



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 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 Selman & Company 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. Selman & Company 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.

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 who is 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 Selman & Company for secondary consideration.

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

Yes, the TRICARE Supplement 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 PLAN HAVE A PLAN DEDUCTIBLE?

The TRICARE Supplement 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 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 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 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 co-pay of \$29 or \$41 for in-network providers, depending on the type of provider seen. 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 \$20 or \$30 copay, depending on the type of provider seen. 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 of \$300 per individual (maximum \$600 per family) plus 50% of the TRICARE allowed amount after TRICARE pays 50% plus applicable Excess Charges.

The TRICARE Supplement 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 \$25 or \$41 copay, depending on the type of provider seen in-network, or 75% of the Allowed Amount when a non-network provider is utilized.

The TRICARE Supplement pays a percentage of your TRR deductible, the \$25 or \$41 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 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. The Policy also limits coverage for: routine physical exams, unless required for school enrollment (but not sports physicals) by a Covered Child aged 5 through 11 and immunizations, except that these services are covered when rendered to a Covered Child who is less than 6 years of age; domiciliary or custodial care; eye refractions and routine eye exams except when rendered to a child up to 6 years from the child's birth; eyeglasses and contact lenses; prosthetic devices, except those covered by TRICARE; cosmetic procedures, except those resulting from covered Sickness or Injury; hearing aids; orthopedic footwear; care for the mentally incapacitated or physically handicapped if the care is required because of the mental incapacitation or physical handicap; drugs which do not require a prescription, except insulin; dental care unless such care is covered by TRICARE; and then only to the extent that TRICARE covers such care; any confinement, service, or supply that is not covered under TRICARE; hospital nursery charges for a well newborn, except as specifically provided under TRICARE; any routine newborn care except Well Baby Care, as defined, for a child up to 6 years from his or her birth; TRICARE eligible cost share and deductible amounts in excess of the TRICARE cap; expenses which are paid in full by TRICARE; expenses in excess of the TRICARE Allowed Amount, except as specifically provided; treatment for the prevention or cure of alcoholism or drug addiction except as specifically provided under TRICARE and the Policy; any part of a covered expense which the Covered Person is not legally obligated to pay because of payment by a TRICARE alternative program; any claim under more than one of the TRICARE Supplement Plans or under more than one Inpatient Benefit or more than one

Outpatient Benefit of the TRICARE Supplement Plans. If a claim is payable under more than one of the stated Plans or Benefits, payment will only be made under the one that provides the highest coverage. Insureds are encouraged to contact TRICARE to verify coverage.

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 Plan works with both TRICARE Prime and TRICARE Select.

11. HOW ARE PRESCRIPTION DRUGS COVERED UNDER THE TRICARE SUPPLEMENT 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 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 Selman & Company 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 Selman & Company Directly.

2. DO MOST PROVIDERS SUBMIT CLAIMS TO SELMAN & COMPANY?

Approximately 90% of providers submit claims directly to Selman & Company 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 Selman & Company 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 Selman & Company 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 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 insured, 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: 1-800-310-5514

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 Selman & Company so that your TRICARE Supplement coverage may be continued.

2. WILL SELMAN & COMPANY NOTIFY US BEFORE THE TRICARE SUPPLEMENT 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 Selman & Company 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 Selman & Company.

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 PLAN COVERAGE?

Thank you for being our customer! Please contact Selman & Company, 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-494202, AGP-5943, AGP-594301, AGP-594302, AGP-594307, AGP-5944, AGP-594401, AGP-594402

TRICARE Form Series includes GBD-3000 (2017), GBD-3100(2017) or state equivalent. | The Hartford is The Hartford Financial Services Group, Inc. and its subsidiaries including underwriting company Hartford Life and Accident Insurance Company, One Hartford Plaza, Hartford, CT 06155.

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