



TRICARE Supplement Insurance



TRICARE Supplement Insurance
Brochure for Employees

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

Underwritten by Transamerica Premier Life Insurance Company or in New York by Transamerica Financial Life Insurance Company.

2122234

TABLE OF CONTENTS

CONTENTS

TABLE OF CONTENTS 1

INTRODUCTION 2

 THE PLANS 2

 THE ADMINISTRATOR 2

 SPONSORING ASSOCIATION 2

WHAT IS TRICARE SUPPLEMENT INSURANCE? 2

WHO IS ELIGIBLE FOR TRICARE SUPPLEMENT INSURANCE? 3

 (1) VERIFY TRICARE BENEFITS ELIGIBILITY 3

 (2) EXCEPTIONS TO AGE 65 ELIGIBILITY RULE 3

PRODUCT HIGHLIGHTS 3

DEPENDENT ELIGIBILITY 4

WHAT IS COVERED? 4

ENROLLMENT AND EFFECTIVE DATE 4

ENROLLMENT KIT 4

PRE-EXISTING CONDITIONS 5

TERMINATION 5

EXCLUSIONS AND LIMITATIONS 5

NON-DUPLICATION OF COVERAGE UNDER EMPLOYER HEALTH PROGRAM 6

DEFINITIONS 6

FILING A TRICARE SUPPLEMENT CLAIM 6

CONTACT 7

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. Transamerica 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

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 TRICARE¹, not eligible for Medicare and under age 65², 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.
- Qualified National Guard and Reserve members; TRICARE Reserve Select (TRS)

(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

(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

Coverage is extended to your unmarried dependent children under age 21 (23 if a full-time student) or under age 26 if enrolled in TRICARE Young Adult (TYA) program. 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. Transamerica will continue until age 26 to carry the dependent coverage unless the Employer and/or Employee requests the termination.

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, 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

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 on the date requested by your employer.

There may be additional TRICARE requirements. Please visit 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 and your class of insured persons remain in effect. 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 (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

2122234

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. Exclusions may vary by state. Please see your Certificate for specific details. Plans not available in all states.

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, Transamerica 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)

Mail: Attn: TRICARE Supplement

Selman & Company

6110 Parkland Blvd.

Cleveland, OH 44124

Fax: 800.310.5514

Email: memberservices@selmanco.com

Call: 1-800-638-2610, option 1

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

Policy Form MLTRC1000GP | Transamerica Premier Life Insurance Company, Cedar Rapids, IA
Policy Form TFTRC1000GP | Transamerica Financial Life Insurance Company, Harrison, NY

Transamerica Financial Life Insurance Company is authorized to conduct business in New York.
Transamerica Premier Life Insurance Company is authorized to conduct business in all other states.

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

NOT AVAILABLE IN ALL STATES.

MZ0925782H | MZ0925783H | MZ0925784H

Photo Credit: The appearance of U.S. Department of Defense (DoD) visual information does not imply or constitute DoD endorsement.



TRICARE Supplement Insurance



TRICARE Supplement Insurance

Plan Design for Employees | 784

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

Underwritten by Transamerica Premier Life Insurance Company or in New York by Transamerica Financial Life Insurance Company.

2140885

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 MZ0925784H0000A has a deductible: \$100 per person | \$200 per family

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 (FY) (January 1 – December 31) for TRICARE-covered services. See below for maximum pay-out of the TRICARE Supplement for Prime POS.

This is not Medicare Supplement Insurance.

TRICARE SELECT WITH SUPPLEMENT

Care Required	TRICARE Select Insured is Responsible for	TRICARE Select Supplement Covers
Annual Deductible	Non-network: \$150 for individual and \$300 for family	50% of TRICARE Deductible
Primary Care Outpatient Visit	Network: \$28 or \$41 Non-Network: 25% of TRICARE allowed amount	Network: \$28 or \$41 Non-Network: 25% of TRICARE allowed amount

<p>Inpatient Admission</p>	<p>Network Provider: \$250 per day, or up to 25% hospital charge, whichever is less, plus 20% separately billed services</p> <p>Out of network: \$901 per day, or 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>Out of network: \$901 per day, or 25% hospital charge, whichever is less, plus 25% separately billed services</p>
<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>Out of network: \$250 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>Out of network: \$250 per day, or up to 25% hospital charge, whichever is less, plus 25% 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>

