

Selman & Company

	2018 In-Network	2018 Preferred Network	2018 Out-of-Network	2018 Out of Area	2018 Comments
General Information					
Lifetime Maximum Benefit	None	None	None	None	
Annual Maximum Benefit	None	None	None	None	
Coinsurance Percentage					
Precertification Requirements	Precertification is required by TRICARE but not by the TRICARE Supplement Plan.	Precertification is required by TRICARE but not by the TRICARE Supplement Plan.	Precertification is required by TRICARE but not by the TRICARE Supplement Plan.	Precertification is required by TRICARE but not by the TRICARE Supplement Plan.	
Precertification Penalty	TRICARE applies a 10% penalty for non-compliance of precertification	TRICARE applies a 10% penalty for non-compliance of precertification	TRICARE applies a 10% penalty for non-compliance of precertification	TRICARE applies a 10% penalty for non-compliance of precertification	
Health Savings Account (HSA)	N/A	N/A	N/A	N/A	
Health Reimbursement Account (HRA)	N/A	N/A	N/A	N/A	
R & C	N/A	N/A	N/A	N/A	
Deductibles					
Individual Annual Deductible	\$100 from 10/1 to 9/30	\$100 from 10/1 to 9/30	\$100 from 10/1 to 9/30	\$100 from 10/1 to 9/30	Effective 1/1/2014 the supplement plan reimburses 50% of the TRICARE Standard deductible (\$150 per individual) currently reimbursed. The Standard deductible reimbursed may be applied towards the supplement plan deductible.
Family Annual Deductible	\$200 from 10/1 to 9/30	\$200 from 10/1 to 9/30	\$200 from 10/1 to 9/30	\$200 from 10/1 to 9/30	Effective 1/1/2014 the supplement plan reimburses 50% of the TRICARE Standard deductible (\$300 per individual) currently reimbursed. The Standard deductible reimbursed may be applied towards the supplement plan deductible.
Applies to Out-of-Pocket Maximum	N/A	N/A	N/A	N/A	
Prescription benefits are covered under medical deductible	N/A	N/A	N/A	N/A	
Out-of-Pocket Mx per Plan Year					
Individual Out-of-Pocket Maximum Per Year	N/A	N/A	N/A	N/A	
Family Out-of-Pocket Maximum Per Year	N/A	N/A	N/A	N/A	
Outpatient Services					
Primary Care Physician Visits	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/ \$300 family plus your 25% cost share.	When TRICARE Extra is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus your 20% cost share.	When TRICARE Prime Point of Service (POS) is used - The TRICARE Supplement Plan pays 25% of the POS deductible of \$300 individual/\$600 family and the 50% POS cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. When TRICARE Standard (non-participating providers) is used - The TRICARE Supplement Plan pays 50% of the Standard Outpatient deductible of \$150 individual/\$300 family and the 25% cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit.	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/ \$300 family and the 25% cost share	Benefits subject to deductibles.
Specialist Visit	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/ \$300 family plus your 25% cost share.	When TRICARE Extra is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus your 20% cost share.	When TRICARE Prime Point of Service (POS) is used - The TRICARE Supplement Plan pays 25% of the POS deductible of \$300 individual/\$600 family and the 50% POS cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. When TRICARE Standard (non-participating providers) is used - The TRICARE Supplement Plan pays 50% of the Standard Outpatient deductible of \$150 individual/\$300 family and the 25% cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit.	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/ \$300 family and the 25% cost share	Benefits subject to deductibles.

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Allergy Injections	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/ \$300 family plus your 25% cost share.	When TRICARE Extra is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus your 20% cost share.	When TRICARE Prime Point of Service (POS) is used - The TRICARE Supplement Plan pays 25% of the POS deductible of \$300 individual/\$600 family and the 50% POS cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. When TRICARE Standard (non-participating providers) is used - The TRICARE Supplement Plan pays 50% of the Standard Outpatient deductible of \$150 individual/\$300 family and the 25% cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit.	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/ \$300 family and the 25% cost share	Benefits subject to deductibles.
Preventive Care					
Well Child Care Office Visit	covered	covered	covered	covered	Benefits subject to deductibles.
