

## What is TRICARE and TRICARE Reserve Select (TRS)?

**TRICARE** is the Department of Defense's health benefit program for the military community. It consists of TRICARE Prime (HMO style plan) and TRICARE Extra (PPO style plan) / TRICARE Standard (indemnity plan).

**TRICARE Reserve Select** is the TRICARE health benefit program for non-activated National Guard and Reservist Members.

**Selman & Company** and the **Government Employees Association (GEA)** are pleased to make available TRICARE Supplement Insurance for employees entitled to TRICARE and listed in the Defense Enrollment Eligibility Reporting System (DEERS).

### The Administrator

Selman & Company has marketed and administered life and health insurance products to members of associations and affinity groups, customers of financial institutions, and employees through their employers for over 35 years. Selman & Company is among the largest privately held firms in the nation with focus on the markets in which it serves.

### Sponsoring Association

The Government Employees Association (GEA) is a non-profit, tax-exempt organization; incorporated in 1965 in Washington, D.C. GEA was established to provide active and retired federal, state and local government employees including members of the military and National Guard services with a network of resources. Enrollment in TRICARE Supplement requires membership in Government Employees Association, Inc. [www.GEAUSA.org](http://www.GEAUSA.org)

### Questions?

Selman & Company's call center representatives are available if you have questions about your TRICARE Supplement Insurance plan.



800.638.2610, option 1



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

Selman & Company  
6110 Parkland Boulevard  
Cleveland, OH 44124  
[www.SelmanCo.com](http://www.SelmanCo.com)

### The Underwriter

The TRICARE Supplement Plan is underwritten by Transamerica Financial Life Insurance Company (TFLIC), Harrison, NY, and Transamerica Premier Life Insurance Company (TPLIC), Cedar Rapids, IA. TFLIC is authorized to conduct business in New York. TPLIC is authorized to conduct business in all other states. This brochure is a summary of benefits only and is subject to the terms, conditions and limitations of the Insurance Policy.

Policies underwritten by Transamerica Premier Life Insurance and Transamerica Financial Life 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 in of all states.

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## TRICARE SUPPLEMENT INSURANCE



Military Retirees



Qualified National Guard and Reserve Members

**SelmanCo**

# What is TRICARE SUPPLEMENT INSURANCE?

TRICARE Supplement Insurance brings you more choices and greater peace of mind in your second career.



TRICARE Supplement Insurance is a voluntary insurance plan designed to supplement TRICARE to help you with your healthcare expenses.

## Who is Eligible for TRICARE Supplement Insurance?

Retired uniformed services members and reservists who are eligible for TRICARE<sup>1</sup>, not eligible for Medicare and under age 65<sup>2</sup>, including, but not limited to:

- Military retirees who are entitled to retiree, retainer or equivalent pay.
- Retired Reservists enrolled in TRICARE Retired Reserves (gray area retirees).
- Retired Reservists between the ages of 60 and 65 and entitled to retiree pay.
- Spouses and surviving spouses of retired uniformed services members.
- Qualified National Guard and Reserve members; TRICARE Reserve Select (TRS)

## Product Highlights:

- Covers cost shares and co-pays (including prescription drugs)
- Covers a portion of your TRICARE deductible; in some cases up to 100%
- No pre-existing condition clause
- Covers excess charges up to the legal limit
- Guaranteed acceptance
- No medical examination required to apply

### What is Covered?

To be a covered expense, the expense must be incurred for the sole purpose of treating a covered person's injury or sickness and must be prescribed by an attending physician (except for routine nursing services). The covered expense must meet such additional requirements as detailed in your Certificate of Insurance.

TRICARE and the TRICARE Supplement are separate plans. However, TRICARE Supplement Insurance may help to maximize your TRICARE benefits and minimize your out-of-pocket expenses. Not all services and expenses are covered by TRICARE and TRICARE Supplement Insurance.

