



Government Employees Association

GEA TRICARE Standard/Extra High Option Plus Supplement Plan

GET THE PROTECTION YOU MAY NEED, AT A COMPETITIVE PRICE.

The TRICARE High Option Plus 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 Plus Plan also pays 75% of Covered Excess Charges up to the TRICARE Legal Limit. The High Option Plus Plan pays your fiscal year TRICARE Standard Outpatient Deductible of \$150 per person (maximum \$300 per family.) This plan also has a fiscal year deductible of \$250 per person (maximum of \$500 per family. If you are an Active Duty Member, there is also a plan for your Dependents. See Benefit Chart.

Plan Sponsor: Government Employees Association (GEA)

The Government Employees Association is a non-profit, tax-exempt organization; incorporated in 1965 in Washington, D.C. GEA was established to provide active and retired federal, state and local government employees (including members of the military and National Guard services) with a network of resources.

Important Notice

This coverage is available to GEA members and their dependents. If you are not already a GEA member, please complete the enclosed GEA membership application. The \$36.00 per year membership dues will be added to your insurance premium according to the payment option you select. Continued membership and benefit enjoyment requires renewal of membership upon expiration of the initial period. For additional inquiries, call Selman & Company, the plan administrator, 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. Eligible spouses and children of active-duty service members may enroll; TRICARE-eligible widow(er)s and ex-spouses may also enroll.

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. 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.

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.

Limitations (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: 1) 30 Inpatient treatment days for a Covered Person age 19 or older; or 2) 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: 1) the number of days TRICARE pays for such Inpatient treatment during the Fiscal Year; or 2) 90 Inpatient days per Fiscal Year. The coverage provided under the Outpatient Benefit of the TRICARE Supplement plan for: 1) nervous, mental, and emotional disorders; and 2) alcoholism and drug addiction; is limited to \$500 during any Fiscal Year for all such disorders.

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.

HERE'S HOW THE TRICARE HIGH OPTION PLUS SUPPLEMENT PLAN WORKS

TRICARE Pays	Supplement Pays	You Pay
75% Doctor Office Visits	25%	\$0
75% Hospitalization	25%	\$0
75% Pharmacy	25%	\$0
Less \$150/\$300 Annual Govt. Deductible	Credits Govt. \$150/\$300 Deductible	\$250/\$500 Net Deductible \$100/\$200

INSURANCE PREMIUM RATE CHART Competitively-Priced Premiums to Fit Your Budget

Cost	Monthly Premium	Annual Premium
1 Family Member	\$67.00	\$804.00
2 Family Members	\$132.00	\$1,584.00
3+ Family Members (Entire Family)	\$178.00	\$2,136.00

As a member, the rates for this valuable coverage are more competitive. What's more, the insurance company guarantees you'll never be singled out for a rate increase, no matter how many claims you file.¹

¹ 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. Plan or rate changes may be subject to final approval by the applicable regulatory authorities.

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

This 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 the child's birth; or b) ordered by a Uniform Service: i) for a Covered Spouse or Child of an Active Duty Member; ii) for such spouse or child's travel out of the United States due to your assignment; 5) domiciliary or custodial care; 6) eye refractions and routine eye exams except when rendered to a child up to 6 years from the child's 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; 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 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 the child's 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; 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.

Exclusions for the State of New York

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; 4) custodial care; 5) eye refractions and routine eye exams except when rendered to a child up to 6 years from the child's birth; 6) eyeglasses; 7) 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; 8) hearing aids; 9) 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; 10) any confinement, service, or supply that is not covered under TRICARE; 11) expenses in excess of the TRICARE Cap; 12) expenses which are paid in full by TRICARE; 13) any expense or portion thereof, applied to the TRICARE Outpatient Deductible; 14) treatment for the prevention or cure of alcoholism or drug addiction except as specifically provided under TRICARE; 15) any part of a covered expense which the Covered Person is not legally obligated to pay because of payment by a TRICARE alternative program; 16) 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.

Termination

Insured Person: Coverage under the Policy will cease on the first to occur of: 1) the date the Policy terminates, or the date the Organization 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 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. **Dependent:** Dependent's 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 the dependent ceases to be an Eligible Spouse or an Eligible Child; 4) the first day of the month on or next following the date the dependent ceases to be eligible for the Plan under which the dependent is covered; 5) the date we or the Policyholder cancel coverage for a Class of Eligible Person to which the dependent belongs; 6) the date you cease to be covered, subject to the Covered Dependent Continuation provision (this will not apply to the Spouse or Child of an Active Duty Member or a Service Disabled Member); 7) the date the dependent becomes eligible for Medicare unless the dependent resides in an area where Medicare is not available, in which case coverage will not terminate until the dependent returns to residency in an area where Medicare is available; 8) if a child, the date the child attains age 21 or age 23 (if the child is enrolled full time at a school of higher learning); under 26 if covered by the TRICARE Young Adult Program; 9) the date a dependent ceases to be covered under TRICARE; 10) the date a dependent attains age 65. Termination of coverage will be without prejudice to any claim which originated before the effective date of termination.

IT'S EASY TO ENROLL

AS A REMINDER: You must be a GEA member to enroll in the supplement plan. If you are already a member of GEA, please include your Member/Association ID# on the Enrollment Form for verification purposes.

- 1) Complete the enclosed Enrollment Form; sign and date where indicated.
- 2) If applicable, complete the enclosed GEA membership application; sign and date where indicated.
- 3) Include your first quarterly payment with your completed Enrollment Form.
 - Quarterly premium rates are provided in the 'Insurance Premium Rate Chart'.
 - Make your check payable to: **"GEA Group Health Program"**.
- 4) For future premium insurance payments, be sure to complete the enclosed Automatic Payment Option Form.
- 5) Mail your completed Enrollment Form, GEA membership application (if applicable), Automatic Payment Option Form and quarterly payment to:

TRICARE Supplement
1620 Main Street #5
Sarasota, FL 34236

SATISFACTION GUARANTEED | 30 DAY FREE LOOK

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.



SelmanCo

Plan Administrator

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

How to Contact Selman & Company

Our Call Center Representatives are available if you have questions about your TRICARE Supplement Plan.

 1.800.638.2610 |  memberservices@selmanco.com

Plan Underwriter

Transamerica Premier Life Insurance Company, Cedar Rapids, IA, Group Policy MLTRC1000GP (for all states, except New York)
Transamerica Financial Life Insurance Company, Harrison, NY, Group Policy TFTRC1000GP (for New York)

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.

(0115) 1150796