

Coverage Details

TRICARE Supplement Insurance

AFA-sponsored TRICARE Supplement Insurance Plans help pay for medical expenses that are not covered by your TRICARE health insurance program.

Like many other health plans, TRICARE's annual deductibles and co-payments can result in hundreds or even thousands of dollars in "out-of-pocket" expenses each year for plan participants.

TRICARE Supplement Plans help reduce these out-of-pocket expenses. Once you meet any TRICARE deductibles,* the supplement plans cover:

Features

- 100% of your co-pays for doctor visits, hospital stays, emergency care and ambulatory surgery
- 100% of your prescription drug co-pays
- 100% of the difference between what your doctor bills you and the amount TRICARE allows, otherwise known as "excess charges"

AFA offers three supplement plans

- **TRICARE Prime Supplement Insurance Plan** for military retirees under age 65 and their dependents who are enrolled in TRICARE Prime.
- **TRICARE Select Supplement Insurance Plan** for military retirees under age 65 and their dependents, and the dependents of active duty military personnel who are enrolled in TRICARE Select.
- **TRICARE Reserve Select Supplement Insurance Plan** for members of the Reserves or National Guard under age 65 and their dependents who are enrolled in TRICARE Reserve Select.

*An exception is the TRICARE Select Supplement, High Option for Retirees, which includes a \$250 individual, \$500 family deductible on inpatient and outpatient benefits.

Eligibility

You are eligible for coverage if you are: age 64 or younger, not eligible for Medicare, not on active duty, covered under the TRICARE plan that matches your plan under the policy, a U.S. resident, and a current member of the Air & Space Forces Association (AFA).

Your lawful spouse or partner also is eligible, provided he or she is: age 64 or younger, not eligible for Medicare, not on active duty, covered under the TRICARE plan that matches your plan under the policy, a U.S. resident, and not legally separated from you.

Your unmarried, dependent children under age 21 (23 if a full-time college student) also are eligible. Coverage is extended to adult dependent children who are under age 26 and are enrolled in the TRICARE Young Adult program. Dependent children older than age 26 are eligible if they are incapable of self-sustaining employment because of an intellectual or physical handicap.

A member must be enrolled for coverage under this policy to enroll a spouse, partner or dependent(s) for coverage. If both you and your spouse are members and are eligible for coverage, coverage may not be duplicated by applying as dependent 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.

Coverage is not available in all states.

Effective Date

Your coverage and that of your covered dependents becomes effective on the first day of the month following receipt of your enrollment form and first premium payment. If, on that day, you or a covered dependent are confined in a hospital, the effective date will be the day following discharge from the hospital.

- **Deferred Effective Date:** If on the date you are to become covered under the policy you are confined in a hospital, your coverage will be deferred until the first day after you are discharged.
- **Deferred Effective Date (Dependents):** If on the date that your dependent is to become covered under the policy your dependent is confined in a hospital or skilled nursing facility, your dependents' coverage will start on the day after he or she is discharged. This provision does not apply to a newborn child.

Termination of Your Coverage

Your coverage will end on the earliest of the following:

1. The date the policy terminates
2. The first day of the month on or next following the date you are no longer in a class eligible for coverage, or the policy no longer covers your class
3. The date the required premium is due but not paid, subject to the individual grace period or policyholder grace period
4. The date you request we terminate your coverage
5. The date you cease to be covered under TRICARE
6. The date you return to active duty
7. The first day of the month on or next following the date you cease to be a member of the policyholder
8. The date you attain age 65 unless you are not eligible for Medicare and can provide documentation of such from the Social Security Administration
9. The date you become eligible for Medicare (unless you reside in an area where Medicare is not available; coverage will not terminate until you reside in an area where Medicare is available)

In addition to the events listed, if your coverage was continued in accordance with the widow or widower's continuation provision, your coverage will end on the premium due date on or next following the date you remarry or enter into a legal relationship recognized as a spouse.

Termination of coverage will be without prejudice to any claim which originated before the effective date of termination.

