



## Here's the TRICARE Reserve Select Supplement Insurance Plan (MilicarePLUS) information you requested.

Dear FRA Member,

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

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

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

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

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

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

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

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

Plus, with MilicarePLUS, your acceptance is GUARANTEED<sup>1</sup>! You can't be turned down, insurance benefits payable are subject to the policy's Pre-Existing Conditions Limitations.

(Continued...)

In addition, you qualify for affordable, members-only rates with MilicarePLUS ... coverage starts at 50 cents a day.

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

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

Sincerely,



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

P.S. The MilicarePLUS TRICARE Reserve Select Supplement Plan available to FRA shipmates is offered as an acceptance guaranteed<sup>1</sup> coverage for you as an FRA Member. And it's easy to enroll. Just complete and return the enclosed Enrollment Form.

<sup>1</sup>This 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.

Please read the enclosed materials for important information (including costs, exclusions, limitations and terms of coverage) for your FRA-endorsed coverage.

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.

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ITCS648L-FRA

# TRICARE RESERVE SELECT SUPPLEMENT INSURANCE PLAN (MilicarePLUS) ENROLLMENT FORM

**TO ENROLL:**

Send this completed form to:

**ADMINISTRATOR**

FRA GROUP INSURANCE PROGRAM  
P.O. Box 14464  
Des Moines, IA 50306-8993

**QUESTIONS?**

Call: 1-800-424-1120  
E-Mail: fra.service@mercercor.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. COMPLETE PERSONAL INFORMATION.**

FRA Member No. \_\_\_\_\_ Member Social Sec. No. \_\_\_\_\_  
Phone Numbers \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Home (\_\_\_\_\_) \_\_\_\_\_ Sex:  M  F  
Work (\_\_\_\_\_) \_\_\_\_\_ Date TRICARE Reserve Select coverage begins \_\_\_\_\_  
Date of Birth \_\_\_\_\_ (Mo./Day/Yr.) Initial Service Entry Date \_\_\_\_\_ (Mo./Day/Yr.)

**2. SELECT COVERAGE.**

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

If you're Active Duty military status, only spouse and children coverage is available. Please complete the information below. Please list additional dependents on a separate sheet, sign and date.

<b>Please complete if you're enrolling your spouse and/or children. *</b>	<b>Date of Birth</b> (Mo./Day/Yr.)
Spouse Name _____	_____
Child Name _____	_____
Child Name _____	_____
Child Name _____	_____

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

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### 3. SIGN AND DATE BELOW.

I hereby enroll for coverage as indicated under the MilicarePLUS TRICARE Reserve Select Supplement Program offered to FRA shipmates, 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 following approval of my Enrollment Form by The Hartford and payment of the first required premium. 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 12 months immediately preceding the effective date of this coverage, until this coverage has been in effect for 12 months. (For members residing in California, a Pre-Existing Condition is any condition that requires 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 coverage.)

**For residents in all states except FL, PA, NJ 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 in 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 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 of the month following a period of 30 consecutive days 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** \_\_\_\_\_

(Mo./Day/Yr.)

<sup>1</sup>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.

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ITCS648E - 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 Reserve Select Supplement Insurance Plan (MilicarePLUS)



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

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

First, MilicarePLUS picks up your TRICARE Reserve Select copayment after you satisfy the TRICARE deductible and MilicarePLUS deductible (\$250 per person, \$500 for families). Then, if your covered medical bills are more than what TRICARE allows (also known as excess charges), MilicarePLUS picks up 100% of these covered costs.

Please note that doctors and medical providers who do not accept assignment are prohibited from charging you more than 115% of the amount TRICARE allows. MilicarePLUS, teamed with TRICARE, helps pay your family's covered medical expenses - doctor visits, lab tests, prescription drugs, outpatient treatments, Hospital stays, x-rays, prescription drugs, physical therapy and more.

### Can I be turned down for this coverage?

As an FRA Member in good standing under age 65, you are guaranteed acceptance<sup>1</sup>; however, insurance benefits payable are subject to your policy's Pre-Existing Conditions Limitation. You cannot be turned down.

### Can I enroll my family?

Yes. You can enroll all or part of your family. And they're guaranteed acceptance<sup>1</sup> too. Your spouse can qualify for coverage if not legally divorced or separated from you. Your unmarried children can qualify for coverage up to age 21, or age 23 if full-time students.

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

### How affordable is MilicarePLUS?

Thanks to the collective buying power of more than 80,000 FRA Members, you pay an affordable, members-only group rate. See your monthly rate:

#### Monthly Rate

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

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

If applicable, an additional \$2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

### Does MilicarePLUS cover current health conditions?

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

### Is there a guarantee with MilicarePLUS?

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

### Can my coverage be canceled or my rates increased because I develop health problems?

No. Absolutely not. You pay the same as everybody else, even if you develop health problems later down the road. The only way your rates can be changed is if they are changed for everybody. That's another FRA guarantee. Plus, your coverage can not be canceled due to medical history. The only way your coverage can be canceled is if the Master Policy is canceled for everybody, you stop paying your premiums, you turn 65, or if you are no longer an Fleet Reserve Association Member. With regards to your covered spouse and children, their coverage will remain in force as long as your coverage is active, premiums are paid, or until they no longer meet the eligibility standards.

### When does my FRA protection begin?

Your FRA protection begins on the first day of the month after your Enrollment Form and first premium are received, as long as you're an FRA Member in good standing. If on the date your coverage is to become effective you are Confined in a Hospital, your coverage will become effective on the first day after you are discharged.

### Definitions

#### Qualified Hospital

To qualify for TRICARE Reserve Select, a qualified 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.

Convalescent homes or places which primarily care for drug addiction, alcoholism or mental illness are not qualified Hospitals.

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 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. However, this Pre-Existing Condition Limitation will be waived if you enroll within 30 days of when your TRICARE Reserve Select coverage begins. You are urged to consider this limitation before dropping any coverage you may have until the waiting period is over.

### **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 "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; 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.

**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](http://www.frainsure.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, 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. 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 information 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 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 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.

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.

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

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

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