



TRICARE Supplement Insurance



TRICARE SUPPLEMENT INSURANCE PLAN

Frequently Asked Questions

For Employees

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

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I. ENROLLMENT/ELIGIBILITY

1. WHO IS ELIGIBLE FOR ENROLLMENT IN THE TRICARE SUPPLEMENT INSURANCE PLAN?

Eligibility in the TRICARE Supplement Plan includes the following:

- Military retirees entitled to retired pay and their spouses/surviving spouses who are ineligible for Medicare and enrolled in TRICARE.
- Retired Reservists and National Guardsmen enrolled in TRICARE Retired Reserves (TRR) and under age 65 along with their spouses/surviving spouses who are not eligible for Medicare but are enrolled in TRICARE.
- Military retirees and their spouses/surviving spouses who reside outside the U.S. or its territories.
- Military retirees and their spouses/surviving spouses age 65 or older but ineligible for Medicare (all must have received a Statement of Disallowance from Social Security Administration).
- Dependent children under age 26.

Eligibility Restrictions: If both you and Your Spouse are Members and are eligible for coverage, coverage may not be duplicated by applying as Dependents of each other and both cannot enroll Dependents. No Covered Person can be insured as a Dependent of more than one Member under the Policy.

2. UNDER WHAT CIRCUMSTANCES WOULD A MEMBER, AGE 65 OR OLDER, BE ELIGIBLE FOR TRICARE SUPPLEMENT INSURANCE?

There are two circumstances that would allow continuing eligibility for members who are 65 or older:

1) The TRICARE beneficiaries who live/work outside the U.S. or its territories. They must be eligible for Medicare Part A and enrolled in Medicare Part B, and TRICARE must have the information on file with the Defense Enrollment Eligibility Reporting Systems (DEERS).

You may contact DEERS at:

Phone: 800-538-9552 (in the continental United States)

Fax address changes to: 831-655-8317

Write to:

DEERS Support Office

400 Gigling Road

Seaside, CA 93955-6771

2) Beneficiaries who are ineligible for Medicare. These members must have received a Statement of Disallowance from the Social Security Administration.

3. ARE ACTIVE DUTY PERSONNEL ELIGIBLE?

Active Duty family members are eligible for coverage under the Active Duty supplement. Active duty members and their dependents are invited to contact SelmanCo at 1-800-638-2610 for more information on this type of plan.

4. UP TO WHAT AGE ARE DEPENDENTS ELIGIBLE?

Coverage is extended to your unmarried dependent children under age 21 (23 if a full-time student) or under age 26 if enrolled in TRICARE Young Adult (TYA) program. Incapacitated dependents may continue coverage past policy age limits as long as TRICARE continues.

Supplemental coverage does not automatically terminate for children until age 26. SelmanCo will continue to carry the dependent coverage unless the Employer and/or Employee requests the termination and your child remains eligible under the plan.

5. ARE INCAPACITATED DEPENDENTS ELIGIBLE FOR COVERAGE?

An incapacitated dependent is eligible for coverage during an open enrollment period provided that he/she continues TRICARE eligibility. Dependent child/ren must be enrolled in the supplement prior to celebrating their 26th birthday.

The dependent child of a new member is eligible if application is made within the specified eligibility period of the member.

6. ARE PRE-EXISTING CONDITIONS COVERED UNDER THE SUPPLEMENT?

Yes. There is no waiting period for coverage. Any medical conditions that exist prior to the effective date are covered immediately.

7. CAN I ENROLL IF I WAS DISCHARGED FROM THE MILITARY, BUT NOT RETIRED?

If you are eligible for a TRICARE health plan, and you are ineligible for Medicare, you are eligible for a TRICARE Supplement insurance plan. Retired military personnel includes anyone deemed retired by the Department of Defense.

8. WILL I RECEIVE ID CARDS?

Yes, ID Cards are sent in the Welcome Packet along with a: Welcome Letter, Certificate of Insurance, Schedule Page, and other resources for claims and eService, an online account management website.

