



FRA TRICARE Reserve Select Supplement Insurance Plan (MilicarePLUS)

Dear FRA Member,

Thank you for your recent request for more information about the MilicarePLUS TRICARE Reserve Select Supplement Insurance Plan offered to FRA shipmates.

As you know, with the DoD's FY 2005 National Defense Authorization Act (NDAA), Fleet Reserve Association Members who are eligible reserve component members qualify for the TRICARE Reserve Select health plan.

TRICARE Reserve Select helps provide you and your family with quality health care coverage. But like many health care plans today, it was not intended to cover everything ...

The money for copays, deductibles and excess charges all come out of your own pocket. This could leave you with thousands of dollars worth of bills to pay if you're not prepared.

The MilicarePLUS TRICARE Reserve Select Supplement Plan offered to FRA shipmates can help make sure you're prepared.

That's because MilicarePLUS, teamed with TRICARE, helps pay your family's covered medical expenses - doctor visits, lab tests, prescription drugs, outpatient treatments, and Hospital stays. In fact, MilicarePLUS helps pay more of your medical bills!

The MilicarePLUS TRICARE Reserve Select Supplement Plan pays your TRICARE Reserve Select copayments once you pay the TRICARE Reserve Select deductible and MilicarePLUS deductible (\$250 per person, \$500 for families). Then, if your covered medical bills are more than what TRICARE Reserve Select allows (also known as excess charges), MilicarePLUS picks up 100% of these covered costs.

That's right, MilicarePLUS helps pay 100% of the difference between your eligible medical bills and what TRICARE pays for those bills. Once TRICARE makes its payment, MilicarePLUS takes over. Remember, doctors and medical providers are prohibited from charging you more than 115% of the amount TRICARE allows.

Plus, with MilicarePLUS, your acceptance is GUARANTEED¹! You can't be turned down, insurance benefits payable are subject to the policy's Pre-Existing Conditions Limitations.

(Continued...)

In addition, you qualify for affordable, members-only rates with MilicarePLUS ... coverage starts at 56 cents a day.

And there's no obligation today. Simply complete and return your Enrollment Form that is enclosed. Send no money now.

MilicarePLUS gives you a 30-day, no hassle guarantee. Take up to 30 days to decide if MilicarePLUS is for you. If it's not, just return your Certificate. You're under no obligation.

Sincerely,



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

P.S. The MilicarePLUS TRICARE Reserve Select Supplement Plan available to FRA shipmates is offered as an acceptance guaranteed¹ coverage for you as an FRA Member. And it's easy to enroll. Just complete and return the enclosed Enrollment Form.

¹This 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 important information (including costs, exclusions, limitations and terms of coverage) for your FRA-endorsed 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 www.thehartford.com.

TRICARE Form Series includes GBD-3000, GBD-3100, or state equivalent.
ITCS648L-FRA-0326

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

**TRICARE RESERVE SELECT SUPPLEMENT INSURANCE PLAN ENROLLMENT FORM****MEMBERS AGES 64 OR YOUNGER, UNLESS INELIGIBLE 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 ☐ O Member Social Security Number: _____

Member Date of Birth: _____ Email Address: _____ Preferred Phone #: _____

Initial Service Entry Date: _____

2. Spouse Information:Is Spouse coverage desired? ☐ Yes ☐ NoSpouse Gender: ☐ Male ☐ Female ☐ O

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

The Hartford Financial Services Group, Inc. (NYSE: HIG) operates through its subsidiaries under the brand name, The Hartford®. For additional information, see www.thehartford.com.

Form PA-10038 (NY) (Rev-2)

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

074030010101 Group B: 0985805TRS-Q

FRA_TRS_EF_NY_2

OVER →

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 RESERVE SELECT SUPPLEMENT PLAN (Pays 15% Excess Charges):

\$250 PERSON / \$500 FAMILY DEDUCTIBLE

Member ☐ (NRS1)

Spouse ☐ (NRS5)

Child(ren) ☐ Under age 21 (NRS7)
(23 if a full-time student)
☐ Age 21-25 (NCS7)
(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 Association 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

TRICARE Reserve Select Supplement Insurance Plan (MilicarePLUS)

Answers to the most commonly asked questions about the MilicarePLUS TRICARE Reserve Select Supplement Plan



I know TRICARE Reserve Select pays only part of my medical bills. How will MilicarePLUS help?

First, MilicarePLUS picks up your TRICARE Reserve Select copayment after you satisfy 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), MilicarePLUS 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. MilicarePLUS, teamed with TRICARE, helps pay your family's covered medical expenses - doctor visits, lab tests, prescription drugs, outpatient treatments, Hospital stays, x-rays, prescription drugs, physical therapy and more.

Can I enroll my family?

Yes. You can enroll all or part of your family. And they're guaranteed acceptance¹ too. Your spouse can qualify for coverage if not legally divorced or separated 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. Your unmarried children can qualify for coverage up to age 21, or age 23 if full-time students or 26 if under TRICARE Young Adult. Eligibility restrictions: 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.

Member or Auxiliary Member means a member of the Policyholder 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.

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

How affordable is MilicarePLUS?

Thanks to the collective buying power of the FRA membership, you pay an affordable, members-only group rate. See your monthly rate:

Monthly Rate

Member	Spouse	Each Child
\$17.14	\$17.14	\$13.21

You'll be billed quarterly. Rates and/or benefits may be changed on a class basis.

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.

Does MilicarePLUS cover current health conditions?

When you enroll within 30 days of the date your TRICARE Reserve Select coverage begins, you and your family qualify for MilicarePLUS without the waiting period for current health conditions. Otherwise, during the first 12 months of coverage, losses incurred for Pre-Existing Conditions are not covered.

Is there a guarantee with MilicarePLUS?

MilicarePLUS includes a 30-day, no hassle guarantee. If you decide MilicarePLUS is not for you, just return your Certificate. No questions asked.

When does my FRA protection begin?

Your FRA 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 the date your coverage is to become effective you are Confined in a Hospital or Skilled Nursing Facility, your coverage will become effective on the first day after you are discharged.

Definitions

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 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 #0196562
AR Insurance License #100114462

P.O. Box 14536
Des Moines, IA 50306

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

Underwritten by:



The Hartford

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.

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

Policy # AGP-5895 and AGP-5896 (NY)
ITCS648P-FRA-0326
Copyright 2026 AMBA. All rights reserved.