Dependent Termination

Coverage for your dependents will end on the earliest of the following:

1. The date the policy terminates
2. The first day of the month on or next following the date you are no longer in a class eligible for coverage, or the policy no longer covers your class
3. The date the required premium is due but not paid, subject to the individual grace period or policyholder grace period
4. The date you request we terminate your coverage
5. The date you cease to be covered under TRICARE
6. The date you return to active duty
7. The first day of the month on or next following the date you cease to be a member of the policyholder
8. The date you attain age 65 unless you are not eligible for Medicare and can provide documentation of such from the Social Security Administration
9. The date you become eligible for Medicare (unless you reside in an area where Medicare is not available; coverage will not terminate until you reside in an area where Medicare is available) unless continued under the continuation provisions
10. The date your spouse attains age 65, unless he or she is not eligible for Medicare and can provide documentation for such from the Social Security Administration
11. The date your dependent becomes eligible for Medicare unless he or she resides in an area where Medicare is not available. Coverage will not terminate until your dependent resides in an area where Medicare is available
12. The first day of the month on or next following the date your spouse no longer satisfies the definition of spouse
13. The first day of the month on or next following the date your child no longer satisfies the definition of dependent child(ren), unless coverage is continued under the continuation provisions

Termination of coverage will be without prejudice to any claims which originated before the effective date of termination.

Non-Duplication of Coverage under Employer Health Program

If a claim payable under the policy is also payable under an employer health program with TRICARE as the secondary payor, The Hartford will limit our payment to an amount which, when added to the amounts paid by the employer health program and TRICARE, will not exceed 100% of TRICARE covered expenses.

Change of Policy Premiums

The Hartford has the right on each premium due date to change the rate at which premiums will be calculated. This includes the right to change premium rates for a benefit that applies to all individuals of the same class, age, plan, and effective date.

Rates may be changed based on claims experience of the policy. The Hartford will give the policyholder or organization notice of any change at least 60 days before the premium due date on which it is to become effective.

Conversion

The following plan conversions are provided under the policy. All premiums due will be adjusted according to the conversions made. The conversion will not become effective if any additional premium required is not paid.

In no event will the plan conversion continue coverage beyond the date that it would have otherwise terminated in accordance with the termination provisions of the policy.

TRICARE Active Duty Family Supplement to TRICARE Retiree Supplement Conversion: When you retire from active duty, any dependent coverage under an active duty supplement plan will cease. You may request coverage for you, your dependent under the retiree supplement plan of your choice, provided we receive your request and the required premium within 63 days of your retirement.

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

TRICARE Prime Supplement to TRICARE Select Supplement Conversion: If, while covered by a TRICARE Prime Supplement, you enroll in TRICARE Select, 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 Select enrollment as soon as possible, but at least within 60 days.

Exclusions

The TRICARE Supplement Insurance plans do 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

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
 - b. or 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
 - c. or required for school enrollment (but not sports physicals) by a covered child aged 6 through 11
2. Domiciliary or custodial care
3. Eye refractions and routine eye exams except when rendered to a child up to 6 years from the child's birth
4. Eyeglasses and contact lenses
5. Prosthetic devices, except those covered by TRICARE
6. Cosmetic procedures, except those resulting from sickness or injury, while a covered person
7. Hearing aids
8. Orthopedic footwear
9. Care for the mentally or physically incapacitated if:
 - a. the care is required because of the mental or physical incapacitation
 - b. or the care is received by an active duty member's child who is covered by the TRICARE Extended Care Health Option (ECHO)
10. Drugs which do not require a prescription, except insulin
11. Dental care unless such care is covered by TRICARE, and then only to the extent that TRICARE covers such care
12. Any confinement, service or supply that is not covered under TRICARE
13. Hospital nursery charges for a well newborn, except as specifically provided under TRICARE
14. Any routine newborn care except well baby care
15. Any expense or portion thereof which is in excess of the legal limit
16. Expenses in excess of the TRICARE catastrophic cap
17. That part of any covered expense which is in excess of the TRICARE allowed amount, except as otherwise stated in the plan benefits
18. Expenses which are paid in full by TRICARE
19. Any expense or portion thereof applied to the TRICARE outpatient deductible
20. Treatment for the prevention or cure of alcoholism or drug addiction, except as specifically provided under TRICARE and the policy
21. Nursing services, unless it is for the nurse's full-time service while the covered person is an inpatient in a hospital
22. Any part of a covered expense which the covered person is not legally obligated to pay because of payment by a TRICARE alternative program
23. 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