Prescription Drugs Civilian non-network pharmacy; up to a 30-day supply	Annual Deductible (\$150 or \$300) PLUS: Formulary drugs: \$28 or 20% of total cost, whichever is more Non-Formulary: \$53 or 20% of total cost, whichever is more	50% of TRICARE Deductible PLUS: Formulary drugs: \$28 or 20% of total cost, whichever is more Non-Formulary: \$53 or 20% of total cost, whichever is more
---	--	---

TRICARE PRIME WITH SUPPLEMENT

Care Required	TRICARE Prime or Point-of-Service (POS) Insured is Responsible for	TRICARE Prime or Point-of-Service (POS) Supplement Covers
TRICARE Prime Annual Enrollment Fee	Single: \$289.08 Family: \$578.16	Supplement does NOT cover TRICARE Prime Enrollment Fee
Annual Deductible	\$300 for individual and \$600 for family (POS deductible/out of network)	25% POS deductible
Primary Care Outpatient Visit	Network: \$20 or \$30 POS: TRICARE deductible (\$300 or \$600) and 50% POS cost share	Network: \$20 or \$30 POS: 25% of TRICARE deductible (\$300 or \$600) and 50% of POS cost share

Inpatient Admission	(Military Treatment Facility) MTF: \$18.60 per day Network Hospital: \$150 per admission	MTF: \$18.60 per day Network Hospital: \$150 per admission
Inpatient Skilled Nursing/Rehab Admission	Network: \$30 per day POS: TRICARE deductible (\$300 or \$600) and 50% POS cost share	Network: \$30 per day POS: 25% TRICARE deductible (\$300 or \$600) and 50% POS cost share
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 (\$300 or \$600) PLUS 50% of TRICARE POS cost share

TRICARE RESERVE SELECT WITH SUPPLEMENT

Care Required	TRICARE Reserve Select Insured is Responsible for+F1:G8	TRICARE Reserve Select Supplement Covers
Monthly TRICARE Reserve Select Enrollment Fee	Member only: \$46.09 per month Member + Family: \$221.38 per month	TRICARE Supplement does NOT cover TRICARE Reserve Select Enrollment Fee
Annual Deductible	Sponsor Rank E4 and below: \$50 per individual, but no more than \$100 per family Sponsor Rank E5 and above: \$150 per individual, but no more than \$300 per family	Sponsor Rank E4 and below: \$50 per individual, but no more than \$100 per family Sponsor Rank E5 and above: \$150 per individual, but no more than \$300 per family
Primary Care Outpatient Visit	Network: \$15 or \$25 Non-network: 20% of allowable charge	Network: \$15 or \$25 Non-network: 20% of allowable charge
Inpatient Admission	Network: \$60 per admission Non-network: 20% of TRICARE allowed amount	Network: \$60 per admission Non-network: 20% of TRICARE allowed amount
Inpatient Skilled Nursing/Rehab Admission	Network Provider: \$25 per day Non-network: \$50 per day	Network Provider: \$25 per day Non-network: \$50 per day
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	Annual Deductible (\$50/\$100 or \$150/\$300) PLUS: Formulary drugs: \$28 or 20% of total cost, whichever is more Non-Formulary: \$53 or 20% of total cost, whichever is more	25% of Annual Deductible (\$50/\$100 or \$150/\$300) PLUS: Formulary drugs: \$28 or 20% of total cost, whichever is more Non-Formulary: \$53 or 20% of total cost, whichever is more

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	Member only: \$431.35 per month Member + Family: \$1,038.31 per month	Member only: \$431.35 per month Member + Family: \$1,038.31 per month
Annual Deductible	Network Provider: \$150 for individual and \$300 for family Out of Network:	50% of In-network TRICARE Deductible

