Active Employees and Pre-65 Retirees	Tricare Supplement (Selman & Company) - Military Only*
(Non Madiagra Only)	11 ( 1 3) 3 3

(Non-Medicare Only)

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Department.					
Plan Changes are in Orange	2026 TRICARE Select In-Network	2026 TRICARE Prime POS Network	2026 TRICARE Select Out-of-Network	2026 Out of Area	2026 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.
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.
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	¥1,111	, 2, 2 2	11,111		
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.	TRICARE allowed amount not to exceed the TRICARE Legal Limit.	N/A	

Active Employees and Pre-65 Retirees	Tricare Supplement (Selman & Company) - Military Only*
(Non-Medicare Only)	

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Plan Changes are in Orange	2026 TRICARE Select In-Network	2026 TRICARE Prime POS Network	2026 TRICARE Select Out-of-Network	2026 Out of Area	2026 Comments
Specialist Visit	When TRICARE Select (participating	When TRICARE Prime Point of Service	When TRICARE Select (non-participating	N/A	Benefits subject to deductibles.
	providers) is used - The TRICARE	(POS)is used - The TRICARE Supplement	providers) is used - The TRICARE		
	Supplement Plan covers 50% of the	Plan covers 25% of the POS deductible of	Supplement Plan covers 50% of the		
	TRICARE fiscal year deductible of \$150	\$300 individual/\$600 family and the 50%	Standard Outpatient deductible of \$150		
	individual/ \$300 family plus your copays.	POS cost share plus 100% of covered	individual/\$300 family and the copay plus		
		charges in excess of the TRICARE allowed	100% of covered charges in excess of the		
		amount not to exceed the TRICARE Legal	TRICARE allowed amount not to exceed		
		Limit. When TRICARE Select (out-of-	the TRICARE Legal Limit.		
		network) is used - The TRICARE	ŭ		
		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.			
b tests and X-ray	When TRICARE Select (participating	When TRICARE Prime Point of Service	When TRICARE Select (non-participating	N/A	Benefits subject to deductibles.
, 15515 a.i.a , 1 . a ,	providers) is used - The TRICARE	(POS)is used - The TRICARE Supplement	providers) is used - The TRICARE		
	Supplement Plan covers 50% of the	Plan covers 25% of the POS deductible of	Supplement Plan covers 50% of the Select		
	TRICARE calendar year deductible of \$150	\$300 individual/\$600 family and the 50%	Outpatient deductible of \$150		
	individual/ \$300 family plus your copays.	POS cost share plus 100% of covered	individual/\$300 family and the copay plus		
	ilidividuali \$500 lattiliy pids your copays.	charges in excess of the TRICARE allowed	100% of covered charges in excess of the		
		amount not to exceed the TRICARE Legal	TRICARE allowed amount not to exceed		
		Limit. When TRICARE Select (out-of-	the TRICARE Legal Limit.		
		network) is used - The TRICARE	the TRICARE Legal Limit.		
		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			
a si alima di lua a si a s	When TRICARE Select (participating	to exceed the TRICARE Legal Limit.  When TRICARE Prime Point of Service	When TRICARE Select (non-participating	N/A	Deposits subject to deductibles
ecialized Imaging			` ' '	N/A	Benefits subject to deductibles
	providers) is used - The TRICARE	(POS)is used - The TRICARE Supplement	providers) is used - The TRICARE		
	Supplement Plan covers 50% of the	Plan covers 25% of the POS deductible of	Supplement Plan covers 50% of the Select		
	TRICARE calendar year deductible of \$150	\$300 individual/\$600 family and the 50%	Outpatient deductible of \$150		
	individual/ \$300 family plus your copays.	POS cost share plus 100% of covered	individual/\$300 family and the copay plus		
		charges in excess of the TRICARE allowed	100% of covered charges in excess of the		
		amount not to exceed the TRICARE Legal	TRICARE allowed amount not to exceed		
		Limit. When TRICARE Select (out-of-	the TRICARE Legal Limit.		
		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.			
tpatient Surgery	When TRICARE Select (participating	N/A	When TRICARE Select (non-participating	N/A	Benefits subject to deductibles
	providers) is used - The TRICARE		providers) is used - The TRICARE		
	Supplement Plan covers 50% of the		Supplement Plan covers 50% of the Select		
	TRICARE calendar year deductible of \$150		Outpatient deductible of \$150		
	individual/ \$300 family plus your copays.		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.		

