



# SelmanCo

*Affinity Groups | Banks | Credit Unions | Employers | Insurance Companies*

Presented by: Laurin Bieker

**TRICARE Supplement Webinar**

www.SelmanCo.com | 440.646.9336 | 6110 Parkland Boulevard | Cleveland, OH 44124



**VERUS  
HEALTH  
PARTNERS**  
VETERAN OWNED

# TRICARE

THE HEALTH BENEFIT PROGRAM  
FOR THE MILITARY COMMUNITY

## Differences in TRICARE Plans:

- Enrollment fee
- Choice of provider
- Referrals
- Location of service



## Supplement- Compatible Plans:

1. TRICARE Select
2. TRICARE Prime
3. TRICARE Retired Reserves (TRR)

# TRICARE

## Select

(formerly Standard/  
Extra)

**Select Max: \$3,000**

- Enrollment but no fee
- Flexibility when selecting a civilian provider
- No referrals
- Available worldwide
- Pays all but copay (in-network) 25% (out-of-network) cost share and excess charges after non-network deductible

## Prime

**Prime Max: \$3,000**  
**POS Max: uncapped**

- Enrollment and annual fee required
- Network restrictions
- Referrals required
- Available in certain areas of U.S.
- Pays all but the copayments under Prime
- Pays all but 50% cost share and excess charges after POS deductible (when going out-of-network)

## Retired Reserves (TRR)

**TRR Max: \$3,000**

- Enrollment and monthly fee required
- No referrals
- Available worldwide
- Pays all but copay (in network) and excess charges after the non-network deductible is met when in network (25% when out-of-network)

# Changes in 2018

1

PLAN YEAR

2

TRICARE STANDARD/ EXTRA IS  
NOW CALLED TRICARE SELECT

3

TRICARE SELECT  
ENROLLMENT

4

INCREASE IN COPAYS  
FOR RX AND  
SERVICES





# TRICARE Supplement Eligibility

## TRICARE Retiree/ Reserves = TRICARE Supplement Eligibility

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

- Military retirees and their spouses/surviving spouses.
- Retired Reservists and National Guardsmen between the ages of 60 and 65 with 20 years of creditable service and their spouses/surviving spouses.
- Retired Reservists and National Guardsmen under age 60 and enrolled in TRICARE Retired Reserves (TRR) and their spouses/surviving spouses.
- 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).

