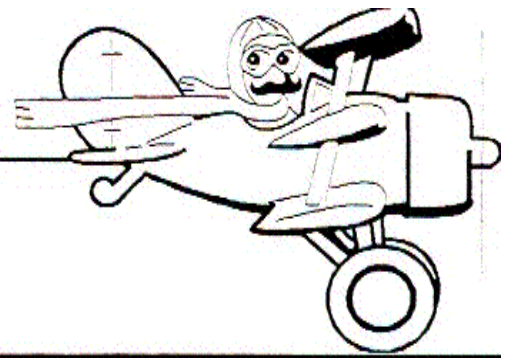


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May / June 2010



A Publication of the McChord AFB Retiree Activities Office for Air Force Retirees, their spouses or survivors. **Department of the Air Force, 100 Joe Jackson Blvd, Customer Service Mall Rm 1001, McChord AFB WA 98438-1114; Phone (253) 982-3214 (Voice Mail 24 hours a day) Fax 253-982-5234. Email - rao@mcchord.af.mil Web Site www.mcchordrao.com Retiree Activities Office: Open 0900-1200 Monday - Friday**

Attention Ladies: A Quick Look at Women's Health Issues When it comes to health problems, men and women have much in common, but also have their own sets of gender specific issues. Busy schedules, competing priorities, or a focus on the health of spouses or children may cause some women to delay making lifestyle changes or taking care of personal preventive health appointments. The leading causes of death for women are heart disease, cancer and stroke. TRICARE wants our female beneficiaries to take care of themselves first and use the covered exams to protect their health. TRICARE covers health screenings and examinations – often conducted at regular intervals – which are meant to keep you healthy or detect health problems in a timely manner. They include services such as mammograms, cholesterol screening, and colorectal cancer screening exams, blood pressure screening and Pap smears.

Heart disease in its many different forms is the leading cause of death for American women. The most common cause of heart disease is a narrowing or blockage of the coronary arteries, the blood vessels supplying blood to the heart itself. Known as coronary artery disease, it happens slowly over time and is the leading cause of heart attacks. Other kinds of problems may happen to the valves in the heart, or the heart may not pump blood as well as it should and cause heart failure. Risk factors for heart disease include smoking, obesity, and lack of physical activity, high blood pressure and diabetes. Years of high blood pressure can lead to heart disease or a stroke. People with high blood pressure often have no symptoms, so it is important to have yearly blood pressure checks. Some of the ways you can reduce the risk of heart disease and stroke are; Be physically active, don't smoke, eat a well-balanced, healthy diet, maintain a healthy weight and know your numbers (blood pressure, cholesterol and triglycerides). Women face some uniquely "women's cancers" while other cancers are non-gender specific. Women's cancers include; breast (can also affect males), cervical, endometrial, gestational trophoblastic tumor, ovarian, uterine sarcoma, vaginal, and vulvar.

Except for non-melanoma skin cancer, breast cancer is the most common form of cancer in women and is the third most common cancer among TRICARE beneficiaries. Lung and colorectal are the next most common cancers, although lung cancer is the number one cause of cancer deaths. The National Cancer Institute (NCI) recommends women 40 and older have mammograms every one to two years. NCI also suggests women who are at higher than average risk of breast cancer should talk with their health care providers about whether to have mammograms before 40 and how often to have them.

TRICARE covers annual mammograms for women 40 and older and women younger than 40 who are at high risk of developing breast cancer. There is no cost for screening mammograms. A Pap smear and pelvic exam on a periodic basis are important for detecting cancer or abnormalities in the female organs that may lead to cancers. Current guidelines recommend that women have a Pap smear at least once every three years, beginning about three years after they begin to have sexual intercourse, but no later than age 21. TRICARE covers pelvic examinations in conjunction with Pap smear testing when necessary, or annually beginning at age 18 (or younger, if sexually active). There is also no cost for a screening Pap smear. So take care ladies. Take advantage of your TRICARE benefits to get the checkups, preventive services and treatment you need to keep you healthy. You can learn more about women-specific health issues at www.womenshealth.gov. (Source: TriCare Media Center News, *The Doctor is In*)

