



NGAUS
The National Guard Association of the United States



Office of the Administrator
P.O. Box 14464
Des Moines, IA 50306-8993

Information Request For NGAUS/EANGUS Member:

**Here's the NGAUS /EANGUS
TRICARE Supplement Insurance Plan
information you requested.**

Dear Member,

Thank you for requesting more information about the NGAUS/EANGUS TRICARE Supplement Insurance Plan. I'm pleased to send the enclosed information for your review today.

This TRICARE Supplement Insurance Plan—teamed with TRICARE—can provide your family with stable, affordable and valuable health insurance protection.

Plus, it offers you these advantages:

- **Guaranteed acceptance:*** You, your spouse and dependent children cannot be turned down. Simply complete and return the enclosed form and you're in!
- **Helps reduce your out-of-pocket costs:** This plan works with TRICARE Standard, Extra, Prime, or Reserve Select to help pay the covered medical bills these plans leave behind—after you meet any applicable TRICARE and TRICARE Supplement Plan deductibles.
- **Pays for your prescription copays:** Traditional co-payments for medications can add up quickly, especially when you have a family. But after TRICARE and your TRICARE Supplement cover their share of the bill for prescription drugs, you don't pay any copays.
- **Gives you choice of doctors and specialists:** You're free to choose the TRICARE-authorized doctor you want. You can decide which specialist you want to see—without a referral.
- **Affordable group rates:** Because you're an NGAUS/EANGUS member, you qualify for economical group rates. Review the enclosed rate information for more details based on the TRICARE Supplement option you choose.

The TRICARE Supplement Insurance Plan 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 approved, we will then send you a bill.

We look forward to your participation in this valuable program.

Sincerely,



Timothy R. Weber, Partner
Mercer Health & Benefits Administration LLC
NGAUS Insurance Trust Administrator
License #17526255

P.S. Get valuable and affordable protection for your family's needs today through the NGAUS/EANGUS TRICARE Supplement Insurance Plan. Please complete and return the enclosed Enrollment Form!

*This plan is guaranteed acceptance but it does contain a Pre-Existing Conditions Limitation. Please see the enclosures for details, including costs, exclusions, limitations and terms of coverage.

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TRICARE Form Series includes SRP-1269, or state equivalent.

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TRICARE Supplement Insurance Plan Benefits Summary

Guaranteed acceptance*

As a member of NGAUS/EANGUS under age 65, you and your family cannot be turned down.

*You'll be covered immediately for all new health conditions. Any current Injuries or Sicknesses will be subject to the Pre-Existing Conditions Limitation and will be covered after six months.

Works with TRICARE to reduce out-of-pocket costs

TRICARE provides excellent health care coverage to members and their families. However, it was never designed to cover all expenses. TRICARE Supplements work with TRICARE Standard, Extra, Prime or Reserve Select to help pay the expenses TRICARE doesn't fully reimburse. Specifically, once you meet any TRICARE and TRICARE Supplement deductibles, this plan:

- Pays your cost-shares for doctor visits, hospital stays, surgeries and more.
- Pays your prescription drug copays.
- Pays excess charges up to 15% above the allowed limit if your doctor bills more than the TRICARE-allowed amount. This is important because the TRICARE Catastrophic Cap does not protect you against excess charges.

Freedom to choose your TRICARE-authorized doctor

Many civilian health insurance plans limit your right to see the doctor you want. Instead, you must choose your doctor from preferred lists or provider networks. With this plan, you and your family can see whatever TRICARE-authorized doctor or specialist you want. There are no preferred provider networks. No referrals required.

Continues coverage for your family if something happens to you — often at no cost

If you die, your spouse and child's TRICARE Standard Supplement benefits will continue at no cost until the earlier of five years, your spouse remarries or coverage ends. Your child's coverage will continue for up to five years or until they marry or reach age 21 (23 if a full-time student or 26 if enrolled in TRICARE Young Adult). Your family can automatically qualify as long as you, your spouse and children were continuously covered by the TRICARE Standard Supplement for at least six months before your death. (Not available under the TRICARE Prime and Reserve Select Supplement Plans.)

