



## **ROA TRICARE Retired Reserve Supplement Insurance Plan (ReserveCare)**

Dear ROA Member,

Thank you for your interest in ROA-endorsed TRICARE Retired Reserve Supplement Insurance Plan (ReserveCare). I'm pleased to send the information you requested.

As you know, the FY 2010 National Defense Authorization Act (NDAA) allows all National Guard or Reserve retirees to purchase the TRICARE Retired Reserve coverage. While this coverage provides valuable and affordable health care coverage, it was not designed to cover everything.

The money for cost-shares, deductibles and excess charges will all come out of your pocket—unless you have a TRICARE Retired Reserve Supplement. That's why ROA offers two valuable plan options 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 annual plan your medical expenses TRICARE doesn't fully cover — at an affordable price. Once you meet your annual plan 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.

Regardless of the plan option you select, you have access to these valuable benefits:

- **Guaranteed acceptance\***: ReserveCare is specifically designed for ROA members and their families (It's not available to the general public). You, your spouse and dependent children cannot be turned down. Simply complete and return the enclosed form and you're in!
- **Valuable Benefit**: ReserveCare works with TRICARE Retired Reserve to help pay the covered medical bills these plans leave behind—after you meet any applicable TRICARE and ReserveCare deductibles. So cost-shares for doctor visits and trips to the hospital are paid by ReserveCare.
- **Covers you for new health conditions right away**: From the very start of your coverage, you'll be protected for any new illnesses or injuries. Any current health conditions will not be covered until after six months. (If you switch from employer-sponsored protection because you move, change jobs or retire, or if you apply within 30 days of initial eligibility for TRICARE Retired Reserve, this six-month waiting period can be waived.)
- **Affordable group rates**: Thanks to the group buying power of your fellow ROA members, you qualify for economical group rates. Review the enclosed rate information for more details based on the ReserveCare option you choose.

The Benefits Summary enclosed provides more details about these and other features of the plan.

Then to enroll, simply complete and return the enclosed Enrollment Form. Send no money now. Once your form is processed, we will then send you a bill.

We look forward to your participation in this valuable ROA-endorsed program

Sincerely,



Stephen Miller, Senior Vice President  
Association Member Benefits Advisors, LLC  
ROA Insurance Plans Administrator  
License #1936106

P.S. The ReserveCare TRICARE Supplements are a guaranteed acceptance\* benefit as a member of ROA, and it's easy to get today. Just complete and return the enclosed Enrollment Form. Then you can enjoy the quality supplemental insurance protection, affordable group rates and other plan conveniences the plan offers you and your family. Act today!

\*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 more information, including costs, exclusions, limitations and terms of coverage.

Underwritten by Hartford Life and Accident Insurance Company, Hartford, CT 06155.

TRICARE Form Series includes GBD-3000, GBD-3100, or state equivalent.  
ITRR648L-ROA



# TRICARE RETIRED RESERVE SUPPLEMENT INSURANCE PLAN ENROLLMENT FORM

## MEMBERS AGES 64 AND YOUNGER

Group Policyholder: Reserve Organization of America  
Policy Number: AGP-5897

### 1. Member Information:

Member Name: \_\_\_\_\_ Rank: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
ROA Membership Number: \_\_\_\_\_ Gender:  Male  Female Member Social Security Number: \_\_\_\_\_  
Member Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_  
Initial Service Entry Date: \_\_\_\_\_

### 2. Spouse Information:

Is Spouse coverage desired?  Yes  No Spouse Gender:  Male  Female  
Spouse Full Name (if enrolling): \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

### 3.

Are you a Member of the Association?  A Spouse of a Member of the Association?

Check the box below if you and/or your Spouse are:

- Retired Military  Active Duty Member  Retired Military Spouse/Surviving Spouse
- National Guard or Reserve Member  Retired Reservist  Retired Reservist Spouse/Surviving Spouse

Medicare beneficiaries are not eligible to enroll.

### 4. Dependent Child(ren) Information (if enrolling):

If more than 4 child(ren), attach additional sheet.

Child Name	Date of Birth	Student	TRICARE Young Adult
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Note: Dependent Children must be under age 21 (23 if a full-time student or 26 if enrolled in TRICARE Young Adult); please include proof of enrollment in TRICARE Young Adult with your Enrollment Form. Additional children may be listed on separate paper and attached to/submitted with this form.

Mail your completed enrollment form to: **AMBA**, P.O. Box 14536, Des Moines, IA 50306  
Questions? **CALL:** 1-800-247-7988, **EMAIL:** roa.service@getamba.com, **WEBSITE:** www.roainsure.com

## 5. Coverage Information:

Please select the TRICARE Supplement you want. Choose a plan for everyone you want to cover. Note: Your TRICARE Supplement Selection must match your TRICARE Health Plan.

