

Army Echoes Issue 1, May 2002

CSA Retiree Council praises health care reform, urges further improvements

The Army Chief of Staff's (CSA) Retiree Council began its annual report to the Chief by extending its profound gratitude to Congress and DoD and Army leadership for TRICARE for Life (TFL) and TRICARE Senior Pharmacy programs. The Council expressed concerns that program refinements continue to be made and that present and potential participants be educated.

The Council met from April 15-19 at the Pentagon. This year marked the Council's 30th anniversary and 42nd meeting. The first meeting of the CSA Officer and Enlisted Retiree Councils was held at Ft McNair, June 5-9, 1972. In 1985, meetings changed from bi-annual to annual with a mid-year meeting with the CSA and Co-Chairmen.

The Council urged the Chief to further equity between military and other federal retirees by supporting concurrent receipt of military retired pay and Department of Veterans Affairs (VA) disability compensation; to support enhanced cooperation between the DoD and VA health care systems to improve benefits without forcing military retirees to choose one of the systems; and to remain vigilant to any reduced access to or service at military commissaries.

The Council also underlined the importance of full-time installation Army Retirement Services Officers and urged that these positions not be outsourced or otherwise undermined.

The CSA Retiree Council, co-chaired by retired LTG John A. Dubia and retired SMA Robert E. Hall, is made up of 14 Army retirees — seven retired officers and seven retired enlisted soldiers. Prospective members are nominated by their installation retiree councils and approved by the CSA. At its annual meeting, the Council reviews issues forwarded by installation councils and determines which should be reported to the CSA and which can be addressed at the installation level. Of the 35 issues submitted, 17 concerned the accessibility, quality, and affordability of the military health care system.

The Council suggested the following health care refinements:

- Raise TRICARE reimbursement levels, where necessary, to attract a network of physicians.
- Eliminate TRICARE Prime co-payments for retirees under age 65 and their families, a benefit already extended to active duty members, Medicare-eligible retirees and their families.
- Expedite TRICARE Prime enrollment outside the U.S.
- Improve information programs to help retirees make informed health care choices.
- Expand the Retiree Dental Insurance Program outside the U.S.
- Waive penalties for late enrollment in Medicare Part B. (Note: Retirees and family members over age 65 must be enrolled in Medicare Part B to be eligible for TFL. Some retirees did not enroll in Medicare Part B when first eligible because more military health care was available at that time or because they lived overseas where Medicare is not available. Now, to be able to use TFL, some must pay penalties that double their monthly Medicare premiums.)
- Allow volunteers in the Federal Employee Health Benefit Plan test program for military retirees over age 65 to continue in the program or be integrated in the TRICARE system without disadvantage.

The Council suggested the following health care communication improvements:

- Fund quarterly publication of *Army Echoes*, the Army retiree newsletter. Decreasing funding has cut the number of issues and created the perception of lack of Army support among retirees.
- Fund improved educational efforts addressing programs such as TRICARE for Life and Survivor Benefit Plan using the Internet, videotape and CD-ROM. This effort should be part of professional training programs.

The Council chairs met with the Vice CSA and presented these concerns. They will continue to meet with the Chief during the year to discuss the progress that has been made on these issues.

Smith, Beilke families thank friends, retirees

To the Retiree Community,

There are several things that bring peace to our minds after the destruction of September 11th. But one that prevails is knowing how much Gary liked his job. He felt it was a perfect fit. His previous years in the Army were utilized wisely in his more recent concern to help the retirees. His contentment with life was expressed often through his humor and broad smile. Gary's patriotism and duty to serve the country through "keeping the peace" never wavered.

Thank you for extending your hearts and hands to us. Your support financially, emotionally, and spiritually has lifted us up. Yet, we have been humbled by the many kind acknowledgements, sacrifices that so many others have made on our behalf. Our four daughters and myself send our gratitude and hope for a brighter tomorrow.

Be All You Can Be,
Ann L. Smith

Dear Friends:

On behalf of the entire Max Beilke family, please accept my heartfelt thanks for all you've done to support us since Sep. 11th. While it's one thing to know your husband, father, grandfather, brother is a wonderful man — it's quite special to learn that so many others share that sentiment.

We have been comforted and strengthened by your prayers and warm-hearted expressions of sympathy. Thank you so much for sharing with us your "stories" of Max and the impact he had on your lives. We know he would expect nothing less of us than to continue living and working every day by his "Still Serving" example. Max loved helping and serving others —he never tired of it. He said many times to me, "I just wish I could do more."

Please continue to keep our family in your thoughts and prayers, but more importantly, pray for our great nation — and NEVER FORGET SEPTEMBER 11th!

God Bless,
Mrs. Lisa Beilke

New Retirement Services Chief, Deputy

Four months after the Army Retirement Services chief and deputy chief died at the Pentagon, a new chief and deputy chief have been selected. Retired COL John W. Radke and Avis S. Allen are taking over the posts of Gary F. Smith and Max J. Beilke.

Before coming to Retirement Services, Radke worked for InService America, Inc.. He retired from the Army in November 2000 after a 29-year career as an AG officer. Radke had worked with Smith and Beilke when he headed the Army Community and Family Support Center's Family Support Directorate which then included Army Retirement Services. Retirement Services became part of the Deputy Chief of Staff for Personnel (DCSPER), now DCS G-1, in 1994.