Well Child Age limit	Covered from birth to age 6. School physicals are covered for children ages 5-11, if required in connection with school enrollment.	Covered from birth to age 6. School physicals are covered for children ages 5-11, if required in connection with school enrollment.	Covered from birth to age 6. School physicals are covered for children ages 5-11, if required in connection with school enrollment.	Covered from birth to age 6. School physicals are covered for children ages 5-11, if required in connection with school enrollment.	Benefits subject to deductibles.
Adult Routine Physical Exams	Health Promotion and Disease Prevention Examinations are covered. Routine sports physicals are not covered.	Health Promotion and Disease Prevention Examinations are covered. Routine sports physicals are not covered.	Health Promotion and Disease Prevention Examinations are covered. Routine sports physicals are not covered.	Health Promotion and Disease Prevention Examinations are covered. Routine sports physicals are not covered.	Benefits subject to deductibles.
Adult Immunizations	covers age-appropriate doses of vaccines, as recommended by the Centers for Disease Control (CDC) and Prevention.	covers age-appropriate doses of vaccines, as recommended by the Centers for Disease Control (CDC) and Prevention.	covers age-appropriate doses of vaccines, as recommended by the Centers for Disease Control (CDC) and Prevention.	covers age-appropriate doses of vaccines, as recommended by the Centers for Disease Control (CDC) and Prevention.	Benefits subject to deductibles.
Routine Mammogram	covered	covered	covered	covered	Benefits subject to deductibles.
Pap Smear	covered	covered	covered	covered	Benefits subject to deductibles.
Prostate Screening (PSA)	covered	covered	covered	covered	Benefits subject to deductibles.
Colon Cancer Screenings	covered	covered	covered	covered	Benefits subject to deductibles.
Cardiovascular screenings	covered	covered	covered	covered	Benefits subject to deductibles.
Hearing Evaluations	covered if medically necessary and covered by TRICARE.	covered if medically necessary and covered by TRICARE.	covered if medically necessary and covered by TRICARE.	covered if medically necessary and covered by TRICARE.	Benefits subject to deductibles.
Inpatient Hospital					
Deductible per Confinement	N/A	N/A	N/A	N/A	
Deductible per Day	N/A	N/A	N/A	N/A	
Hospital Services	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays your 25% cost share.	When TRICARE Extra is used - The TRICARE Supplement Plan pays your 20% cost share.	When TRICARE Prime Point-Of-Service (POS) is used - The TRICARE Supplement Plan pays the 50% POS cost share. When TRICARE Standard (non-participating providers) is used - The TRICARE Supplement Plan pays the 25% cost share.	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays your 25% cost share.	Benefits subject to plan deductible.
Physicians and Surgeons' Services	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays your 25% cost share.	When TRICARE Extra is used - The TRICARE Supplement Plan pays your 20% cost share.	When TRICARE Prime Point-Of-Service (POS) is used - The TRICARE Supplement Plan pays your 50% POS cost share	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays your 25% cost share.	Benefits subject to plan deductible.
Emergency Services					

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Emergency Room Treatment	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus your 25% cost share.	When TRICARE Extra is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus your 20% cost share.	When TRICARE Prime Point of Service (POS) is used - The TRICARE Supplement Plan pays 25% of the POS deductible of \$300 individual/\$600 family and the 50% POS cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. When TRICARE Standard (non-participating providers) is used - The TRICARE Supplement Plan pays 50% of the Standard Outpatient deductible of \$150 individual/\$300 family and the 25% cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit.	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus 100% of charges in excess of the TRICARE Legal Limit.	Benefits subject to deductibles.
Non-emergency or non-urgent use of ER	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus your 25% cost share.	When TRICARE Extra is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus your 20% cost share.	When TRICARE Prime Point of Service (POS) is used - The TRICARE Supplement Plan pays 25% of the POS deductible of \$300 individual/\$600 family and the 50% POS cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. When TRICARE Standard (non-participating providers) is used - The TRICARE Supplement Plan pays 50% of the Standard Outpatient deductible of \$150 individual/\$300 family and the 25% cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit.	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus 100% of charges in excess of the TRICARE Legal Limit.	Benefits subject to deductibles.
Ambulance	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus your 25% cost share.	When TRICARE Extra is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus your 20% cost share.	When TRICARE Prime Point of Service (POS) is used - The TRICARE Supplement Plan pays 25% of the POS deductible of \$300 individual/\$600 family and the 50% POS cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. When TRICARE Standard (non-participating providers) is used - The TRICARE Supplement Plan pays 50% of the Standard Outpatient deductible of \$150 individual/\$300 family and the 25% cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit.	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus 100% of charges in excess of the TRICARE Legal Limit.	Benefits subject to deductibles.
