

The TRICARE Extra, Standard Supplement Plan Offers

Affordable Help with Your Cost Shares and Copayments

Out-of-pocket expenses can mount up quickly when you receive medical care outside the military system — an increasingly common occurrence in this era of base closings, drawdowns, and the non-availability of medical care at military facilities.

That's why supplemental health insurance like the TRICARE Extra, Standard Supplement Plan is so important for you and your family.

With this economical insurance coverage, you're protected against the several thousands of dollars of medical expenses you might face each calendar year in the event of illness or injury.

A Few Words About This Plan...

Many people like you are concerned about getting good insurance coverage at economical prices. It's not easy to get that kind of information on your own... and it can eat up a lot of your precious time.

We've done the shopping for you. To help you find supplemental health care protection at economical prices, we've examined several insurance plans. After comparing prices and benefits, we've decided this plan offers you the best rates and coverage.

Compare it for yourself with insurance coverage offered by any other organization. We think you'll agree we found the best plan available for active duty and retired members of the military.

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 any discrepancy between this brochure and the contract, the terms of the contract will apply. Complete details are found in the certificate of insurance issued to each insured individual. Coverage may not be available in all states; you will be advised.

Administered by:
Association & Society Insurance Corporation
(Doing business in California and Texas as ASI Insurance Services; in Virginia as ASI Administrators Inc.)
P.O. Box 2510
Rockville, MD 20847
For all inquiries, call toll-free:
1-800-638-2610

Underwritten by:
Hartford Life and Accident Insurance Company
Simsbury, Connecticut 06089
Policy Form SRP-1269 (HLA) (1969)
Brochure Form #SRH-3250-PQ



THE HARTFORD

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

046-7/09

Tricare

Extra, Standard Supplement Insurance

A Supplement Program Designed for Tricare Eligible Members of

FIRST COAST FLEET, INC.

- Pays Your Cost Shares
- Pays 100% of Covered Excess Charges Up to the Reasonable and Customary and Community Standard Level

First Coast Fleet Inc.



Extra, Standard

Supplement Insurance

Get the protection you may need, at a price you can afford.

The **TRICARE Extra, Standard Supplement** High Option II Plan provides benefits to help pay your TRICARE cost share for in-hospital and outpatient care, doctor visits, emergency room care, prescription medications, and much more.

The High Option II Plan also pays 100% of covered excess charges up to the reasonable and customary standard level, not the 115% legal limit cap imposed by Tricare.

The High Option plan has a fiscal year Plan Deductible of \$150 per person and \$300 family maximum.

There is also a plan for Dependents of Active Duty Members. See Benefit chart.

It's So Easy To Enroll

1. Print your name and address clearly on the Enrollment Form attached.
2. Sign and date the Enrollment Form as indicated.
3. Check the appropriate boxes to indicate the coverage you have chosen.
4. Calculate your premium from the appropriate schedule in this brochure. (Complete Checkomatic Form on reverse side of enrollment form if you wish to pay premiums monthly)
5. Make your check payable to "FCFI Group Health Program" and mail it with your Enrollment Form to:

**First Coast Fleet, Inc.
6195 Lake Gray Blvd Ste #5
Jacksonville, FL 32244**

IMPORTANT NOTICE: This coverage is available to FCFI members and their dependents only. If you're not a member of FCFI, it's easy to become one. Any active duty or retired military member is eligible to join. Just complete a membership application form and add your membership fee to your premium check. The membership fee is \$18.00.

