



Dear ROA Member,

**THIS MEMBER BENEFIT OPPORTUNITY, TRICARE SUPPLEMENT INSURANCE PLAN (RESERVECARE), IS RESERVED FOR RESERVE OFFICER PERSONNEL ONLY**

**UNITED WE STAND...**

All the stops have been pulled out, the combined buying power of ROA members has been leveraged and a star-spangled membership benefit opportunity has been negotiated. So please act on this today.

ROA takes care of its own and now here's a star-spangled ROA membership benefit opportunity with affordable rates.

You get in on, an exclusive GROUP rate, and valuable benefits. (I'll explain what has been negotiated for you later.)

Here's what this is all about:

After months of tough negotiations, we got you a choice between four quality and affordable ReserveCare Supplement Insurance Plans.

Please don't take this offer lightly. Only ROA members and their families are eligible for this opportunity. You now have a chance to get in on a protection program for military families.

And it gets better ... now your acceptance is GUARANTEED\*! You can't be turned down for any reason (subject to the Pre-Existing Conditions Limitation).

In addition, you qualify for affordable, members-only rates with ReserveCare ... rates that have been specifically negotiated for ROA members. (The same is true for your spouse and children.)

*Please note: You'd be hard-pressed to find a comparable TRICARE supplement with rates as affordable as the ones I offer you here today.*

*The combined buying power of ROA members was leveraged. Then we fought tooth and nail to get you the best possible rates.*

The ReserveCare and TRICARE Prime Supplement Plans are yours for the asking. Where else can you find acceptance GUARANTEED\* supplement health care insurance?

You decide among these outstanding plans:

**ReserveCare TRICARE Active Duty Family Supplement:**

This option available for your spouse and children helps pick up where their TRICARE plan leaves off and helps pay for covered doctor visits, outpatient treatment, prescription drugs and Hospital stays. If your covered medical bills are more than what TRICARE allows (also known as excess charges), ReserveCare picks up the rest of the bill for you. That's right, ReserveCare pays the difference between your eligible medical bills and what TRICARE pays for those bills. Once TRICARE makes its payment, ReserveCare takes over. Remember, doctors and medical providers are prohibited from charging you more than 115% of the amount TRICARE allows.

**ReserveCare TRICARE Retiree Basic Supplement:**

Consider this plan if you're looking for a little help paying for your medical expenses TRICARE doesn't fully cover — at an affordable price. Once you meet your TRICARE deductible (\$300 or \$400), this plan pays a specific percentage of the TRICARE-allowed amount until the TRICARE Catastrophic Cap is met. This plan does not pay excess charges.

**ReserveCare TRICARE Retiree High-Option Supplement:**

Many members prefer this plan because it covers everything, including excess charges, after you meet the annual plan deductible (\$300 or \$400). If your covered medical bills are more than what TRICARE allows (also known as excess charges), ReserveCare picks up the rest of the bill for you. That's right, ReserveCare pays the difference between your eligible medical bills and what TRICARE pays for those bills. Once TRICARE makes its payment, ReserveCare takes over. Remember, doctors and medical providers are prohibited from charging you more than 115% of the amount TRICARE allows.

**ReserveCare TRICARE Retiree Prime Supplement:**

This plan may be your best option if you like participating within a network. TRICARE Prime is an HMO and requires you to use a network physician. The ReserveCare Supplement helps pay your out of pocket expenses, such as copayments on doctor visits, Hospital care, and prescription drugs.

ReserveCare helps pay your family's covered medical expenses — doctor visits, lab tests, prescription drugs, outpatient treatments, and Hospital stays.

Remember, you're GUARANTEED acceptance\* in the ReserveCare TRICARE Supplement Insurance Programs.

But regardless of the option you select, you're entitled to four-star service.

For instance, your ReserveCare claims are typically paid in 10 days or less. And you have instant access to ReserveCare Benefit Consultants by calling TOLL-FREE 1-800-247-7988.

