ODCSPER RETIREMENT SERVICES OFFICE: ARMY ECHOES
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Retiree Council Chairmen Fight for Health Care

When DOD health care officials are working on a health care system to serve active duty soldiers and their families, who talks to these officials about retiree concerns? Who reminds DOD officials of how military medical programs such as TRICARE will affect retirees and their families?

The chairmen of the military service retiree councils meet with DOD officials regularly to discuss retiree issues and concerns. As reported in previous issues of *Army Echoes*, the Chairmen of the Services' Retiree Councils met with a representative of DOD (Force Management and Personnel) in April 1997, to review retiree issues and concerns. The written and oral report provided to DOD focused on medical issues, the number one concern of military retirees. As a follow-on to that meeting, in September 1997, LTG Ellis D. Parker, U.S. Army retired, Co-chairman of the Chief of Staff, Army, Retiree Council, represented all the Military Retiree Councils at a briefing for the Defense Medical Advisory Committee (DMAC) addressing retiree medical issues and concerns. The DMAC, chaired by the Secretary of Defense (Health Affairs), is comprised of the Vice Chiefs of Staff and the Surgeons General from all the military services. The DMAC acts as the advisory body on health affairs issues.

LTG Parker’s briefing keyed on the historical promise of lifetime medical care for military retirees; highlighted how the promise had been supported in recruiting materials throughout the years; pointed out how, while military medical facilities were doing all they could within existing resources, this promise was being broken as the downsizing of the military was having a direct effect on the military’s ability to continue providing space available medical care. While TRICARE, the military answer to medical requirements, offers the possibility of a solution to some members of the retired community, others who live outside the catchment areas of the military treatment facilities or those retirees over age 65, have little or no hope of support under TRICARE, as it presently exists. LTG Parker pointed out that this exclusion from TRICARE due to age or place of residence has produced unacceptable inequities in the accessibility, affordability and quality of health care for retired beneficiaries. While Corporate America has, in most situations, accepted the moral commitment to provide health care to its employees, the Department of Defense, America’s largest employer, has "stepped back" from its acknowledged "implied moral commitment" to provide lifetime health care to military members. Parker indicated this was particularly ironic in that the Federal Government presently subsidizes lifetime care to civilian retirees but fails to match its words with deeds for military retirees who have carried out the most dangerous part of the DOD mission.

The Service Retiree Councils, in their April 1997 report, offered DOD a number of suggestions to improve TRICARE. Those included reducing the TRICARE catastrophic cap for retirees; ensuring portability and reciprocity between TRICARE regions; and assuring adequate, timely TRICARE reimbursement of expenses. Additionally, as the report indicated, retirees over age 65 are ineligible for TRICARE and have been "disenfranchised" by military medicine at the very time that the majority of these retirees need care the most. Consequently, areas like testing Medicare Subvention; opening Federal Employee Health Benefit Programs (FEHBP) for retirees over age 65; and improving mail-order pharmacy programs all had to be aggressively pursued to provide relief from the financially debilitating hardships confronting retiree beneficiaries.

LTG Parker’s information briefing, scheduled for 15 minutes, stretched to 90 minutes as he addressed in great detail the need for DOD to confront these issues. Retiree anxiety levels are high; great Americans who served their country during periods of great need, now need help themselves. Parker said Congress needs to act now to address these issues — The question

isn’t can the country afford to do it — the country can’t afford NOT to do it. These are issues all tied to recruiting and retention of today’s forces. Those on active duty today are watching how retirees are taken care of and are concerned about what benefits will be there for them in retirement.

Dr. Edward Martin, Acting Secretary of Defense (Health Affairs), speaking on behalf of the DMAC members, acknowledged that health care commitments had been made; that DOD wanted to live up to these promises; and, while he didn’t know exactly how it would be done, he committed DOD to relook all health care programs with the goal of addressing these concerns. He also asked all the Service Retiree Council Chairmen to meet with him again to further discuss these issues.

On Dec. 16, 1997, LTG Parker; SMA Richard A. Kidd, US Army Retired, Co-chairman of the Chief of Staff, Army, Retiree Council; VADM James F. Dorsey, Jr., US Navy Retired, Co-chairman of the Secretary of the Navy Advisory Committee on Retired Personnel; and CMSAF James M. McCoy, US Air Force Retired, Chairman of the Air Force Retiree Council, met with Dr. Martin. The meeting allowed Dr. Martin to update the Chairmen on DOD initiatives. DOD recognizes the impact this issue has on recruiting and retention; and is working a number of initiatives to address medical needs. Dr. Martin wants to use the Retiree Council Chairmen as advisors and requested that they meet with him again in early 1998 to ensure that DOD plans are on target. While the Retiree Council Chairmen recognize that this is only a first step in a long journey, they all felt it was an extremely positive meeting and that some progress was being made to address retiree medical concerns. They welcomed the opportunity to assist Dr. Martin and DOD in addressing these issues at future meetings.

Progress in solving any medical issues will take time and require action from Congress; however, all Retiree Council Chairmen were confident that DOD was now finally an active member in the effort and ready to aggressively attack these issues.

Highlights from headquarters

Computers are a wonderful invention — especially when they work correctly. Unfortunately, when someone pushes the wrong button, they can go from being a great asset to a great problem. Somebody in computer support pushed a few wrong buttons on our last *Army Echoes* mailing tapes and we had numerous problems.

