

| Active Employees and Pre-65 Retirees (Non-Medicare Only) | Tricare Supplement (Selman & Company) - Military Only* | | | | |
|--|--|--|---|------------------|--|
| *Disclaimer: This comparison contains the general features of the plans based on our knowledge at the time of this printing and is not intended to replace the legal documents that contain the complete provisions of each plan. Contract terms are outlined in detail in the certificates issue to you by the respective carriers. Final interpretation of any provision of the plan is governed by the master insurance contract and membership agreements on file in the Aerospace Employee Benefits Department. | | | | | |
| Plan Changes are in Orange | 2025 TRICARE Select In-Network | 2025 TRICARE Prime POS Network | 2025 TRICARE Select Out-of-Network | 2025 Out of Area | 2025 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. | N/A | |
| 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 | N/A | |
| 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 1/1 - 12/31 | \$100 from 1/1 - 12/31 | \$100 from 1/1 - 12/31 | N/A | The supplement plan covers 50% of the TRICARE Select deductible (\$150 per individual) currently reimbursed. The Select deductible reimbursed may be applied towards the supplement plan deductible. Residents of the state of New York will have no deductible as of 01/01/2024 |
| Family Annual Deductible | \$200 from 1/1 - 12/31 | \$200 from 1/1 - 12/31 | \$200 from 1/1 - 12/31 | N/A | The supplement plan covers 50% of the TRICARE Select deductible (\$300 per family) currently reimbursed. The Select deductible reimbursed may be applied towards the supplement plan deductible. Residents of the state of New York will have zero deductible for plan year as of 01/01/2024 |
| Applies to Out-of-Pocket Maximum | Yes | Yes | Yes | 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 | \$3,500 | \$3,000 | \$3,500 | N/A | |
| Family Out-of-Pocket Maximum Per Year | \$3,500 | \$3,000 | \$3,500 | N/A | |
| Outpatient Services | | | | | |
| Primary Care Physician Visits | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE fiscal year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS) is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 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 Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Standard Outpatient deductible of \$150 individual/\$300 family and the copay plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Resident of the state of New York will have zero deductible beginning with plan year as of 01/01/2024. |

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| Plan Changes are in Orange | 2025 TRICARE Select In-Network | 2025 TRICARE Prime POS Network | 2025 TRICARE Select Out-of-Network | 2025 Out of Area | 2025 Comments |
| Specialist Visit | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE fiscal year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS)is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 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 Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Standard Outpatient deductible of \$150 individual/\$300 family and the copay plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to deductibles. No deductible for those residents of the state of New York as of 01/01/2024. |
| Lab tests and X-ray | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS)is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 50% of the 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 Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copay plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to deductibles. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Specialized Imaging | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS)is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 50% of the 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 Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copay plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to deductibles. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Outpatient Surgery | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | N/A | When TRICARE Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copay plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to deductibles. Zero deductible for those residents of the state of New York as of 01/01/2024. |

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| Plan Changes are in Orange | 2025 TRICARE Select In-Network | 2025 TRICARE Prime POS Network | 2025 TRICARE Select Out-of-Network | 2025 Out of Area | 2025 Comments |
| Allergy Testing | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS)is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 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 Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copay plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to deductibles. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Allergy Injections | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS)is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 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 Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copay plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to deductibles. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Preventive Care | | | | | |
| Well Child Care Office Visit | covered | covered | covered | N/A | Benefits subject to deductibles. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| 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. | N/A | Benefits subject to deductibles. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| 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. | N/A | Benefits subject to deductibles. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| 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. | N/A | Benefits subject to deductibles. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Routine Mammogram | covered | covered | covered | N/A | Benefits subject to deductibles. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Pap Smear | covered | covered | covered | N/A | Benefits subject to deductibles. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Prostate Screening (PSA) | covered | covered | covered | N/A | Benefits subject to deductibles. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Colon Cancer Screenings | covered | covered | covered | N/A | Benefits subject to deductibles. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Cardiovascular screenings | covered | covered | covered | N/A | Benefits subject to deductibles. Zero deductible for those residents of the state of New York as of 01/01/2024. |

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| 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. | N/A | Benefits subject to deductibles. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| 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 Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point-Of-Service (POS) is used - The TRICARE Supplement Plan covers the 50% POS cost share. When TRICARE Select (non-participating providers) is used - The TRICARE Supplement Plan pays the 25% cost share. | When TRICARE Select (non-participating providers) is used - The TRICARE Supplement Plan pays the copay. | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Physicians and Surgeons' Services | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point-Of-Service (POS) is used - The TRICARE Supplement Plan covers your 50% POS cost share | When TRICARE Select (non-participating providers) is used - The TRICARE Supplement Plan pays the copay. | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Emergency Services | | | | | |
| Emergency Room Treatment | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS) is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 50% of the 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 Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copays plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Non-emergency or non-urgent use of ER | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS) is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 50% of the 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 Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copays plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Ambulance | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | N/A | When TRICARE Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copays plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |

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| Plan Changes are in Orange | 2025 TRICARE Select In-Network | 2025 TRICARE Prime POS Network | 2025 TRICARE Select Out-of-Network | 2025 Out of Area | 2025 Comments |
| Urgent Care Facility Services | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS)is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 50% of the 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 Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copays plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Physician Office Visit | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS)is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 50% of the 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 Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copays plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| After Hours | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | N/A | When TRICARE Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copays plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Maternity Care | | | | | |
| Physician Office Visit | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS)is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 50% of the 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 Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copays plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |

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| Plan Changes are in Orange | 2025 TRICARE Select In-Network | 2025 TRICARE Prime POS Network | 2025 TRICARE Select Out-of-Network | 2025 Out of Area | 2025 Comments |
| Maternity Care - Inpatient Delivery | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS)is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 50% of the 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 Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copays plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Midwife delivery services | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS)is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 50% of the 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 Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copays plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| 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 | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Mental Health-Inpatient Plan Maximums | see above | see above | see above | N/A | |
| 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. | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Mental Health - Group Therapy | included in Mental Health Outpatient | included in Mental Health Outpatient | included in Mental Health Outpatient | N/A | |
| Mental Health-Outpatient Plan Maximums | see above | see above | see above | N/A | |
| Severe Mental Illness | see above | see above | see above | N/A | |
| 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 | N/A | |
| Substance Abuse - Inpatient Treatment | included in Mental Health Inpatient | included in Mental Health Inpatient | included in Mental Health Inpatient | N/A | |
| Substance Abuse-Inpatient Plan Maximums | see mental health | see mental health | see mental health | N/A | |
| Substance Abuse-Outpatient | included in Mental Health Outpatient | included in Mental Health Outpatient | included in Mental Health Outpatient | N/A | |
| Substance Abuse - Group Therapy | included in Mental Health Outpatient | included in Mental Health Outpatient | included in Mental Health Outpatient | N/A | |
| Substance Abuse-Outpatient Plan Maximums | see mental health | see mental health | see mental health | N/A | |
| Rehabilitation Therapy | | | | | |

| Active Employees and Pre-65 Retirees (Non-Medicare Only) | | Tricare Supplement (Selman & Company) - Military Only* | | | |
|--|--|--|---|------------------|---|
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| Plan Changes are in Orange | 2025 TRICARE Select In-Network | 2025 TRICARE Prime POS Network | 2025 TRICARE Select Out-of-Network | 2025 Out of Area | 2025 Comments |
| Inpatient Rehabilitation | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS)is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 50% of the 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. | The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copays plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Outpatient Physical, Occupational, and Speech Therapy | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS)is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 50% of the 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 Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copay plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Alternative Care | | | | | |
| Chiropractic Care | Not covered | N/A | Not covered | N/A | |
| Acupuncture | Not covered | N/A | Not covered | N/A | |
| Acupressure | Not covered | N/A | Not covered | N/A | |
| Massage Therapy | Not covered | N/A | Not covered | N/A | |
| Other Services | | | | | |
| Private-Duty Nursing Care | some coverage available | some coverage available | some coverage available | N/A | If covered by TRICARE |
| Durable Medical Equipment | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS)is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 50% of the 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 Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copay plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |

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| Plan Changes are in Orange | 2025 TRICARE Select In-Network | 2025 TRICARE Prime POS Network | 2025 TRICARE Select Out-of-Network | 2025 Out of Area | 2025 Comments |
| Prosthetic and Orthotic Appliances | When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150 individual/ \$300 family plus your copays. | When TRICARE Prime Point of Service (POS)is used - The TRICARE Supplement Plan covers 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 Select (out-of-network) is used - The TRICARE Supplement Plan covers 50% of the 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 Select (non-participating providers) is used - The TRICARE Supplement Plan covers 50% of the Select Outpatient deductible of \$150 individual/\$300 family and the copay plus 100% of covered charges in excess of the TRICARE allowed amount not to exceed the TRICARE Legal Limit. | N/A | Benefits subject to plan deductible. Zero deductible for those residents of the state of New York as of 01/01/2024. |
| Smoking Cessation | Not covered | Not covered | Not covered | N/A | |
| Weight control program | some coverage available | some coverage available | some coverage available | N/A | If covered by TRICARE |
| Bariatric surgery | some coverage available | some coverage available | some coverage available | N/A | If covered by TRICARE |
| TMJ | covered | covered | covered | N/A | If covered by TRICARE |
| Podiatry Services | covered | covered | covered | covered | If covered by TRICARE |
| Home Health Care | covered | covered | covered | N/A | If covered by TRICARE |
| Skilled Nursing Facility Care | covered | covered | covered | N/A | If covered by TRICARE |
| Hospice Care | covered | covered | covered | N/A | If covered by TRICARE |
| Hearing Aids | Not covered | Not covered | Not covered | N/A | |
| Family Planning | | | | | |
| Tubal ligation | covered | covered | covered | N/A | If covered by TRICARE |
| Vasectomy | covered | covered | covered | N/A | If covered by TRICARE |
| Contraceptive Drugs | covered | covered | covered | N/A | If covered by TRICARE |
| Contraceptive Devices | covered | covered | covered | N/A | If covered by TRICARE |
| Infertility Testing | some coverage available | some coverage available | some coverage available | N/A | If covered by TRICARE |
| Infertility Treatments - Office Visit | some coverage available | some coverage available | some coverage available | N/A | If covered by TRICARE |
| Infertility Treatments - Surgery | some coverage available | some coverage available | some coverage available | N/A | If covered by TRICARE |
| In Vitro Fertilization | Not covered | Not covered | Not covered | N/A | |
| Infertility Treatments - Lifetime Maximum | None | None | None | N/A | |
| 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. | N/A | |
| Lenses | some coverage available | some coverage available | some coverage available | N/A | |
| Frames | some coverage available | some coverage available | some coverage available | N/A | |
| Contact lenses- necessary | some coverage available | some coverage available | some coverage available | N/A | |
| Contact lenses-elective | some coverage available | some coverage available | some coverage available | N/A | |
| 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 | N/A | |
| Organ and Tissue Transplants | | | | | |
| Organ Transplant -Inpatient | some coverage available | some coverage available | some coverage available | N/A | If covered by TRICARE |
| Organs covered | some coverage available | some coverage available | some coverage available | N/A | If covered by TRICARE |
| Transplant Travel | some coverage available | some coverage available | some coverage available | N/A | If covered by TRICARE |
| Transplant donor expenses | some coverage available | some coverage available | some coverage available | N/A | If covered by TRICARE |
| Lifetime Maximum | None | None | None | N/A | |
| Prescription Drug Coverage | | | | | |
| Annual Prescription Deductible - Family | N/A | N/A | N/A | N/A | |
| 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 | |

