



**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.

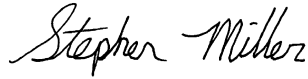
Plus, with ReserveCare, your acceptance is GUARANTEED¹! You can't be turned down, insurance benefits payable are subject to the policy's Pre-Existing Conditions Limitations.

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,



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

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 and GBD-3100, or state equivalent.

ITCS648L-ROA

TRICARE RESERVE SELECT SUPPLEMENT INSURANCE PLAN (ReserveCare) ENROLLMENT FORM



TO ENROLL:

Send this completed form to:

ADMINISTRATOR

ROA GROUP INSURANCE PROGRAM
P.O. Box 14536
Des Moines, IA 50306

QUESTIONS?

Call: 1-800-247-7988
E-Mail: roa.service@getamba.com

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



**THE
HARTFORD**

Underwritten by:

Hartford Life and Accident Insurance Company
Hartford, CT 06155

1. COMPLETE PERSONAL INFORMATION.

ROA 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.) (Mo./Day/Yr.)

2. SELECT COVERAGE.

☐ Member (TRS1) ☐ Spouse (TRS5) ☐ Child(ren) under age 21 (TRS7) ☐ Child(ren) 21-25 (TCS7)
(23 if a full-time student) if enrolled in TRICARE Young Adult

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 it.

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. SIGN AND DATE BELOW.

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 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. However, if any TRICARE-eligible person retiring from Active Duty requests such coverage within 60 days of the date he or she first becomes eligible for the coverage, we will credit the person with continuity of coverage from his or her dependents' prior effective date under the Active Duty Family Supplement. 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 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 ROA-sponsored Insurance Plans
P.O. Box 14536
Des Moines, Iowa 50306

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

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 (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

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® 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.

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 and GBD-3100, or state equivalent.

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

ITCS648P-ROA

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