TRICARE Supplement Insurance Plan

Monthly Premium

Rates shown are reviewed annually and subject to change.
Rates do not include $1.50 monthly GEA membership dues.

Premium Rates for Non-NY residents

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

Premium Rates for NY residents

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

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

Portability is offered in all states except AK, CO, NH, OR, UT and WA. Plan is not available in ME and Puerto Rico.

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.

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.

TS-Group-One-Pager-5943-072026

Plan Design Comparison Highlights

Supplements all 3 retiree primary TRICARE plans
- *includes US family Health plan within coverage areas*

Guaranteed Issue – No Pre Existing Condition Limitation – No Minimum Participation Requirements

Eligibility	• Must already be enrolled in a Primary TRICARE health insurance plan: Prime, Select, Retired Reserves. • Military Retirees and Retired Reservists who are deemed retired from the military. • Must not be eligible for Medicare and under 65. • Exception: Medicare Eligible Veterans who live overseas or TRICARE eligible veterans 65+ who are ineligible for Medicare. • Be a spouse or dependent child of a retiree.

	TRICARE Prime	TRICARE Select	TRICARE Retired Reserves
Supplement Deductible	• Employee: $0.00 • Family: $0.00	• Employee: $0.00 • Family: $0.00	• Employee: $0.00 • Family: $0.00
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	• Covers 100% cost shares and excess charges	• Covers 100% cost shares and excess charges
Excess Charges	• 100% of all Covered Expenses in excess of the TRICARE allowed amount, not to exceed the Legal Limit	• Covers 100% cost shares and excess charges	• Covers 100% cost shares and excess charges
Pharmacy Reimbursement Benefit	• 100% of the Co-pays and Cost Share remaining	• 100% of the co-payments and cost share remaining	• 100% of the co-payments and cost share remaining

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