TRICARE Catastrophic Cap

TRICARE will increase its rate of payment to 100% of the TRICARE allowed amount when a covered person has met the TRICARE catastrophic cap. After the TRICARE catastrophic cap has been met, this supplement plan will not duplicate benefits by paying any part of the cost share which is payable under TRICARE.

Non-Duplication of Coverage Under Employer Health Program

If a claim payable under the policy is also payable under an employer health program with TRICARE as the secondary payor, this supplement plan limits payment to an amount which, when added to the amounts paid by the employer health program and TRICARE, will not exceed 100% of TRICARE covered expenses.

Other TRICARE Supplement Policy Limitation (Over-Insurance Limitation)

If a covered person is insured under any other TRICARE Supplement policy written by The Hartford, any claim for benefits is only payable under one policy. The covered person (or their spouse or estate, in the event of death) may elect under which policy benefits are payable. The Hartford will return the amount of premium paid for any other TRICARE Supplement policy that is declined by the covered person retroactive to the later of:

1. The last date any benefit was paid for any covered person under the other TRICARE Supplement policy
2. The effective date of insurance for the covered person under the other TRICARE Supplement policy

Pre-Existing Conditions Limitations

Any injury or sickness whether diagnosed or undiagnosed, for which a covered person received medical care or treatment within the six-month period preceding the effective date of his or her insurance will not be covered until the coverage has been in effect for six months.

However, new conditions will be covered immediately. Refer to your Certificate of Insurance for a full description of the Pre-Existing Conditions Limitations.

Guaranteed Acceptance

Through AFA, members are guaranteed acceptance** for the TRICARE supplemental coverage. Members cannot be denied coverage based on age or health as long as the member is eligible for TRICARE benefits.

30-Day Free Look

After you complete your enrollment, we will send you a Certificate of Insurance, which outlines all features, benefits, exclusions and limitations of your coverage. You can examine it for 30 days, risk-free. If you are not satisfied, return it to the group administrator within 30 days. Any premiums paid will be refunded, less any claims paid.

Confined or Confinement means being an Inpatient in:

- 1) a Hospital; or
- 2) a Skilled Nursing Facility; due to Injury or Sickness.

A Hospital or a Skilled Nursing Facility does not include a nursing or convalescent home, skilled nursing facility, a place for the treatment of mental illness, alcoholism, or substance abuse, a clinic or a place for rest, custodial care, or care of the aged.

**TRICARE Supplement plans contain a Pre-Existing Condition Limitation. Please refer to the information below on exclusions and limitations, such as Pre-Existing Conditions.

This brochure explains the general purpose of the insurance described, but in no way changes or affects the Master Policy AGP-5924 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, 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 vary and may not be available to residents of all states.

Forrest T. Jones is the Plan Administrator and Insurance broker that administers the insurance plan on behalf of the Hartford Life and Accident Insurance Company for the benefit of the Group Policyholder.

Payment Options

Once your insurance coverage has been approved, there are three methods of payment from which you may choose:

- **Monthly automated bank withdrawal.** Payment options for monthly automated withdrawal from a checking or savings account.
- **Automated checking withdrawal.** Payment options for automated checking withdrawal are the same as by credit card.
- **Direct bill.** You can pay quarterly, semi-annually or annually when we mail you a premium notice.

Still have questions?

Call the Program Administrator at: 1-800-291-8480.

