MBA'S TRICARE Supplement Insurance Plan

Underwritten by :
Hartford Life Insurance Company and Hartford Life and Accident Insurance Company

MILITARY BENEFIT ASSOCIATION

This Supplement Plan provides valuable protection for you at affordable rates.

Choose a supplement plan based on one of the Tricare options you're enrolled in:

I. PRIME II. SELECT III. RESERVE SELECT

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 one of the oldest and largest associations of its kind.

The MBA TRICARE Supplement Insurance Plan

provides reimbursement of eligible out-of pocket medical expenses for insured MBA members and their families who are covered by TRICARE (Select, Prime or Reserve Select). The Plan will reimburse eligible out-of-pocket expenses for both inpatient and outpatient services. (Retirees and their families who are not enrolled in TRICARE Prime may elect either inpatient coverage only or inpatient and outpatient coverage.)

Who is Eligible?

To be eligible, persons must be under age 65 on their coverage effective date and eligible to enroll in TRICARE. Unmarried dependent children from birth to age 21, or 23 if a full-time student, and spouse (someone who is not separated or divorced) are also eligible as long as they are under the age of 65 and eligible to enroll in TRICARE.
A child who is covered by the TRICARE Young Adult Program and is under age 26 may enroll.

What Is Covered?

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

- 100% of co-pays and Cost-shares for TRICARE(Select, Prime or Reserve Select)
- 100% of Excess Charges above the TRICARE Select Allowable Amount, not to exceed the legal limit of 115% of the TRICARE Allowable Amount.
- 100% of the TRICARE (Select) outpatient deductible, if elected.
- 100% of Cost-shares and Excess Charges for Prime Point of Service
- 100% of the daily subsistence fee the insured must pay in a government facility
- The daily inpatient charges from the first day.

TRICARE PRIME SCHEDULE OF BENEFITS

There are no annual deductibles and no Cost-share payments for dependents of active duty members and dependents of retired members. However, there will be co-payments with each doctor's visit or hospital stay. MBA's TRICARE Prime Supplement will cover 100% of the co-payments for TRICARE Prime.

If the insured uses the "Point of Service" option, MBA's TRICARE Prime Supplement will cover 100% of the Point of Service (POS) Cost- share and any excess charges that the insured is legally obligated to pay, after the POS annual deductible has been satisfied.

MILITARY BENEFIT ASSOCIATION

MONTHLY PREMIUM RATES

Rates and/or benefits may be changed on a class basis. Rates are based on the attained age of the insured person and increases as you enter each new age category

	TRICARE PRIME	TRICARE SELECT IN/OUTPATIENT			TRICARE SELECT INPATIENT ONLY		
		$500 Deductible Option	$200 Deductible Option	$0 Deductible Option	$500 Deductible Option	$200 Deductible Option	$0 Deductible Option
Retired Member							
under age 46	$11.78	$ 18.62	$ 23.45	$ 29.67	$ 7.46	$ 9.35	$ 11.83
46-50	13.92	24.41	27.61	38.89	9.58	11.45	16.92
51-55	18.11	31.94	36.75	50.47	14.57	18.21	23.07
56-60	19.61	40.25	43.24	63.70	19.36	24.32	30.73
61-64	24.28	48.84	52.02	77.76	24.37	30.60	38.71
Spouse of Retired Member							
under age 46	15.97	22.46	32.15	46.99	10.67	11.94	22.22
46-50	18.24	26.44	38.16	55.28	11.92	15.60	24.86
51-55	21.42	30.51	44.76	64.98	14.42	20.76	30.05
56-60	23.39	36.43	52.46	76.10	19.00	27.33	39.60
61-64	25.30	42.26	60.78	88.05	23.77	34.20	49.52
Each Child of Retired Member	9.46	20.44	23.16	36.81	6.51	8.84	14.46
Spouse of Active Duty Member	13.02	10.93	14.33	16.56			
Each Child of Active Duty Member	8.03	7.15	9.83	11.26			
Reservist or Spouse of Reservist	N/A	10.93	14.33	16.56			
Each Child of Reservist	N/A	7.15	9.83	11.26			

TRICARE Select Outpatient
Deductible Reimbursement Option
Individuals add $12.50 Families add $25.00

The MBA

Tricare Supplement Insurance Plan will pay 100% of all Covered Expenses in Excess of the TRICARE Allowed Amount or negotiated amount up to the Legal Limit.

