

TRICARE Prime Supplement Insurance Plan

helps protect you from out-of-pocket expenses and provides savings on your dental care, eyewear and hearing care.

This TRICARE Prime Supplement is the answer to Members' concerns about their out-of-pocket liability for incurred medical expenses under the TRICARE Prime Program. TRICARE Prime requires you to pay your cost share of all medical bills. You must pay a specific co-payment whenever you visit a doctor or have a prescription filled. Retirees and their family members must also pay a co-payment every time they are hospitalized in a civilian facility.

TRICARE PRIME CO-PAYMENTS CAN ADD UP TO BIG DOLLARS – FAST!

It's overwhelming to realize how many co-payments you may have to pay in one year. Suppose you have to visit the doctor, see a specialist and finally, be subject to a series of tests, followed by still more visits to obtain your results. You may have to pay a co-payment each time.

And what if the specialist you prefer is neither a participant in your TRICARE Prime network nor the one your TRICARE primary care manager selects for you? You may still prefer to go to the specialist you want out-of-network. But that means you can pay a \$300 per individual or \$600 per family deductible PLUS a 50% co-payment of TRICARE Standard allowable charges.

But that's not all! Have you thought about prescription drugs? Every single one may require a co-payment no matter how often you may need a refill or how many times you must have a new prescription filled.

COVERAGE IS CONVERTIBLE AND CONTINUOUS!

All these benefits are now available with still another feature: convertibility! Your coverage under this TRICARE Prime Supplement is convertible to a TRICARE Standard Supplement, if you decide to change your basic coverage to TRICARE Standard. The preexisting condition period will be waived, under certain conditions, to the extent it has been previously satisfied, provided there is no break in coverage between your Prime and Standard Supplement.

WHY YOU MAY NEED THIS TRICARE PRIME SUPPLEMENT

If you depend on TRICARE Prime for your health care, you need to remember these critical facts:

1. Enrollment or re-enrollment in TRICARE Prime is not guaranteed. The local MTF Commander decides who may enroll. If the TRICARE Prime is full or is oversubscribed, you may be refused or turned away.

2. TRICARE Prime is not available in all areas. Even if it is available to you now, you could move, be transferred to an area where TRICARE Prime is not available or require non-emergency medical care while traveling beyond your Prime network. Neither situation is a problem, you can always transfer to TRICARE Standard if you move or use the Point-of-Service option out of network. But what about all those out-of-pocket costs? That's another reason this Supplement protection is so valuable. If you need to transfer to our TRICARE Standard Supplement, simply notify the Administrator, make application and pay the required premium. As a Supplement insured, your preexisting conditions requirements will be satisfied at least for the length of time you've been covered, under certain circumstances.

3. Your benefits don't stop there. If you should unexpectedly have to obtain medical care out-of-network outside the TRICARE Prime provider group and be faced with a 50% co-payment of the allowed charges, this TRICARE Prime Supplement covers your cost share once your TRICARE deductible is satisfied.

ELIGIBILITY

You are eligible to enroll in this TRICARE Prime Supplement Insurance Plan if you are an eligible TRICARE recipient and under age 65. If you are age 65 or over and ineligible for Medicare, you may enroll in this plan by enclosing a copy of your Social Security Notice of Disallowance of Benefits with the Enrollment Form. Your TRICARE eligible spouse, under age 65 and your unmarried, dependent children, under age 21,(23, if a full time student) may also enroll for coverage.

EFFECTIVE DATE

Your coverage and that of your dependents will become effective on the first day of the month following the receipt of your Enrollment Form and first premium payment. If you or one of your family members to be insured is hospital confined on the date that coverage should become effective, that person's coverage will be deferred until the day following discharge from the hospital.

TERMINATION

Your coverage will terminate when you reach age 65, premiums are not paid when due, your Association membership is discontinued, the Master Policy is cancelled, you cease to be covered under TRICARE, or you become eligible for Medicare.

Spouse coverage will terminate when he/she is no longer eligible for TRICARE; children's coverage will terminate when they reach 21 (23, if full-time student) or become married, whichever occurs first.

TRICARE CAP

TRICARE will increase its rate of payment to 100% of the TRICARE allowed amount when a covered person has met the TRICARE cap. After the cap has been met, we will not duplicate benefits by paying any part of the cost-share which is payable under TRICARE.

OTHER INSURANCE WITH US

If a covered person is insured under more than one policy underwritten by us which provides TRICARE Supplement benefits, we will limit our payment of benefits to the one policy that affords the greater level of benefits.

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.

Employer Health Program means a program issued to or sponsored by a covered person's employer which provides coverage for basic hospital, medical or surgical expenses incurred as a result of injury or sickness. Each program may be an insurance policy, a hospital or medical service contract, a Blue Cross or Blue Shield contract, a medical practice or other prepayment plan or a managed care plan.

DISCOUNTED HEALTH BENEFITS

Adding discounted dental care, hearing care and eyewear availability to this TRICARE Prime Supplement was the result of innumerable inquiries and requests from members. When you separated from active duty with the military, you left behind some very substantial health benefits. Not the least of these were with the TRICARE Prime Supplement Plan. They offer an affordable way to manage these costs for yourself and your entire family. *Dental care, hearing care and eyewear benefits are not provided by Monumental Life under the TRICARE Prime Supplement Plan.