# TRICARE Supplement Dependent Eligibility

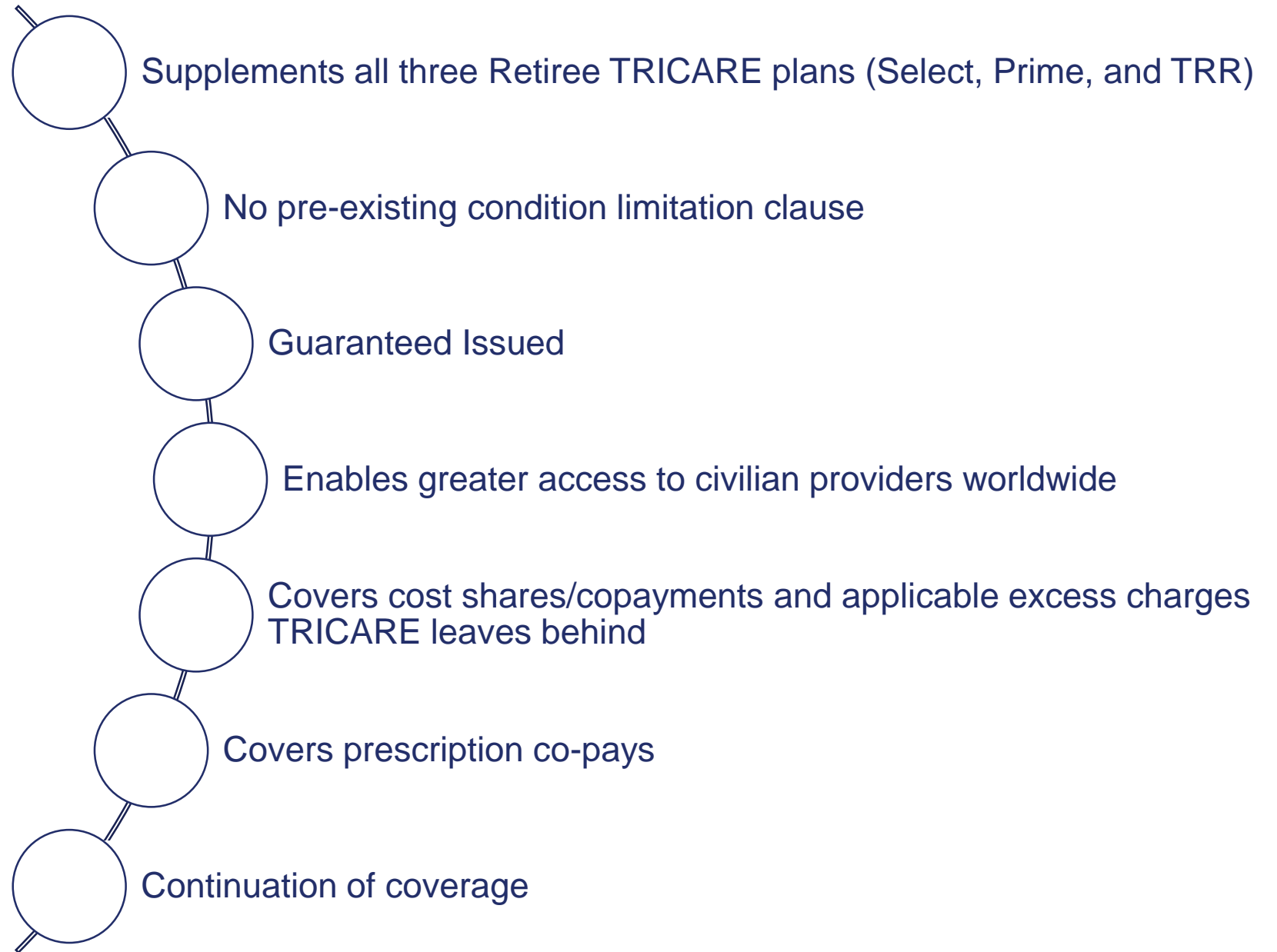
\*Supplement coverage does not automatically terminate for children until age 26.

\*Selman will continue to carry the dependent coverage unless the Employer and/or Employee request the termination.

## Dependent eligibility is based on TRICARE eligibility guidelines:

- Unmarried dependent children up to age 21, or if the child is a full-time student, up to age 23
- Adult dependent children younger than age 26 enrolled in TRICARE Young Adult (TYA) program
- Incapacitated dependents after age 21 or 23, if approved by TRICARE

# Plan Features



# How the Supplement Plan Works (Select)

|  | TRICARE Select In-network               | TRICARE Supplement | TRICARE Select Out-of-network                      | TRICARE Supplement                                  |
|--|---|--------------------|--|---|
| <b>TRICARE Enrollment Fee</b>                              | N/A                                     |                    |  |   |
| <b>Out on Network Deductible</b>                           | N/A                                     | N/A                | \$150 per person/\$300 per family                  | Covers 100% of deductible                           |
| <b>Copayment</b>   | All but negotiated copay                | Covers all copays  | None   |   |
| <b>Cost Share</b>  | None                                    | None               | Covers 75% of allowed charge                       | Covers remaining 25% cost share                     |
| <b>Excess Charges</b>                                      | N/A                                     |                    | Does not cover excess charges                      | Covers 100% of excess charges up to the Legal Limit |
| <b>Prescription Civilian Network or TRICARE Mail Order</b> | Covers all but \$11/\$28/\$53 copayment | Covers all copay   | Covers all but \$11/\$28/\$53 copayment            | Covers all copays                                   |
| <b>Prescription Civilian Non-Network</b>                   | N/A                                     |                    | Covers all but deductible and \$28/20% or \$53/20% | Covers deductible* + \$28/20% or \$53/20%           |



