

TRICARE Supplement

Monthly Premium

Rates shown are reviewed annually and subject to change.
Rates include \$1.50 monthly GEA membership dues.

Premium Rates for Non-NY residents

Employee Only	<u>\$67.50</u>
Employee + Child(ren)	<u>\$132.50</u>
Employee + Spouse	<u>\$132.50</u>
Employee + Family	<u>\$178.50</u>

Premium Rates for NY residents

Employee Only	<u>\$47.70</u>
Employee + Child(ren)	<u>\$93.20</u>
Employee + Spouse	<u>\$93.20</u>
Employee + Family	<u>\$125.40</u>

Portability is offered in all states except AK, CO, NH, OR, UT and WA.
Plan is not available in ME and Puerto Rico.



Plan Design Comparison Highlights



Supplements all 3 retiree primary TRICARE plans
**includes US family Health plan within coverage areas*

Guaranteed Issue * No Pre Existing Condition Limitation * No Minimum Participation Requirements				
Eligibility		<ul style="list-style-type: none">• Must already be enrolled in a Primary TRICARE health insurance plan: Prime, Select, Retired Reserves.• Must be deemed retired by DoD.• Must not be eligible for Medicare and under 65.• Exception: Medicare Eligible Veterans who live overseas or TRICARE eligible veterans 65+ who are ineligible for Medicare.• Be a spouse or dependent child of a retiree.		
	TRICARE Prime	TRICARE Select	TRICARE Retired Reserves	
Supplement Deductible	<ul style="list-style-type: none">• Employee: \$100• Family: \$200• NY residence: \$0.00	<ul style="list-style-type: none">• Employee: \$100• Family: \$200• NY residence: \$0.00	<ul style="list-style-type: none">• Employee: \$100• Family: \$200• NY residence: \$0.00	
Primary TRICARE Deductible	<ul style="list-style-type: none">• 50% of TRICARE Prime POS Deductible (eligible charges used to satisfy TRICARE Deductible applied to Supplement Plan Deductible)	<ul style="list-style-type: none">• Covers 50% of TRICARE Select deductible	<ul style="list-style-type: none">• Covers 50% of TRICARE Retired Reserves deductible	
Inpatient and Outpatient Benefits, including Outpatient Surgery Services	<ul style="list-style-type: none">• 100% of the Co-pays and Cost Share	<ul style="list-style-type: none">• Covers 100% cost shares and excess charges	<ul style="list-style-type: none">• Covers 100% cost shares and excess charges	
Excess Charges	<ul style="list-style-type: none">• 100% of all Covered Expenses in excess of the TRICARE allowed amount, not to exceed the Legal Limit	<ul style="list-style-type: none">• Covers 100% cost shares and excess charges	<ul style="list-style-type: none">• Covers 100% cost shares and excess charges	
Pharmacy Reimbursement Benefit	<ul style="list-style-type: none">• 100% of the Co-pays and Cost Share remaining	<ul style="list-style-type: none">• 100% of the co-payments and cost share remaining	<ul style="list-style-type: none">• 100% of the co-payments and cost share remaining	