

**THE
AMRA
CORPORATE**

**TRICARE SUPPLEMENT
PROGRAM FOR**

**STATE OF
FLORIDA**

**EMPLOYEES AND THEIR
DEPENDENTS**

We are pleased to make available the TRICARE Supplement Program for employees entitled to TRICARE and listed in DEERS (Defense Enrollment Eligibility Reporting System).

WHAT IS TRICARE?

TRICARE is the Department of Defense's health insurance program for the military community. It consists of TRICARE Prime, (an HMO style plan), TRICARE Extra (a PPO style plan) and TRICARE Standard, formerly CHAMPUS, (an indemnity plan). The TRICARE Supplement Plan pays cost shares and copayments under the TRICARE Prime, TRICARE Extra and TRICARE Standard Options.

WHO IS ELIGIBLE FOR THE TRICARE SUPPLEMENT PROGRAM?

All benefit eligible active and retired employees who are TRICARE eligible and under age 65, including:

- Military retirees who are entitled to retiree, retainer or equivalent pay.
- Retired military spouses.
- Some former spouses (must have been married to the same military member or former member for at least 20 years and not remarried).
- Surviving spouses of active duty/retired military personnel.
- Active duty military spouses.
- Reservist and National Guardsmen who are at least age 60 and have at least 20 years of military service.
- Families of disabled veterans who are eligible for CHAMPVA

Dependent Eligibility:

- Coverage is extended to your unmarried dependent children under age 21 (23 if a full-time student).
- Incapacitated dependents may continue coverage past policy age limits as long as TRICARE continues.

Exceptions to Age 65 Eligibility Rule:

- Employees/spouses over age 65 but are in-eligible for Medicare – These individuals must provide their Benefits Office with a copy of the Social Security Administration "Notice of Disallowance" or new TRICARE ID card showing continued TRICARE eligibility.
- Employees and retirees and their spouses who are over age 65 but reside overseas – Since Medicare does not cover medical expenses incurred outside of the United States of America these individuals are eligible to enroll in the Supplement Plan. However, these individuals must be entitled to Medicare Part A and enrolled in Medicare Part B. Enrollment in Medicare Part B results in automatic enrollment in TRICARE for Life.

To verify your eligibility for TRICARE benefits, contact the Defense Enrollment Eligibility Reporting Systems (DEERS) at the following toll free number: 1-800-538-9552.

EFFECTIVE DATE

Your coverage and that of your covered dependents will become effective on January 1, 2005. Current eligible employees may enroll during the initial Open Enrollment period or during subsequent annual open seasons. New employees may enroll when they become benefit eligible.

PORTABILITY

The TRICARE Supplement plan is portable. This means that when employment ends, for any reason, you may continue the supplement coverage directly with ASI. You will be responsible for paying the monthly premium of \$60.00 for an employee or \$160.00 for an employee plus one or more.

To continue the TRICARE Supplement coverage, please download, print and complete the portability form. Mail the form along with your premium payment check to ASI at the address indicated.

**AFTER TRICARE STANDARD AND EXTRA HAVE PAID, THE TRICARE
SUPPLEMENT PAYS THE FOLLOWING BENEFITS**

CATEGORY AND CARE REQUIRED	AFTER TRICARE STANDARD PAYS (INDEMNITY TYPE OPTION-NEW NAME FOR CHAMPUS)	AFTER TRICARE EXTRA PAYS (PREFERRED PROVIDER ORGANIZATION)
Eligible Children (unmarried)	To age 21; to age 23, if a full-time student (may continue past policy age limits if disabled and continues to have TRICARE)	
Pre-existing Condition Limitations	None	None
Federal Fiscal Year Outpatient Deductible (Fiscal year: October 1 – September 30)	The TRICARE Supplement Plan reimburses deductible amounts (for military retirees, \$150 individual/ \$300 family) ¹	
Lifetime Benefit Maximums	Unlimited	
Annual TRICARE Enrollment Fee	None	
Pre-Certification/Pre-Authorization Requirements	Only as required by TRICARE	
Inpatient <u>Military</u> Hospital Care	The TRICARE Supplement Plan reimburses the daily subsistence fee	
Inpatient <u>Civilian</u> Hospital Care	The TRICARE Supplement Plan reimburses your cost share. (For retirees, this is the lesser of the daily per diem charge or 25% of billed amount, not to exceed TRICARE Standard DRG amount) Plus 100% of covered charges in excess of the TRICARE Standard allowed amount	The TRICARE Supplement Plan reimburses your cost share. (For retirees, this is the lesser of the daily per diem charge or 25% of TRICARE Extra contracted rate), 20% of professional fees
Outpatient Hospital Services (Surgery, X-Ray, Lab, Office Visits, Well Baby Care, Accident, Emergency Care, Home Health Care)	The TRICARE Supplement Plan reimburses the Outpatient Deductible amount and your 25% cost share Plus 100% of covered charges in excess of the TRICARE Standard allowed amount	The TRICARE Supplement Plan reimburses the Outpatient Deductible amount and your 20% cost share
Prescription Drugs:		
Network Retail Pharmacy (30-day supply)	The TRICARE Supplement Plan reimburses your TRICARE copay of \$3 for generic or \$9 brand name drugs	
Mail Order Pharmacy (90-day supply)	The TRICARE Supplement Plan reimburses your TRICARE copay of \$3 for generic or \$9 brand name drugs	
Non-Network Retail Pharmacy (30-day supply)	The TRICARE Supplement Plan reimburses your deductible plus \$9 or 20% of the cost whichever is greater	N/A
Outpatient Mental Health (including alcoholism, drug addiction and mental nervous disorder)	The TRICARE Supplement Plan reimburses up to \$500 per person per year after TRICARE pays	
Inpatient Mental Health (including alcoholism, drug addiction and mental nervous disorder)	Coverage under the TRICARE Supplement Plan is limited to 30 days for adults age 19 or older, or 45 days for children under age 19 per federal fiscal year. If TRICARE approves benefits beyond these daily limits, supplemental coverage is limited to the lesser of the number of days TRICARE pays or 90 days per federal fiscal year	