First, I owe all of you an apology for the late delivery of the last edition. Our goal is to have each of the quarterly issues mailed out during the first week of the middle month in the quarter (February, May, August and November). We missed with last quarter’s issue by almost a month. The delay was caused by incorrect mailing tapes. To compile our mailing list, we get input from five different sources — the Defense Finance and Accounting Service (DFAS) pay centers in Cleveland and Denver; the Reserve Personnel Center in St. Louis (now called AR-PERSCOM); and the Total Army Personnel Center in Virginia. During our tape consolidation for the last issue, somebody "pushed the wrong button". The first version of the tape had no ZIP codes; the second version had a code that couldn’t be read by the commercial printer; and the third version included only the Military District of Washington. By the time we had a tape that appeared accurate, we were three weeks behind on our mailing deadline.

Second, I also owe an apology to a smaller group of our customers, those who had incorrect ranks on their mailing labels. Again, "some button got pushed" and some of our retired soldiers got an accidental demotion in rank. Those soldiers let us know, in no uncertain terms, that we had a problem. We also had a group who had an accidental "promotion" of one grade. Some of those soldiers let us know we had a problem too. Please believe me — none of these errors was intentional. They were not some attempt by the Army to insult, harass, demean or otherwise degrade soldiers who have so faithfully served. We were accused of those, and much worse

motives, in some of the letters to the editor. In preparing a publication that goes to over 800,000 customers, we strive for zero defects. In an environment of reduced manpower and resources, that's probably unrealistic, but that remains our goal. We'll keep trying.

One of the real difficulties when you have to direct unplanned time and energy to solving mailing tape problems is it detracts from the time we'd rather spend trying to work retiree issues. We have, in this issue, some good news on the retiree dental plan and on other medical related areas, as pointed out in the articles on pages 1 and 3. We know we still have a great deal of hard, uphill work ahead of us. Thanks for your support.

Gary F. Smith

Chief, Amy Retirement

Services

Retiree dental plan

Delta Dental Plan of California will administer DOD's new dental plan for military retirees, their eligible family members, and unremarried surviving spouses of deceased military retirees. Although the plan is also referred to as the TRICARE Retiree Dental Plan (TRDP), the plan is open to military retirees regardless of whether they are enrolled in TRICARE Prime. Also, Medicare-eligible military retirees over age 65 are also eligible for the plan even though they are not eligible for TRICARE.

Those eligible include: military retirees; "gray area" Reserve retirees entitled to retired pay but not yet age 60; eligible children of retirees (that is, under age 21 or age 23 if a full-time student or disabled prior to age 21 (or 23 if a full-time student); unremarried surviving spouses or eligible children of deceased retirees or of soldiers who died while on active duty for more than 30 days (if these active duty survivors are not eligible for the Family Member Dental Plan.)

More than 4.2 million persons are eligible to enroll in the plan. The dental plan provides services to persons throughout the United States, Puerto Rico, Canada, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

Enrollees pay the full premium for coverage. Premiums will be collected from enrollees through payroll deductions from those who receive retired pay. Those who do not receive retired pay will be billed directly for premiums by Delta.

Initial enrollment in the program is for at least 24 months. Enrollees must submit a payment equal to four months' worth of premiums with their initial enrollment application. After the first 24-month period, enrollees may choose to stay enrolled on a month-to-month basis.

The contractor has divided the country into five regions and premiums vary according to location. Average monthly premiums in the first year of the contract range from $12.26 for one person, to $23.80 for two persons, to $39.31 for a family. A given premium may vary from these amounts, depending on where the enrollee lives.

The plan features a variety of diagnostic, preventive, restorative, endodontic, periodontic and oral surgery services, at specified levels of cost-sharing. Some services (mostly diagnostic and preventive services) do not require a payment by enrollees. Other services require enrollees to pay cost-shares of 20 or 40 percent. There is a $50 annual deductible before cost-sharing begins. Not counting the diagnostic and preventive services, enrollees have a benefit worth up to $1,000 per enrollment year.

Delta Dental sent a one-time, first-class mailing to all retirees from Jan. 12 to Jan. 24, 1998, using the DEERS data base for addresses. If you did not get a packet in the mail, you can call toll-free, 1-888-838-8737 and request a packet and information. You can also enroll over the phone with a MasterCard or VISA. Second, retirees can go to Delta's Internet webpage (http://www.DDPdelta.org). The web site allows members to determine their premium based on input of their ZIP code and to download a copy of the enrollment form. The completed form may be mailed in, along with the 4-month premium prepayment (which is also shown on the web site) by check, money order, or MasterCard/Visa, so members may enroll immediately, regardless of when they receive the enrollment package in the mail.

The network provider directory for the plan is not yet available. Solicitation packages to dentists for this program went out before the holidays and completed applications continue to be received and processed. Members may call the toll-free number to inquire if applications have been received from participating network providers in their area.

However, the program provides benefits immediately from any licensed provider where network providers are not yet available. Members are also reminded that network providers for the plan are those specifically identified as "DeltaSelect USA" providers. Some dentists that participate in other Delta plans may not be network providers under this plan.

