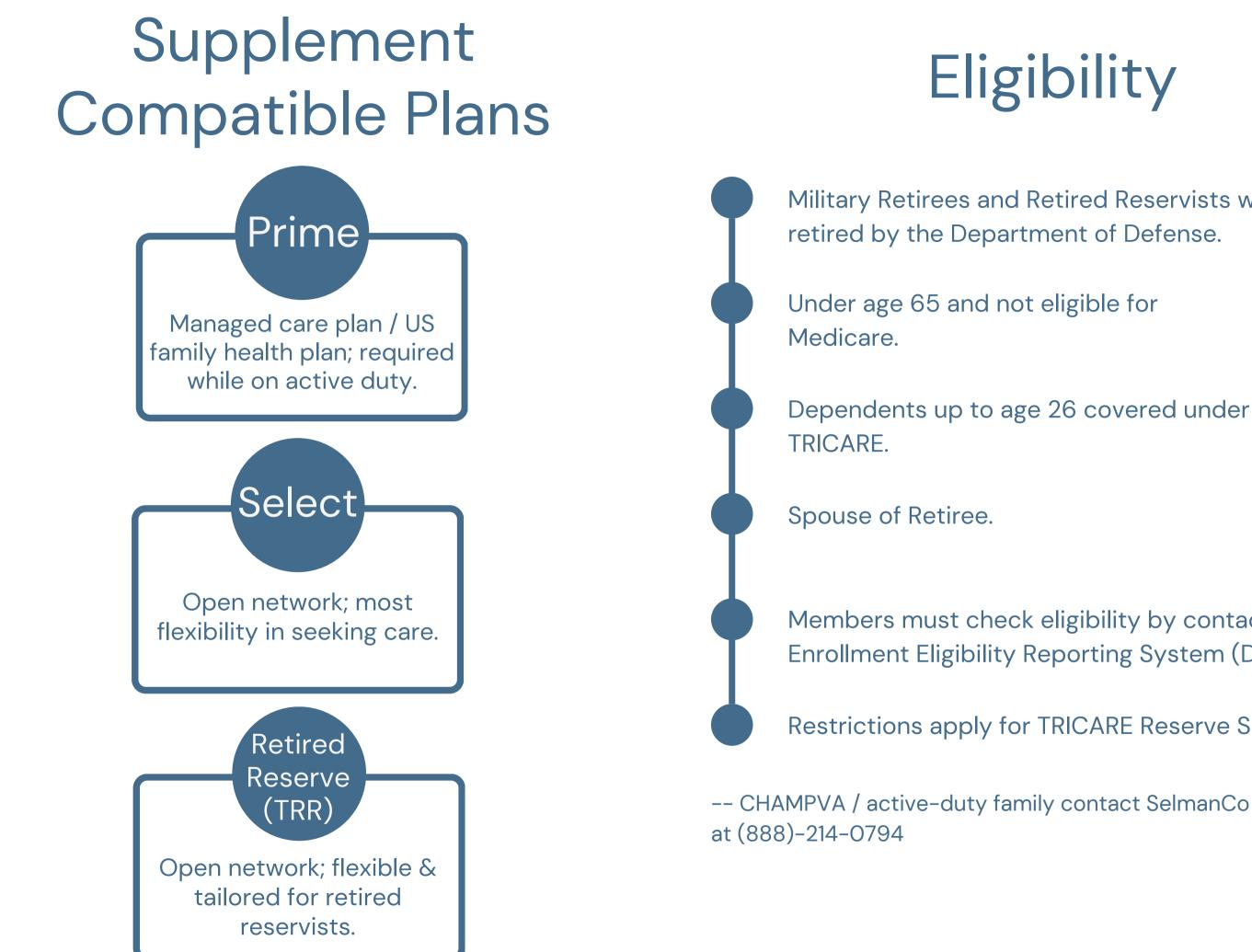
# TRICARE SUPPLEMENT INSURANCE PLAN for Employees









### Eligibility

Military Retirees and Retired Reservists who are deemed

Dependents up to age 26 covered under

Members must check eligibility by contacting the Defense Enrollment Eligibility Reporting System (DEERS) at 800–538–9552.

