



Dear ROA Member,

## **MEMBER BENEFIT OPPORTUNITY: TRICARE SUPPLEMENT INSURANCE PLAN (RESERVECARE)**

ROA members have access to the ROA-endorsed TRICARE Supplement Insurance Plan (ReserveCare). ReserveCare helps pay your family's covered medical expenses — doctor visits, lab tests, prescription drugs, outpatient treatments and Hospital stays. You can choose between the following supplement plans and select the plan that best fits the needs of you and your family:

### **ReserveCare TRICARE SELECT Supplement - Retiree Basic Plan:**

Consider this plan if you're looking for a little help paying for your medical expenses TRICARE doesn't fully cover — at an affordable price. Once you meet the annual plan deductible (your choice of \$300 or \$400), this plan pays a specific percentage of the TRICARE-allowed amount until the TRICARE Catastrophic Cap is met. This plan does not pay excess charges.

### **ReserveCare TRICARE SELECT Supplement - Retiree High Option Plan:**

Many members prefer this plan because it covers everything, including excess charges, after you meet the annual plan deductible (your choice of \$300 or \$400). If your covered medical bills are more than what TRICARE allows (also known as excess charges), ReserveCare picks up the rest of the bill for you. That's right, ReserveCare pays 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.

### **ReserveCare TRICARE SELECT Supplement - Active Duty Family Plan:**

This option is available for your spouse and children. It helps pick up where their TRICARE plan leaves off and helps pay for covered doctor visits, outpatient treatment, prescription drugs and Hospital stays. If your covered medical bills are more than what TRICARE allows (also known as excess charges), ReserveCare picks up the rest of the bill for you. That's right, ReserveCare pays 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.

**ReserveCare TRICARE PRIME Supplement - Retiree:**

This plan may be your best option if you like participating within a network. TRICARE Prime is an HMO and requires you to use a network physician. This plan helps pay your out of pocket expenses, such as copayments on doctor visits, Hospital care, and prescription drugs.

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 Select and Prime 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 for six months. (If you switch from employer-sponsored protection because you move, change jobs or retire, or if you leave Active Duty, 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.

**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

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

**TRICARE 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. (For administrator use: 02089 if Initial Service Entry Date is prior to 1/1/2018, otherwise 02079. All TRICARE Young Adult coverage will be 02079.)

### TRICARE SELECT SUPPLEMENT PLANS (IN and OUTPATIENT):

#### BASIC PLAN

RETIRED WITH \$300 PER PERSON DEDUCTIBLE	RETIRED WITH \$400 PER PERSON DEDUCTIBLE
<b>Member</b> <input type="checkbox"/> (CST1)	<b>Member</b> <input type="checkbox"/> (CSL1)
<b>Spouse</b> <input type="checkbox"/> (CST5)	<b>Spouse</b> <input type="checkbox"/> (CSL5)
<b>Child(ren)</b> <input type="checkbox"/> Under age 21 (CST7) (23 if a full-time student) <input type="checkbox"/> Age 21-25 (02079-CCD7) (if enrolled in TRICARE Young Adult)	<b>Child(ren)</b> <input type="checkbox"/> Under age 21 (CSL7) (23 if a full-time student) <input type="checkbox"/> Age 21-25 (02079-CCL7) (if enrolled in TRICARE Young Adult)

#### HIGH OPTION PLAN (Pays 15% Excess Charges)

RETIRED WITH \$300 PER PERSON DEDUCTIBLE	RETIRED WITH \$400 PER PERSON DEDUCTIBLE
<b>Member</b> <input type="checkbox"/> (CSH1)	<b>Member</b> <input type="checkbox"/> (CS41)
<b>Spouse</b> <input type="checkbox"/> (CSH5)	<b>Spouse</b> <input type="checkbox"/> (CS45)
<b>Child(ren)</b> <input type="checkbox"/> Under age 21 (CSH7) (23 if a full-time student) <input type="checkbox"/> Age 21-25 (02079-CCH7) (if enrolled in TRICARE Young Adult)	<b>Child(ren)</b> <input type="checkbox"/> Under age 21 (CS47) (23 if a full-time student) <input type="checkbox"/> Age 21-25 (02079-CC47) (if enrolled in TRICARE Young Adult)

