

Dear FRA Member,

THIS MEMBER BENEFIT OPPORTUNITY, TRICARE SELECT & PRIME SUPPLEMENT INSURANCE PLANS (MILICAREPLUS), IS RESERVED FOR SHIPMATES IN GOOD STANDING

FRA members have access to the FRA-endorsed TRICARE Supplement Insurance Plans (MilicarePLUS). MilicarePLUS helps pay your family's covered medical expenses — doctor visits, lab tests, prescription drugs, outpatient treatments and Hospital stays. You can choose between the following supplement plans and select the plan that best fits the needs of you and your family.

MilicarePLUS TRICARE SELECT Supplement Plans include the following:

- **MilicarePLUS TRICARE SELECT Supplement - Basic Plan (Retired and Active Duty Plans)**—The Basic Plan pays basic benefits ... **100%** of the allowed amount TRICARE Select leaves you to pay after you pay the TRICARE Select deductible and MilicarePLUS deductible (\$300 per person, \$600 for families). It's your best bet if your doctor accepts the TRICARE
- **MilicarePLUS TRICARE SELECT Supplement - Choice Plan (Retired and Active Duty Plans)**—Here's how it works: The Choice Plan pays your TRICARE Select copayment once you pay the TRICARE Select deductible and MilicarePLUS deductible (\$250 per person, \$500 for families). Then, if your covered medical bills are more than what TRICARE Select allows also known as excess charges, the Choice Plan will pay up to 115% of the TRICARE allowed amount.
- **MilicarePLUS TRICARE SELECT Supplement - Select Plan (Retired and Active Duty Plans)**—Here's the FRA-endorsed option that offers the highest coverage when you meet the TRICARE deductible. The Select Plan option doesn't have a deductible; the supplement will begin paying once you satisfy your TRICARE deductible. The Select Plan will cover excess charges up to 115% of the TRICARE allowed amount.

Or, there is also a supplement available if you are a retiree covered by TRICARE Prime.

- **MilicarePLUS TRICARE PRIME Supplement (Retired Plan - no deductible)**—Teamed with TRICARE Prime, MilicarePLUS helps pay your out-of-pocket costs. That's because MilicarePLUS pays your copayments, including your prescription drug cost-share. MilicarePLUS doesn't cover service received under the TRICARE Prime Point-of-Service Option and doesn't cover the enrollment fee for retired members.

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 Select and Prime 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, 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 www.thehartford.com.

TRICARE Form Series includes GBD-3000, GBD-3100, or state equivalent.
ITC648L-FRA-0326

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

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

**TRICARE SUPPLEMENT INSURANCE PLAN ENROLLMENT FORM****MEMBERS AGES 64 AND YOUNGER**

Group Policyholder: Fleet Reserve Association

Policy Number: AGP-5895

1. Member Information:

Member Name: _____ Rank: _____

Street: _____ City: _____ State: _____ Zip Code: _____

FRA Membership Number: _____ Gender: ☐ Male ☐ Female 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

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. (For administrator use: 09848 if Initial Service Entry Date is prior to 1/1/2018, otherwise 09858. All TRICARE Young Adult coverage will be 09858.)

TRICARE SELECT SUPPLEMENT PLANS (IN and OUTPATIENT):

BASIC PLAN

RETIRED WITH \$300 PER PERSON DEDUCTIBLE	ACTIVE DUTY WITH \$300 PER PERSON DEDUCTIBLE
Member ☐ (CSN1)	Member N/A
Spouse ☐ (CSN5)	Spouse ☐ (ASN5)
Child(ren) ☐ Under age 21 (CSN7) (23 if a full-time student) ☐ Age 21-25 (09858-CCN7) (if enrolled in TRICARE Young Adult)	Child(ren) ☐ Under age 21 (ASN7) (23 if a full-time student) ☐ Age 21-25 (09858-ACN7) (if enrolled in TRICARE Young Adult)

CHOICE PLAN (Pays 15% Excess Charges)

RETIRED WITH \$250 PER PERSON DEDUCTIBLE	ACTIVE DUTY WITH \$250 PER PERSON DEDUCTIBLE
Member ☐ (CST1)	Member N/A
Spouse ☐ (CST5)	Spouse ☐ (AST5)
Child(ren) ☐ Under age 21 (CST7) (23 if a full-time student) ☐ Age 21-25 (09858-CCD7) (if enrolled in TRICARE Young Adult)	Child(ren) ☐ Under age 21 (AST7) (23 if a full-time student) ☐ Age 21-25 (09858-ACD7) (if enrolled in TRICARE Young Adult)

SELECT PLAN (Pays 15% Excess Charges)

RETIRED WITH NO DEDUCTIBLE	ACTIVE DUTY WITH NO DEDUCTIBLE
Member ☐ (CS31)	Member N/A
Spouse ☐ (CS35)	Spouse ☐ (AS35)
Child(ren) ☐ Under age 21 (CS37) (23 if a full-time student) ☐ Age 21-25 (09858-CC37) (if enrolled in TRICARE Young Adult)	Child(ren) ☐ Under age 21 (AS37) (23 if a full-time student) ☐ Age 21-25 (09858-AC37) (if enrolled in TRICARE Young Adult)

TRICARE PRIME SUPPLEMENT PLAN:

RETIRED PLAN WITH NO DEDUCTIBLE	
Member ☐ (PST1)	If enrolling in the TRICARE Prime Supplement (or USFHP), please tell us the date your TRICARE Prime (or USFHP) protection started. / / mo day yr
Spouse ☐ (PST5)	
Child(ren) ☐ Under age 21 (PST7) (23 if a full-time student) ☐ Age 21-25 (09858-PCT7) (if enrolled in TRICARE Young Adult)	

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

	Member	Spouse
A. 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
B. 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
C. 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
D. 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
E. 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 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.