Covered Services

Covered Delta Applied to Applied to

Services Pays Annual Deductible Annual Max

Diagnostic 100% no no

Preventive 100% no no

Restorative 80% yes yes

Endodontic 60% yes yes

Periodontic 60% yes yes

Oral Surgery 60% yes yes

Emergency 100% yes yes

Drugs 60% yes yes

Postsurgical 60% yes yes

Note: Covered benefits are subject to certain limits. Sealants and space maintainers are preventive services covered at 80% and apply towards the annual deductible and annual maximum. Some emergency services are covered at 80%.

Give moral support to forces in Bosnia

Our forces will be remaining in Bosnia-Herzegovina in support of Operation Joint Guard. Therefore, we want to remind you the "Any Servicemember Mail" program for them is still in effect. The program allows the general public to send mail to an unspecified service- member deployed to the area. As retired members of the Armed Forces, you know firsthand the importance of receiving mail. If you are interested in showing support for our forces deployed to support Operation Joint Guard, you may write them at the following address:

Army, Air Force and Marine Corps land forces:

Any Servicemember

Operation Joint Guard

APO AE 09397

Navy and Marine Corps Personnel aboard ship:

Any Servicemember

Operation Joint Guard

FPO AE 09398

There are no restrictions on this mail beyond the usual USPS size and weight restrictions. Show your support, write our forces in Bosnia.

Chief of Staff urges retirees to support AER

The Army's 1998 fund raising campaign for Army Emergency Relief starts Mar. 1, 1998.

In his letter to all active and retired soldiers, Army Chief of Staff GEN Dennis J. Reimer wrote, "Throughout these last 56 years, AER has always been there when any soldier was in need. In the spirit of family support, it's time for each of us to share in helping our comrades by contributing to the AER fund campaign. As General Creighton Abrams once said, 'The Army is not made up of people, the Army is people.' I encourage each of you to support this deserving and important program."

The American Red Cross Board of Governors recently approved a modernization plan for their Armed Forces Emergency Services which will directly affect all retired soldiers and their families. Under their new operation, the Red Cross will discontinue direct funding of financial assistance for members of the Armed Forces. Therefore, Army Emergency Relief has entered into an agreement with the Red Cross whereby, beginning this year, AER will fund all direct cost of financial assistance to soldiers, both active and retired, and their eligible family members. The Red Cross will keep their network of Chapters and Stations in place to assist soldiers, using AER funds.

As the numbers of retired soldiers increase, the emergency needs of our retired population grow proportionally. In 1997, AER gave $3.8 million to retirees. AER's ability to meet the emergency needs of all soldiers and their families will depend increasingly on contributions from retired soldiers. You can greatly help with your contribution to AER by allotment from your Army retired pay or with a personal check to AER accompanied by this form.

Retirement Homes ask for retirees' support

The U.S. Soldiers' and Airmen's Home and the U.S. Naval Home, jointly called the Armed Forces Retirement Home (AFRH), were created more than 150 years ago to offer safe havens for soldiers, sailors, Marines and airmen. Supported by the active duty, they are excellent examples of "the military taking care of its own."

However, Congressionally-mandated military downsizing has left its mark on the AFRH. There are fewer active duty members and less money coming in from the 50 cents a month withholding. Also, as the quality of troops has improved, fines and forfeitures, which help fund the home, have dropped more than $150 million in the past 10 years.

Fortunately, the U.S. Congress and DOD *have recently* provided their support by authorizing military retirees to voluntarily donate to the AFRH through automatic payroll deductions. As little as $1 a month, $12 a year, can help ensure that the AFRH does not vanish. And all the money you donate goes directly to the AFRH Trust Fund which supports the homes. There is no overheard and your money is tax deductible. You can do this by filling in the form below and sending it to the address on the form.

What do you get for your money? If you're eligible to live in the homes (see separate item), you get security. The AFRH is your personal nest egg — a cheap, long-term care insurance policy. Although you may not need the homes now, the future holds no guarantees, or you may just want to come for the activities, camaraderie and peace of mind. You can! The homes are here for you.

Both homes are open to all services and offer three meals a day, individual rooms and excellent acute and long-term care — all for an average resident fee of approximately $550 a month.

Even if you're not eligible to live in the homes, an allotment to the AFRH is a contribution to the well-being of those who served.

The Soldiers' and Airmen's Home and the U.S. Naval Home belong to you. To learn more about the homes, check out their web site at http://www.AFRH.com or call the USSAH at 1-800-422-9988 or the USNH at 1-800-332-3527.

Who's eligible

Veterans are eligible to become a resident of either the U.S. Soldiers' and Airmen's Home or the U.S. Naval Home if their active duty service in the military is at least 50 percent enlisted, warrant officer, or limited duty officer (Navy category) and who are:

• Retirees with 20 or more years of active duty service and are at least 60 years old, or • Veterans unable to earn a livelihood due to a service-connected disability, or • Veterans unable to earn a livelihood due to non service-connected disability, and who served in a war theater or received hostile fire pay, or • Female veterans who served prior to 1948.

ARPERCEN becomes AR-PERSCOM

After a series of organizational changes, the U.S. Army Reserve Personnel Center has become the U.S. Army Reserve Personnel Command (Provisional) — AR-PERSCOM (pronounced "A-R PERS com").

Current budget constraints and the expectation of further defense budget cuts in the 21st century gave Army Reserve officials the impetus to rethink the organization and develop a more efficient and cost-effective AR-PERSCOM. The Army Reserve re-engineered ARPERCEN's business processes by automating records management, and streamlining organizational structure and work processes, said COL Donald G. Conaway, commander of the new personnel command.