Active Employees and Pre-65 Retirees	Tricare Supplement (Selman & Company) - Military Only*
(Nam Madiana Only)	

(Non-Medicare Only)

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Department.					
Plan Changes are in Orange	2026 TRICARE Select In-Network	2026 TRICARE Prime POS Network	2026 TRICARE Select Out-of-Network	2026 Out of Area	2026 Comments
lergy Testing	When TRICARE Select (participating	When TRICARE Prime Point of Service	When TRICARE Select (non-participating	N/A	Benefits subject to deductibles
	providers) is used - The TRICARE	(POS)is used - The TRICARE Supplement	providers) is used - The TRICARE		
	Supplement Plan covers 50% of the	Plan covers 25% of the POS deductible of	Supplement Plan covers 50% of the Select		
	TRICARE calendar year deductible of \$150	\$300 individual/\$600 family and the 50%	Outpatient deductible of \$150		
	individual/ \$300 family plus your copays.	POS cost share plus 100% of covered	individual/\$300 family and the copay plus		
	mannada, çoso ianını piac year sepayer	charges in excess of the TRICARE allowed	100% of covered charges in excess of the		
		amount not to exceed the TRICARE Legal	TRICARE allowed amount not to exceed		
		Limit. When TRICARE Select (out-of-	the TRICARE Legal Limit.		
			tile TRICARE Legal Lillin.		
		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.			
ergy Injections	When TRICARE Select (participating	When TRICARE Prime Point of Service	When TRICARE Select (non-participating	N/A	Benefits subject to deductibles
	providers) is used - The TRICARE	(POS)is used - The TRICARE Supplement	providers) is used - The TRICARE		
	Supplement Plan covers 50% of the	Plan covers 25% of the POS deductible of	Supplement Plan covers 50% of the Select		
	TRICARE calendar year deductible of \$150	\$300 individual/\$600 family and the 50%	Outpatient deductible of \$150		
	individual/ \$300 family plus your copays.	POS cost share plus 100% of covered	individual/\$300 family and the copay plus		
	marriada, 4000 family place your copayo.	charges in excess of the TRICARE allowed	100% of covered charges in excess of the		
		amount not to exceed the TRICARE Legal	TRICARE allowed amount not to exceed		
		Limit. When TRICARE Select (out-of-	the TRICARE Legal Limit.		
			tile TRICARE Legal Lilliit.		
		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.			
eventive Care					
ell Child Care Office Visit	covered	covered	covered	N/A	Benefits subject to deductibles.
ell Child Age limit	Covered from birth to age 6. School	Covered from birth to age 6. School	Covered from birth to age 6. School	N/A	Benefits subject to deductibles.
	physicals are covered for children ages 5-	physicals are covered for children ages 5-	physicals are covered for children ages 5-		
	11, if required in connection with school	11, if required in connection with school	11, if required in connection with school		
	enrollment.	enrollment.	enrollment.		
ult Routine Physical Exams	Health Promotion and Disease Prevention	Health Promotion and Disease Prevention	Health Promotion and Disease Prevention	N/A	Benefits subject to deductibles.
	Examinations are covered. Routine sports	Examinations are covered. Routine sports	Examinations are covered. Routine sports		
	physicals are not covered.	physicals are not covered.	physicals are not covered.		
ult Immunizations	covers age-appropriate doses of vaccines,	covers age-appropriate doses of vaccines,	covers age-appropriate doses of vaccines.	N/A	Benefits subject to deductibles.
	as recommended by the Centers for	as recommended by the Centers for	as recommended by the Centers for		
	Disease Control (CDC) and Prevention.	Disease Control (CDC) and Prevention.	Disease Control (CDC) and Prevention.		
utine Mammogram	covered	covered	covered	N/A	Benefits subject to deductibles.
o Smear	covered	covered	covered	N/A	Benefits subject to deductibles.
estate Screening (PSA)	oovorou .	covered	covered	N/A	Benefits subject to deductibles.
0 ( )	covered		COVEREU	IN/A	
	covered		covered	NI/A	Ronofite cubioet to doductibles
	covered	covered	covered	N/A	Benefits subject to deductibles.
rdiovascular screenings	covered covered	covered covered	covered	N/A	Benefits subject to deductibles.
diovascular screenings	covered covered covered if medically necessary and covered	covered covered if medically necessary and covered	covered covered if medically necessary and covered		