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.

Member Signature: _____

Date: _____

Spouse Signature (if enrolling): _____

Date: _____

8. 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

9. Fraud Notice(s):

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 Ohio:

Any person who, with intent to defraud or knowing that he 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.

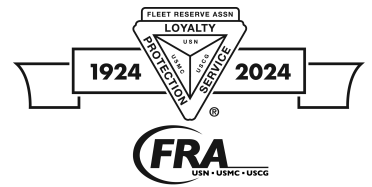
For Residents of Virginia:

Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or who files a claim containing a false or deceptive statement may have violated 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.

FRA-ENDORSED TRICARE SUPPLEMENT INSURANCE PLANS (MILICAREPLUS)



- GROUP RATES FOR YOUR ENTIRE FAMILY
- GUARANTEED ACCEPTANCE¹
- SURVIVING DEPENDENTS' BENEFIT
- 30 day, NO-HASSLE GUARANTEE

Answers to the most commonly asked questions about MilicarePLUS

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

- A.** First, the MilicarePLUS Select Plan pays your TRICARE Select copayment after you pay the TRICARE Deductible. The Choice Plan picks up your TRICARE 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), the Choice and Select Plans pick 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 makes sense for my family?

- 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 Select deductible and MilicarePLUS deductible (\$300 per person; \$600 for families). And your ACCEPTANCE IS GUARANTEED¹.

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. I'm currently on active duty assignment. What happens when I retire?

- A.** When you retire, if you enroll within 60 days of the date your Active Duty coverage ends, and your family is currently covered under the MilicarePLUS Active Duty TRICARE Supplement, you may qualify to waive the waiting period for current health conditions under your TRICARE Select or Prime Supplement plan.

Q. Will I need a physical to request coverage?

- A.** No. Simply complete the information on the enclosed Enrollment Form. Then return it in the postage-paid envelope. **Please don't send money now.**

Q. Is there a guarantee with MilicarePLUS?

- A.** Yes. 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. What if I terminate my enrollment in TRICARE Prime? Can I still have coverage?

- A.** As an FRA member in good standing, you can enroll for the MilicarePLUS Basic and Choice TRICARE Select Supplement Plans. Simply call the FRA-endorsed Insurance Programs for an Enrollment Form. Your Pre-Existing Condition period for your TRICARE Select Supplement will be reduced by the amount of time you were continuously enrolled in the TRICARE Prime Supplement Plan.

Q. What if I am currently covered by the TRICARE Select Supplement and later decide to enroll in the TRICARE Prime Supplement?

- A.** Simply notify the FRA-endorsed Insurance Programs of your enrollment in TRICARE Prime and your coverage will be shifted to the MilicarePLUS TRICARE Prime Supplement Plan. All we need is a copy of your Prime card and your and your Activation Form. Your Pre-Existing Condition period for your TRICARE Prime Supplement will be reduced by the amount of time you were continuously under the TRICARE Select Supplement.

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 a Shipmate in good standing. If on the date that you are to become covered under the Policy you are Confined to the Hospital or Skilled Nursing Facility, your coverage will be deferred until the first day after you are discharged.

¹This 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.

Q. Can I enroll my family?

A. Yes. You can enroll all or part of your family. Your spouse qualifies for coverage if he/she is not 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. Your unmarried children can qualify for coverage up to age 21, or age 23 if full-time students, or 26 if covered 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.

Monthly Rates*

MilicarePLUS TRICARE Select Supplement Inpatient and Outpatient Plans						
Age	Retired Basic Plan		Retired Choice Plan		Retired Select Plan	
	Member	Spouse	Member	Spouse	Member	Spouse
Under 40	\$25.52	\$35.84	\$33.62	\$52.42	For All Ages \$209.40 \$222.12	
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		
65 & over	\$90.46	\$79.64	\$128.18	\$119.93		
	Each child \$17.14		Each child \$23.97		Each child \$105.35	
	Active Duty Basic Plan Spouse \$14.24 Each Child \$11.03		Active Duty Choice Plan Spouse \$17.14 Each Child \$13.21		Active Duty Select Plan Spouse \$62.59 Each Child \$34.06	

**Monthly Rates* for the MilicarePLUS
TRICARE Prime Supplement Plan**

Rates are for Retired Member or Spouse	
Age	Rates
Under 40	\$14.33
40-44	\$15.53
45-49	\$19.11
50-54	\$23.31
55-59	\$25.70
60-64	\$27.47
65 & over	\$28.66
Each Child**	\$10.75

* You'll be billed four times a year.

**Children under age 21 are eligible (up to age 23 if full-time student) or 26 if covered under TRICARE Young Adult.

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.

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. If you are over age 65, you must be ineligible for Medicare benefits.

Rates and/or benefits may be changed on a class basis. Rates are based on attained age and increase as you enter a new age bracket. Basic Plan deductible for Retired and Active Duty is \$300/person or \$600/family. Choice Plan deductible for Retired and Active Duty is \$250/person or \$500/family. Select Plan for Retired and Active Duty has NO deductible. The Prime Supplement Plan for Retired also has NO deductible.

The Plan deductibles are on a calendar year to match the new TRICARE deductible accrual periods and to make claims tracking easier for you.

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 #0I96562

AR Insurance License #100114462

P.O. Box 14536

Des Moines, IA 50306

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.

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.

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)

ITC648P-FRA-0326

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