9. WHY IS MY HUSBAND (OR WIFE) LISTED AS THE MEMBER?

The member is the military sponsor and/or employee. He or she may not be covered under the benefits, but this person is the vessel through which the family is eligible. The member is the owner of the policy.

10. WHY DOESN'T THE ID CARD LIST THE NAMES OF ALL COVERED FAMILY MEMBERS?

It is not uncommon for an insurance card to list only the name of the policy owner. Your card is not proof of coverage; it is simply a quick reference guide for contacting us. You and your medical providers may call us to inquire about which family members are covered.

II. COVERAGE DETAILS

1. HOW DOES THE SUPPLEMENT COORDINATE WITH TRICARE?

TRICARE is the primary payer and the TRICARE Supplement pays secondary. After TRICARE has paid, the TRICARE Explanation of Benefits (EOB) should be submitted to SelmanCo for secondary consideration.

2. DOES THE TRICARE SUPPLEMENT INSURANCE PLAN REIMBURSE THE TRICARE DEDUCTIBLE?

Yes, the TRICARE Supplement Insurance Plan reimburses for some or all of the TRICARE deductible, depending on the supplement insurance plan certificate and type of TRICARE coverage. Please refer to your Certificate of Insurance for details.

3. DOES THE TRICARE SUPPLEMENT INSURANCE PLAN HAVE A PLAN DEDUCTIBLE?

The TRICARE Supplement Insurance Plan may have a Supplement deductible. Please refer to your Certificate of Insurance for details.

4. HOW DO I FIND A PROVIDER?

Since TRICARE is your primary health benefit provider, all providers must be TRICARE-authorized. You may either see a network or non-network provider.

To find a network provider in your region, search the online provider on the TRICARE website at www.tricare.mil. To find a non-network provider search the yellow pages, AMA DoctorFinder, ask a friend or ask the provider.

5. DOES THE TRICARE SUPPLEMENT INSURANCE PLAN PAY THE PROVIDER'S BALANCE BILLED AMOUNT?

TRICARE participating or network providers cannot bill for the balance between TRICARE's allowed amount and their billing charges.

Therefore, neither you nor the TRICARE Supplement Insurance Plan will be responsible for such an amount.

According to the Department of Defense (DoD), non-participating or non-network providers may only bill you for 15% above the TRICARE Allowable charge. This is considered the Legal Limit. Your TRICARE Supplement Insurance Plan will pay 100% of the Excess Charges should your provider bill such an amount. Reimbursements are subject to the Supplement deductible, if applicable.

6. HOW DOES THE TRICARE SUPPLEMENT COORDINATE WITH TRICARE SELECT (FORMERLY STANDARD/EXTRA)?

You have flexibility and freedom of choice when visiting a doctor under TRICARE Select, formerly called Standard or Extra. TRICARE Select in-network pays 100% after the copay for in-network providers. TRICARE Select Non-network pays 75% of the allowable charge after the deductible is met. TRICARE Supplement Plan pays all copays, cost share, and 100% of the eligible charges paid by the insured, after the TRICARE Supplement deductible is met. Reimbursements are subject to the Supplement deductible, if applicable. Please refer to your Certificate of Insurance for details, and check your current TRICARE reimbursement rates as these are subject to change.

7. HOW DOES THE TRICARE SUPPLEMENT COORDINATE WITH TRICARE PRIME/POS?

TRICARE Prime is similar to an HMO plan. It requires a referral to see any doctor other than your primary care physician. As long as you use the military facilities under TRICARE Prime, you will pay a copay when you see a provider. The Supplement will reimburse the eligible TRICARE Prime copayments.

If you see an out-of-network doctor without a referral, you are using the Point of Service (POS) option under TRICARE Prime. Under the POS option, you may have large out-of-pocket expenses. You will be responsible for the POS deductible plus 50% of the TRICARE allowed amount after TRICARE pays 50% plus applicable Excess Charges.

