

TRICARE and TRICARE Supplement Insurance provide a winning combination of coverage. It's serious protection for you and your family!



NCOA-ENDORSED

You're covered for 100% of your health care costs!

Once you meet your TRICARE and TRICARE Supplement deductibles, you could find you have NO out-of-pocket medical expenses at all. TRICARE Supplement pays 100% of the approved expenses not paid by TRICARE. If a medical expense is an approved TRICARE expense, TRICARE Supplement pays the difference!

You're also covered for "excess charges."

If your doctor charges you more than what TRICARE allows, you're left to pay the rest of the bill. Not with TRICARE Supplement, because it covers 100% of eligible "excess charges"—up to the TRICARE legal limit after the TRICARE and Plan deductibles are met. This is especially valuable because excess charges can't be applied to TRICARE's catastrophic cap.

Your prescription copays are COVERED IN FULL!

With TRICARE and our TRICARE Supplement plan working for you and your family, you pay NOTHING for prescription drug copays after your deductibles have been met. TRICARE Supplement covers 100% of your TRICARE pharmacy copays.

Guaranteed Acceptance for You and Your Family.

NCOA members are guaranteed acceptance in NCOA's TRICARE Supplement if you are TRICARE eligible. You and your family cannot be turned down (subject to Pre-Existing Condition Limitation). You can also enroll your spouse or your children without enrolling yourself. (Children must be under age 21, or 23 if a full-time student.)

No networks or referrals to limit your care.

Many health plans today are managed care plans that limit your freedom to see the doctors you choose. Many of these plans even require you to get permission from one doctor to see another. When you choose TRICARE Supplement and TRICARE Standard, you have the freedom to use the doctors and hospitals you want — when you want to!



Group rated exclusively for Members, spouses & dependent children

Affordable NCOA-member group rates.

NCOA's large membership base equals leverage when negotiating benefits and rates for you. Because of this mass purchasing power, you'll generally pay less for TRICARE Supplement than other plans.

RETIREE

Monthly Rates for TRICARE Standard/Extra Retiree In/Out Plan • \$250 Deductible		
Age	Member or Spouse	Each Child
Under 45	\$26.00	\$20.50
45-49	\$34.50	
50-54	\$44.50	
55-59	\$56.00	
60-64	\$63.50	

Monthly Rates for TRICARE Prime Supplement Plan		
Age	Member or Spouse	Each Child
Under 45	\$10.00	\$7.00
45-49	\$12.50	
50-54	\$15.00	
55-59	\$16.80	
60-64	\$18.00	

ACTIVE DUTY

Monthly Rates for TRICARE Standard Active Duty Family Plans	
Spouse: \$8.00	Each Child: \$4.25

Monthly Rates for TRICARE Reserve Select	
Spouse: \$8.00	Each Child: \$4.25

*For your convenience, you will be billed just four times a year. Rates are based on the attained age of the Insured Person and increase as you enter each new age category. Rates and/or benefits may be changed on a class basis.

Your 30 day right to review.

Once you receive your certificate, you have a full 30 days to review your coverage. We want you to be sure this protection is right for you. If for any reason you change your mind, simply return your certificate and your coverage will be cancelled and any premium paid will be refunded, minus any claims paid.

Questions? Customer Service Specialists are available if you have questions about your TRICARE Supplement Plan.

Call toll-free **1-866-599-2656**.

You can find out more about this and other products for NCOA members by emailing us at customerservice@driasi.com.

