

The RAUS TRICARE Standard/Extra Supplement Plan

Get the protection you may need, at competitive prices.

The TRICARE Standard/Extra High Option II Supplement Plan provides benefits to help pay your TRICARE cost share for inpatient and outpatient care including doctor visits, emergency room care and prescription medications. The High Option II Plan also pays 100% of Covered Excess Charges up to the TRICARE Legal Limit. The High Option II Plan has a fiscal year plan deductible of \$250 per person or \$500 per family maximum.

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 competitive 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 most competitive rates and coverage. Compare it for yourself with insurance coverage offered by any other organization.

Important Notice

The TRICARE Standard/Extra Supplement Plan 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. You may visit the RAUS website at www.raushome.com for information on membership and benefits. Just complete a membership application form and add your membership fee to your premium payment check. For inquiries, call Selman and Company toll-free at: 1-800-638-2610.

Eligibility

You are eligible to enroll provided you are an eligible TRICARE recipient, under age 65, and entitled to retired, retainer, or equivalent pay. If you are age 65 or over and ineligible for Medicare, you may apply for the plan by attaching a copy of your Social Security Notice of Disallowance of Benefits to your Enrollment Form. Coverage is also available for your TRICARE eligible spouse under age 65, and dependent, unmarried children under age 21 (23 if in college). Coverage is extended to adult dependent children who are under age 26 and enrolled in TRICARE Young Adult (TYA) program.

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.

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. See coverage information below for mental, nervous, or emotional disorders.

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.

Exclusions

This 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 Colorado and Missouri while sane); 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: (1) for a Covered Spouse or Child of an Active Duty Member; (2) for such spouse or child's travel out of the United States due to the Member's assignment; 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 Sickness or Injury while a Covered Person; hearing aids; orthopedic footwear; 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; 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; expenses in excess of the TRICARE Cap; expenses which are paid in full by TRICARE; any expense or portion thereof applied to the TRICARE Outpatient Deductible; that part of any Covered Excess Charges except as otherwise stated in the Supplement Benefits; 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; and 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 for the state of New York

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; eyeglasses; rest cures; custodial care; eye refractions and routine eye exams when rendered to a child up to 2 years (730 days) from the child's birth; 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; hearing aids; 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; any confinement, service, or supply that is not covered under TRICARE; TRICARE eligible cost-share and deductible amounts expenses in excess of the TRICARE Cap except as specifically provided; expenses in excess of the TRICARE Allowed Amount except as specifically provided; expenses which are paid in full by TRICARE except as specifically provided; any expense or portion thereof applied the TRICARE Outpatient Deductible except as specifically provided; treatment for the prevention or cure of alcoholism or drug addiction except as specifically provided under TRICARE and this 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, subject to the Pre-Existing Condition Limitation.

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

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

- 30 Inpatient treatment days for a Covered Person age 19 or older; or
- 45 Inpatient treatment days for a 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:

- the number of days TRICARE pays for such Inpatient treatment during the Fiscal Year; or
- 90 Inpatient days per Fiscal Year.

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

- nervous, mental, and emotional disorders; and
- alcoholism and drug addiction;

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

Termination

Insured Person Termination: The Insured Person's coverage under the Policy will cease on the first to occur of: the date the Policy terminates, or the date the Organization ceases to be a Participating Organization of the Policyholder; the date the required premium is not paid, subject to the Grace Period provision; the first day of the month on or next following the date he or she ceases to be a Member; the first day of the month on or next following the date he or she ceases to be eligible for the Plan under which he or she is covered; the date we or the group cancel coverage for a Class of Eligible Person to which he or she belongs; the date the Member attains age 65; the date he or she becomes eligible for Medicare, if under age 65 at time of Medicare eligibility. Termination of an Insured Person's insurance will not prejudice any claim which occurred before the effective date of termination.

Dependent Termination: The dependent's coverage under the Policy will cease on the first to occur of: the date the Policy terminates, or the date the Organization ceases to be a Participating Organization of the Policyholder; the date the required premium is not paid, subject to the Grace Period provision; the first day of the month on or next following the date he or she ceases to be an Eligible Spouse or an Eligible Child; the first day of the month on or next following the date he or she ceases to be eligible for the Plan under which he or she is covered; the date we or the group cancel coverage for a Class of Eligible Person to which he or she belongs; the date he or she ceases to be covered under TRICARE; the date he or she becomes eligible for Medicare; the date the Member ceases to be covered, subject to the Covered Dependent's Continuation Provision; (This will not apply to the Spouse or Child of an Active Duty Member or a Service Disabled Member.) if a Spouse, the date he/she attains age 65. Termination of Covered Dependent's coverage will be without prejudice to any claim which occurred before the effective date of termination.

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.

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.

Guaranteed Acceptance — Satisfaction Guaranteed

It's easy to enroll in the TRICARE Standard/Extra 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. 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 30 days risk-free. Return it for a full refund if you are not completely satisfied.

