



RAUS TRICARE Prime Supplement Plan

Why do I Need a TRICARE Prime Supplement?

The Two TRICARE Prime Supplement Plans available to you are designed to help pay your cost share and copayments under TRICARE (In-Network and Out-of-Network expenses). Enrollment in the TRICARE Prime Supplement Plan provides you and your eligible family members with flexibility in converting your coverage should you move out of a TRICARE Prime area and then apply for a TRICARE Standard/Extra Supplement. When this happens, under the TRICARE Standard/Extra Supplement Plan, you receive credit towards the Pre-Existing Condition Provision for the time spent in the TRICARE Prime Supplement Plan.

Plan Sponsor: Retired Association for the Uniformed Services (RAUS)

RAUS is a military association organized in 1970 to secure quality benefits and services for our members at rates only available to groups. Qualified retired and active members of the United States armed forces and related departments may join. One of the services RAUS provides is to help find health care protection at competitive prices. To do that, we carefully examined several insurance plans, comparing prices and benefits, and decided this one offers you the most competitive rates and coverage.

Important Notice

This coverage is available to RAUS members and their dependents. If you are not a member of RAUS, it is easy to become one. Please call 1.800.321.RAUS or visit www.raushome.com for more information on membership. You must be a RAUS member to enroll in the supplement plan. For additional inquiries, call Selman & Company, the plan administrator, toll-free at: 1.800.638.2610.

Eligibility

Retired RAUS members and spouses, under age 65, who are currently enrolled in TRICARE PRIME, are eligible to apply for any one of the two supplemental plans described in this brochure. Unmarried dependent children under age 21 (23 if in college) are also eligible to enroll. Coverage is extended to adult dependent children who are under age 26 and enrolled in TRICARE Young Adult (TYA) program. Enrollment for these dependents must include a copy of the TYA enrollment card. Coverage is also available to eligible surviving spouses, who are enrolled in TRICARE PRIME.

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. 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.

Deferred Effective Date

If on the date that you are to become covered under the Policy you are confined in a Hospital, your coverage will be deferred until the first day after you are discharged.

Deferred Effective Date (Dependent)

If on the date that an Eligible Dependent is to become covered under the Policy he or she is confined at home, in a Hospital or elsewhere because of injury or sickness, coverage of such person will be deferred until the first day after he or she is discharged from the Hospital or place of confinement.

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 PRIME. INPATIENT treatments for mental, nervous or emotional disorders, drug addiction or alcoholism are limited to a maximum of \$500 per fiscal year.

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.

What the TRICARE Prime Supplement Plans Pay For Retirees and Eligible Dependents

(You must be enrolled in TRICARE Prime to apply for one of the following plans)

	In-Network Charges THE PLAN PAYS:	Out-of Network Charges (Point of Service Option) THE PLAN PAYS:	YOU PAY:
PLAN A	Your eligible TRICARE Prime copayments and cost shares up to the TRICARE Prime catastrophic limits. ¹	Nothing	The Point of Service deductible ³ your 50% cost share for Out-of-Network charges and charges in excess of the TRICARE allowed amount.
PLAN B	Your eligible TRICARE Prime copayments and cost shares up to the TRICARE Prime catastrophic limits. ¹	Your 50% of the TRICARE allowed amount ² (your cost share) for In-Patient and Out-Patient charges after you pay the Point of Service deductible.	The Point of Service Deductible ³ and charges in excess of the TRICARE allowed amount.

INSURANCE PREMIUM RATE CHART Competitively-Priced Premiums to Fit Your Budget (premiums shown are per person)

Premiums increase based on your effective date of coverage and as you move from one age bracket to another. The insurance company reserves the right to change premiums on a group wide basis.⁴

Age of Retiree, Spouse, Widow(er):	PLAN A (RATES SHOWN ARE PER QUARTER)		PLAN B (RATES SHOWN ARE PER QUARTER)	
	DISCOUNTED First-Year Rate* (includes 16% discount ⁵)	Base Rate (after 12 months ⁵)	DISCOUNTED First-Year Rate* (includes 16% discount ⁵)	Base Rate (after 12 months ⁵)
Under 40	\$39.48	\$47.00	\$43.68	\$52.00
40-44	\$41.16	\$49.00	\$49.56	\$59.00
45-49	\$49.56	\$59.00	\$58.80	\$70.00
50-54	\$60.48	\$72.00	\$75.60	\$90.00
55-59	\$74.76	\$89.00	\$91.56	\$109.00
60-65	\$83.16	\$99.00	\$105.00	\$125.00
Each Child	\$36.12	\$43.00	\$43.68	\$52.00

* First year discounted rates are not available to insureds in OH or KY.