diovascular screenings aring Evaluations	covered covered	covered covered	covered	N/A	Benefits subject to deductibles.
rdiovascular screenings aring Evaluations patient Hospital	covered covered covered if medically necessary and covered by TRICARE.	covered covered covered if medically necessary and covered by TRICARE.	covered covered if medically necessary and covered by TRICARE.	N/A N/A	Benefits subject to deductibles.
rdiovascular screenings aring Evaluations eatient Hospital ductible per Confinement	covered covered covered if medically necessary and covered by TRICARE.  N/A	covered covered covered if medically necessary and covered by TRICARE. N/A	covered covered if medically necessary and covered by TRICARE.  N/A	N/A N/A	Benefits subject to deductibles.
rdiovascular screenings aring Evaluations  patient Hospital ductible per Confinement ductible per Day	covered covered covered if medically necessary and covered by TRICARE.  N/A N/A	covered covered covered if medically necessary and covered by TRICARE.  N/A N/A	covered covered if medically necessary and covered by TRICARE.  N/A N/A	N/A N/A N/A N/A	Benefits subject to deductibles. Benefits subject to deductibles.
rdiovascular screenings aring Evaluations  patient Hospital ductible per Confinement ductible per Day	covered covered covered if medically necessary and covered by TRICARE.  N/A N/A When TRICARE Select (participating	covered covered covered if medically necessary and covered by TRICARE.  N/A N/A When TRICARE Prime Point-Of-Service	covered covered if medically necessary and covered by TRICARE.  N/A N/A When TRICARE Select (non-participating	N/A N/A	Benefits subject to deductibles.
rdiovascular screenings aring Evaluations  patient Hospital ductible per Confinement ductible per Day	covered covered covered covered if medically necessary and covered by TRICARE.  N/A N/A When TRICARE Select (participating providers) is used - The TRICARE	covered covered covered if medically necessary and covered by TRICARE.  N/A N/A When TRICARE Prime Point-Of-Service (POS) is used - The TRICARE Supplement	covered covered if medically necessary and covered by TRICARE.  N/A  N/A  When TRICARE Select (non-participating providers) is used - The TRICARE	N/A N/A N/A N/A	Benefits subject to deductibles.  Benefits subject to deductibles.
rdiovascular screenings aring Evaluations  patient Hospital ductible per Confinement ductible per Day	covered covered covered covered if medically necessary and covered by TRICARE.  N/A N/A When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the	covered covered covered if medically necessary and covered by TRICARE.  N/A N/A When TRICARE Prime Point-Of-Service (POS) is used - The TRICARE Supplement Plan covers the 50% POS cost share.	covered covered if medically necessary and covered by TRICARE.  N/A N/A When TRICARE Select (non-participating	N/A N/A N/A N/A	Benefits subject to deductibles. Benefits subject to deductibles.
olon Cancer Screenings ardiovascular screenings earing Evaluations  oatient Hospital eductible per Confinement eductible per Day espital Services	covered covered covered covered if medically necessary and covered by TRICARE.  N/A N/A When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the TRICARE calendar year deductible of \$150	covered covered covered if medically necessary and covered by TRICARE.  N/A N/A When TRICARE Prime Point-Of-Service (POS) is used - The TRICARE Supplement	covered covered if medically necessary and covered by TRICARE.  N/A  N/A  When TRICARE Select (non-participating providers) is used - The TRICARE	N/A N/A N/A N/A	Benefits subject to deductibles. Benefits subject to deductibles.
rdiovascular screenings aring Evaluations  patient Hospital ductible per Confinement ductible per Day	covered covered covered covered if medically necessary and covered by TRICARE.  N/A N/A When TRICARE Select (participating providers) is used - The TRICARE Supplement Plan covers 50% of the	covered covered covered if medically necessary and covered by TRICARE.  N/A N/A When TRICARE Prime Point-Of-Service (POS) is used - The TRICARE Supplement Plan covers the 50% POS cost share.	covered covered if medically necessary and covered by TRICARE.  N/A  N/A  When TRICARE Select (non-participating providers) is used - The TRICARE	N/A N/A N/A N/A	Benefits subject to deductibles. Benefits subject to deductibles.

