



Office of the Administrator  
P.O. Box 14464  
Des Moines, IA 50306-8993



*Because Medicare and/or TRICARE For Life simply weren't designed to cover all your Hospital and home recovery care expenses...  
The AFA Hospital Income and Short Term Recovery Insurance Plan can provide you with valuable cash benefits to help pay for the care and services you may need.*

Dear AFA Member,

Thank you for inquiring about the AFA Short Term Recovery Insurance Plan (RecoveryCare).

Enclosed is more information, including a summary of benefit information and an Enrollment Form.

Before you take a closer look at this information, here are some key highlights:

- **You and your spouse are guaranteed acceptance\*** in this plan if you are age 65 and older. You can't be turned down. Simply complete and return the enclosed Enrollment Form to obtain this coverage.
- **You can collect up to \$1,450 (1–14 days, up to \$750; 15–30 days, an additional \$500; after 31 days, an additional \$200) in Hospital and/or Skilled Nursing Facility benefits** for each covered Hospital stay.
- **You can also collect up to \$8,000 (\$200 a day) in home recovery care benefits** per year. Benefits reduce to a maximum of \$4,000 a year when you're age 80 or older.
- **Benefits are paid in addition to other coverage you may have.**
- **You pay an affordable group rate**—A member age 68 would pay less than \$20 a month!

AFA recognized that this coverage for members in your age group is a valuable benefit. Here's why:

**Medicare and TRICARE are solid, comprehensive plans—BUT THEY DON'T COVER EVERYTHING, especially some key areas of "home recovery."** There are various types of home recovery expenses that simply fall outside their scope of coverage, in which case, you may be 100% responsible for the bill.

(Over, please)

For example, Medicare limits the home health care it will pay for and will only cover intermittent and part-time care. It does not cover 24-hour care or homemaker services. And TRICARE for Life (TFL) does not cover home health aide, homemaker or companion services.

So if you become ill or injured, have surgery and need more care than what your coverage allows, you may have to choose between paying for it yourself or going without it.

But if you have AFA RecoveryCare in place, you'll have some help to pay for it.

So enroll in this coverage today. It's easy to do!

To get your recovery benefits in the works, simply complete the enclosed Enrollment Form and return it to us. Send no money now.

Once we receive your form, we'll mail your Certificate to you. You'll then have a full 30 days to review all the benefits in more detail. If you decide the AFA RecoveryCare Plan is for you, just send in your payment.

Thank you again for considering this valuable AFA insurance coverage. We hope you take advantage of it!

Sincerely,



Janeé Williams  
Manager, Member Relations  
Air Force Association



Timothy R. Weber, Partner  
Mercer Health & Benefits Administration LLC  
AFA Insurance Plans Administrator  
License #17526255

P.S. The AFA Short Term Recovery Insurance Plan is guaranteed acceptance\* to you today as a member of AFA or spouse age 65 or older. You cannot be turned down. And it's easy to enroll. Just complete and return the enclosed Enrollment Form.

\*This policy is guaranteed acceptance, but it does contain a Pre-Existing Conditions Limitation. Please refer to the enclosed Summary of Benefits for more information on exclusions and limitations, such as Pre-Existing Conditions.

Please read the enclosed materials for more information, including costs, exclusions, limitations, reduction of benefits and terms of coverage.

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Hospital Indemnity Form Series includes SRP-1511, or state equivalent.



**Questions?**

**Call toll-free 1-800-291-8480**

7:00 a.m. to 5:00 p.m. Central Time, Monday – Friday

**or email us at [afa.service@mercer.com](mailto:afa.service@mercer.com)**



# AFA Hospital Income and Short Term Recovery Insurance Plan (RecoveryCare) Summary of Benefits

As you may already know, Medicare and/or TRICARE For Life (TFL) are generous in what they pay for when it comes to your health care. But unfortunately, no plan pays for everything. Even Medicare and/or TFL have limitations. Home recovery care, including home nursing service, physical, speech and occupational therapy, home health care, companion care and homemaker services may not be fully covered.

That's why AFA makes this insurance plan available to its members age 65 and older and their spouses.

This coverage is available only for residents of the United States excluding AK, AR, AZ, DE, FL, ID, IN, LA, MN, NY, SD, VT, ME, MD, MO, MT, NM, OR, TX, WV WA and WY.

## How your AFA RecoveryCare works:

The AFA RecoveryCare Plan features two benefits—a Hospital/Skilled Nursing Benefit and a Home Recovery Care Benefit.

### 1. Hospital and/or Skilled Nursing Facility Benefits for each covered inpatient stay:

You, or any one you choose, will collect \$750 for your first night as an inpatient in the Hospital due to a covered sickness or injury, regardless of whether you need home recovery care later. If your Hospital stay exceeds 14 days, you'll get an additional \$500. After 30 days in the Hospital, you'll collect another \$200. That's up to \$1,450.00!

