

MEDIPLUS® works with TRICARE Reserve Select to pay your medical bills, like doctor visits, prescription drugs and hospital stays. See the chart below.

Type Of Care:	TRICARE Reserve Select Pays:	With TRICARE Reserve Select Benefits Only You Must Pay:	The MEDIPLUS TRICARE Reserve Select Supplement Pays:
Civilian Hospital (Inpatient)	All TRICARE Reserve Select allowable amounts except the first \$25 or current daily subsistence charges (whichever is greater).	The first \$25 or current daily subsistence charges (whichever is greater); PLUS all charges over the TRICARE Reserve Select allowable amount.*	The first \$25 or current daily subsistence charges (whichever is greater); PLUS 100% of the difference between the TRICARE Reserve Select allowed amount and the actual bill.
Government Hospital (Inpatient)	Nothing.	Current daily subsistence charges.	Current daily subsistence charges.
Civilian Doctors, Clinics, etc. (Outpatient)	80% of TRICARE Reserve Select allowable amounts after the annual TRICARE Reserve Select outpatient deductible.	The remaining 20%** the TRICARE Reserve Select deductible and all costs over the TRICARE Reserve Select allowed amounts.*	The remaining 20%** after the TRICARE Reserve Select deductible, PLUS 100% of the difference between the TRICARE Reserve Select allowed amount and the actual bill for covered expenses.
Outpatient Prescription Drugs (From civilian TRICARE network pharmacy)	The TRICARE allowed amount minus your cost-share.	\$3 for 30-day supply of formulary generic prescriptions, \$9 for 30-day supply of formulary brand name prescriptions, \$22 for 30-day supply of non-formulary prescriptions.	\$3 for 30-day supply of formulary generic prescriptions, \$9 for 30-day supply of formulary brand name prescriptions, \$22 for 30-day supply of non-formulary prescriptions.
(From TRICARE Mail Order pharmacy)	The TRICARE allowed amount minus your cost-share.	\$3 for 90-day supply of formulary generic prescriptions, \$9 for 90-day supply of formulary brand name prescriptions, \$22 for 90-day supply of non-formulary prescriptions.	\$3 for 90-day supply of formulary generic prescriptions, \$9 for 90-day supply of formulary brand name prescriptions, \$22 for 90-day supply of non-formulary prescriptions.
(From a non-network pharmacy)	The TRICARE allowed amount minus your cost-share, after the annual TRICARE deductible.	The annual TRICARE outpatient deductible, PLUS \$9 or 20% of the cost (whichever is greater) for a 30-day supply of formulary prescriptions, \$22 or 20% (whichever is greater) for a 30-day supply of non-formulary prescriptions.	\$9 or 20% of the cost (whichever is greater) for a 30-day supply of formulary prescriptions, \$22 or 20% (whichever is greater) for a 30-day supply of non-formulary prescriptions, after you meet the TRICARE outpatient deductible.

*TRICARE limits you to \$1,000 per year for deductibles and cost-shares. Please remember, however, that you must pay for 100% of all medical bills that are more than TRICARE allows.

**Your cost-share is 20% for care received from any non-network TRICARE-authorized provider or 15% for care received from a TRICARE network provider.

Qualified Hospital: A hospital must be engaged primarily in medical care and treatment of sick and injured persons on an inpatient basis, have full surgical facilities, be under the supervision of legally qualified physicians, and provide 24-hour nursing services by R.N.'s to qualify. A sanitarium operated by or certified by the First Church of Christ Scientist, Boston, Massachusetts, also qualifies. A convalescent home; skilled nursing facility; a place for rest, custodial care or for the aged; or a place primarily caring for mental illness, drug addiction, or alcoholism does not qualify. In certain situations, an institution for the treatment of nervous, mental, or emotional disorders is considered a hospital under the MEDIPLUS TRICARE Reserve Select Supplements.

Confined or confinement means being an inpatient in a hospital or skilled nursing facility due to sickness or injury.

General Exclusions and Limitations: The complete listing of exclusions and limitations is cited in the policy and certificate. The major ones are listed below.

The TRICARE Reserve Select Supplement does not cover: injury or sickness resulting from war or acts of war, whether declared or undeclared; intentionally self-inflicted injury; suicide or attempted suicide, whether sane or insane; the following services: a) routine physical exams except when such services are rendered to a child who is less than 6 years of age or when required for school enrollment (but not sports physicals) for a covered child ages 5 through 11, b) routine or well baby care and immunizations, except that these services are covered when rendered to a Child who is less than 6 years of age; hospital nursery charges for a well newborn; domiciliary or custodial care; eye refractions and routine eye exams, eyeglasses, and contact lenses (except that surgically implanted contact lenses are covered if approved by TRICARE); prosthesis (except that artificial limbs and eyes, and devices which must be implanted by surgery, are covered); breast implants except when covered by TRICARE for reconstructive surgery due to cancer; hearing aids; orthopedic footwear; care for the mentally incapacitated or physically handicapped if: a) the care is required because of the mental incapacitation or physical handicap; or b) the care is received by an Active Duty Member's child who is covered by the "Program for Persons with Disabilities" under TRICARE; nursing service, unless it is for the full-time service of a registered graduate nurse or a licensed practical nurse; purchase of a wheelchair, hospital type bed, iron lung or other durable equipment unless approved by TRICARE (the rental of such equipment is covered); ambulance service in excess of \$100 per trip unless approved by TRICARE; any expenses paid in full by TRICARE; drugs which do not

require a prescription (except that insulin is covered); dental care, except that it is covered when it is needed to treat another (not dental) injury or sickness; any confinement, service, or supply that is not covered under TRICARE; any portion of the cost-share amount which the Insured Person is not legally obligated to pay because of payment by a TRICARE alternative program; expenses for which TRICARE makes full payment for the TRICARE allowed amount (this exclusion does not apply to coverage expressly provided for expenses in excess of the TRICARE allowable amount); any portion of a TRICARE cost-share which we determine is payable by TRICARE because the TRICARE cap has been met.

Waiting Period for Current Health Conditions: If you or your covered dependents receive medical treatment or advice for a health condition (including pregnancy) during the six months before the date your protection starts, that condition won't be covered until the person has been enrolled in the plan for six months. Please consider this limitation before dropping any other health insurance you may have.

Nervous, Mental, Emotional Disorder, Alcoholism and Drug Addiction Limitations: The coverage provided under the TRICARE Reserve Select Supplement does not cover inpatient treatment for mental, nervous, or emotional disorders in excess of 45 days if under age 19, or in excess of 30 days if age 19 or older (or 90 days if approved by TRICARE Reserve Select) in any one calendar year. Outpatient benefits for such disorders are limited to \$500 during any period of 12 consecutive months. In addition, for Mental Illness we will pay up to 150 days of inpatient care for covered expenses for a covered dependent child up to age 21.

Important Information Regarding Veterans' Administration (VA) Hospitals— TRICARE supplement insurance policies pay benefits only after TRICARE has first reviewed and approved the expense. A review by TRICARE results in a TRICARE Explanation of Benefits ("EOB"). Many VA Hospitals currently do not submit their claims through TRICARE. Only claims TRICARE processes, resulting in an EOB, are subject to benefits under The Hartford's TRICARE supplement insurance policies. If you use VA facilities for your care, please be aware of this TRICARE supplement policy requirement.

VA Hospitals also can charge the veteran a Category C copayment based on a means test per Public Law 99 Section 272. This law specifically applies only to the veteran and not the insurance company. The Hartford is not liable for payment of these charges.