Allen was already part of Army Retirement Services where she served for eight years as the Survivor Benefit Plan (SBP) program manager. Before that, she was assistant Retirement Services Officer at Carlisle Barracks, PA.

Chief of Staff supports AER campaign

The Army's 2002 fund raising campaign for Army Emergency Relief (AER) began Mar. 1, 2002.

In his letter to all soldiers and their families, Army Chief of Staff GEN Eric K. Shinseki wrote:

"As we are committed to winning the war against terrorism, so also are we committed to insuring the help and assistance to our fellow soldiers in their time of need."

He also stated: "On 11 September, our Army Emergency Relief was one of the first relief organizations to begin providing assistance to the families of our comrades who were killed at the Pentagon. They have continued this mission daily since then."

For 60 years, your AER has assisted more than 3 million soldiers and their families in times of financial emergency. Last year your contributions enabled AER to assist more than 57,000 of our fellow soldiers with almost \$39 million in emergency assistance.

Since 1998, AER has paid all direct costs of emergency financial assistance provided to Army people by the American Red Cross (ARC). This reimbursement agreement is especially

important for retirees because it insures that almost 1,200 ARC chapters remain available to assist active duty and retired soldiers.

Retirees needing emergency financial assistance can contact the AER office at the nearest Army installation, the nearest ARC chapter or the Relief Society office of any other military service located on most military installations worldwide. Reciprocal agreements exist with the other services' relief organizations granting Army retirees the same assistance from them that they would get directly from AER.

In calendar year 2001, retirees and survivors were assisted by AER more than 6,300 times with more than \$5.1 million in assistance. Every 80 minutes of every day, an Army retiree or survivor received financial help from Army Emergency Relief.

Your generous contribution will help insure that AER continues to provide increasing levels of assistance to retirees and survivors in the future. You can start an allotment from your retired pay by completing the form at http://www.aerhq.org/Camp_Allotment_Info.htm

How to access AR-PERSCOM's secure website

The AR-PERSCOM web site now requires users to access the site through a secure Internet connection. The address for the site is the same; however, you now have to type https:// instead of http:// before www.2xcitizen.usar.army.mil. To ensure maximum security, the new secure connection requires you to access the site using a browser capable of high security, 128-bit encryption. Most newer web browsers are capable of this. Users accessing the site with a browser that isn't will receive a message that they must upgrade their browser. This message includes links to download the most recent version of either the Netscape or Microsoft Web browser.

New rule allows suspending FEHB coverage

The Office of Personnel Management (OPM) has issued an interim rule to allow TRICARE-eligible Federal Employee Health Benefit (FEHB) Program annuitants and former spouses to suspend their FEHB enrollments, and then return to the FEHB Program during the Open Season or immediately if they involuntarily lose TRICARE coverage. This rule will allow TRICARE-eligible beneficiaries to avoid the expense of continuing to pay FEHB Program premiums while using TRICARE coverage, without endangering their ability to return to the FEHB Program.

Since TRICARE coverage has been reinstated for Medicare-eligible uniformed services retirees, their survivors and eligible dependents, TRICARE coverage will be advantageous to many Medicare-eligible military system beneficiaries covered under the FEHB Program as federal civilian retirees, family members, or former spouses.

Under previous FEHB regulations, an annuitant or former spouse who canceled FEHB coverage in order to use TRICARE coverage would not be allowed to return to FEHB coverage.

Long term care insurance for retirees, family

OPM has launched the Federal Long Term Care Insurance Program (FLTCIP), under which about 20 million federal employees and members of the uniformed services, as well as retirees of both groups and certain family members, can apply for coverage.

Retiree family members eligible include spouses, adult children and parents of living retirees and surviving spouses receiving a survivor annuity which includes the Retired Serviceman's Family Protection Plan (RSFPP), the Survivor Benefit Plan (SBP) or Dependency and Indemnity Compensation (DIC). Surviving spouses not receiving a survivor annuity are not eligible. Former spouses are not eligible to apply even if they are receiving a survivor's annuity.

There is no upper age limit on who can apply; however, you do have to pass the underwriting, that is, the questions about your health. Qualified family members apply for their own coverage, even if the retiree chooses not to apply.

"Gray area" Reserve retirees, those not yet age 60 and not yet receiving retired pay, are not eligible to apply for FLTCIP while in the gray area. Once they reach age 60, these retired Reservists may apply for coverage.

Long term care is the kind of care you would need to help perform daily activities if you had an ongoing illness or disability. It also includes the kind of care you would need if you had a severe

cognitive problem like Alzheimer's disease. This type care isn't received in a hospital – it can be received in your own home, at a nursing home or other long term care facility. Long term care insurance helps pay for this care. Your eligibility to begin receiving benefits is certified by a licensed health care practitioner who develops a care plan. Long Term Care Partners would need to agree with the certification and approve the plan for you to be eligible.