	\$300 for individual and \$600 for family	50% of Out of Network TRICARE Deductible
Primary Care Outpatient Visit	Network: \$25 or \$40 Non-network: 25% of TRICARE allowed amount	Network: \$25 or \$40 Non-network: 25% of TRICARE allowed amount
Inpatient Admission	Network: \$175 per admission Non-network: 25% of TRICARE allowed amount	Network: \$175 per admission Non-network: 25% of TRICARE allowed amount
Inpatient Skilled Nursing/Rehab Admission	Network Provider: \$50 per day Out of network: Lesser of \$300 per day or 20%	Network Provider: \$50 per day Out of network: Lesser of \$300 per day or 20%
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	Copayments: \$7 generic; \$24 brand name; \$53 non-formulary	Copayments: \$7 generic; \$24 brand name; \$53 non-formulary

supply; co-pays based on each 30-day supply.		
--	--	--

CONTACT

Mail: Attn: TRICARE Supplement

Selman & Company

6110 Parkland Blvd.

Cleveland, OH 44124

Fax: 800.310.5514

Email: memberservices@selmanco.com

Call: 1-800-638-2610, option 1

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

Policy Form MLTRC1000GP | Transamerica Premier Life Insurance Company, Cedar Rapids, IA Policy Form TFTRC1000GP | Transamerica Financial Life Insurance Company, Harrison, NY

Transamerica Financial Life Insurance Company is authorized to conduct business in New York. Transamerica Premier Life Insurance Company is authorized to conduct business in all other states.

NOT AVAILABLE IN ALL STATES.

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

Photo Credit DoD: The appearance of U.S. Department of Defense (DoD) visual information does not imply or constitute DoD endorsement.

SelmanCo

TRICARE Supplement Insurance



TRICARE SUPPLEMENT INSURANCE

Frequently Asked Questions For Employees

TABLE OF CONTENTS

Contents

- TABLE OF CONTENTS 1
- I. ENROLLMENT/ELIGIBILITY 2
- II. COVERAGE DETAILS 3
- III. CLAIMS 6
- IV. COVERAGE CHANGES 7
- V. CONTACT INFORMATION 8

I. ENROLLMENT/ELIGIBILITY

1. WHO IS ELIGIBLE FOR ENROLLMENT IN THE TRICARE SUPPLEMENT PLAN?

Eligibility in the TRICARE Supplement Plan includes 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 invited to contact Selman & Company at 1-800-638-2610 for more information on this type of plan.

4. UP TO WHAT AGE ARE DEPENDENTS ELIGIBLE?

Coverage is extended to your unmarried dependent children under age 21 (23 if a full-time student) or under age 26 if enrolled in TRICARE Young Adult (TYA) program. Incapacitated dependents may continue coverage past policy age limits as long as TRICARE continues. Supplemental coverage does not automatically terminate for children until age 26. Selman & Company will continue to carry the dependent coverage unless the Employer and/or Employee requests the termination.

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?

If you are eligible for a TRICARE health plan, and you are ineligible for Medicare, you are eligible for a TRICARE Supplement insurance plan. Retired military personnel includes anyone who has contributed at least 20 creditable years of 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 instructions about eService, a plan management website.

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 for some or all of the TRICARE deductible, depending on the supplement insurance plan certificate and type of TRICARE coverage. 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 15% 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 SELECT (FORMERLY STANDARD/EXTRA)?

You have flexibility and freedom of choice when visiting a doctor under TRICARE Select, formerly called Standard or Extra. TRICARE Select in-network pays 100% after the co-pay of \$28 or \$41 for in-network providers, depending on the type of provider seen. TRICARE Select Non-network pays 75% of the allowable charge after the deductible is met. TRICARE Supplement Plan pays all copays, cost share, and 100% of the eligible charges paid by the insured, after the TRICARE Supplement deductible is met. Reimbursements are subject to the Supplement deductible, if applicable. Please refer to your certificate of coverage for details, and check your current TRICARE reimbursement rates, as these are subject to change.

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 will pay a \$20 or \$30 copay, depending on the type of provider seen. 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, 50% of the POS cost share, 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 copayments, cost share, and applicable excess charges.

After your deductible has been met, you will pay a \$15 or \$25 copay, depending on the type of provider seen in-network, or 80% of the Allowed Amount when a non-network provider is utilized.