Time spent as an inpatient in a Skilled Nursing Facility is also included for the purpose of calculating the Hospital Benefit.

Plus, your AFA Hospital and/or Skilled Nursing Facility Benefits are unlimited in the number of times you can collect them. For example, if you're hospitalized as an inpatient three times in one year, you'll collect at least \$750 each time as long as the periods of Confinement are separated by more than 90 days and are not due to the same or related cause.

### 2. Home RecoveryCare Benefits up to \$8,000 a year (\$200 a day):

You'll collect \$200 a day for each day you incur a covered home healthcare expense. Benefits are paid for up to two occurrences per Accrual Year. Each occurrence will be covered to a maximum of 20 days.

That's up to a total of \$8,000 a year you won't have to pay out of pocket for home recovery care you may need.

For all AFA members and spouses, benefits for home recovery care you may need reduce to \$4,000 a year (one benefit period) when you're 80 or older. Benefits are paid to you or anyone you designate.

## Why Enroll in This Coverage

When you're recovering from an Injury or Sickness, you'll want a recovery plan that will help allow you to stay more in control

of your care. AFA RecoveryCare helps you—by giving you access to cash benefits when you need them most.

## When Your Home Recovery Benefits Get Paid

You'll get paid cash benefits when your doctor says you need care in your home after a Hospital stay and Medicare (or TRICARE if you're not Medicare-eligible) approves just one home healthcare expense your doctor recommends.

## You're Guaranteed Acceptance

All AFA Members age 65 and older are guaranteed acceptance into this Plan. Guaranteed Acceptance means you cannot be turned down. However, insurance benefits payable are subject to the policy's Pre-Existing Conditions Limitations.

Your spouse is also guaranteed acceptance if age 65 or older and not legally divorced or separated from you subject to the Pre-Existing Conditions Limitations.

## Affordable Monthly Rates

AFA offers this plan to provide a benefit that can help with costs of care. Affordable monthly rates start at \$19.95. See below for your affordable monthly rate.

Age	Member can enroll by themselves OR with a Spouse
65-69	\$19.95
70-74	\$27.95
75-79	\$39.95
80-84*	\$39.95
85 and older*	\$47.95

\*At age 80, Home Recovery Care Benefits reduce to \$200 a day for up to 20 days per Accrual Year (one benefit period). The AFA Hospital and Skilled Nursing Facility Benefits remain the same and remain unlimited, regardless of how many times you're admitted to a Hospital as long as your Periods of Confinement are unrelated and separated by more than 90 days.

For your convenience, you will be billed quarterly. You cannot be singled out for a rate increase. Rates and/or benefits may be changed on a class-wide basis. Rates are based on your attained age and increase as you enter a new age category.

## It's easy to get your coverage in the works:

1. Complete your enclosed Enrollment Form.
2. Return it in the postage-paid envelope provided.
3. SEND NO MONEY NOW! You'll be billed later.

**When your coverage begins:** Your protection will start as soon as the first day of the month after we receive your Enrollment Form and first premium payment.

## Your Satisfaction is Guaranteed.

We'll send you an *Official Plan Certificate* confirming your AFA RecoveryCare enrollment. Take up to 30 days to decide if the Plan is right for you. If you like what you see, pay your premium. If not, let us know and we'll cancel your request for coverage. No questions asked.

**Your coverage cannot be cancelled due to health or age.** Your coverage won't end due to age. At age 80, home health benefits reduce from an \$8,000 per year maximum to a \$4,000 per year maximum. As long as the Group Master Policy remains in force, you only need to pay your premiums when due and remain a Member of AFA to keep your protection. Your spouse's coverage will remain in force as long as he/she continues to meet the eligibility standards.

### Questions About This Coverage?

**Call:** 1-800-291-8480

**Visit:** [www.afainsure.com](http://www.afainsure.com)

**Email:** [afa.service@mercer.com](mailto:afa.service@mercer.com)

**Pre-Existing Conditions Limitation:** A Pre-Existing Condition means any Injury or Sickness, diagnosed or undiagnosed, for which medical care is received by a covered person within the 6-month period prior to the covered person's effective date of insurance. For the purposes of this limitation, we will consider: a) Medical care received when: 1) a physician is consulted or medical advice is given; or 2) treatment is recommended or prescribed by, or received from a physician. b) Treatment to include but not be limited to, any: 1) medical examination, test, attendance or observation; 2) medical services, supplies or equipment, including their prescription or use; or 3) prescribed drugs or medicines, including their prescription or use. All manifestations, symptoms or findings which result: a) from the same or related accident or sickness; or b) from any aggravations of accident or sickness; are considered to be the same accident or sickness for the purpose of determining a Pre-Existing Condition.

During the first 6 months of a covered person's insurance, losses incurred for Pre-Existing Conditions are not covered. This will not apply to a loss that the covered person incurs after being free of medical care for the condition for a 6-month period (ending any time on or after his or her effective date).