Active Employees and Pre-65 Retirees	Tricare Supplement (Selman & Company) - Military Only*
(Non Madicara Only)	11 \ 1 37 3 3

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Department.		2000 TDIO 4 DE D		2000 0 4 5 4	2000 0
Plan Changes are in Orange	2026 TRICARE Select In-Network	2026 TRICARE Prime POS Network	2026 TRICARE Select Out-of-Network	2026 Out of Area	2026 Comments
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.
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.
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.
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.
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.

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Department.					
Plan Changes are in Orange	2026 TRICARE Select In-Network	2026 TRICARE Prime POS Network	2026 TRICARE Select Out-of-Network	2026 Out of Area	2026 Comments
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.
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.
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.
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 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.

Active Employees and Pre-65 Retirees	Tricare Supplement (Selman & Company) - Military Only*
(Non Medicare Only)	

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Department.					
Plan Changes are in Orange	2026 TRICARE Select In-Network	2026 TRICARE Prime POS Network	2026 TRICARE Select Out-of-Network	2026 Out of Area	2026 Comments
Midwife delivery services	When TRICARE Select (participating	When TRICARE Prime Point of Service	When TRICARE Select (non-participating	N/A	Benefits subject to plan deductible.
	providers) is used - The TRICARE	(POS)is used - The TRICARE Supplement	providers) is used - The TRICARE		
	Supplement Plan covers 50% of the	Plan covers 25% of the POS deductible of	Supplement Plan covers 50% of the Select		
	TRICARE calendar year deductible of \$150	\$300 individual/\$600 family and the 50%	Outpatient deductible of \$150		
	individual/ \$300 family plus your copays.	POS cost share plus 100% of covered	individual/\$300 family and the copays plus		
		charges in excess of the TRICARE allowed	100% of covered charges in excess of the		
		amount not to exceed the TRICARE Legal	TRICARE allowed amount not to exceed		
		Limit. When TRICARE Select (out-of-	the TRICARE Legal Limit.		
		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.			
Mental Health		to exceed the TRICARE Legal Limit.			
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	- 41 - 1		N/A	Benefits subject to plan deductible.
	30 days for adults age 19 or older, or 45	30 days for adults age 19 or older, or 45	30 days for adults age 19 or older, or 45		
	days for children under age 19 per fiscal	days for children under age 19 per fiscal	days for children under age 19 per fiscal		
	year. If TRICARE approves benefits beyond		year. If TRICARE approves benefits beyond		
	limited to the lesser of the number of day	limited to the lesser of the number of day	limited to the lesser of the number of day		
Mental Health-Inpatient Plan Maximums	see above	see above	see above	N/A	
Mental Health Outpatient	The TRICARE Supplement Plan pays up to	The TRICARE Supplement Plan pays up to	The TRICARE Supplement Plan pays up to	N/A	Benefits subject to plan deductible.
	\$500 per person per fiscal year after	\$500 per person per fiscal year after	\$500 per person per fiscal year after		
	TRICARE pays.	TRICARE pays.	TRICARE pays.		
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	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	see mental health	see mental health	see mental health	N/A	
Maximums Rehabilitation Therapy					
	When TRICARE Colort /tiitir	When TDICADE Drime Daint of Comition	The TRICARE Supplement Plan covers	NI/A	Ponofito audicat to was de ductible
Inpatient Rehabilitation	When TRICARE Select (participating	When TRICARE Prime Point of Service		N/A	Benefits subject to plan deductible.
	providers) is used - The TRICARE	(POS)is used - The TRICARE Supplement	50% of the Select Outpatient deductible of		
	Supplement Plan covers 50% of the		\$150 individual/\$300 family and the copays plus 100% of covered charges in excess of		
	TRICARE calendar year deductible of \$150		the TRICARE allowed amount not to		
	individual/ \$300 family plus your copays.	POS cost share plus 100% of covered charges in excess of the TRICARE allowed	I I		
		amount not to exceed the TRICARE Legal	exceed the TRICARE Legal Limit.		
		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.			
		to exceed the Trioning Legal Littil.	1		

