MILITARY BENEFIT ASSOCIATION

MBA's TRICARE Supplement Insurance Plan

This supplement plan gives you valuable protection that doesn't cost a lot. In fact, the plan helps reduce or completely eliminate your costs for:

- **Prescriptions and medication**
- **Hospital stays**
- **Excess charges**
- **Doctor visits**
- **Outpatient surgery**
- **Emergency room**

If you use TRICARE, this Supplement works for you.

- **SELECT**
- **PRIME**
- **RESERVE SELECT**
- **ACTIVE DUTY FAMILY**

Military Benefit Association is a nonprofit organization of military personnel and civilian employees of the United States Government and their spouses. We offer our members an attractive package of insurance and other benefits. Established in 1956, MBA is proud to have served hundreds of thousands of members who defend and protect our Nation.

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The MBA TRICARE Supplement Insurance Plan gives money back for covered out-of-pocket medical costs to MBA members and their families who are covered by TRICARE. Those costs include both inpatient and outpatient services.

Who Is Eligible?

If you're under age 65 and enrolled in TRICARE, you can obtain this coverage. Your spouse (under age 65 and eligible for TRICARE, not separated or divorced from you) and unmarried dependent children up to age 21, or 23 if a full-time student are eligible.

A child covered by the TRICARE Young Adult Program and under age 26 may enroll. If both spouses are eligible members, they may not enroll as dependents of each other. This avoids duplicate coverage. Dependent children may only be covered once under the plan. A member's newborn child who is born while the member is covered by this policy is automatically covered for the first 31 days following their birth. Coverage may be continued by enrolling the child in the member's plan within 31 days of the child's birth.

What Is Covered?

The Supplement pays eligible out-of-pocket expenses, after any applicable deductible, as follows:

- ✓ 100% of Cost Shares for Inpatient Benefits from the first day
- ✓ 100% of Cost Shares for Outpatient Benefits
- ✓ 100% of Excess Charges above the TRICARE allowed amount, not to exceed the Legal Limit
- ✓ 100% of Cost Shares for Ambulatory Surgery Services
- ✓ 100% of Cost Shares for Pharmacy Benefits
- ✓ 100% of Cost Shares and covered excess charges for Prime Point of Service

MONTHLY PREMIUM RATES – Rates and/or benefits may be changed only on a class basis. Rates are based on the attained age of the insured person and increase as you enter each new age category.

	TRICARE PRIME	TRICARE SELECT IN/OUTPATIENT OPTIONS		
		$500 Deductible	$200 Deductible	$0 Deductible
Retired Member under age 46	$11.78	$18.62	$23.45	$29.67
46-50	13.92	24.41	27.61	38.89
51-55	18.11	31.94	36.75	50.47
56-60	19.61	40.25	43.24	63.70
61-64	24.28	48.84	52.02	77.76
Spouse of Retired Member under age 46	15.97	22.46	32.15	46.99
46-50	18.24	26.44	38.16	55.28
51-55	21.42	30.51	44.76	64.98
56-60	23.39	36.43	52.46	76.10
61-64	25.30	42.26	60.78	88.05
Each Child of Retired Member	9.46	20.44	23.16	36.81
Reservist, Spouse of Reservist or Spouse of Active Duty Member	N/A	10.93	14.33	16.56
Each Child of Reservist or Active Duty Member	N/A	7.15	9.83	11.26

NOTE: If selecting the MBA's $200 or $500 Deductible Options, the insured must also satisfy MBA's deductible before any benefits are payable.

Definitions

Excess Benefit – We will pay 100% of the difference between the actual TRICARE charge as billed and the TRICARE Allowed Amount, up to the Legal Limit, after applicable deductibles are met.

This benefit will not be paid if the service or supply is not covered by TRICARE, or if the provider accepts the TRICARE allowable charge as payment in full.

Deductible – The amount that TRICARE (Select) requires you to pay for outpatient care each calendar year before the program begins to make payments.

MBA's Supplemental Deductible Options – The amount you elect to pay for medical care during a benefit period. Choose $0, $200 or $500 (limited to two deductibles per family per benefit period). This is before the Supplemental Plan pays.

Cost Share – The amount that you may be required to pay as your share of the cost of medical services, treatments or supplies under insurance coverage.

Hospital – An institution that TRICARE recognizes as a hospital.

Confined or Confinement – Being an Inpatient in a Hospital or Skilled Nursing Facility due to sickness or injury.

Skilled Nursing Facility – An institution that provides 24-hour nursing service under the supervision of a Physician and maintains daily medical records. This does not include a hospital or a place for the aged, or for rest, custodial care, or a place for the treatment of mental illness, alcoholism and drug addiction.

MBA's Supplemental Insurance Deductible Options

The MBA TRICARE Supplemental Deductible Amount is the annual amount an insured must pay for Eligible Charges. This happens before Supplement benefits are paid. If you choose the $500 Deductible Plan, it would be $500 per person and a maximum of $1,000 per family. If you choose the $200 Deductible Plan, it would be $200 per person and a maximum of $400 per family. The MBA Supplement Deductible is in addition to any TRICARE deductible that the person is required to pay.

