



FRA TRICARE Retired Reserve Select Supplement Insurance Plan (MilicarePLUS)

Dear FRA Member,

Thank you for your interest in the FRA-endorsed TRICARE Retired Reserve Supplement Insurance Plan (MilicarePLUS). I'm pleased to send the information you requested.

As you know, the FY 2010 National Defense Authorization Act (NDAA) allows all National Guard or Reserve retirees to purchase the TRICARE Retired Reserve coverage. While this coverage provides valuable and affordable health care coverage, it was not designed to cover everything.

The money for cost-shares, deductibles and excess charges will all come out of your pocket—unless you have a TRICARE Retired Reserve Supplement. That's why FRA-endorses two valuable plan options to choose from. You decide which best fits your situation:

MilicarePLUS TRICARE Retired Reserve Basic Plan:

The Basic Plan pays basic benefits ... **100%** of the allowed amount TRICARE Retired Reserve leaves you to pay after you pay the TRICARE deductible and MilicarePLUS deductible (\$300 per person, \$600 for families). It's your best bet if your doctor accepts the TRICARE assignment.

MilicarePLUS TRICARE Retired Reserve Choice Plan:

The Choice Plan pays your TRICARE Retired Reserve copayment once you pay the TRICARE deductible and MilicarePLUS deductible. Then, if your covered medical bills are more than what TRICARE allows, also known as excess charges, the Choice Plan helps pick up 100% of these covered costs.

And here's the best part ... **MilicarePLUS helps pay more of your medical bills!**

The **MilicarePLUS Choice Plan pays 100% of the difference** between your eligible medical bills and what TRICARE pays for those bills. Once TRICARE makes its payment, the MilicarePLUS Choice Plan takes over. Remember, doctors and medical providers are prohibited from charging you more than 115% of the amount TRICARE allows. Therefore, MilicarePLUS Choice Plan pays up to this amount.

With MilicarePLUS, your health care worries may be over! That's because for both plans, MilicarePLUS helps pay your family's covered medical expenses — doctor visits, lab tests, prescription drugs, outpatient treatments, and Hospital stays.

Regardless of the plan option you select, you have access to these valuable benefits:

- **Guaranteed acceptance***: MilicarePLUS is specifically designed for FRA members and their families (It's not available to the general public). You, your spouse and dependent children cannot be turned down. Simply complete and return the enclosed form and you're in!
- **Valuable Benefit**: MilicarePLUS works with TRICARE Retired Reserve to help pay the covered medical bills these plans leave behind — after you meet any applicable TRICARE and MilicarePLUS deductibles. So cost-shares for doctor visits and trips to the hospital are paid by MilicarePLUS.
- **Covers you for new health conditions right away**: From the very start of your coverage, you'll be protected for any new illnesses or injuries. Any current health conditions will not be covered for twelve months. (If you switch from employer-sponsored protection because you move, change jobs or retire, or if you leave Active Duty, this twelve-month waiting period can be waived.)
- **Helps take care of your family**: Your surviving spouse and dependent children can continue coverage under the plan as long as they continue to pay for their coverage and we are notified within 31 days your death.
- **Affordable group rates**: Thanks to the group buying power of your fellow FRA members, you qualify for economical group rates. Review the enclosed rate information for more details based on the MilicarePLUS option you choose.

The Benefits Summary enclosed provides more details about these and other features of the plan.

Then to enroll, simply complete and return the enclosed Enrollment Form. Send no money now. Once your form is processed, we will then send you a bill.

We look forward to your participation in this valuable FRA-endorsed program.

Sincerely,



Steven Miller, Senior Vice President
Association Member Benefits Advisors, LLC
FRA-endorsed Insurance Programs Administrator
License #1936106

P.S. The FRA-endorsed TRICARE Supplements are a guaranteed acceptance* benefit as a member of FRA, and it's easy to get today. Just complete and return the enclosed Enrollment Form. Then you can enjoy the quality supplemental insurance protection, affordable group rates and other plan conveniences the plan offers you and your family. Act today!