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| Plan Changes are in Orange | 2025 TRICARE Select In-Network | 2025 TRICARE Prime POS Network | 2025 TRICARE Select Out-of-Network | 2025 Out of Area | 2025 Comments |
| 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 necessity | 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 necessity | 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 necessity | N/A | |
| Retail Refill Penalty | None | None | None | None | |
| Prescription Drug Retail | | | | | |
| Retail - Generic (Up to a 30-day supply) | The TRICARE Supplement covers the TRICARE copays after deductibles are met. | Civilian non-network pharmacy - POS - The supplement covers 25% of the POS deductible and the 50% cost share plus 100% of charges in excess of the TRICARE Legal Limit. TRICARE Select - The supplement plan covers copay or 25% of the cost whichever is greater plus 50% of the Select deductible. | TRICARE Select - The supplement plan covers copays plus 50% of the Standard deductible | N/A | |
| Retail - Brand Formulary (Up to a 30-day supply) | The TRICARE Supplement covers the TRICARE copays after deductibles are met. | Civilian non-network pharmacy - POS - The supplement covers 25% of the POS deductible and the 50% cost share plus 100% of charges in excess of the TRICARE Legal Limit. TRICARE Select - The supplement plan covers copay or 25% of the cost whichever is greater plus 50% of the Select deductible. | TRICARE Select - The supplement plan covers copays plus 50% of the Select deductible. | N/A | |
| Retail - Brand Non-Formulary (Up to a 30-day supply) | The TRICARE Supplement covers the TRICARE copays after deductibles are met. | Civilian non-network pharmacy - POS - The supplement covers 25% of the POS deductible and the 50% cost share plus 100% of charges in excess of the TRICARE Legal Limit. TRICARE Select - The supplement plan covers copay or 25% of the cost whichever is greater plus 50% of the Select deductible. | TRICARE Select - The supplement plan covers copays plus 50% of the Select deductible | N/A | |
| 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 | N/A | If covered by TRICARE |
| Prescription Drug Mail Order | | | | | |
| Mail-Order - Generic (Up to a 90-day supply) | No copay | N/A | Not applicable | N/A | |
| Mail-Order - Brand Formulary (Up to a 90-day supply) | The TRICARE Supplement covers the TRICARE copays after deductibles are met. | N/A | Not applicable | N/A | |
| Mail-Order - Brand Non-Formulary (Up to a 90-day supply) | The TRICARE Supplement covers the TRICARE copays after deductibles are met. | N/A | Not applicable | N/A | |
| 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 | N/A | |
| Day Supply | N/A | N/A | N/A | N/A | |
| Other Services - Prescription Drugs | | | | | |
| Over the Counter | not covered | not covered | not covered | N/A | |
| Prenatal Vitamins | some coverage available | some coverage available | some coverage available | N/A | If covered by TRICARE |
| Diabetic Supplies | Covered | Covered | Covered | N/A | If covered by TRICARE |
| Lifestyle Drugs | some coverage available | some coverage available | some coverage available | N/A | If covered by TRICARE |
| Contraceptives - Injectable | Covered | Covered | Covered | N/A | If covered by TRICARE |
| Fertility Drugs | Need to check with TRICARE | Need to check with TRICARE | Need to check with TRICARE | N/A | If covered by TRICARE |
| Smoking Cessation | Not covered | Not covered | Not covered | N/A | |
| Cosmetic Medications | Not covered | Not covered | Not covered | N/A | |
| Nutritional Supplements | some coverage available | some coverage available | some coverage available | N/A | If covered by TRICARE |