

**GUARANTEED
ACCEPTANCE***
for MCA members
& families!



ARE YOU COVERED WITH A TRICARE HEALTH PLAN?

Your TRICARE coverage was never intended to cover everything, which means you could face rising cost-shares and co-pays that come out of your own pocket. The MCA TRICARE Supplement Insurance Plan was designed to help cover those out-of-pocket costs, so you can manage your healthcare expenses with confidence.

With TRICARE alone, you pay ALL cost-shares and co-pays out of your own pocket.	Without TRICARE Supplement	With* TRICARE Supplement
Doctor Visit cost-shares	You Pay 100%	You Pay \$0
"Excess Charges" that exceed the TRICARE allowed amount**	You Pay 100%	You Pay \$0
Surgery cost-shares (Inpatient or Outpatient)	You Pay 100%	You Pay \$0
Hospital & Skilled Nursing Facility cost-shares	You Pay 100%	You Pay \$0
Prescription Drug co-pays	You Pay 100%	You Pay \$0

*Once you pay all applicable TRICARE deductibles

**Expenses in excess of the TRICARE allowed amount, not to exceed the Legal Limit.

Plan Highlights:

- Choose any TRICARE-authorized doctor you want
- Your coverage cannot be cancelled—regardless of number of claims—until age 65
- Portable protection that follows you, even if you change jobs
- Includes a surviving Dependent's Benefit
- Quick and easy electronic claim processing

IMPORTANT

The MCA TRICARE Supplement includes coverage for "Excess Charges." Your doctor may charge you up to 15% over the TRICARE allowable amount. Without the TRICARE Supplement, you must pay that excess charge out-of-pocket. BUT with the MCA TRICARE Supplement, the excess charge will be paid for you.

WHO IS ELIGIBLE?

MCA members who are under age 65, not eligible for Medicare, and covered by TRICARE are eligible for coverage.

Your spouse is eligible as long as he/she is under age 65, not legally separated or divorced from you, not eligible for Medicare, not on Active Duty, and covered by TRICARE.

Your unmarried children are eligible if they are enrolled in TRICARE and are under age 21 or 23 if enrolled full-time in higher learning or 26 if enrolled in TRICARE Young Adult (TYA).

You can keep your TRICARE Supplement up to age 65 as long as you pay your premiums on time, you are not yet eligible for Medicare, you remain a member of MCA, and the Master Policy stays in force. Your spouse and children can keep their protection as long as they meet eligibility standards and premiums are paid.

GUARANTEED ACCEPTANCE*

You cannot be turned down for coverage as long as you are under age 65 and a member of MCA. You will be covered immediately for new health conditions. Any current injuries or illnesses are subject to the Pre-Existing Conditions Limitation and are covered after six months.

*This policy is guaranteed acceptance, but it does contain a Pre-Existing Condition Limitation. Please refer to this brochure for more information on exclusions and limitations, such as Pre-Existing Conditions.

ELIGIBILITY RESTRICTIONS

If both you and your spouse are members and are eligible for coverage, coverage may not be duplicated by applying as dependents of each other and both cannot enroll dependents. No covered person can be insured as a dependent of more than one member under the policy. This coverage is not available in all states.

WHEN COVERAGE STARTS

Your coverage begins on the first day of the month after your enrollment form and first premium are received, as long as you're an MCA member in good standing.

MONTHLY PREMIUM RATES

Once your TRICARE Supplement Plan becomes effective, your premium rates will remain unchanged for the next 12 months.

Note: Your MCA TRICARE Supplement must match your TRICARE health plan (Select, Prime, etc.). To calculate premiums quarterly, semi-annually, or annually, just multiply your monthly premium by 3, 6, or 12 respectively.

TRICARE SELECT ACTIVE DUTY FAMILY SUPPLEMENT PLAN

Active Duty Member/ Spouse	Each Child** of Active Duty Member
\$10.89	\$6.10

TRICARE RESERVE SELECT SUPPLEMENT PLAN

Member/ Spouse	Each Child**
\$8.60	\$4.83

TRICARE SELECT RETIREE SUPPLEMENT & TRICARE RETIRED RESERVE SUPPLEMENT PLANS

Member/ Spouse Age	Member/ Spouse Rate
Under 45	\$33.86
45-49	\$44.14
50-54	\$55.59
55-59	\$70.78
60-64	\$78.49
65 and over	\$78.49
Each Child** or TYA	\$32.71

TRICARE PRIME RETIREE SUPPLEMENT PLAN

Member/ Spouse Age	Member/ Spouse Rate
Under 40	\$19.04
40 - 44	\$20.66
45 - 49	\$25.36
50 - 54	\$30.91
55 - 59	\$34.09
60 - 64	\$36.45
65 and over	\$38.04
Each Child** or TYA	\$14.26

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

**Newborn children not named in your activation form are automatically covered from birth for injury or sickness, including treatment of congenital defects and birth abnormalities, for 31 days. You must notify the plan administrator in writing and pay the additional premium due within 31 days of birth for coverage to continue beyond this period. Insured children who are incapable of self-sustaining employment because of mental incapacities or physical disabilities, and who are unmarried and chiefly dependent on the insured member for support and maintenance—may continue coverage past policy age limits, with requested proof. However, notice of the incapacity must be within 31 days of the termination date. Otherwise, each dependent child's coverage terminates on the premium due date following the date he/she is no longer a dependent.

Enrolling After You Leave Active Duty?

