



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

Dear AFSA Member,

The FlightCare TRICARE Prime Supplement Insurance Plan – insurance protection that continues in the AFSA tradition of quality coverage at affordable rates.

Coverage to Help Meet Your Needs!

TRICARE Prime pays only part of your medical expenses, and you're responsible for the rest. But the FlightCare TRICARE Prime Supplement Plan can help cover your out-of-pocket expenses. That's because FlightCare pays your TRICARE Prime copayments – including those for prescription drugs.

But the FlightCare TRICARE Prime Supplement Plan doesn't stop there. Your acceptance guaranteed¹ FlightCare protection can be there when you need it.

If you end your enrollment in TRICARE Prime due to a move outside of a TRICARE area, or if you are denied re-enrollment in TRICARE, your TRICARE Supplement will automatically be replaced with AFSA's valuable TRICARE Select Supplement coverage.

Or, if you're enrolled in TRICARE Prime and later decide to switch back to TRICARE Select coverage, you can also receive protection with the AFSA FlightCare TRICARE Select Supplement Plan.

AFSA also worked to secure rates that are not only affordable – they're also competitive!

GUARANTEED ACCEPTANCE¹!

Signing up for this protection couldn't be easier – you're guaranteed acceptance¹ (subject to the Pre-Existing Condition Limitation)! Simply complete the enclosed Enrollment Form and return it in the postage-paid envelope provided.

PLEASE DON'T SEND MONEY NOW. You'll be billed later.

Please return your Enrollment Form today to secure your opportunity for FlightCare TRICARE Prime Supplement protection.

Sincerely,



Keith Reed
Executive Director
Air Force Sergeants Association
International Headquarters
P.O. Box 50
Temple Hills, MD 20748

Sincerely,



Timothy R. Weber, Partner
Mercer Health & Benefits Administration LLC
License #17526255

P.S. You're under no obligation when you sign up for FlightCare ... you have 30 days to make up your mind. If you decide FlightCare isn't for you, just let us know and we'll refund any money you've paid less any claims that have been paid.

Please read the enclosed fact sheet for more information (including costs, exclusions, limitations and terms of coverage) on the AFSA FlightCare TRICARE Prime Supplement Plan.

¹This policy is guaranteed acceptance, but it does contain a Pre-Existing Condition Limitation. Please refer to the enclosed brochure for more information on exclusions and limitations, such as Pre-Existing Conditions.

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ITC648LA-AFSA

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

TRICARE Prime Supplement Insurance Plan (FlightCare) Enrollment Form



To Enroll:

Send this completed form to:

ADMINISTRATOR

AFSA GROUP INSURANCE PROGRAM
P.O. Box 14464
Des Moines, IA 50306-8993

QUESTIONS?

Call : 1-800-882-5541
E-Mail: afsa.service@mercero.com

Name: _____
Last First MI

Add 1: _____

Add 2: _____

City, St., Zip: _____



**THE
HARTFORD**

Underwritten by:

Hartford Life and Accident Insurance Company
Hartford Life Insurance Company
Hartford, CT 06155

1. Please Complete to Enroll in FlightCare:

Initial Service Entry Date _____
(Mo./Day/Yr.)

Social Security Number _____

(For administrator use: 01419 if date is prior to 1/1/2018, otherwise 01449. All TRICARE Young Adult coverage will be 01449.)

Phone Numbers

Date of Birth _____
(Mo./Day/Yr.)

Home () _____

Height _____ ft. _____ in. Weight _____ lbs. Sex M F

Work () _____

E-Mail Address _____

AFSA Member or Auxiliary Number Membership # _____

Date You Enrolled in TRICARE Prime (Mo./Day/Yr.) _____

Date of Retirement (Mo./Day/Yr.) _____

2. Select Retired TRICARE PRIME Supplement Coverage:

- Member (PIT1) Spouse (PIT5) Child(ren) (under age 21 [23 if a full-time student]) (PIT7)
(age 21-25 [if enrolled in TRICARE Young Adult]) (01449-PCT7)

Names of Family Members Enrolling	Date of Birth (Mo./Day/Yr.)
Spouse _____	/ /
Child _____	/ /
Child _____	/ /
Child* _____	/ /

*Please complete a separate sheet for other children.