Those considering enrollment will have a variety of options. Pre-packaged policies can be purchased for three- or five-year periods, with daily benefits of \$100 or \$150. For individuals wishing greater flexibility, daily benefits ranging from \$50 to \$300 (in \$25 increments) can be purchased. Other plan options, including an unlimited benefit, will be available during the open enrollment.

Premiums will vary based on age, amount of coverage, length of coverage, and other factors. The FLTCIP also offers two options to protect benefits against inflation.

A nationwide education campaign is being conducted by Long Term Care Partners -- a joint venture of MetLife and John Hancock, the program's insurers --and will be devoted exclusively to this insurance program.

For more information, visit the OPM homepage <http://www.opm.gov> or the FLTCIP homepage <http://www.ltcfeds.com>, or email info@lcfeds.com, or call 1-800-LTC-FEDS (1-800-582-3337)

Open season

The open season is the time you can apply for enrollment in this new long-term care program. The open season will run from July 1 through Dec. 31, 2002. There will be staggered 60-day enrollment periods within the open season.

Further information is available in the long term insurance section of the OPM homepage <http://www.opm.gov/insure/ltc> in the Open Season "Frequently Asked Questions" section. OPM will expand this section as plans are refined.

Committee seeks vets' memories

WASHINGTON - The DoD Korean War 50th Anniversary Commemoration Committee is seeking veterans' experiences to educate the public about the Korean War.

Korean War veterans are encouraged to visit the official 50th Anniversary web site and electronically enter information about their experiences during the war. Air Force MSGT Sandra Johnson, web manager, said veterans' experiences will be posted on the website.

"Too many times people read about the various major battles that happened during the war, yet a lot of things happened to the individual service members who served there that we have never heard of," Johnson said. "That is what we are looking for - the experiences that will give everyone a taste of what it was like to serve in the Korean War."

To input their experiences, veterans need to access the veterans' experience page, <http://www.korea50.mil/history/remember>. Veterans who don't own computers are asked to use friends' or family members' or those at places with public access such as public libraries or senior centers.

"Veterans must understand that any information that is inputted will be edited for grammar and readability," Johnson said, noting that the submissions are not the official view of DoD or the Commemoration Committee.

Arlington displays Republic of Korea Medal

WASHINGTON — Arlington National Cemetery has taken a rare step by displaying the Republic of Korea's Korean War Service Medal, after the country's ambassador Yang Sul Chun presented the medal to Army MG James T. Jackson, Military District of Washington commander.

"The medal was created by the Republic of Korea to thank and honor the Korean War veterans who helped preserve their nation's freedom," retired Air Force MGEN Nels Running, DoD Korean War 50th Anniversary Commemoration Committee executive director, said. "This is a very special occasion. Very rarely are foreign medals displayed in the Trophy Room..."

For a list of events commemorating the Korean War anniversary, visit <http://www.korea50.mil> or call toll free (866) Korea50.

Commissaries ring up 30.4 percent savings

FT LEE, VA - The Defense Commissary Agency (DeCA) has surpassed the 30 percent savings mark for the first time, DeCA Director Air Force MGEN Robert J. Courter Jr. reported.

The savings were determined by a recent pricing survey of grocery, meat and produce items in commissaries compared to retail grocery stores, supermarkets and supercenters.

"Our exact percentage of savings is 30.4 percent, but I'm happy to say that our savings in produce and meat are well above that mark," Courter said.

"Achieving savings of 30.4 percent is a major accomplishment for DeCA," Courter said. "The commissary benefit always ranks at the top of military non-pay benefits, and we have a mission to make sure it stays that way by offering unsurpassed savings, service, and efficiency to our military families."

"Tougher negotiations with industry have made a difference," Bob Vitikacs, chief of DeCA's grocery buying division, said. These buyers negotiate the lowest possible prices for products sold in commissaries. "And we've obtained tools and technology, such as scanner data, to help us make good decisions," he added.

"More important than technology is simply listening to our customers and taking action," Courter said. "Listening to our customers directly resulted in initiatives that increased savings. The 'Best Value Item' program is a good example. Shoppers have quickly come to know that when they see the yellow signs on popular products such as baby food, detergents and paper goods, they are getting the lowest prices available anywhere. Period!"

Surveys says DeCA customers satisfied

FT LEE, VA - Shoppers gave DeCA higher marks than last year in its annual Commissary Customer Service Survey.

The survey was administered in the stores in early October 2001.

The customers - more than 22,000 of them throughout DeCA's four regions - gave higher marks in all 14 categories surveyed for an overall score of 4.33 out of a possible 5 -- 2.4 percent higher than last year's score.

"This survey is a tool that shows us where we can make more improvements to keep (customer) patronage, and to attract more people from our eligible patron base to use their commissary benefit." Patrick Nixon, agency deputy director, said.

Stores use the results to make specific improvements. For example, produce quality has improved significantly in the past year since the agency established produce assistance teams, which took produce training on the road to stores that had trouble maintaining consistent quality.

The survey marked the sixth consecutive year that the commissary ranked as the most valued military benefit by a growing number of those surveyed. This year, more than 57 percent of the participants said commissaries are their "No. 1 valued benefit."

