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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](http://www.tricare.mil) for more information.

TRICARE Supplement insurance policy AGP-5944, AGP-594401, AGP-594402, AGP-594408 has a deductible: \$100 per person | \$200 per family, except for TRICARE Prime Supplement, which does not have a deductible.

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 (January 1 – December 31) for TRICARE-covered services.

This is not Medicare Supplement Insurance.

TRICARE Deductible	50% of TRICARE Deductible (eligible charges used to satisfy TRICARE Deductible applied to Supplement Plan Deductible)	50% of TRICARE Deductible and 100% of TRICARE Supplement Deductibles
Inpatient and Outpatient Benefits, including Outpatient Surgery Services	100% of the Co-pays and Cost Share remaining after TRICARE pays, after Supplement Plan Deductible is met, until TRICARE Catastrophic Cap is reached	\$0
Excess Benefit	100% of all Covered Expenses in excess of the TRICARE allowed amount, not to exceed the Legal Limit	\$0

Pharmacy  
Reimbursement  
Benefit

100% of the Co-pays and Cost  
Share remaining, not to  
exceed any TRICARE allowed  
or negotiated amount after the  
Supplement Plan Deductible is

TRICARE Deductible	50% of TRICARE deductible (eligible charges used to satisfy TRICARE Deductible applied to Supplement Plan Deductible)	50% of TRICARE and 100% of TRICARE Supplement Deductibles
Inpatient and Outpatient Benefits, including Outpatient Surgery Services	100% of the Co-pays and Cost Share remaining after TRICARE pays, after Supplement Plan Deductible is met, until TRICARE Catastrophic Cap is reached	\$0
Excess Benefit	100% of all Covered Expenses in excess of the TRICARE allowed amount, not to exceed the Legal Limit	\$0
Pharmacy Reimbursement Benefit	100% of the Co-pays and Cost Share remaining, not to exceed any TRICARE allowed or negotiated amount after the Supplement Plan Deductible is met until the TRICARE Catastrophic Cap is reached	\$0

Attn: TRICARE Supplement

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