3. Please Read and Sign

I hereby apply for coverage as indicated under FlightCare, underwritten by 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 our receipt of your enrollment form and first premium payment coinciding with or following Hartford Life and Accident Insurance Company's or Hartford Life Insurance Company's receipt of proof of enrollment in TRICARE Prime and the required premium for this benefit has been received by the Administrator. I further understand that this policy will not cover Pre-Existing Conditions; i.e., those health conditions for which medical advice or treatment has been received during the 12 months immediately preceding the effective date of this coverage, until I have been treatment-free for such conditions for 12 months. I further understand that if any person to be covered under this policy is home- or Hospital-Confined for medical care or treatment on the date this insurance goes into effect, such effective date of coverage will be delayed until the first day of the month following a period of 30 consecutive days following final medical discharge from such Confinement. (For members residing in California, a Pre-Existing Condition may relate only to conditions for which medical advice or treatment was recommended or received within 6 months prior to the effective date of coverage. This exclusion will end on the date the person has been insured under the policy for 6 months. 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 represent that to the best of my knowledge and belief all statements and answers recorded on this enrollment form are true and complete.

Member's Signature X _____ **Date X** _____
(Mo./Day/Yr.)

DON'T SEND MONEY NOW. YOU'LL BE BILLED LATER.

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

TRICARE Form Series includes SRP-1269, or state equivalent.
Master Policy #AGP-5189
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ITC648EA - AFSA

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.

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** _____

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TRICARE Prime Supplement Insurance Plan



ANSWERS TO YOUR QUESTIONS ABOUT THE FLIGHTCARE TRICARE PRIME SUPPLEMENT PLAN

What does the FlightCare TRICARE Prime Supplement pay for?

Teamed with TRICARE Prime, FlightCare helps to reduce your out-of-pocket costs. That's because FlightCare pays your copayments – including your prescription drug cost share, after you pay the TRICARE Select deductible.

FlightCare doesn't cover service received under the TRICARE Prime Point-of-Service Option and the enrollment fee for retired members.

What if I terminate my enrollment in TRICARE Prime? Can I still have coverage?

Yes! Your acceptance is GUARANTEED in the FlightCare TRICARE Select Supplement plan. However, insurance benefits payable are subject to your policy's Pre-Existing Conditions Limitation. Simply call the plan administrator or go to www.afsainurance.com for an Enrollment Form.

Your Pre-Existing Condition period for your TRICARE Select Supplement will be reduced by the amount of time you were continuously enrolled in the TRICARE Prime Supplement Plan.

What if I am currently covered by TRICARE Select and later decide to enroll in TRICARE Prime?

Simply notify the plan administrator you would like to enroll in TRICARE Prime Supplement Plan.

Your Pre-Existing Condition period for your TRICARE Prime Supplement will be reduced by the amount of time you were continuously covered under the TRICARE Select Supplement.

What if I was previously covered by TRICARE Select, am now enrolled in TRICARE Prime and want to switch back to TRICARE Select protection? What happens to my benefits?

Your coverage will return to the same FlightCare TRICARE Select Supplement Plan you were covered with before enrolling in TRICARE Prime. Just notify the plan administrator.

Your Pre-Existing Condition period will be reduced by the amount of time you were continuously covered under your TRICARE Select Supplement or TRICARE Prime Supplement.

How much does the TRICARE Supplement cost?

Take a look at FlightCare's affordable rates:

Monthly Premiums for the FlightCare TRICARE Prime Supplement Plan Retired	
Age	Member/Spouse
Under 40	\$14.33
40-44	\$15.55
45-49	\$19.09
50-54	\$23.26
55-59	\$25.66
60-64	\$27.44
Each Child*	\$10.73

Rates are based on your attained age and increase as you enter a new age category.

