



TRICARE SUPPLEMENT INSURANCE

Frequently Asked Questions

For Employer/Human Resources



❖ Military Retirees

❖ Qualified National Guard and Reserve Members



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I. ENROLLMENT/ELIGIBILITY

1. HOW DO I KNOW IF AN EMPLOYEE IS ELIGIBLE FOR THE TRICARE SUPPLEMENT PLAN?

Employees should contact DEERS to determine their eligibility. Once Selman receives an application, we will verify if someone is eligible. If we cannot confirm they are eligible, a letter is sent to the employee asking for the information needed. The employer is also notified if we cannot confirm eligibility. Until ineligibility is confirmed, the employee will be enrolled in the Supplement.

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

Employees who are eligible for enrollment in the TRICARE Supplement Plan cannot be eligible for Medicare and include the following:

- Military retirees entitled to retired pay and their spouses/surviving spouses who are ineligible for Medicare.
- Retired Reservists and National Guardsmen between the ages of 60 and 65 with 20 years of creditable service and their spouses/surviving spouses who are not eligible for Medicare.
- Retired Reservists and National Guardsmen under age 60 and enrolled in TRICARE Retired Reserves (TRR) and their spouses/surviving spouses who are not eligible for Medicare.
- Qualified National Guard and Reserve members (TRS)
- Military retirees and their spouses/surviving spouses who reside outside the U.S. or its territories (all who are eligible for Medicare must be in Medicare)
- 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).

3. UNDER WHAT CIRCUMSTANCE WOULD A MEMBER, AGE 65 OR OLDER, BE ELIGIBLE FOR TRICARE SUPPLEMENT?

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:

Write to:	Phone: 800.538.9552 (in the continental United States)
DEERS Support Office	Fax address changes to: 1-831-655-8317
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.

4. ARE ACTIVE DUTY PERSONNEL ELIGIBLE?

Unfortunately, active duty members and their dependents are not eligible for the TRICARE Supplement Plan offered through their employer. However, there are other supplement plans offered directly through Selman & Company that do allow active duty members to enroll. Please contact Selman & Company at 1-800-638-2610 for more information on this type of plan.

5. UP TO WHAT AGE ARE DEPENDENTS ELIGIBLE?

Eligibility for an unmarried dependent child is available to any member's child and/or spouse who is non-military dependent and under age 26 or:

- Incapable of self-sustaining employment by reason of mental retardation or physical handicap
- Is primarily dependent upon the Member for support and maintenance, provided proof of such incapacity and dependency is furnished to the Company within 31 days of the child's attainment of the limiting age and subsequently as may be required by the Company, but not more frequently than annually after the 2 year period following the child's attainment of the limiting age.

6. 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.

7. HOW DO I KNOW IF AN EMPLOYEE IS ENROLLED IN THE SUPPLEMENT?

Once an employee is enrolled, they will be sent a Welcome Packet and will be added to your list bill website. For Self Bill groups, please contact your Client Manager.

8. CAN AN EMPLOYEE ENROLL IF THEY WERE DISCHARGED FROM THE MILITARY BUT NOT RETIRED?

No, they cannot. The Corporate Supplement is only available to retired military personnel, TRS members and eligible dependents. Retired military personnel are anyone who spent at least 20 years in the service.

9. WHAT INFORMATION SHOULD I (HR REP) HAVE AVAILABLE WHEN CONTACTING SELMAN & COMPANY FOR EMPLOYEE ENROLLMENT STATUS?

Please have the employer name, employee and/or dependent(s) names, date the enrollment request was submitted, how enrollment request was sent (file, paper, online, etc.).

10. WILL EMPLOYEES RECEIVE ID CARDS?

Yes, ID Cards are sent in the Welcome Packet along with a: Welcome Letter, Certificate of Coverage, Schedule Page, Claim Form, 'How to File a Claim' instructions and an eService letter.

11. WHY DO SOME (OLDER) ID CARDS STILL SAY ASI CORPORATION INSTEAD OF SELMAN & COMPANY?

Selman & Company acquired the business and assets of ASI Corporation. The old ASI card is still valid.

