

**American Military
Retirees Association
(AMRA)**

TRICARE SUPPLEMENT PLAN



AMRA TRICARE SUPPLEMENT PLAN

- A voluntary supplemental health benefit option available to employees and their dependents who are eligible for:
 - TRICARE, the military health benefit program, and
 - The State Health Benefits Program

- Eligible employees who enroll in the plan are responsible for 100% of the monthly premium amounts

- Monthly premium payments are made with pre-tax dollars through payroll deduction



MONTHLY PREMIUM AMOUNTS

Employee Only	\$60.00
Employee plus One	\$119.00
Employee plus Two/More	\$160.00



WHO WE ARE





Plan Administrator

ASSOCIATION & SOCIETY INSURANCE CORPORATION

- Specializing in TRICARE Supplement Plans
- 35 Years in Business
- The administrator of the only corporate TRICARE Supplement Plan



Plan Underwriter

Monumental Life Insurance Company, Cedar Rapids, IA

Transamerica Financial Life Insurance Company, Harrison, NY

AEGON companies

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



Plan Sponsor

American Military Retirees Association (AMRA): a non-profit corporation with National Headquarters located in Plattsburgh, New York. AMRA was incorporated in 1973 in New York State by and for all military retirees of the United States Armed Forces.

A blurred photograph of a busy city street with many pedestrians walking. The text "WHO IS ELIGIBLE?" is overlaid in yellow.

WHO IS ELIGIBLE ?



TRICARE Eligible Individuals

Are retired from any branch of the armed services (Army, Navy, Marine Corp, Air Force, Coast Guard, Public Health Service or National Oceanic and Atmospheric Administration [NOAA])

- Eligible individuals must be registered in the Defense Enrollment Eligibility Reporting System (DEERS).
- DEERS is a worldwide, computerized database of uniformed services members, their family members and others who are eligible for military benefits.



TRICARE Supplement Eligible Employees

Cannot be eligible for Medicare, are under age 65, must be eligible for the State Health Benefits Program and are:

- Military retirees with at least 20 years of creditable military service and entitled to retired pay
- Spouses or surviving spouses of military retirees
- Retired Reserve members under age 60 ("Gray Area" retirees) and enrolled in TRICARE Retired Reserves (TRR)
- Spouses or surviving spouses of Retired Reserve members who are enrolled in TRR
- Retired reservists over age 60 with at least 20 years of creditable military service
- Spouses or surviving spouses of Retired Reservists



Exceptions to the Age 65 Eligibility Rule

Employees and spouses who are over age 65 are eligible to enroll in the TRICARE Supplement Plan, if they:

- Reside outside the U.S. or its territories
 - Must be enrolled in Medicare Part B and eligible for Medicare Part A

- Are not eligible for Medicare
 - Must have received a Statement of Disallowance from Social Security Administration and their DEERS files must be updated



TRICARE Dependent Eligibility

- Unmarried dependents are covered up to age 21 or 23 if a full-time student
 - Incapacitated dependents are covered past age 21 or 23 if primarily dependent on the member for support and continue TRICARE eligibility.
- Not subject to Health Care Reform
 - The Patient Protection and Affordable Care Act (Public Law 111-148) did not give the DOD the authority to offer this benefit through TRICARE.



TRICARE Young Adult (TYA) Coverage

- Effective 1/1/2011, TRICARE implemented the TRICARE Young Adult (TYA) program which allows dependents to continue coverage up to age 26
- TYA is “a premium-based health care plan available for purchase by qualified dependents.”
- Coverage ends at 12:01 am on the 26th birthday



TRICARE Young Adult (TYA) Coverage

- Adult dependents are eligible to enroll for coverage in the TYA program only if they meet the following criteria:
 - A dependent of an eligible uniformed service sponsor
 - Under age 26 but at least 21/23 if a full-time student
 - Unmarried
 - Not eligible for an employer-sponsored plan
 - Not otherwise eligible for TRICARE

TYA is only available under TRICARE Standard.





The TRICARE Three Benefit Options

STANDARD	EXTRA	PRIME
Indemnity Fee-for-Service	PPO	HMO with POS option



Features of TRICARE Standard

INDEMNITY FEE-FOR-SERVICE PLAN

- No enrollment required or enrollment fee to pay
- Flexibility and freedom of choice when selecting a civilian provider (inpatient or outpatient)
- Access to Military Treatment Facility (MTF) on a space available basis
- No referral required
- Provides worldwide access to healthcare
- Works with TRICARE Extra
- Pays all but the 25% cost share and excess charges after the Outpatient Deductible (\$150 per person/\$300 per family) is met



Features of TRICARE Extra

PREFERRED PROVIDER ORGANIZATION

- No enrollment required or enrollment fee to pay
- Flexibility and freedom of choice when selecting a civilian network provider (inpatient or outpatient)
- Access to Military Treatment Facility on a space available basis
- No referral required
- Only available in the United States
- Works with TRICARE Standard
- Pays all but the 20% cost share after the Outpatient Deductible (\$150 per person/\$300 per family) is met



