



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

Dear ROA Member,

Thank you for your recent request for more information about ROA's *ReserveCare* TRICARE Reserve Select Supplement Insurance Plan.

As you know, with the DoD's FY 2005 National Defense Authorization Act (NDAA), Reserve Officers 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.

ROA's ReserveCare TRICARE Reserve Select Supplement can help make sure you're prepared.

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

The ReserveCare TRICARE Reserve Select Supplement Plan pays your TRICARE Reserve Select copayments once you pay the TRICARE Reserve Select deductible. Then, if your covered medical bills are more than what TRICARE Reserve Select allows (also known as excess charges), ReserveCare picks up the rest of the bill for you.

That's right, ReserveCare helps pay 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.

Plus, with ReserveCare, 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 ReserveCare ... coverage starts at 30 cents a day.

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

ReserveCare gives you a 30-day, no hassle guarantee. Take up to 30 days to decide if ReserveCare 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  
ROA Insurance Plans Administrator  
License #8704140

P.S. ROA's ReserveCare TRICARE Reserve Select Supplement Plan is offered as an acceptance guaranteed<sup>1</sup> coverage for you as an ROA 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 ROA-endorsed coverage.

TRICARE Form Series includes SRP-1269, or state equivalent.  
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ITCS648L-ROA

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

**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@mercer.com



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



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

## 1. COMPLETE PERSONAL INFORMATION.

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

## 2. SELECT COVERAGE.

- Member (TRS1)     Spouse (TRS5)     Child(ren) under age 21 (TRS7)  
(23 if a full-time student)     Child(ren) 21-25 (TCS7)  
if enrolled in TRICARE Young Adult

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 it.

Please complete if you're enrolling your spouse and/or children. *	Date of Birth (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 certify that the above statements are complete and true to the best of my knowledge. 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.

#### STATE NOTICE

Any person who includes any false or misleading information on an application or filing a claim for an insurance policy is subject to criminal and civil penalties. It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. In certain states, penalties may include imprisonment, fines, denial of insurance, and civil damages.

Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the State Insurance Regulatory Agency and/or Division of Insurance. If while in the state of Florida, a person 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, the person is guilty of a felony in the third degree. 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, misleading or deceptive 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 be subject to substantial civil and/or criminal penalty where and to the extent allowed by state law.

Member's Signature **X** \_\_\_\_\_ Date **X** \_\_\_\_\_  
(Mo./Day/Yr.)

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ITCS648E - 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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# TRICARE Reserve Select Supplement Insurance Plan (ReserveCare)



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

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

First, ReserveCare picks up your TRICARE Reserve Select copayment after you satisfy the TRICARE Reserve Select deductible. Then, if your covered medical bills are more than what TRICARE allows (also known as excess charges), ReserveCare helps pay the rest of the bill.

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. ReserveCare, 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 ROA 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 or 26 if covered under TRICARE Young Adult.

<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 ReserveCare?

Thanks to the collective buying power of ROA Members, you pay an affordable, members-only group rate. See your monthly rate:

#### Monthly Rate

Member	Spouse	Each Child
\$9.81	\$9.81	\$9.15

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 ReserveCare 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 ReserveCare 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 ReserveCare?

ReserveCare includes a 30-day, no hassle guarantee. If you decide ReserveCare 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 ROA 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 Reserve Office 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 ROA protection begin?

Your ROA 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 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 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. 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 refraction 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.

### **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: 60 inpatient treatment days for a covered person per fiscal year. Outpatient benefits for such disorders are limited to \$500 during any period of 12 consecutive months.

#### **Administered by:**



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?**

1-800-247-7988  
[www.roainsure.com](http://www.roainsure.com)

#### **Underwritten by:**



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

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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. Policy # AGP-5367

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