Survey says AAFES customer satisfaction high

In a recent survey by the University of Michigan's Business School, AAFES received an American Customer Satisfaction Index (ACSI) score of 74, a 5.7 percent increase over the previous year. Each year the school's National Quality Research Center surveys customers of more than 190 companies and 70 government agencies. According to the latest survey, customer satisfaction appeared to be on the rise during the final months of 2001, mainly as the result of heavy price cutting.

AAFES uses the Index as its primary tool to gauge customer satisfaction by ranking itself against other major retailers. AAFES is tied with Kmart and Target, ahead of Federated Department Stores and just one point behind Wal-Mart, JC Penny and Dilliard's. AAFES' improvement brought AAFES within a point of the industry average.

"I believe our customers know that they can trust us and the products we provide," AAFES Commander, Air Force MGEN C.J. Wax, said.

Using AAFES Smart Card = \$\$\$ for Morale, Welfare, Recreation

How DoD Authorization Act could affect you

The National Defense Authorization Act (NDAA) for Fiscal Year 2002 contains several topics of interest to retirees and family members. They are:

Funeral honors

Sec. 561 authorizes military retirees to serve as members of funeral honors details and authorizes payment of an allowance for any day on which the retired member serves in a funeral honors detail for at least two hours.

The Army's Casualty and Memorial Affairs Operations Center advises retirees who are interested in the program to contact the nearest military installation commander responsible for military funeral honors or the casualty assistance office there. The volunteer will be trained to ensure standards are met and there is uniformity of the funeral detail. The commander will make the decision regarding whether the retiree can take part in the funeral detail. If the commander asks the retiree to perform this duty, the retiree may receive payment if funds are available. Retirees seeking payment should ask if funds are available for this duty. Of course retirees may also volunteer their time for this duty.

Concurrent receipt or special compensation

Sec. 641 authorizes members of the uniformed services eligible for retired pay with 20 or more years of service to receive Department of Veterans Affairs Compensation without a reduction in retired pay *if funding legislation is enacted*. No retroactive benefits would be paid and special payments would be stopped on the effective date of concurrent receipt.

Sec. 641 also authorizes enhancement of the special compensation authority (which would not be paid if concurrent receipt were funded). It adds those with a qualifying service-connected disability rated at 60 percent to those qualified to receive special compensation (\$50 a month) which had previously included only those rated at 70 percent and higher. It increases the amount of special compensation for retirees with disabilities rated at 80 percent or higher by \$25 beginning January 2003 (total qualifying service-connected disability - \$325; 90 percent -\$225; 80 percent \$125; 70 percent remaining at \$100 and 60 percent remaining at \$50); and increases the amount of special compensation for retirees with disabilities rated 70 percent or higher by \$25 in FY 2005.

Health care

Sec. 731 prohibits the Secretary of Defense from requiring military retirees to receive health care from the federal government solely through DoD.

Sec. 735 authorizes the Secretary of Defense to permit requiring statements of nonavailability for authorized TRICARE health care services other than mental health services and maternity care, if certain conditions (avoiding significant costs by performing specific procedures at military treatment facilities (MTF); determining that having a specific procedure performed at an MTF could ensure the proficiency level of the practitioners there; and determining that lack of nonavailability statements would significantly interfere with TRICARE administration) are met and beneficiaries are notified.

Possible base closures

Sec. 3001 authorizes a possible round of realignments and base closures in 2005.

Note: Items included in the DoD Authorization Act often need funding and/or new regulations before they can take effect. For example, travel reimbursement for TRICARE Prime

special care was part of the FY 2001 Authorization Act, but funded recently, retroactive to Oct. 30, 2000. Of course, if funding is not provided, the program cannot take effect.

Some military records at risk for identity theft

WASHINGTON (ARNEWS) - A retiree did have his identity stolen after filing separation papers at a county courthouse, according to Transition Center officials. It's no "urban legend".

Soldiers separating from the military are now being told to ignore the old recommendation to file their DD Form 214 (Military Discharge) with a county courthouse. Once the DD 214 is filed at the courthouse, it becomes a public record. Some courthouses have put this information online, Deborah Snider, Transition Center personnel analyst at the Total Army Personnel Command, said, and there are no provisions to unfile this information.

Identity theft is the fastest growing crime today, according to the Federal Trade Commission (FTC), and many victims don't find out that their personal information has been stolen until they're trying to buy a house or get a loan.

A Navy retiree learned someone had established credit in his name when a clerk called saying someone was trying to cash a \$9,000 check in his name. After the case was investigated, it was discovered that the person who stole the retiree's identity also had a laptop with several thousand military names, Social Security numbers and other information. The common link among the veterans on the list was that they had filed their DD 214s with their county courthouse.

If you have already filed documents with a county courthouse or other registering agency, keep in mind that documents are not handled in the same manner in all counties. Consider contacting the courthouse or registering agency where you filed your records to ask if records are safeguarded from viewing by unauthorized individuals. If there is unlimited access to your records, ask whether steps can be taken to safeguard them or if it's possible to have your record removed. If you can remove your record and decide to do so, you should protect it as you would any other important document.

Remember, courthouse records are not the only means identity thieves use. Be wary of requests for personal information. Check your credit ratings periodically and be alert for missing bills or bank statements since that could be a warning sign of identity theft.