**Qualified Hospital:** A Hospital must be engaged primarily in medical care and treatment of sick and injured persons on an inpatient basis, have full surgical facilities, be under the supervision of legally qualified physicians, and provide 24-hour nursing services by R.N.'s to qualify. A sanitarium operated by or certified by the First Church of Christ Scientist, Boston, Massachusetts, or a Skilled Nursing Facility also qualifies. A convalescent home; a place for rest, custodial care or for the aged; or a place primarily caring for mental illness, drug addiction, or alcoholism does not qualify. In certain situations, an institution for the treatment of nervous, mental or emotional disorders is considered a Hospital under this Plan. Confined or Confinement means being an inpatient in a Hospital due to Sickness or Injury.

**Skilled Nursing Facility and/or Hospital** do not mean any institution or part thereof used primarily as: a rest home or convalescent home; a home for the aged or a place for rest or custodial care; a clinic; or a place for the care of drug addiction, alcoholism or mental illness.

**Exclusions:** The Policy does not cover intentionally self-inflicted injuries, suicide or attempted suicide, whether sane or insane (while sane in Missouri or Colorado).

**Definitions:** Confined or Confinement means being an inpatient in a Hospital due to Sickness or Injury.

Periods of Confinement in a Hospital separated by less than 90 days and due to the same or related causes are considered part of the same period of Confinement.

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 to the insured individual. This Plan may vary and may not be available to residents in all states.

This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

**THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS.**

This limited health benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

**Administered by:**



Mercer Consumer,  
a service of Mercer Health & Benefits Administration LLC  
P.O. BOX 14464  
Des Moines, IA 50306-8993

AR Insurance License #100102691

CA Insurance License #0G39709

In CA d/b/a Mercer Health & Benefits Insurance Services LLC

**Endorsed by:**



**Underwritten by:**



**THE HARTFORD**

Hartford Life and Accident Insurance Company  
Hartford, CT 06155

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company.

Hospital Indemnity Form Series includes SRP-1511, or state equivalent.

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## Important Notice to Persons on Medicare This Insurance Duplicates Some Medicare Benefits

### **This is not Medicare Supplement Insurance**

This insurance pays a fixed amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement Insurance.

#### **This insurance duplicates Medicare benefits when:**

- any expenses or services covered by the policy are also covered by Medicare.

#### **Medicare generally pays for most or all of the expenses.**

**Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:**

- hospitalization
- physician services
- hospice
- other approved items and services

## BEFORE YOU BUY THIS INSURANCE

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

# AFA Hospital Income and Short Term Recovery Insurance Plan Enrollment Form

AGP-5870  
11180-Q  
074030010101

**SEND NO MONEY NOW!**



**TO ENROLL:**

Send this completed form to:

**ADMINISTRATOR**

AFA Insurance Plans  
P.O. Box 14464  
Des Moines, IA 50306-8993

**QUESTIONS?**

1-800-291-8480  
afa.service@mercer.com



**THE HARTFORD**

**Underwritten by:**

Hartford Life and Accident Insurance Company  
Hartford, CT 06155

Name: \_\_\_\_\_  
Last First MI

Add 1: \_\_\_\_\_

Add 2: \_\_\_\_\_

City, St., Zip: \_\_\_\_\_

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## STEP 1 CONFIRM COVERAGE FOR:

MEMBER AND SPOUSE (S101, S105)       MEMBER ONLY (S101)

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## STEP 2 PLEASE COMPLETE:

Member # \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  M  F  
(Mo./Day/Yr.)

Phone Numbers

Work (\_\_\_\_\_) \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_

Spouse Full Name \_\_\_\_\_  
(if enrolling)

Date of Birth \_\_\_\_\_ Sex  M  F  
(Mo./Day/Yr.)

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## STEP 3 PLEASE SIGN AND DATE:

I hereby confirm my enrollment in the AFA Hospital Income and Short Term Recovery Insurance Plan. Please process my Enrollment Form and send me a Certificate of Insurance immediately.

I understand I must be a member of AFA to be eligible for coverage. I attest that I am age 65 or older and have Medicare or TRICARE. I understand that this plan will not cover Pre-Existing Conditions (conditions for which medical advice or treatment was rendered or recommended by a physician for those being enrolled within 6 months of this new coverage) unless 6 months have passed from the effective date of this new coverage or until I have gone treatment-free for the condition for 6 consecutive months, whichever is earlier. I understand that the above coverage will become effective on the first day of the month following receipt of my Enrollment Form and first premium payment.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature (if enrolling) \_\_\_\_\_ Date \_\_\_\_\_

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

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## MEDICARE AND TRICARE MEET THE MINIMUM ESSENTIAL COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT

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**AUTOMATIC CHECK WITHDRAWAL REQUEST:** By selecting Automatic Check Withdrawal, your premium will automatically be withdrawn from your checking account. Please provide the information requested below.

**Checking Account**

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

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 you 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:** \_\_\_\_\_