



TRICARE-ELIGIBLE
EMPLOYEES HAVE THE
FREEDOM TO CHOOSE AN
ALTERNATIVE TO
EMPLOYER-SPONSORED
HEALTH PLANS.

SelmanCo

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

TRICARE SUPPLEMENT INSURANCE PLAN

BROCHURE FOR EMPLOYEES

This document describes how a TRICARE Supplement works with your existing TRICARE coverage.

Please note: Check with TRICARE to confirm your actual cost shares and copays. TRICARE benefits are provided here for your convenience, but subject to change by the Defense Health Agency.

Visit www.tricare.mil for more information.

IMPORTANT INFORMATION

TRICARE Supplement insurance policy AGP-5944, AGP-594401, AGP-594402, AGP-594408 has a deductible: \$100 per person | \$200 per family, except for TRICARE Prime Supplement, which does not have a deductible.

Note: After you have met both your TRICARE and TRICARE Supplement insurance deductibles, the supplemental insurance 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 calendar year (January 1 - December 31) for TRICARE-covered services.

This is not Medicare Supplement Insurance.

TRICARE SELECT WITH SUPPLEMENT

BENEFIT	BENEFIT PAYMENT	INSURED PAYS
TRICARE DEDUCTIBLE	50% of TRICARE Deductible (eligible charges used to satisfy TRICARE Deductible applied to Supplement Plan Deductible)	50% of TRICARE Deductible and 100% of TRICARE Supplement Deductibles
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	\$0
EXCESS BENEFIT	100% of all Covered Expenses in excess of the TRICARE allowed amount, not to exceed the Legal Limit	\$0
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	\$0

TRICARE PRIME WITH SUPPLEMENT

BENEFIT	BENEFIT PAYMENT	INSURED PAYS
TRICARE DEDUCTIBLE	25% of TRICARE Prime POS Deductible (eligible charges used to satisfy TRICARE Deductible applied to Supplement Plan Deductible)	75% of TRICARE Prime POS and 100% of TRICARE Supplement Deductibles
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	\$0
EXCESS BENEFIT	100% of all Covered Expenses in excess of the TRICARE allowed amount, not to exceed the Legal Limit	\$0
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	\$0

TRICARE RETIRED RESERVES WITH SUPPLEMENT

BENEFIT	BENEFIT PAYMENT	INSURED PAYS
TRICARE DEDUCTIBLE	50% of TRICARE Deductible (eligible charges used to satisfy TRICARE Deductible applied to Supplement Plan Deductible)	50% of TRICARE Deductible and 100% of TRICARE Supplement 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	\$0
EXCESS BENEFIT	100% of all Covered Expenses in excess of the TRICARE allowed amount, not to exceed the Legal Limit	\$0
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	\$0

CONTACT SELMAN & COMPANY

MAIL: Attn: TRICARE Supplement Insurance Plan
SelmanCo
One Integrity Parkway
Cleveland, OH 44143-1500

FAX: 800.310.5514

EMAIL: memberservices@selmanco.com

PHONE: 1.833.731.2125, Option #1, 9:00am - 7:00pm ET, Monday-Friday

AGP-5944, AGP-594401, AGP-594402, AGP-594408 | This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. All benefits 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 policy 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.

See Brochure for Employees for eligibility, termination, definitions, exclusions, and limitations.

SelmanCo is compensated for the placement of insurance and for the services it provides to customers on behalf of the insurance company.

Underwritten by Hartford Life and Accident Insurance Company, One Hartford Plaza, Hartford, CT 06155
The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company.

TRICARE Form Series includes GBD-3000, GBD-3100, or state equivalent.

NOT AVAILABLE IN ALL STATES.

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