*This policy is guaranteed acceptance, but it does contain a Pre-Existing Conditions Limitation. Please refer to the enclosed brochure for more information on exclusions and limitations, such as Pre-Existing Conditions.

Please read the enclosed materials for more information, including costs, exclusions, limitations and terms of coverage.

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company, Hartford, CT 06155.

TRICARE Form Series includes GBD-3000 and GBD-3100, or state equivalent.
ITRR648L-FRA

Enrollment Form for TRICARE Retired Reserve Supplement Insurance Plan (MilicarePLUS)



AGP-5895
AGP-5896 in NY
0985805RR-Q
074030010144

To Enroll:
Send this completed form to:

ADMINISTRATOR
FRA-ENDORSED INSURANCE PROGRAMS
P.O. Box 14536
Des Moines, IA 50306

QUESTIONS?
Call: 1-800-424-1120
E-Mail: fra.service@getamba.com

Name: _____
Last First MI
Add 1: _____
Add 2: _____
City, St., Zip: _____



**THE
HARTFORD**

Underwritten by:
Hartford Life and Accident Insurance Company
Hartford, CT 06155

1. COMPLETE PERSONAL INFORMATION.

Social Security Number _____ E-Mail Address _____
Phone Numbers _____ Date of Birth _____
(Mo./Day/Yr.)
Home (_____) Sex: M F
Work (_____) Membership Number _____
Date TRICARE Reserve Select coverage begins _____ Initial Service Entry Date _____
(Mo./Day/Yr.) (Mo./Day/Yr.)

2. SELECT COVERAGE.

MilicarePLUS Basic Plan

Member (CS61) Spouse (CS65) Each Child (CS67)

MilicarePLUS Choice Plan

Member (CS51) Spouse (CS55) Each Child (CS57)

	Names of Family Members Enrolling	Gender	Date of Birth (Mo./Day/Yr.)
Spouse Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Child Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Child Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	

3. PLEASE READ, SIGN AND DATE.

I hereby certify that the above statements are complete and true to the best of my knowledge. I understand that any Injury or Sickness, whether diagnosed or undiagnosed, for which any person proposed for coverage has received medical treatment or care within the 12 months immediately preceding their effective date will not be covered until that person has not received medical treatment or care for that condition during a period of 12 consecutive months ending on or after their effective date. After 2 years (1 year in North Carolina) from that person's effective date, he or she will become covered regardless of any Pre-Existing Conditions he or she may have. I further understand that new conditions will be covered immediately.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **For Residents of Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. **For Residents of Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **For Residents of Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **For residents of New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties. **For Residents of New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **For Residents of Ohio:** Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **For Residents of Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits. **For Residents of Virginia:** Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law. **For Residents of Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Member's Signature X _____ **Date X** _____
(Mo./Day/Yr.)

Spouse's Signature X _____ **Date X** _____
(Mo./Day/Yr.)

SEND NO MONEY NOW.

Return to FRA-endorsed Insurance Plans
P.O. Box 14536
Des Moines, Iowa 50306

Policies are underwritten by Hartford Life and Accident Insurance Company, Home Office Hartford, CT.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including Hartford Life and Accident Insurance Company.

TRICARE Form Series includes GBD-3000 and GBD-3100, or state equivalent.

Master Policy # AGP-5895 and AGP-5896 (NY)

ITRR648E-FRA

AUTOMATIC CHECK WITHDRAWAL REQUEST: By selecting Automatic Check Withdrawal, your premium will automatically be withdrawn from your checking account. Please provide the information requested below.

Routing #: _____ Account #: _____

I request that you pay and charge my account debits drawn from my account by the Plan Administrator to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may, at any time, end this agreement by giving 30 days advanced written notice to me and to the Plan Administrator. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my insurance.