12. WHY IS THE 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.

13. 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. The card is not proof of coverage; it is simply a quick reference guide for contacting us. The employee and medical providers may call us to inquire about which family members are covered.

II. BILLING

1. WHEN IS PREMIUM DUE?

Premium is due at the end of the month in the month it is billed.

2. WHERE DO I MAIL PREMIUM?

Any new groups should pay via ACH into Selman's KeyBank Account. We will still accept payment via check; however, utilizing ACH is the preferred method.

Selman & Company
PO Box 24847
Cleveland, OH 44124

3. WHEN WILL I RECEIVE AN INVOICE?

- List Bill: Invoices can be downloaded via the list bill website. If you do not have a log in set-up please reach out to your Client Manager. Invoices are typically ready by the 5th of each month. A notification email is sent to let you know when your invoice is ready to be downloaded.
- Self-Bill: No invoice is generated by Selman & Company. The client prepares a report of all employees enrolled in the plan along with premium amounts due for each. The report and premium payment are sent to Selman & Company each month.

4. IS THERE A GRACE PERIOD?

Premium can be mailed in until the end of the month without being considered late. After that, any claims submitted by the insured will be held in suspense until the outstanding balance is paid.

5. WHAT IS THE NAMING CONVENTION FOR THE PAYMENT FILE?

Please use the following naming convention for the premium payment files with the following information included:

XXXXXXXXXX_CCYYMMDD_PREM_****.EXT

- Client ID Number: 0000001234
- Date: January 1, 2016
- Type of File: PREM
- Name of Employer: ABCcompany
- EXT: Excel

Example: 0000001234_20160101_PREM_ABCcompany.xlsx

6. WHY CAN'T THE EMPLOYER SHARE THE COST OF THE MONTHLY PREMIUM?

Due to the John Warner Act, employers cannot share the cost of premiums for the TRICARE Supplement Plan. The Supplement is 100% voluntary and premiums are paid by the employee. Employers can only contribute if there are 20 or fewer employees at a company.

III. COVERAGE CHANGES

1. HOW DO WE NOTIFY SELMAN & COMPANY IF AN EMPLOYEE'S COVERAGE NEEDS TO BE TERMINATED?

There are a couple of ways to notify Selman if an employee terminates:

- Notating it on your change file, if sending in file feeds
- Marking termination on the enrollment application
- Changing it on your invoice via the list bill website
- Emailing your Client Manager

2. CAN EMPLOYEES CONTINUE THEIR COVERAGE AFTER THEY HAVE BEEN TERMINATED?

Terminated employees may continue coverage until age 65. If the employer will not continue payroll deduction, a termination letter will be mailed giving the option of continuation on a direct bill portability basis. The employee will be billed directly by Selman & Company.

3. CAN SPOUSES AND DEPENDENTS CONTINUE TRICARE SUPPLEMENT COVERAGE IF THE EMPLOYEE IS INELIGIBLE TO CONTINUE?

Yes, spouses and dependents may continue enrollment in the plan. If the employer will not continue payroll deduction, the family may continue TRICARE Supplement coverage directly with Selman & Company.

4. 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 the employee will be covered for as long as they choose or they attain age 65, whichever comes first, providing the monthly premiums are paid.

5. Will THE PREMIUM CHANGE IF AN EMPLOYEE ENROLLS IN PORTABILITY?

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

IV. COVERAGE DETAILS

1. WHAT IS THE ADVANTAGE OF ENROLLING IN THE TRICARE SUPPLEMENT?

The TRICARE Supplement Plan offers nearly 100% coverage when used with TRICARE as primary. The Supplement covers a percentage of the TRICARE deductible, cost-shares, applicable excess charges and co-pays left behind by TRICARE. Many times, this option is less expensive than the employer-sponsored health plan. Please refer to the certificate of coverage for specifics.