In the past, ARPERCEN tried to solve its backlog problems by adding more people to do the work, but this has not been successful. In the course of working a "case," the action is often shuffled from one employee to another and one directorate to another, each doing a part of the action. So, instead of adding more people, a proven failure, the organization has turned to improving the way things are done. Changing the way employees "get things done" has enabled AR-PERSCOM to trim the payroll.

AR-PERSCOM has almost 500 fewer civilians than it had four years ago as ARPERCEN, the military has also decreased but not as substantially.

What does this mean to retirees?

As we reported in the April-June 1996 *Army Echoes*, ARPERCEN transferred all retiree records to the National Personnel Records Center. Retirees requesting missing 214s or awards should write to: National Personnel Records Center; ATTN: Army Reference Branch (NCPMA); 9700 Page Ave.; St. Louis, MO 63132-5200.

As we report below, the locator service through which ARPERCEN forwarded mail from one retiree to another has been discontinued.

The Retirement Services Branch, where retired Reservists called for information on benefits, is now the Transition and Separations Branch. You can also reach this office through (314) 592-0553 or 1-800-318-5298.

The address to which Reserve retirees should write to apply for Reserve retired pay one year before they reach age 60 is: Commander, AR-PERSCOM; ATTN: ARPC-PSP-T; 9700 Page Ave.; St. Louis, MO 63132-5200.

The toll-free number for retiree mobilization has not changed -- it's 1-800-325-2660. The new address is: Commander, AR-PERSCOM; ATTN: ARPC-PLM-P; 9700 Page Ave.; St. Louis, MO 63132-5200

Retirees with questions on topics such as missing awards or Reserve retirement can call 1-800-318-5298 and be routed to the correct office.

Army retiree locator service discontinued

ST. LOUIS — To improve service to Army Reservists, the retiree locator service has been discontinued at the Army Reserve Personnel Command (AR-PERSCOM). AR-PERSCOM has ended this mail-forwarding which allowed Army retirees to contact fellow ex-soldiers.

The service was discontinued due to an enormous amount of manhours spent processing requests. Eliminating the locator service will allow AR-PERSCOM employees to devote more time to working with the individual soldiers they manage. AR-PERSCOM manages the careers of more than 500,000 Army Reservists worldwide.

"We can no longer provide services which are not mission essential or which are available through other sources," said COL Dorothy Clark, director of the Soldier and Family Support Directorate.

Requests for locator services will be returned to the sender with a letter explaining the discontinuation and providing alternate sources for locator services. These sources include:

- Military associations or reunion groups

- Ads in publications such as *Army Times*

- the world wide web:

The Center for Military History has an alumni page for individuals to locate fellow service members. Its address is http://www.army.mil/cmh-pg.

A locator web site hosted by the Army is: http://www.army.mil/vetinfo/vetloc.htm. A list of military organizations is available at http://www.army.mil.

Some groups have organized data bases on web sites to help retirees and veterans find each other. For example, "Old Buddies, Pals, Shipmates, Families and Friends" keeps a data base of current and former military members who register so others can find them. Their home page is http://www.shipmates.com.

The internet has several other locator services such as http://www.switchboard.com.

‘Forgotten widows’ to receive benefits

Certain widows of military retirees, who were left out of the military’s Survivor Benefit Plan (SBP) when it started in 1972, became eligible for a monthly payment of $165 Dec 1 as part of the Fiscal Year 98 Defense Authorization Act.

"Forgotten widows" were inadvertently created when Congress passed the law creating the SBP option for uniformed services retirees eligible to draw retired pay. In 1978, another law extended SBP options to Reserve retirees who had not reached age 60, the age at which Reserve retirees begin drawing retired pay. In the process, these laws created a class of "forgotten widows," those whose husbands had retired from service and died before being able to enroll in SBP.

Two categories of widows qualify for this annuity:

1. Surviving spouse of a retired (regular or reserve) servicemember who died before Mar. 21, 1974, and was already drawing retired pay at the time of death. This widow must not have ever remarried; cannot have received Dependency and Indemnity Compensation (DIC) from the Department of Veterans Affairs (VA); or Minimum Income Widow (MIW) benefits from the VA.

2. A surviving spouse of a Reserve member who had over 20 years of qualifying service (but less than 20 years on active duty) at the time of death, and died between Sept. 21, 1972, and Oct. 1, 1978, inclusive. In addition, the widow must not have ever remarried, and cannot have received DIC or MIW from the VA.

DOD is developing application procedures which we'll publish in a future issue.

While some of these widows may be reading this article, we do not maintain a mailing list of nonannuitant widows. If you know of a retiree's widow **who meets the eligibility criteria stated above**, please give her a copy of this article and the Retirement Services Officer list on page 9.

Active duty soldiers

Retiring is a family affair

Like many of life's other adventures, retiring from the Army is a family affair. Since the family served as a unit on active duty and will serve as a unit in retirement, it is only logical that the family plan for retirement together.

Contrary to popular belief, preretirement briefings and orientations are not solely for the soldier. Like new arrival briefings and orientations, they are designed with the family in mind.

