



TRICARE SUPPLEMENT INSURANCE

Frequently Asked Questions

For Employee



 Military Retirees

 Qualified National Guard and Reserve Members

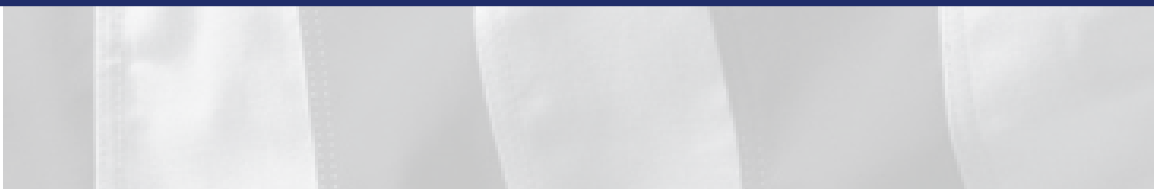


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I. ENROLLMENT/ELIGIBILITY

1. 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).

2. UNDER WHAT CIRCUMSTANCES WOULD A MEMBER, AGE 65 OR OLDER, BE ELIGIBLE FOR TRICARE SUPPLEMENT INSURANCE?

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:

Phone: 800.538.9552 (in the continental United States)

Fax address changes to: 831.655.8317

Write to:

DEERS Support Office

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.

3. ARE ACTIVE DUTY PERSONNEL ELIGIBLE?

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.

4. 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.

5. 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.

6. 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.

7. CAN I ENROLL IF I WAS DISCHARGED FROM THE MILITARY, BUT NOT RETIRED?

No, you 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.

8. WILL I 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.

9. WHY IS MY 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.

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

II. COVERAGE DETAILS

1. HOW DOES THE SUPPLEMENT COORDINATE WITH TRICARE?

TRICARE is the primary payer and the TRICARE Supplement pays secondary. After TRICARE has paid, the TRICARE Explanation of Benefits (EOB) should be submitted to Selman & Company for secondary consideration.

2. DOES THE TRICARE SUPPLEMENT PLAN REIMBURSE THE TRICARE DEDUCTIBLE?

Yes, the TRICARE Supplement Plan reimburses a percentage of the TRICARE deductible. Please refer to your certificate of coverage for details.

3. DOES THE TRICARE SUPPLEMENT PLAN HAVE A PLAN DEDUCTIBLE?

The TRICARE Supplement Plan may have a Supplement deductible. Please refer to your certificate of coverage for details.

4. HOW DO I FIND A PROVIDER?

Since TRICARE is your primary health benefit provider, all providers must be TRICARE-authorized. You may either see a network or non-network provider.

To find a network provider in your region, search the online provider on the TRICARE website at www.tricare.mil. To find a non-network provider search the yellow pages, AMA DoctorFinder, ask a friend or ask the provider.

5. DOES THE TRICARE SUPPLEMENT PLAN PAY THE PROVIDER'S BALANCE BILLED AMOUNT?

TRICARE participating or network providers cannot bill for the balance between TRICARE's allowed amount and their billing charges. Therefore, neither you nor the TRICARE Supplement Plan will be responsible for such an amount.

According to the Department of Defense (DoD), non-participating or non-network providers may only bill you for 115% above the TRICARE Allowable charge. This is considered the Legal Limit. Your TRICARE Supplement Plan will pay 100% of the Excess Charges should your provider bill such an amount. Reimbursements are subject to the Supplement deductible, if applicable.

6. HOW DOES THE TRICARE SUPPLEMENT COORDINATE WITH TRICARE STANDARD/EXTRA?

TRICARE Standard and Extra are interchangeable. You have flexibility and freedom of choice when visiting a doctor under TRICARE Standard or Extra. TRICARE pays 75% of the TRICARE Standard allowed amount or 80% of the TRICARE Extra negotiated rate, after your deductible has been met.

The TRICARE Supplement Plan pays 100% of the eligible charges after TRICARE has paid. It pays a percentage of your TRICARE Standard Outpatient Deductible, the 25% Standard or 20% Extra cost share and 100% of the covered expenses in excess of the TRICARE allowed amount for non-participating/non-network providers. Reimbursements are subject to the Supplement deductible, if applicable. Please refer to your certificate of coverage for details.

7. HOW DOES THE TRICARE SUPPLEMENT COORDINATE WITH TRICARE PRIME/POS?

TRICARE Prime is similar to an HMO plan. It requires a referral to see any doctor other than your primary care physician. As long as you use the military facilities under TRICARE Prime, you have no out-of-pocket expenses. When you use civilian doctors in the TRICARE Prime network of providers, you are responsible for copayments. The Supplement will reimburse the eligible TRICARE Prime copayments.

If you see an out-of-network doctor without a referral, you are using the Point of Service (POS) option under TRICARE Prime. Under the POS option, you may have large out-of-pocket expenses. You will be responsible for the POS deductible of \$300 per individual (maximum \$600 per family) plus 50% of the TRICARE allowed amount after TRICARE pays 50% plus applicable Excess Charges.

The TRICARE Supplement Plan pays a percentage of the POS deductible, the 50% cost share after TRICARE pays 50% of the allowed amount, plus 100% of covered expenses in excess of the TRICARE allowed amount. Reimbursements are subject to the Supplement deductible, if applicable. Please refer to your certificate of coverage for details.