The TRICARE Supplement Insurance Plan pays a percentage of the POS deductible, 50% of the POS cost share, plus 100% of covered expenses in excess of the TRICARE allowed amount. Reimbursements are subject to the Supplement deductible, if applicable. Please refer to your Certificate of Insurance for details.

8. HOW DOES THE TRICARE SUPPLEMENT COORDINATE WITH TRICARE RETIRED RESERVE (TRR)?

After TRR pays, you are responsible for your deductible copayments, cost share, and applicable excess charges.

After your deductible has been met, you will pay a copay when visiting an in-network provider, or 75% of the Allowed Amount when a non-network provider is utilized.

The TRICARE Supplement pays a percentage of your TRR deductible, the copay for in-network care, 25% of the remaining cost share for out of network care, plus all excess charges to the legal limit. Reimbursements are subject to the Supplement deductible, if applicable.

9. WHAT DOESN'T THE TRICARE SUPPLEMENT COVER?

The TRICARE Supplement Insurance Plan follows TRICARE's guidelines. Therefore, if TRICARE does not cover a particular service, the Supplement will not pay.

The Policy does not cover injury or sickness resulting from war or act of war, whether war is declared or undeclared; intentionally self-inflicted injury; suicide or attempted suicide whether sane or insane.

Limitations: The Policy limits coverage for:

1. routine physical exams and immunizations, except when:
 1. rendered to a child up to 6 years from the child's birth; or
 2. required for school enrollment (but not sports physicals) by a Covered Child aged 5 through 11;
2. domiciliary or custodial care;
3. eye refractions and routine eye exams except when rendered to a child up to 6 years from the child's birth;
4. eyeglasses and contact lenses;
5. prosthetic devices, except those covered by TRICARE;
6. cosmetic procedures, except those resulting from Sickness or Injury, while a Covered Person;
7. hearing aids;
8. orthopedic footwear;
9. care for the mentally or physically incapacitated if the care is required because of the mental or physical incapacitation;
10. drugs which do not require a prescription, except insulin;
11. dental care unless such care is covered by TRICARE, and then only to the extent that TRICARE covers such care;
12. any confinement, service, or supply that is not covered under TRICARE;

13. Hospital nursery charges for a well newborn, except as specifically provided under TRICARE;
14. any routine newborn care except Well Baby Care;
15. expenses in excess of the TRICARE Catastrophic Cap;
16. that part of any Covered Expense which is in excess of the TRICARE Allowed Amount, except as otherwise stated in the plan benefits;
17. expenses which are paid in full by TRICARE;
18. any part of a Covered Expense which the Covered Person is not legally obligated to pay because of payment by a TRICARE alternative program;
19. any claim under more than one of the TRICARE Supplement Plans. If a claim is payable under more than one plan or benefit, payment will only be made under the provision that provides the highest coverage.

TRICARE Catastrophic Cap: TRICARE will increase its rate of payment to 100% of the TRICARE Allowed Amount when a Covered Person has met the TRICARE Catastrophic Cap. After the TRICARE Catastrophic Cap has been met, we will not duplicate benefits by paying any part of the Cost Share which is payable under TRICARE.

Non-Duplication of Coverage under Employer Health Program: If a claim payable under The Policy is also payable under an Employer Health Program with TRICARE as the secondary payor, we will limit our payment to an amount which, when added to the amounts paid by the Employer Health Program and TRICARE, will not exceed 100% of TRICARE Covered Expenses.

Other TRICARE or CHAMPVA Supplement Policy Limitation (Over-insurance Limitation): If a Covered Person is insured under any other TRICARE Supplement policy underwritten by Us, any claim for benefits is only payable under one policy. The Covered Person (or their Spouse or estate, in the event of death) may elect under which policy benefits are payable.