2. HOW DOES THE TRICARE SUPPLEMENT PLAN WORK WITH TRICARE?

TRICARE and the TRICARE Supplement Plan are separate plans. However, these plans work together to maximize benefits and minimize out-of-pocket expenses. Not all services are covered by TRICARE and the TRICARE Supplement Plan.

3. 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.

4. 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 (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.

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

5. IS THIS A MAJOR MEDICAL PLAN?

No, this is a supplement plan.

6. CAN THIS PROGRAM SUPPLEMENT ALL MAJOR MEDICAL PROGRAMS?

No, this plan is supplemental to TRICARE only.

V. ELIGIBILITY FILE FEEDS

1. WHAT IS THE NAMING CONVENTION FOR THE ELIGIBILITY FILE?

Production files that are sent to Selman & Company should be named in the following manner:

XXXXXXXXXX_CCYYMMDD_FILETYPECODE_****.EXT

- The first part (green) is the zero-filled 10 character Client_ID e.g. 0123456789.
- The second part (blue) is the 8 character File Transfer Date e.g. 20141121.
- The third part (red) indicates the files intended purpose using the table below.
- The forth part (****) can be anything the client chooses with the restriction that it should only contain the following characters: "a-z", "A-Z", "0-9", or "_".
- The last part (black) is the file extension.
- The file name must not contain spaces.

In order to ensure the accuracy and efficiency of file processing, Selman & Company will only process files that are sent to us with an appropriate "File Type Code" that matches the file contents and purpose.

File Type:

HIPAA 834 (our preference)

Enrollment Fixed-Record

Selman Enrollment Character-Delimited

Selman Payment Fixed-Record

Selman Payment Character-Delimited

File Type Code:

ENR834

ENRFR

ENRCD

PAYFR

PAYCD

2. WHAT IS THE NAMING CONVENTION FOR THE TEST FILE?

Test files that are sent to Selman & Company should be named the same as above except for the addition of TEST as seen here: XXXXXXXXXXXX_CCYYMMDD_FILETYPECODE_TEST_****.EXT

3. WHAT IS THE PREFERRED FORMAT FOR FILES?

Although our Import File Specifications currently list more than one type of file, we list those more for the benefit of clients who currently send files that way. Our preference is for files to be sent in the HIPAA 834 format. Although we understand that not all clients are capable of using this format, it is the format that is the most compatible with our current automation systems and is the most effective and efficient means of file transferring and processing. For those that do send via an 834 format, we ask that proper 834 coding (in STATUS and TRANSTYPE) is used; this allows our system to immediately identify new enrollments (21), terminations (24) and changes (1). We also prefer that files are sent weekly as "change" files, as opposed to full audits; while we are capable of processing files with large numbers of entries, it is more difficult and may pose some inaccuracies in reporting. This process, coupled with bi-monthly or quarterly audits, provides the most efficient means for processing TRICARE files.

Our team is willing to work with our clients to ensure that reporting and processing goes smoothly both for clients that meet our preferred formats and smaller or transitioning clients who may send ASCII-Fixed or Excel Spreadsheets

4. CAN WE EMAIL YOU AN ELIGIBILITY FILE?

While we do accept all files that are sent to us, emailing files via unsecured email, even password protected, is unsafe for the members on the spreadsheets or data files. We prefer that these files be uploaded to our FTP website, or that they are sent via secure email, to minimize risk. We also cannot email any information that would include full social security numbers on these files.

5. WHAT IS YOUR POLICY ON EMPLOYEE TERMINATIONS AND REPORTING?

Our team cannot term a member unless we have an explicit Coverage End Date listed on the file. If we do not have the CVGENDDATE field populated, we will report members and dependents as “dropped”, and they will pass through on discrepancy reports. Though we can process the terminations of primaries and the removal of dependents in this fashion, TRICARE standards (and, more specifically, 834 standards) state that terminations should be reported explicitly on files. Beyond such, sending the terminations with an end date not only makes the process faster, but also more efficient in that we would avoid having to report additional discrepancies.