Endorsed by:



Underwritten by:



Hartford Life and Accident Insurance Company
Simsbury, CT 06089

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

Qualified Hospital: To qualify for TRICARE Standard, a hospital must operate within the laws of the jurisdiction in which it is located and be engaged in providing diagnostic and therapeutic facilities for surgical and medical diagnosis, treatment and care of injured or sick persons by or under the supervision of one or more staff physicians or surgeons, and continuously provide 24-hour nursing service by registered graduate nurses. Hospital does not include a nursing or convalescent home, skilled nursing facility, a place for drug addicts or alcoholics, or a place for rest, custodial care, or care of the aged. 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 two years of coverage, losses incurred for Pre-Existing Conditions are not covered. A Pre-Existing Condition means any injury or sickness including pregnancy; diagnosed or undiagnosed, for which you have received medical care within the 12-month period prior to your coverage effective date or the date of an 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. You and your dependents will not be subject to this waiting period if you join TRICARE Supplement within 63 days of your discharge from active duty.

Exclusions and Limitations: The Policy does not cover: injury or sickness resulting from war or act of war, whether war was declared or undeclared; intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane (in Missouri, while sane); routine physical exams and immunizations, except when: a) rendered to a child up to 6 years from his or her birth; or b) ordered by a Uniformed Service: (1) for a Covered Spouse or Child of an Active Duty Member; (2) for such spouse or child's travel out of the United States due to the Member's assignment; domiciliary or custodial care; eye

refractions and routine eye exams except when rendered to a child up to 6 years from his or her birth; eyeglasses and contact lenses; prosthetic devices, except those covered by TRICARE; cosmetic procedures, except those resulting from a covered Sickness or Injury; hearing aids; orthopedic footwear; care for the mentally incapacitated or physically handicapped if:

a) the care 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; 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, as defined, for a child up to 6 years from his or her birth; expenses in excess of the TRICARE Cap; expenses which are paid in full by TRICARE; any expense or portion thereof which is in excess of the Legal Limit; any expense or portion thereof applied to the TRICARE Outpatient Deductible; treatment for the prevention or cure of alcoholism or drug addiction except as specifically provided under TRICARE and this Policy; any part of a covered expense which the Covered Person is not legally obligated to pay because of payment by a TRICARE alternative program.

Nervous, Mental, Emotional Disorder, Alcoholism and Drug Addiction Limitations: Your coverage provided under the the inpatient benefits of the TRICARE supplement for nervous, mental and emotional disorders, including alcoholism and drug addiction, is limited to 30 inpatient days for a covered person per fiscal year. Outpatient benefits for such disorders are limited to \$500 during any period of 12 consecutive months.

Benefits-At-A-Glance

The TRICARE Supplement Active Duty Family Inpatient and Outpatient Plan with No Deductible

Type of Care:	TRICARE Standard Pays:	With TRICARE Standard Benefits Only <i>You</i> Must Pay:	The NCOA Active Duty Plan Pays:
Civilian Hospital (Inpatient)	All TRICARE Standard allowable amounts except the first \$25 or current daily subsistence charges (whichever is greater).	The first \$25 or current daily subsistence charges (whichever is greater); PLUS all charges over the TRICARE Standard allowable amount.**	The first \$25 or current daily subsistence charges (whichever is greater); PLUS 100% of the difference between the TRICARE Standard allowed amount and the actual bill, not to exceed the legal limit.
Government Hospital (Inpatient)	Nothing.	Current daily subsistence charges.	Current daily subsistence charges.
Civilian Doctors, Clinics, etc. (Outpatient)	80% of TRICARE Standard allowable amounts after the annual TRICARE Standard outpatient deductible.	The remaining 20%, the TRICARE Standard deductible and all costs over the TRICARE Standard allowed amounts.**	The remaining 20% after the TRICARE Standard deductible, PLUS 100% of the difference between the TRICARE Standard allowed amount and the actual bill for covered expenses, not to exceed the legal limit.
Outpatient Prescription Drugs (From civilian TRICARE network pharmacy)	The TRICARE allowed amount minus your cost-share.	\$3 for 30-day supply of formulary generic prescriptions, \$9 for 30-day supply of formulary brand name prescriptions, \$22 for 30-day supply of non-formulary prescriptions.	\$3 for 30-day supply of formulary generic prescriptions, \$9 for 30-day supply of formulary brand name prescriptions, \$22 for 30-day supply of non-formulary prescriptions.
(From TRICARE Mail Order Pharmacy)	The TRICARE allowed amount minus your cost-share.	\$3 for 90-day supply of formulary generic prescriptions, \$9 for 90-day supply of formulary brand name prescriptions, \$22 for 90-day supply of non-formulary prescriptions.	\$3 for 90-day supply of formulary generic prescriptions, \$9 for 90-day supply of formulary brand name prescriptions, \$22 for 90-day supply of non-formulary prescriptions.
(From a non-network pharmacy)	The TRICARE allowed amount minus your cost-share, after the annual TRICARE outpatient deductible	The annual TRICARE outpatient deductible, PLUS \$9 or 20% of the cost (whichever is greater) for a 30-day supply of formulary prescriptions, \$22 or 20% (whichever is greater) for a 30-day supply of non-formulary prescriptions.	\$9 or 20% of the cost (whichever is greater) for a 30-day supply of formulary prescriptions, \$22 or 20% (whichever is greater) for a 30-day supply of non-formulary prescriptions after you meet the TRICARE Outpatient Deductible.