DFAS Retired and Annuitant Pay: On February 1 2010, DFAS completed transitioning Retired and Annuitant Pay back into the house after outsourcing the function to a contractor for nearly eight years. DFAS's goal was to make this transition seamless for you and to continue providing excellent customer service and timely, accurate pay. Over the coming year, you will begin to see positive changes as DFAS creates an organization focused on meeting your needs. The first of these changes are the refreshed Web pages launched in February to make information easier for you to find and understand. DFAS will continue to update and improve their Web site as they strive to keep it useful and current. On Feb. 1, DFAS launched new and improved web pages for retired military and annuitant customers. They reviewed all of the information being provided to you and removed outdated or irrelevant material, reducing the number of web pages in the Retired Pay section of the site from 88 to 26. The remaining pages were organized into four topical sections:

- Retirement Pay
- Annuities
- Disability Benefits
- Planning for Retirement

A newly added News and Events section features press releases, current events, newsletters and retiree seminars. You can find all of this information and more by clicking "Retired Pay" on the yellow bar at the top of the Web site. DFAS will strive to keep the Web site current, informative and user-friendly. Two recent changes to the Internal Revenue Service tax tables have a lot of military retirees and annuitants asking questions. Please read the updates below to find out how these changes may affect you. If you noticed a reduction in your net pay on a recent retirement paycheck, your taxes may have increased.

The Internal Revenue Service recently issued new tax tables for 2010. The new tables included tax increases for individuals in certain tax brackets. DFAS complied with the new tax rates by implementing the new IRS tables with the first paycheck of the year. For military retirees and annuitants, that check was issued Jan. 4, 2010. As a result, some military retirees and annuitants' Federal Income Tax Withholding increased despite the fact that they received no Cost of Living Adjustment this year. This is why some retirees' and annuitants' net pay decreased.

Adjusting your Federal Income Tax Withholding: It is each taxpayer's responsibility to ensure enough wages are withheld to cover their tax liability. For more information regarding how to calculate the appropriate income tax withholding, please contact your tax advisor or review one of the following IRS publications:

[IRS Withholding Calculator](#)

[IRS Publication 919](#)

As always, you may adjust your Federal Income Tax Withholding through [MyPay](#), or by mailing a completed Form [W4](#) or Form [W4P](#) for annuitants to.

Retirees:

Defense Finance & Accounting Service
U.S. Military Retirement Pay
P.O. Box 7130
London, KY 40741-7130

Annuitants:

Defense Finance & Accounting Services
U.S. Military Annuitant Pay
P.O. Box 7131
London, KY 40741-7131

MyPay Puts You in Control: *myPay* users have greater control over their pay accounts and can make changes to vital information in a secure environment. Some of the options within *MyPay* include:

(Continued on next page)

- Download, save and print pay account information from military retired or annuitant account statements, or military/federal employee leave and earning statements.
- Download, save and print annual tax statements such as W-2s and 1099Rs.
- Verify and update postal and e-mail addresses.
- Verify and update bank account information for direct deposit.
- Start, change or stop financial allotments.
- Make changes to federal or state tax withholding amounts.
- Change user names and passwords to keep accounts secure.

To date, more than 2.6 million **MyPay** users have accessed their 2009 tax statements online, avoiding the delays and possible security risks of regular mail delivery. Last December, DFAS implemented a **MyPay** security enhancement requiring users to establish new login credentials, including personalized login IDs and passwords. The agency has posted step-by-step instructions in both text and video on the **MyPay** home page to help customers set up their new information. Whether you are a **MyPay** user who has not updated their login ID and password or a new user who wants to establish an account, follow the step-by-step instructions below to get started.

[Printer Friendly Instructions](#)

[Video Instructions](#)

For Questions or Comments: This is a working copy of the questions and comments web page you can hold the control key and mouse click the link to reach **MyPay**.

