

# CHAMPVA

## CHAMPVA Supplement Plan



### The RAUS CHAMPVA Supplement Plan Provides You With The Protection You May Need When A Serious Covered Accident Or Sickness Occurs

The **RAUS CHAMPVA Supplement Plan**, when combined with your **CHAMPVA** benefits, is designed to provide you with the protection you need when you need it.

The plan will pay your cost share for both covered inpatient and outpatient medical expenses after you satisfy the calendar year plan deductible of \$150 per person, \$300 family maximum.

Take a moment now to read the details inside. Then enroll today to give your family the additional protection of the **RAUS CHAMPVA Supplement Plan** that complements your **CHAMPVA** benefits.

### It's So Easy To Enroll

- 1 ▶ Print your name and address clearly on the Enrollment Form attached.
- 2 ▶ Sign and date the Enrollment Form as indicated.  
NOTE: Surviving spouse may sign if sponsor is deceased.
- 3 ▶ Check the appropriate boxes to indicate the coverage you have chosen.
- 4 ▶ Calculate your premium from the appropriate schedule in this brochure. Complete Check-O-Matic Form on reverse side of enrollment form if you wish to pay premiums monthly.
- 5 ▶ Make your check payable to **"RAUS Group Health Program"** and mail it with your Enrollment Form to:

**RAUS Insurance Administrator**  
**P.O. Box 2107, Rockville, MD 20847**

### Important Notice

This coverage is available to RAUS members and their dependents only. If you are not a member of RAUS, it is easy to become one. Just complete a membership application form and add your membership fee to your premium payment check. The annual membership fee is \$5.00.

For inquiries, call **Association & Society Insurance Corporation** office toll-free at:

**1-800-638-2610 x255**

# HERE'S HOW THE CHAMPVA SUPPLEMENT PLAN WORKS TO HELP PAY COVERED EXPENSES AFTER CHAMPVA PAYS. >>>

Covered Care Required	CHAMPVA Pays	CHAMPVA Supplement Plan Pays
<b>Inpatient Services</b> Confinement in civilian hospital or skilled nursing facility	DRG* rate, less the beneficiary cost share	The lesser of (1) \$535 per day, times number of inpatient days (2) 25% of the billed amount, or (3) the DRG* rate
<b>Inpatient Services</b> Non-DRG* based	75% of the Allowable Amount	25% of the Allowable Amount
<b>Inpatient Physician Services</b> Visits, surgeons, anesthesiologist, etc	75% of the Allowable Amount	25% of the Allowable Amount
<b>Outpatient Services</b> Office visits, clinics, laboratory and pharmacy services, durable medical equipment (non-VA source)	75% of the Allowable Amount <sup>2</sup> , after the CHAMPVA Annual Outpatient Deductible	25% of the Allowable Amount
<b>We will pay the Inpatient and Outpatient covered medical expenses once the Calendar Year plan deductible of \$150 per person and \$300 family maximum has been satisfied. Expenses incurred to satisfy the CHAMPVA Calendar Year Outpatient deductible cannot be used to satisfy the CHAMPVA Supplement Plan deductible.</b>		

\*Diagnosis-Related Groups (DRG)- An agreement between most hospitals and CHAMPVA to accept a fixed rate for inpatient care regardless of the billed amount.

Confined or confinement means being an inpatient in a hospital (or skilled nursing facility) due to sickness or injury. And 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

## Economical Premiums To Fit Your Budget >>>

As a member, you benefit from your Association's mass purchasing power, making the rates for this valuable coverage more 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!

Age of Spouse, Widow/er	Monthly Check-O-Matic	Quarterly	Semi-Annual	Annual
Under 40	\$ 27.00	\$ 81.00	\$ 162.00	\$ 324.00
40 - 44	\$ 30.00	\$ 90.00	\$ 180.00	\$ 360.00
45 - 49	\$ 35.00	\$ 105.00	\$ 210.00	\$ 420.00
50 - 54	\$ 45.00	\$ 135.00	\$ 270.00	\$ 540.00
55 - 59	\$ 53.00	\$ 159.00	\$ 318.00	\$ 636.00
60 - 64	\$ 64.00	\$ 192.00	\$ 384.00	\$ 768.00
65+	\$ 80.00	\$ 240.00	\$ 480.00	\$ 960.00
Each child	\$ 21.00	\$ 63.00	\$ 126.00	\$ 252.00

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 insurance terminates on the premium due date following the date he or she is no longer a dependent.

Rates and/or benefits are based on the attained age of the Insured Person and increase as you enter each new age category. Rates and/or benefits may be changed on a class basis.

< **Guaranteed Acceptance subject to Pre-existing condition limitations** >  
< **Satisfaction Guaranteed** >

It's easy to enroll in the CHAMPVA 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 a 30 day free look. Return it for a full refund if you are not completely satisfied.