**1-800-566-0420
Locally 904-778-1565**

Here's How The Tricare Extra/Standard Supplement Insurance Works To Pay What Tricare Extra/Standard Doesn't Pay

Care Required	Tricare Extra/Standard Pays	Your Tricare Extra/Standard Supplement High Option II Plan Pays
Inpatient confinement in civilian hospitals for RETIREES and dependent family members (room, board, supplies and staff services billed by the hospital)	The Tricare Standard/DRG amount (contracted rate for Tricare Extra) minus your cost share.	The lesser of \$535/day or 25% of billed amount, not to exceed the Tricare Standard DRG amount (lesser of \$250/day or 25% cost share of the contracted rate for Tricare Extra) PLUS 100% of covered excess charges up to the reasonable and customary community standard level. (After you satisfy the fiscal year plan deductible.)
Inpatient confinement in civilian hospitals for RETIREES and dependent family members (doctors, & other inpatient services not billed by the hospital)	75% of the Tricare Standard allowed amount (80% for Tricare Extra) for doctors and other professional services.	Your cost share PLUS 100% of covered excess charges up to the reasonable and customary community standard level.
Inpatient confinement in military hospitals	All but the daily subsistence fee.	The daily subsistence fee.
Outpatient care for RETIREES and dependent family members (office visits, clinics, lab, prescription drugs, etc.)	75% of the Tricare Standard allowed amount (80% for Tricare Extra) after you pay the Tricare Outpatient Deductible.	Your cost share PLUS 100% of covered excess charges up to the reasonable and customary community standard level, AFTER you pay the fiscal year plan deductible of \$150 per person, \$300 family maximum.
Inpatient confinement in civilian hospitals for ACTIVE DUTY dependents Outpatient care for ACTIVE DUTY dependents (office visits, clinics, lab, prescription drugs, etc.)	All allowable charges except daily subsistence fee or \$25, whichever is greater. 80% of the Tricare Standard allowed amount (85% for Tricare Extra) after you pay the Tricare Outpatient Deductible.	Active Duty Plan - \$25 or the daily subsistence fee, whichever is greater, PLUS 100% of covered excess charges up to the reasonable and customary community standard level. Active Duty Plan - Your cost share PLUS 100% of covered excess charges up to the reasonable and customary community standard level, AFTER you pay the Tricare Extra Standard Outpatient Deductible.

We will pay the Inpatient and Outpatient covered medical expenses once the fiscal plan deductible of \$150 per person and \$300 family maximum has been satisfied. Expenses incurred to satisfy the fiscal year TRICARE Standard/Extra Outpatient Deductible cannot be used to satisfy the High Option II Supplemental Plan Deductible.

Confined or Confinement means being an Inpatient in a Hospital (or Skilled Nursing Facility) due to Sickness or Injury. And Skilled Nursing Facility does not mean:

- a) a hospital; or
- b) a place for rest, custodial care, or the aged; or
- c) a place for the treatment of mental disease, drug addicts or alcoholics.

Economical Quarterly Premiums To Fit Your Budget

As a member you benefit from your organization's mass purchasing power, making the rates for this valuable coverage more affordable. What's more, the insurance company guarantees you'll never be singled out for a rate increase, no matter how many claims you file!

Age of Retiree, Spouse, Widow/er, Former Spouse (Premiums shown are per person)	High Option II Plan	Active Duty Plan
Under 40	\$ 75	
40 - 44	\$ 81	
45 - 49	\$ 90	
50 - 54	\$ 114	
55 - 59	\$ 144	
60 - 64	\$ 159	
Each Child* of Retiree	\$ 60	
Spouse of Active Duty Member	Not Available	\$ 21
Each Child* of Active Duty Member	Not Available	\$ 18

*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 retardation 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 a dependent.

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

NOTE: To pay premium semi-annually or annually, just multiply your quarterly premium by 2 or 4 respectively.

Eligibility

You are eligible to enroll provided you are an eligible Tricare/ChampVA recipient, under age 65, and entitled to retired, retainer, or equivalent pay. If you are age 65 or over and ineligible for Medicare, you may apply for the plan by attaching a copy of your Social Security Notice of Disallowance of Benefits to your Enrollment Form.