The TRICARE Supplement pays a percentage of your TRS deductible, the \$15 or \$25 copay for in-network care, 20% cost share for out of network care, plus all excess charges to the legal limit. Reimbursements are subject to the Supplement deductible, if applicable.

9. HOW DOES THE TRICARE SUPPLEMENT COORDINATE WITH TRICARE RETIRED RESERVE (TRR)?

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

After your deductible has been met, you will pay a \$25 or \$40 copay, depending on the type of provider seen in-network, or 75% of the Allowed Amount when a non-network provider is utilized.

The TRICARE Supplement pays a percentage of your TRR deductible, the \$25 or \$40 copay for in-network care, 25% cost share for out of network care, plus all excess charges to the legal limit. Reimbursements are subject to the Supplement deductible, if applicable.

10. 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

TS-EmployeeFAQ-112017 | ##

Page 1 of 9

10. IF I CURRENTLY HAVE TRICARE PRIME, AND WOULD LIKE TO TAKE THE SUPPLEMENT, CAN I CHANGE FROM PRIME TO THE

SELECT OPTION?

Yes. If you have Prime you may be eligible to switch to Select. Please check with TRICARE to verify your eligibility. However, the TRICARE Supplement Plan works with both TRICARE Prime and TRICARE Select.

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 insurance plan.

13. CAN THIS PROGRAM SUPPLEMENT ALL MAJOR MEDICAL PROGRAMS?

No, this plan is supplemental to TRICARE only.

III. CLAIMS

1. WILL MY PROVIDER FILE MY CLAIMS?

Most providers will file your supplemental claims after they have a TRICARE claim and it's been processed. However, there are some situations where the provider will not file your claims. Ask your provider which claims they will handle for you. If they won't file your claims, you can easily file your TRICARE Supplement claim with Selman & Company Directly.

2. 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.

3. HOW ARE CLAIMS FILED WITH THE SUPPLEMENT?

Since TRICARE is primary, claims must be filed first with TRICARE. Most health care providers will process your claims for you if you provided them with your TRICARE and TRICARE Supplement insurance cards. If you need to file a claim yourself, please provide the claim form, TRICARE's Explanation of Benefits paper, and an itemized bill. Write your Member ID number on each of these items. You'll send these to Selman & Company by fax or mail. If the provider submits your claim, you should not also submit the claim.

4. HOW DO PRESCRIPTION CLAIMS WORK?

Pharmacy copays will be reimbursed by Selman & Company after TRICARE has paid. To file a claim, please provide one of three things: 1) A detailed drug copayment receipt, such as the bag tag stapled to your prescription, 2) A detailed printout of your prescription copayments by your pharmacy, or 3) A copy of your TRICARE EOB. Don't use the cash register receipt from the pharmacy. It's not specific enough. The TRICARE Supplement Plan reimburses your copayment or cost shares regardless of where the prescription is filled. Please refer to your certificate of coverage for additional details.

5. CAN I FILE A SUPPLEMENT CLAIM IF I LIVE OUTSIDE OF THE UNITED STATES?

TRICARE insured, living outside of the United States, are eligible for the supplement even if they don't have an address in the United States. If you work for a company that offers the supplement, it doesn't matter where you reside.

6. CAN I FILE A SUPPLEMENT CLAIM IF I AM TRAVELING OUTSIDE OF THE UNITED STATES?

Generally, yes. TRICARE access is worldwide and the supplement will also work outside of the US. If your health care services are covered by TRICARE, then the supplement reimbursement rules apply. Check out the overseas handbook for questions about where you can receive care for overseas health care.

Overseas Handbook: <http://www.tricare-overseas.com/beneficiaries/resources/provider-search>

7. WHERE CAN I SUBMIT MY CLAIMS?

Selman & Company
6110 Parkland Blvd.
Cleveland, OH 44124
Or, faxed to: 800.310.5514

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, 90 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 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.

5. 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.

6. 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.

7. 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

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

1.800.638.2610, option 2

memberservices@selmanco.com

Policy Form MLTRC1000GP | Transamerica Premier Life Insurance Company, Cedar Rapids, IA Policy

Form TFTRC1000GP | Transamerica Financial Life Insurance Company, Harrison, NY