PREEXISTING CONDITION 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, unless required for school enrollment (but not sports physicals) by a Covered Child ages 5 through 11 except when:
 - a. rendered to a child up to 6 years from his or her birth, or;
 - b. ordered by a Uniformed Service:
 - i. for a Covered Spouse or Child of an Active Duty Member;
 - ii. 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 the child's birth;
7. eyeglasses and contact lenses;
8. prosthetic devices, (except that artificial limbs and eyes and devices which must be implanted by surgery are covered);
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 Baby Well 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.
24. treatment or confinement not ordered by a physician or necessary for medical care;
25. expenses in excess of the TRICARE Allowed Amount except as specifically provided.

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. Hospital means an institution which TRICARE recognizes as a hospital.

Consider what TRICARE Prime Supplement Insurance covers for retired members and their families.

Health Care in TRICARE Prime Network Type of Service	Under TRICARE Prime, retirees pay	With TRICARE Prime Supplement
Enrollment Fee	Full fee, currently \$230 per year for individuals and \$460 per year for families.	N/A
Hospitalization/inpatient: room and board, general nursing and other hospital services, including physician and surgical services.	A co-payment of \$11 for each day of confinement or a \$25 minimum charge per admission, whichever is greater.	Pays your required co-payment of \$11 for each day or the \$25 minimum charge per admission, whichever is greater.
Outpatient and physician services; Office based medical and surgical care, diagnosis, consultation and treatment.	A co-payment of \$12 for each visit.	Pays your co-payment of \$12 for each visit.
Emergency Room services	A co-payment of \$30 per visit.	Pays your co-payment of \$30 per visit.
Mental illness confinements (18 and under: 45 days/ year; 19 and older: 30 days/year; up to 150 days/year treatment)	A co-payment of \$40 per day.	18 and under: pays the co-pay up to 45 days a year 19 and older: pays required co-pay up to 30 days a year.
Mental, nervous, emotional disorder, alcoholism and drug addiction outpatient treatment.	A co-payment of \$25 per visit.	Pays your co-payment per visit up to policy maximum of \$500 per year.
Ambulance when medically necessary.	A co-payment of \$20 per trip.	Pays your co-payment of \$20 per trip.
Prescription drugs as prescribed.	A co-payment of \$9 for each prescription.	Pays your co-payment of \$9 for each prescription.
Durable medical equipment and supplies.	A co-payment of 20% of all approved charges.	Pays your co-payment of 20% of all approved charges.

Health Care out-of-network (Point of Service)

All services as listed above.	A 50% co-payment of all allowed TRICARE Standard charges, after your annual outpatient deductible of \$300 per individual and \$600 per family is satisfied	Pays your 50% co-payment of all allowed TRICARE Standard charges, after your annual outpatient deductible of \$300 per individual or \$600 per family is satisfied up to a maximum of \$3,000 per year.
*Dental Care Exams and x-rays, cleaning and diagnoses, fillings and crowns, full and partial dentures and much more.	Full charges because TRICARE Prime provides no coverage for standard dental care.	Extends discounted benefits Offers true savings from 10% to 40% on all services.
*Eyewear Eye exams, eyeglasses, contact lenses sunglasses.	Full charges because TRICARE Prime provides no coverage for standard eye care and much more.	Guarantees savings up to 60% on designer frames, 20% discount on contact lenses and sunglasses.
*Hearing Care Hearing tests, hearing aids, service and repair.	Full charges because TRICARE Prime provides no coverage for standard eye care and much more.	Provides savings up to 60% and guaranteed satisfaction on all services and repair.

This brochure explains the general purpose of the insurance described, but in no way changes or affects the Master 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 the Monumental Life Insurance Company 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 insured individual and the Master Policy issued to the policyholder. This program may vary and may not be available to residents of all states.

TRICARE Prime Supplement Insurance Plan

Guaranteed Acceptance - 30 Day Free Look!

When you receive your Certificate of Insurance, look over it very carefully. Compare it with similar coverages available. If you are not completely satisfied for any reason, simply return your Certificate within 30 days, marked "Cancel." Any premiums you have paid will be promptly refunded in full – guaranteed! (Refunds will be less any claims already paid). You actually enroll with no obligation.

The plan that pays **100% of all your co-payments for covered medical care, prescription drugs and supplies**, including 50% co-payments when your care is outside the TRICARE Prime Network.¹

Your acceptance is guaranteed² with affordable group rates.

Members get savings and discounts on all dental, vision, and hearing care.

It's easy to enroll!

1. Select the eligible individuals you want covered; then, sign your name or names and the date.
2. Mail your completed Enrollment Form with a check, payable to NEBCO, for your first quarterly premium payment in the postage prepaid reply envelope provided or send to:

**TRICARE Prime Supplement Insurance Plan
P.O. Box 153046
Irving, TX 75015-3046**

Marketed & Administered by: NEBCO, Irving, Texas
TRICARE Supplement Plan is underwritten by
Monumental Life Insurance Company, Cedar Rapids, IA
Transamerica Financial Life Insurance Company, Harrison, NY (NY Residents only). AEGON Companies.
Dental, Vision, and Hearing Care Benefits arranged by NEBCO

¹ After you satisfy the TRICARE annual Point-of-Service deductible.

² Subject to the preexisting conditions limitation.

**For answers to any questions or additional information, call Toll-Free
1-800-808-4514**