Here's How The TRICARE Standard/Extra Supplement Works to Pay After TRICARE Pays

Care Required	TRICARE Standard/Extra Pays	Your TRICARE Standard/Extra Supplement High Option II Pays
Inpatient confinement in civilian hospitals for RETIREES and dependent family members (room, board, supplies and staff services billed by the hospital)	The TRICARE Standard DRG amount (contracted rate for TRICARE Extra) minus your cost share.	The lesser of the DRG/day or 25% of billed amount not to exceed the TRICARE Standard DRG amount (lesser of \$250/day or 25% cost share of the contracted rate for TRICARE Extra) AFTER you satisfy the fiscal year plan deductible.
Inpatient confinement in civilian hospitals for RETIREES and dependent family members (doctors, & 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 cost share AFTER you satisfy the fiscal year plan deductible.
Inpatient confinement in military hospitals	All but the daily subsistence fee.	The daily subsistence fee.
Outpatient care for RETIREES and dependent family members (office visits, clinics, lab, prescription drugs, etc.)	75% of the TRICARE Standard allowed amount (80% for TRICARE Extra) after you pay the TRICARE Outpatient Deductible.	Your cost share AFTER you satisfy the fiscal year plan deductible PLUS 100% of covered excess charges up to the TRICARE Legal Limit. For prescription drugs - the plan pays your copayment amounts.
Inpatient confinement in civilian hospitals for ACTIVE DUTY dependents	All allowable charges except daily subsistence fee or \$25, whichever is greater.	Active Duty Plan- \$25 or the daily subsistence fee, whichever is greater.
Outpatient care for ACTIVE DUTY dependents (office visits, clinics, lab, prescription drugs, etc.)	80% of the TRICARE Standard allowed amount (85% for TRICARE Extra) after you pay the TRICARE Outpatient Deductible.	Active Duty Plan- Your cost share PLUS 100% of covered excess charges up to the TRICARE Legal Limit. For prescription drugs - the plan pays your copayment amounts.
The High Option II Supplement Plan pays the Inpatient and Outpatient covered medical expenses once the fiscal year plan deductible of \$250 per person, \$500 per family maximum has been satisfied. Expenses incurred to satisfy the fiscal year TRICARE Standard Outpatient Deductible cannot be used to satisfy the High Option II Plan deductible.		

Definition

Confined or Confinement means being an Inpatient in a Hospital (or Skilled Nursing Facility) due to Sickness or Injury. **Skilled Nursing Facility** means one which: (a) is approved by Medicare or is qualified to receive approval by Medicare if so required; (b) operates pursuant to law; (c) primarily and continuously provides skilled nursing care and related services to persons convalescing from Sickness or Injury on an Inpatient basis for which a charge is made; (d) provides 24-hour-a-day nursing service by or under the supervision of registered nurses (R.N.); (e) provides adequate procedures for the administration of drugs; (f) maintains daily medical records of each patient; and (g) provides each patient with a planned program of medical care and treatment by or under the supervision of a Physician.

Competitively-Priced 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	First-Year Rate per Quarter	Base Rate per Quarter	Discount
Under 40	\$78.96	\$84.00	6%
40-44	\$84.60	\$90.00	
45-49	\$94.94	\$101.00	
50-54	\$119.38	\$127.00	
55-59	\$150.40	\$160.00	
60-64	\$166.38	\$177.00	
Each Child	\$62.98	\$177.00	

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

*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.

NOTE: To pay premium semi-annually or annually, just multiply your quarterly premium by 2 or 4 respectively.

The supplement plan is not available in all states.

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

Members receive a 6% rate discount during their first twelve months of coverage. There are no other discounts. The rates shown on this chart are the DISCOUNTED rates.

How to Enroll

1. Print your name and address clearly on the Enrollment Form.
2. Sign and date the Enrollment Form as indicated.
3. Check the appropriate boxes to indicate the coverage you have chosen.
4. Calculate your premium from the appropriate schedule in this brochure.
Be sure to complete and return the Automatic Payment Option form.
5. Make your check payable to "RAUS Group Health Program" and mail it with your Enrollment Form to:

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

This plan is sponsored by:

Retired Association for the Uniformed Services

How to Contact Selman & Company

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 memberservices@selmanco.com. Monday to Friday 9:00 a.m. to 7:00 p.m.

Plan Administrator

Based in Cleveland, Ohio, Selman & Company has marketed and administered life & 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.

Selman & Company is a proud member of PIMA & AIPAGIA.

Selman & Company
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Phone: 800.638.2610
Fax: 440.646.9339

Plan Underwriter

Monumental Life Insurance Company, Cedar Rapids, IA, Group Policy # MLTRC1000GP
Transamerica Financial Life Insurance Company, Harrison, NY, Group Policy TFTRC1000GP
Transamerica companies

Monumental Life Insurance Company, a Transamerica company, is going through renaming activities. As the transition takes place both Monumental Life Insurance Company and the new name, Transamerica Premier Life Insurance Company, will be in use.