Active Employees and Pre-65 Retirees	Tricare Supplement (Selman & Company) - Military Only*
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(Non-Medicare Only)

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Department.					
Plan Changes are in Orange	2026 TRICARE Select In-Network	2026 TRICARE Prime POS Network	2026 TRICARE Select Out-of-Network	2026 Out of Area	2026 Comments
Outpatient Physical, Occupational, and	When TRICARE Select (participating	When TRICARE Prime Point of Service	When TRICARE Select (non-participating	N/A	Benefits subject to plan deductible.
Speech Therapy	providers) is used - The TRICARE	(POS)is used - The TRICARE Supplement	providers) is used - The TRICARE	, .	Demonite danger to plant deducation.
Оресси тистару	. ,	Plan covers 25% of the POS deductible of			
	Supplement Plan covers 50% of the		Supplement Plan covers 50% of the Select		
	TRICARE calendar year deductible of \$150	\$300 individual/\$600 family and the 50%	Outpatient deductible of \$150		
	individual/ \$300 family plus your copays.	POS cost share plus 100% of covered	individual/\$300 family and the copay plus		
		charges in excess of the TRICARE allowed	100% of covered charges in excess of the		
		amount not to exceed the TRICARE Legal	TRICARE allowed amount not to exceed		
		Limit. When TRICARE Select (out-of-	the TRICARE Legal Limit.		
		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.			
Alta ana atha a Oassa		to exceed the TRICARE Legal Little.			
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		. 47.3		1377	
	9-11	9-61	9-61	A1/A	K asserted by TDICADE
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	When TRICARE Prime Point of Service	When TRICARE Select (non-participating	N/A	Benefits subject to plan deductible.
	providers) is used - The TRICARE	(POS)is used - The TRICARE Supplement	providers) is used - The TRICARE		
	Supplement Plan covers 50% of the	Plan covers 25% of the POS deductible of	Supplement Plan covers 50% of the Select		
	TRICARE calendar year deductible of \$150	\$300 individual/\$600 family and the 50%	Outpatient deductible of \$150		
	individual/ \$300 family plus your copays.	POS cost share plus 100% of covered	individual/\$300 family and the copay plus		
	ilidividdali 4000 iairiiiy pida yodi copays.	charges in excess of the TRICARE allowed	100% of covered charges in excess of the		
		S .			
		amount not to exceed the TRICARE Legal	TRICARE allowed amount not to exceed		
		Limit. When TRICARE Select (out-of-	the TRICARE Legal Limit.		
		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.			
Prosthetic and Orthotic Appliances	When TRICARE Select (participating	When TRICARE Prime Point of Service	When TRICARE Select (non-participating	N/A	Benefits subject to plan deductible.
	providers) is used - The TRICARE	(POS)is used - The TRICARE Supplement	providers) is used - The TRICARE		
	Supplement Plan covers 50% of the	Plan covers 25% of the POS deductible of	Supplement Plan covers 50% of the Select		
	TRICARE calendar year deductible of \$150	\$300 individual/\$600 family and the 50%	Outpatient deductible of \$150		
		POS cost share plus 100% of covered	individual/\$300 family and the copay plus		
	individual/ \$300 family plus your copays.	·	1000/ of asygrad shares in system of the		
		charges in excess of the TRICARE allowed	100% of covered charges in excess of the		
		amount not to exceed the TRICARE Legal	TRICARE allowed amount not to exceed		
		Limit. When TRICARE Select (out-of-	the TRICARE Legal Limit.		
		network) is used - The TRICARE			
		Supplement Plan covers 50% of the	l l		
		Outpatient deductible of \$150			
		individual/\$300 family and the 25% cost	l l		
		share plus 100% of covered charges in			
		excess of the TRICARE allowed amount not			
		to exceed the TRICARE Legal Limit.			
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 Family Planning	Not covered	Not covered	Not covered	N/A	

