



**SelmanCo**

TRICARE Supplement Insurance

# TRICARE Supplement Insurance Plan

Brochure for Employees

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

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# INTRODUCTION

## **The Plans**

TRICARE is the Department of Defense's health benefit program for the military community. It includes TRICARE Prime (HMO- style plan), TRICARE Select (PPO- style plan), and TRICARE Retired Reserve (PPO- style plan). TRICARE Reserve Select is the TRICARE health benefit program for non-activated National Guard and Reservist Members.

TRICARE Supplement Insurance wraps around your TRICARE coverage to help with the costs TRICARE leaves behind. Retired military people who have TRICARE Supplement insurance coverage can save on co-pays, prescriptions, and cost shares. The Hartford<sup>1</sup> 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 insurance requires membership in Government Employees Association, Inc. [www.GEAUSA.org](http://www.GEAUSA.org)

# WHAT IS TRICARE SUPPLEMENT INSURANCE?

TRICARE Supplement insurance is voluntary insurance designed to supplement TRICARE to help with your out-of-pocket 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.
- Dependent children

**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.

### (1) 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)

### (2) Exceptions to Age 65 Eligibility Rule

- 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.”

- 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 TRICARE Supplement. However, these individuals must be entitled to Medicare Part A and enrolled in Medicare Part B.

## PRODUCT HIGHLIGHTS

After TRICARE and TRICARE Supplement deductibles are met:

- 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

See your group's *Plan Design for Employees* brochure for benefits, exclusions, and limitations.

## DEPENDENT ELIGIBILITY

Your legal Spouse, under age 65, not eligible for Medicare and not on Active Duty are also eligible for coverage. Dependent Children under age 21 (23 if enrolled as a full-time student and 26 if enrolled in TRICARE Young Adult) and unmarried may be covered as well. Incapacitated dependents may continue coverage past policy age limits as long as TRICARE continues, but they must be enrolled in the supplement plan prior to age 21 (23 if a full-time student).

Supplement insurance coverage does not automatically terminate for children until age 26. Hartford Life and Accident Insurance Company will continue until age 26 to carry the dependent coverage unless the Employer and/or Employee requests the termination and your child remains eligible under the plan.

## 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. See your group's *Plan Design for Employees* brochure for benefits and coverage details, including exclusions, and limitations.

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

## **ENROLLMENT AND EFFECTIVE DATE**

The TRICARE Supplement is optional. 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 enrollment form. Your coverage and that of your eligible family members will become effective once you submit your completed enrollment form and first premium payment. If you are confined to a Hospital or Skilled Nursing Facility, your coverage will start on the day after you are discharged.

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

## **ENROLLMENT KIT**

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

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

## **PRE-EXISTING CONDITIONS**

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

## **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, your class of insured persons remain in effect and you are not eligible for Medicare, can provide documentation of such or until you become eligible for Medicare. 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 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. Termination will also occur should the covered person cease to be covered under TRICARE.

## **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.;

The Policy 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.

## **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 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 supplemental insurance 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 via mail or fax:

## CONTACT

Selman & Company (Plan Administrator)

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](mailto:memberservices@selmanco.com)
- Web: [www.SelmanCo.com](http://www.SelmanCo.com)
- Social Media: @SelmanCompany
- Manage Your Account: <https://www.selmanco.com/eservice>
- Submit a Claim:

Attn: Claims

PO Box 29151

Hot Springs, AR 71903-3351

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 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 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.

<sup>1</sup>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 (2017), GBD-3100 (2017), or state equivalent.

See your group's *Plan Design for Employees* brochure for more details.

NOT AVAILABLE IN ALL STATES.

AGP-5942, AGP-5943, AGP-5944, AGP-5945, AGP-5946

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