Coverage is also available for your Tricare eligible spouse under age 65, and dependent, unmarried children under age 21 (23 if in college). Eligible spouses and children of active-duty service members may enroll; Tricare-eligible widow(er)s and ex-spouses may also enroll.

CHAMPVA eligible dependent, unmarried children under age 18 (23 if in college) may also enroll.

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.

Limitations

Routine newborn and well baby care, hospital nursery charges for a well newborn, dental care, treatment for prevention or cure of alcoholism or drug addiction, and prosthetic devices are limited to expenses covered by Tricare. See coverage information below for mental, nervous, or emotional disorders.

Pre-Existing Conditions Limitations

Any injury or sickness whether diagnosed or undiagnosed, for which a covered person received medical care or treatment within the 6 month period preceding the effective date of his or her insurance will not be covered until the coverage has been in effect for 6 months. However, new conditions will be covered immediately.

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 (in Missouri, while sane);
4. the following services:
 - a) routine physical exams, unless required for school enrollment (but not sports physicals) by a Covered Child aged 5 through 11; and
 - b) immunizations; except that these services are covered when rendered to a Covered Child who is less than 6 years of age;
5. domiciliary or custodial care;
6. eye refractions and routine eye exams except when rendered to a child up to 6 years from his or her birth;
7. eyeglasses and contact lenses;

8. prosthetic devices, except those covered by TRICARE;
9. cosmetic procedures, except those resulting from covered Sickness or Injury;
10. hearing aids;
11. orthopedic footwear;
12. care for the mentally incapacitated or physically handicapped if the care is required because of the mental incapacitation or physical handicap;
13. drugs which do not require a prescription, except insulin;
14. dental care unless such care is covered by TRICARE, and then only to the extent that TRICARE covers such care;
15. any confinement, service, or supply that is not covered under TRICARE;
16. Hospital nursery charges for a well newborn, except as specifically provided under TRICARE;
17. any routine newborn care except Well Baby Care, as defined, for a child up to 6 years from his or her birth;
18. TRICARE eligible cost-share and deductible amounts in excess of the TRICARE Cap;
19. expenses which are paid in full by TRICARE;
20. treatment for the prevention or cure of alcoholism or drug addiction except as specifically provided under TRICARE and the Policy;
21. any part of a covered expense which the Covered Person is not legally obligated to pay because of payment by a TRICARE alternative program;
22. any claim under more than one of the TRICARE Supplement Plans, or under more than one Inpatient Benefit or more than one Outpatient Benefit of the TRICARE Supplement Plans. If a claim is payable under more than one of the stated Plans or Benefits, payment will only be made under the one that provides the highest coverage.

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

The coverage provided under the Inpatient Benefit of the TRICARE Supplement plan for nervous, mental and emotional disorders, including alcoholism and drug addiction, is limited to:

- a) 30 Inpatient treatment days for a Covered Person age 19 or older; or
 - b) 45 Inpatient treatment days for a Covered Person under age 19;
- per Fiscal Year.

This Inpatient limit is based on the number of days TRICARE normally provides each Fiscal Year for such confinements.

In rare instances, TRICARE extends these daily limits.

If this occurs, we will limit the number of days that we provide for such confinement to the lesser of:

- a) the number of days TRICARE pays for such Inpatient treatment during the Fiscal Year; or
- b) 90 Inpatient days per Fiscal Year.

The coverage provided under the Outpatient Benefit of the TRICARE Supplement plan for:

- a) nervous, mental, and emotional disorders; and
 - b) alcoholism and drug addiction;
- is limited to \$500 during any Fiscal Year for all such disorders.

Termination

Insured Person Termination: The Insured Person's coverage under the Policy will cease on the first to occur of:

- 1) the date the Policy terminates, or the date the Organization ceases to be a Participating Organization of the Policyholder;
- 2) the date the required premium is not paid, subject to the Grace Period provision;
- 3) the first day of the month on or next following the date he or she ceases to be a Member;
- 4) the first day of the month on or next following the date he or she ceases to be eligible for the Plan under which he or she is covered;
- 5) the date we or the group cancel coverage for a Class of Eligible Person to which he or she belongs;
- 6) the date the Member attains age 65;
- 7) the date he or she becomes eligible for Medicare, if under age 65 at time of Medicare eligibility, you must notify ASI in writing.

