

TRICARE Supplement Plan Premium Rate Chart

It's Easy to Enroll!

1. Select the appropriate premium and Plan Deductible amount for your age bracket and for all Family Members you want covered.
2. Sign your name or names and the date where indicated.
3. Return your completed Enrollment Form with a check, made payable to TRICARE Supplement Plans, for your first quarterly (3 times monthly) premium payment in the postage prepaid reply envelope provided or mail to:

TRICARE Supplement Plans
P. O. Box 153046
Irving, Texas 75015-3046

Guaranteed Acceptance - 30 Day Free Look

When you receive your Certificate of Insurance in the mail, look it over carefully. Compare it with any other coverage available. If, for any reason, you do not want to continue in the Plan, just return your Certificate, marked "Cancel", within 30 days. We will promptly refund your premium less any claims paid.

Administered and Marketed by:
AmWINS Group Benefits, Inc.
Irving, Texas 75063

Underwritten by:
Monumental Life Insurance Company, Cedar Rapids, IA
Transamerica Financial Life Insurance Company, Harrison, NY
(NY Residents only). Transamerica Companies.

Monthly Costs* for Retirees and their Families

\$150/\$300 Plan Deductible

\$300/\$600 Plan Deductible

Age	Male	Female	Age	Male	Female
Under 40	<input type="checkbox"/> \$26.73	<input type="checkbox"/> \$28.43	Under 40	<input type="checkbox"/> \$17.38	<input type="checkbox"/> \$18.48
40 - 44	<input type="checkbox"/> \$27.80	<input type="checkbox"/> \$29.37	40 - 44	<input type="checkbox"/> \$18.08	<input type="checkbox"/> \$19.09
45 - 49	<input type="checkbox"/> \$31.75	<input type="checkbox"/> \$32.12	45 - 49	<input type="checkbox"/> \$20.65	<input type="checkbox"/> \$20.89
50 - 54	<input type="checkbox"/> \$39.55	<input type="checkbox"/> \$40.52	50 - 54	<input type="checkbox"/> \$25.71	<input type="checkbox"/> \$26.35
55 - 59	<input type="checkbox"/> \$49.02	<input type="checkbox"/> \$51.06	55 - 59	<input type="checkbox"/> \$31.86	<input type="checkbox"/> \$33.19
60 - 64	<input type="checkbox"/> \$54.91	<input type="checkbox"/> \$57.29	60 - 64	<input type="checkbox"/> \$35.70	<input type="checkbox"/> \$37.24
All Children <input type="checkbox"/> \$24.70			All Children <input type="checkbox"/> \$16.06		

Monthly Costs* for Active Duty Dependents with No Plan Deductible

Spouse \$10.48 Each Child \$9.63 **There is no Plan Deductible. (Billed Semi-Annually)**

* Rates and/or benefits may be changed on a class basis. Rates are based on the attained age of the Insured Person and increase as you enter each new age category.

Consider the In- and Out-patient Protection this TRICARE Supplement Provides

TRICARE Supplement Benefits Chart

Type of Care	TRICARE Pays	With TRICARE Benefits	With TRICARE Benefits
For Care in a Civilian Hospital. Room, board, supplies, and services billed by the hospital.	For Retirees, the TRICARE DRG amount minus your cost share. For Active Duty Dependents, all allowable charges except the daily subsistence fee or \$25, whichever is greater.	As a Retiree, the lesser of the DRG rate per day or 25% of the billed amount, not to exceed the TRICARE DRG amount. As an Active Duty Dependent, \$25 or the daily subsistence fee, whichever is greater. As a Retiree, the remaining 25% PLUS all charges that exceed the allowed amounts,	For Retirees, your cost share* after the annual Plan Deductible is satisfied (for Active Duty Dependents, the greater of \$25 or the daily subsistence fee* with no Plan Deductible) PLUS all eligible excess charges which do not exceed the reasonable and customary amounts for your geographical area by more than 15%, the amount permitted by law.
For Care in a Civilian Hospital. Doctors, and other inpatient services not billed by the hospital.	For Retirees, 75% of the TRICARE - allowable for doctors and other professional services. For Active Duty Dependents, 80% of the TRICARE-allowable for doctors and other professional services.	As an Active Duty Dependent, the remaining 20% PLUS all charges that exceed the allowed amounts.	Your remaining 25% (20% for Active Duty Dependents with no Plan Deductible) after the annual Plan Deductible is satisfied PLUS all eligible excess charges which do not exceed the reasonable and customary amounts for your geographical area by more than 15%, the amount permitted by law.
For Care in a Government Hospital.	All but the daily subsistence fee, when applicable.	The daily subsistence fee, if applicable.	The daily subsistence fee, if applicable.
For Care as an Outpatient. Doctor's offices, clinics, prescriptions, outpatient services.	For Retirees, 75% of the TRICARE-allowable charges after the annual TRICARE outpatient deductible is satisfied. For Active Duty Dependents, 80% of the TRICARE-allowable charges after the annual TRICARE outpatient deductible is satisfied.	As a Retiree, the remaining 25% of allowed charges, the annual TRICARE outpatient deductible, PLUS all charges that exceed the allowable amounts. As an Active Duty Dependent, the remaining 20% of allowed charges, the annual TRICARE outpatient deductible, PLUS all charges that exceed the allowable amounts.	Your remaining 25% (20% for Active Duty Dependents with no Plan Deductible)* of the allowed charges after the annual TRICARE outpatient deductible and the Plan Deductible are satisfied PLUS all eligible excess charges which do not exceed the reasonable and customary amounts for your geographical area by more than 15%, the amount permitted by law.

* Until the TRICARE cap has been met.

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