Forty-six states have identity theft laws, up from three in 1996, according to the FTC.

Reduced fees, management, name changes at Armed Forces Retirement Home

The FY02 National Defense Authorization Act contains several changes to the Armed Forces Retirement Home (AFRH).

The most basic change is a name change. The homes, formerly known as the U.S. Soldiers and Airmen's Home and the U.S. Naval Home, have become the Armed Forces Retirement Home -Washington and the Armed Forces Retirement Home - Gulfport.

A major change for residents and prospective residents is the change in fees. The new fee structure is: for independent living — 35 percent of all income, to a maximum of \$1,000 per month (a change from 40 percent and maximum of \$1,500); for assisted living — 40 percent of all income, to a maximum of \$1,500; and for skilled, long term care — 65 percent to a maximum of \$2,500. Also, Gulfport residents will benefit from a temporary reduction in fees - \$800 maximum for independent living, and \$1,300 for assisted living, until renovated quarters are available or December 2006, whichever comes first.

Previously, the AFRH Board was responsible for the direction of the AFRH. The NDAA established a Chief Operating Officer to be appointed by the Secretary of Defense for the direction, operation and management of the AFRH.

The NDAA also calls for military directors and deputy directors for the homes for the next three years with officers below brigadier general or rear admiral serving as director and officers below colonel or Navy captain serving as deputy directors. The act also grandfathered the director until 2002 and the deputy director until 2004, i.e., the director and deputy director as of Dec. 28, 2001.

The changes were the result of a DoD review of the management structure of the AFRH which was completed last fall.

Both locations have vacancies. For information on the Gulfport location, call (800)332-3527 or write to 1800 Beach Dr., Gulfport MS 39507. The Washington DC location can be reached at (800)422-9988, or 3700 N. Capitol St NW, Washington DC 20317.

Expired ID cards cause TFL claims problems

TRICARE For Life (TFL), a new health benefit extended by DoD to about 1.5 million beneficiaries aged 65 and over, provides pharmacy benefits and TRICARE coverage secondary to Medicare. More than 3.1 million health care claims have been paid since the program started in October 2001.

Payment for some health care claims, however, was initially denied by TRICARE for individuals recorded as being ineligible for TRICARE in the Defense Enrollment Eligibility Records System (DEERS). In many cases, these denials were based on persons who had "expired eligibility" in DEERS, meaning that their eligibility had not been re-verified in the last four years as required by DoD policy. "Expired eligibility" applies to family members who need to renew their ID cards every four years but did not. Retirees need to update the system only when a change occurs (e.g., a move, divorce, marriage, birth of child).

TRICARE claims will be paid for a limited time for TFL beneficiaries with "expired eligibility" in DEERS, DoD announced. Claims filed beginning Oct. 1, 2001 but denied due to "expired eligibility" will be automatically reprocessed. Beneficiaries and providers will **not** have to resubmit the denied claims.

Beneficiaries are required, however, to ensure their eligibility is updated in DEERS by Aug. 1, 2002. After Aug. 1, 2002, claims received for beneficiaries with expired eligibility will be denied until the eligibility information is updated.

To learn how to update or re-verify eligibility for those persons 65 and older, beneficiaries who have received an Explanation of Benefits (EOB) stating that they need to get a new military ID card should call 1-800-361-2620. For more information on DEERS and ID cards, see the article below.

For more information on TFL, visit the TRICARE web site at www.tricare.osd.mil, or call the TRICARE Information Center, toll-free, at 1-877-363-5433 (1-877-DoD-LIFE).

Make sure your DEERS records is current

Did you know that you or a family member could lose medical benefits if you don't update your information on the Defense Eligibility Enrollment Reporting System (DEERS)?

DEERS stores medical benefit data for military personnel, retirees, and eligible family members. Retirees are the sponsors for their family members' medical benefits and are responsible for updating DEERS information. Correct, up-to-date information is essential, since DEERS data define your medical benefits. If you marry or re-marry, divorce, are widowed, move, have a new baby, or a child who becomes an adult, you must make sure that DEERS data reflect those changes or any others. If you marry but don't register your spouse in DEERS, your spouse isn't eligible for medical benefits until you update the information. If you move but don't submit the current address of each family member to DEERS, your family may not receive messages regarding medical benefits, such as TRICARE for Life.

If you forget to register a newborn in DEERS, after 365 days the child is not eligible for medical benefits (until registered). Also, newborns can lose eligibility for TRICARE Prime coverage after 120 days. In this case, you must register the child in DEERS and enroll the child in Prime.

You can update DEERS through your military support office, the same office that assists you with your ID card. If you're making changes, you should take documentation with you, such as marriage or birth certificates.

You can change your address at the nearest military support office, listed on the web at <http://www.dmdc.osd.mil/rsl/> (Call ahead for hours and instructions.)

You can make address changes on the web at <https://www.dmdc.osd.mil/udpdr/owa/change.address> by e-mailing addrinfo@osd.pentagon.mil.