Termination of an Insured Person's insurance will not prejudice any claim which occurred before the effective date of termination.

Dependent Termination: The dependent's coverage under the Policy will cease on the first to occur of:

- a) the date the Policy terminates, or the date the Organization ceases to be a Participating Organization of the Policyholder;
- b) the date the required premium is not paid, subject to the Grace Period provision;
- c) the first day of the month on or next following the date he or she ceases to be an Eligible Spouse or an Eligible Child;
- d) the first day of the month on or next following the date he or she ceases to be eligible for the Plan under which he or she is covered;
- e) the date we or the group cancel coverage for a Class of Eligible Person to which he or she belongs;
- f) the date he or she ceases to be covered under TRICARE;
- g) the date he or she becomes eligible for Medicare (must notify ASI in writing);
- h) the date the Member ceases to be covered, subject to the Covered Dependent's Continuation Provision; (This will not apply to the Spouse or Child of an Active Duty Member or a Service Disabled Member.)
- i) if a Spouse, the date he/she attains age 65.

Termination of a Covered Dependent's insurance will not prejudice any claim which occurred 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, we 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.

Guaranteed Acceptance — Satisfaction Guaranteed

It's easy to enroll in the Tricare Extra Standard Supplement Insurance Plan. Just complete the attached Enrollment Form — making sure to provide all information requested — and return it with your check for the first premium payment. That's all there is to it! You cannot be turned down for coverage, **although a pre-existing condition may initially limit the extent of your coverage.** After your completed Enrollment Form and first premium payment have been processed, you'll receive a certificate of insurance which you can examine for 30 days risk-free. Return it for a full refund if you are not completely satisfied.



THE HARTFORD

Underwritten by: Hartford Life and Accident Insurance Company

Group Tricare Extra/Standard Supplement Insurance Program



POLICY HOLDER: AMERICAN MILITARY INSURANCE TRUST

ORGANIZATION: FIRST COAST FLEET, INC.

Check the appropriate block:

(AGP-1969)

This is a new enrollment form This enrollment form is to add dependent(s) This enrollment form is to change coverage

Member's Information

(PLEASE LEAVE BLANK) REF. NO

(Mr. Mrs. Ms.) LAST FIRST INITIAL

Social Security #: - -

STREET ADDRESS

Date of Birth: ____/____/____

CITY

Rank and Service:

STATE ZIP CODE

Check One: Active Duty Retired
 Widower Former Spouse

() ()
TELEPHONE NO: HOME OFFICE

Military Retirement Date: _____

Are you a ChampVA beneficiary? Yes No

Dependent Information

Name of each dependent for whom coverage is desired:

Spouse: _____ Male Female Date of Birth: ____/____/____
Child: _____ Male Female Date of Birth: ____/____/____
Child: _____ Male Female Date of Birth: ____/____/____
Child: _____ Male Female Date of Birth: ____/____/____

(Complete additional sheet if necessary.)

Coverage Requested

I have checked the coverage I desire below and am enclosing a check for \$ _____ in payment of _____ quarter(s).

(Check the brochure for the appropriate premium schedule.)

Select the Tricare EXTRA/ STANDARD coverage you desire:

Retired Member

High Option II Retiree Plan

Spouse of Retired Member

High Option II Retiree Plan

Each Child of Retired Member

High Option II Retiree Plan

Spouse of Active Duty Member

Active Duty Family II Plan

Each Child of Active Duty Member

Active Duty Family II Plan

I hereby enroll myself and/or my dependents with the Hartford Life and Accident Insurance Company for coverage under FCFI Group Health Insurance Program. I understand that my coverage will become effective on the first day of the month following receipt of this enrollment form and premium.