About the Carrier

Underwritten by:

Hartford Life and Accident Insurance Company
One Hartford Plaza
Hartford, CT 06155
www.thehartford.com

TRICARE Form Series includes GBD-3000,
GBD-3100, or state equivalent

Administered by:



Forrest T. Jones & Company, Inc.*
P.O. Box 418131
Kansas City, MO 64141-8131
www.ftj.com

Arkansas Insurance License #100107380, California
Insurance License #0592939, Minnesota Insurance
License #4896,
Oklahoma Insurance License #100103424, Texas
Insurance License #13916

*For Arizona residents, administrator is
Forrest T. Jones Consulting Company.

TRICARE Retiree Prime Supplement Rates & Benefits

The following are the current MONTHLY premiums per person for a retiree, spouse, surviving spouse, and dependents for TRICARE Prime Supplement Insurance.

With Point-of-Service or Without Point-of-Service refers to the coverage option you have chosen for your underlying TRICARE Prime insurance plan. Your Supplement must match your TRICARE Prime Point-of-Service option.

Age	Premium WITHOUT Point-of-Service	Premium WITH Point-of-Service
Under 40	\$14.08	\$16.48
40-44	\$14.76	\$17.51
45-49	\$17.51	\$20.94
50-54	\$21.63	\$26.78
55-59	\$26.44	\$32.62
60-64	\$29.87	\$37.42
Each Child*	\$12.70	\$15.45

*Newborn children not named in your enrollment 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 incapacitation or physical disability, 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. You must provide notice of the incapacity within 31 days of the termination date.

Otherwise, each dependent child's coverage terminates on the premium due date following the date he or she is no longer a dependent.

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.

	TRICARE Retiree Prime Supplement Plan WITHOUT Point-of-Service	TRICARE Retiree Prime Supplement Plan WITH Point-of-Service
Benefit	Benefit Payment	Benefit Payment
Plan Deductible	None	None
TRICARE Point-of-Service Deductible Credit	Point-of-Service benefits are not covered under this supplement plan	Eligible charges used to satisfy the covered person's annual Point-of-Service deductible under TRICARE Prime are not covered under this plan.
Point-of-Service Maximum	Not applicable	\$7,500 per calendar year maximum coverage.
Inpatient Benefit	100% of the cost share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount until the TRICARE catastrophic cap is reached.	100% of the cost share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount after the TRICARE Point-of-Service deductible, if applicable, until the TRICARE catastrophic cap is reached.
Outpatient Benefit	100% of the cost share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount after the TRICARE annual outpatient deductible until the TRICARE catastrophic cap is reached.	100% of the cost share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount after the TRICARE Point-of-Service annual deductible, if applicable, and after the TRICARE annual outpatient deductible until the TRICARE catastrophic cap is reached.
Excess Benefit	100% of all covered expenses in excess of the TRICARE allowed amount not to exceed the legal limit.	100% of all covered expenses in excess of the TRICARE allowed amount not to exceed the legal limit.
Ambulatory Surgery Services (sale day)	100% of the cost share not paid by TRICARE after the TRICARE annual outpatient deductible until the TRICARE catastrophic cap is reached.	100% of the cost share not paid by TRICARE after the TRICARE annual outpatient deductible until the TRICARE catastrophic cap is reached.
Pharmacy Reimbursement Benefit	100% of the cost share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount after any applicable TRICARE annual outpatient deductible until the TRICARE catastrophic cap is reached.	100% of the cost share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount after any applicable TRICARE annual outpatient deductible until the TRICARE catastrophic cap is reached.

TRICARE Retiree High Option Supplement Rates & Benefits

The following are the current MONTHLY premiums per person for a retiree, spouse, surviving spouse, and dependents for TRICARE Retiree High Option Supplement Insurance.

Age	Premium High Option Plan
Under 40	\$27.12
40-44	\$29.18
45-49	\$32.62
50-54	\$41.20
55-59	\$51.84
60-64	\$57.34
Each Child* of Retiree	\$21.63
Spouse of Active Duty Member	n/a
Each Child* of Active Duty Member	n/a

n/a = not available

*Newborn children not named in your enrollment 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 incapacitation or physical disability, 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. You must provide notice of the incapacity within 31 days of the termination date.