Affordable Monthly Group Rates*

These rates are among the most affordable in the TRICARE Supplement marketplace. That's because the group purchasing power of the entire NGAUS/EANGUS Membership and their families were used as leverage to negotiate affordable rates. Take a look at the rates below to see how affordable your rate can be:

TRICARE Standard Retiree Supplement Plans

Age	Basic Plan Member or Spouse	High-Option Plan Member or Spouse
Under 45	\$23.66	\$28.73
45-49	\$28.73	\$38.03
50-54	\$33.38	\$47.75
55-59	\$43.10	\$59.16
60-64	\$51.55	\$68.45
Each Child	\$12.68	\$15.85

TRICARE Prime Retiree Supplement Plan

Age	Member or Spouse
Under 40	\$7.60
40-44	\$8.24
45-49	\$10.14
50-54	\$12.36
55-59	\$13.63
60-64	\$14.58
Each Child	\$5.70

TRICARE Reserve Select Supplement Plan

Member or Spouse	\$9.51
Each Child	\$8.87

TRICARE Active Duty Supplement Plan

Member or Spouse	\$9.51
Each Child	\$8.87

*You'll be billed on a quarterly basis. If applicable, an additional \$2 billing fee will be included on your billing notice payable to the Plan Administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

Premiums are based on each person's age when coverage becomes effective and increase upon entry into each new five-year age bracket. Premiums and/or benefits may be increased or decreased on a class-wide basis. If you choose a supplement with a plan deductible, your 12-month deductible period will begin with the effective date of your coverage. (This may not coincide with the TRICARE fiscal year deductible period.) If you need to change your TRICARE supplement because you have changed your primary coverage (TRICARE Standard/TRICARE Prime), please contact the administrator at 1-800-906-7610.

(Next page, please)

Choice of plans to fit your needs

► **TRICARE Standard Supplement High-Option In- and Outpatient Plan.** This plan may be ideal for you if you're covered by TRICARE Standard and need additional coverage for your medical bills. You'll get complete protection to help pay for Hospital bills, doctor visits, outpatient care and prescription drugs.

Plus, if your doctor charges more than TRICARE allows, the High-Option plan picks up the bills for you, up to the legal limit of 115% of the TRICARE-allowed amount. Your individual deductible is \$300/\$600 for family.

► **TRICARE Standard Supplement Basic In- and Outpatient Plan.** This plan is ideal for you if you're covered by TRICARE Standard and your doctor accepts TRICARE assignments. You can rest easy with valuable benefits covering your TRICARE copays on Hospital stays, doctor visits, outpatient care and prescriptions. Your individual deductible is \$300/\$600 for family.

► **TRICARE Prime Supplement.** If you plan to stay within TRICARE Prime's preferred providers and networks, you can virtually eliminate out-of-pocket expenses for copayments by adding the TRICARE Prime supplement.

► **TRICARE Reserve Select Supplement.** This plan offers you and your family protection for Hospital bills, doctor bills and prescription drugs. Once you pay the annual TRICARE Reserve Select deductible (\$150 per person/\$300 family), this plan works with TRICARE Reserve Select to help cover your medical expenses.

► **Active Duty Supplement.** Your spouse and children can eliminate out-of-pocket expenses for copayments by adding this Active Duty Supplement.

► Switching is Easy

Whether you are leaving active duty or simply switching after your initial eligibility for TRICARE, activating your plan is simple. Just complete and return the enclosed Enrollment Form.

Enrolling after you leave active duty?

You'll have full benefits immediately — with no waiting period — when you activate your supplement plan within 60 days of the date your active duty coverage ends. (This also applies if you sign up within 30 days of your initial eligibility for TRICARE benefits.)

100% Satisfaction Guaranteed

Once your completed Enrollment Form is received, we'll send your Certificate of Insurance. Look it over for up to 30 days. When you're satisfied this plan is right for you, simply pay the premium as indicated.

If this plan doesn't work for you, just return your Certificate marked "Cancel" within 30 days of receipt. Your request for coverage will be canceled with no hassles and no questions asked.

When coverage begins: Your TRICARE Supplement benefits start on the first of the month after receipt of your Enrollment Form and first premium payment. If you or a covered dependent are Confined in a Hospital on the date you are to be covered under the Policy, your coverage will become

effective the first day after being discharged. You can keep this coverage all the way to age 65 as long as you pay your premiums on time, remain a member of NGAUS/EANGUS and the Master Policy stays in force. Your spouse and children can keep their protection as long as they meet eligibility standards and premiums are paid.

