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	**2027 TRICARE Select In-Network**	**2027 TRICARE Prime POS Network**	**2027 TRICARE Select Out-of-Network**	**2027 Out of Area**	**2027 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					
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	

Active Employees and Pre-65 Retirees (Non-Medicare Only)	Tricare Supplement (Selman & Company) - Military Only*				
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Plan Changes are in Orange	**2027 TRICARE Select In-Network**	**2027 TRICARE Prime POS Network**	**2027 TRICARE Select Out-of-Network**	**2027 Out of Area**	**2027 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.
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.
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
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

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Plan Changes are in Orange	**2027 TRICARE Select In-Network**	**2027 TRICARE Prime POS Network**	**2027 TRICARE Select Out-of-Network**	**2027 Out of Area**	**2027 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
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
Preventive Care					
Well Child Care Office Visit	covered	covered	covered	N/A	Benefits subject to deductibles.
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.
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.
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.
Routine Mammogram	covered	covered	covered	N/A	Benefits subject to deductibles.
Pap Smear	covered	covered	covered	N/A	Benefits subject to deductibles.
Prostate Screening (PSA)	covered	covered	covered	N/A	Benefits subject to deductibles.
Colon Cancer Screenings	covered	covered	covered	N/A	Benefits subject to deductibles.
Cardiovascular screenings	covered	covered	covered	N/A	Benefits subject to deductibles.
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.
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.

Active Employees and Pre-65 Retirees (Non-Medicare Only)	Tricare Supplement (Selman & Company) - Military Only*				
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Plan Changes are in Orange	**2027 TRICARE Select In-Network**	**2027 TRICARE Prime POS Network**	**2027 TRICARE Select Out-of-Network**	**2027 Out of Area**	**2027 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.

Active Employees and Pre-65 Retirees (Non-Medicare Only)	Tricare Supplement (Selman & Company) - Military Only*				
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Plan Changes are in Orange	**2027 TRICARE Select In-Network**	**2027 TRICARE Prime POS Network**	**2027 TRICARE Select Out-of-Network**	**2027 Out of Area**	**2027 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 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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Plan Changes are in Orange	**2027 TRICARE Select In-Network**	**2027 TRICARE Prime POS Network**	**2027 TRICARE Select Out-of-Network**	**2027 Out of Area**	**2027 Comments**
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.
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.
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.
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					
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.

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Plan Changes are in Orange	**2027 TRICARE Select In-Network**	**2027 TRICARE Prime POS Network**	**2027 TRICARE Select Out-of-Network**	**2027 Out of Area**	**2027 Comments**
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.
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.
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.
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	

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	**2027 TRICARE Select In-Network**	**2027 TRICARE Prime POS Network**	**2027 TRICARE Select Out-of-Network**	**2027 Out of Area**	**2027 Comments**
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 benefiticares over age 6.	some coverage available. Routine eye exams are not covered for TRICARE Standard benefiticares over age 6.	some coverage available. Routine eye exams are not covered for TRICARE Standard benefiticares 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	
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	

Active Employees and Pre-65 Retirees (Non-Medicare Only)	Tricare Supplement (Selman & Company) - Military Only*				
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Plan Changes are in Orange	**2027 TRICARE Select In-Network**	**2027 TRICARE Prime POS Network**	**2027 TRICARE Select Out-of-Network**	**2027 Out of Area**	**2027 Comments**
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	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