¹Reimbursement toward the federal fiscal year TRICARE Standard/Extra Outpatient Deductible under the Comprehensive Plan is made only if the deductible is incurred after the effective date of coverage.

**AFTER TRICARE PRIME OR THE POINT-OF-SERVICE OPTION HAVE PAID,
THE TRICARE SUPPLEMENT PAYS THE FOLLOWING BENEFITS**

CATEGORY AND CARE REQUIRED	AFTER TRICARE PRIME (HMO) PAYS (IN-NETWORK)	AFTER POINT-OF-SERVICE (POS) PAYS (OUT-OF-NETWORK)
Eligible Children (unmarried)	To age 21; to age 23, if a full-time student (may continue past policy age limits if disabled and continues to have TRICARE)	
Pre-existing Condition Limitations	None	None
Federal Fiscal Year Outpatient Deductible (Fiscal year: October 1 – September 30)	None	The TRICARE Supplement Plan reimburses 50% of the POS deductible (POS deductible is \$300 individual/ \$600 family)
Lifetime Benefit Maximums	Unlimited	
Annual TRICARE Enrollment Fee	\$230 annually per individual or \$460 family – The TRICARE Prime Enrollment Fee is not covered by the TRICARE Supplement	
Pre-Certification/Pre-Authorization Requirements	Only as required by TRICARE	
Inpatient <u>Military</u> Hospital Care	The TRICARE Supplement Plan reimburses the daily subsistence fee.	
Inpatient <u>Civilian</u> Hospital Care	The TRICARE Supplement Plan reimburses your TRICARE Prime copayments	The TRICARE Supplement Plan reimburses 50% of the POS deductible, the 50% POS cost share Plus 100% of applicable excess charges
Outpatient Hospital Services (Surgery, X-Ray, Lab, Office Visits, Well Baby Care, Accident, Emergency Care, Home Health Care)	The TRICARE Supplement Plan reimburses your TRICARE Prime copayments	The TRICARE Supplement Plan reimburses 50% of the POS deductible, the 50% POS cost share Plus 100% of applicable excess charges
Prescription Drugs		
Network Retail Pharmacy (30-day supply)	The TRICARE Supplement Plan reimburses your TRICARE copay of \$3 for generic or \$9 brand name drugs	The TRICARE Supplement Plan reimburses your TRICARE copay of \$3 for generic or \$9 brand name drugs
Mail Order Pharmacy (90-day supply)	The TRICARE Supplement Plan reimburses your TRICARE copay of \$3 for generic or \$9 brand name drugs	
Non-Network Retail Pharmacy (30-day supply)	N/A	The TRICARE Supplement Plan reimburses 50% of the POS deductible, the 50% POS cost share Plus 100% of applicable excess charges
Outpatient Mental Health (including alcoholism, drug addiction and mental nervous disorder)	The TRICARE Supplement Plan reimburses up to \$500 per person per year after TRICARE pays	
Inpatient Mental Health (including alcoholism, drug addiction and mental nervous disorder)	Coverage under the TRICARE Supplement Plan is limited to 30 days for adults age 19 or older, or 45 days for children under age 19 per federal fiscal year. If TRICARE approves benefits beyond these daily limits, supplemental coverage is limited to the lesser of the number of days TRICARE pays or 90 days per federal fiscal year	

¹ Reimbursement toward the federal fiscal year TRICARE Standard/Extra Outpatient Deductible under the Comprehensive Plan is made only if the deductible is incurred after the effective date of coverage.