Customer Inquiry Request

Retired Pay

DFAS-CL/PMCAA
1-800-321-1080
FAX: 1-800-469-6559

PRIVACY POLICY:

Thank you for visiting the Defense Finance and Accounting Service web site and reviewing our privacy policy. Our privacy policy is clear: we have requested that you submit your name, social security number and other pertinent or personal information in order to assist us in the resolution of your inquiry. Further, the material you submit may be seen by various people working to assist you with your concerns in a timely and accurate manner. Immediately upon resolution of your concerns, all privacy information will be purged. If your communication is very sensitive or includes personal information that you do not want to convey on-line, please contact our Customer Contact Center at 1-800-321-1080.

Type of Customer (please select one)

- [Military Retiree](#)
- [Annuitant](#)
- [Former Spouse](#)
- [VSI/RSSP Recipient](#)
- [Allottee](#)

(Source: DFAS Retired Pay Newsletter)

Regular Colorectal Cancer Screening Saves Lives: Colorectal cancer screenings may be an uncomfortable subject for some people to discuss, but their importance cannot be underplayed. With one in 19 Americans being diagnosed with colorectal cancer in their lifetime, the good news for TRICARE beneficiaries is that colorectal screenings are available to them at no cost. The Centers for Disease Control and Prevention (CDC) estimate at least 60 percent of colorectal cancer deaths could be avoided with regular screening. Screenings can find abnormal growths called polyps, and they can be removed before becoming harmful. For TRICARE Prime and Standard beneficiaries, there are no cost shares or co-pays for many important preventive care services, including colorectal cancer screenings. For Medicare-eligible beneficiaries covered by TRICARE For Life (TFL), Medicare covers colorectal cancer screening tests and TRICARE generally pays the remainder of any costs not paid under Medicare. There are many types of screening tests available. Beneficiaries 50 and older should have annual fecal occult blood testing, a proctosigmoidoscopy or sigmoidoscopy every three to five years, or a colonoscopy every 10 years. Learn more about colorectal cancer screening at the CDC's Screen for Life campaign <http://www.cdc.gov/screenforlife>. For more information about TRICARE's preventive services go to www.tricare.mil. (Source: TriCare Media Center News)

Mars vs. Venus: How Heart Attack Symptoms Differ for Men and Women

Every year, about 1 million people in the U.S. have a heart attack. Half of them die, according to the U.S. National Library of Medicine and the National Institutes of Health.

Here is another shocking fact: Women are less likely to survive heart attacks than men. In fact, 38 percent of women compared with 25 percent of men will die within one year after a heart attack, according to the American Heart Association.

One of the best things you can do is recognize symptoms of a heart attack. These symptoms differ for men and women:

Women

- The most common symptom is chest pain or discomfort.
- Shortness of breath
- Nausea or vomiting
- Back or jaw pain

Men

- Just like women, the most common symptom is chest pain or discomfort.
- Arm pain
- Shortness of breath

As in any emergency, always call 9-1-1 if you suspect a heart attack. However, the best way to survive a heart attack is to prevent having one in the first place. For both men and women, the biggest risk factors that contribute to heart disease are smoking, high blood pressure, high cholesterol, family history and age. For more on heart-healthy living, visit www.triwest.com/healthyliving. (Source: TriCare 2 You)

Respecting the Rights of Hospital Patients to Receive Visitors & Designate

Surrogate Decision Makers for Medical Emergencies: President Obama has asked the Secretary of Health & Human Services (HHS) to initiate appropriate rulemaking to ensure that hospitals that participate in Medicare or Medicaid respect the rights of patients to designate visitors. In his memorandum to the Secretary, the President stated that it should be made clear that participating hospitals may not deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity or disability. The President has also asked that he be provided with additional recommendations on actions HHS can take to address hospital visitation, medical decision-making, or other health care issues that affect LGBT patients and their families. (Source NAUS Weekly Update)

