



Dear FRA Member,

FRA takes care of its own ... and now here's the information about the star-spangled FRA membership benefit, TRICARE Retired Reserve Supplement Insurance (MilicarePLUS), you requested.

As a Retired Reservist or Shipmate you may have recently become eligible to purchase the TRICARE Retired Reserve Supplement Insurance coverage.

This is good news because you may now have TRICARE Retired Reserve as an alternative to your current healthcare coverage. In fact, it's ideal for members who have been forgoing healthcare coverage altogether, are self-employed or who are currently covered by a more expensive civilian healthcare plan.

But as good as TRICARE Retired Reserve is, it's not designed to cover everything. There are out-of-pocket costs for co-payments, cost-shares and excess charges that you will be responsible for.

It is for this reason that FRA pulled out all of the stops, leveraged the combined buying power of thousands of Shipmates and negotiated its star-spangled membership benefit ... the **FRA-endorsed MilicarePLUS TRICARE Retired Reserve Supplement Insurance Plans** for members and their families.

**IMPORTANT:** To enroll in this benefit for Retired Reservists, simply complete and sign the enclosed Enrollment Form.

***Here are the details about FRA-endorsed MilicarePLUS TRICARE Retired Reserve Supplement Plans:***

First, 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 MilicarePLUS ... rates that have been specifically negotiated for FRA members. (The same is true for your spouse and children.)

*Please note: You may not find the same desirable coverage with rates as affordable as the ones I offer you here today.*

FRA offers two valuable plan options for you to choose from. You decide which best fits your situation:

**MilicarePLUS TRICARE Retired Reserve Basic Plan:**

The Basic Plan pays basic benefits ... **100%** of the allowed amount TRICARE Retired Reserve leaves you to pay after you pay the TRICARE deductible and MilicarePLUS deductible (\$300 per person, \$600 for families). It's your best bet if your doctor accepts the TRICARE assignment.

**MilicarePLUS TRICARE Retired Reserve Choice Plan:**

The Choice Plan pays your TRICARE Retired Reserve copayment once you pay the TRICARE deductible and **MilicarePLUS** deductible. Then, if your covered medical bills are more than what TRICARE allows, also known as excess charges, the Choice Plan helps pick up 100% of these covered costs.

And here's the best part ... **MilicarePLUS helps pay more of your medical bills!**

The **MilicarePLUS Choice Plan pays 100% of the difference** between your eligible medical bills and what TRICARE pays for those bills. Once TRICARE makes its payment, the MilicarePLUS Choice Plan takes over. Remember, doctors and medical providers are prohibited from charging you more than 115% of the amount TRICARE allows. Therefore, MilicarePLUS Choice Plan pays up to this amount.

With MilicarePLUS, your health care worries may be over! That's because for both plans, MilicarePLUS 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 MilicarePLUS TRICARE Retired Reserve Supplement Insurance Programs.

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

For instance, your MilicarePLUS claims are typically paid in 10 days or less. And you have instant access to MilicarePLUS Benefit Consultants by calling TOLL-FREE 1-800-424-1120.

And there's more —

**FRA-endorsed MilicarePLUS 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.)*

**FRA-ENDORSED INSURANCE PROGRAMS WATCH 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 FRA's top-notch lobbying.)

FRA's Headquarters also works closely with the insurance company behind MilicarePLUS. 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 FRA 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.

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

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**There's no obligation.**

MilicarePLUS gives you a 30-DAY, NO-HASSLE GUARANTEE. Take up to a full year to decide if MilicarePLUS is for you. If it's not, we'll refund all your premiums less any claims you've been paid ... your satisfaction is 100% guaranteed!

It's taken a lot to get the MilicarePLUS TRICARE Retired Reserve Supplement options at economical rates.

Your slot is reserved in this star-spangled benefit opportunity for the next 14 days ... so please act today.

Sincerely,



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

P.S. It's done! You're guaranteed acceptance\* and as a Retired Reservist or Shipmate you may NOW qualify for economical GROUP rates through the MilicarePLUS TRICARE Retired Reserve Supplements. 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 FRA-endorsed coverage.

<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.

\*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.

TRICARE Form Series includes SRP-1269, or state equivalent.  
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# Enrollment Form for TRICARE Retired Reserve Supplement Insurance Plan (MilicarePLUS) For FRA Member Named Below Only

**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@mercer.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.

Social Security Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Phone Numbers \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Mo./Day/Yr.)

Home ( ) \_\_\_\_\_ Sex:  M  F

Work ( ) \_\_\_\_\_ Membership Number \_\_\_\_\_

Date TRICARE Reserve Select coverage begins \_\_\_\_\_ Initial Service Entry Date \_\_\_\_\_  
(Mo./Day/Yr.) (Mo./Day/Yr.)

## 2. SELECT COVERAGE.

**MilicarePLUS Basic Plan**

Member (CL61)  Spouse (CL65)  Each Child (CL67)

**MilicarePLUS Choice Plan**

Member (CL51)  Spouse (CL55)  Each Child (CL57)

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

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### 3. SIGN AND DATE.

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 12 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 12 consecutive months ending on or after their effective date. 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 and misleading information is guilty of a felony of the third degree.

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

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

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.