Urgent Care Facility Services	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus your 25% cost share.	When TRICARE Extra is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus your 20% cost share.	When TRICARE Prime Point of Service (POS) is used - The TRICARE Supplement Plan pays 25% of the POS deductible of \$300 individual/\$600 family and the 50% POS cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. When TRICARE Standard (non-participating providers) is used - The TRICARE Supplement Plan pays 50% of the Standard Outpatient deductible of \$150 individual/\$300 family and the 25% cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit.	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus 100% of charges in excess of the TRICARE Legal Limit.	Benefits subject to deductibles.

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Midwife delivery services	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus your 25% cost share.	When TRICARE Extra is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus your 20% cost share.	When TRICARE Prime Point of Service (POS) is used - The TRICARE Supplement Plan pays 25% of the POS deductible of \$300 individual/\$600 family and the 50% POS cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. When TRICARE Standard (non-participating providers) is used - The TRICARE Supplement Plan pays 50% of the Standard Outpatient deductible of \$150 individual/\$300 family and the 25% cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit.	When TRICARE Prime is used - The TRICARE Supplement Plan pays eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE fiscal year deductible of \$150 individual/\$300 family plus 100% of charges in excess of the TRICARE Legal Limit.	Benefits subject to deductibles.
Mental Health					
Deductible per Confinement	N/A	N/A	N/A	N/A	
Deductible per Day	N/A	N/A	N/A	N/A	
Mental Health Inpatient	The TRICARE Supplement Plan is limited to 30 days for adults age 19 or older, or 45 days for children under age 19 per fiscal year. If TRICARE approves benefits beyond these daily limits, supplemental coverage is limited to the lesser of the number of day	The TRICARE Supplement Plan is limited to 30 days for adults age 19 or older, or 45 days for children under age 19 per fiscal year. If TRICARE approves benefits beyond these daily limits, supplemental coverage is limited to the lesser of the number of day	The TRICARE Supplement Plan is limited to 30 days for adults age 19 or older, or 45 days for children under age 19 per fiscal year. If TRICARE approves benefits beyond these daily limits, supplemental coverage is limited to the lesser of the number of day	The TRICARE Supplement Plan is limited to 30 days for adults age 19 or older, or 45 days for children under age 19 per fiscal year. If TRICARE approves benefits beyond these daily limits, supplemental coverage is limited to the lesser of the number of day	Benefits subject to deductibles.

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Mental Health-Inpatient Plan Maximums	see above	see above	see above	see above	
Mental Health Outpatient	The TRICARE Supplement Plan pays up to \$500 per person per fiscal year after TRICARE pays.	The TRICARE Supplement Plan pays up to \$500 per person per fiscal year after TRICARE pays.	The TRICARE Supplement Plan pays up to \$500 per person per fiscal year after TRICARE pays.	The TRICARE Supplement Plan pays up to \$500 per person per fiscal year after TRICARE pays.	Benefits subject to deductibles.
Mental Health - Group Therapy	included in Mental Health Outpatient	included in Mental Health Outpatient	included in Mental Health Outpatient	included in Mental Health Outpatient	
Mental Health-Outpatient Plan Maximums	see above	see above	see above	see above	
Severe Mental Illness	see above	see above	see above	see above	
Substance Abuse					
Deductible per Confinement	N/A	N/A	N/A	N/A	
Deductible per Day	N/A	N/A	N/A	N/A	
Detoxification	included in Mental Health Inpatient	included in Mental Health Inpatient	included in Mental Health Inpatient	included in Mental Health Inpatient	
Substance Abuse - Inpatient Treatment	included in Mental Health Inpatient	included in Mental Health Inpatient	included in Mental Health Inpatient	included in Mental Health Inpatient	
Substance Abuse-Inpatient Plan Maximums	see mental health	see mental health	see mental health	included in Mental Health Inpatient	
Substance Abuse-Outpatient	included in Mental Health Outpatient	included in Mental Health Outpatient	included in Mental Health Outpatient	included in Mental Health Outpatient	
Substance Abuse - Group Therapy	included in Mental Health Outpatient	included in Mental Health Outpatient	included in Mental Health Outpatient	included in Mental Health Outpatient	
Substance Abuse-Outpatient Plan Maximums	see mental health	see mental health	see mental health	included in Mental Health Outpatient	
Rehabilitation Therapy					
Inpatient Rehabilitation	When TRICARE Prime is used - The TRICARE Supplement Plan pays the eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE Standard fiscal year deductible of \$150 individual/\$300 family plus your 25% cost share.	When TRICARE Extra is used the TRICARE Supplement Plan pays 50% of the TRICARE Standard fiscal year deductible of \$150 individual/\$300 family plus your 20% cost share.	When TRICARE Prime Point-Of-Service (POS) is used - The TRICARE Supplement Plan pays 25% of the POS deductible of \$300 individual/\$600 family and your 50% POS cost share plus 100% of charges in excess of the TRICARE Legal Limit. When TRICARE Standard (non-participating providers) is used - The TRICARE Supplement Plan pays 50% of the Standard Outpatient deductible of \$150 individual/\$300 family and the 25% cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit.	When TRICARE Prime is used - The TRICARE Supplement Plan pays the eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE Standard fiscal year deductible of \$150 individual/\$300 family plus your 25% cost share.	Benefits subject to deductibles.