Restrictions apply for TRICARE Reserve Select, Active duty/ family.





### What does TRICARE Supplement Insurance Plan cover?

Includes US Family Health Plan within coverage areas.	TRICARE Prime	TRICARE Select
Primary TRICARE Deductible	50% of TRICARE Prime POS Deductible (eligible charges used to satisfy TRICARE Deductible applied to Supplement Plan Deductible).	Covers 100% of TRICARE Select
Inpatient and Outpatient Benefits, including Outpatient Surgery Services	100% of the Co-pays and Cost Share remaining after TRICARE pays, after Supplement Plan Deductible is met, until TRICARE Catastrophic Cap is reached.	100% of the Co-pays and Co remaining after TRICARE pa Supplement Plan Deductible is TRICARE Catastrophic Cap is
Excess Charges	100% of all Covered Expenses in excess of the TRICARE allowed amount, not to exceed the Legal Limit.	100% of all Covered Expenses i the TRICARE allowed amount, no the Legal Limit.
Pharmacy Reimbursement Benefit	100% of the Co-pays and Cost Share remaining, not to exceed any TRICARE allowed or negotiated amount after the Supplement Plan Deductible is met until the TRICARE Catastrophic Cap is reached.	100% of the Co-pays and Co remaining, not to exceed any allowed or negotiated amoun Supplement Plan Deductible i the TRICARE Catastrophic Cap

t	TRICARE Retired Reserves	
ct deductible.	Covers 100% of TRICARE Retired Reserves deductible.	
Cost Share bays, after e is met, until is reached.	100% of the Co-pays and Cost Share remaining after TRICARE pays, after Supplement Plan Deductible is met, until TRICARE Catastrophic Cap is reached.	
s in excess of not to exceed	100% of all Covered Expenses in excess of the TRICARE allowed amount, not to exceed the Legal Limit.	
Cost Share ny TRICARE ant after the e is met until ap is reached.	100% of the Co-pays and Cost Share remaining, not to exceed any TRICARE allowed or negotiated amount after the Supplement Plan Deductible is met until the TRICARE Catastrophic Cap is reached.	

### **Plan Features**

- No pre-existing condition limitations.
- Guaranteed Issue
  - No medical forms to complete
- Wraps around your primary TRICARE coverage
  - If a claim was covered under primary TRICARE but left a cost, we cover the difference based on your primary TRICARE plan
- Covered by the same physicians and pharmacies your primary TRICARE uses.
  - Visit https://www.tricare.mil/FindDoctor & https://www.tricare.mil/CoveredServices/Pharmacy for a list of network providers and pharmacies
- Plan is no longer available in ME and Puerto Rico