You can call the Defense Manpower Data Center Support Office (DSO) Telephone Center at 800-538-9552 to change your address or ask questions about your DEERS record. The hours of

operation are 0600 - 1530 (Pacific Time), Monday - Friday (excluding federal holidays). The best time to call is between 0900 - 1500 (Pacific Time), Wednesday -Friday.

You can FAX address changes to 831-655-8317.

You can mail change information with copies of appropriate documentation (such as marriage or death certificates) to the DSO, ATTN: COA (for address changes) or ATTN: R&A (for records updates), 400 Gigling Road, Seaside, CA, 93955-6771.

TRICARE catastrophic cap reduced

The TRICARE fiscal year (FY) "catastrophic cap" has been reduced from \$7,500 to \$3,000 for retirees, their family members and survivors. The cap is the maximum out-of-pocket costs these beneficiaries have to pay for TRICARE-covered services during an FY (Oct. 1- Sept. 30).

The catastrophic cap reduction is retroactive to Oct. 1, 2000. Retirees, their family members and survivors who paid more than \$3,000 out-of-pocket for TRI- CARE-covered services are eligible for reimbursement. The managed care support contractors will search their files and identify beneficiaries due refunds.

Beneficiaries who saved their receipts and choose to request reimbursement, can contact their regional claims processor for guidance on submitting claims.

Beneficiaries don't need to resubmit claims already paid by TRICARE to qualify for reimbursement of the amount paid in excess of the catastrophic cap.

Retirees, their family members and survivors enrolled in TRI- CARE Prime have an enrollment year cap which begins on the anniversary of enrollment in Prime, and applies to all enrollees. Catastrophic caps, both FY and enrollment year combined, will not exceed \$3,000 in a given 12-month period for retirees, their family members and survivors. Once the catastrophic cap and enrollment year cap (combined) are met by Prime enrollees, TRICARE will pay up to its allowable amount for all covered services (excluding point-of-service charges which don't count toward the catastrophic cap).

For beneficiaries not enrolled in Prime, TRICARE will pay up to its allowable amount for all covered services for the remainder of the FY after the FY cap is met.

Retirees, family members, and survivors remain responsible for the cost of all services and treatments received which aren't TRICARE-covered benefits.

Some beneficiaries mistakenly believe that the \$3,000 catastrophic cap is the ceiling on the amount TRICARE will cover for a family during any given year, however, the opposite is true. The cap protects retirees, their family members and survivors from paying more than \$3,000 out-of-pocket for covered medical care.

For more information, contact the nearest TRICARE service center or military treatment facility beneficiary counseling and assistance coordinators. TRICARE information is also available on the web site <http://www.tricare.osd.mil>, or by calling 1-888-DoD-LIFE (1-888-363-5433).

Prime specialty care travel reimbursement

TRICARE Prime beneficiaries referred more than 100 miles from their primary care manager for medically necessary specialty care may be eligible to have their actual travel expenses reimbursed by TRICARE. Under the fiscal year 2001 National Defense Authorization Act (NDAA), this travel reimbursement is retroactive to Oct. 30, 2000. The fiscal year 2002 NDAA authorized travel orders and reimbursement for one non-medical attendant to accompany a non-active duty TRICARE Prime patient referred for medically necessary specialty care more than 100 miles from the patient's primary care manager location. The attendant must be a parent, guardian or adult family member age 21 or older. The attendant travel benefit is effective Dec. 28, 2001.

To qualify for reimbursement, beneficiaries must have travel orders for past referred specialty care prepared by a TRICARE representative at the military treatment facility (MTF) where enrolled, or from a regional lead agent representative, if their primary care manager (PCM) is a civilian provider.

The MTF or regional lead agent representative is responsible for ensuring that a valid referral exists before issuing travel orders.

The MTF, with the primary care manager, is responsible for determining if the requirement for a non-medical attendant exists and for issuing travel orders.

The new travel entitlement does not apply to beneficiaries referred under DoD specialized treatment programs, which are reimbursed by other travel entitlements; and it does not apply to transportation expenses resulting from emergency care covered under the basic TRICARE Standard benefit.

Prime beneficiaries seeking reimbursement for themselves or non-medical attendants can contact their local MTF or lead agent beneficiary counseling and assistance coordinator (BCAC) for assistance. A BCAC listing is at <http://www.tricare.osd.mil/tricare/beneficiary/BCACDirectory.htm>. You can also call the TRICARE Service Centers listed on page 10 for information.

VA changes copayments for care, Rx

WASHINGTON — Veterans who had been making copayments for outpatient health care provided by the Department of Veterans Affairs (VA) now have lower bills, and in some cases, no bills at all, under new rules. The copayment some veterans make for outpatient medications has increased.

The VA has lowered the \$50.80 copayment some veterans paid for outpatient care. This decrease is part of an evaluation of copayments — outpatient, medication and long-term care — by the VA.

The new regulation sets up a three-tier copayment system for outpatient care. The first tier is for preventive care visits and will cost veterans nothing. This care includes flu shots, laboratory tests, certain radiology services, hepatitis C screenings and numerous other preventive services. Primary care outpatient visits comprise the second tier and require a copayment of \$15. The last tier includes specialty outpatient care, like outpatient surgery, audiology and optometry, and costs \$50.