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.

¹ In-Network-\$3,000 per enrollment year for retirees and dependents. In-Network Care must be provided or referred by a Primary Care Manager; or referred by a Health Care Finder; or is for an emergency.

² Subject to maximum payable under this benefit of \$7,500 per family per fiscal year.

³ These plans do not cover the Point of Service (POS) deductible.

⁴ 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. Plan or rate changes may be subject to final approval by the applicable regulatory authorities.

⁵ Members receive a 16% rate discount during their first twelve months of coverage. There are no other discounts. After the 12th month, the rates go up 16%.

- These plans do not pay the TRICARE Prime annual enrollment fee.
- The Prime Supplement Plans A and B are not available in NC and ND. Plan B is not available in FL or IA.

Exclusions

This 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 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 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 "Extended Care Health Option (ECHO)" 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; 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.

Exclusions with the state of New York

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; 4) custodial care; 5) eye refractions and routine eye exams except when rendered to a child up to 6 years from the child's birth; 6) eyeglasses; 7) cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part, and reconstructive surgery because of a congenital disease or anomaly of a covered dependent child which has resulted in a functional defect; 8) hearing aids; 9) dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly; 10) any confinement, service, or supply that is not covered under TRICARE; 11) expenses in excess of the TRICARE Cap; 12) expenses which are paid in full by TRICARE; 13) any expense or portion thereof applied to the TRICARE Outpatient Deductible; 14) treatment for the prevention or cure of alcoholism or drug addiction except as specifically provided under TRICARE; 15) 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 16) 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

A Covered Person's coverage under the Policy will cease Your 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 you cease to be a member of the Organization; 4) 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; 5) the date we or the Organization cancel coverage for a Class of Eligible Person to which you belong; 6) the date you attain age 65; 7) the date you cease to be covered under TRICARE; 8) 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 insurance will not prejudice any claim which occurred before the effective date of termination. Limitations and exclusions may vary by state. Please see your Certificate for details.

Conversion

If you end your participation in TRICARE Prime because you leave the network area, you may convert you TRICARE Prime supplement to a TRICARE Standard/Extra Supplement Plan within 60 days of disenrollment. Premiums for the TRICARE Standard/Extra Supplement Plan will be those then in effect at time of conversion and the Pre-Existing Condition Limitation will be credited for the period of time covered by the TRICARE Prime supplement. Conversion from the TRICARE Prime supplement to a TRICARE Standard/Extra supplement is available following disenrollment for any other reason from TRICARE Prime (after a minimum of one year enrollment in TRICARE Prime) and is subject to satisfaction of the TRICARE Supplement Plan Pre-Existing Conditions Limitation.

IT'S EASY TO ENROLL

AS A REMINDER: You must be a RAUS member to enroll in the supplement plan. Please call 1.800.321.RAUS or visit www.raushome.com for more information on membership. If you are already a member of RAUS, please include your Member/Association ID# on the Enrollment Form for verification purposes.

- 1) Complete the enclosed Enrollment Form; sign and date where indicated.
- 2) Include your first quarterly premium payment with your completed Enrollment Form.
 - Quarterly premium rates are provided in the 'Insurance Premium Rate Chart'.
 - Make your check payable to: **"RAUS Group Health Program"**
- 3) For future premium insurance payments, be sure to complete the enclosed Automatic Payment Option Form.
- 4) Mail your completed Enrollment Form, Automatic Payment Option Form and quarterly payment to:

RAUS Insurance Administrator
6110 Parkland Boulevard
Cleveland, OH 44124-4187

SATISFACTION GUARANTEED | 30 DAY FREE LOOK

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 a 30 day free look. Return it for a full refund if you are not completely satisfied.



SelmanCo

Plan Administrator

Selman & Company, based in Cleveland, Ohio, has marketed and administered life and health insurance products to members of associations and affinity groups, customers of financial institutions, and employees through their employers for over 30 years. Selman & Company is among the largest privately held firms in the nation with focus on the markets in which it serves.

How to Contact Selman & Company

Our Call Center Representatives are available if you have questions about your TRICARE Supplement Plan.

 1.800.638.2610 |  memberservices@selmanco.com

Plan Underwriter

Transamerica Premier Life Insurance Company, Cedar Rapids, IA, Group Policy MLTRC1000GP

Transamerica Financial Life Insurance Company, Harrison, NY, Group Policy TFTRC1000GP

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.

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