Signature of Premium Payer _____ **Date** _____

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FRA-ENDORSED TRICARE Retired Reserve Supplement Insurance Plan (MilicarePLUS)



- GROUP RATES FOR YOUR ENTIRE FAMILY
- FRA-ENDORSED MILICAREPLUS CHOICE PLAN HELPS PAY THE DIFFERENCE BETWEEN YOUR ACTUAL COVERED MEDICAL BILLS AND WHAT TRICARE RETIRED RESERVE PAYS
- GUARANTEED ACCEPTANCE¹
- 30-DAY, NO-HASSLE GUARANTEE

Answers to the most commonly asked questions about MilicarePLUS

Q. I know TRICARE Retired Reserve pays only part of my medical bills. How will MilicarePlus help?

A. The MilicarePlus Choice Plan picks up your TRICARE Select copayment after you satisfy the TRICARE Deductible and MilicarePlus deductible (\$250 per person; \$500 for family).

Then, if your covered medical bills are more than what TRICARE allows (also known as excess charges), the Choice Plan picks up 100% of these covered costs. Please note that doctors and medical providers who do not accept assignment are prohibited from charging you more than 115% of the amount TRICARE allows. Therefore, MilicarePlus Choice pays only up to this amount.

MilicarePlus helps pay your family's covered medical expenses - doctor visits, lab tests, prescription drugs, outpatient treatments, Hospital stays, x-rays, physical therapy and more.

Q. My doctor accepts the TRICARE assignment. What plan would help my family the most?

A. More than likely you need the MilicarePlus Basic Plan. The Basic Plan pays 100% of the allowed amount TRICARE leaves you to pay for medical charges. This occurs after you pay your TRICARE Retired Reserve and MilicarePlus deductibles.

Q. TRICARE Retired Reserve includes an annual deductible. Does MilicarePlus pay it?

A. Before MilicarePlus benefits are paid you will be responsible for meeting the TRICARE Retired Reserve and MilicarePlus Supplement deductibles.

Q. Can I enroll my family?

A. Yes...your spouse and all your children can be enrolled, too. You must enroll for coverage in order for your spouse and children to be covered under this plan. Your spouse cannot be legally separated or divorced from you unless you are required to provide coverage for such spouse by court decree. Spouse must also be under age 65 and not eligible for Medicare, and not on active duty. Children are eligible until they marry or reach age 21 (23 if a full-time student) or 26 if under TRICARE Young Adult.

Q. Will I need a physical to request coverage?

A. No, you're guaranteed acceptance¹ in MilicarePlus. Just complete the information on the enclosed Enrollment Form. Then return it in the postage-paid envelope. Please don't send money now.

Q. Can my family continue coverage if something happens to me?

A. Yes. Your surviving spouse and dependent children can continue coverage under the plan as long as they continue to pay for their coverage and we are notified within 31 days your death.

Q. Will Pre-Existing Conditions be waived if I no longer have employer health insurance?

A. You qualify for MilicarePlus with no waiting period for current health conditions if you sign up within 30 days after your employer-sponsored plan ends because you are no longer an eligible participant (for example, if you change jobs, move or retire).

Q. What happens if my military status changes?

A. If your military status changes, you'll have a seamless transition to other MilicarePlus supplement coverage. So if you're no longer eligible for TRICARE Retired Reserve in the future, you can continue your supplement with TRICARE Select coverage. And if you switch to TRICARE Prime for retirees, you can also switch to a TRICARE Prime Supplement by notifying the Plan Administrator of this change.

¹This policy is guaranteed acceptance, but it does contain a Pre-Existing Conditions Limitation. Please refer to this brochure for more information on exclusions and limitations, such as Pre-Existing Conditions.

Q. Is there a guarantee with MilicarePLUS?

A. MilicarePlus includes a 30-day, NO-HASSLE GUARANTEE. If you decide MilicarePlus is not for you, just return your Certificate within one year of your effective date. We'll refund your money, less any claims paid. No questions asked.