Information on retirement processing, moving household goods, selecting a retirement location, obtaining new ID cards, finding civilian employment, making a Survivor Benefit Plan (SBP) decision, and benefits and entitlements such as retired pay, military and civilian health care, and VA benefits is too complex to be left to one person. In far too many situations, when only the soldier attends the preretirement briefings and orientations, the information received is not relayed to the spouse. This lack of information can keep families from taking full advantage of the benefits and entitlements due them.

Earned benefits and entitlements are not limited to the soldier. Enduring the frequent moves and separations of military life for more than 20 years earns family members benefits and entitlements. In fact, some benefits stay with the spouse and family after the retiree has departed, either through death or divorce.

When families don't attend preretirement briefings and orientations, they go into retirement unprepared, not knowing what lies ahead. Likewise, the soldier enters retirement without the full support the family can provide.

Our office has found that while spouse attendance at installation preretirement briefings and orientations has increased, almost 80 percent of soldiers still do not bring their spouses or families.

Army Regulation 600-8-7 governs the Army Retirement Services program. It charges Installation Retirement Services Officers with the responsibility of conducting preretirement orientations and SBP briefings. Army families must issue a charge to themselves to be full partners in the retirement process. The more the family knows about military retirement, the less traumatic the transition from military to civilian life and the more pleasant and successful the military retirement will be.

Don't go home without it

How can you get your family involved in planning your retirement in the comfort of your home? Visit your Retirement Services Officer (RSO) and ask for information to take home --- trifolds, booklets, videotapes. Make the Army Retirement Services homepage one of the "favorites" on your computer. You can reach us through the Army home page -- http://www.army.mil, click on Retirement Services. Put your copy of *Echoes* where everyone can read it. And remember that learning about retirement at home can never replace attending the preretirement briefing!

VA, DOD -- one pre-discharge exam for disability claims

WASHINGTON — Under an agreement between the Department of Veterans Affairs (VA) and the Department of Defense (DOD), active duty soldiers should have an easier process for and get faster decisions on their disability compensation claims as well as their eligibility for VA health care.

When fully implemented, the policy calls for separating or retiring servicemembers expecting to file a claim for VA disability compensation to undergo a single physical exam prior to discharge. The exam will meet VA requirements for claims determinations, as well as DOD needs for a separation medical examination. The new policy will be phased in as expeditiously as possible as details are worked out at the local level.

Previous procedures required two separate examinations several months apart. Military personnel first had to get a DOD physical exam prior to discharge from active duty. These personnel then usually had to undergo a second exam by VA after filing claims for disability compensation because of differences between VA and DOD protocols. The results of these examinations are a determining factor in VA health care eligibility.

In pilot tests of the dual-purpose exam, claims processing was reduced to less than one-third of the national average of 133 days.

Under the new policy, VA physicians generally will conduct the exams. In areas where VA physicians are not available, DOD physicians will conduct the exams according to VA protocols.

DOD Authorization Act permits SBP withdrawal

The Fiscal year 98 DOD Authorization Act contained several provisions which could affect retirees and their families.

Section 641 of the Act gives retirees participating in the Survivor Benefit Plan (SBP) a one-year period, beginning on the second anniversary of their enrollment in SBP, to withdraw from SBP. The spouse's concurrence is required. The Act also authorizes those currently enrolled in SBP to withdraw from SBP within a one-year period.

Section 642 permits a retiree participating in the Survivor Benefit Plan (SBP) with **former spouse coverage to switc**h to spouse coverage at any time after the retiree remarries (provided current stipulations of Title 10, U.S. Code, are met -- namely, court order or agreement is modified by court, and former spouse agreement is provided.) This provision applies to marriages occurring **before, on or after th**e date of the act. Further information will appear in the April-June Echoes.

Section 643 requires DOD to do a comprehensive review of the Uniformed Services Former Spouse Protection Act (USF**SPA) and its impact on retirees and former spouses. DOD must report on the review and give any recommendations for legislation no later than S**ept. 30, 1999.

Section 644 grants a monthly payment to "forgotten widows" (see page 7).

Section 712 requires DOD to prepare a plan to expand TRICARE Prime into areas located outside the catchment areas of military medical treatment facilities and to submit the plan no later than Mar. 1, 1998.

Section 735 requires **conformity in reimbursement rates** between CHAMPUS/TRICARE and Medicare.

Section 738 requires a **standard claims form** for CHAMPUS/TRICARE.

Section 745 requires that DOD look for an **eye care provider** under CHAMPUS/TRICARE and begin that search no later than Oct. 1, 1998.

Section 746 directs the Comptroller General to study the **maximum allowable charges for physicians** and effect of these charges on physician participation in CHAMPUS by Mar. 1, 1998. Section 747 directs the Comptroller General **to evaluate the DOD pharmacy program** by Mar. 31, 1998.

Section 749 requires DOD to submit a study by May 18, 1998 regarding **expanding the participation in the demonstration programs for mail-order prescriptions**.

Who gets care first in a military hospital?