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### <sup>1</sup>Verify TRICARE Benefits Eligibility

To verify your eligibility for TRICARE benefits, contact the Defense Enrollment Eligibility Reporting System (DEERS) at the following toll free number: 1-800-538-9552 or update your contact information online at: [www.dmdc.osd.mil/appj/address](http://www.dmdc.osd.mil/appj/address)

### <sup>2</sup>Exceptions to Age 65 Eligibility Rule

- 1] *Employee and/or spouse age 65 or older but not eligible for Medicare:* These individuals must provide Selman & Company with a copy of the Social Security Administration "Notice of Disallowance."
- 2] *Employee and/or spouses age 65 or older but reside overseas:* Since Medicare does not cover medical expenses incurred outside of the United States of America these individuals are eligible to enroll in the TRICARE Supplement Plan. However, these individuals must be entitled to Medicare Part A and enrolled in Medicare Part B.

### Enrollment and Effective Date

TRICARE Supplement Insurance is an optional program. To enroll, you must contact your employer for enrollment information. You may be required to complete a payroll deduction authorization form or a TRICARE Supplement Insurance enrollment form. Your coverage and that of your eligible family members will become effective on the date requested by your employer.

There may be additional TRICARE requirements. Please visit [www.tricare.mil](http://www.tricare.mil) for more information. TRICARE Supplement Insurance is not considered a primary health insurance plan.

### Enrollment Kit

After your enrollment is processed by Selman & Company you will be mailed an enrollment packet that includes:

- Certificate of Insurance
- Identification Cards
- Claim Forms
- Information on how to submit claims
- Login instructions to eService website

### Pre-Existing Conditions

There is no pre-existing condition limitation under this TRICARE Supplement Insurance Plan.

### Termination

Your coverage is renewable to age 65 as long as premiums are paid on time; you remain a member of the sponsoring organization; you, your spouse and dependents remain in an eligible status; and the Master Policy and your class of insured persons remain in effect. So even if you or a covered dependent develops a serious health condition in the future, coverage will not terminate, provided these conditions are met. If these conditions are not met, your eligibility for the TRICARE Supplement Plan ends. Coverage for a spouse or dependent child terminates on the premium due date following the date he or she no longer satisfies the requirements to be a spouse or dependent.

### Exclusions and Limitations

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 (in Colorado and Missouri while sane); 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. Exclusions may vary by state. Please see your Certificate for specific details. Plans not available in all states.

### Dependent Eligibility

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.

Supplement coverage does not automatically terminate for children until age 26. Selman will continue to carry the dependent coverage unless the Employer and/or Employee requests the termination.

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

## 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 the TRICARE Covered Expenses.

## Definitions

Confined or Confinement means being an Inpatient in a Hospital (or Skilled Nursing Facility) due to Sickness or Injury. Skilled Nursing Facility means one which: (a) is approved by Medicare or is qualified to receive approval by Medicare if so required; (b) operates pursuant to law; (c) primarily and continuously provides skilled nursing care and related services to persons convalescing from Sickness or Injury on an Inpatient basis for which a charge is made; (d) provides 24-hour-a-day nursing service by or under the supervision of a registered nurse (R.N.); (e) provides adequate procedures for the administration of drugs; (f) maintains daily medical records of each patient; and (g) provides each patient with a planned program of medical care and treatment by or under the supervision of a Physician. Legal Limit means the maximum amount that a nonparticipating provider can legally charge. This amount is up to 115% of the TRICARE Allowed Amount.

## Filing a TRICARE Supplement Claim

The Supplement Plan pays secondary to TRICARE. Therefore, your claims for medical expenses must be submitted to TRICARE for primary processing. After processing your claim, TRICARE will send you an Explanation of Benefits (EOB). To obtain your supplement benefits, a claim should be submitted to Selman & Company either by you or by your medical provider.

Claim submissions **MUST** include the following:

- 1] Claim form (completed and signed)
- 2] Copy of the provider's bill showing the diagnosis, provider's name, address, and Tax ID Number
- 3] Copy of the corresponding TRICARE EOB; write your Identification Number (found on your Supplement ID card) on your TRICARE EOB.