Pre-existing Conditions Limitation

If you or your covered dependents received medical care for an injury or sickness during the six months before the date your coverage begins or increase in coverage, that condition won't be covered. Coverage of that condition won't start until the person has been enrolled in the plan for six months.

Effective Date

Coverage will become effective on the first day of the month on or next following the date your enrollment form and first premium are received. If on the date that you're to become covered under the policy you're confined in a Hospital, your coverage will be deferred until the first day after you're discharged.

Termination of Coverage

You can keep MBA's TRICARE Supplement until you reach age 65 or become eligible for Medicare, or stop being covered under TRICARE. This stands as long as you remain an MBA member, premiums are paid, and the policy remains in effect. Your dependents can keep their coverage as well. This stands as long as they meet eligibility standards, remain covered under TRICARE, and premiums are paid.

Exclusions and Limitations

Exclusions: The Policy does not cover:

1) intentionally self-inflicted injury;
2) suicide or attempted suicide, whether sane or insane.

Limitations: The Policy limits coverage for:

1) routine physical exams and immunizations, except when:
   a. rendered to a child up to 6 years from the child's birth; or
   b. ordered by a Uniformed Service:
      i. for a Covered Dependent of an Active Duty Member;
      ii. for such Dependent's travel out of the United States due to your assignment; or
   c. required for school enrollment (but not sports physicals) by a Covered Child aged 5 through 11;
2) domiciliary or custodial care; care received in a retirement home, rest home or halfway house;
3) eye refractions and routine eye exams except when rendered to a child up to 6 years from the child's birth;
4) eyeglasses and contact lenses;
5) prosthetic devices, except those covered by TRICARE;
6) cosmetic procedures, except those resulting from Sickness or Injury, while a Covered Person;
7) hearing aids;
8) orthopedic footwear;
9) care for the mentally or physically incapacitated if:
   a. the care is required because of the mental or physical incapacitation;
   b. or the care is received by an Active Duty Member's child who is covered by the TRICARE Extended Care Health Option (ECHO);
10) drugs which do not require a prescription, except insulin;
11) dental care unless such care is covered by TRICARE, and then only to the extent that TRICARE covers such care;
12) any confinement, service, or supply that is not covered under TRICARE;
13) Hospital nursery charges for a well newborn, except as specifically provided under TRICARE;
14) any routine newborn care except Well Baby Care;
15) any expense or portion thereof which is in excess of the Legal Limit;
16) expenses in excess of the TRICARE Catastrophic Cap;
17) expenses which are paid in full by TRICARE;
18) any expense or portion thereof applied to the TRICARE Outpatient Deductible, except as otherwise stated in the plan benefits;
19) treatment for the prevention or cure of alcoholism or drug addiction, except as specifically provided under TRICARE and The Policy;
20) treatment by a Physician or confinement not necessary for medical care;
21) nursing services, unless it is for the nurse's full-time service while the Covered Person is an Inpatient in a Hospital;
22) any part of a Covered Expense which the Covered Person is not legally obligated to pay because of payment by a TRICARE alternative program;
23) 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.

If you are not already an MBA member when you enroll for coverage, you will automatically become a member as long as you meet one of the following criteria:

- Personnel who are on active duty in the United States Army, Navy, Air Force, Marine Corps, Coast Guard, or Public Health Service; the National Oceanic and Atmospheric Administration, or Cadets or Midshipmen attending any of the United States Military Service Academies.
- Personnel who are entitled to receive pay in any of the Reserve Components of the United States Uniformed Services, or who are full time civilian employees of the U.S. Government and U.S. citizens, or spouses and dependents of persons who qualify for membership.
- Personnel who have retired from active duty with pay in one of the United States Uniformed Services and persons who have been honorably discharged from active duty.

How to Enroll

1. **Complete the attached enrollment form. Be sure to initial, sign and date where indicated.**

2. **Determine your method of payment: billing cycle (Check), Electronic Funds Transfer (EFT) or credit card. If paying by billing cycle, enclose one or more month's premium with the enrollment form.**

3. **Mail the completed enrollment form to:**

   Military Benefit Association
   P.O. Box 221110
   Chantilly, VA 20153-1110

Proof of Coverage

A Certificate of Insurance will be sent to you stating the features of coverage. It will also state to whom the benefits are payable.

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 to each insured individual and the Master Policy issued to the policyholder. This program may vary and may not be available to residents of all states.

30-Day Free Look Guarantee

Upon receipt of your Certificate of Insurance, if for any reason you are not satisfied with the Plan, you may return your Certificate within 30 days and your premium will be promptly refunded – minus any claims paid – no questions asked.

Producer's Compensation Disclaimer

Military Benefit Association is compensated for the placement of insurance and for the services it provides to customers on behalf of the insurance company, in addition to other compensation it may receive. This is a participating group policy under which dividends and/or experience credits may be paid to Military Benefit Association.

MBA Military Benefit Association

P.O. Box 221110
Chantilly, VA 20153-1110

1-800-336-0100 • www.militarybenefit.org

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

THE HARTFORD

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

The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including Hartford Life and Accident Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.TheHartford.com.

