



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

Dear ROA Member,

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

As you know, with the DoD's FY 2005 National Defense Authorization Act (NDAA), ROA members who are eligible reserve component members qualify for the TRICARE Reserve Select health plan.

TRICARE Reserve Select helps provide you and your family with quality health care coverage. But like many health care plans today, it was not intended to cover everything ... the money for copays, deductibles and excess charges all come out of your own pocket. This could leave you with thousands of dollars worth of bills to pay if you're not prepared.

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

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

The ReserveCare TRICARE Reserve Select Supplement Plan begins paying once you satisfy the TRICARE Reserve Select deductible. ReserveCare also helps pay your covered excess charges, which is the difference between what your doctor charges for services and what TRICARE Allows. So if your doctor charges more than the TRICARE-allowed amount for your care, your MEDIPLUS protection will pay the difference, up to 115% of the TRICARE-allowed amount.

Plus, with ReserveCare, your acceptance is GUARANTEED¹! You can't be turned down, insurance benefits payable are subject to the policy's Pre-Existing Conditions Limitations.

In addition, you qualify for affordable, members-only rates with ReserveCare. And there's no obligation today. Simply complete and return your Enrollment Form that is enclosed. Send no money now.

ReserveCare gives you a 30-day, no hassle guarantee. Take up to 30 days to decide if ReserveCare is for you. If it's not, just return your Certificate. You're under no obligation.

Sincerely,

David Chambers

David Chambers, Senior Vice President
Association Member Benefits Advisors, LLC
ROA Insurance Plans Administrator
License #1115788

P.S. ROA's ReserveCare TRICARE Reserve Select Supplement Plan is offered as an acceptance guaranteed¹ basis. 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.

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

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

ITCS648L-ROA

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)



TRICARE RESERVE SELECT SUPPLEMENT INSURANCE PLAN ENROLLMENT FORM

MEMBERS AGES 64 OR YOUNGER, UNLESS INELIGIBLE FOR MEDICARE

Group Policyholder: Reserve Organization of America
Policy Number: AGP-5898

1. Member Information:

Member Name: _____ Rank: _____
Street: _____ City: _____ State: _____ Zip Code: _____
ROA Membership Number: _____ Gender: Male Female O 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 O
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 RESERVE SELECT SUPPLEMENT PLAN (IN and OUTPATIENT):

NO DEDUCTIBLE (Pays 15% Excess Charges)

Member (NRS1)

Spouse (NRS5)

Child(ren) Under age 21 (NRS7)
(23 if a full-time student)

Age 21-25 (NCS7)
(if enrolled in TRICARE Young Adult)

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

	Member	Spouse
A. Have you, or anyone enrolling for coverage, smoked cigarettes, cigars, or used a pipe, chewing tobacco, nicotine product or snuff within the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Are you enrolling within 30 days of the date your employer health insurance ends because you are no longer an eligible participant in the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. 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
D. Are you enrolling within 30 days of Active Duty service and has your family been insured under the TRICARE Active Duty Supplement prior to your retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Have you enrolled in the TRICARE Reserve Select within the past 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Are you changing from our TRICARE Prime Supplement to our TRICARE Select Supplement on your Prime Anniversary Date or because you have moved outside of the Prime Network?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Are you changing from our TRICARE Select Supplement to our TRICARE Select Prime Supplement on your Select Anniversary Date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Confirmation - 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 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 Association can fully describe the provisions, terms, conditions, limitations and exclusions of my insurance.

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.

8. Fraud Notice(s):

For Residents of New York (Applicable to Accident and Health Insurance Only):

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.

Member Signature: _____

Date: _____

Spouse Signature (if enrolling): _____

Date: _____

9. 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

TRICARE Reserve Select Supplement Insurance Plan (ReserveCare)



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

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

First, ReserveCare picks up your TRICARE Reserve Select copayment after you satisfy the TRICARE Reserve Select deductible. ReserveCare, teamed with TRICARE, helps pay your family's covered medical expenses - doctor visits, lab tests, prescription drugs, outpatient treatments, Hospital stays, x-rays, prescription drugs, physical therapy and more.

ReserveCare also helps pay your covered excess charges, which is the difference between what your doctor charges for services and what TRICARE allows. So if your doctor charges more than the TRICARE-allowed amount for your care, your MEDIPLUS protection will pay the difference, up to 115% of the TRICARE-allowed amount.

Can I be turned down for this coverage?

As an ROA Member under age 65, you and your family are guaranteed acceptance. You and your family cannot be turned down; however, insurance benefits payable are subject to your policy's Pre-Existing Conditions Limitation. 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.

Can I enroll my family?

Yes. Your spouse and children can also enroll as long as you are enrolled in the plan. Your spouse is eligible as long as he or she is under age 65 and not legally separated or divorced from you. 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. Your unmarried children are eligible for coverage if they are under 21 (23 if enrolled full-time in higher learning or 26 if enrolled in TRICARE Young Adult).

How affordable is ReserveCare?

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

Monthly Rate

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

You'll be billed quarterly. Rates and/or benefits may be changed on a class basis.

If applicable, an additional \$2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

Does ReserveCare cover current health conditions?

When you enroll within 30 days of the date your TRICARE Reserve Select coverage begins, you and your family qualify for ReserveCare without the waiting period for current health conditions. Otherwise, during the first 6 months of coverage, losses incurred for Pre-Existing Conditions are not covered.

Is there a guarantee with ReserveCare?

ReserveCare includes a 30-day, no hassle guarantee. If you decide ReserveCare is not for you, just return your Certificate. No questions asked.

When does my ROA protection begin?

Your ROA protection begins on the first day of the month after your Enrollment Form and first premium are received, as long as you're an ROA Member in good standing. If on the date your coverage is to become effective you are Confined in a Hospital, your coverage will become effective on the first day after you are discharged.

Definitions

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.

Pre-Existing Condition Limitation (continued)

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 Insurance 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.

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, 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

SEND NO MONEY NOW.

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

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

ITCS648P-ROA