



# AMS TRICARE SUPPLEMENT PLAN

Quality TRICARE Supplements for Retired Military and Active Duty Dependents  
Affordable group coverage to help pay your out-of-pocket medical expenses.

- **Affordable Group Rates**
- **Guaranteed Acceptance**  
(subject to the Pre-existing Conditions Limitation)
- **100% of Covered Excess Charges Paid**
- **Valuable Survivors' Benefit**
- **Big Savings on all Dental, Vision and Hearing Care**

**T**RICARE Standard takes the place of CHAMPUS. This option is still one of your most dependable choice for the supplemental health care you need when you want it. You can use your choice of doctors and specialists, too!

#### ❖ **TRICARE Supplement Saves You Money and Time!**

Compared to some other plans, the rates for your association Plan makes the supplemental health care you deserve affordable. And you are guaranteed acceptance, subject to preexisting condition limitations. Then, when you need medical care, you are responsible only for an annual Plan Deductible (excluding Active Duty Dependents). Once the deductible is satisfied, your TRICARE Supplement pays all your cost shares... 100% of all covered excess charges... and so much more – like the valuable Survivors' Benefit.

#### ❖ **Eligibility**

You are eligible to enroll in the TRICARE Supplement 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 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 age 21 (23, if full time student) or become married, whichever occurs first.

#### ❖ **Excess Charges Benefit!**

The Plan pays not only 100% of your cost shares but also your covered excess charges as long as they do not exceed the reasonable and customary amounts for the area where you live by more than 15%.

#### ❖ **Valuable Survivors' Benefit!**

In the event of your demise as an insured, this Plan will waive the premiums for your insured Spouse's and/or dependent Children's coverage for as long as five years or until the Spouse remarries, turns 65, or any of the dependent Children ceases to be eligible for coverage.

#### ❖ **Your Acceptance is Guaranteed!**

You are guaranteed acceptance, subject to any preexisting conditions which may initially limit your coverage in the TRICARE Supplement Plan. As long as you are eligible for TRICARE benefits, you cannot be turned down for this valuable coverage!

#### ❖ **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.

#### ❖ **Preexisting 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.

#### ❖ **Guaranteed Acceptance - 30 day free look!**

When you receive your Certificate of Insurance, look it over carefully. If you are not completely satisfied, simply return your Certificate within 30 days. Any premiums paid will be promptly refunded in full – less any claims paid. You actually enroll at no risk.

# Better Benefits Set our TRICARE Supplement Apart

## Big Savings on Non-insurance Benefits.

You get discounts on all your dental care, vision care, and hearing care at no added cost provided by NEBCO.

### It's Easy to Enroll.

1. Select the proper premium and Plan Deductible amount for your age group and indicate which Family Members you want to be covered.
2. Sign your name or names and the date where indicated.
3. Mail your completed Enrollment Form with a check, payable to TRICARE Supplement Plans, for your first quarterly (3 times monthly) premium payment in the postage prepaid reply envelope provided or send to:

**TRICARE Supplement Plans,  
P.O. Box 153046  
Irving, Texas 75015-3046**

4. Your acceptance is guaranteed, although a preexisting condition may initially limit the extent of your coverage for that condition. A Certificate of Insurance will be sent for your review. You'll then have 30 days to decide if the coverage is everything we say it is. If you are not satisfied for any reason, simply return the Certificate, marked "Cancel," within that time. Any money you've paid will be promptly refunded less any claims paid.

**Note:** For a convenient, effortless way to pay your future premiums, please read over the Electronic Funds Transfer (EFT) Authorization information on the enclosed Enrollment Form. It helps to ensure you will have hassle-free, uninterrupted protection.

TRICARE Supplement Plan  
Administered and Marketed by  
National Employee Benefit Companies, Inc. (NEBCO), Irving, Texas  
For answers to any questions, Call **TOLL-FREE 1-800-808-4514**

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.

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 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.

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## Exclusions

- The policy does not cover:
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| 1. injury or sickness resulting from war or act of war, whether war is declared or undeclared;  | 10. hearing aids  | 20. any expense or portion thereof applied to the TRICARE Outpatient Deductible;  |
| 2. intentionally self-inflicted injury;   | 11. orthopedic footwear   | 21. that part of any Covered Excess Charges except as otherwise stated in the supplemental benefits;  |
| 3. suicide or attempted suicide, whether sane or insane (in Colorado and Missouri while sane);  | 12. care for the mentally incapacitated or physically handicapped if:<br>a. the care is required because of the mental incapacitation or physical handicap; or<br>b. the care is received by an Active Duty Member's child who is covered by the "Program for the Handicapped" under TRICARE; | 22. treatment for the prevention or cure of alcoholism or drug addiction except as specifically provided under TRICARE and the Policy;  |
| 4. routine physical exams, unless required for school enrollment (but not sports physicals) by a Covered Child ages 5 through 11, and immunizations, except when:<br>a. rendered to a child up to 6 years from the child's birth; or<br>b. ordered by a Uniformed Service:<br>i. for a Covered Spouse or Child of an Active Duty Member;<br>ii. for such spouse or child's travel out of the United States due to your assignment | 13. drugs which do not require a prescription, except insulin;  | 23. 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   |
| 5. domiciliary or custodial care;   | 14. dental care unless such care is covered by TRICARE, and then only to the extent that TRICARE covers such care;  | 24. 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. |
| 6. eye refractions and routine eye exams except when rendered to a child up to 6 years from the child's birth;  | 15. any confinement, service or supply that is not covered under TRICARE;   | 25. treatment or confinement not ordered by a physician or necessary for medical care;  |
| 7. eyeglasses and contact lenses;   | 16. Hospital nursery charges for a well newborn, except as specifically provided under TRICARE  |   |
| 8. prosthetic devices, except those covered by TRICARE;   | 17. any routine newborn care except Baby Well Care, as defined, for a child up to 6 years from his or her birth;  |   |
| 9. cosmetic procedures, except those resulting  | 18. expenses in excess of the TRICARE Cap;  |   |
|   | 19. expenses which are paid in full by TRICARE;   |   |