How TRICARE Supplement Teams Up With Retired TRICARE Prime

Service:	With TRICARE Prime Coverage <i>You</i> Owe:	The NCOA Retired TRICARE Prime Supplement Pays:	<i>You</i> Pay:
Civilian Provider Outpatient Copay	\$12/visit	\$12/visit	\$0
Civilian Inpatient Copay	\$11/day	\$11/day	\$0
Prescription Drugs (From civilian TRICARE network pharmacy)	\$3 for 30-day supply of formulary generic prescriptions. \$9 for 30-day supply of formulary brand name prescriptions. \$22 for 30-day supply of non-formulary prescriptions	\$3 for 30-day supply of formulary generic prescriptions. \$9 for 30-day supply of formulary brand name prescriptions. \$22 for 30-day supply of non-formulary prescriptions	\$0
(From TRICARE Mail Order Pharmacy)	\$3 for 30-day supply of formulary generic prescriptions. \$9 for 30-day supply of formulary brand name prescriptions. \$22 for 30-day supply of non-formulary prescriptions	\$3 for 30-day supply of formulary generic prescriptions. \$9 for 30-day supply of formulary brand name prescriptions. \$22 for 30-day supply of non-formulary prescriptions	\$0
(From non-network Services/Point-of Service)	The Point of Service deductible, PLUS 50% of the TRICARE allowed amount and all covered excess charges.	No Coverage	The Point of Service deductible, PLUS 50% of the TRICARE allowed amount and all covered excess charges.