Q. When does my MilicarePLUS protection begin?

A. Your MilicarePLUS protection begins on the first day of the month after your enrollment form and first premium are received, as long as you're an FRA member in good standing. If on that date you are Confined in a Hospital or Skilled Nursing Facility, your coverage will become effective on the first day after your discharge.

Monthly Rate

MilicarePlus TRICARE Retired Reserve Supplement Inpatient and Outpatient Plans				
Age	Basic Plan		Choice Plan	
	Member	Spouse	Member	Spouse
Under 40	\$25.52	\$35.84	\$33.62	\$52.42
40-49	\$32.19	\$45.19	\$41.07	\$66.12
50-54	\$37.34	\$46.06	\$52.50	\$69.52
55-59	\$47.20	\$53.18	\$66.94	\$79.28
60-64	\$60.41	\$57.01	\$84.33	\$85.54
	Each child \$17.14		Each child \$23.97	

* You'll be billed four times a year.

If applicable, an additional \$2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

You are eligible for coverage if you are a member or auxiliary member of Fleet Reserve Association and under age 65. Your MilicarePlus rates will not increase unless rates increase for all in your classification. Rates are based on attained age and increase as you enter a new age bracket. Plan deductible is \$250/person or \$500/family for the Choice Plan and \$300/person or \$600/family for the Basic Plan. The Plan deductibles are on a calendar year to match the new TRICARE deductible accrual periods and to make claims tracking easier for you.

Eligibility

Member or Auxiliary Member means a member of the Policyholder or Participating Organization in good standing. To be eligible for coverage, the Member must be under Age 65; and not be eligible for Medicare; not be on Active Duty; and be covered under the TRICARE plan that matches Your plan under The Policy. To be eligible for coverage, Your Spouse must be under Age 65; and not be eligible for Medicare; not be on Active Duty; and be covered under the TRICARE plan that matches his or her plan under The Policy.

If both You and Your Spouse are Members and are eligible for coverage, coverage may not be duplicated by applying as Dependents of each other and both cannot enroll Dependents. No Covered Person can be insured as a Dependent of more than one Member under The Policy.

Skilled Nursing Facility

Hospital means an institution which TRICARE recognizes as a hospital. Skilled Nursing Facility means an institution that operates pursuant to law; in addition to room and board accommodations, is primarily engaged in providing skilled nursing care under the supervision of a Physician; provides continuous 24 hour a day nursing service by or under the supervision of a registered graduate nurse (R.N.); and maintains a daily medical record of each patient. Skilled Nursing Facility does not mean a Hospital that does not include a place for the aged, or for rest, custodial or educational care; alcoholism and drug addiction; the treatment of Mental Illness.

Confined or Confinement means being an Inpatient in a Hospital (or Skilled Nursing Facility) due to Sickness or Injury.

Pre-Existing Condition Limitation

During the first 12 months of coverage, losses incurred for Pre-Existing Conditions are not covered. A Pre-existing Conditions means any Injury or Sickness for which medical care is received by the Covered Person within the 12 consecutive months prior to the date the Covered Person's insurance starts or within the 12 consecutive months prior to the effective date of the Covered Person's increase in coverage. During that time, benefits for all other accidents or illnesses will be paid under the policy provisions. You are urged to consider this limitation before dropping any coverage you may have until the waiting period is over. If your dependents are currently insured under the Active Duty Supplement with FRA and you join the MilicarePLUS Retired Plan within 60 days of your discharge from active duty, we will credit you with continuity of coverage from your dependents' prior effective date.