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

EXCLUSIONS

The Policy does not cover:

1. intentionally self-inflicted injury;
2. suicide or attempted suicide, whether sane or insane (in Missouri, while sane);
3. the following services:
   a) routine physical exams, unless required for school enrollment (but not sports physicals) on a Covered Child aged 5 through 11; and
   b) immunizations; except that these services are covered when:
   a) rendered to a Covered Child who is less than 6 years of age; or
   b) ordered by a Uniformed Service for a Covered Spouse or Child of an Active Duty Member for such spouse or child's travel outside the United States due to the Member's assignment;
4. domiciliary or custodial care;
5. eye refractions and routine eye exams except when rendered to a child up to 6 years from his or her birth.
6. eyeglasses and contact lenses;
7. prosthetic devices, except those covered by TRICARE;
8. cosmetic procedures, except those resulting from Sickness or Injury while a Covered Person;
9. hearing aids;
10. orthopedic footwear;
11. care for the mentally incapacitated or physically handicapped if:
    a) the care is required because of the mental incapacitation or physical handicap; or
    b) the care is received by an Active Duty Member's child who is covered by the "Program for the Handicapped" under TRICARE
12. drugs which do not require a prescription, except insulin;
13. dental care unless such care is covered by TRICARE, and then only to the extent that TRICARE covers such care;
14. any confinement, service, or supply that is not covered under TRICARE;
15. Hospital nursery charges for a well newborn, except as specifically provided under TRICARE;
16. any routine newborn care except Well Baby Care, as defined, for a child up to 6 years from his or her birth;
17. expenses in excess of the TRICARE Cap;
18. expenses which are paid in full by TRICARE;
19. any expense or portion thereof which is in excess of the Legal Limit;
20. any expense or portion thereof applied to the TRICARE Outpatient Deductible;
21. treatment for the prevention or cure of alcoholism or drug addiction except as specifically provided under TRICARE and the Policy;
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.

DEFINITIONS

Eligible Charges — Charges that an individual incurs while insured under this Plan that are considered covered medical care/services under TRICARE.

Excess Charges — Charges that an individual is legally obligated to pay that are in excess of the TRICARE Allowable Amount, not to exceed the legal limit of 115% of the TRICARE allowable amount.

Deductible — The amount that TRICARE (Select) requires patients to pay for outpatient care each fiscal year before the program begins to make payments.

MBA's Supplemental Deductible Options — The amount you elect to pay during a benefit period before the Supplemental Plan pays.

Deductible Plan Options - $0, $200 or $500 (limited to two deductibles per family per benefit period).

Cost-share — The percentage of the charges you must pay after satisfying the outpatient deductible amount.

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 - dose not include a hospital, a place for rest, custodial care, or the aged, or a place for the treatment of mental disease, substance abuse or alcohol dependency.

MBA's Supplemental Insurance Deductible Options

The MBA TRICARE Supplement Deductible Amount is the amount of eligible charges incurred during a Benefit Period that must be paid by the insured individual before benefits become payable under this Plan. The Benefit Period begins on January 1 of each year and ends on the following December 31 (Calendar Year)

If you choose the $500 Deductible Plan, it would be $500 per individual, maximum of $1,000 per family. If you choose the $200 Deductible Plan, it would be $200 per individual, maximum of $400 per family.

The MBA Supplement Deductible is in addition to any TRICARE deductible that the individual is required to pay.

TRICARE Deductible Reimbursement Option

If this option is elected, the MBA Supplement Plan will reimburse up to 100% of the amount of Eligible Charges used to satisfy the insured individual's deductible under TRICARE (Select). Not available to individuals enrolled in TRICARE Prime or TRICARE Reserve Select.