Policy # AGP-5893

EFT Authorization

Name and address of Bank, Savings & Loan, Credit Union, etc., where you have a personal checking account. (Attach a voided check.)

Routing/Transit Number (First 9 digits from the lower left corner of your personal check).
If your checking account is through a Credit Union, contact them for the number.

Checking Account No.

Member's Name (Please Print) | Member's Social Security No.

Please deduct my EFT Payments for TRICARE Supplement

Signature (as it appears on depository records) | Date

IMPORTANT: Remember to attach a voided check to this authorization.

I hereby authorize Military Benefit Association to initiate on or after the second day of each month debit entries to my checking account indicated below and on the attached voided check, and I hereby authorize the depository institution named below to debit the same from my account. Said debits shall be for the amount(s) of my monthly TRICARE premium payments at the regular rates applicable to these premiums. It is understood that the amounts of these debits will be adjusted by MBA in accordance with any applicable premium increases or decreases. My premium is due and payable on the first of each month. I agree to have two months premium deducted for my first EFT payment if I have not enclosed an initial payment with my enrollment form. I further agree that if any such debit should be dishonored, whether with or without cause and whether intentionally or unintentionally, MBA and the depository institution shall be under no liability whatsoever even if termination of insurance results. This agreement is to remain in full force and effect until MBA has terminated it upon 60 days notice to me, or received notification from me of its termination in such time and manner as to afford MBA a reasonable opportunity to act on it.

Credit Card Authorization

Member/Applicant Name as it appears on card (please print) | Member MIN/SSN

Billing Address | City | State | Zip

I authorize Military Benefit Association to charge my:

SELECT TYPE OF CARD: ◯ VISA ◯ Master Card ◯ Discover

Alt/Cell Number

Card Number | Expiration Date | CVV

Quarterly Payment *(Monthly Premium x 3)* $

Semi-Annual Payment *(Monthly Premium x 6)* $

Annual Payment *(Monthly Premium x 12)* $

Please charge my card automatically for recurring payments. ◯ Yes ◯ No
You will not be billed for future payments, they will be deducted automatically.

SIgnature *(as it appears on depository records)* | Date

I authorize the Administrator to initiate credit card payments or debit entries for my regular payment from the credit card or bank account provided above. I understand that payment will be processed on or after the due date and will continue to be charged or deducted from my account unless I notify the Administrator otherwise in writing or my coverage ends. It is understood that the amounts of these debits will be adjusted by MBA in accordance with any applicable premium increases or decreases.

MBA Military Benefit Association

P.O. Box 221110
Chantilly, VA 20153-1110

1-800-336-0100 • www.militarybenefit.org

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THE HARTFORD

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

The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including Hartford Life and Accident Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.TheHartford.com.

Policy # AGP-5893

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

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

TRICARE Supplement Insurance Plan Enrollment Form
Group Policyholder: Military Benefit Association
Policy Number: AGP-5893

Member Information

Name of Member

Date of Birth

Gender: ◯ Male ◯ Female

Address (Street, City, State, ZIP)

Telephone #

SSN

Rank/Branch of Service/Duty Status (Active/Retired) or Spouse Applicant

Date Expected to Retire or Separate From Service

Email

Spouse Information

Spouse Full Name (if enrolling)

Date of Birth

Gender: ◯ Male ◯ Female

Coverage Information

◯ TRICARE Select Retiree
◯ TRICARE Select Active Duty Family Plans
◯ TRICARE Reserve Select

Deductible Option: ◯ $500 ◯ $200 ◯ $0

◯ TRICARE Prime Supplement

I hereby enroll for the following coverage (check all that apply):

◯ Member
◯ Spouse Name: _____
◯ Dependents
  ◯ Age 21
  ◯ Age 23 (if full time student)
  ◯ Age 26 (if enrolled in TRICARE Young Adult)

Method of Premium payments: ◯ EFT ◯ Credit Card ◯ Billing Cycle (Check)

Are you enrolling within 60 days of termination of Active Duty Service?
Member ◯ Yes ◯ No

Are you enrolling within 60 days of the date your employer health insurance ends because you are no longer an eligible participant in that program?
Member ◯ Yes ◯ No Dependents ◯ Yes ◯ No

Have you enrolled in the TRICARE Reserves Select within the past 60 days?
Member ◯ Yes ◯ No Dependents ◯ Yes ◯ No

Dependent Children

If Family coverage is desired, please complete the following:

Child Name

Date of Birth

Child Name

Date of Birth

Child Name

Date of Birth

Child Name

Date of Birth

Fraud Notices

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 Ohio:
Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Residents of Tennessee:
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

For Residents of Virginia:
Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

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 under age 65 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 and agree that this insurance will 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 Military Benefit Association can fully describe the provisions, terms, conditions, limitations and exclusions of my insurance.

_____ _____

Member Signature Date

_____ _____

Spouse Signature (if enrolling) Date

Send Enrollment Form to:
Military Benefit Association
P.O. Box 221110
Chantilly, VA 20153-1110

Form PA-10038 (2017)

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