Termination

Your coverage will end on the earliest of the following: the date The Policy terminates; the date You are no longer in a class eligible for coverage, or The Policy no longer covers Your class; the date the required premium is due but not paid, subject to the Individual Grace Period; the date You Request We terminate Your coverage; the date You cease to be covered under TRICARE; the date You return to Active Duty; the date You cease to be a Member of the Policyholder; the date You attain Age 65 unless You are not eligible for Medicare and can provide documentation of such from the Social Security Administration; the date You become eligible for Medicare (unless You reside in an area where Medicare is not available. Coverage will not terminate until You reside in an area where Medicare is available); unless continued under the Continuation Provisions. In addition to the events listed, if Your coverage was continued in accordance with the Widow or Widower's Continuation provision, Your coverage will end on the Premium Due Date on or next following the date You remarry or enter or enter into a legal relationship recognized as a spouse.

Exclusions and Limitations

The Policy does not cover: injury or sickness resulting from war or act of war, whether war is declared or undeclared; intentionally self-inflicted injury; suicide or attempted suicide, whether sane or insane.

The Policy limits coverage for: routine physical exams and immunizations, except when: rendered to a child up to 6 years from the child's birth; or ordered by a Uniformed Service: for a Covered Dependent of an Active Duty Member; for such Dependent's travel out of the United States due to your assignment; or required for school enrollment (but not sports physicals) by a Covered Child aged 5 through 11 domiciliary or custodial care; care received in a retirement home, rest home or halfway house eye refractions and routine eye exams except when rendered to a child up to 6 years from the child's birth; eyeglasses and contact lenses; prosthetic devices, except those covered by TRICARE; cosmetic procedures, except those resulting from Sickness or Injury, while a Covered Person; hearing aids; orthopedic footwear; care for the mentally or physically incapacitated if: the care is required because of the mental or physical incapacitation; or the care is received by an Active Duty Member's child who is covered by the TRICARE Extended Care Health Option (ECHO); drugs which do not require a prescription, except insulin; dental care unless such care is covered by TRICARE, and then only to the extent that TRICARE covers such care; any confinement, service, or supply that is not covered under TRICARE; Hospital nursery charges for a well newborn, except as specifically provided under TRICARE; any routine newborn care except Well Baby Care; any expense or portion thereof which is in excess of the Legal Limit; expenses in excess of the TRICARE Catastrophic Cap; that part of any Covered Expense which is in excess of the TRICARE Allowed Amount, except as otherwise stated in the plan benefits; expenses which are paid in full by TRICARE; any expense or portion thereof applied to the TRICARE Outpatient Deductible, except as otherwise stated in the plan benefits; treatment for the prevention or cure of alcoholism or drug addiction, except as specifically provided under TRICARE and The Policy; treatment by a Physician or confinement not necessary for medical care; nursing services, unless it is for the nurse's full-time service while the Covered Person is an Inpatient in a Hospital; purchase of a wheel chair, hospital type bed, or other durable equipment, unless TRICARE determines that purchasing the equipment costs less than renting it; care received as part of a grant, study or a research program; care consider experimental or investigational; any part of a Covered Expense which the Covered Person is not legally obligated to pay because of payment by a TRICARE alternative program; any claim under more than one of the TRICARE Supplement Plans. If a claim is payable under more than one plan or benefit, payment will only be made under the provision that provides the highest coverage.

Program Offered by:



Association Member Benefits Advisors, LLC., which acts as the insurance broker for the Group Policyholder, is appointed by The Hartford, and is compensated for the placement of insurance.

In CA d/b/a Association Member Benefits & Insurance Agency
CA Insurance License #0I96562
AR Insurance License #100114462

P.O. Box 14536
Des Moines, IA 50306

This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by Hartford Life and Accident Insurance Company detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full or discontinued.

Complete details are in the Certificate of Insurance issued each insured individual and the Master Policy issued to the policyholder.

This coverage is not available in all states.

Your association shares a financial interest in this plan, which benefits the entire membership.

QUESTIONS?
Call 1-800-424-1120
or visit
www.frainsure.com

SEND NO MONEY NOW.

Underwritten by:



Hartford Life and Accident Insurance Company
Hartford, CT 06155

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Policy # AGP-5895 and AGP-5896 (NY)

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