Newborn Children

A newborn child of a member, whose birth occurs while the member is insured under this policy, is automatically covered for the *first 31 days* following live birth. **Coverage may be continued on the newborn child by applying for insurance and paying the proper premium within 31 days after the child's birth.**

Renewability of Coverage

Under the MBA TRICARE Supplement Plan, your coverage remains in effect as long as you pay your premiums on time, and the master contract remains in force. Your dependents' coverage will remain in effect until they cease to be eligible for coverage or until you fail to pay the appropriate premium for your dependents. In the event of your death, your surviving dependents may continue coverage subject to payment of premiums.

Pre-Existing Conditions Limitation

Charges incurred in connection with a condition for which an individual required medical care, treatment or advice within 6 months prior to the effective date of coverage under any part of this Plan will not be covered. However, this limitation will not apply to charges incurred after a period of 12 consecutive months (Pre-Existing Condition Limitation provisions may vary by state. Please contact the Plan Administrator for further details.) during which the person is continuously insured under the appropriate part of the Plan. If you are now in the process of satisfying a Pre-Existing Condition Limitation with MBA, you can still transfer into this new plan as your time spent will transfer with you.

Nervous, Mental, Emotional Disorder, Alcoholism and and Drug Addiction Limits- The coverage provided under the Inpatient Benefits of the TRICARE Supplement for nervous, mental and emotional disorders, including alcoholism and drug addiction, is limited to: 30 Inpatient treatment days for a Covered Person age 19 or older; or 45 Inpatient treatment days for a Covered Person under age 19 per Fiscal Year. Outpatient benefits for such disorders are limited to $500 during any period of 12 consecutive months.

Termination of Benefits

Benefits for an insured individual terminate on the earliest of the following dates:

(1) The date the policy ends

(2) The end of the last period for which any required premium has been paid

(3) The date after which the individual is no longer eligible for insurance

(4) The first day of the month in which the individual attains age 65

(5) With respect to a dependent spouse, the date the spouse ceases to be a dependent of the member

(6) With respect to a dependent child, the date he/she marries

(7) With respect to a dependent child, the date he/she attains age 21 (23 if a full-time student in an accredited school unless applying under the TRICARE Young Adult Plan)

Continuation of Dependent Insurance After Death of a Member

If a member's dependent insurance would cease because the member dies, such dependent insurance will continue in force, subject to payment of premiums, until the earliest of the following:

(1) The date the policy terminates

(2) The date the individual discontinues making premium payments

(3) The date the individual is no longer covered by TRICARE

(4) The date the spouse attains age 65.

Continuation of Dependent Insurance for Handicapped Dependent Child

Coverage may be continued under the Plan, with payment of premium, beyond the maximum age for children who are mentally or physically incapable of self-support, provided such child continues to be covered by TRICARE.

How to Enroll

Applicants must complete an enrollment form for each person for whom coverage is being elected.

1) Complete the attached enrollment form. Be sure to initial, sign and date where indicated.
2) Enclose one or more month's premium with the enrollment form. Future monthly premium payments may be made by Electronic Funds Transfer (EFT) or credit card. If EFT method of payment is to be used, complete the EFT authorization and return it with a voided check. Premiums may be paid quarterly or semi-annually by personal check or money order.
3) Mail the completed enrollment form to:

Military Benefit Association
14605 Avion Parkway/P.O. Box 221110
Chantilly, VA 20153-1110

Effective Date of Insurance

Coverage will become effective on the first day of the calendar month coincident with or next following the date the enrollment form is received, provided the required premium has also been received

Proof of Coverage

An individual Certificate of Insurance will be sent to you stating the essential features of coverage and 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 and Hartford Life 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 – 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.

MILITARY BENEFIT ASSOCIATION

14605 Avion Parkway, P.O. Box 221110 Chantilly, VA 20153-1110
(703) 968-6200
www.militarybenefit.org

THE HARTFORD

The Hartford® is The Hartford Financial Services Group Inc. and its subsidiaries, including issuing companies listed below. Coverage underwritten by Hartford Life Insurance Company (Policy# AGP-5860) in ME, MD, MT, and MN. For all other eligible states, coverage underwritten by Hartford Life and Accident Insurance Company (Policy # AGP-5859).

TRICARE Form Series includes SRP-1269, or state equivalent.

I hereby authorize Military Benefit Association to initiate on or after the fifth 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.

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, please contact them for the number.

Checking Account No.

