



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 Indemnity 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 Hospital Indemnity and 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 or older but under age 100, and a citizen or legal resident of the United States. You can't be turned down. Simply complete and return the enclosed Enrollment Form to obtain this coverage.
- **Hospital and/or Skilled Nursing Facility Benefit:** On the first day of your stay, you'll collect \$750. After 14 days in the Hospital (days 15–30), you'll get an additional \$500. After 30 days in the Hospital (days 31 or more), you'll collect another \$200. **That's up to \$1,450.**
- **Home Recovery Care Benefit:** You can also collect Home Recovery Care Benefits following a covered Hospitalization. You'll collect \$200 a day of home recovery care for two 20-day benefit periods a year. **That's up to \$8,000 a year.** Benefits reduce to a maximum of \$4,000 a year when you're age 80 or older (or one 20-day benefit period).
- **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 may 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,



Erika Salesses  
Manager, Business Development  
Air Force Association



Anthony A. Baldus, Principal  
Mercer Health & Benefits Administration LLC  
AFA Insurance Plans Administrator  
License #8704140

P.S. The AFA Hospital Indemnity and Short Term Recovery Insurance Plan (RecoveryCare) 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.

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company, Hartford, CT 06155.



**Questions?**

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

7:30 a.m. to 7:00 p.m. Central Time, Monday – Friday

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

Hospital Indemnity Form Series includes GBD-2800, GBD-2900 or state equivalent.



## **AFA Hospital Indemnity 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 and their spouses, not legally separated or divorced from the member, age 65 or older but under age 100. When Spouses are both Eligible Members, coverage may not be duplicated by applying as dependents of each other.

This coverage is available only for citizens or legal residents of the United States. This program may vary and may not be available to residents of all states.

### **How Your AFA RecoveryCare Works**

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

#### **1. Hospital and/or Skilled Nursing Facility Benefits for Each Covered Stay:**

You, or any one you choose, will collect \$750 for your first night in the Hospital due to a covered sickness or injury, regardless of whether you need home recovery care later.

If your inpatient Hospital stay exceeds 14 days (15-30 days), you'll get an additional \$500. After 30 days in the Hospital (31 or more days), you'll collect another \$200. That's up to \$1,450! Time spent as an inpatient in a Skilled Nursing Facility is also included for the purpose of calculating the Hospital Benefit. Plus, you can collect the Hospital and/or Skilled Nursing Facility Benefits multiple times as long as your Periods of Confinement are unrelated and separated by more than 60 days. For example, if you're Hospitalized three times in one year for unrelated illness or injury, you're eligible to collect at least \$750 each time. Confinement in the Hospital must begin within 90 days after a Covered Injury occurs.

This benefit is only payable once per day, even if the Confinement is the result of more than one Covered Illness or Covered Injury. This benefit is not payable for Treatment as an Outpatient or for a Hospital or Skilled Nursing Facility stay of less than 24 hours. If more than one type of Confinement occurs for a Covered Person for the same day (regardless of the medical facility(ies)), only the highest Confinement benefit is payable.

#### **2. Home Recovery Care Benefits After a Covered Hospitalization:**

You qualify for these benefits after release from a covered Inpatient Hospitalization. You'll collect \$200 a day for each day you incur a covered home health care expense. Benefits are paid for two 20-day benefit periods, up to 40 days per Accrual Year. (There is a maximum of 20 days per benefit period and each separate benefit period must follow a separate Hospitalization.) 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 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 You Should Consider This Coverage**

When you're recovering from Injury or Sickness, you'll want a recovery plan that will help allow you to stay more in control of your care. AFA RecoveryCare can help you to get access to cash benefits when you need them most.

#### **When Your Home Recovery Benefits Would Get Paid**

You'll get paid cash benefits when your doctor says you need care in your home after a Hospital stay. A Covered Person must have a Home Health Care Plan of Treatment for this benefit to be payable. The Recovery Services must be prescribed by a Physician and begin within 90 days.

#### **You're Guaranteed Acceptance**

All AFA Members age 65 and older but under age 100, 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 but under age 100, and not legally divorced or separated from you, subject to the Pre-Existing Conditions Limitations. When Spouses are both Eligible Members, coverage may not be duplicated by applying as dependents of each other.

