

# 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"><li>• Must already be enrolled in a Primary TRICARE health insurance plan: Prime, Select, Retired Reserves.</li><li>• Must be deemed retired by DoD.</li><li>• Must not be eligible for Medicare and under 65.</li><li>• Exception: Medicare Eligible Veterans who live overseas or TRICARE eligible veterans 65+ who are ineligible for Medicare.</li><li>• Be a spouse or dependent child of a retiree.</li></ul>		
	TRICARE Prime	TRICARE Select	TRICARE Retired Reserves
Supplement Deductible	<ul style="list-style-type: none"><li>• Employee: \$100</li><li>• Family: \$200</li><li>• NY residence: \$0.00</li></ul>	<ul style="list-style-type: none"><li>• Employee: \$100</li><li>• Family: \$200</li><li>• NY residence: \$0.00</li></ul>	<ul style="list-style-type: none"><li>• Employee: \$100</li><li>• Family: \$200</li><li>• NY residence: \$0.00</li></ul>
Primary TRICARE Deductible	<ul style="list-style-type: none"><li>• 50% of TRICARE Prime POS Deductible (eligible charges used to satisfy TRICARE Deductible applied to Supplement Plan Deductible)</li></ul>	<ul style="list-style-type: none"><li>• Covers 100% of TRICARE Select deductible</li></ul>	<ul style="list-style-type: none"><li>• Covers 100% of TRICARE Retired Reserves deductible</li></ul>
Inpatient and Outpatient Benefits, including Outpatient Surgery Services	<ul style="list-style-type: none"><li>• 100% of the Co-pays and Cost Share</li></ul>	<ul style="list-style-type: none"><li>• Covers 100% cost shares and excess charges</li></ul>	<ul style="list-style-type: none"><li>• Covers 100% cost shares and excess charges</li></ul>
Excess Charges	<ul style="list-style-type: none"><li>• 100% of all Covered Expenses in excess of the TRICARE allowed amount, not to exceed the Legal Limit</li></ul>	<ul style="list-style-type: none"><li>• Covers 100% cost shares and excess charges</li></ul>	<ul style="list-style-type: none"><li>• Covers 100% cost shares and excess charges</li></ul>
Pharmacy Reimbursement Benefit	<ul style="list-style-type: none"><li>• 100% of the Co-pays and Cost Share remaining</li></ul>	<ul style="list-style-type: none"><li>• 100% of the co-payments and cost share remaining</li></ul>	<ul style="list-style-type: none"><li>• 100% of the co-payments and cost share remaining</li></ul>