## Active Employees and Pre-65 Retirees (Non-Medicare Only)

## Tricare Supplement (Selman & Company) - Military Only\*

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Department.					
Plan Changes are in Orange	2026 TRICARE Select In-Network	2026 TRICARE Prime POS Network	2026 TRICARE Select Out-of-Network	2026 Out of Area	2026 Comments
ubal ligation	covered	covered	covered	N/A	If covered by TRICARE
asectomy	covered	covered	covered	N/A	If covered by TRICARE
ontraceptive Drugs	covered	covered	covered	N/A	If covered by TRICARE
Contraceptive Devices	covered	covered	covered	N/A	If covered by TRICARE
fertility Testing	some coverage available	some coverage available	some coverage available	N/A	If covered by TRICARE
nfertility Treatments - Office Visit	some coverage available	some coverage available	some coverage available	N/A	If covered by TRICARE
nfertility Treatments - Surgery	some coverage available	some coverage available	some coverage available	N/A	If covered by TRICARE
n Vitro Fertilization	Not covered	Not covered	Not covered	N/A	
nfertility Treatments - Lifetime Maximum	None	None	None	N/A	
ision Care					
ye Examination	some coverage available. Routine eye	some coverage available. Routine eye	some coverage available. Routine eye	N/A	
,	exams are not covered for TRICARE	exams are not covered for TRICARE	exams are not covered for TRICARE		
	Standard benefiticares over age 6.	Standard benefiticares over age 6.	Standard benefiticares over age 6.		
enses	some coverage available	some coverage available	some coverage available	N/A	
rames	some coverage available	some coverage available	some coverage available	N/A	
ontact lenses- necessary	some coverage available	some coverage available	some coverage available	N/A N/A	+
ontact lenses- necessary ontact lenses-elective	Ÿ.	some coverage available	some coverage available some coverage available	N/A N/A	<del> </del>
	some coverage available	Ü			
asik Eye Surgery	Not covered except to relieve astigmatism	Not covered except to relieve astigmatism	Not covered except to relieve astigmatism	N/A	
and Tiese Towns 1	following a corneal transplant	following a corneal transplant	following a corneal transplant		
rgan and Tissue Transplants					
rgan Transplant -Inpatient	some coverage available	some coverage available	some coverage available	N/A	If covered by TRICARE
rgans covered	some coverage available	some coverage available	some coverage available	N/A	If covered by TRICARE
ransplant Travel	some coverage available	some coverage available	some coverage available	N/A	If covered by TRICARE
ransplant donor expenses	some coverage available	some coverage available	some coverage available	N/A	If covered by TRICARE
ifetime Maximum	None	None	None	N/A	
rescription Drug Coverage					
nnual Prescription Deductible - Family	N/A	N/A	N/A	N/A	
Innual Prescription Deductible - Individual	N/A	N/A	N/A	N/A	
Out-of-Pocket Maximums - Individual	N/A	N/A	N/A	N/A N/A	
Out-of-Pocket Maximums - Family	N/A	N/A N/A	N/A	N/A N/A	+
nnual Maximum Benefit	N/A	N/A N/A	N/A	N/A	+
ifetime Maximum Benefit	N/A N/A	N/A N/A	N/A N/A	N/A N/A	+
Generic Substitution	1 41 1	1 441 1		N/A N/A	
Serienc Substitution	TRICARE requires substitution of generic	TRICARE requires substitution of generic	TRICARE requires substitution of generic	N/A	
	drugs for brand-name when a generic	drugs for brand-name when a generic	drugs for brand-name when a generic		
	equivalent is available. If you choose to	equivalent is available. If you choose to	equivalent is available. If you choose to		
	purchase a brand-name drug that has a	purchase a brand-name drug that has a	purchase a brand-name drug that has a		
	generic equivalent, you must pay the full	generic equivalent, you must pay the full	generic equivalent, you must pay the full		
	cost, with no TRICARE reimbursement. If	cost, with no TRICARE reimbursement. If	cost, with no TRICARE reimbursement. If		
	medical necessity	medical necessity	medical necessity		
Retail Refill Penalty	None	None	None	None	
rescription Drug Retail					
Retail - Generic (Up to a 30-day supply)	The TRICARE Supplement covers the	Civilian non-network pharmacy - POS - The	TRICARE Select - The supplement plan	N/A	
(-1 , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , , ,	TRICARE copays after deductibles are met.	supplement covers 25% of the POS	covers copays plus 50% of the Standard		
	, ,	deductible and the 50% cost share plus	deductible		
		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			
stall Duard Farmoulant (11 to 2001	The TDICADE Commitment of the	the Select deductible.	TDICADE Calant The commitment to	NI/A	<del></del>
etail - Brand Formulary (Up to a 30-day	The TRICARE Supplement covers the	Civilian non-network pharmacy - POS - The	TRICARE Select - The supplement plan	N/A	
upply)	TRICARE copays after deductibles are met.	supplement covers 25% of the POS	covers copays plus 50% of the Select		
		deductible and the 50% cost share plus	deductible.		
		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			