Rates and/or benefits may be changed on a class basis.

For your convenience, you'll be billed quarterly.

If applicable, an additional \$2 billing fee will be included on your billing notice payable to the administrator. To save the fee, select Electronic Funds Transfer (EFT) as a safe and secure payment option.

Exclusions and LimitationsThe Policy does not cover: Injury or Sickness resulting from war or act of war, whether war is 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 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

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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 expenses 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; and any part of a covered expense which you are not legally obligated to pay because of payment by a TRICARE alternative program.

Effective Date of Coverage

Your coverage will be effective on the date we have received your activation form and first premium payment. If you are Confined in the Hospital on that date, your coverage will be effective the first day after your discharge.

Eligibility

The member and spouse are eligible for coverage as long as they are an AFSA member under the age of 65. Your spouse is also eligible for coverage as long as they are under age 65 and you are not legally separated or divorced. For our Retired Duty supplement, spouse may continue coverage when the member turns 65 and becomes Medicare eligible. If the spouse is applying for initial coverage and the member is Medicare eligible, the spouse must obtain auxiliary membership in order to be covered by our supplement without member. Children under age 21 are eligible (up to age 23 if full-time student) or 26 if covered under TRICARE Young Adult.

This coverage is available only for residents of the United States excluding AZ, ID, LA, MT, NM, OR, WA and WV.

Qualified Hospital

A Hospital must operate within the laws of the jurisdiction in which it is located and be engaged primarily 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 addiction or alcoholism, 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 12 months 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.

IMPORTANT NOTICE: PRE-EXISTING CONDITION LIMITATION

If a member who retires from Active Duty status and is eligible for TRICARE requests such coverage within 63 days of the date he or she first becomes eligible for FlightCare, we will credit the member with continuity of coverage from his or her prior effective date under the Active Duty Family Supplement. The Pre-Existing (Waiting) Period, however, will apply to the dependents of the member.

Nervous, Mental, Emotional Disorder, Alcoholism, and Drug Addiction Limitations

Your coverage provided under the inpatient benefits of the TRICARE supplement for nervous, mental and emotional disorders, including alcoholism and drug addiction, is limited to: 60 inpatient treatment days for a covered person per fiscal year. Outpatient benefits for such disorders are limited to \$500 during any period of 12 consecutive months.

Termination

Your coverage under the Policy will cease on the first to occur of: the date the Master Policy terminates; the date the required premium is not paid; the first premium due date on or next following the date you cease to be an AFSA Member; the first premium due date on or next following the date you become eligible for Medicare; the first premium due date on or next following the date you attain age 65, unless you have a Notice of Disallowance for Benefits under Medicare Part A from the Social Security Administration; if covered under the Emergency Supplement, the first premium due date on or next following the date you no longer reside within the Catchment Area of a Service Hospital. Dependents' coverage ceases when your coverage terminates; premiums are not paid; or the cease to be eligible dependents.

Other Information

FlightCare is the official group health insurance supplement program of the Air Force Sergeants Association. FlightCare is the only group supplement Health Plan fully endorsed by AFSA. Please call or write the Plan Administrator with any questions or concerns.

Administered by:



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

QUESTIONS?

Call: 1-800-882-5541
E-Mail: afsa.service@mercer.com

AR Insurance License #100102691
CA Insurance License #0G39709
In CA d/b/a Mercer Health & Benefits Insurance
Services LLC

Underwritten by:



**THE
HARTFORD**

Hartford Life and Accident Insurance Company
Hartford Life Insurance Company
Hartford, CT 06155

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

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

Your association shares a financial interest in this program, which benefits the entire membership.

TRICARE Form Series includes SRP-1269, or state equivalent.
Policy Number AGP-5189
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