Otherwise, each dependent child's coverage terminates on the premium due date following the date he or she is no longer a dependent.

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.

TRICARE High Option Retiree Supplement Plan	
Benefit	Benefit Payment
Plan Deductible	\$250 applied to inpatient and outpatient benefits. Family deductible is double the plan deductible.
Inpatient Benefit	100% of the cost share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount after the plan deductible is met until the TRICARE catastrophic cap is reached.
Outpatient Benefit	100% of the cost share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount after the TRICARE annual outpatient deductible is met until the TRICARE catastrophic cap is reached.
Excess Benefit	100% of all covered expenses in excess of the TRICARE allowed amount not to exceed the legal limit.
Ambulatory Surgery Services (sale day)	100% of the cost share not paid by TRICARE after the TRICARE annual outpatient deductible and after the plan deductible is met until the TRICARE catastrophic cap is reached.
Pharmacy Reimbursement Benefit	100% of the cost share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount after any applicable TRICARE annual outpatient deductible and after the plan deductible is met until the TRICARE catastrophic cap is reached.

TRICARE Select Active Duty Family Supplement Rates & Benefits

The following are the current MONTHLY premiums per person for a retiree, spouse, surviving spouse, and dependents for TRICARE Select Active Duty Family Supplement Insurance.

Age	Premium Active-Duty Plan
Under 40	n/a
40-44	n/a
45-49	n/a
50-54	n/a
55-59	n/a
60-64	n/a
Each Child* of Retiree	n/a
Spouse of Active Duty Member	\$8.24
Each Child* of Active Duty Member	\$7.21

n/a = not available

*Newborn children not named in your enrollment 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 incapacitation or physical disability, 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. You must provide notice of the incapacity within 31 days of the termination date.

Otherwise, each dependent child's coverage terminates on the premium due date following the date he or she is no longer a dependent.

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.

TRICARE Select Active Duty Family Supplement Plan	
Benefit	Benefit Payment
Plan Deductible	None
Inpatient Benefit	100% of the cost share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount until the TRICARE catastrophic cap is reached.
Outpatient Benefit	100% of the cost share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount after the TRICARE annual outpatient deductible until the TRICARE catastrophic cap is reached.
Excess Benefit	100% of all covered expenses in excess of the TRICARE allowed amount not to exceed the legal limit.
Ambulatory Surgery Services (sale day)	100% of the cost share not paid by TRICARE after the TRICARE annual outpatient deductible until the TRICARE catastrophic cap is reached.
Pharmacy Reimbursement Benefit	100% of the cost share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount after any applicable TRICARE annual outpatient deductible until the TRICARE catastrophic cap is reached.

TRICARE Reserve Select Supplement Rates & Benefits

The following are the current MONTHLY premiums per person for a retiree, spouse, and dependents for TRICARE Reserve Select Supplement Insurance.

Age	Premium
Member under age 65	\$8.24
Spouse under age 65	\$8.24
Each Child*	\$7.21

*Newborn children not named in your enrollment 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 incapacitation or physical disability, 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. You must provide notice of the incapacity within 31 days of the termination date.

Otherwise, each dependent child's coverage terminates on the premium due date following the date he or she is no longer a dependent.

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.

TRICARE Reserve Select Supplement Plan	
Benefit	Benefit Payment
Plan Deductible	None
Inpatient Benefit	100% of the cost share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount until the TRICARE catastrophic cap is reached.
Outpatient Benefit	100% of the cost share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount after the TRICARE annual outpatient deductible until the TRICARE catastrophic cap is reached.
Excess Benefit	100% of all covered expenses in excess of the TRICARE allowed amount not to exceed the legal limit.
Ambulatory Surgery Services (sale day)	100% of the cost share not paid by TRICARE after the TRICARE annual outpatient deductible until the TRICARE catastrophic cap is reached.
Pharmacy Reimbursement Benefit	100% of the cost share remaining after TRICARE pays, not to exceed any TRICARE allowed or negotiated amount after any applicable TRICARE annual outpatient deductible until the TRICARE catastrophic cap is reached.