

TRICARE Supplement Insurance Plan

Plan Design for Employees | 783

TRICARE eligible employees have the freedom to choose an alternative to employer-sponsored health plans.

Underwritten by Hartford Life and Accident Insurance Company, Hartford, CT 06155.

This document describes how a TRICARE Supplement works with your existing TRICARE coverage. Please note: Check with TRICARE to confirm your actual cost shares and copays. TRICARE benefits are provided here for your convenience, but subject to change by the Defense Health Agency. Visit [www.tricare.mil](http://www.tricare.mil) for more information.

# Important Information

TRICARE Supplement insurance policy AGP-5943 does not have a deductible.

Note: After you have met your TRICARE deductible, the supplemental insurance pays 100% of your approved expenses not paid by TRICARE.

Note: Benefits are payable for covered cost share amounts up to the TRICARE Catastrophic Cap. The Catastrophic Cap is the maximum out-of-pocket amount you will pay each calendar year (January 1 – December 31) for TRICARE-covered service. See below for maximum pay-out of the TRICARE Supplement for Prime POS.

This is not Medicare Supplement Insurance.

**TRICARE Select with Supplement**

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| **Care Required** | **TRICARE Select Insured is Responsible for** | **TRICARE Select Supplement Covers** |
| **Annual Deductible** | Non-network: $150 for individual and $300 for family | 100% of TRICARE Deductible |
| **Primary Care or Specialty Outpatient Visit** | Network: $29 or $41 Non-Network: 25% of TRICARE allowed amount | Network: $29 or $41 Non-Network: 100% of TRICARE allowed amount |
| **Inpatient Admission** | Network: $250 per day, or up to 25% hospital charge, whichever is less, plus 20% separately billed services  Non- network: $953 per day, or 25% hospital charge, whichever is less, plus 25% separately billed services | Network: 100% hospital charge, plus 100% separately billed services  Non- network: $100% hospital charge, plus 100% separately billed services |
| **Inpatient Skilled Nursing/Rehab Admission** | Network: $250 per day, or up to 25% hospital charge, whichever is less, plus 20% separately billed services  Non- network: $953 per day, or up to 25% hospital charge, whichever is less, plus 25% separately billed services | Network: $250 per day, or up to 25% hospital charge, whichever is less, plus 20% separately billed services  Non- network: 100% hospital charge plus 100% separately billed services |
| **Prescription Drugs** Civilian network pharmacy; up to a 30-day supply | Copayments: $11 generic; $28 brand name or $53 formulary | Copayments: $11 generic; $28 brand name or $53 formulary |
| **Prescription Drugs** Home Delivery, mail order; up to 90-day supply; co-pays based on each 30-day supply. | Copayments: $7 for generic, $24 for brand name, or $53 non-formulary | Copayments: $7 for generic, $24 for brand name, or $53 non-formulary |
| **Prescription Drugs** Civilian non-network pharmacy; up to a 30-day supply | Annual Deductible ($150 or $300)  PLUS:  Formulary drugs: $28 or 20% of total cost, whichever is more  Non-Formulary: $53 or 20% of total cost, whichever is more | Annual Deductible ($150 or $300)  PLUS:  Formulary drugs: 100% of total cost  Non-Formulary: $53 or 20% of total cost, whichever is more |