**(Continued...)**

And there's more —

ROA helps take care of your family. Your dependents can continue coverage if you become eligible for Medicare, reach the age of 65, or in the event of your death.

Your spouse and children don't have to worry about their coverage being terminated. *(We only ask to receive your spouse's request and required premium within 90 days of the next premium due date.)*

### **ROA WATCHES OUT FOR YOU!**

We jump right in the middle of things when your benefits ... especially TRICARE ... are threatened on Capitol Hill. (I'm sure you've heard about ROA's top-notch lobbying.)

ROA's HQ also works closely with the insurance company behind ReserveCare. The Hartford<sup>1</sup>.

And because of our group buying power, we've got affordable GROUP rates locked in for you.

Take my word for it, the ECONOMICAL RATES are reserved only for ROA members in good standing and their families. And I can't promise them forever.

So please complete the enclosed Enrollment Form ASAP. Don't send money now ... I just need you to report in to HQ.

If you don't answer this Roll Call in the next 14 days, you could forfeit your guaranteed acceptance\*, economical rates, and valuable benefits.

### **There's no obligation.**

ReserveCare gives you a 30-DAY, NO-HASSLE GUARANTEE. Take those 30 days to decide if ReserveCare is for you. If it's not, just return your Certificate ... there's no obligation. Your satisfaction is 100% guaranteed!

It's taken a lot of doing to get ReserveCare options at economical rates.

ROA's done all it can ... NOW it's up to you.

This star-spangled benefit opportunity is reserved for ROA members ... so please act today.

Sincerely,



Anthony A. Baldus, Principal  
Mercer Health & Benefits Administration LLC  
ROA Insurance Plans Administrator  
License #8704140

P.S. It's done! You're guaranteed acceptance\* and you NOW qualify for economical GROUP rates, and valuable features. But you must act today. Return the enclosed Enrollment Form within the next 14 days.

Please read the enclosed material for important information (including costs, exclusions, limitations, and terms of coverage) for your ROA-sponsored coverage.

<sup>1</sup>The Hartford<sup>®</sup> is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company and Hartford Life Insurance Company.

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

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

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# Enrollment Form for TRICARE Active Duty & Retirement Supplements and Prime Supplement Insurance Plan (ReserveCare)



## ROA RESERVECARE Roll Call Enrollment Form For ROA Member Named Below Only

**To Enroll:**  
 Send this completed form to:

**ADMINISTRATOR**  
 ROA GROUP INSURANCE PROGRAM  
 P.O. Box 14464  
 Des Moines, IA 50306-8993

**QUESTIONS?**  
 Call: 1-800-247-7988  
 E-Mail: roa.service@mercercor.com



**THE HARTFORD**

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

Name: \_\_\_\_\_  
Last First MI

Add 1: \_\_\_\_\_

Add 2: \_\_\_\_\_

City, St., Zip: \_\_\_\_\_

### 1. Complete personal information.

Date of Birth \_\_\_\_\_ Sex:  Male  Female  
(Mo./Day/Yr.)

Social Security No. \_\_\_\_\_ Daytime Phone No. (\_\_\_\_) \_\_\_\_\_

Initial Service Entry Date (Mo./Day/Yr.) \_\_\_\_\_

**For administrator use:** 02049 if date is prior to 1/1/ 2018, otherwise 02059. All TRICARE Young Adult coverage will be 02059.