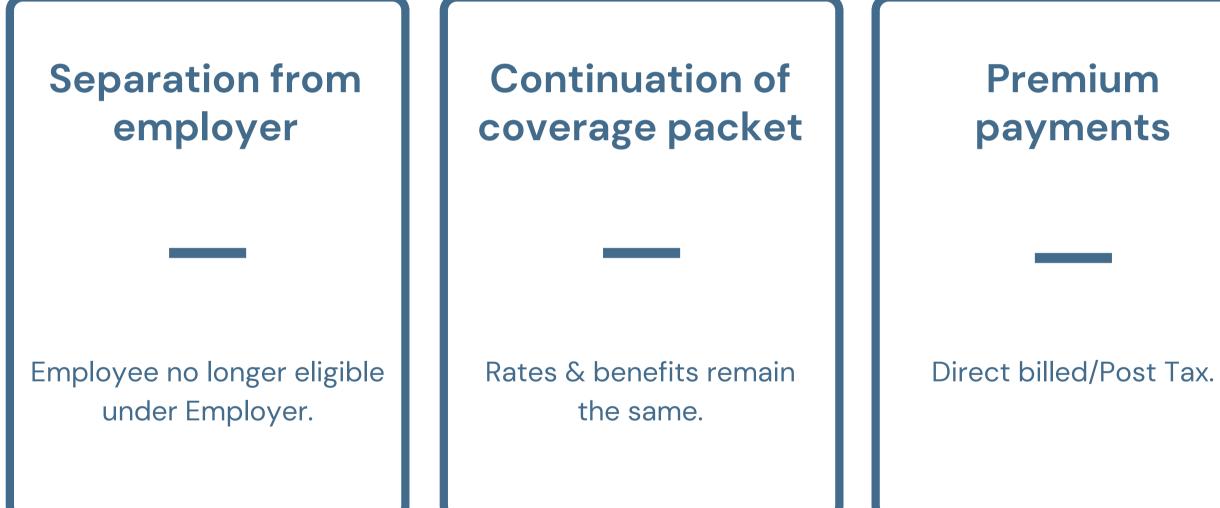
### CARE uses. ices/Pharmacy





### 2025

## **Continuation of Coverage**



### **Continuation of** coverage not available in:

AK, CO, NH, OR, UT, WA.





## **Monthly Premium**



Rates shown include \$1.50 monthly GEA membership dues Plan Deductible: \$100 per person | \$200 per family

Rates shown include \$1.50 monthly GEA membership dues Plan Deductible: \$0.00 for NY residents





### 2025

### Claims

#### **Claims**

#### Members:

- Live chat at info.selmanco.com/chat
- SelmanCo Call Center at 800-638-2610
- Please note you will need the phone number and zip code related to the policy.
- To access claims documents and how to file claims click here.

#### **Providers:**

- Please email our customer service team at tricaresupplementprovider@selmanco.com. A Customer Service Representative will respond within 24 hours.
- Please allow 30 days from the date you submitted your claim for a claim status to be available.

By Mail:

Attn: Claims Dept. SelmanCo PO Box 21611 Eagan, MN 55121

Along with your completed supplement claim form, include one of the following:

- receipt)
- pharmacy
- <u>Online</u>

#### By Email:

Send to memberservices@selmanco.com

#### Filing a RX Claim

• Detailed drug copayment receipt (not the cash register

• Printout of your prescription copayments from your

• Copy of your TRICARE EOB • To access a copy of your TRICARE EOB visit: https://www.tricare.mil/PatientResources/GoPaperless/EOB

> By Fax: 301-926-2621





### Next Steps

Talk to your HR team about enrolling in the **TRICARE** Supplement Insurance Plan.

Once enrolled, you will receive the following:

- ID cards
- Certificate of Coverage
- Instructions for filing a RX claim
- Information on registration for eService (SelmanCo's online customer service portal)
- Call center phone support







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Important Documents and Disclosures: TRICARE/CHAMPVA Supplement Insurance Plans are subject to the terms and conditions of the policy. Policies underwritten by Hartford Life and Accident Insurance Company detail exclusions, limitations, and terms under which the policies can be continued in force or discontinued.

P-5942 Additional Information Read details and disclosures for your AGP-5942 plan: A

The TRICARE/CHAMPVA Supplement Insurance Plans are administered by SelmanCo. Underwritten by: Hartford Life and Accident Insurance Company, Hartford, CT 06155.

TRICARE Form Series includes GBD-3000, GBD-3100, or state equivalent. Policy Numbers: AGP-5942. Not available in all states.

The Hartford Financial Services Group, Inc. (NYSE: HIG) operates through its subsidiaries under the brand name, The Hartford, and is headquartered in Hartford, Connecticut. For additional details, please read The Hartford's legal notice at www.thehartford.com.

### **SelmanCo**