#### ACTIVE DUTY FAMILY PLAN (Pays 15% Excess Charges)

ACTIVE DUTY WITH NO DEDUCTIBLE
<b>Member</b> N/A
<b>Spouse</b> <input type="checkbox"/> (CSA5)
<b>Child(ren)</b> <input type="checkbox"/> Under age 21 (CSA7) (23 if a full-time student) <input type="checkbox"/> Age 21-25 (02079-CCE7) (if enrolled in TRICARE Young Adult)

### TRICARE PRIME SUPPLEMENT PLAN (IN and OUTPATIENT):

RETIRED PLAN WITH NO DEDUCTIBLE
<b>Member</b> <input type="checkbox"/> (PST1)
<b>Spouse</b> <input type="checkbox"/> (PST5)
<b>Child(ren)</b> <input type="checkbox"/> Under age 21 (PST7) (23 if a full-time student) <input type="checkbox"/> Age 21-25 (02079-PCT7) (if enrolled in TRICARE Young Adult)

If enrolling in the TRICARE Prime Supplement (or USFHP), please tell us the date your TRICARE Prime (or USFHP) protection started.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo day yr

## 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 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
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
C. 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
D. 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
E. 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. 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 Supplement Insurance Plans (ReserveCare)

- GROUP RATES FOR YOUR ENTIRE FAMILY
- THE RESERVECARE SUPPLEMENT PLANS HELP PAY THE DIFFERENCE BETWEEN YOUR ACTUAL COVERED MEDICAL BILLS AND WHAT TRICARE 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 four ROA ReserveCare Supplement Plans—the ReserveCare Active Duty Family Plan, ReserveCare TRICARE Retired Basic Plan, the ReserveCare TRICARE Retired High-Option Plan and the ReserveCare TRICARE Prime Plan.

### Q. What are the TRICARE SELECT “allowed” charges?

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

The ReserveCare High-Option Plan helps you pay all these expenses. PLUS—there are some medical procedures TRICARE Select won’t pay for at all. You must pay the cost of these procedures yourself.

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

**A.** No, you pay the TRICARE Retired Deductible. The ReserveCare Retired Supplement also has a \$300 or \$400 Plan Deductible you must pay.

### Q. How about my spouse and children?

**A.** Yes ... your spouse and all your children can be enrolled, too. \*\* In fact, ROA feels that it’s very important you help protect your entire family. You can even get coverage for just your spouse and children under the ReserveCare Active Duty Plan. If the spouse is enrolling for initial coverage and the member is Medicare eligible, the spouse must obtain auxiliary membership in order to be covered by our supplement. 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. 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.

\*\*Unmarried dependent children up to age 21 (23 if full-time students or 26 if enrolled in TRICARE Young Adult).

### Q. Will I need a physical to request coverage?

**A.** Complete the information on the enclosed Enrollment Form. You’re guaranteed acceptance<sup>1</sup> in ReserveCare (subject to the Pre-Existing Condition Limitation). Then return it in the postage-paid envelope. Please don’t send money now.

### 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. 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.

<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\*

Retired TRICARE Select Supplement Premiums (\$300 Deductible)		
	Basic In- & Outpatient	High Option In- & Outpatient
Age	Member or Spouse	Member or Spouse
Under 45	\$25.62	\$31.10
45-49	\$31.10	\$41.17
50-54	\$36.14	\$51.69
55-59	\$46.66	\$64.04
60-64	\$55.80	\$74.10
Each Child	\$13.72	\$17.15

Retired TRICARE Select Supplement Premiums (\$400 Deductible)		
	Basic In- & Outpatient	High Option In- & Outpatient
Age	Member or Spouse	Member or Spouse
Under 45	\$22.18	\$26.93
45-49	\$26.93	\$35.64
50-54	\$31.29	\$44.75
55-59	\$40.40	\$55.44
60-64	\$48.32	\$64.16
Each Child	\$11.88	\$14.85

TRICARE Prime Supplement Premiums	
Age	Member or Spouse
Under 40	\$15.68
40-44	\$16.99
45-49	\$20.91
50-54	\$25.49
55-59	\$28.10
60-64	\$30.06
Each Child	\$11.76

Active Duty Family Plan	
Spouse	\$9.80
Each Child	\$9.15

\* 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.

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 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](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)

ITC648P-ROA

Copyright 2025 AMBA. All rights reserved.