## Eligibility >>>

Eligible Spouse: “Spouse” means your spouse who is under age 65 and a CHAMPVA benefits recipient, but not a spouse from whom you are legally separated or divorced. “Spouse” also means widow(er) if he or she is a member of the Participating Organization.

Spouses over age 65 are also eligible if documentation from the Social Security Administration certifying their non-entitlement to Medicare Part A benefits is submitted with their enrollment form.

Eligible dependent and unmarried children under age 18 (23 if a full-time college student) may also enroll.

## Effective Date >>>

Coverage for dependents becomes effective on the first day of the month following receipt of your Enrollment Form and first premium payment.

## Covered Dependent Effective Date >>>

Subject to the Deferred Effective Date provision, an Eligible Dependent will become covered by the Policy on the Certificate Effective Date that first shows coverage for him or her.

Your coverage is shown on your Schedule of Insurance.

## Deferred Effective Date >>>

If on the date that an Eligible Dependent is to become covered under the Policy he or she is confined in a Hospital, coverage of such person will be deferred until the first day after he or she is discharged.

## Renewability >>>

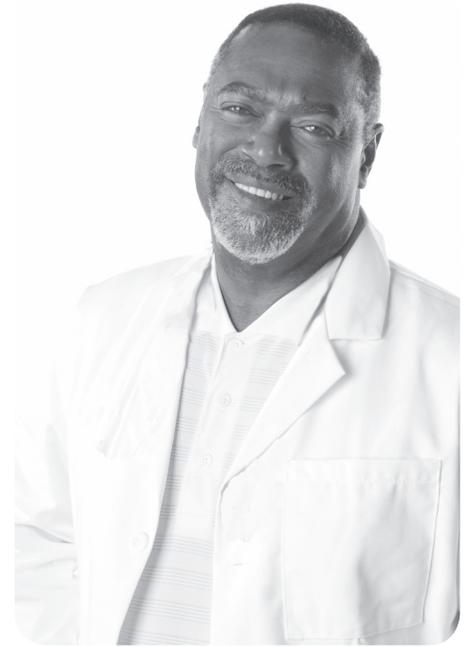
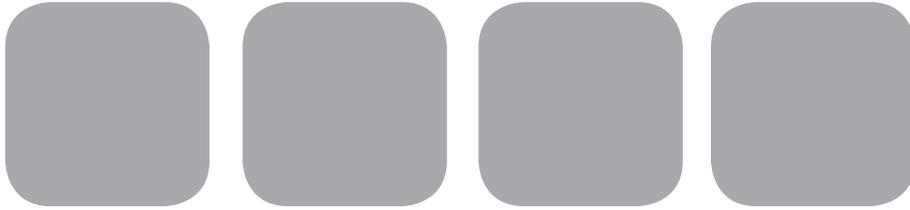
Your coverage is renewable to age 65. As long as premiums are paid on time, everyone remains eligible, and the Master Policy remains in effect, no one can be individually canceled. So even if you or a covered dependent develops a serious health condition in the future, the coverage will not terminate, provided these three conditions are met.

## Pre-Existing Conditions Limitations >>>

Any injuries 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.

## 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.



## Exclusions >>>

### The Policy does not cover >>

- 1 ▶ injury or sickness resulting from war or act of war, whether war is declared or undeclared;
- 2 ▶ treatment or confinement not ordered by a Physician or necessary for medical care;
- 3 ▶ intentionally self-inflicted injury;
- 4 ▶ suicide or attempted suicide, whether sane or insane (in Colorado and Missouri while sane);
- 5 ▶ routine physical exams and immunizations, except when considered Well Baby Care covered by CHAMPVA;
- 6 ▶ domiciliary or custodial care, care received in a retirement home, rest home or halfway house;
- 7 ▶ rest cures;
- 8 ▶ eye refractions and routine eye exams except when considered Well Baby Care covered by CHAMPVA;
- 9 ▶ eyeglasses and contact lenses;
- 10 ▶ cosmetic procedures, except those resulting from Sickness or Injury while a Covered Person;
- 11 ▶ hearing aids or hearing exams except when considered Well Baby Care covered by CHAMPVA;
- 12 ▶ orthopedic footwear;
- 13 ▶ care for the mentally incapacitated or physically handicapped if the care is required because of the mental incapacitation or physical handicap;
- 14 ▶ drugs which do not require a prescription, except insulin and other diabetic supplies;
- 15 ▶ any confinement, service, or supply that is not covered under CHAMPVA;
- 16 ▶ expenses in excess of the CHAMPVA Cap;
- 17 ▶ expenses in excess of the CHAMPVA Allowed Amount;
- 18 ▶ expenses which are paid in full by CHAMPVA;
- 19 ▶ any expenses or portion thereof applied to the CHAMPVA Deductible;
- 20 ▶ any part of a covered expense which the Covered Person is not legally obligated to pay;
- 21 ▶ care received as part of a grant, study or research program;
- 22 ▶ care considered experimental or investigational.