You'll have full MCA TRICARE Supplement benefits immediately—with no waiting period—when you activate within 60 days of the date your active duty coverage ends. This also applies if you sign up within 30 days of your initial eligibility for TRICARE benefits.

Moving to TRICARE Select from TRICARE Prime?

If you enroll in TRICARE Select while covered by a TRICARE Prime Supplement, the TRICARE Prime Supplement will terminate, and coverage will be transferred to a TRICARE Select Supplement Plan of your choice. Covered expenses incurred under TRICARE Select will only be payable under the terms of the TRICARE Select Supplement. You must give the Plan Administrator written notice of your TRICARE Prime enrollment as soon as possible, but at least within 60 days.

Covered by TRICARE Prime?

If you plan to stay within TRICARE Prime's provider networks, you can virtually eliminate out-of-pocket expenses for co-payments by adding the FlightCare TRICARE Prime Supplement. This plan takes care of your co-pays for inpatient and outpatient care from a TRICARE Prime network provider.

Exclusions and Limitations

Exclusions: The Policy does not cover: 1) injury or sickness resulting from war or act of war, whether war is declared or undeclared; 2) intentionally self-inflicted injury; 3) 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 6; 2) domiciliary or custodial care; 3) care received in a retirement home, rest home or halfway house;

4) eye refractions and routine eye exams except when rendered to a child up to 6 years from the child's birth; 5) eyeglasses and contact lenses; 6) prosthetic devices, except those covered by TRICARE; 7) cosmetic procedures, except those resulting from Sickness or Injury, while a Covered Person; 8) hearing aids; 9) orthopedic footwear; 10) care for the mentally or physically incapacitated if: a. the care is required because of the mental or physical incapacitation; or b. the care is received by an Active Duty Member's child who is covered by the TRICARE Extended Care Health Option (ECHO); 11) drugs which do not require a prescription, except insulin; 12) dental care unless such care is covered by TRICARE, and then only to the extent that TRICARE covers such care; 13) any Confinement, service, or supply that is not covered under TRICARE; 14) Hospital nursery charges for a well newborn, except as specifically provided under TRICARE; 15) any routine newborn care except Well Baby Care; 16) any expense or portion thereof which is in excess of the Legal Limit; 17) expenses in excess of the TRICARE Catastrophic Cap; 18) that part of any Covered Expense which is in excess of the TRICARE Allowed Amount, except as otherwise stated in the plan benefits; 19) expenses which are paid in full by TRICARE; 20) any expense or portion thereof applied to the TRICARE Outpatient Deductible; 21) treatment or Confinement not covered by a Physician or necessary for medical care; 22) nursing services, unless it is for the nurse's full-time service while the Covered Person is an Inpatient in a Hospital; 23) purchase of a wheel chair, hospital type bed, or other durable equipment, unless TRICARE determines that purchasing the equipment costs less than renting it; 24) care received as part of a grant, study or a research program; 25) care considered experimental or investigational; 26) any part of a Covered Expense which the Covered Person is not legally obligated to pay because of payment by a TRICARE alternative program; and 27) 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.

Pre-Existing Conditions Limitations

If you or your covered dependents received medical treatment or advice for a health condition during the six months before the date your protection starts, or an increase in your protection, the health condition won't be covered until the person has been enrolled in the plan for six months. Please consider this limitation before canceling any other health insurance you may have.

Termination

Your coverage under The Policy will cease on the first to occur of: 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 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 an MCA Member; the date you cease to be an auxiliary member of MCA; the date you become

for Medicare (unless you reside in an area where Medicare is not available); the date you attain age 65, unless you are not eligible for Medicare and can provide documentation of such from the Social Security Administration. Dependents' coverage ceases on the date the Policy terminates; the date Your Dependent is no longer in a class eligible for coverage, or when 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 not paid, subject to the Individual Grace Period; the date you cease to be an MCA Member; the date you cease to be an auxiliary member of MCA; 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; the date Your Spouse no longer satisfies the definition of Spouse; or the date Your child no longer satisfies the definition Dependent Child(ren); unless coverage is continued under the Continuation Provisions.

Definitions

Confined or Confinement means being an Inpatient in: 1) a Hospital; or 2) a Skilled Nursing Facility; due to Injury or Sickness. Hospital means an institution which TRICARE recognizes as a hospital. Skilled Nursing Facility means an institution that: 1) operates pursuant to law; 2) in addition to room and board accommodations, is primarily engaged in providing skilled nursing care under the supervision of a Physician; 3) provides continuous 24 hour a day nursing service by or under the supervision of a registered graduate nurse (R.N.); and 4) maintains a daily medical record of each patient. Skilled Nursing Facility does not mean a Hospital or any institution or part thereof that is used mainly as a home or place for: 1) the aged, or for rest, custodial or educational care; 2) alcoholism and drug addiction; 3) the treatment of Mental Illness.

**QUESTIONS?
CALL TOLL-FREE
1.800.845.4685**

**CUSTOMER SERVICE HOURS:
M-F 7AM-7PM CT**

**SEND NO MONEY NOW. YOU HAVE A 30-DAY SATISFACTION
GUARANTEE. IF YOU DECIDE OUR TRICARE SUPPLEMENT
IS NOT FOR YOU, SIMPLY RETURN YOUR CERTIFICATE.
NO QUESTIONS. NO HASSLES.**



Endorsed by:

MCA Group Benefits Program
P.O. Box 26610 Phoenix, AZ 85068



Underwritten by:

Hartford Life and Accident Insurance
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Administered by:

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