Send all of the above to Selman & Company's Claims Office via mail or fax:



PO Box 2510  
Rockville, MD 20747-2510



301.816.1125 -or-  
301.926.2621

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# TRICARE SUPPLEMENT INSURANCE

[www.SelmanCo.com](http://www.SelmanCo.com)



 Military Retirees

 Qualified National Guard  
and Reserve Members



## After TRICARE pays here's how the TRICARE Supplement Insurance Plan works:

CARE REQUIRED	TRICARE Standard/Extra Pays	TRICARE Standard/Extra SUPPLEMENT Pays	TRICARE Prime or Point-of-Service (POS) Pays	TRICARE Prime or Point-of-Service (POS) SUPPLEMENT Pays
<b>INPATIENT FACILITY SERVICES</b> in civilian hospitals for RETIREES and their dependent family members (room, board, supplies and staff services billed by the hospital).	The TRICARE Standard DRG <sup>1</sup> allowed amount (contracted rate for TRICARE Extra minus your cost share).	The lesser of \$810 per day or 25% of the billed amount, not to exceed the TRICARE Standard DRG amount (lesser of \$250 per day or 20% cost share of the contracted rate for TRICARE Extra).	PRIME – All but the Prime co-payments.  POS – 50% of the TRICARE allowed amount after the Deductible has been met.	PRIME – All Prime co-payments.  POS – The 50% POS cost share.
<b>INPATIENT PROFESSIONAL SERVICES</b> in civilian hospitals for RETIREES and dependent family members (doctors, and other inpatient services not billed by the hospital).	75% of the TRICARE Standard allowed amount (80% for TRICARE Extra) for doctors and other professional services.	Your 25% Standard/20% Extra cost share.	PRIME – All but the Prime co-payments.  POS – 50% of the TRICARE allowed amount after the Deductible has been met.	PRIME – All Prime co-payments.  POS – The 50% POS cost share.
<b>INPATIENT CARE</b> in military hospitals.	All but the daily subsistence fee.	The daily subsistence fee.	All but the daily subsistence fee.	The daily subsistence fee.
<b>OUTPATIENT CARE</b> for RETIREES and their dependent family members (office visits, clinics, lab, etc.)	75% of the TRICARE Standard allowed amount (80% for TRICARE Extra) after you pay the TRICARE Outpatient Deductible.	Your 25% Standard/20% Extra cost share and 50% of the TRICARE Outpatient Deductible <sup>2</sup> of \$150 per person or \$300 per family PLUS 100% of Covered Excess Charges.	PRIME – All but the Prime co-payments.  POS – 50% of the TRICARE allowed amount after the Deductible has been met.	PRIME – All Prime co-payments.  POS – The 50% POS cost share and 25% of the POS Deductible <sup>2</sup> of \$300 per person or \$600 per family PLUS 100% of Covered Excess Charges up to the Legal Limit.
<b>PRESCRIPTION DRUGS</b> Civilian network pharmacy; up to a 30-day supply.	All but copayments: \$10 generic, \$24 brand name or \$50 non-formulary.	All co-payments.	PRIME – All but the co-payments.	PRIME – All co-payments.
<b>PRESCRIPTION DRUGS</b> Home delivery   mail order; up to a 90-day supply; co-pays based on each 30-day supply.	All but copayments: \$20 brand name or \$49 non-formulary.	All co-payments.	PRIME – All but the co-payments.	PRIME – All co-payments.
<b>PRESCRIPTION DRUGS</b> Civilian non-network pharmacy; up to a 30-day supply.	All but the deductible and co-payments: \$24 generic/brand name, \$50 non-formulary or 20% of total cost, whichever is greater.	Co-payments: \$24 generic/brand name, \$50 non-formulary or 20% of total cost, whichever is greater and 100% of the TRICARE Outpatient Deductible <sup>2</sup> of up to \$150 per individual, \$300 per family.	POS – 50% of the TRICARE allowed amount after the Deductible has been met.	POS – The 50% POS cost share and POS Deductible <sup>2</sup> of \$75 per person or \$150 per family.