Eligibility: As a member of NGAUS/EANGUS under age 65 and are eligible for TRICARE, you and your family are eligible for coverage. Your spouse is eligible as long as he/she is under age 65, is eligible for TRICARE and not legally separated or divorced from you. Your unmarried children are eligible if they are under age 21 (23 if enrolled full-time in higher-learning, or 26 if enrolled in TRICARE Young Adult).

Qualified Hospital: A Hospital must be engaged primarily in medical care and treatment of sick and injured persons on an inpatient basis, have full surgical facilities, be under the supervision of legally qualified physicians, and provide 24-hour nursing services by R.N.s to qualify. A sanitarium operated by or certified by the First Church of Christ Scientist, Boston, Massachusetts, also qualifies. A convalescent home; Skilled Nursing Facility; a place for rest, custodial care or for the aged; or a place primarily caring for mental illness, drug addiction, or alcoholism does not qualify. In certain situations, an institution for the treatment of nervous, mental or emotional disorders is considered a Hospital under the TRICARE supplements. Confined or Confinement means being an inpatient in a Hospital or Skilled Nursing Facility due to Sickness or Injury.

Pre-Existing Conditions Limitation: If you or your covered dependents received medical treatment or advice for a health condition (including pregnancy) during the six months before the date your protection starts, that health condition won't be covered until the person has been enrolled in the plan for six months. Please consider this limitation before canceling any other health insurance you may have.

A waiver of pre-existing conditions can be granted for the following: (1) If a member retires from active duty and requests coverage within 63 days of becoming eligible for coverage; (2) If a member enrolls in the TRICARE Reserve Select Supplement Plan within 30 days of enrolling in TRICARE Reserve Select.

Exclusions and Limitations: These TRICARE Supplements do not cover: 1.) injury or sickness resulting from war or act of war, whether war is declared or undeclared; 2.) intentionally self-inflicted injury; 3.) suicide or attempted suicide, whether sane or insane (in Missouri, while sane); 4.) routine physical exams and immunizations, except when: 5.) rendered to a Child who is less than 6 years of age; or a) required for school enrollment (but not sports physicals) by a Child aged 5 through 11; or b) ordered by a Uniformed Service: for a Covered Spouse or Child of an Active Duty Member; for such spouse or child's travel out of the United States due to the Member's assignment; 6.) domiciliary or custodial care; 7.) eye refractions and routine eye exams except when rendered to a child up to 6 years from his or her birth; 8.) eyeglasses and contact lenses; 9.) prosthetic devices, except those covered by TRICARE; 10.) cosmetic procedures, except those resulting from Sickness or Injury while a Covered Person; 11.) hearing aids; 12.) orthopedic footwear; 13.) care for the mentally or physically incapacitated if: a) the

care is required because of the mental or physical incapacitation; or b) the care is received by an Active Duty Member's child through the TRICARE Extended Care Health Option (ECHO); 14.) drugs which do not require a prescription, except insulin; 15.) dental care unless such care is covered by TRICARE, and then only to the extent that TRICARE covers such care; 16.) any confinement, service or supply that is not covered under TRICARE; 17.) Hospital nursery charges for a well newborn, except as specifically provided under TRICARE; 18.) any routine or newborn care except Well Baby Care, as defined; 19.) expenses which are paid in full by TRICARE; 20.) expenses in excess of the TRICARE Cap; 21.) any expense or portion thereof applied to the TRICARE Outpatient Deductible; 22.) treatment for the prevention or cure of alcoholism or drug addiction except as specifically provided under TRICARE and the Policy; 23.) any part of a covered expense which the Covered Person is not legally obligated to pay because of payment by a TRICARE alternative program.

Nervous, Mental and Emotional Disorder, Alcoholism and Drug Addiction Limitations: The coverage provided under the TRICARE supplement does not cover inpatient treatment for mental, nervous or emotional disorders in excess of 45 days if under age 19, or in excess of 30 days if age 19 or older (or 90 days if approved by TRICARE Standard) in any one calendar year. Outpatient benefits for such disorders are limited to \$500 during any period of 12 consecutive months. In addition, for mental illness we will pay up to 150 days of inpatient care in a TRICARE-authorized Residential Treatment Center for a covered dependent child up to age 21.

Endorsed by: NGAUS Insurance Trust



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The National Guard Association of the United States



Underwritten by:



THE HARTFORD

Hartford Life and Accident Insurance Company
Hartford, CT 06155

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

This brochure explains the general purpose of the insurance described, but in no way changes or affects the Master Policy as actually issued. TRICARE Form Series includes SRP-1269, or state equivalent. 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 to the insured individual and the Master Policy issued to the policyholder. This program may vary and may not be available to residents of all states. Your association shares a financial interest in this program, which benefits the entire membership.