Active Employees and Pre-65 Retirees	Tricare Supplement (Selman & Company) - Military Only*
(Nam Madiana Only)	

(Non-Medicare Only)

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Department.					
Plan Changes are in Orange	2026 TRICARE Select In-Network	2026 TRICARE Prime POS Network	2026 TRICARE Select Out-of-Network	2026 Out of Area	2026 Comments
Retail - Brand Non-Formulary (Up to a 30-	The TRICARE Supplement covers the	Civilian non-network pharmacy - POS - The	TRICARE Select - The supplement plan	N/A	
day supply)	TRICARE copays after deductibles are met.	supplement covers 25% of the POS	covers copays plus 50% of the Select		
		deductible and the 50% cost share plus	deductible		
		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.			
Single Source Brand	N/A	N/A	N/A	N/A	
Multi Source Brand	N/A	N/A	N/A	N/A	
njectable Medications	Covered	Covered	Covered	N/A	If covered by TRICARE
Prescription Drug Mail Order					
Mail-Order - Generic (Up to a 90-day	No copay	N/A	Not applicable	N/A	
Mail-Order - Brand Formulary (Up to a 90-	The TRICARE Supplement covers the	N/A	Not applicable	N/A	
day supply)	TRICARE copays after deductibles are met.				
Mail-Order - Brand Non-Formulary (Up to a	The TRICARE Supplement covers the	N/A	Not applicable	N/A	
90-day supply)	TRICARE copays 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	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
_ifestyle 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