Outpatient Physical, Occupational, and Speech Therapy	When TRICARE Prime is used - The TRICARE Supplement Plan pays the eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE Standard fiscal year deductible of \$150 individual/\$300 family plus your 25% cost share.	When TRICARE Extra is used the TRICARE Supplement Plan pays 50% of the TRICARE Standard fiscal year deductible of \$150 individual/\$300 family plus your 20% cost share.	When TRICARE Prime Point-Of-Service (POS) is used - The TRICARE Supplement Plan pays 25% of the POS deductible of \$300 individual/\$600 family and your 50% POS cost share plus 100% of charges in excess of the TRICARE Legal Limit. When TRICARE Standard (non-participating providers) is used - The TRICARE Supplement Plan pays 50% of the Standard Outpatient deductible of \$150 individual/\$300 family and the 25% cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit.	When TRICARE Prime is used - The TRICARE Supplement Plan pays the eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE Standard fiscal year deductible of \$150 individual/\$300 family plus your 25% cost share.	Benefits subject to deductibles.
Alternative Care					
Chiropractic Care	Not covered	Not covered	Not covered	Not covered	
Acupuncture	Not covered	Not covered	Not covered	Not covered	
Acupressure	Not covered	Not covered	Not covered	Not covered	
Massage Therapy	Not covered	Not covered	Not covered	Not covered	
Other Services					
Private-Duty Nursing Care	some coverage available	some coverage available	some coverage available	some coverage available	

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Durable Medical Equipment	When TRICARE Prime is used - The TRICARE Supplement Plan pays the eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE Standard fiscal year deductible of \$150 individual/\$300 family plus your 25% cost share.	When TRICARE Extra is used the TRICARE Supplement Plan pays 50% of the TRICARE Standard fiscal year deductible of \$150 individual/\$300 family plus your 20% cost share.	When TRICARE Prime Point-Of-Service (POS) is used - The TRICARE Supplement Plan pays 25% of the POS deductible of \$300 individual/\$600 family and your 50% POS cost share plus 100% of charges in excess of the TRICARE Legal Limit. When TRICARE Standard (non-participating providers) is used - The TRICARE Supplement Plan pays 50% of the Standard Outpatient deductible of \$150 individual/\$300 family and the 25% cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit.	When TRICARE Prime is used - The TRICARE Supplement Plan pays the eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE Standard fiscal year deductible of \$150 individual/\$300 family plus your 25% cost share.	Benefits subject to deductibles.
Prosthetic and Orthotic Appliances	Prosthetics - When TRICARE Prime is used - The TRICARE Supplement Plan pays the eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE Standard fiscal year deductible of \$150 individual/\$300 family plus your 25% cost share. Orthotics - Not covered.	Prosthetic - When TRICARE Extra is used the TRICARE Supplement Plan pays 50% of the TRICARE Standard fiscal year deductible of \$150 individual/\$300 family plus your 20% cost share. Orthotic - Not covered.	Prosthetic - When TRICARE Prime Point-Of-Service (POS) is used - The TRICARE Supplement Plan pays 25% of the POS deductible of \$300 individual/\$600 family and your 50% POS cost share plus 100% of charges in excess of the TRICARE Legal Limit. When TRICARE Standard (non-participating providers) is used - The TRICARE Supplement Plan pays 50% of the Standard Outpatient deductible of \$150 individual/\$300 family and the 25% cost share plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. Orthotic - Not covered.	Prosthetic - When TRICARE Prime is used - The TRICARE Supplement Plan pays the eligible TRICARE Prime copayments. When TRICARE Standard (participating providers) is used - The TRICARE Supplement Plan pays 50% of the TRICARE Standard fiscal year deductible of \$150 individual/\$300 family plus your 25% cost share. Orthotic - Not covered.	Benefits subject to deductibles.