As retirees and their families make health care decisions such as which TRICARE plan to choose, whether to take Medicare Part B, whether to buy supplemental health insurance or even where to move, one of the questions they consider is, "Will we be able to get care in a military hospital?" Several factors — installation hospital funding and staffing; the size of the population being served by the hospital; and the number of other military installations in the areas vary from area to area. One constant for all military hospitals is DOD policy on care priority. The policy established by the Assistant Secretary of Defense for Health Affairs in August 1996 created the following priorities for health care in uniformed services medical treatment facilities:

Priority 1: Active-duty service members;

Priority 2: Active-duty family members who are enrolled in TRICARE Prime (for the purpose of determining access priority, survivors of military sponsors who died on active duty, who are enrolled in TRICARE Prime, are included in this priority group);

Priority 3: **Retirees, their family members and survivors who are enrolled in TRICARE Prime;**

Priority 4: Family members of active-duty service members who are NOT enrolled in TRICARE Prime (for the purpose of determining access priority, survivors of military sponsors who died on active duty, who are not enrolled in TRICARE Prime, are in this priority group);

Priority 5: **All other eligible persons (includes retirees and family members not enrolled in TRICARE Prime)**.

Eligible retirees, their family members and survivors who are enrolled in TRICARE Prime should have improved access to military hospitals. Those who decide not to enroll in Prime may find their opportunities for space available care reduced, because most of the space at military hospitals and clinics will be devoted to TRICARE Prime enrollees.

Medicare news -- new benefits, old premium

Medicare is adding benefits to help beneficiaries to stay healthy. If you're Medicare-eligible, talk to your doctor about these benefits to see if they are useful to you.

More Benefits for Women:

•Yearly Mammograms

Started Jan. 1, 1998

(No Part B Deductible)

•Pap Smear, Including Pelvic and Breast Examination

Started Jan. 1, 1998

(No Part B Deductible)

More Benefits for People With Diabetes:

•Diabetes Glucose Monitoring

Starts July 1, 1998

•Diabetes Education

Starts July 1, 1998

More Benefits for Everyone:

•Colorectal Cancer Screening

Started Jan. 1, 1998

•Bone Mass Measurement

Starts July 1, 1998

•Flu & Pneumococcal Pneumonia Shots (not a new benefit)

(Medicare Pays 100 Percent)

Remember: These benefits can help you stay healthy. For more information; call your doctor or health care provider; visit the website: www.hcfa.gov; or call the Medicare Hotline at 1-800-638-6833.

Medicare costs for '98

The Medicare Part B premium did not increase in 1998 -- it's still $43.80. The Part B premium covers physician services, hospital outpatient care, durable medical equipment, and other services outside hospitals.

The Medicare Part A deductible for inpatient hospital care rose by $4 to $764. The Part A deductible is a beneficiary's only cost for up to 60 days of inpatient care. The cost to beneficiaries for hospital stays over 60 days rose by $1 to $191 per day, and by $2 to $382 per day for stays over 90 days. The skilled nursing facility deductible, which must be paid after the first 20 days of such care, rose by 50 cents to $95.50 per day.

Most Medicare beneficiaries don't pay premiums for Part A. The full monthly Part A premium dropped $2 to $309.

Do retirees need Medicare Part B?

As you know, after age 65, you lose eligibility for CHAMPUS/TRICARE. As retirees reach 65, some have decided not to enroll in Part B because they're getting space-available care in a military hospital. Look at the article at the top of this page -- with downsizing, can you count on that military care forever? Also, if you delay enrolling in Part B, you pay a penalty for the time that's elapsed since you were first eligible.

Is TRICARE Prime the right plan for you?

In most parts of the country and overseas, DOD now offers (or soon will offer) its TRICARE Prime health care option to eligible beneficiaries **(Note: Medicare-eligible retirees and family members are not currently eligible for TRICARE .)** Is TRICARE Prime the right health plan for you?

TRICARE offers three choices -- TRICARE Prime, TRICARE Extra and TRICARE Standard.

TRICARE Prime is a voluntary health maintenance organization (HMO)-type option. If you decide to get your care through Prime, you'll enroll for a year at a time and pay an annual enrollment fee. You'll normally receive your care from within the Prime network of civilian and military providers. You'll pay small fees for doctor visits and most other care you receive from civilian sources. You'll choose or be assigned to a "primary care manager" (PCM) from within the contractor's network or at your nearest uniformed services medical facility. The PCM will furnish most of your care and will manage all aspects of your care, including referrals to specialists. Covered services will be like those of TRICARE Standard (formerly known as CHAMPUS), plus additional preventive and primary care services that aren't covered under TRICARE Standard or TRICARE Extra.

Prime is generally the least costly of the three options because after you've paid the annual enrollment fee there are no cost-shares or deductibles—only small co-payments. You'll be able to predict your health care costs more exactly. The health benefits are more extensive under Prime. They include preventive-care services, well-child care up through age 17, health education programs and immunizations.

Prime is easy to use. You'll get most of your care from your PCM, who will refer you to specialists when necessary. The health care finder (HCF) at your local TRICARE service center will arrange for your specialized care after the PCM makes the referral.

On the other hand, Prime may not be your best bet if you have other health insurance that's your primary coverage. In this case, Prime will pay only after your other insurance has paid. If you discontinue your other health insurance when you enroll in Prime, and later become ineligible for

Prime, you might have difficulty getting your other insurance back (possibly because of a pre-existing condition).

Also, if you travel out of your TRICARE Prime service area very often, Prime might not be your best choice. The reason: When you get civilian care outside your service area, Prime will pay only for emergency services—unless the care you receive has been approved ahead of time by the HCF in your home service area.

