



SelmanCo

TRICARE Supplement Insurance

TRICARE Supplement Insurance Plan

Plan Design for Employees | 784

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

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

<p>Inpatient Skilled Nursing/Rehab Admission</p>	<p>Network Provider: \$250 per day, or up to 25% hospital charge, whichever is less, plus 20% separately billed services</p> <p>Non-network: \$953 per day, or up to 25% hospital charge, whichever is less, plus 25% separately billed services</p>	<p>Network Provider: \$250 per day, or up to 25% hospital charge, whichever is less, plus 20% separately billed services</p> <p>Non-network: 100% hospital charge, plus 100% separately billed services</p>
<p>Prescription Drugs Civilian network pharmacy; up to a 30-day supply</p>	<p>Copayments: \$11 generic; \$28 brand name; \$53 non-formulary</p>	<p>Copayments: \$11 generic; \$28 brand name; \$53 non-formulary</p>
<p>Prescription Drugs Home Delivery, mail order; up to 90-day supply; co-pays based on each 30-day supply.</p>	<p>Copayments: \$7 generic; \$24 brand name; \$53 non-formulary</p>	<p>Copayments: \$7 generic; \$24 brand name; \$53 non-formulary</p>
<p>Prescription Drugs Civilian non-network pharmacy; up to a 30-day supply</p>	<p>Annual Deductible (\$150 or \$300)</p> <p>PLUS:</p> <p>Formulary drugs: \$28 or 20% of total cost, whichever is more</p> <p>Non-Formulary: \$53 or 20% of total cost, whichever is more</p>	<p>50% of TRICARE Deductible</p> <p>PLUS:</p> <p>Formulary drugs: \$28 or 20% of total cost, whichever is more</p> <p>Non-Formulary: \$53 or 20% of total cost, whichever is more</p>

Prescription Drugs Civilian network pharmacy; up to a 30-day supply	Copayments: \$11 generic; \$28 brand name; \$53 non-formulary	Copayments: \$11 generic; \$28 brand name; \$53 non-formulary
Prescription Drugs Home Delivery, mail order; up to 90-day supply; co-pays based on each 30-day supply.	Copayments: \$7 generic; \$24 brand name; \$53 non-formulary	Copayments: \$7 generic; \$24 brand name; \$53 non-formulary
Prescription Drugs Civilian non-network pharmacy; up to a 30-day supply	POS deductible (\$300 or \$600) PLUS 50% cost share	25% of POS deductible PLUS 100% of TRICARE POS cost share

TRICARE RETIRED RESERVES WITH SUPPLEMENT

Care Required	TRICARE Retired Reserves Insured is Responsible for:	TRICARE Retired Reserves Supplement Covers
Monthly TRICARE Retired Reserves Enrollment Fee	Monthly Individual/Family Enrollment Fee	Supplement does NOT cover the TRICARE Retired Reserves Enrollment Fee

CONTACT

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Selman & Company

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Email: memberservices@selmanco.com

Call: 1-833-731-2125, option 1

9:00am - 7:00pm ET, Monday-Friday

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.

Selman & Company 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 (2017), GBD-3100 (2017), or state equivalent.

NOT AVAILABLE IN ALL STATES.

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