We will return the amount of premium paid for any other TRICARE Supplement policy that is declined by the Covered Person retroactive to the later of:

- 1) the last date any benefit was paid for any Covered Person under the other TRICARE Supplement policy; or
- 2) the effective date of insurance for the Covered Person under the other TRICARE Supplement policy.

TRICARE Contact Info:

North: 877-874-2273 South: 800-444-5445

West: 877-988-9378 Overseas (via website): www.tricare.mil

10. IF I CURRENTLY HAVE TRICARE PRIME, AND WOULD LIKE TO ENROLL IN THE SUPPLEMENT, CAN I CHANGE FROM PRIME TO THE SELECT OPTION?

Yes. If you have Prime you may be eligible to switch to Select. Please check with TRICARE to verify your eligibility. However, the TRICARE Supplement Insurance Plan works with both TRICARE Prime and TRICARE Select.

11. HOW ARE PRESCRIPTION DRUGS COVERED UNDER THE TRICARE SUPPLEMENT INSURANCE PLAN?

There are more than 60,000 TRICARE retail network pharmacies available in the United States, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands.

You have the option of getting your prescriptions filled at a military pharmacy, a retail network pharmacy, a non-network pharmacy or TRICARE Mail Order pharmacy.

The TRICARE Supplement Insurance Plan reimburses your copayment or cost shares regardless of where the prescription is filled. If your prescription is filled at a non-network pharmacy, you must file your claim first with TRICARE and submit the TRICARE EOB to SelmanCo for reimbursement. Reimbursements are subject to the Supplement deductible, if applicable. Please refer to your Certificate of Insurance for additional details.

12. IS THIS A MAJOR MEDICAL PLAN?

No, this is a supplement insurance plan.

13. CAN THIS PROGRAM SUPPLEMENT ALL MAJOR MEDICAL PROGRAMS?

No, this plan is supplemental to TRICARE only.

III. CLAIMS

1. WILL MY PROVIDER FILE MY CLAIMS?

Most providers will file your supplemental claims after they have a TRICARE claim and it's been processed. However, there are some situations where the provider will not file your claims. Ask your provider which claims they will handle for you. If they won't file your claims, you can easily file your TRICARE Supplement claim with SelmanCo directly.

2. DO MOST PROVIDERS SUBMIT CLAIMS TO SELMANCO?

Approximately 90% of providers submit claims directly to SelmanCo for TRICARE Supplement reimbursement. You should always ask your provider to file your Supplement claims for you.

3. HOW ARE CLAIMS FILED WITH THE SUPPLEMENT?

Since TRICARE is primary, claims must be filed first with TRICARE. Most health care providers will process your claims for you if you provided them with your TRICARE and TRICARE Supplement insurance cards. If you need to file a claim yourself, please provide the claim form, TRICARE's Explanation of Benefits paper, and an itemized bill. Write your Member ID number on each of these items. You'll send these to SelmanCo by fax or mail. If the provider submits your claim, you should not also submit the claim.

4. HOW DO PRESCRIPTION CLAIMS WORK?

Pharmacy copays will be reimbursed by SelmanCo after TRICARE has paid. To file a claim, please provide one of three things: 1) A detailed drug copayment receipt, such as the bag tag stapled to your prescription, 2) A detailed printout of your prescription copayments by your pharmacy, or 3) A copy of your TRICARE EOB. Don't use the cash register receipt from the pharmacy. It's not specific enough. The TRICARE Supplement Insurance Plan reimburses your copayment or cost shares regardless of where the prescription is filled. Please refer to your Certificate of Insurance for additional details.

5. CAN I FILE A SUPPLEMENT CLAIM IF I LIVE OUTSIDE OF THE UNITED STATES?

TRICARE insureds, living outside of the United States, are eligible for the supplement even if they don't have an address in the United States. If you work for a company that offers the supplement, it doesn't matter where you reside.

