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Summary of Plan Benefits

TRICARE SUPPLEMENT Coverage Summary	For TRICARE Standard/Extra Members		For TRICARE PRIME Members	
	Standard <i>Fee-for-Service Option</i>	Extra <i>Preferred Provider Option</i>	In-Network <i>HMO</i>	Out-of-Network <i>Point of Service (POS) Option</i>
TRICARE Category				
Eligible Children (<i>unmarried</i>)	To age 19; to age 23, if full time student (unless disabled and continuing to have TRICARE)		To age 21; to age 23, if full time student (unless disabled and continuing TRICARE)	
Pre-existing Condition Limitations	None		None	
Yearly Outpatient Deductible (Fiscal year: October 1 – September 30)	The TRICARE Supplement Plan pays deductible amounts (<i>for retirees, \$150 individual/ \$300 family</i>) ¹		None	The TRICARE Supplement Plan pays half the POS deductible (<i>POS deductible is \$300 individual/\$600 family</i>)
Lifetime Benefit Maximums	Unlimited		Unlimited	
Annual TRICARE Enrollment Fee	None		None – The TRICARE Prime enrollment fee is not covered by ASI	
Pre-Certification Requirements	Only as required by TRICARE		Only as required by TRICARE	
Inpatient <u>Military</u> Hospital Care (<i>for military retirees and dependents</i>)	The TRICARE Supplement Plan pays the daily subsistence fee.		The TRICARE Supplement Plan pays the daily subsistence fee.	
Inpatient <u>Civilian</u> Hospital Care (<i>for military retirees and dependents</i>)	The TRICARE Supplement Plan pays your cost share. (For retirees, this is <i>the lesser of the daily per diem charge or 25% of billed amount, not to exceed TRICARE Standard DRG² amount</i>) <u>Plus</u> 100% of covered charges in excess of the TRICARE Standard allowed amount.	The TRICARE Supplement Plan pays your cost share (<i>for military retirees, this is the lesser of the daily per diem charge or 25% of TRICARE Extra contracted rate</i>) and 20% of professional fees.	The TRICARE Supplement Plan pays eligible TRICARE Prime copayments and cost share.	Plan pays 50% of the POS deductible and the 50% POS cost <u>Plus</u> 100% of applicable excess charges
Outpatient Hospital Services <i>Surgery, X-ray, Lab, Office Visits, Well Baby Care, Accident, Emergency Care, Home Health Care.</i>	The TRICARE Supplement Plan pays the Outpatient Deductible amount and your 25% cost share <u>Plus</u> 100% of covered charges in excess of the TRICARE Standard allowed amount.	The TRICARE Supplement Plan pays the Outpatient Deductible amount and your 20% cost share	The TRICARE Supplement Plan pays eligible TRICARE Prime copayments and cost share.	Plan pays 50% of the POS deductible and the 50% POS cost share <u>Plus</u> 100% of applicable excess charges
Prescription Drugs	If network/mail order pharmacy, the TRICARE Supplement plan pays the TRICARE copay (\$3 generic/\$9 brand/\$22 non-formulary); if non-network pharmacy, the deductible plus \$9 (brand/generic)/\$22 (non-formulary) or 20% of the total cost.		The TRICARE Supplement Plan pays the TRICARE copay if network/Mail Order pharmacy.	Plan pays 50% of the POS deductible and the 50% POS cost share <u>Plus</u> 100% of applicable excess charges
Outpatient Mental Health (<i>including alcoholism, drug addiction and mental nervous disorder</i>)	The TRICARE Supplement pays up to \$500 per person per year after TRICARE pays.		The TRICARE Supplement pays up to \$500 per person per year after TRICARE pays.	
Inpatient Mental Health (<i>including alcoholism, drug addiction and mental nervous disorder</i>)	The TRICARE Supplement Plan is limited to 30 days for adults age 19 or older, or 45 days for children under age 19 per 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 fiscal year.		The TRICARE Supplement Plan is limited to 30 days for adults age 19 or older, or 45 days for children under age 19 per 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 fiscal year.	

¹ Amount applied toward the year TRICARE outpatient deductible is reimbursed only if the deductible is incurred after the effective date of coverage.

² Diagnosis related group amount – established standard hospital stays for categories of medical conditions.