### 2. Choose your ReserveCare Supplement plan.

Retired

Basic In- & Outpatient \$300 Plan Deductible	<input type="checkbox"/> Member (CDT1)	<input type="checkbox"/> Spouse (CDT5)	<input type="checkbox"/> Child(ren) (CDT7)
Basic In- & Outpatient \$400 Plan Deductible	<input type="checkbox"/> Member (CL41)	<input type="checkbox"/> Spouse (CL45)	<input type="checkbox"/> Child(ren) (CL47)

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Retired

High Option In- & Outpatient \$300 Plan Deductible	<input type="checkbox"/> Member (CDH1)	<input type="checkbox"/> Spouse (CDH5)	<input type="checkbox"/> Child(ren) (CDH7)
High Option In- & Outpatient \$400 Plan Deductible	<input type="checkbox"/> Member (CH41)	<input type="checkbox"/> Spouse (CH45)	<input type="checkbox"/> Child(ren) (CH47)

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Retired

TRICARE Prime	<input type="checkbox"/> Member (PIT1)	<input type="checkbox"/> Spouse (PIT5)	<input type="checkbox"/> Child(ren) (PIT7)
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Active Duty

TRICARE Active Duty Family Plan	<input type="checkbox"/> Spouse (CAE5)	<input type="checkbox"/> Child(ren) (CAE7)	
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### 3. Please complete if signing up your family.

Names of Family Members Enrolling	Date of Birth (Mo./Day/Yr.)

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#### 4. Sign and date.

##### AUTHORIZATION

I understand that any Injury or Sickness, whether diagnosed or undiagnosed, for which any person proposed for coverage has received medical treatment or care within the 6 months immediately preceding their effective date will not be covered until that person has not received medical treatment or care for that condition during a period of 6 consecutive months ending on or after their effective date. However, if any TRICARE eligible person retiring from active duty requests such coverage within 63 days of the date he or she first becomes eligible for the coverage, we will credit the person with continuity of coverage from his or her dependents' prior effective date under the Active Duty Family Supplement. After 2 years (1 year in North Carolina) from that person's effective date, he or she will become covered regardless of any Pre-Existing Conditions he or she may have. I further understand that new conditions will be covered immediately.

For residents of Arkansas: 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 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 New Jersey: any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. For residents of New York: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a substantial civil penalty where and to the extent allowed by state law. 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 Pennsylvania: 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.

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

**Member's Signature X** \_\_\_\_\_ **Date X** \_\_\_\_\_

**Spouse's Signature X** \_\_\_\_\_ **Date X** \_\_\_\_\_  
(if enrolling)

**SEND NO MONEY NOW.**  
Return to ROA-sponsored Insurance Plans  
P.O. Box 14464  
Des Moines, Iowa 50306-8993

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

Master Policy #AGP-5367  
TRICARE Form Series includes SRP-1269, or state equivalent.  
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ITC648E - ROA

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

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

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

**Signature of Premium Payer** \_\_\_\_\_ **Date** \_\_\_\_\_

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Star-Spangled Benefit Opportunities Exclusively  
for ROA members in Good Standing

# ROA'S TRICARE Supplement Insurance Plans (ReserveCare)



- FAVORABLE GROUP RATES FOR YOUR ENTIRE FAMILY
- THE RESERVECARE RETIRED AND PRIME SUPPLEMENT PLANS HELPS PAY THE DIFFERENCE BETWEEN YOUR ACTUAL COVERED MEDICAL BILLS AND WHAT TRICARE SELECT PAYS
- ACTIVE DUTY FAMILY SUPPLEMENT
- GUARANTEED ACCEPTANCE<sup>1</sup>
- 30-DAY, NO-HASSLE GUARANTEE

## Answers to the most commonly asked questions about ReserveCare

### Q. Do I have a choice of plans?

**A.** Yes! You have a choice between four ROA ReserveCare Supplement Plans—the ReserveCare Active Duty Family Plan, ReserveCare TRICARE Retired Basic Plan, the ReserveCare TRICARE Retired High-Option Plan and the ReserveCare TRICARE Prime Plan.

### Q. What are the TRICARE SELECT “allowed” charges?

**A.** TRICARE Select sets a limit on how much certain medical procedures should cost. Then, this DoD program pays only about 75% of the set “allowed” amount for each procedure.

