



Dear FRA Member,

The TRICARE Prime Supplement Insurance Plan (MilicarePLUS)—insurance protection that continues in the FRA tradition of quality coverage at affordable rates.

Coverage to Help Meet Your Needs!

TRICARE Prime pays only part of your medical expenses, and you're responsible for the rest. But the MilicarePLUS TRICARE Prime Supplement Plan can help cover your out-of-pocket expenses. That's because MilicarePLUS pays your TRICARE Prime copayments—including those for prescription drugs!

But the MilicarePLUS TRICARE Prime Supplement Plan doesn't stop there...

If you end your enrollment in TRICARE Prime prior to the 12-month initial enrollment period due to a transfer outside of a TRICARE area, or if you are denied re-enrollment in TRICARE Prime, you can enroll for an FRA-endorsed valuable TRICARE Select Supplement.

If you have completed your 12-month Prime enrollment period and were enrolled in our TRICARE Select Supplement prior to enrolling in Prime, you can come back to your Select coverage. You are eligible to enroll in the Select Supplement you had with us prior to enrolling in Prime if it's still available.

We've also worked to secure rates that are not only affordable—they're also competitive!

(Continued...)

GUARANTEED ACCEPTANCE¹!

Signing up for this protection couldn't be easier—you're guaranteed acceptance¹! (subject to the Pre-Existing Condition Limitation.) No lengthy applications to fill out. Simply complete the enclosed Activation Form and return it in the postage-paid envelope provided.

PLEASE DON'T SEND MONEY NOW. You'll be billed later.

Please return your Activation Form today to secure MilicarePLUS TRICARE Prime Supplement protection.

Sincerely,



Anthony A. Baldus, Principal
Mercer Health & Benefits Administration LLC
FRA-endorsed Insurance Programs Administrator
License #8704140

P.S. You're under no obligation when you sign up for MilicarePLUS ... we'll give you 30 days to make up your mind. If you decide MilicarePLUS isn't for you, just return your certificate and write "terminated and return all premium" on the top of it and we'll refund any money you've paid less any claims that you have been paid. MilicarePLUS is the no obligation solution to your health care needs.

Please read the enclosed brochure for more information (including costs, exclusions, limitations, and terms of coverage) on this FRA-endorsed plan.

Policies are underwritten by Hartford Life and Accident Insurance Company, Home Office Hartford, CT, and Talcott Resolution Life Insurance Company, Home Office Windsor, CT, (formerly known as Hartford Life Insurance Company). Hartford Life and Accident Insurance Company acts as the administrator for Talcott Resolution Life Insurance Company. The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including Hartford Life and Accident Insurance Company.

¹This policy is guaranteed acceptance, but it does contain a Pre-Existing Conditions 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.

TRICARE Prime Supplement Insurance Plan (MilicarePLUS) Activation Form

To Enroll:

Send this completed form to:

ADMINISTRATOR

FRA-ENDORSED INSURANCE PROGRAMS
P.O. Box 14464
Des Moines, IA 50306-8993

QUESTIONS?

Call: 1-800-424-1120
E-Mail: fra.service@mercerc.com



THE HARTFORD

Underwritten by:

Hartford Life and Accident Insurance
Company, Hartford, CT and Talcott Resolution
Life Insurance Company (formerly Hartford
Life Insurance Company), Windsor, CT.

Name: _____
Last First MI
Add 1: _____
Add 2: _____
City, St., Zip: _____

1. Please Complete to Enroll in MilicarePLUS:

Social Security Number _____ Date of Birth _____
(Mo./Day/Yr.)
Phone Numbers _____ Sex: M F
Home (_____) _____ FRA Member Number _____
Work (_____) _____ Initial Service Entry Date _____
(Mo./Day/Yr.)
E-Mail Address _____ (For administrator use: 09830 if date is prior to 1/1/2018, otherwise 09840.
All TRICARE Young Adult coverage will be 09840.)

2. Select Who You Want the TRICARE Prime Supplement to Cover:

Retired

- Member (PIT1) Spouse (PIT5) Each Child (under age 21 [23 if a full-time student]) (PIT7)
(age 21-25 [if enrolled in TRICARE Young Adult]) (09840-PCT7)

Names of Family Members Enrolling	Date of Birth Mo./Day/Yr.
Spouse _____	/ /
Child _____	/ /
Child* _____	/ /

*Please complete a separate sheet for other children.

3. Please Sign and Date:

I hereby apply for coverage as indicated under MilicarePLUS, underwritten by Hartford Life and Accident Insurance Company and Talcott Resolution Life Insurance Company (formerly Hartford Life Insurance Company). I understand that my coverage will become effective on the first day of the month coinciding with or following Talcott Resolution Life Insurance Company (formerly Hartford Life Insurance Company) or Hartford Life and Accident Insurance Company's receipt of proof of enrollment in TRICARE Prime and the required premium for this benefit has been received by the Administrator. I understand that if any person to be covered under this policy is home-or Hospital-Confined for medical care or treatment on the date this insurance goes into effect, such effective date of coverage will be delayed until the first day of the month following a period of 30 consecutive days following final medical discharge from such Confinement. I further understand that there is a waiting period on Pre-Existing Conditions. If I have a health problem that required treatment, consultation, or expense during the 12 months prior to joining MilicarePLUS, no benefits will be paid for the treatment received for the condition for 12 months from the date I am insured under the plan. During that time, benefits for all other accidents or illnesses will be paid under the policy provisions. I will not be subject to this waiting period if I join MilicarePLUS within 63 days of my discharge from active duty and either my spouse or child has been continuously covered for 12 months. (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 the Insured Person's Effective Date of Insurance. This exclusion will end on the date the person has 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 coverage. For residents of all states except FL, NJ, NY, 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 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 represent that to the best of my knowledge and belief all statements and answers recorded on this activation form are true and complete.