Smoking Cessation	Not covered	Not covered	Not covered	Not covered	
Weight control program	some coverage available	some coverage available	some coverage available	some coverage available	
Bariatric surgery	some coverage available	some coverage available	some coverage available	some coverage available	
TMJ	covered	covered	covered	covered	
Podiatry Services	covered	covered	covered	covered	
Home Health Care	covered	covered	covered	covered	
Skilled Nursing Facility Care	covered	covered	covered	covered	
Hospice Care	covered	covered	covered	covered	
Hearing Aids	Not covered	Not covered	Not covered	Not covered	
Family Planning					
Tubal ligation	covered	covered	covered	covered	
Vasectomy	covered	covered	covered	covered	
Contraceptive Drugs	covered	covered	covered	covered	
Contraceptive Devices	covered	covered	covered	covered	
Infertility Testing	some coverage available	some coverage available	some coverage available	some coverage available	
Infertility Treatments - Office Visit	some coverage available	some coverage available	some coverage available	some coverage available	
Infertility Treatments - Surgery	some coverage available	some coverage available	some coverage available	some coverage available	
In Vitro Fertilization	Not covered	Not covered	Not covered	Not covered	
Infertility Treatments - Lifetime Maximum	None	None	None	None	
Vision Care					
Eye Examination	some coverage available. Routine eye exams are not covered for TRICARE Standard beneficiaries over age 6.	some coverage available. Routine eye exams are not covered for TRICARE Standard beneficiaries over age 6.	some coverage available. Routine eye exams are not covered for TRICARE Standard beneficiaries over age 6.	some coverage available. Routine eye exams are not covered for TRICARE Standard beneficiaries over age 6.	
Lenses	some coverage available	some coverage available	some coverage available	some coverage available	
Frames	some coverage available	some coverage available	some coverage available	some coverage available	
Contact lenses- necessary	some coverage available	some coverage available	some coverage available	some coverage available	
Contact lenses-elective	some coverage available	some coverage available	some coverage available	some coverage available	
Lasik Eye Surgery	Not covered except to relieve astigmatism following a corneal transplant	Not covered except to relieve astigmatism following a corneal transplant	Not covered except to relieve astigmatism following a corneal transplant	Not covered except to relieve astigmatism following a corneal transplant	
Organ and Tissue Transplants					
Organ Transplant -Inpatient	some coverage available	some coverage available	some coverage available	some coverage available	
Organs covered	some coverage available	some coverage available	some coverage available	some coverage available	
Transplant Travel	some coverage available	some coverage available	some coverage available	some coverage available	
Transplant donor expenses	some coverage available	some coverage available	some coverage available	some coverage available	
Lifetime Maximum	None	None	None	None	
Prescription Drug Coverage					
Annual Prescription Deductible - Family	N/A	N/A	N/A	N/A	

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Annual Prescription Deductible - Individual	N/A	N/A	N/A	N/A	
Out-of-Pocket Maximums - Individual	N/A	N/A	N/A	N/A	
Out-of-Pocket Maximums - Family	N/A	N/A	N/A	N/A	
Annual Maximum Benefit	N/A	N/A	N/A	N/A	
Lifetime Maximum Benefit	N/A	N/A	N/A	N/A	
Generic Substitution	TRICARE requires substitution of generic drugs for brand-name when a generic equivalent is available. If you choose to purchase a brand-name drug that has a generic equivalent, you must pay the full cost, with no TRICARE reimbursement. If medical necessit	TRICARE requires substitution of generic drugs for brand-name when a generic equivalent is available. If you choose to purchase a brand-name drug that has a generic equivalent, you must pay the full cost, with no TRICARE reimbursement. If medical necessit	TRICARE requires substitution of generic drugs for brand-name when a generic equivalent is available. If you choose to purchase a brand-name drug that has a generic equivalent, you must pay the full cost, with no TRICARE reimbursement. If medical necessit	TRICARE requires substitution of generic drugs for brand-name when a generic equivalent is available. If you choose to purchase a brand-name drug that has a generic equivalent, you must pay the full cost, with no TRICARE reimbursement. If medical necessit	
Retail Refill Penalty	None	None	None	None	
Prescription Drug Retail					
Retail - Generic (Up to a 30-day supply)	The TRICARE Supplement pays the TRICARE copay of \$8.00 after deductibles are met.	The TRICARE Supplement pays the TRICARE copay of \$8.00 after deductibles are met.	Civilian non-network pharmacy - POS - The supplement pays 25% of the POS deductible and the 50% cost share plus 100% of charges in excess of the TRICARE Legal Limit. TRICARE Standard - The supplement plan pays \$20.00/25% of the cost whichever is greater plus 50% of the Standard deductible.	The TRICARE Supplement Plan pays the TRICARE copay of \$8.00 after the deductibles are met.	