### TRICARE RETIRED RESERVE SUPPLEMENT PLANS (IN and OUTPATIENT):

#### BASIC PLAN – \$300 PERSON / \$600 FAMILY DEDUCTIBLE

Member  (CS61)

Spouse  (CS65)

Child(ren)  Under age 21 (CS67)  
(23 if a full-time student)  
 Age 21-25 (CC67)  
(if enrolled in TRICARE Young Adult)

#### HIGH OPTION PLAN – \$300 PERSON / \$600 FAMILY DEDUCTIBLE (Pays 15% Excess Charges)

Member  (CS51)

Spouse  (CS55)

Child(ren)  Under age 21 (CS57)  
(23 if a full-time student)  
 Age 21-25 (CC57)  
(if enrolled in TRICARE Young Adult)

## 6. Please answer questions (even if only requesting child coverage), read, sign and date.

	Member	Spouse
A. Are you enrolling within 30 days of the date your TRICARE Retired Reserve coverage begins?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Are you enrolling within 60 days of termination of Active Duty service or within 30 days of initial eligibility for TRICARE benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 7. Authorization - Please read, sign and date:

I acknowledge that I have been given the opportunity to enroll in the TRICARE Supplement Insurance Plan and that I am age 64 or younger, unless ineligible for Medicare, an ROA Member and that the above information is true and complete to the best of my knowledge.

I understand that this program may not cover pre-existing conditions (conditions for which I received medical advice or treatment within 6 months prior to the effective date of coverage or until the coverage has been in effect for 6 months). This pre-existing condition limitation will not apply if waived in accordance with policy provisions.

I understand that my coverage will become effective on the first day of the month following receipt of my completed Enrollment Form and payment of my initial premium.

I understand that eligibility to receive benefits under the TRICARE Retiree Supplement is dependent on my (or my deceased spouse's) entitlement to uniformed services retired pay.

I understand and agree that insurance will go into effect upon receipt of my first premium payment and this Enrollment Form and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to ROA can fully describe the provisions, terms, conditions, limitations and exclusions of my insurance.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse Signature (if enrolling): \_\_\_\_\_

Date: \_\_\_\_\_

## 8. Payment Options:

Option 1. Electronic Funds Transfer – Select Frequency:  Monthly  Quarterly  Semiannually  Annually

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

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 your 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: \_\_\_\_\_

Option 2. Direct Bill – Select Frequency:  Quarterly  Semiannually  Annually

## 9. Fraud Notice(s):

### **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 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/she is facilitating a fraud against an insurer, submits an application or who files a claim containing a false or deceptive statement may have violated 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.

# TRICARE Retired Reserve Supplement Insurance Plan (ReserveCare)



- **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 ACCEPTANCE<sup>1</sup>**
- **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 helps pay 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. Member or Auxiliary Member means a member of the Policyholder or Participating Organization in good standing.

To be eligible for coverage, the Member must be under Age 65; and not be eligible for Medicare; not be on Active Duty; and be covered under the TRICARE plan that matches Your plan under The Policy. To be eligible for coverage, Your Spouse must be under Age 65; and not be eligible for Medicare; not be on Active Duty; and be covered under the TRICARE plan that matches his or her plan under The Policy.

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. 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 acceptance<sup>1</sup> in ReserveCare. Just complete the information on the enclosed Enrollment Form. Then return it in the postage-paid envelope. Please don't send money now.

### **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.

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<sup>1</sup>You'll be covered immediately for all new health conditions. Any current injuries or illnesses are subject to the Pre-Existing Conditions Limitation and are covered after six months.

## 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 <sup>†</sup>	\$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.

<sup>†</sup>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.

### Hospital/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 6 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 6 consecutive months prior to the date the Covered Person's insurance starts or within the 6 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 ROA and you join the ReserveCare 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.

**Coverage for Your Dependent(s) will end on the earliest of the following:** the date The Policy terminates; the date Your Dependent is no longer in a class eligible for coverage, or The Policy no longer covers Your Dependent's class; the date Your Dependent ceases to be covered under TRICARE; the date the required premium is due but not paid, subject to the Individual Grace Period; the date You cease to be a Member of the Policyholder; the date Your coverage ends (this does not apply to a Dependent of an Active Duty Member or Service Disabled Member); the date We or the Policyholder terminate Dependent coverage; the date You Request We terminate Dependent coverage; the date Your Dependent's coverage ends in accordance with the Newborn or Newly Adopted Child Coverage provision; the date Your Spouse attains Age 65 unless he or she is not eligible for Medicare and can provide documentation of such from the Social Security Administration; the date Your Dependent becomes eligible for Medicare unless he or she resides in an area where Medicare is not available. Coverage will not terminate until Your Dependent resides in an area where Medicare is available; the date Your Spouse no longer satisfies the definition of Spouse; the date Your child no longer satisfies the definition Dependent Child(ren); unless coverage is continued under the Continuation Provisions.

## 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 6 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; 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 or confinement not covered by a Physician or 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 14536  
Des Moines, IA 50306

**Underwritten by:**



Hartford Life and Accident Insurance Company  
Hartford, CT 06155

The Hartford Financial Services Group, Inc. (NYSE: HIG) operates through its subsidiaries under the brand name, The Hartford, and is headquartered in Hartford, Connecticut. For additional details, please read The Hartford's legal notice at [www.thehartford.com](http://www.thehartford.com).

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.

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

**QUESTIONS?**  
**Call 1-800-247-7988**  
or visit  
**[www.roainsure.com](http://www.roainsure.com)**

**SEND NO MONEY NOW.**

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

Policy # AGP-5897 and AGP-5898 (NY)

ITRR648P-ROA