- You are responsible for the approximate 25% of “allowed” charges that TRICARE Select doesn't pay. ReserveCare pays this amount for you.
- When your doctor or hospital charges more than the amount TRICARE Select “allows,” you must pay the difference yourself. This difference is called “excess charges.”

The ReserveCare High-Option Plan helps you pay all these expenses. PLUS—there are some medical procedures TRICARE Select won't pay for at all. You must pay the cost of these procedures yourself.

### Q. TRICARE includes an annual deductible. Does ReserveCare pay it?

**A.** No, you pay the TRICARE Retired Deductible. The ReserveCare Retired Supplement also has a \$300 or \$400 Plan Deductible you must pay.

### Q. How about my spouse and children?

**A.** Yes ... your spouse and all your children can be enrolled, too. \*\* In fact, ROA feels that it's very important you help protect your entire family. You can even get coverage for just your spouse and children under the ReserveCare Active Duty Plan. If the spouse is enrolling for initial coverage and the member is Medicare eligible, the spouse must obtain auxiliary membership in order to be covered by our supplement.

\*\*Unmarried dependent children up to age 21 (23 if full-time students or 26 if enrolled in TRICARE Young Adult).

### Q. Will I need a physical to request coverage?

**A.** Complete the information on the enclosed Roll Call Enrollment Form. You're guaranteed acceptance<sup>1</sup> in ReserveCare (subject to the Pre-Existing Condition Limitation). Then return it in the postage-paid envelope. Please don't send money now.

### Q. Can my coverage be canceled because I get sick later on?

**A.** The only way your ReserveCare Plan can be canceled is: if in the unlikely event the Master Policy is canceled for everybody, if you wish to end coverage, if you stop paying your premiums, if you are no longer covered by TRICARE, or if you are no longer a member of ROA.

Coverage for your spouse and children ends when your coverage ends or when they are no longer eligible. In the event of your death, their coverage continues as long as premiums are paid.

### Q. Is there a guarantee with ReserveCare?

**A.** ReserveCare includes a 30-Day, NO-HASSLE GUARANTEE. If you decide ReserveCare is not for you, just return your Certificate within 30 days of your effective date. You'll be under no obligation; no questions asked.

### Q. When does my ReserveCare protection begin?

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

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

(Next page, please)

## Monthly Rates\*

ReserveCare Retired Supplement Premiums (\$300 Deductible)		
	Basic In- & Outpatient	High Option In- & Outpatient
Age	Member or Spouse	Member or Spouse
Under 45	\$25.62	\$31.10
45-49	\$31.10	\$41.17
50-54	\$36.14	\$51.69
55-59	\$46.66	\$64.04
60-64	\$55.80	\$74.10
Each Child	\$13.72	\$17.15

ReserveCare Retired Supplement Premiums (\$400 Deductible)		
	Basic In- & Outpatient	High Option In- & Outpatient
Age	Member or Spouse	Member or Spouse
Under 45	\$22.18	\$26.93
45-49	\$26.93	\$35.64
50-54	\$31.29	\$44.75
55-59	\$40.40	\$55.44
60-64	\$48.32	\$64.16
Each Child	\$11.88	\$14.85

TRICARE Prime Supplement Premiums	
Age	Member or Spouse
Under 40	\$15.68
40-44	\$16.99
45-49	\$20.91
50-54	\$25.49
55-59	\$28.10
60-64	\$30.06
Each Child	\$11.76

Active Duty Family Plan	
Spouse	\$9.80
Each Child	\$9.15

\* For your convenience, you'll be billed just four times a year. Rates and/or benefits may be changed on a class basis. If you wish to be billed monthly, this will be done through Electronic Funds Transfer.

Your ReserveCare rates will not increase unless rates increase for all in your classification. Rates are based on attained age and increase as you enter a new age bracket.

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.