Features of TRICARE Prime

HMO / POINT-OF-SERVICE (POS) OPTION

- Enrollment required with annual enrollment fee of \$230 individual/\$460 family
- Significant network restrictions
- Requires Referral from Primary Care Manager (PCM)
- Care provided to retired military on a lower priority status than active duty military personnel
- Available only in certain areas of the U.S.
- If no referral received - service is provided under the POS option
- Pays all but the copayments under Prime
- Pays all but 50% cost share and excess charges after the POS deductible (\$300 per person/\$600 per family) is met



Other Health Insurance

Employees previously enrolled in an employer-sponsored plan or other commercial health insurance like Blue Cross, Aetna, etc., and use TRICARE as secondary coverage, must notify TRICARE of their change of insurance by completing the Other Health Insurance (OHI) change form.

- Forms may be found on the TRICARE web site at www.tricare.mil
- Completed forms should be sent to TRICARE at the address or fax number on the form.
- Since Express Scripts, Inc., is the administrator of the TRICARE prescription drug program, they too must be notified of the change of insurance by calling 1-866-363-8667.

The TRICARE Supplement Plan is not considered other health insurance.



HOW TO SELECT A TRICARE PROVIDER



TRICARE Providers

TRICARE Standard

- Civilian providers who are TRICARE or Medicare authorized.
- Providers are either:
 - Participating - have agreement with TRICARE.
 - Non-participating - no agreement with TRICARE.

TRICARE Extra

- Civilian TRICARE network provider.

TRICARE Prime

- Primary Care Manager (PCM) - If reside within 40 miles of the MTF, PCM must be at the MTF.
- PCM provides referrals to other doctors or specialists.



Selecting a TRICARE Provider

There are several ways of selecting a TRICARE provider

- Obtain recommendations from a co-worker, friend or family member
- Call providers listed in the telephone directory
- Ask the TRICARE Service Center
- Get a TRICARE provider directory
- Check the TRICARE web site at: www.tricare.mil or www.mytricare.com
- Access your Regional Contractor web site -
 - North Region - Health Net Federal Services - www.hnfs.com
 - South Region - Humana Military Healthcare Services - www.humana-military.com
 - West Region - TriWest Healthcare Alliance - www.triwest.com

Please note: TRICARE Standard provides worldwide access to quality healthcare. Due to the volume of providers not all are listed. It is best to verify with the doctor **whether** he or she accepts Medicare or TRICARE.

Hospitals that participate with Medicare must also participate with TRICARE.



TRICARE Contact Information

TRICARE Web Site: www.tricare.mil

Regional Contractors: Manage the health benefits for the three regions

North Region - Health Net Federal Services - 1-877-874-2273

South Region - Humana Military Healthcare Services - 1-800-403-3950

West Region - TriWest Healthcare Alliance - 1-888-874-9378

TRICARE Claims Web Site: North and South Regions: www.mytricare.com

West Region: www.tricare.com

Employees who are unsure of their eligibility for TRICARE should contact DEERS to verify.

DEERS Phone Number: 1-800-538-9552

DEERS Fax Number: 1-831-644-8317

A photograph of a call center with several employees wearing headsets and working at computer monitors. The scene is dimly lit with a blue tint. The text 'ADMINISTRATION OF THE SUPPLEMENT PLAN' is overlaid in the center in a bold, blue, sans-serif font.

**ADMINISTRATION OF
THE
SUPPLEMENT PLAN**



Features of the TRICARE Supplement Plan

- Works with all three TRICARE options
- No pre-existing condition limitation
- Guaranteed issue
- Helps to pay the portion of the covered expenses that you, the TRICARE beneficiary, and eligible family members are responsible for paying
- Covers out of pocket expenses after TRICARE pays
- Helps to provide the flexibility and freedom of choice to see any TRICARE-authorized provider
- Claims filing deadline: 15 months from the date TRICARE processed the claims
- Toll-free Customer Service number
- Portability, if coverage ends for any reason



Features of the TRICARE Supplement Plan

- Other Benefits
 - Prescription drugs are covered
 - No coverage for dental benefits
 - No coverage for vision and hearing



How the Supplement Plan works with Standard/Extra

	TRICARE Standard	TRICARE Supplement	TRICARE Extra	TRICARE Supplement
Enrollment Fee	N/A			
Outpatient Deductible	\$150 per person/\$300 per family	Pays 100% of your deductible	\$150 per person/\$300 per family	Pays 100% of your deductible
Copayment	None			
Cost Share	Pays 75% Allowed charge	Pays your 25% cost share	Pays 80% negotiated cost	Pays your 20% cost share
Excess Charges	Does not pay excess charge	Pays 100% excess charges	N/A	
Prescription Civilian Network or TRICARE Mail Order	Pays all but \$3/\$9/\$22 copayment	Pays your copayments (\$3/\$9/\$22)	Pays all but \$3/\$9/\$22 copayment	Pays your copayments (\$3/\$9/\$22)
Prescription Civilian Non-Network	Pays all but deductible & \$9/20% or \$22/20%	Pays your deductible plus \$9/20% or \$22/20%	N/A	



