplement Plan is not considered other insurance.

Once enrolled in the TRICARE Supplement Plan, you will be automatically enrolled for membership in AMRA. Membership in AMRA is required in order to be eligible for the TRICARE Supplement Plan benefit.

After your enrollment is processed by ASI you will be mailed an enrollment packet that includes:

- ★ Certificate of Insurance
- ★ Identification Cards
- ★ Claim Forms
- ★ Information on how to submit claims

Pre-existing Conditions

There is no pre-existing condition limitation under this TRICARE Supplement benefit.

What is Covered

To be a covered expense, the expense must be incurred for the sole purpose of treating a covered person's accidental injury or sickness and must be prescribed by an attending physician (except for routine nursing services). The covered expense must meet such additional requirements as prescribed by the insurance policy.

Exclusions and Limitations

The Policy does not cover injury or sickness resulting from war or act of war, whether war is declared or undeclared; intentionally self inflicted injury; suicide or attempted suicide whether sane or insane (in Missouri while sane); routine physical exams, unless required for school enrollment (but not sports physicals) by a Covered Child aged 5 through 11 and immunizations, except that these services are covered when rendered to a Covered Child who is less than 6 years of age; domiciliary or custodial care; eye refractions and routine eye exams except when rendered to a child up to 6 years from the child's birth; eyeglasses and contact lenses; prosthetic devices, except those covered by TRICARE; cosmetic procedures, except those resulting from covered Sickness or Injury; hearing aids; orthopedic footwear; care for the mentally incapacitated or physically handicapped if the care is required because of the mental incapacitation or physical handicap; drugs which do not require a prescription, except insulin; dental care unless such care is covered by TRICARE; and then only to the extent that TRICARE covers such care; any confinement, service, or supply that is not covered under TRICARE; hospital nursery charges for a well newborn, except as specifically provided under TRICARE; any routine newborn care except Well Baby Care, as defined, for a child up to 6 years from his or her birth; TRICARE eligible cost share and deductible amounts in excess of the TRICARE cap; expenses which are paid in full by TRICARE; expenses in excess of the TRICARE Allowed Amount, except as specifically provided; treatment for the prevention or cure of alcoholism or drug addiction except as specifically provided under TRICARE and the Policy; any part of a covered expense which the Covered Person is not legally obligated to pay because of payment by a TRICARE alternative program; 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.

Nervous, Mental, Emotional Disorder, Alcoholism, and Drug Addiction Limits

The coverage provided under the Inpatient Benefits for nervous, mental and emotional disorders, including alcoholism and drug addiction, is limited to (a) 30 Inpatient treatment days for Covered Person age 19 or older; or (b) 45 Inpatient treatment days for Covered Person under age 19; per fiscal year. This Inpatient limit is based on the number of days TRICARE normally provides each fiscal year for such confinements. In rare instances, TRICARE 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 for such Inpatient treatment during the fiscal year; or (b) 90 Inpatient days per fiscal year. The coverage provided under the Outpatient Benefits for (a) nervous, mental, and emotional disorders; and (b) alcoholism and drug addiction; is limited to \$500 during any TRICARE fiscal year for all such disorders.

Qualifying Mid-Year Event

If you have a qualifying mid-year event, such as a marriage or divorce, you gain a dependent, or your dependent reaches the maximum age limit, you must contact your employer within 60 days of the event. If the qualifying mid-year event affects your premium, the new TRICARE Supplement premium will become effective as soon as practicable after reporting your change. If applicable, you will be required to complete a new enrollment form if adding a spouse or dependent.

Termination

Your 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, children are under age 21 or age 23 if a full-time student); and the Master Policy and your class of insured persons remain 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.

Coverage for a spouse or dependent child terminates on the premium due date following the date he or she no longer satisfies the requirements to be a spouse or dependent.

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 the TRICARE Covered Expenses.

Newborn Children

Newborn children not named on 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 ASI within 31 days to continue beyond this period.

Incapacitated Children

Insured children who are incapable of self sustaining employment because of mental retardation or physical handicap and who are unmarried and primarily dependent on the insured member for support and maintenance may continue coverage past policy age limits.

Definitions

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

HERE'S HOW THE TRICARE SUPPLEMENT WORKS TO PAY COVERED EXPENSES AFTER TRICARE PAYS

Care Required	TRICARE Standard/ Extra Pays	After TRICARE Standard/Extra Pays, The Supplement Pays	TRICARE PRIME or POINT-OF-SERVICE (POS) Pays	After TRICARE PRIME/POS, The Supplement Pays
INPATIENT FACILITY SERVICES in civilian hospitals for RETIREES and their dependent family members (room, board, supplies and staff services billed by the hospital).	The TRICARE Standard DRG** allowed amount (contracted rate for TRICARE Extra minus your cost share).	The lesser of \$535 per day or 25% of the billed amount, not to exceed the TRICARE Standard DRG amount (lesser of \$250 per day or 20% cost share of the contracted rate for TRICARE Extra)	PRIME — All but the Prime copayments. POS — 50% of the TRICARE allowed amount after the deductible has been met.	PRIME — All Prime copayments POS — the 50% POS cost share
INPATIENT PROFESSIONAL SERVICES in civilian hospitals for RETIREES and dependent family members (doctors, and 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 25% Standard/20% Extra cost share PLUS 100% of Covered Excess Charges.	PRIME — All but the Prime copayments. POS — 50% of the TRICARE allowed amount after the deductible has been met.	PRIME — All Prime copayments POS — The 50% POS cost share PLUS 100% of Covered Excess Charges.
Inpatient care in military hospitals	All but the daily subsistence fee.	The daily subsistence fee.	The daily subsistence fee.	The daily subsistence fee.
OUTPATIENT CARE for RETIREES and their dependent family members (office visits, clinics, lab, etc).	75% of the TRICARE Standard allowed amount (80% for TRICARE Extra) after you pay the TRICARE Outpatient Deductible.	Your 25% Standard/20% Extra cost share and 100% of the TRICARE Outpatient Deductible* of \$150 per person or \$300 per family PLUS 100% of Covered Excess Charges.	PRIME — All but the Prime copayments. POS — 50% of the TRICARE allowed amount after the deductible has been met.	PRIME — All Prime copayments. POS — The 50% POS cost share and 50% of the POS deductible* of \$300 per person or \$600 per family PLUS 100% of Covered Excess Charges.
PRESCRIPTION DRUGS (civilian network up to a 30-day supply or TRICARE Mail Order Pharmacy up to a 90-day supply).	All but the \$3 generic, \$9 brand name or \$22 non-formulary copayment.	All copayments.	PRIME — All but the copayments.	PRIME — All copayments.
PRESCRIPTION DRUGS (civilian non-network Pharmacy up to a 30-day supply).	All but the TRICARE deductible and \$9 (20% brand name) or \$22 (20% non-formulary) copayment, whichever is greater	\$9 (\$22 for non-formulary) or 20% of total cost and 100% of the TRICARE Outpatient Deductible of \$150 per person, \$300 per family.	POS — 50% of the TRICARE Allowed Amount after the TRICARE deductible has been met	POS — The 50% POS cost share and 50% of the POS deductible* of \$300 per person or \$600 per family.

*Reimbursement towards the fiscal year TRICARE Standard Outpatient Deductible is made only if the deductible is incurred after the effective date of coverage.

**Diagnosis Related Group - established standard hospital stays for categories of medical conditions.

Note: The TRICARE Supplement Plan pays virtually 100% of the TRICARE approved expenses after TRICARE has paid.

Note: Benefits are payable for covered cost share amounts up to the TRICARE Catastrophic Cap.

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