



Dear ROA Member,

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

As a Retired Reservist or Guardsmen you may have recently become eligible to purchase the DoD's 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 ROA pulled out all of the stops, leveraged the combined buying power of members and negotiated its star-spangled membership benefit ... the **ROA-endorsed ReserveCare 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 ROA-endorsed ReserveCare 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 ReserveCare ... rates that have been specifically negotiated for ROA 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.

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

ReserveCare TRICARE Retired Reserve Basic Supplement:

This plan is ideal if you are 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), this plan pays 25% of the TRICARE-allowed amount until the TRICARE Catastrophic Cap is met. This plan does not pay excess charges.

ReserveCare TRICARE Retired Reserve High-Option Supplement:

The High-Option Supplement plan helps cover medical expenses including covered excess charges, after you meet the annual plan deductible (\$300). If your covered medical bills are more than what TRICARE allows (also known as excess charges), ReserveCare helps pick 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.

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

But regardless of the option you select, you're provided 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.

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 Hartford¹.

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.

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

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 to get the ReserveCare TRICARE Retired Reserve Supplement options at economical rates.

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

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
ROA Insurance Plans Administrator
License #8704140

P.S. It's done! You're guaranteed acceptance* and as a Retired Reservist or Guardsman you may NOW qualify for economical GROUP rates through the ReserveCare 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 ROA-endorsed coverage.

¹The Hartford® 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 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 (ReserveCare)

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



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

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



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

1. Complete personal information.

Date of Birth _____ Sex: Male Female
(Mo./Day/Yr.)
Social Security No. _____ Daytime Phone Number (____) _____
Date TRICARE Reserve Select coverage begins: _____ Initial Service Entry Date: _____
(Mo./Day/Yr.) (Mo./Day/Yr.)

2. Choose your ReserveCare TRICARE Retired Reserve Supplement.

Member must enroll in order for spouse or child to have coverage.

Retired
Basic In- & Outpatient \$300 Plan Deductible Member (CL61) Spouse (CL65) Child(ren) (CL67)

Retired
High Option In- & Outpatient \$300 Plan Deductible Member (CL51) Spouse (CL55) Child(ren) (CL57)

3. Please complete if signing up your family.

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

3. 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. 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.)

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

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Master Policy #AGP-5367
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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 ROA members in Good Standing



ROA'S TRICARE Retired Reserve Supplement Insurance Plan (ReserveCare)

- FAVORABLE GROUP RATES FOR YOUR ENTIRE FAMILY
- THE RESERVECARE SUPPLEMENT HELPS PAY THE DIFFERENCE BETWEEN YOUR ACTUAL COVERED MEDICAL BILLS AND WHAT TRICARE RETIRED RESERVE PAYS
- GUARANTEED ACCEPTANCE¹
- 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 the ReserveCare Basic Plan and the ReserveCare High-Option Plan.

Q. What are the TRICARE Retired Reserve “allowed” charges?

A. TRICARE Retired Reserve 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 Retired Reserve “allows,” you must pay the difference yourself. This difference is called “excess charges.”

The ReserveCare High-Option Plan helps you pay all these expenses (not to exceed the TRICARE 115% legal limit). PLUS - there are some medical procedures TRICARE Retired Reserve won’t pay for at all. You must pay the cost of these procedures yourself.

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

A. No, you will be responsible for meeting the TRICARE Retired Reserve and ReserveCare Supplement deductibles.

Q. How about my spouse and children?

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 can not 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 covered under TRICARE Young Adult).

Q. Will I need a physical to request coverage?

A. No, you're guaranteed acceptance¹ in ReserveCare. Just complete the information on the enclosed Roll Call Enrollment Form. 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. What happens if my military status changes?

A. If your military status changes, you'll have a seamless transition to other ReserveCare 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.

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. Do I have to stay within an “approved” network of doctors?

A. Absolutely NOT! With ReserveCare, you can see any authorized doctor or specialist you choose anytime you want. No referrals or “special permission” necessary!

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.

¹This 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.

Monthly Rates*

ReserveCare Retired Reserve Supplement Premiums		
	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

* 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.

†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.

Qualified Hospital

To qualify for TRICARE Retired Reserve, 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 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.

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.

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 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?

CALL TOLL-FREE

Call: 1-800-247-7988
E-Mail: roa.service@mercer.com
Web: www.roainsure.com

Underwritten by:



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 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, MD, ME, MN, MT, NM, OR, WA and WV.

Policy #AGP-5367
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