If you're a TRICARE Prime enrollee, you also have what's called a "point-of-service" (POS) option. This means that you can choose to get TRICARE-covered non-emergency services outside the Prime network of providers with- out a referral from your PCM, and without authorization from the HCF. However, if you choose to get care under the POS option, there's an annual deductible (for both inpatient and outpatient care) of $300 for an individual and $600 for a family. After the deductible is satisfied, your cost-share will be 50 percent of the TRICARE allowable charge, plus any additional charges by a non-network provider, up to the legal limit. The POS deductible and cost-sharing figures are considerably higher than those you'd encounter if you used TRICARE Standard.

You might not want to enroll in TRICARE Prime if you don't want to be restricted to using only providers who are members of the Prime network. A better choice might be either the TRICARE Extra or TRICARE Standard options. These options don't require enrollment as Prime does; you can use them on a case-by-case basis. However, the greater freedom of choice comes at an increased price, with cost-sharing and the need to satisfy annual deductibles for outpatient care.

Which of the TRICARE options is best for you and your family? Examine your own situation and decide. The choice is yours.

Limited transfers for Prime enrollees

TRICARE Prime enrollees are limited in the number of times in an enrollment year that they can transfer their enrollment from one TRICARE region to another.

These enrollees may transfer their Prime enrollment twice in their enrollment year—if the second transfer is back to the first area in which they were enrolled during the enrollment year. Otherwise, they are limited to one transfer per enrollment year.

A Prime enrollee's enrollment year is the 365-day period that begins on the first day the enrollment is effective.

TRICARE information numbers

If you have questions about TRICARE, you can contact the health benefits advisor at a military hospital near you, or a managed care office or TRICARE Service Center for your region.

TRICARE also offers the following information numbers for each region:

Region 1 — Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island, Delaware, Maryland, New Jersey, New York, Pennsylvania, District of Columbia, and part of northern Virginia 1-202-782-1486.

Region 2 — North Carolina and most of Virginia 1-800-990-8272

Region 3 — South Carolina, Georgia and Florida, excluding panhandle 1-800-444-5445

Region 4 — Florida panhandle, Alabama, Mississippi, Tennessee and eastern third of Louisiana 1-800-444-5445

Region 5 — Michigan, Wisconsin, Illinois, Indiana, Ohio, Kentucky, and West Virginia 1-513-255-9690

Region 6 — Oklahoma, Arkansas, western two-thirds of Louisiana, Texas, excluding southwest corner 1-800-406-2832

Region 7/8 (Central) — New Mexico, Arizona, Nevada and southwest corner of Texas, including El Paso, Colorado, Utah, Wyoming, Montana and Idaho, excluding those included in Region 11, North Dakota and South Dakota, Nebraska, Kansas, Minnesota, Iowa and Missouri

1-719-524-2601

Region 9 — Southern California 1-800-242-6788

Region 10 — Northern California 1-800-242-6788

Region 11 — Washington, Oregon, and a small portion of Northern Idaho 1-800-404-0110

Region 12 — Hawaii 1-800-242-6788.

TRICARE Standard/Extra 'DRG' cost

The TRICARE Standard diagnosis-related group (DRG) daily rate for most civilian non-mental health hospital admissions will not change this year.

TRICARE Standard-eligible retirees and their eligible family members will pay either the fixed daily rate of $360, or 25 percent of the hospital's billed charges, whichever is less. The inpatient daily rate at a TRICARE network facility is cost-shared using TRICARE Extra. The cost-share for TRICARE Extra users remains the lesser of $250 per day, or 25 percent of the institution's billed charges, plus 20 percent of the charges by individual professional providers who treat the patient during the hospital stay.

When eligible retirees or their eligible family members are admitted to hospitals that are exempted from the DRG payment system, their cost-share will be 25 percent of the hospital's billed charges. DRG-exempt hospitals include: psychiatric, cancer, long-term care, rehabilitation, and sole community hospitals exempt from Medicare's prospective payment program. Hospitals in Maryland are also exempt from the DRG payment system because of its stricter state law. For more information about DRG payments, contact the health benefits adviser at the nearest uniformed services medical facility, or talk to a staff member at your nearest TRICARE service center.

Regions 1,2,5 startup scheduled

Sierra Military Health Services of Baltimore, MD, has been awarded the contract for TRI- CARE Region 1. The delivery of health care services under the new contractor is expected to begin on May 1, 1998. As we reported in issue 4, Regions 2 and 5 will also start TRICARE May 1 with Anthem Alliance for Health, Inc., as their contractor.

What's a service center?

A TRICARE service center (TSC) is staffed by health care finders and beneficiary service representatives who help you with Prime enrollment, health care needs, and other questions. These centers are located throughout the region served by your contractor, usually in areas with large concentrations of military families. You'll often find them at or near a military medical facility. There's a list of TSCs in the information packet available from your regional TRICARE contractor. Or, call the nearest military hospital or clinic.

Catchment area on-line

You can find the TRICARE Sup port Office's Catchment Area Directory on the World Wide Web. A catchment area is the grouping of ZIP codes around a military hospital that makes up its service area. If you want to know if your residence address is within the service area of a military medical facility, go to the TRICARE Sup- port Office's home page at www.tso.osd.mil, then, go to the Systems area and click on the Catchment Area Directory button.