This coverage is available only for residents of the United States excluding AK, AR, AZ, DE, FL, HI, IA, ID, IN, LA, MD, ME, MI, MN, MO, MT, NH, NM, NV, NY, OR, SD, VT, WA and WV.

Administered by:



MAKE TOMORROW, TODAY

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC
P.O. Box 14464
Des Moines, IA 50306-8993

AR Insurance License #100102691

CA Insurance License #0G39709

In CA d/b/a Mercer Health & Benefits Insurance Services LLC

Questions?

Call 1-800-906-7610

Email: NGAUS.service@mercer.com

Or Visit: NGAUS-EANGUSinsure.com

Policy Number AGP-5872

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TRICARE Supplement Insurance Plan Enrollment Form



NGAUS
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THE HARTFORD

1. Please Complete

Name _____

Address _____

City, State, Zip _____

Date of Birth _____ NGAUS/EANGUS Member No. _____ Active Duty Retired
(mo/day/yr)

Member Soc. Sec. No. _____ Male Female Email Address _____
(For internal use only. Your email address will not be sold.)

2. Choose your TRICARE Supplement

TRICARE Standard High-Option Supplement

- Member (CDH1)
- Spouse (CDH5)
- Child(ren) (CDH7)

TRICARE Prime Retiree Supplement

- Member (PIT1)
- Spouse (PIT5)
- Child(ren) (PIT7)

TRICARE Standard Basic Supplement

- Member (CDT1)
- Spouse (CDT5)
- Child(ren) (CDT7)

TRICARE Reserve Select Supplement

- Member (TRS1)
- Spouse (TRS5)
- Child(ren) (TRS7)

3. Please complete if signing up your family (NOTE: Name must be identical to how it appears on your military ID card.)

Spouse Name: _____ Male Female Date of Birth: ____/____/____

Child Name: _____ Male Female Date of Birth: ____/____/____

Child Name: _____ Male Female Date of Birth: ____/____/____

Child Name: _____ Male Female Date of Birth: ____/____/____

NOTE: Children must be under age 21 (23 if a full-time student or 26 if enrolled in TRICARE Young Adult); please include proof of full-time status or proof of enrollment in TRICARE Young Adult with your Enrollment Form.

Please list additional dependents on a separate sheet, sign and date it.

4. Please read, sign and date.

I hereby certify that the above statements are complete and true to the best of my knowledge. I hereby elect to apply for insurance indicated under the NGAUS Insurance Trust TRICARE Supplement Program, underwritten by Hartford Life and Accident Insurance Company. I understand that my coverage will become effective the first of the month following your receipt of my Enrollment Form and first premium payment.

I further understand that this policy will not cover Pre-Existing Conditions, i.e., Injury or Sickness for which medical advice or treatment has been received during the 6 months immediately preceding the effective date of this coverage, until I have been treatment-free for such condition for 6 consecutive months or this coverage has been in effect for 6 months, whichever is earlier. (For members residing in California, a Pre- Existing Condition is any condition that required medical treatment, consultation or expense during the 6 months immediately before your effective date of insurance. This exclusion will end on the date you have been insured under the group policy for 6 consecutive months. California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance.) For residents of all states except FL, NJ, PA and WA: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an insurance application or statement of claim containing any materially false, incomplete, or misleading information may be committing a crime and may be subject to civil or criminal penalties, depending upon state law. For FL Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any materially false, incomplete or misleading information is guilty of a felony of the third degree. For PA Residents: 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 subjects such person to criminal and civil penalties. I further understand that if any person to be covered under this policy is hospital-confined on the date this insurance goes into effect, such effective date of coverage will be deferred until the first day after final discharge from the hospital. I represent that to the best of my knowledge and belief, all statements and answers recorded on this form are true and complete.

Member's Signature **X** _____ Date **X** _____

SEND NO MONEY NOW

Please mail your completed Enrollment Form in the enclosed envelope to:
NGAUS Insurance Trust Plans, PO Box 14464, Des Moines, IA 50306-8992

Questions? Call 1-800-906-7610

(Hearing-impaired members may call the Relay Line at 1-800-855-2881)

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

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