Member's Signature X _____ **Date X** _____
Mo./Day/Yr.

Spouse's Signature X _____ **Date X** _____
(if enrolling) Mo./Day/Yr.

DON'T SEND MONEY NOW. YOU'LL BE BILLED LATER.

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TRICARE Form Series includes SRP-1269, or state equivalent.
Policy # AGP-5191
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ITC648EA - FRA

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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TRICARE Prime Supplement Insurance Plan (MilicarePLUS)



ANSWERS TO YOUR QUESTIONS ABOUT THE TRICARE PRIME SUPPLEMENT INSURANCE PLAN (MILICAREPLUS)

What does the MilicarePLUS TRICARE Prime Supplement pay for?

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.

The following chart is an example of what the MilicarePLUS TRICARE Prime Supplement pays for three of the most common types of services:

Service	With TRICARE Prime Coverage You Owe	MilicarePLUS TRICARE Prime Supplement Pays	Your Cost
Civilian Provider Copays Retirees and Others	\$12	\$12 per visit	\$0
Civilian Inpatient Cost Shares Retirees and Others	\$11/day	\$11/day	\$0
Prescription Drugs Retirees and Others	\$9 copayment	\$9	\$0

What if I terminate my enrollment in TRICARE Prime? Can I still have coverage?

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.

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

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 Activation Form.

Your Pre-Existing Condition period for your TRICARE Prime Supplement will be reduced by the amount of time you were continuously covered under the TRICARE Select Supplement.

What if I was previously covered by the TRICARE Select Supplement, am now enrolled in the TRICARE Prime Supplement and want to switch back to TRICARE Select protection? What happens to my benefits?

As long as you have completed the initial enrollment period of 12 months, your coverage will return to a MilicarePLUS Basic or Choice TRICARE Select

Supplement Plan like you were covered with before enrolling in TRICARE Prime. Just notify the FRA-endorsed Insurance Programs administrator.

Your Pre-Existing Condition period will be reduced by the amount of time you were continuously covered under your TRICARE Select Supplement or TRICARE Prime Supplement.

How much does the MilicarePLUS TRICARE Prime Supplement cost?

Take a look at MilicarePLUS's competitive rates:

Monthly Rates for the MilicarePLUS TRICARE Prime Supplement Plan

(You'll be billed quarterly.)

Retired Member	
Attained 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

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

Your MilicarePLUS rates are based on attained age and increase as you enter each new age category. Rates will not increase unless they increase for all in your classification.

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.

Eligibility

You are eligible for coverage if you are under age 65, a U.S. resident, and a member of FRA. Your spouse is also eligible for coverage as long as they are under age 65 and you are not legally separated or divorced.

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

Qualified Hospital

To qualify for TRICARE Prime, 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 diagnosis, 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 addiction or alcoholism, 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 two years of coverage, (one year if choosing the Select Plan), 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 12-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. You and your dependents will not be subject to this waiting period if you join MilicarePLUS within 63 days of your discharge from active duty and your dependents have been insured for one year.

Effective Date of Coverage

Your coverage will be effective on the date we have received your activation form and first premium payment. If you are Confined in the Hospital on that date, your coverage will be effective the first day after your discharge.

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 Persons with Disabilities" 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; and any part of a covered expense which you are not legally obligated to pay because of payment by a TRICARE alternative program.

Termination

Your coverage under the Policy will cease on the first to occur of: the date the Master Policy terminates; the date the required premium is not paid; the first premium due date on or next following the date you cease to be an FRA 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. Dependents' coverage ceases when your coverage terminates; premiums are not paid; or they cease to be eligible dependents.

MilicarePLUS is the official group health insurance supplement program of the Fleet Reserve Association. MilicarePLUS is the only group Health supplement Plan fully endorsed by FRA. Please call or write the Plan Administrator with any questions or concerns.

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 Insurance Company and Accident Insurance Company and Talcott Resolution Life Insurance Company (formerly 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 program may vary and may not be available to residents of all states.

Administered by:



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

QUESTIONS?

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

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

Underwritten by:



Hartford Life and Accident Insurance Company,
Hartford, CT and Talcott Resolution Life
Insurance Company (formerly Hartford Life Insurance Company),
Windsor, CT.

Policies are underwritten by Hartford Life and Accident Insurance Company, Home Office Hartford, CT, and Talcott Resolution Life Insurance Company, Home Office Windsor, CT, (formerly known as Hartford Life Insurance Company). Hartford Life and Accident Insurance Company acts as the administrator for Talcott Resolution Life Insurance Company. The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including Hartford Life and Accident Insurance Company.

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

AGP-5191
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Brochure #SRH-2417-ZQ
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