**TRICARE Prime with Supplement**

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| **Care Required** | **TRICARE Prime or Point-of-Service (POS) Insured is Responsible for** | **TRICARE Prime or Point-of-Service (POS) Supplement Covers until the Catastrophic Cap is reached** |
| **TRICARE Prime Annual Enrollment Fee** | Annual Individual/Family Enrollment Fee | Supplement does NOT cover TRICARE Prime Enrollment Fee |
| **Annual Deductible** | $300 for individual and $600 for family (POS deductible/out of network) | 50% POS deductible |
| **Primary Care or Specialty Outpatient Visit** | Network: $20 or $30  POS: TRICARE POS deductible ($300 or $600) and 50% POS cost share | Network: $20 or $30  POS: 50% of TRICARE POS deductible and 100% of POS cost share |
| **Inpatient Admission** | (Military Treatment Facility) MTF: $19.05 per day  Network Hospital: $154 per admission | MTF: $19.05 per day  Network Hospital: $154 per admission |
| **Inpatient Skilled Nursing/Rehab Admission** | Network: $30 per day  POS: TRICARE deductible ($300 or $600) and 50% POS cost share | Network: $30 per day  POS: 50% of the TRICARE deductible and 100% POS cost share |
| **Prescription Drugs** Civilian network pharmacy; up to a 30-day supply | Copayments: $11 generic; $28 brand name; $53 non-formulary | Copayments: $11 generic; $28 brand name; $53 non-formulary |
| **Prescription Drugs** Home Delivery, mail order; up to 90-day supply; co-pays based on each 30-day supply. | Copayments: $7 generic; $24 brand name; $53 non-formulary | Copayments: $7 generic; $24 brand name; $53 non-formulary |
| **Prescription Drugs** Civilian non-network pharmacy; up to a 30-day supply | POS deductible ($300 or $600)  PLUS  50% cost share | 50% of POS deductible  PLUS  100% of TRICARE POS cost share |

**TRICARE Retired Reserves with Supplement**

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| **Care Required** | **TRICARE Retired Reserves Insured is Responsible for:** | **TRICARE Retired Reserves Supplement Covers** |
| **Monthly TRICARE Retired Reserves Enrollment Fee** | Monthly Individual/Family Enrollment Fee | Supplement does NOT cover the TRICARE Retired Reserves Enrollment Fee |
| **Annual Deductible** | Network:  $154 for individual and $308 for family  Non- Network:  $308 for individual and $616 for family | Network:  $154 for individual and $308 for family  Non- Network:  $308 for individual and $616 for family |
| **Primary Care or Specialty Outpatient Visit** | Network: $25 or $41  Non-network: 25% of TRICARE allowed amount | Network: $25 or $41  Non-network: 100% of TRICARE allowed amount |
| **Inpatient Admission** | Network: $179 per admission  Non-network: 25% of TRICARE allowed amount | Network: $179 per admission  Non-network: 100% of TRICARE allowed amount |
| **Inpatient Skilled Nursing/Rehab Admission** | Network: $51 per day  Non- network: Lesser of $308 per day or 20% | Network: $51 per day  Non- network: 100% |
| **Prescription Drugs** Civilian network pharmacy; up to a 30-day supply | Copayments: $11 generic; $28 brand name; $53 non-formulary | Copayments: $11 generic; $28 brand name; $53 non-formulary |
| **Prescription Drugs** Home Delivery, mail order; up to 90-day supply; co-pays based on each 30-day supply. | Copayments: $7 generic; $24 brand name; $53 non-formulary | Copayments: $7 generic; $24 brand name; $53 non-formulary |
| **Prescription Drugs** Civilian non-network pharmacy; up to a 30-day supply | Formulary drugs: $28 or 20% of total cost, whichever is more  Non-Formulary: $53 or 20% of total cost, whichever is more | Formulary drugs: 100% of total cost  Non-Formulary: 100% of total cost |

**Contact**

**Mail:** Attn: TRICARE Supplement Insurance Plan

Selman & Company

6110 Parkland Blvd.

Cleveland, OH 44124

**Fax**: 1-833-731-2125

**Email**: [memberservices@selmanco.com](mailto:memberservices@selmanco.com)

**Call**: 1-800-638-2610, option 1

9:00am - 7:00pm ET, Monday-Friday

This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. 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.

See *Brochure for Employees* for eligibility, termination, definitions, exclusions, and limitations.

The TRICARE Supplement Plans are administered by Selman & Company and underwritten by Hartford Life and Accident Insurance Company, One Hartford Plaza, Hartford, CT 06155. The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company.

NOT AVAILABLE IN ALL STATES.

TRICARE Form Series includes GBD-3000 (2017), GBD-3100 (2017), or state equivalent. Selman & Company is compensated for the placement of insurance and for the services it provides to customers on behalf of the insurance company.

AGP-5943

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