How the Supplement Plan works with Prime/POS

	TRICARE Prime	TRICARE Supplement	Prime POS	TRICARE Supplement
Annual Enrollment Fee	\$230 per person/\$460 per family	None	\$230 per person/\$460 per family	None
Deductible	N/A		\$300 individual / \$600 family	\$150 individual / \$300 family
Copayment	All but copayments	All your copayments	N/A	
Cost Share	Pays 85% of allowed charge for DME	Pays your 15% cost share	Pays 50% of allowed charge	Pays your 50% cost share
Excess Charges	N/A		Does not pay excess charge	100% Covered Excess
Prescription Civilian Network or TRICARE Mail Order	Pays all but \$3/\$9/\$22 copayment	All your copayments (\$3/\$9/\$22)	N/A	
Prescription Civilian Non-Network	N/A		50% of allowed amount	Pays 50% of your deductible plus, your 50% cost share



Example: Non-participating Provider under TRICARE and Supplement

Provider bills the patient \$600.00

TRICARE Standard allowed amount	\$500.00	
TRICARE applies Outpatient Deductible	<u>150.00</u>	patient responsibility
	\$350.00	
TRICARE pays 75% of \$350	<u>262.50</u>	
Cost Share 25%	\$ 87.50	patient responsibility
Doctor bills Excess Charge:	\$100 (600 - 500)	patient responsibility
Total patient responsibility	\$337.50 (\$150 + \$87.50 + \$100)	
Supplement pays	\$337.50 (\$150 + \$87.50 + \$100)	(deductible + cost share + excess)

Billed Amount	\$600.00
Less TRICARE Payment	- <u>\$262.50</u>
Balance after TRICARE Pays	\$337.50
Less TRICARE Supplement Payment	<u>\$337.50</u>
Patient Responsibility	\$ 0.00



Special Enrollment: August 22 – September 6

If you meet eligibility requirements

- During the special enrollment, you may:
 - Change to the TRICARE supplement from your current state health plan
 - Elect the TRICARE supplement from waived status, or
 - Take no action and remain in your current plan
- TRICARE supplement coverage takes effect on October 1, 2011
- You may change plans again only with a consistent qualifying mid-year event or at the next annual Open Enrollment



Special Enrollment: August 22 – September 6

- During the special enrollment, you may make elections only for the TRICARE supplement
- You must wait until the next Open Enrollment or a qualifying mid-year event to:
 - Waive coverage in the program
 - Change to other state health plans
 - Change Flexible Reimbursement Account contributions



How to Enroll

- To elect the TRICARE supplement, complete the enrollment form and provide documentation if adding dependents
- Return in the self-addressed envelope to the Office of Health Benefits at the Commonwealth of Virginia
- Your enrollment form and documentation must be received no later than the close of business on September 6, 2011
- EmployeeDirect will not be available for this special enrollment



Welcome Kit

Following enrollment, employees will receive:

- Certificate of Insurance
- ID Cards with Schedule Page
- Claim Forms
- Notice of Privacy Practices
- Handbook



Submitting Claims to ASI

Members should notify their providers of the insurance change by giving them the following:

- a copy of their uniformed services ID card for primary claims filing to TRICARE.
- a copy of their TRICARE Supplement Plan ID card for secondary claims filing to ASI.
- ask their provider to submit claims to ASI (most providers will submit claims).



Submitting Claims with TRICARE EOB

If members must submit claims, they should:

- Complete claim form with their Member ID number, name and address.
- Attach the TRICARE EOB. If payment should go to provider, write "Pay Provider" on the EOB.
- Mail the Claim form and TRICARE EOB to ASI at the address provided.
- If prescription drug charges from TRICARE Mail Order Pharmacy or Civilian Network Pharmacy: mail claim form and RX copay receipt (not cash register receipt) or pharmacy printout.
- If using Civilian Non-network Pharmacy - mail TRICARE EOB.



Continuation of Coverage

The TRICARE Supplement Plan is portable

- COBRA is not available
- Employees who retire or terminate coverage may continue the TRICARE supplement by paying the monthly premium directly to ASI.
 - The monthly premium cost will be the same as paid on payroll deduction.
 - As long as the individual remains TRICARE eligible, supplemental coverage may be continued until the plan member chooses to terminate or becomes eligible for Medicare.



Corporate Supplement

- No Pre-existing Condition Clause
- No age banded rates
- Stable rates - no yearly increase
- One family rate
- Pays the TRICARE deductible
- No supplement plan deductible
- One plan regardless of TRICARE option
- Available in all states



Contact Information for Employees

Contact the Customer Service Call Center for assistance

Telephone Number - 1-866-637-2610

Email address: custsvc@asicorporation.com

Fax number for claims: 301-816-1125 or toll-free 1-800-310-5514

Claims Address:
ASI
Claims Dept
P.O. Box 2510
Rockville, MD 20847

Customer Service hours of operation – Monday to Friday, 8:30 am to 8:00 pm ET