6. CAN I FILE A SUPPLEMENT CLAIM IF I AM TRAVELING OUTSIDE OF THE UNITED STATES?

Generally, yes. TRICARE access is worldwide and the supplement will also work outside of the US. If your health care services are covered by TRICARE, then the supplement reimbursement rules apply. Check out the overseas handbook for questions about where you can receive care for overseas health care.

Overseas Handbook: <http://www.tricare-overseas.com/beneficiaries/resources/provider-search>

7. WHERE CAN I SUBMIT MY CLAIMS?

Attn: Claims Dept.

SelmanCo

PO Box 14043

Lexington, KY 40512

Fax: 301-926-2621

IV. COVERAGE CHANGES

1. WHAT HAPPENS WHEN I REACH AGE 65?

Your TRICARE Supplement enrollment ends at age 65 or when you become eligible for Medicare. When that happens, your TRICARE coverage changes to TRICARE for Life which is secondary to Medicare.

If you are ineligible for Medicare and receive a Statement of Disallowance from Social Security Administration or reside outside the United States or its territories and enrolled in Medicare Part B you must notify your employer or SelmanCo so that your TRICARE Supplement coverage may be continued.

2. WILL SELMANCO NOTIFY US BEFORE THE TRICARE SUPPLEMENT INSURANCE PLAN ENDS?

Yes, 90 days prior to your 65th birthday, you will be sent notification that your coverage will end.

3. CAN MY SPOUSE AND DEPENDENTS CONTINUE TRICARE SUPPLEMENT COVERAGE IF I AM INELIGIBLE TO CONTINUE?

Yes, your spouse and dependents may continue enrollment in the plan. First, check with your employer if they will continue payroll deduction. If not, your spouse and dependents may continue TRICARE Supplement coverage directly with SelmanCo until they cease to be eligible.

4. CAN I CONTINUE THE TRICARE SUPPLEMENT UPON TERMINATION OF EMPLOYMENT?

Terminated employees may continue coverage until age 65. A termination letter will be mailed giving you the option of continuation on a direct bill portability basis. You will be billed directly by SelmanCo.

5. ARE THE TIME LIMITS ON PORTABILITY THE SAME AS COBRA?

No. COBRA time limits are 18-, 29- or 36-month maximum coverage period. While on portability you will be covered for as long as you choose or you attain age 65, whichever comes first, providing your monthly premiums are paid.

6. WILL MY PREMIUM CHANGE IF I ENROLL IN PORTABILITY?

Your monthly premium amount will remain the same but will be paid on a post-tax basis.

7. WHAT OPTIONS DO I HAVE TO MAKE PREMIUM PAYMENTS WHILE ON PORTABILITY?

You have the following options to make premium payments:

- Monthly by electronic fund transfer (EFT) from your checking account
- Quarterly
- Semi-annually
- Annually

V. CONTACT INFORMATION

WHO DO I CONTACT IF I HAVE QUESTIONS ABOUT MY TRICARE SUPPLEMENT INSURANCE PLAN COVERAGE?

Thank you for being our customer! Please contact SelmanCo, the plan administrator:

- Phone: 800-638-2610, Monday through Friday, 9:00 a.m. to 7:00 p.m. Eastern Time
- Email: memberservices@selmanco.com
- Web: www.SelmanCo.com
- Social Media: @SelmanCompany
- Manage Your Account: <https://www.selmanco.com/eservice>

This brochure explains the general purpose of the insurance described, but in no way changes or affects the policies as actually issued. In the event of a discrepancy between this brochure and the policies, the terms of the policies apply. All benefits are subject to the terms and conditions of the policies. Policies underwritten by Hartford Life and Accident Insurance Company detail exclusions, limitations, and terms under which the policies 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.

Policy #s AGP-5942, AGP-594201, AGP-5494202, AGP-5943, AGP-594301, AGP-594302, AGP-594307, AGP-5944, AGP-594401, AGP-594402

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