### Qualified Hospital

To qualify for TRICARE Select, a Hospital must operate within the laws of the jurisdiction in which it is located and be engaged primarily in providing diagnostic and therapeutic facilities for surgical and medical, treatment, and care of Injured or Sick persons by or under the supervision of one or more staff physicians or surgeons, and continuously provide 24-hour nursing service by registered graduate nurses. Hospital does not include a nursing or convalescent home, a place for drug addicts or alcoholics, or a place for rest, custodial care, or care of the aged.

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 6 months of coverage, losses incurred for Pre-Existing Conditions are not covered. A Pre-Existing Condition means any Injury or Sickness including pregnancy, diagnosed or undiagnosed, for which you have

received medical care within the 6-month period prior to your coverage effective date or the date of an 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 ROA and you join the ReserveCare Retired Plan within 63 days of your discharge from active duty, we will credit you with continuity of coverage from your dependents' prior effective date.

### Termination

Your coverage under the Policy will cease on the first to occur of: the date the Master Policy terminates; the date of the required premium is not paid; the first premium due date on or next following the date you cease to be an ROA Member; the first premium due date on or next following the date you become eligible for Medicare; the first premium due date on or next following the date you attain age 65, unless you have a Notice of Disallowance for Benefits under Medicare Part A from the Social Security

Administration; if covered under the Emergency Supplement, the first premium due date on or next following the date you no longer reside within the Catchment Area of a Service Hospital. Coverage for your spouse and children ends when your coverage ends or when they are no longer eligible. In the event of your death, their coverage continues as long as premiums are paid.

### 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 (in Missouri, while sane); routine physical exams and immunizations, except when: a) rendered to a child up to 6 years from his or her birth; or b) ordered by a Uniformed Service: (1) for a Covered Spouse or Child of an Active Duty Member; (2) for such spouse or child's travel out of the United States due to the Member's assignment; domiciliary or custodial care; eye refractions and routine eye exams except when rendered to a child up to 6 years from his or her birth; eyeglasses and contact lenses; prosthetic devices, except those covered by TRICARE; cosmetic procedures, except those resulting from a covered Sickness or Injury; hearing aids; orthopedic footwear; care for the mentally incapacitated or physically handicapped if: a) the care is required because of the mental incapacitation or physical handicap; or b) the care is received by an Active Duty Member's child who is covered by the "Program for the Handicapped" under TRICARE; 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, as defined, for a child up to 6 years from his or her birth; expenses in excess of the TRICARE Cap; expenses which are paid in full by TRICARE; any expense or portion thereof which is in excess of the Legal Limit; any expense or portion thereof applied to the TRICARE Outpatient Deductible, except as otherwise provided under the High Deductible plans; treatment for the prevention or cure of alcoholism or drug addiction except as specifically provided under TRICARE and this Policy; 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, Emotional Disorder, Alcoholism, and Drug Addiction Limitations

Your coverage provided under the inpatient benefits of the TRICARE supplement for nervous, mental and emotional disorders, including alcoholism and drug addiction, is limited to: 30 inpatient treatment days for a covered person age 19 or older; or 45 inpatient treatment days for a covered person under age 19; per fiscal year. Outpatient benefits for such disorders are limited to \$500 during any period of 12 consecutive months.

**Administered by:**  
 **MERCER**  
MAKE TOMORROW. TODAY

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

### QUESTIONS?

Call: 1-800-247-7988  
www.roainsure.com

AR Insurance License #100102691  
CA Insurance License #0G39709  
In CA d/b/a Mercer Health & Benefits Insurance  
Services LLC

### Underwritten by:



**THE  
HARTFORD**

Hartford Life and Accident Insurance Company  
Hartford Life Insurance Company  
Hartford, CT 06155

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This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by Hartford Life and Accident Insurance Company and Hartford Life 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 each insured individual and the Master Policy issued to the policyholder.

This coverage is available only for residents of the United States excluding AZ, ID, LA, MD, ME, MN, MT, NM, OR, WA and WV.

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

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