**TRICARE Supplement Policy MZ0925784H0000A Plan Deductible:** \$100 per person | \$200 per family

<sup>1</sup>*Diagnosis Related Group (DRG): Established standard hospital stays for categories of medical conditions.*

<sup>2</sup>*Reimbursement towards 50% of the fiscal year TRICARE Standard Outpatient Deductible is made only if the deductible is incurred after the effective date of coverage.*

**Note:** After you have met your TRICARE Supplement Plan Deductible and 50% of the TRICARE Outpatient Deductible the plan 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 fiscal year (FY) (October 1–September 30) for TRICARE-covered services. Coverage may not be available in all states. Exclusions may vary by state and underwriter. See your Certificate for complete details.

**This is not Medicare Supplement Insurance.** For more information about Medicare and Medicare Supplement Insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.

## After TRICARE Reserve Select pays here's how the TRICARE Supplement Plan works:

CARE REQUIRED	TRICARE Reserve Select (TRS) Pays	After TRS Pays, the TRICARE SUPPLEMENT Pays
<b>INPATIENT FACILITY SERVICES</b> in civilian hospitals for TRS member and their dependent family members (room, board, supplies and staff services billed by the hospital).	All but \$18.00 per day (\$25 minimum)	\$18.00 per day (\$25 minimum)
<b>INPATIENT PROFESSIONAL SERVICES</b> in civilian hospitals for TRS member and their dependent family members (doctors, and other inpatient services not billed by the hospital).	Network Provider: 85% of the TRICARE negotiated rate.  Non-Network Provider: 80% of the allowed amount.	Network Provider: 15% cost share  Non-Network Provider: 20% cost share plus 100% of covered Excess Charges.
<b>INPATIENT CARE</b> in military hospitals.	All but the daily subsistence fee.	The daily subsistence fee.
<b>OUTPATIENT CARE</b> for TRS member and their dependent family members (office visits, clinics, lab, etc.)	Network Provider: 85% of the TRICARE negotiated rate after you pay the TRS deductible.  Non-Network Provider: 80% of the allowed amount after you pay the TRS deductible.	Network Provider: 100% of the TRS deductible of up to \$150 individual or \$300 family and the 15% cost share.  Non-Network Provider: 100% of the TRS outpatient deductible and the 20% cost share plus 100% of covered Excess Charges.
<b>PRESCRIPTION DRUGS</b> Civilian network pharmacy; up to a 30-day supply.	All but co-payments: \$10 generic, \$24 brand name or \$50 non-formulary.	All co-payments.
<b>PRESCRIPTION DRUGS</b> Home delivery   mail order; up to a 90-day supply; co-pays based on each 30-day supply.	All but co-payments: \$20 brand name or \$49 non-formulary.	All co-payments.
<b>PRESCRIPTION DRUGS</b> Civilian non-network pharmacy; up to a 30-day supply.	All but the TRS deductible and co-payments: \$24 generic/brand name, \$50 non-formulary or 20% of total cost, whichever is greater.	Co-payments: \$24 generic/brand name, \$50 non-formulary or 20% of total cost, whichever is greater and 100% of the TRS outpatient deductible of up to \$150 per individual, \$300 per family.
<b>TRICARE Reserve Select (TRS) Supplement Policy MZ0925784H0000A Plan Deductible: \$100 per person   \$200 per family</b>		
<p>Note: After you have met your TRICARE Supplement Plan deductible the plan pays 100% of your approved expenses not paid by TRICARE.</p> <p><b>Note:</b> 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 fiscal year (FY) (October 1–September 30) for TRICARE-covered services.</p> <p>Exclusions may vary by state and underwriter. See your Certificate for complete details.</p> <p><b>This is not Medicare Supplement Insurance.</b> For more information about Medicare and Medicare Supplement Insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.</p>		