Retail - Brand Formulary (Up to a 30-day supply)	The TRICARE Supplement pays the TRICARE copay of \$20.00 after deductibles are met.	The TRICARE Supplement pays the TRICARE copay of \$20.00 after deductibles are met.	Civilian non-network pharmacy - POS - The supplement pays 25% of the POS deductible and the 50% cost share plus 100% of charges in excess of the TRICARE Legal Limit. TRICARE Standard - The supplement plan pays \$20.00/25% of the cost whichever is greater plus 50% of the Standard deductible.	The TRICARE Supplement pays the TRICARE copay of \$20.00 after deductibles are met.	
Retail - Brand Non-Formulary (Up to a 30-day supply)	The TRICARE Supplement pays the TRICARE copay of \$47.00 after deductibles are met.	The TRICARE Supplement pays the TRICARE copay of \$47.00 after deductibles are met.	Civilian non-network pharmacy - POS - The supplement pays 25% of the POS deductible and the 50% cost share plus 100% of charges in excess of the TRICARE Legal Limit. TRICARE Standard - The supplement plan pays \$20.00/25% of the cost whichever is greater plus 50% of the Standard deductible.	The TRICARE Supplement pays the TRICARE copay of \$47.00 after deductibles are met.	
Single Source Brand	N/A	N/A	N/A	N/A	
Multi Source Brand	N/A	N/A	N/A	N/A	
Injectable Medications	Covered	Covered	Covered	Covered	
Prescription Drug Mail Order					
Mail-Order - Generic (Up to a 90-day supply)	No copay	No copay	Not applicable	No copay	
Mail-Order - Brand Formulary (Up to a 90-day supply)	The TRICARE Supplement Plan pays the TRICARE copay of \$16.00.	The TRICARE Supplement Plan pays the TRICARE copay of \$16.00.	Not applicable	The TRICARE Supplement Plan pays the TRICARE copay of \$16.00.	

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	2018 In-Network	2018 Preferred Network	2018 Out-of-Network	2018 Out of Area	2018 Comments
Mail-Order - Brand Non-Formulary (Up to a 90-day supply)	The TRICARE Supplement Plan pays the TRICARE copay of \$46.00.	The TRICARE Supplement Plan pays the TRICARE copay of \$46.00.	Not applicable	The TRICARE Supplement Plan pays the TRICARE copay of \$46.00.	
Single Source Brand	N/A	N/A	N/A	N/A	
Multi Source Brand	N/A	N/A	N/A	N/A	
Injectable Medications	Covered	Covered	Covered	Covered	
Day Supply	N/A	N/A	N/A	N/A	
Other Services - Prescription Drugs					
Over the Counter	not covered	not covered	not covered	not covered	
Prenatal Vitamins	some coverage available	some coverage available	some coverage available	some coverage available	
Diabetic Supplies	Covered	Covered	Covered	Covered	
Lifestyle Drugs	some coverage available	some coverage available	some coverage available	some coverage available	
Contraceptives - Injectable	Covered	Covered	Covered	Covered	
Fertility Drugs	Need to check with TRICARE	Need to check with TRICARE	Need to check with TRICARE	Need to check with TRICARE	
Smoking Cessation	not covered	not covered	not covered	not covered	
Cosmetic Medications	not covered	not covered	not covered	not covered	
Nutritional Supplements	some coverage available	some coverage available	some coverage available	some coverage available	