The copayments **don't** apply for the treatment of medical problems officially recognized as "service connected." For nonservice-connected conditions, the outpatient copayments apply primarily to veterans enrolled in Priority Group 7 -- nonservice-connected veterans and noncompensable 0 % service-connected veterans with income and net worth above the established dollar thresholds who agree to pay specified copayments.

Medication copayment

Another VA regulation increases the copayment some veterans make for outpatient medications from \$2 to \$7 for each 30-day supply, with maximum annual out-of-pocket payment of \$840 for veterans in certain enrollment priorities.

Every dollar collected from outpatient and medication copayments is returned to the VA facility where the veteran received medical care. The copayment collections are used to improve medical care for veterans.

During fiscal year 2001, VA collected \$95 million in outpatient copayments. Under the three-tier system, it's estimated that VA will collect \$30 million. This decrease will be made up by the increase in medication copayments.

VA proposed no changes to the hospital care copayments. Currently, some veterans pay \$792 for each 90 days of hospital care. In addition to this, there is a \$10 per diem charge. For each subsequent 90 days of care in the same fiscal year, the charge is \$396, or half the cost of the first 90 days.

Congress gave the VA Secretary the authority to change outpatient and medication copayments in Public Law 106-117 (Nov. 1999).

Retiree Dental Plan update

The TRICARE Retiree Dental Program (TRDP) for uniformed services retirees is in its fourth year. The TRDP, administered by Delta Dental Plan of California in partnership with DoD, offers dental benefits to retirees and their family members throughout the U.S., Canada, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands.

In October 2000, the TRDP became enhanced TRDP, adding coverage for cast crowns, bridges, full and partial dentures, orthodontia and dental accidents to its basic package of preventive and restorative services.

Also under the enhanced TRDP, there is a grace period of 30 days from the primary enrollee's coverage effective date during which you may disenroll without any further enrollment obligation, provided no services have been used by the primary enrollee or any enrolled family member during that time period. If you do not exercise your option to disenroll within the 30-day grace period, you must remain enrolled in the program for the duration of the initial 24-month period without further opportunity for voluntary disenrollment during this time.

More than 600,000 people are enrolled in the program, which allows subscribers to obtain covered services from any licensed dentist within the service area and to limit their out-of-pocket costs by using any of about 25,000 DeltaSelect USA Network dentists. Monthly premiums range from \$20 to \$34 for one person, from \$32 to \$64 for two persons and from \$62 to \$105 for a family. You can use the homepage, email or phone number below to determine the premium for your ZIP code.

For more information, visit the TRDP web site at <http://www.ddpdelta.org>, or call toll-free 1-888-838-8737 for enrollment, or 1-888-336-3260 for customer service, or write to: Delta Dental Plan of California; Federal Services; P.O. Box 537008; Sacramento, CA 95853-7008 or E-mail: Enrollment - ddpenroll@delta.org; Customer service - ddpservice@delta.org; Billing - ddpbilling@delta.org.

VA home loan ceiling, specialty grants raised

WASHINGTON (AFPS) — The VA home loan guaranty has increased from \$50,750 to \$60,000 as a result of the 2001 Veterans Education and Benefits Expansion Act. This means eligible veterans can use their loan benefit to buy a home costing as much as \$240,000 without a down payment, according to the VA. Many lenders will make VA no-down-payment loans for four times the maximum guaranty amount.

The Act also increases specialty housing grants from \$43,000 to \$48,000 for severely disabled veterans who need homes built to accommodate wheelchairs. The grant pays for such things as wider hallways, lowered kitchen appliances and counter tops, and bigger bathrooms.

Veterans can use both a grant and a regular VA guaranteed loan to cover the total cost of their home purchase.

Another grant program for housing adaptations for less seriously disabled vets, such as blinded veterans and amputees who need extra help, had its ceiling raised to \$9,250 — up from \$8,250.

The Act also extended the Native American veterans housing loan program to Dec. 31, 2005. VA's direct loan program for Native Americans assists those vets buying homes on trust land.

For more information, visit the VA website at <http://www.va.gov>, or call the nearest VA office at 1-800-827-1000.

VA compensates more vets exposed to radiation

WASHINGTON — Five cancers -- bone, brain, colon, lung and ovarian -- have been added to the diseases presumed to be connected to the exposure of veterans to radiation during their military service.

The new rules apply to veterans who participated in "radiation-risk activities" while on active duty, during active duty for training or inactive duty for training as a member of the reserve component.

The definition of radiation-risk activities has also been expanded to include service at Amchitka Island, AK, before Jan. 1, 1974, if a veteran was exposed while performing duties related to certain underground nuclear tests. The new definition also includes service at gaseous diffusion plants located in Paducah, KY; Portsmouth, OH; and an area known as K25 at Oak Ridge, TN. The previous definition was limited to service members who took part in the occupation of Hiroshima or Nagasaki or onsite at atmospheric nuclear weapons tests; or American POWs interred in Japan during World War II.