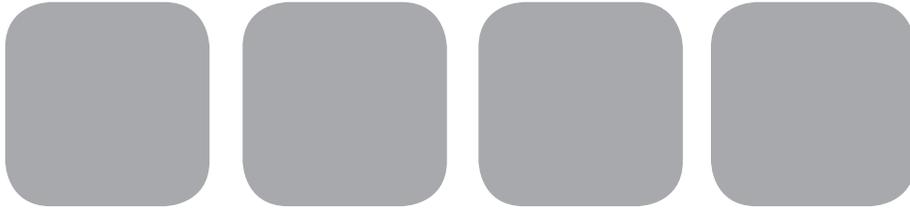
## Limitations >>>

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

The coverage provided under the Inpatient Benefit of the CHAMPVA Supplement plan for nervous, mental and emotional disorders, including alcoholism and drug addiction, is limited to:

- a ▶ 30 Inpatient treatment days for a Covered Person age 19 or older; or
- b ▶ 45 Inpatient treatment days for a Covered Person under age 19; or
- c ▶ 150 Inpatient treatment days in a CHAMPVA authorized Residential Treatment Center for a Covered Person under age 21 per Calendar Year.

This Inpatient limit is based on the number of days CHAMPVA normally provides each Calendar Year for such confinements. In rare instances, CHAMPVA 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 CHAMPVA pays for such Inpatient treatment during the Calendar Year; or
- b** ▶ 90 Inpatient days per Calendar Year.

The coverage provided under the Outpatient Benefit of the CHAMPVA Supplement plan for:

- a** ▶ nervous, mental, and emotional disorders; and
- b** ▶ alcoholism and drug addiction;

is limited to \$500 during any Calendar Year for all such disorders.

Coverage provided under the CHAMPVA Supplement plan for:

- 1** ▶ routine newborn and Well Baby Care;
- 2** ▶ hospital nursery charges for a well newborn;
- 3** ▶ dental care;
- 4** ▶ treatment for the prevention or cure of alcoholism or drug addiction;
- 5** ▶ and prosthetic devices;

will be limited to those expenses covered by CHAMPVA for such care or service.

## Termination >>>

A Covered Person's coverage under the Policy will cease on the first to occur of:

- 1** ▶ the date the Policy terminates, or the date RAUS 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 date you or your widow(er) terminates membership in the Participating Organization;
- 4** ▶ the first premium due date on or next following the date a dependent ceases to be an Eligible Spouse or an Eligible Child;
- 5** ▶ the date we or the group cancel coverage for a class of Eligible Person to which he or she belongs;
- 6** ▶ the first premium due date on or next following the date he or she ceases to be covered by CHAMPVA;
- 7** ▶ the date he or she becomes eligible for Medicare unless the covered person resides in an area where Medicare is not available, in which case coverage will not terminate until the covered person returns to residency in an area where Medicare is available.;
- 8** ▶ if a child, the date he or she attains age 18, or age 23 if enrolled full-time in a school of higher learning.
- 9** ▶ if a spouse, the date he or she attains age 65;

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.



# About RAUS...

## Retired Association for the Uniformed Services

RAUS was formed especially to help you, a member of the armed forces family. 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. One of the services that RAUS provides is to help find health care protection at economical prices for people like you. To do that, we carefully examined several insurance plans, comparing prices and benefits, and decided this one offers you the best rates and coverage. Compare it for yourself with insurance coverage offered by any other organization. We think you'll agree we found the best plan available for disabled veteran families.

The CHAMPVA Supplement Plans described in this brochure are available to RAUS members and their dependents only. If you are not a member of RAUS, it's easy to become one. All active duty, retired, or disabled veteran military member(s) are eligible. Just complete a membership application form and add your membership fee to your premium payment check. A special first year membership fee of \$5 (\$10 off normal fee) is available with the enclosed enrollment form only.

*This plan is sponsored by:*

## Retired Association for the Uniformed Services

*Administered by:*

# ASI

ASSOCIATION & SOCIETY  
INSURANCE CORPORATION

**Association & Society Insurance Corporation**  
(Doing business in California and Texas as **ASI Insurance Services**; in Virginia as **ASI Administrators Inc.**)  
P.O. Box 2107  
Rockville, MD 20847

*For all inquiries, call toll-free:*

# 1-800-638-2610 x255

*Underwritten by:*

Monumental Life Insurance Company,  
Cedar Rapids, IA  
Transamerica Financial Life Insurance Company,  
Harrison, NY  
an AEGON company

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# CHAMPVA

CHAMPVA Supplement Plan

for eligible Members of  
**Retired Association for the Uniformed Services**



- ▶ Helps Pay Your Inpatient and Outpatient Cost Share
- ▶ Convenient Monthly Payment Option