6. HOW DO YOU HANDLE AGE 65 TERMINATIONS?

If a member reaches age 65 and does not provide us with proof that they are not eligible to move to TRICARE for Life, we will terminate the policy in our system. If they have dependents who are still TRICARE eligible, they are moved to their own policy with an ID, marking specific dependents as the new primary ensured while the member would be the primary bill-to-person. If the standards of a client are to move these continued policies to Direct Bill, we will need confirmation as such.

For spouses, if a spouse reaches age 65 and does not provide us with proof that they are not eligible to move to Medicare, we will remove the dependent from the policy in our system.

7. HOW DO YOU HANDLE DISCREPANCIES REGARDING INELIGIBLE MEMBERS?

For members who are not determined as eligible (they meet all TRICARE standards, foremost by qualifying as retired military or as “TRICARE Reserve Select”), but not explicitly listed as ineligible, either due to missing information or any other gap in eligibility, our enrollment team sends a letter to the member which they will need to respond to, verifying that they are in fact eligible or ineligible. While the member will remain in our system as “enrolled”, we will send an email sometime after processing has finished on the file, which will be sent to the client's eligibility contact, listing all members who were set to be enrolled, but were not able to be deemed eligible.

For members who are determined as ineligible for TRICARE (one example being Active Duty), our enrollment team marks them as such and we will send an email sometime after processing has finished on the file, which will be sent to the client's eligibility contact, listing all members who were set to be enrolled, but were deemed ineligible.

8. WHAT ARE YOUR STANDARDS ON INFORMATION SENT ON DISCREPANCY REPORTS?

Due to internal security standards, we cannot send full social security numbers unless we send via secure email, which Selman currently does not use. We will typically only send basic identifying information such as name and ID on discrepancy report emails, and can send the last 4 digits of the SSN if it is requested. If a client wishes to retrieve the full SSN from a discrepancy report, we can send it to them only if they initiate a password-protected secure email conversation, from which we can reply with the necessary information.

VI. CLAIMS

1. HOW ARE CLAIMS FILED WITH THE SUPPLEMENT?

Since TRICARE is primary, claims must be filed first with TRICARE. TRICARE will send the employee and provider (if a participating/network provider) a copy of the TRICARE EOB. The employee or provider must submit the claim to Selman & Company.

If the provider submits a claim, the employee should not also submit the claim. If the provider does not submit a claim, the employee is required to submit the claim. Selman & Company, however, makes it easy to submit claims. You simply write the Member ID number on the EOB and copy of the provider's bill if available. The employee should also write “Pay Provider” if they would like the benefits paid directly to the provider, otherwise the benefits will be paid to the employee.

2. HOW ARE PRESCRIPTION CLAIMS FILED WITH THE SUPPLEMENT?

The TRICARE Supplement Plan reimburses TRICARE copayments or cost shares regardless of where the prescription is filled. If the prescription is filled at a non-network pharmacy, the claim must be filed first with TRICARE and submit the TRICARE EOB to Selman & Company for reimbursement. Reimbursements are subject to the Supplement deductible, if applicable.

3. WHERE CAN I SUBMIT MY CLAIMS?

Selman & Company
PO Box 2510
Rockville, MD 20847
Or, faxed to: 301.816.1125, 301.926.2621 or 800.310.5514

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

Approximately 90% of providers submit claims directly to Selman & Company for TRICARE Supplemental reimbursement. Employees should always ask their providers to file supplement claims.

VII. CONTACT INFORMATION

1. HOW CAN I OBTAIN MARKETING MATERIALS FOR THE TRICARE SUPPLEMENT PLAN?

Materials are available in printed and electronic format. You may obtain materials by contacting your Client Management Team:

Camille Thornton

Sr. Client Manager
800.638.2610 ext. 211
cth Thornton@selmanco.com

Stephanie Hrouda

Client Manager
800.638.2610 ext. 262
shrouda@selmanco.com

2. WHO CAN EMPLOYEES CONTACT IF THEY HAVE QUESTIONS ABOUT THEIR COVERAGE?

Selman & Company (Plan Administrator)
9:00am - 7:00pm ET, Monday-Friday



800.638.2610, option 1



memberservices@selmanco.com