8. HOW DOES THE TRICARE SUPPLEMENT COORDINATE WITH TRICARE RESERVE SELECT (TRS)?

After TRS pays, you are responsible for your deductible, cost share, copayments and applicable excess charges.

After your deductible has been met, TRS pays 85% of the Negotiated Rate when a network provider is utilized or 80% of the Allowed Amount when a non-network provider is utilized.

The TRICARE Supplement pays close to 100% of the eligible charges after TRS has paid. It pays a percentage of your TRS deductible, the 15%-20% cost share and 100% of the covered expenses in excess of the TRICARE allowed amount for non-participating/non-network providers. Reimbursements are subject to the Supplement deductible, if applicable.

9. 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

10. IF I CURRENTLY HAVE TRICARE PRIME, AND WOULD LIKE TO TAKE THE SUPPLEMENT, CAN I CHANGE FROM PRIME TO THE STANDARD/EXTRA OPTION?

Yes. The TRICARE Supplement Plan works with both TRICARE Standard/Extra and TRICARE Prime.

11. HOW ARE PRESCRIPTION DRUGS COVERED UNDER THE TRICARE SUPPLEMENT PLAN?

There are more than 60,000 TRICARE retail network pharmacies available in the United States, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands.

You have the option of getting your prescriptions filled at a military pharmacy, a retail network pharmacy, a non-network pharmacy or TRICARE Mail Order pharmacy.

The TRICARE Supplement Plan reimburses your copayment or cost shares regardless of where the prescription is filled. If your prescription is filled at a non-network pharmacy, you must file your claim first with TRICARE and submit the TRICARE EOB to Selman & Company for reimbursement.

Reimbursements are subject to the Supplement deductible, if applicable. Please refer to your certificate of coverage for additional details.

12. IS THIS A MAJOR MEDICAL PLAN?

No, this is a supplement plan.

13. CAN THIS PROGRAM SUPPLEMENT ALL MAJOR MEDICAL PROGRAMS?

No, this plan is supplemental to TRICARE only.

III. CLAIMS

1. HOW ARE CLAIMS FILED WITH THE SUPPLEMENT?

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

If the provider submits your claim, you should not also submit the claim. If your provider does not submit your claim, you are required to submit the claim. Selman & Company, however, makes it easy for you to submit claims. You simply write your Member ID number on the EOB and copy of provider's bill if available. Also, write "Pay Provider" if you would like the benefits paid directly to your provider, otherwise the benefits will be paid to you.

2. HOW ARE PRESCRIPTION CLAIMS FILED WITH THE SUPPLEMENT?

The TRICARE Supplement Plan reimburses your copayment or cost shares regardless of where the prescription is filled. If your prescription is filled at a non-network pharmacy, you must file your claim first with TRICARE and submit the TRICARE EOB to Selman & Company for reimbursement.

Reimbursements are subject to the Supplement deductible, if applicable. Please refer to your certificate of coverage for additional details.

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 Supplement reimbursement. You should always ask your provider to file your Supplement claims for you.

IV. COVERAGE CHANGES

1. WHAT HAPPENS WHEN I REACH AGE 65?

Your TRICARE Supplement enrollment ends at age 65 or when you become eligible for Medicare. When that happens, your TRICARE coverage changes to TRICARE for Life which is secondary to Medicare. If you are ineligible for Medicare and receive a Statement of Disallowance from Social Security Administration or reside outside the United States or its territories and enrolled in Medicare Part B you must notify your employer or Selman & Company so that your TRICARE Supplement coverage may be continued.

2. WILL SELMAN & COMPANY NOTIFY US BEFORE THE TRICARE SUPPLEMENT PLAN ENDS?

Yes, 60 days prior to your 65th birthday, you will be sent notification that your coverage will end.

3. CAN MY SPOUSE AND DEPENDENTS CONTINUE TRICARE SUPPLEMENT COVERAGE IF I AM INELIGIBLE TO CONTINUE?

Yes, your spouse and dependents may continue enrollment in the plan. First, check with your employer if they will continue payroll deduction. If not, your spouse and dependents may continue TRICARE Supplement coverage directly with Selman & Company.

4. CAN MY EMPLOYER SHARE THE COST OF MY MONTHLY PREMIUMS?

Due to the John Warner Act, your employer cannot share the cost of your 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.

5. CAN I CONTINUE THE TRICARE SUPPLEMENT UPON TERMINATION OF EMPLOYMENT?

Terminated employees may continue coverage until age 65. A termination letter will be mailed giving you the option of continuation on a direct bill portability basis. You will be billed directly by Selman & Company.

6. 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 you will be covered for as long as you choose or you attain age 65, whichever comes first, providing your monthly premiums are paid.

7. WILL MY PREMIUM CHANGE IF I ENROLL IN PORTABILITY?

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

8. WHAT OPTIONS DO I HAVE TO MAKE PREMIUM PAYMENTS WHILE ON PORTABILITY?

You have the following options to make premium payments:

- Monthly by electronic fund transfer (EFT) from your checking account
- Quarterly
- Semi-annually
- Annually

V. CONTACT INFORMATION

1. WHO DO I CONTACT IF I HAVE QUESTIONS ABOUT MY TRICARE SUPPLEMENT PLAN COVERAGE?

Selman & Company (Plan Administrator)

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



800.638.2610, option 1



memberservices@selmanco.com