

What is TRICARE Prime and Why do I Need a TRICARE Prime Supplement?

TRICARE Prime is the DoD’s “managed care” health care program for the military community. It is modeled after the Civilian Health Maintenance Organization approach (HMO). 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.

See the chart below and select the plan that best meets your needs. Refer to the reverse side of the enrollment form for partial list of services and cost share amounts.

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 <u>TRICARE</u> 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 <u>TRICARE</u> allowed amount.

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 a 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.

These plans do not pay the TRICARE Prime annual enrollment fee.

The Prime Supplement Plan A and B are not available in NC and ND. Plan B is not available in FL, VT and IA.

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 full-time college student) are also eligible to enroll.

Coverage is also available to eligible surviving spouses, who are enrolled in TRICARE PRIME.

Termination

Your coverage under the Policy will cease on the first to occur of:

1. the date the Policy terminates;
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 Policyholder;
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 Policyholder 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 coverage will be without prejudice to any claim which originated before the effective date of termination.

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, 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;
5. domiciliary or custodial care;
6. eye refractions and routine eye exams except when rendered to a child up to 6 years from his or her 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 the care is required because of the mental incapacitation or physical handicap or 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 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.

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.

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.

Conversion

If you end your participation in TRICARE Prime because you leave the network area, you may convert your 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.

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 treatment for mental, nervous or emotional disorders in excess of 45 days if under age 19, or 30 days if 19 or older, is limited to 90 days (if approved by TRICARE PRIME) per fiscal year. OUTPATIENT benefits for mental, nervous or emotional disorders, drug addiction or alcoholism are limited to a maximum of \$500 per fiscal year.

Pre-Existing Conditions Limitation

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.

Economical Quarterly TRICARE Prime Rates

Retiree, Spouse, Surviving Spouse

Age	Plan A	Plan B
Under 40	\$36	\$42
40-44	\$37	\$44
45-49	\$44	\$53
50-54	\$55	\$68
55-59	\$67	\$83
60-65	\$76	\$95
Each Child*	\$32	\$39

Premiums shown are Per Person.

Change of Policy Premiums: The Plan Underwriter has 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.

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.

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

*Newborn children not named in your enrollment form are automatically covered from birth for injury or sickness, including treatment of congenital defects, prematurity 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 incapacitation 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.

It's So Easy To Enroll...

1. Print your name and address clearly on the enrollment form attached.
2. Choose the Plan desired (Plan A or B) and check the plan on the enrollment form.
3. SIGN AND DATE THE ENROLLMENT FORM.
4. Calculate your quarterly premium from the rate schedule. Premiums shown are PER PERSON.
5. Make your check payable to "RAUS Group Health Program" and mail with your enrollment form to:

RAUS Insurance Administrator

P.O. Box 2107

Rockville, Maryland 20847

For all inquiries, call the administrator toll-free:

1 (800) 638-2610, ext. 255

In Washington, D.C., metro area, call

(301) 816-0045, ext. 255

8:30 a.m. to 4:30 p.m. *Eastern time.*



(Doing business in California and Texas as ASI Insurance Services; in Virginia as ASI Administrators Inc.)

P.O. Box 2107
Rockville, MD 20847

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. Exclusions, limitations and terms of coverage may vary by state. Please see your Certificate for details.

RAUS 183-9/10

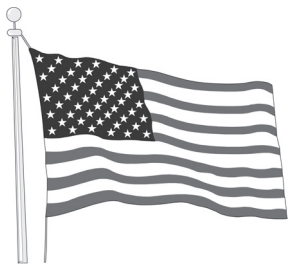


- ◆ For TRICARE Prime Enrollees Only
- ◆ Two Plan Options
- ◆ Economical Group Rates
- ◆ Available Regardless of Rank or Service E-1 through O-10

TRICARE Prime Supplement

A TRICARE Prime Supplement Designed For Eligible Members of The Retired Association for the Uniformed Services

A Few Words About RAUS....



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 retired members of the military.

The TRICARE Prime 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 retired 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.

About The Plan Underwriter:

AEGON is one of the world's leading insurance and pension organizations and a provider of investment products, with businesses in over 20 markets in the Americas, Europe, and Asia.

Underwritten by:

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

Administered by:



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, Maryland 20847