# How the Supplement Plan Works (Prime/POS)

|  | TRICARE Prime                           | TRICARE Supplement    | TRICARE POS                             | TRICARE Supplement   |
|--|---|-----------------------|---|--|
| <b>TRICARE Enrollment Fee</b>                              | \$289.08 per person/\$575.16 per family | None                  | \$289.08 per person/\$575.16 per family | None   |
| <b>Out of Network Deductible</b>                           | N/A                                     | N/A                   | \$300 per person/\$600 per family       | Covers 50% of POS deductible                                   |
| <b>Copayment</b>   | Covers all but copay                    | Covers all copayments | N/A                                     |  |
| <b>Cost Share</b>  | None                                    | None                  | Covers 50% allowable charge             | Covers 50% of POS cost share (supplement covers up to \$7,500) |
| <b>Excess Charges</b>                                      | N/A                                     |                       | Does not cover excess charge            | Covers 100% covered excess charges up to legal limit           |
| <b>Prescription Civilian Network or TRICARE Mail Order</b> | Covers all but \$11/\$28/\$53 copayment | Covers all copayments | N/A                                     |  |
| <b>Prescription Civilian Non-Network</b>                   | N/A                                     |                       | Covers 50% allowable charge             | 50% of POS cost share and 50% of the POS deductible            |

# What does TRICARE Supplement Cover?

- **TRICARE Select**
  - In-network
    - Covers all copays
  - Out-of-network
    - Covers all cost shares
    - Covers 100% of TRICARE Select deductible
- **TRICARE Prime**
  - Annual Enrollment Fee
    - Never covers enrollment fee
  - Military Treatment Facility
    - Covers all copays
  - POS
    - Covers ½ of remaining cost share up to \$7,500 (responsible for 25%)
    - Covers ½ of Prime deductible (responsible for 150/300)
- **TRICARE Retired Reserves**
  - Monthly Enrollment Fee
    - Never covers enrollment fee
  - In-network
    - Covers all copays
  - Out-of-network
    - Covers all cost shares
    - Covers 100% of TRICARE Retired Reserves deductible

# TRICARE Supplement Monthly Premium

| Active Employees      |          |
|-----------------------|----------|
| Employee Only         | \$67.50  |
| Employee + Child(ren) | \$132.50 |
| Employee + Spouse     | \$132.50 |
| Employee + Family     | \$178.50 |
|                       |          |

| State of Washington Residents |          |
|-------------------------------|----------|
| Employee Only                 | \$44.17  |
| Employee + One                | \$86.17  |
| Employee + Two/More           | \$116.50 |

\*Selman & Company annual deductible of \$100 individual and \$200 for family

# Out of pocket cost at a glance (on Select)

## TRICARE Select Max out of pocket = \$3000

| <b>Employee Only</b>                   | <b>Cost</b>                        |
|--|------------------------------------|
| TRICARE Enrollment Fee=                | \$0                                |
| TRICARE Supplement (\$67.50x12months)= | \$810.00                           |
| TRICARE Supplement Deductible=         | \$100.00                           |
| Total=                                 | \$910.00 out of a possible \$3,000 |

| <b>Employee + Family</b>                 | <b>Cost</b>                          |
|--|--------------------------------------|
| TRICARE Enrollment Fee=                  | \$0                                  |
| TRICARE Supplement (178.50 x 12 months)= | \$2,142.00                           |
| TRICARE Supplement Deductible=           | \$200.00                             |
| Total=                                   | \$2,342.00 out of a possible \$3,000 |

# Continuation of Coverage

No longer eligible  
under Group

Continuation of  
coverage packet

Rates and benefits  
stay the same

Post Tax

Direct Bill

# Contact Information

| For TRICARE Specific Questions: |   |
|---------------------------------|---|
| TRICARE Plan & News             | <a href="https://tricare.mil">TRICARE.mil</a>   |
| TRICARE Claims                  | <a href="https://mytricare.com">MyTRICARE.com</a>   |
| DEERS Phone Number              | 1-800-538-9552  |
| TRICARE Changes                 | <a href="https://tricare.mil/About/Changes/General-TRICARE-Changes">https://tricare.mil/About/Changes/General-TRICARE-Changes</a> |

| For TRICARE Supplement Specific Questions |                             |
|---|-----------------------------|
| Selman & Company Customer Service         |                             |
| Phone Number                              | 1-800-638-2610, option 1    |
| Email Address                             | memberservices@selmanco.com |

| For TRICARE Supplement Specific Questions for Open Enrollment |  |
|---|--|
| Laurin Bieker   |  |
| Phone: 301-816-0045 ext. 190                                  |  |
| Email: lbieker@selmanco.com                                   |  |