PRE-EXISTING CONDITIONS

There is no Pre-existing Condition limitation under the Supplement Plan. Benefits are payable immediately for all covered sickness and accidental injuries.

WHAT IS NOT COVERED

Treatment or confinement not ordered by a physician or necessary for medical care; intentionally self-inflicted injury; suicide or attempted suicide, whether sane or insane; sickness or injury resulting from acts of war, whether declared or undeclared; routine physical exams, eye exams, eye refractions and immunizations, except for well baby care covered by TRICARE; custodial care; hearing aids, orthopedic footwear, eyeglasses or contact lenses; cosmetic lenses; cosmetic procedures, except those resulting from sickness or injury occurring while a covered person; drugs (other than insulin) which do not require a prescription; any confinement, service or supply not covered under TRICARE, or for expenses paid in full by TRICARE; care of the mentally retarded or physically handicapped which is required due to the mental retardation or physical handicap; any part of a covered expense which the covered Person is not legally obligated to pay because of payment by a TRICARE alternative program.

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. If approved by TRICARE, INPATIENT treatment for mental, nervous or emotional disorders is limited to 30 days for insureds age 19 or older, or 45 days for insureds under age 19, not to exceed 90 days in a federal fiscal year, if approved by TRICARE. OUTPATIENT benefits for mental, nervous or emotional disorders, drug addiction or alcoholism are limited to a maximum of \$500 in a federal fiscal year.

NEWBORN CHILDREN

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 **People First Service Center** within 60 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 handicap-and who are unmarried and primarily dependent on the insured employee 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.

The TRICARE Supplement Program is administered by
Association & Society Insurance Corporation (ASI)

Claims Office
P.O. Box 2510,
Rockville, Maryland 20847

Claims Fax: 1-800-310-5514

Toll free Customer Service number - 1-800-638-2610, ext. 255
In the Washington, DC metro area call (301) 816-0045, ext. 255.

Web Site Address: www.asicorptricaresupp.com

Employees will receive their enrollment packet directly from ASI,
the Plan Administrator

Enrollment Packets include:

- Certificate of Coverage
- Identification Cards
- Claim Forms
- Employee Handbook
- Information on how to submit claims

The TRICARE Supplement Plan is underwritten by: The Hartford
Life and Accident Insurance Company (SRP-1269-CRT/HLA
(1983))

REMINDER: *You are responsible for verifying your eligibility for TRICARE. If unsure of your TRICARE eligibility, please contact DEERS at 1-800-538-9552.*

TO ENROLL IN THE TRICARE SUPPLEMENT:

- Complete the State of Florida's Health Insurance 2005 Enrollment Form. Enrollment may also be accomplished utilizing the People First web site or Integrated Voice Response system. **Be sure to check the box for TRICARE Supplement.** Completed paper enrollment forms should be returned to The People First Service Center.
- If you have questions on the TRICARE Supplement, contact ASI at 800-638-2610, ext. 255
When you first hear the voice-response, enter the extension 255 to be directed immediately to the Customer Service Call Center.

AFTER ENROLLING IN THE SUPPLEMENT:

- Are you presently enrolled in any other commercial health plan, (e.g. Blue Cross), and use TRICARE as secondary? If so, you must complete the TRICARE Other Health Insurance Change Form (OHI). TRICARE will need this information to update their records to show that you no longer have other health insurance. The TRICARE Supplement is not considered other health insurance.
- The OHI form and instructions are available from our web site, asicorptricaresupp.com.
- After completion of the OHI form, please mail or fax it to TRICARE at the address or fax number provided on the form.
- Remember to update your address, spouse and dependent information and renew your family's military ID cards by contacting DEERS at 1-800-538-9552.

SUBMITTING CLAIMS TO ASI:

- If you have no other insurance, TRICARE will be your primary health insurance carrier. Your claims must be submitted to TRICARE first. Be sure to inform your medical care providers of your TRICARE coverage by providing them with a copy of your military ID card.
- Also be sure to provide your medical care providers with a copy of your supplement ID card for secondary claims filing.
- After TRICARE has processed your claim, they will send you an Explanation of Benefit (EOB) Statement. Either you or the provider may then submit the supplement claim. If you are submitting the claim, simply:
 - Write your Certificate number (found on your supplement ID card) on your TRICARE EOB.
 - If you would like claims payments to go to the provider, write “Pay Provider” on your TRICARE EOB.
 - Fax the TRICARE EOB to ASI at 1-800-310-5514
 - Or mail to the following address:
 - ASI
 - P.O. Box 2510
 - Rockville, MD 20847