SBP's new disenrollment feature

Public Law 105-85, enacted Nov. 18, 1997 (FY98 DOD Authorization Act), provides an opportunity to disenroll from the Survivor Benefit Plan (SBP). The law change sets the effective date 180 days after enactment; therefore, disenrollment will not be allowed before May 17, 1998. **No premiums will be refunded to those who opt to disenroll.** The following discussion of SBP's purpose and design is offered in advance of DOD's specific instruction, to be included in the April-June issue.

SBP's purpose: SBP is offered to meet the impact associated with the loss of the military retired pay. Participation helps the member provide his/her survivors the ability to continue pursuit of their life goals without significant interruption. Thus, where there is expected assistance or income while the member is alive, there exists the opportunity to partially replace the lost asset which results from the member's death and discontinuation of pay.

SBP's design: SBP is intended to be as simple, flexible and as good a value as possible. To the extent it has these traits, members participate at higher levels with greater satisfaction. This Plan modification increases SBP's flexibility by offering a one-year window following two years of participation during which the member can reconsider continued protection. The retired member may be better able to assess SBP's role in his/her family's overall financial plan at that time due to active participation in the job market and financial adjustments which resulted from military retirement. Those who elect to disenroll risk making the wrong decision, so any action taken should be very cautiously considered.

Who should not disenroll?

• Those whose continued participation provides needed income protection for their spouses or survivors at a reasonable price. If SBP will allow your survivors to pursue their life goals without significant interruption, keep it.

• Those experiencing financial crisis. The future comparison of premiums to benefits is very favorable. While stoppage of SBP premiums is not the cure for your current financial dilemma, the stoppage of SBP benefits may cause financial crisis for your survivors.

• Those over age 65. The comparison of expected premiums to expected benefits is very positive at this age.

• Those who enjoy the tax benefit of tax-free SBP premiums which provide a lifelong, inflation-protected annuity.

• Those whose spouse is currently ill or has a reduced life expectancy. When a spouse is lost, spouse coverage (costs) are suspended, but can be resumed upon remarriage — but disenrollment is forever.

Remember, your Retirement Services Officer (RSO) is your SBP source. Contact your RSO if you need more information on SBP.

New VA cemeteries for Dallas, Saratoga, Joliet

WASHINGTON, DC — The VA has awarded contracts for construction of national cemeteries in Dallas-Fort Worth, TX; Saratoga, NY; and Joliet, IL.

The VA awarded a $12.7 million contract to Incore Incorporated of San Antonio to begin construction of the Dallas-Fort Worth National Cemetery to serve more than 500,000 veterans and their families in that area.

The initial 110-acre project calls for the preparation of 14,600 gravesites. The 638-acre cemetery is midway between Dallas and Fort Worth near Mountain Creek Lake. Completion of the first phase is scheduled for spring 1999.

The VA awarded an $11.6 million contract to Jersen Industries, Inc., of Waterford, NY, to construct the first phase of the Saratoga National Cemetery. The 60-acre project calls for the preparation of 5,000 gravesites. The 373-acre cemetery site is located less than a mile from the Saratoga National Historical Park, which preserves the site of the 1777 Battle of Saratoga during the Revolutionary War. Completion of the first phase is scheduled for 1999.

The VA awarded a $17 million contract to Bouie Construction of Joliet, IL, to construct the first phase of a national cemetery near Joliet for northeastern Illinois that will be one of the largest in VA's National Cemetery System.

The 150-acre construction project calls for the preparation of 25,000 gravesites. The 982-acre cemetery site, acquired from the Joliet Army Ammunition Plant, is 50 miles from downtown Chicago. The initial phase is scheduled for completion in 1999.

Medicare subvention test postponed

The Medicare subvention test has been postponed again. The test, which has been rescheduled three times, is expected to begin in mid-summer 1998.

Under subvention, military hospitals would be reimbursed for treating Medicare-eligible retirees and family members by Medicare's funding department -- the Health Care Financing Administration (HCFA). If the test is completed and declared a success, subvention could provide more space-available care for Medicare-eligible retirees and family members. We will update this information in the Apr-June *Echoes*.

Corrections

The address for the home page of the TRICARE Support Office is: www.tso.osd.mil.

In our article on Asian American DSC recipients, we should have used the phrase Army Air Force, not Army Air Corps.

Retiree Activity Days

Following is a list of Retiree Activity Days (RADs) hosted by Retirement Services Officers (RSOs). RADs let you learn more about your benefits and get together with other retirees and families. For information on a RAD, call the RSO hosting it. RSOs are on page 9.

Apr 25 Ft Jackson

Aug 29 Selfridge AFB, MI

Sep 10-12 Ft Knox, KY

Sep 11 Ft McCoy, WI

Sep 12 Ft Dix, NJ

Sep 17 Duluth, MN

Sep 18 Ft Snelling, MN

Sep 26 Heidelberg, GE

Oct 24 Rock Island, IL

Did you get your 1099-R yet?

Have you received your 1099-R (the form sent by the Finance Center to be used in filing your taxes)? If you have not received your 1099-R or have any questions about the information on your form, the time to contact your Finance Center is NOW. **Do not wait until the April deadline for filing taxes.** To contact your Finance Center, use the addresses, phone numbers or FAX numbers in the middle of this page (Cleveland for retirees, Denver for Survivor Benefit Plan or Retired Servicemen's Family Protection Plan annuitants.) or call your Retirement Services Officer (pg. 9).