2026/2027

TRICARE SUPPLEMENT INSURANCE PLAN *for Employees*

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The Hartford

Supplement Compatible Plans

Prime

Managed care plan / US family health plan; required while on active duty.

Select

Open network; most flexibility in seeking care.

Retired Reserve (TRR)

Open network; flexible & tailored for retired reservists.

Eligibility

- Military Retirees and Retired Reservists who are deemed retired from the military. *Can be medically retired or served a full 20 years*
- Under age 65 and not eligible for Medicare. *Must be enrolled in the TRICARE Supplement prior to age 65 if Medicare ineligible*
- Dependents up to age 26 covered under TRICARE.
- Spouse of Retiree.
- 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.

-- CHAMPVA / active-duty family contact SelmanCo at (888)-214-0794

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What does TRICARE Supplement Insurance Plan cover?

-- Includes US Family Health Plan within coverage areas.

	TRICARE Prime	TRICARE Select	TRICARE Retired Reserves
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 deductible.	Covers 100% of TRICARE Retired Reserves deductible.
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 Cost Share remaining after TRICARE pays, after Supplement Plan Deductible is met, until TRICARE Catastrophic Cap 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.
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 in excess of the TRICARE allowed amount, not to exceed the Legal Limit.	100% of all Covered Expenses in excess of the TRICARE allowed amount, not to exceed 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 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 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

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Continuation of Coverage

Separation from employer

Employee no longer eligible under Employer.

Continuation of coverage packet

Rates & benefits remain the same.

Premium payments

Direct billed/Post Tax.

Continuation of coverage not available in:

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

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Monthly Premium

Premium Rates for Non-NY residents

Classification	Rate
Employee Only	*$59.00*
Employee + Child(ren)	*$118.00*
Employee + Spouse	*$118.00*
Employee + Family	*$159.00*

Rates shown do not include $1.50 monthly GEA membership dues
Plan Deductible: $0.00

Premium Rates for NY residents

Classification	Rate
Employee Only	*$41.30*
Employee + Child(ren)	*$82.60*
Employee + Spouse	*$82.60*
Employee + Family	*$111.30*

Rates shown do not include $1.50 monthly GEA membership dues
Plan Deductible: $0.00

Rates and/or benefits may be changed on a class basis.

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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.
- Please allow 30 days from the date you submitted your claim for a claim status to be available.
- If your provider doesn't see us on their payer list, we can be added using the provider information listed at https://www.selmanco.com/health-care-providers or simply forward all claims with primary EOB by fax or mail as listed on the ID card.

Filing a RX Claim

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

- Detailed drug copayment receipt (not the cash register receipt)
- Printout of your prescription copayments from your pharmacy
- Copy of your TRICARE EOB

To access a copy of your TRICARE EOB (recommended document) visit:
https://www.tricare.mil/FAQs/General/GEN_EOBs

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

Online Claims Submission:
Click the Submit Claims button at the top of the Claims/Deductibles page within SelmanCo's eService portal.

By Fax:
301-926-2621

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THANK YOU.

All benefits 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 policy may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder. This program may vary and may not be available to residents of all states. The TRICARE Supplement Plans are administered by SelmanCo and underwritten by Hartford Life and Accident Insurance Company, One Hartford Plaza, Hartford, CT 06155.

Read details and disclosures for your AGP-5943 plan: AGP-5943 | Additional Information

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-5943. Not available in all states.

The Hartford Insurance 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.

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