Office of the Administrator
P.O. Box 14536
Des Moines, IA 50306

FRA TRICARE Retired Reserve 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 ($250 per person, $500 for families). 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.

(Continued...)

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,

David Chambers

David Chambers, Senior Vice President
Association Member Benefits Advisors, LLC
FRA-endorsed Insurance Programs Administrator
License #1115788

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 fact sheet 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 Insurance Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at ww.thehartford.com.

TRICARE Form Series includes GBD-3000, GBD-3100, or state equivalent.
ITRR648L-FRA-0326

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

THE HARTFORD

FLEET RESERVE ASSN LOYALTY PROTECTION SERVICE 1924 2024 FRA USN • USMC • USCG

TRICARE RETIRED RESERVE SUPPLEMENT INSURANCE PLAN ENROLLMENT FORM

MEMBERS AGES 64 OR YOUNGER, UNLESS INELIGBLE FOR MEDICARE

Group Policyholder: Fleet Reserve Association
Policy Number: AGP-5896

1. Member Information:

Member Name: ______________________ Rank: ______________

Street: ______________________ City: ______________ State: ________ Zip Code: ____________

FRA Membership Number: ______________ Gender: ☐ Male ☐ Female ☐ 0 Member Social Security Number: ____________

Member Date of Birth: ____________ Email Address: ______________ Preferred Phone #: ____________

Initial Service Entry Date: ______________________

2. Spouse Information:

Is Spouse coverage desired? ☐ Yes ☐ No Spouse Gender: ☐ Male ☐ Female ☐ 0

Spouse Full Name (if enrolling): ______________________ Spouse Date of Birth: ____________

3.

☐ Are you a Member of the Association? ☐ A Spouse of a Member of the Association?

Check the box below if you and/or your Spouse are:

☐ Retired Military ☐ Active Duty Member ☐ Retired Military Spouse/Surviving Spouse
☐ National Guard or Reserve Member ☐ Retired Reservist ☐ Retired Reservist Spouse/Surviving Spouse

Medicare beneficiaries are not eligible to enroll.

4. Dependent Child(ren) Information (if enrolling):

If more than 4 child(ren), attach additional sheet.

Child Name	Date of Birth	Student	TRICARE Young Adult
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Note: Dependent Children must be under age 21 (23 if a full-time student or 26 if enrolled in TRICARE Young Adult); please include proof of enrollment in TRICARE Young Adult with your Enrollment Form. Additional children may be listed on separate paper and attached to/submitted with this form.

Mail your completed enrollment form to: **AMBA**, P.O. Box 14536, Des Moines, IA 50306

Questions? **CALL**: 1-800-424-1120, **EMAIL**: fra.service@getamba.com, **WEBSITE**: www.frainsure.com

5. Coverage Information:

Please select the TRICARE Supplement you want. Choose a plan for everyone you want to cover. Note: Your TRICARE Supplement Selection must match your TRICARE Health Plan.

TRICARE RETIRED RESERVE SUPPLEMENT PLANS (IN and OUTPATIENT):

BASIC PLAN – $300 PERSON / $600 FAMILY DEDUCTIBLE		
Member ☐ (NS61)	**Spouse** ☐ (NS65)	**Child(ren)** ☐ Under age 21 (NS67) (23 if a full-time student) ☐ Age 21-25 (NC67) (if enrolled in TRICARE Young Adult)

CHOICE PLAN – $250 PERSON / $500 FAMILY DEDUCTIBLE		
Member ☐ (NS51)	**Spouse** ☐ (NS55)	**Child(ren)** ☐ Under age 21 (NS57) (23 if a full-time student) ☐ Age 21-25 (NC57) (if enrolled in TRICARE Young Adult)

6. Please answer questions (even if only requesting child coverage), read, sign and date.

	Member	Spouse
A. Have you, or anyone enrolling for coverage, smoked cigarettes, cigars, or used a pipe, chewing tobacco, nicotine product or snuff within the past 12 months?	☐ Yes ☐ No	☐ Yes ☐ No
B. Are you enrolling within 30 days of the date your employer health insurance ends because you are no longer an eligible participant in the program?	☐ Yes ☐ No	☐ Yes ☐ No
C. Are you enrolling within 60 days of termination of Active Duty service or within 30 days of initial eligibility for TRICARE benefits?	☐ Yes ☐ No	☐ Yes ☐ No
D. Are you enrolling within 30 days of Active Duty service and has your family been insured under the TRICARE Active Duty Supplement prior to your retirement?	☐ Yes ☐ No	☐ Yes ☐ No
E. Have you enrolled in the TRICARE Reserve Select within the past 30 days?	☐ Yes ☐ No	☐ Yes ☐ No
F. Are you changing from our TRICARE Prime Supplement to our TRICARE Select Supplement on your Prime Anniversary Date or because you have moved outside of the Prime Network?	☐ Yes ☐ No	☐ Yes ☐ No
G. Are you changing from our TRICARE Select Supplement to our TRICARE Select Prime Supplement on your Select Anniversary Date?	☐ Yes ☐ No	☐ Yes ☐ No

7. Confirmation - Please read, sign and date:

I acknowledge that I have been given the opportunity to enroll in the TRICARE Supplement Insurance Plan and that I am age 64 or younger, unless ineligible for Medicare, an FRA Member and that the above information is true and complete to the best of my knowledge.

I understand that my coverage will become effective on the first day of the month following receipt of my completed Enrollment Form and payment of my initial premium.

I understand that eligibility to receive benefits under the TRICARE Retiree Supplement is dependent on my (or my deceased spouse's) entitlement to uniformed services retired pay.

I understand and agree that insurance will go into effect upon receipt of my first premium payment and this Enrollment Form and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to FRA can fully describe the provisions, terms, conditions, limitations and exclusions of my insurance.

I understand that this program may not cover pre-existing conditions (conditions for which I received medical advice or treatment within 12 months prior to the effective date of coverage or until the coverage has been in effect for 12 months). This pre-existing condition limitation will not apply if waived in accordance with policy provisions.

8. Fraud Notice(s):

For Residents of New York (Applicable to Accident and Health Insurance Only):
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.

Member Signature: ____ **Date:** ____________________

Spouse Signature (if enrolling)**:** ____ **Date:** ____________________

9. Payment Options:

Option 1. Electronic Funds Transfer – Select Frequency: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Routing Number: ______________________________ Account Number: ______________________________

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 your 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:** ____________________

Option 2. Direct Bill – Select Frequency: ☐ Quarterly ☐ Semiannually ☐ Annually

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 ACCEPTANCE[1]**
- **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 Retired Reserve 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 deductible and MilicarePlus deductible ($300 per person; $600 for family).

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 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 acceptance[1] 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.

---

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

(Next page, please)

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 60. Rates and/or benefits may be changed on a class basis. Rates are based on attainted 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

This supplement is only for retired National Guard and Reserve FRA members and their families who have purchased coverage under the TRICARE Retired Reserve Program and are under age 60.

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 60; 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.

Hospital/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 60 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

Underwritten by:

Hartford Life and Accident Insurance Company
Hartford, CT 06155

The Hartford Insurance Group, Inc., (NYSE: HIG) operates through its subsidiaries under the brand name, The Hartford, and is headquartered in Hartford, Connecticut. For additional details, please read The Hartford's legal notice at www.thehartford.com.

This fact sheet 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 fact sheet 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, and terms under which the policies may be continued in full or discontinued.

Complete details are in the Certificate of Insurance issued to 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.

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

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

ITRR648P-FRA-0326