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

Please deduct my EFT Payments for:

❑ Life Premium ❑ TRICARE Supplement ❑ Both

Signature *(as it appears on depository records)* Date

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

COMPLETE FOR CREDIT CARD AUTHORIZATION

I Member/Applicant Name as it appears on card (please print)

Member MIN/SSN

Billing Address

Personal E-mail Address

City State Zip

Home Phone Number

I authorize Military Benefit Association to charge my:

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

Alt/Cell Number

Card Number

Expiration Date

Quarterly Payment (Monthly Premimum x 3) $

Semi-Annual Payment (Monthly Premimum x 6) $

Annual Payment (Monthly Premimum 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)

I request immediate coverage FOLLOWING APPROVAL and authorize the first deduction on that date. ❑ Yes ❑ No

SIgnature *(as it appears on depository records)*

Date

MILITARY BENEFIT ASSOCIATION

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ENROLLMENT FORM

THE HARTFORD

TRICARE Supplement Insurance Plan
Enrollment Form
Group Policyholder: Military Benefit Association
Policy # AGP-5859/AGP-5860

Member Information		
Name of Military Member	Date of Birth	Sex □ Male □ Female
Address (Street, City, State, ZIP)	Telephone #:	
SSN	Rank/Branch of Service/Duty Status (Active/Retired)	
Date Expected to Retire or Separate From Service _____	E-Mail Address:	

Coverage Information	**Dependent Children**
□ TRICARE Select Retiree □ TRICARE Select Active Duty □ TRICARE Reserve Select Family Plans **In/Outpatient Only** Deductible Option ____$500 _____$200 _____$0 _____In/Outpatient _____ Inpatient only _____TRICARE Deductible Reimbursement Option ____Individual _____Family □ TRICARE Prime Supplement I hereby apply for the following coverage (check all that apply): □ Member □ Spouse Name _____ SSN_____ □ Dependent Child(ren) Under Age 21(under 23 student) □ Age 21-25 (if enrolled in TRICARE Young Adult) Method of Premium payments: _____EFT _____Credit Card _____ Cash Credit Card Payment _____Quarterly _____Semi-annually _____Annually	If Family coverage desired, please complete the following: _____ Spouse Name Date of Birth _____ Child Name Date of Birth _____ Child Name Date of Birth _____ Child Name Date of Birth
Are you applying within 60 days of Active Duty Service? _____Yes _____NO Are you enrolling within 30 days of the date your employer health insurance ends because you are no longer an eligible participant in that program? _____Yes _____NO Have you enrolled in the TRICARE Reserves Select within the past 30 days? _____Yes _____NO	

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I hereby certify that the above statements are complete and true to the best of my knowledge. I hereby elect to apply for insurance indicated under the TRICARE Supplement program, underwritten by the Hartford Life and Accident Insurance Company and Hartford Life Insurance Company. I understand that my coverage will become effective the first of the month following your receipt of my acceptance certificate and first premium payment. I further understand that this policy will not cover pre-existing conditions, i.e., injury or sickness for which medical advice or treatment has been received during the 6 months immediately preceding the effective date of this coverage, until I have been treatment-free for such condition for 6 consecutive months or this coverage has been in effect for 12 months, whichever is earlier. (California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance.) For residents in all states except FL, PA, NJ and WA: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person submits an insurance application or statement of claim containing any materially false, incomplete, or misleading information may be committing a crime and may be subject to civil or criminal penalties, depending upon state law. For FL Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any materially false, incomplete or misleading information is guilty of a felony of the third degree. For PA Residents: 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. I further understand that if any person to be covered under this policy is hospital-confined on the date this insurance goes into effect, such effective date of coverage will be deferred until the first day of the month following a period of 30 consecutive days after final discharge from the hospital. I represent that to the best of my knowledge and belief, all statements and answers recorded on this form are true and complete.

Member Signature _____ Date_____

Spouse Signature (if enrolling) _____ Date_____

Send Enrollment Form to: Military Benefit Association, 14605 Avion Parkway, P.O. Box 221110, Chantilly, VA 20153-1110

Underwritten by: Hartford Life Insurance Company in ME, MD, MN and MT and by Hartford Life and Accident Insurance Company in all other states. Home Offices of both companies is Hartford, CT 06155

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