I understand that any injury or sickness, whether diagnosed or undiagnosed, for which any person proposed for coverage has received medical treatment or care within the 6 months immediately preceding their effective date will not be covered until the coverage has been in effect for 6 months. I further understand that new conditions will be covered immediately.

Member's Signature (X) _____ Date _____

Spouse's Signature (X) _____ Date _____

SRP-1269 ENR (1969)

(IF ENROLLING)

Signature of Agent (X) _____ Agent No. _____ General Agency No. _____

PRINT: NAME OF AGENT

PHONE NO.

AGENT S ADDRESS

BUDGET YOUR PAYMENTS WITH CHECKOMATIC... THE DIRECT MONTHLY PAYMENT PLAN

Your Tricare Supplement Insurance Plan premiums can be deducted directly from your checking account every month... with no worries about missing a payment and losing your valuable insurance protection. Simply complete the Request and Authorization form at the right. **Enclose a blank check (marked VOID) to be kept on file. All future premiums will be deducted from your checking account automatically on the first business day of each month. Completed form and void check must be received by the 15th of the month prior to the month of deduction.**

CHECKOMATIC REQUEST FORM AND BANK CHECK AUTHORIZATION
(Please Print)

(AGP-1969)

NAME OF BANK DEPOSITOR AS SHOWN ON BANK RECORDS	
NAME OF INSURANCE APPLICANT (If not Bank Depositor)	MEMBER ID
CHECKING ACCOUNT NO.	NAME OF BANK AND BRANCH
ABA (BANK ROUTING NUMBER)	

As a convenience to me, I request and authorize Association & Society Insurance Corporation or another Hartford Life and Accident Insurance Company administrator/representative to initiate electronic debit entries each month and charge them to my checking account as indicated above. Authority to charge such debits to my account shall become effective as of the date this authorization is signed and shall remain in effect until revoked by me in writing.

I agree that the bank's rights, with respect to each debit, shall be the same as if it were drawn and signed by me. I further agree that, should any debit be dishonored, whether with or without cause, the bank shall be under no liability whatsoever, even though such dishonor results in the termination of insurance.

SIGNATURE OF DEPOSITOR X	DATE
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INDEMNIFICATION AGREEMENT

TO: The bank named in the authorization.

In consideration of your compliance with the Depositor's Checkomatic Request and Authorization, the Association & Society Insurance Corp. (the "Plan Administrator") agrees that:

1. It will indemnify and hold you harmless from any liability to any persons arising out of payments by you, in accordance with the terms of this Request and Authorization, of any draft or debt advice drawn by means of commercial paper on the specified checking account by the Plan Administrator and payable to the order of the Plan.
2. It will refund to you any amount erroneously paid by you to the Plan on any such draft or other debit advice if claim for the amount of such erroneous payment is made by you within twelve months of the date of the instrument on which erroneous payment was made.
3. It will defend, at its own cost and expense, any action which may be brought by any persons because of your action taken in accordance with the terms of this Request and Authorization or arising in any manner by reason of your participation in the preauthorized payment plan requiring your acceptance of the Request and Authorization.

094-2/06

ASSOCIATION & SOCIETY INSURANCE CORPORATION

**REMEMBER, SEND A VOIDED CHECK
ALONG WITH THIS FORM AND YOUR
PREMIUM PAYMENT**

Monthly Premium Rates—Retirees

Age	High Option II Plan	Active Duty Plan
Under 40	\$ 25	
40 - 44	\$ 27	
45 - 49	\$ 30	
50 - 54	\$ 38	
55 - 59	\$ 48	
60 - 64	\$ 53	
Each Child of Retiree	\$ 20	
Spouse of Active Duty Member	Not Available	\$ 7
Each Child of Active Duty Member	Not Available	\$ 6

Rates and/or benefits are 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.