



FRA TRICARE Reserve Select Supplement Insurance Plan (MilicarePLUS)

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 GUARANTEED¹! 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 56 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,



Stephen Miller, Senior Vice President
Association Member Benefits Advisors, LLC
FRA-endorsed Insurance Programs Administrator
License #1936106

P.S. The MilicarePLUS TRICARE Reserve Select Supplement Plan available to FRA shipmates is offered as an acceptance guaranteed¹ coverage for you as an FRA Member. And it's easy to enroll. Just complete and return the enclosed Enrollment Form.

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.

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

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company, Hartford, CT 06155.

TRICARE Form Series includes GBD-3000 and GBD-3100, or state equivalent.
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@mercerc.com



**THE
 HARTFORD**

Underwritten by:

Hartford Life and Accident Insurance Company
 Hartford, CT 06155

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 _____
(Mo./Day/Yr.)

Date of Birth _____ 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.

Please complete if you're enrolling your spouse and/or children.*	Gender	Date of Birth (Mo./Day/Yr.)
Spouse Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Child Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Child Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	

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

3. PLEASE READ, 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 Florida: 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 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 Louisiana:** 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 Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully 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 New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for insurance 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **For Residents of Ohio:** Any person who, with intent to defraud or knowing that he or she 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 Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits. **For Residents of Virginia:** Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law. **For Residents of Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

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.

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

SEND NO MONEY NOW.

Return to FRA-endorsed Insurance Plans
P.O. Box 14464
Des Moines, Iowa 50306-8993

Policies are underwritten by Hartford Life and Accident Insurance Company, Home Office Hartford, CT.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including Hartford Life and Accident Insurance Company.

TRICARE Form Series includes GBD-3000 and GBD-3100, or state equivalent.

Master Policy # AGP-5895 and AGP-5896 (NY)

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?

Eligibility restrictions: If both You and Your Spouse are Members and are eligible for coverage, coverage may not be duplicated by applying as Dependents of each other and both cannot enroll Dependents. No Covered Person can be insured as a Dependent of more than one Member under The Policy.

Can I enroll my family?

Yes. You can enroll all or part of your family. And they're guaranteed acceptance¹ too. Your spouse can qualify for coverage if not legally divorced or separated from you unless you are required to provide coverage for such spouse by court decree. Spouse must also be under age 65 and not eligible for Medicare, and not on active duty. Your unmarried children can qualify for coverage up to age 21, or age 23 if full-time students or 26 if under TRICARE Young Adult. Eligibility restrictions: If both You and Your Spouse are Members and are eligible for coverage, coverage may not be duplicated by applying as Dependents of each other and both cannot enroll Dependents. No Covered Person can be insured as a Dependent of more than one Member under The Policy.

¹This 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 the FRA membership, 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 12 months 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.

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 or Skilled Nursing Facility, your coverage will become effective on the first day after you are discharged.

Definitions

Skilled Nursing Facility

Hospital means an institution which TRICARE recognizes as a hospital. Skilled Nursing Facility means an institution that operates pursuant to law; in addition to room and board accommodations, is primarily engaged in providing skilled nursing care under the supervision of a Physician; provides continuous 24 hour a day nursing service by or under the supervision of a registered graduate nurse (R.N.); and maintains a daily medical record of each patient. Skilled Nursing Facility does not mean a Hospital that does not include a place for the aged, or for rest, custodial or educational care; alcoholism and drug addiction; the treatment of Mental Illness.

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 Conditions means any Injury or Sickness for which medical care is received by the Covered Person within the 12 consecutive months prior to the date the Covered Person's insurance starts or within the 12 consecutive months prior to the effective date of the Covered Person's 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. If your dependents are currently insured under the Active Duty Supplement with FRA and you join the MilicarePLUS Retired Plan within 60 days of your discharge from active duty, we will credit you with continuity of coverage from your dependents' prior effective date.

Termination

Your coverage will end on the earliest of the following:

the date The Policy terminates; the date You are no longer in a class eligible for coverage, or The Policy no longer covers Your class; the date the required premium is due but not paid, subject to the Individual Grace Period; the date You Request We terminate Your coverage; the date You cease to be covered under TRICARE; the date You return to Active Duty; the date You cease to be a Member of the Policyholder; the date You attain Age 65 unless You are not eligible for Medicare and can provide documentation of such from the Social Security Administration; the date You become eligible for Medicare (unless You reside in an area where Medicare is not available. Coverage will not terminate until You reside in an area where Medicare is available); unless continued under the Continuation Provisions. In addition to the events listed, if Your coverage was continued in accordance with the Widow or Widower's Continuation provision, Your coverage will end on the Premium Due Date on or next following the date You remarry or enter or enter into a legal relationship recognized as a spouse.

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.

The Policy limits coverage for: routine physical exams and immunizations, except when: rendered to a child up to 6 years from the child's birth; or ordered by a Uniformed Service: for a Covered Dependent of an Active Duty Member; for such Dependent's travel out of the United States due to your assignment; or required for school enrollment (but not sports physicals) by a Covered Child aged 5 through 11 domiciliary or custodial care; care received in a retirement home, rest home or halfway house eye refractions and routine eye exams except when rendered to a child up to 6 years from the child's birth; eyeglasses and contact lenses; prosthetic devices, except those covered by TRICARE; cosmetic procedures, except those resulting from Sickness or Injury, while a Covered Person; hearing aids; orthopedic footwear; care for the mentally or physically incapacitated if: the care is required because of the mental or physical incapacitation; or the care is received by an Active Duty Member's child who is covered by the TRICARE Extended Care Health Option (ECHO); 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; any expense or portion thereof which is in excess of the Legal Limit; expenses in excess of the TRICARE Catastrophic Cap; that part of any Covered Expense which is in excess of the TRICARE Allowed Amount, except as otherwise stated in the plan benefits; expenses which are paid in full by TRICARE; any expense or portion thereof applied to the TRICARE Outpatient Deductible, except as otherwise stated in the plan benefits; treatment for the prevention or cure of alcoholism or drug addiction, except as specifically provided under TRICARE and The Policy;

treatment by a Physician or confinement not necessary for medical care; nursing services, unless it is for the nurse's full-time service while the Covered Person is an Inpatient in a Hospital; purchase of a wheel chair, hospital type bed, or other durable equipment, unless TRICARE determines that purchasing the equipment costs less than renting it; care received as part of a grant, study or a research program; care consider experimental or investigational; any part of a Covered Expense which the Covered Person is not legally obligated to pay because of payment by a TRICARE alternative program; any claim under more than one of the TRICARE Supplement Plans. If a claim is payable under more than one plan or benefit, payment will only be made under the provision that provides the highest coverage.

Program Offered by:



Association Member Benefits Advisors, LLC., which acts as the insurance broker for the Group Policyholder, is appointed by The Hartford, and is compensated for the placement of insurance.

In CA d/b/a Association Member Benefits & Insurance Agency
CA Insurance License #0196562
AR Insurance License #100114462

P.O. Box 14464
Des Moines, IA 50306-8993

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

Underwritten by:



Hartford Life and Accident Insurance Company
Hartford, CT 06155

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company.

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 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 each insured individual and the Master Policy issued to the policyholder. This coverage is not available in all states.

TRICARE Form Series includes GBD-3000 and GBD-3100, or state equivalent.

Policy # AGP-5895 and AGP-5896 (NY)
ITCS648P-FRA
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