

2025

TRICARE SUPPLEMENT INSURANCE PLAN *for Employees*



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 by the Department of Defense.

Under age 65 and not eligible for Medicare.

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

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



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.

Monthly Premium

Premium Rates for Non-NY residents

Classification	Rate
Employee Only	<u>\$67.50</u>
Employee + Child(ren)	<u>\$132.50</u>
Employee + Spouse	<u>\$132.50</u>
Employee + Family	<u>\$178.50</u>

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

Premium Rates for NY residents

Classification	Rate
Employee Only	<u>\$47.70</u>
Employee + Child(ren)	<u>\$93.20</u>
Employee + Spouse	<u>\$93.20</u>
Employee + Family	<u>\$125.40</u>

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

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

Claims

Claims	Filing a RX Claim
<p><u>Members:</u></p> <ul style="list-style-type: none">• 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. <p><u>Providers:</u></p> <ul style="list-style-type: none">• 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.	<p>Along with your completed supplement claim form, include one of the following:</p> <ul style="list-style-type: none">• 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 visit: https://www.tricare.mil/PatientResources/GoPaperless/EOB

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

By Email:
Send to
memberservices@selmanco.com

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



THANK YOU.

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-5944 plan: [AGP-5944](#) | [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-5944. Not available in all states.

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