Master Policy #AGP-5191  
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**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 FRA members in Good Standing



# FRA-ENDORSED TRICARE Retired Reserve Supplement Insurance Plan (MilicarePLUS)

- FAVORABLE GROUP RATES FOR YOUR ENTIRE FAMILY
- FRA-ENDORSED MILICAREPLUS CHOICE PLAN HELPS PAY THE DIFFERENCE BETWEEN YOUR ACTUAL COVERED MEDICAL BILLS AND WHAT TRICARE RETIRED RESERVE PAYS
- GUARANTEED ACCEPTANCE<sup>1</sup>
- 30-DAY, NO-HASSLE GUARANTEE

## Answers to the most commonly asked questions about MilicarePLUS

**Q. I know TRICARE Retired Reserve pays only part of my medical bills. How will MilicarePlus help?**

**A.** The MilicarePlus Choice Plan picks up your TRICARE Select copayment after you satisfy the TRICARE Deductible and MilicarePlus deductible (\$250 per person; \$500 for family).

Then, if your covered medical bills are more than what TRICARE allows (also known as excess charges), the Choice Plan 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. Therefore, MilicarePlus Choice pays only up to this amount.

MilicarePlus helps pay your family's covered medical expenses - doctor visits, lab tests, prescription drugs, outpatient treatments, Hospital stays, x-rays, physical therapy and more.

**Q. My doctor accepts the TRICARE assignment. What plan would help my family the most?**

**A.** More than likely you need the MilicarePlus Basic Plan. The Basic Plan pays 100% of the allowed amount TRICARE leaves you to pay for medical charges. This occurs after you pay your TRICARE Retired Reserve and MilicarePlus deductibles.

**Q. TRICARE Retired Reserve includes an annual deductible. Does MilicarePlus pay it?**

**A.** Before MilicarePlus benefits are paid you will be responsible for meeting the TRICARE Retired Reserve and MilicarePlus Supplement deductibles.

**Q. Can I enroll my family?**

**A.** Yes...your spouse and all your children can be enrolled, too. You must enroll for coverage in order for your spouse and children to be covered under this plan. Your spouse cannot be legally separated or divorced from you. Children are eligible until they marry or reach age 21 (23 if a full-time student) or 26 if under TRICARE Young Adult.

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

**A.** No, you're guaranteed acceptance<sup>1</sup> in MilicarePlus. Just complete the information on the enclosed Enrollment Form. Then return it in the postage-paid envelope. Please don't send money now.

**Q. Can my family continue coverage if something happens to me?**

**A.** Yes. MilicarePlus will help take care of your family with the Spouses' and Dependents' Survivor Continuation Benefit. This benefit pays 100% of MilicarePlus premiums for your family for 10 years or until age 65 (whichever is earlier) if something happens to you. To qualify for this outstanding benefit, you and your family must remain eligible and have been protected by MilicarePlus for five continuous years prior to your death.

**Q. Will Pre-Existing Conditions be waived if I no longer have employer health insurance?**

**A.** You qualify for MilicarePlus with no waiting period for current health conditions if you sign up within 30 days after your employer-sponsored plan ends because you are no longer an eligible participant (for example, if you change jobs, move or retire).

If you voluntarily end your employer plan while you are still an eligible participant, you are not eligible to have the Pre-Existing Conditions waived.

**Q. What happens if my military status changes?**

**A.** If your military status changes, you'll have a seamless transition to other MilicarePlus supplement coverage. So if you're no longer eligible for TRICARE Retired Reserve in the future, you can continue your supplement with TRICARE Select coverage. And if you switch to TRICARE Prime for retirees, you can also switch to a TRICARE Prime Supplement by notifying the Plan Administrator of this change.

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<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.

**Q. Is there a guarantee with MilicarePLUS?**

**A.** MilicarePlus includes a 30-day, NO-HASSLE GUARANTEE. If you decide MilicarePlus is not for you, just return your Certificate within one year of your effective date. We'll refund your money, less any claims paid. No questions asked.

**Q. When does my MilicarePLUS protection begin?**

**A.** Your MilicarePLUS 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 that date you are Confined in a Hospital, your coverage will become effective on the first day after your discharge.

**Monthly Rate**

MilicarePlus TRICARE Retired Reserve Supplement Inpatient and Outpatient Plans				
Age	Basic Plan		Choice Plan	
	Member	Spouse	Member	Spouse
Under 40	\$25.52	\$35.84	\$33.62	\$52.42
40-49	\$32.19	\$45.19	\$41.07	\$66.12
50-54	\$37.34	\$46.06	\$52.50	\$69.52
55-59	\$47.20	\$53.18	\$66.94	\$79.28
60-64†	\$60.41	\$57.01	\$84.33	\$85.54
	Each child \$17.14		Each child \$23.97	

\* You'll be billed four times a year.

† Renewal rates only.

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.

You are eligible for coverage if you are a member or auxiliary member of Fleet Reserve Association and under age 65.

Your MilicarePlus 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. Plan deductible is \$250/person or \$500/family for the Choice Plan and \$300/person or \$600/family for the Basic Plan. The Plan deductibles are on a calendar year to match the new TRICARE deductible accrual periods and to make claims tracking easier for you.

**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 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 2 years of coverage, losses incurred for Pre-Existing Conditions are not covered (unless you are treatment free for 12 months from the effective date).

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.

**Termination**

Your coverage under the Policy will cease on the first to occur of: the date the Policy terminates; the date of the required premium is not paid, subject to the Grace Period provision; the first premium due date on or next following the date you cease to be a Member; the first premium due date on or next following the date you cease to be eligible for the Plan under which you are covered; the date we or the Policyholder cancels coverage for a Class of Eligible Person to which you belong; 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. Coverage for your spouse and children ends when your coverage ends, they are no longer eligible, or premiums are not paid. 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: 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.

**QUESTIONS?**  
**CALL TOLL-FREE**  
Call: 1-800-424-1120  
E-Mail: [fra.service@mercer.com](mailto:fra.service@mercer.com)  
Web: [www.frainsure.com](http://www.frainsure.com)

### 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.

### 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

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 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.

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

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.

Policy #AGP-5191  
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