## Affordable Monthly Rates

AFA offers this plan to provide a benefit that can help with costs of care. 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 Benefits reduce to \$200 a day for up to 20 days per Accrual Year (one benefit period or up to \$4,000 per year). The Hospital and/or Skilled Nursing Facility Benefits do not change regardless of age. 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 coverage will start on 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 Canceled 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. 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@mercerc.com](mailto:afa.service@mercerc.com)

**Pre-Existing Conditions Limitation:** A Pre-Existing Condition means any Illness or Injury for which a Covered Person received Treatment in the 6 months prior to:

1) the date the Covered person became insured under the Policy or any Prior Policy (if applicable); or 2) the date of any increase in benefit amounts or the addition of any benefit under the Policy. This definition does not include an annual or routine medical examination, test, observation, screening or procedure, unless such procedure results in the diagnosis of an Illness or Injury. We will not pay benefits for any Covered Illness or Covered Injury that results from, or is caused or contributed to by, a Pre-Existing Condition until 6 months after a Covered Person is continuously insured under the Policy and/or any Prior Policy (if applicable).

A Pre-Existing Condition Limitation of 6 months will also apply to any benefit amount increase or the addition of any benefit under the Policy, including any changes from the Prior Policy (if applicable). If a Covered Person becomes Confined as the result of a Pre-Existing Condition prior to completing this 6 month limitation period, benefits will only be payable for any day of Confinement that extends after the end of the limitation period.

**Hospital** means an institution licensed to operate as a hospital pursuant to law; primarily and continuously engaged in providing or operating either on its premises or in facilities available to the hospital on a prearranged basis and under the supervision of a staff of licensed physicians, medical, diagnostic and major surgical facilities for the medical care and Treatment of sick or injured persons on an in-patient basis for which a charge is made; and providing 24-hour nursing service by or under the supervision of registered nurses (RNs). Hospital will also mean a Sanatoria operated by or certified by the First Church of Christ, Scientist, Boston, Massachusetts.

**Hospital** does not mean convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitary care; facilities primarily for care of the aged/elderly, care of persons with Substance Abuse issues/disorders, or care of persons with Mental and Nervous Disorders; or a distinct unit within a hospital that primarily treats or is dedicated to the care of persons with Substance Abuse issues/disorders or Mental and Nervous Disorders.

**Confined or Confinement** means the assignment to a bed in a medical facility or being held in a Hospital for a period of 24 consecutive hours or more.

**Exclusions:** No benefits are payable under the Policy for any Illness or Injury that results from or is caused by a Covered Person's: suicide or attempted suicide, whether sane or insane, or intentional self-infliction.

In addition, We will not pay for any benefits under the Policy, unless required by law for: any Mental and Nervous Disorder, unless specifically allowed by a provision of this Certificate; Substance Abuse, unless specifically allowed by a provision of this Certificate; or Custodial Care, unless specifically allowed by a benefit provision in this Certificate or any rider attached to the Policy (if applicable).

**Definitions:** We will pay the Daily Hospital or Skilled Nursing Facility Confinement Benefit Amount shown in the Benefit Schedule for each day a Covered Person is Confined to a Hospital or Skilled Nursing Facility as an Inpatient as the result of a Covered Illness or Covered Injury. The Confinement must begin within 90 days after a Covered Injury occurs. This benefit is only payable once per day, even if the Confinement is the result of more than one Covered Illness or Covered Injury. If a Covered Person is discharged from the Hospital or Skilled Nursing Facility and again becomes Confined as an Inpatient for the same or related Covered Illness or Covered Injury within 60 days of discharge, it will be considered the same period of Confinement. Inpatient means a Covered Person who is Confined and charged by a medical facility for room and board or is being held in a Hospital for a period of 24 consecutive hours or more. The requirement that a covered person be charged by the medical facility does not apply to confinement in a Veteran's Administration Hospital or other Federal Government Hospital.

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:**



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 GBD-2800, GBD-2900 or state equivalent.

AGP-40016

AFA-STRB

THIS PAGE IS INTENTIONALLY LEFT BLANK.

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

AGP-40016  
11105-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@mercercor.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: \_\_\_\_\_

---

## STEP 1 CONFIRM COVERAGE FOR:

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

---

## STEP 2 PLEASE COMPLETE:

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

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

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

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

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

Phone Numbers

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

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

---

## STEP 3 PLEASE SIGN AND DATE:

I hereby confirm my enrollment in the AFA Hospital Indemnity and Short Term Recovery Insurance Plan. Please process my Enrollment Form and send me a Certificate of Insurance immediately. I hereby attest that I have major medical health insurance or Medicare that meets the requirements of minimum essential coverage as defined by the Affordable Care Act.

I understand I must be a member of AFA to be eligible for coverage. I attest that I am age 65 or older. 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. 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.**

---

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

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 GBD-2800, GBD-2900, or state equivalent.  
AFA-STRA

THIS PAGE IS INTENTIONALLY LEFT BLANK.

**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 your 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:** \_\_\_\_\_

THIS PAGE IS INTENTIONALLY LEFT BLANK.

**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.