Benefits-At-A-Glance

How TRICARE Supplement Teams Up With TRICARE Standard

	TRICARE Standard Pays:	With Only TRICARE Standard You Pay:	The NCOA TRICARE Supplement Retired Inpatient and Outpatient Plan with \$250 Per Person Deductible Pays:
The TRICARE Supplement Retired Inpatient and Outpatient Plan with \$250 Per Person Deductible Pays:	The TRICARE Diagnosis Related Group (DRG) amount minus your cost-share.	The DRG daily cost-share amount or 25% of the bill, whichever is less.**	The DRG daily cost-share amount or 25% of the bill, whichever is less, after you meet the annual \$250 plan deductible PLUS 100% of the difference between your actual inpatient bills and the amount TRICARE allows, not to exceed the legal limit.
FOR INPATIENT CARE Civilian Hospital (Doctors and other inpatient services not billed by the hospital)	75% of the amount TRICARE allows for doctor and professional services.	25% of the TRICARE allowed amount for medical services such as doctor charges or lab work plus the difference between the actual charges and the allowed amount. **	The remaining 25%* after you meet the annual \$250 plan deductible PLUS 100% of the difference between your medical bills and the amount allowed by TRICARE, not to exceed the legal limit.
FOR INPATIENT CARE Government Hospital	Nothing	Current daily subsistence charges.	Current daily subsistence charges
FOR OUTPATIENT CARE (Doctor visits, clinics, outpatient surgeries)	75% of the amount TRICARE allows after the annual TRICARE deductible.	The remaining 25% PLUS the annual TRICARE outpatient deductible PLUS all charges over the allowed amount.**	The remaining 25%* after the TRICARE outpatient deductible and \$250 plan deductible*** PLUS 100% of the difference between your outpatient bills and the amount TRICARE allows, not to exceed the legal limit.
OUTPATIENT PRESCRIPTION DRUGS (From civilian TRICARE network pharmacy)	The TRICARE allowed amount minus your cost-share.	\$3 for 30-day supply of formulary generic prescriptions, \$9 for 30-day supply of formulary brand name prescriptions, \$22 for 30-day supply of non-formulary prescriptions	\$3 for 30-day supply of formulary generic prescriptions, \$9 for 30-day supply of formulary brand name prescriptions, \$22 for 30-day supply of non-formulary prescriptions after you meet the annual \$250 plan deductible.
(From TRICARE Mail Order Pharmacy)	The TRICARE allowed amount minus your cost-share.	\$3 for 90-day supply of formulary generic prescriptions, \$9 for 90-day supply of formulary brand name prescriptions, \$22 for 90-day supply of non-formulary prescriptions	\$3 for 90-day supply of formulary generic prescriptions, \$9 for 90-day supply of formulary brand name prescriptions, \$22 for 90-day supply of non-formulary prescriptions after you meet the annual \$250 plan deductible.
(From a non-network pharmacy)	The TRICARE allowed amount minus your cost-share, after the annual TRICARE outpatient deductible.	The annual TRICARE outpatient deductible, PLUS \$9 or 20% of the cost (whichever is greater) for a 30-day supply of formulary prescriptions, \$22 or 20% (whichever is greater) for a 30-day supply of non-formulary prescriptions.	\$9 or 20% of the cost (whichever is greater) for a 30-day supply of formulary prescriptions, \$22 or 20% (whichever is greater) for a 30-day supply of non-formulary prescriptions after you meet the annual TRICARE outpatient deductible and the \$250 plan deductible.

If TRICARE does not pay according to the DRG system, the TRICARE reimbursement will be 75% of the allowed amount.

* If you have other coverage that will pay before your NCOA and TRICARE benefits begin, TRICARE payment may be less than 75% of the allowed amount. NCOA will limit its payment to an amount that, when added to the amounts paid by the Employer Health Program and TRICARE, will not exceed 100% of TRICARE covered expenses.

** TRICARE limits retirees to \$3,000 per year for deductibles and copayments (\$1,000 for Active Duty family members). Please remember, however, that you must pay for 100% of all medical bills that are more than TRICARE allows.

*** Expenses used to satisfy the TRICARE outpatient deductible may not be applied toward the \$250 deductible in the Inpatient and Outpatient Plans with Deductible.

Please note: Your Plan deductible period will start with your effective date. (This may be different than TRICARE's fiscal year deductible period, which begins on October 1 of each year.)

Important Information Regarding Veterans' Administration (VA) Hospitals—

TRICARE Supplement insurance policies pay benefits only after TRICARE has first reviewed and approved the expense. A review by TRICARE results in a TRICARE Explanation of Benefits ("EOB"). Many VA Hospitals currently do not submit their claims through TRICARE. Only claims TRICARE processes, resulting in an EOB, are subject to benefits under The Hartford TRICARE Supplement insurance policies. If you use VA facilities for your care, please be aware of this TRICARE Supplement policy requirement. VA Hospitals also can charge the veteran a Category C copayment based on a means test per Public Law 99 Section 272. This law specifically applies only to the veteran and not the insurance company. The Hartford is not liable for payment of these charges.

Questions? Customer Service Specialists are available if you have questions about your TRICARE Supplement Plan. Call the TRICARE Supplement administrator at 1-866-599-2656.

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