Under current statutes, the following diseases are presumed to be service-connected if the veteran participated in a radiation-risk activity: leukemia (other than chronic lymphocytic

leukemia); cancer of the thyroid, breast, pharynx, esophagus, stomach, small intestine, pancreas, gall bladder, bile ducts, salivary gland, or urinary tract; multiple myeloma; lymphomas (except Hodgkin's disease); primary cancer of the liver (except if cirrhosis or hepatitis B is indicated) or bronchiolo-alveolar carcinoma.

Veterans or their survivors can file claims for compensation by contacting a VA regional office at 1-800-827-1000, or visiting VA's website at <http://www.va.gov>.

Gulf War & Lou Gehrig's disease

WASHINGTON(AFPS) – A large epidemiological study conducted by DoD and the VA has found preliminary evidence that Persian Gulf War veterans are nearly twice as likely as their non-deployed counterparts to develop amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease.)

VA health officials said even with the increased diagnosis among Gulf War veterans, the disease is extremely rare, affecting only about one in 25,000 people. Among Gulf War veterans, it's one in 17,500. There's no evidence about higher rates of ALS among other groups of veterans; however, researchers plan to explore the possibility in later studies.

VA is providing free medical care and disability compensation for veterans who have the disease.

Survivors of veterans who died from the disease are eligible for Dependency and Indemnity Compensation (DIC), enrollment in VA's healthcare program for survivors, educational assistance and vocational assistance, among other benefits, officials said.

For information, call the VA at 1-800-827-1000, visit the Gulf War website <http://www.gulfink.osd>.

[mil](mailto:special-assistant@); e-mail: special-assistant@

gwillness.osd.mil; phone: (800) 497-6261; or write to: Office of Special Assistant for Gulf War Illnesses; 5113 Leesburg Pike Ste 901; Falls Church, VA 22041.

Short Shots

(Note: Publications, organizations and events that may be of interest to retirees appear in this section as a service to retirees. This doesn't imply that Army Echoes endorses these publications or programs. Any problems should be directed to the specific publisher or organization.)

- The **2002 Retired Military Almanac** is now available. The 256-page almanac contains information on military health care (including TRICARE and TRICARE for Life), legislation, veterans benefits (including a list of VA facilities), space-available lodging and travel, and many other topics affecting retirees and their families. You can order the almanac directly from the publisher for \$10.95 (includes postage). To order, send a check or money order to Uniformed Services Almanac, Inc., PO Box 4144-AE, Falls Church, VA 22044; or if ordering by credit card, call toll-free (888) 872-9698. You can also order secure online: <http://www.militaryalmanac.com>.

The 2002 Uniformed Services, Reserve Forces and National Guard Almanacs are also available.

Shades of Green resort expanding

The Shades of Green Armed Forces Recreation Center at Orlando, FL, closed April 1 for 18 months to add 299 new rooms. While Shades of Green is closed, patrons will be housed in others hotels paying the same room rate but with 11 percent state and local taxes added. For information, call (407) 824-3600 or visit <http://www.shadesofgreen.org>.

Law increases some veterans' burial benefits

WASHINGTON — Under a new law, the VA will increase reimbursement for funeral expenses and cemetery plots for service-disabled veterans and provide government markers for veterans' graves even if families already have installed private markers.

The Veterans Education and Benefits Expansion Act of 2001 increased the burial and funeral expense allowance for veterans who died as a result of a service-connected disability from \$1,500 to \$2,000 and the cemetery plot allowance, for certain other disabled veterans, from \$150 to \$300. These changes apply to deaths on or after Dec. 1, 2001.

The law also directs VA to honor requests for government markers for veterans buried in private cemeteries even if their graves have headstones or markers furnished at private expense.

The new provision for markers applies to veterans' deaths on or after Dec. 27, 2001. Previous law prevented VA from providing markers in that situation.

The plot allowance is payable when a veteran is buried in a non-government cemetery. The veteran must meet one of the following three criteria: eligible to receive VA disability compensation or a VA pension; discharged from military service due to disability; or died in a VA hospital.

Previously, people who applied for a government marker from the VA had to certify that the veteran's grave was unmarked. Under the new law, the applicant must certify that the marker will be placed only in a cemetery. VA will send the marker only to a designated cemetery.

Bavarian Rec Centers offer retiree specials

"Retirees Only" is the name of the special program being offered by the Armed Forces Recreation Centers in Europe. The program features a different tour package in June, September, October, and December.

All tours include stays at AFRC Garmisch and AFRC Chiemsee but each features different highlights such as royal palaces, cities, quaint towns and fairytale castles as well as the attractions of the season such as Christmas markets. The tours range in length from 9 to 12 days and range in cost from \$1600 to \$2000 for two adults which includes hotel accommodations, breakfasts, transportation to and from Munich Airport, and transportation and admission to all scheduled activities and tours. **Airfare is not included.**

For more information, visit the website <http://www.afrc europe.com/Retirees/index.html>; e-mail vacation@afrc.garmisch.army.mil; call 011-49-8821-72981; FAX 011-49-8821-3942; or write to: Armed Forces Recreation Center Resorts in Europe; ATTN: Vacation Planning Center; Unit 24501; APO AE 09053.

If you would like to receive a copy of AFRC's RSVP newsletter for retirees, write to: HQ AFRC Europe; ATTN: Marketing; Unit 24501; APO AE 09053.