TRICARE Affirmation Act Passes: The Senate unanimously passed legislation to fix a significant flaw in the recently passed health care reform law. The legislation, called the TRICARE Affirmation Act, passed the Senate without objection and followed successful House passage of the bill prior to the Easter recess. The bill was signed into law by the President. The legislation explicitly states that all TRICARE plans are now considered as minimal acceptable coverage under the new health care law. Defining TRICARE under law is important because it exempts its enrollees from the required purchase of additional coverage beyond what they already have. The new health care bill, called the Patient Protection and Affordable Care Act (PPACA), did not clarify that the earned coverage of TRICARE programs for servicemembers and military retirees under age 65 provided minimum acceptable coverage.

TriCare Ambulance Service Coverage

In times of emergency, TRICARE covers ambulance services for patient care. However, there are certain rules and limitations, so you should be familiar with TRICARE policy before seeking transportation by ambulance for yourself or a TRICARE-covered family member. **The following ambulance services are covered:**

- Emergency transfers between a beneficiary's home, accident scene or other location and a hospital
- Transfers between hospitals
- Ambulance transfers from a hospital-based emergency room to a hospital more capable of providing the required care
- Transfers between a hospital or skilled nursing facility and another hospital-based or freestanding outpatient therapeutic or diagnostic department or facility

The following are excluded:

- Use of an ambulance service instead of taxi service when the patient's condition would have permitted use of regular private transportation
- Transport or transfer of a patient primarily for the purpose of having the patient nearer to home, family, friends or personal physician
- Medicabs or ambicabs that function primarily as public passenger conveyances transporting patients to and from their medical appointments. Note: Air or boat ambulance is only covered when the pickup point is inaccessible by a land vehicle, or when great distance or other obstacles are involved in transporting the patient to the nearest hospital with appropriate facilities, and the patient's medical condition warrants speedy admission or is such that transfer by other means is not advisable. (*Source: TriCare Health Matters*)

Everyone Saves with Generic Drugs: Because of the safety, efficacy and cost-savings provided by generic drugs, it is the Department of Defense policy that all TRICARE beneficiary prescriptions are filled using generic equivalent medication when available. Generic drugs are required to have the same active ingredients, strength, dosage and uses as brand name drugs. The medications may look different because their inactive ingredients differ, but those features do not affect the safety or effectiveness of generic medications. Generic drugs save consumers billions of dollars each year. Prescription costs for TRICARE beneficiaries are based on the type of drug and where the prescription is being filled, with generic always being the least expensive drug option. For example, a 90-day supply of a generic drug through TRICARE Home Delivery has just a \$3 copayment, while a brand-name drug has a \$9 copayment. At a network pharmacy, the copayments are the same \$3 for generic and \$9 for brand name, but that is only for a 30-day supply. Though it is DoD policy that all prescriptions are filled using the generic equivalent medication if available, brand-name drugs can be covered in matters of medical necessity with prior approval. One example would be an allergy to a generic drug's inactive ingredients. In cases where a generic equivalent does not exist, the brand-name drug is dispensed for the brand-name co-payment. Learn more about generic drugs from the FDA's Center for Drug Evaluation and Research at www.fda.gov/drugs. For more information about the TRICARE Pharmacy Program, go to www.tricare.mil/pharmacy. (*Source: TriCare Media Center News*)

VA Releases Draft Report on Gulf War Illnesses: The VA Gulf War Veterans' Illnesses Task Force has completed the final draft of a comprehensive report that will redefine how the VA addresses the concerns of veterans who deployed during the Gulf War in 1990 and 1991. Notification of the draft written report was published in the *Federal Register*, and the draft written report identifies seven areas where VA will improve services for this group of veterans. Among these improvements, VA will reconnect with veterans from the 1990–1991 Gulf War, strengthen the training of clinicians and claims processors, and reenergize its research effort. VA will also proactively strengthen partnerships and medical surveillance to address the potential health impacts on veterans from the environmental exposures on today's battlefields. The mission of VA's Gulf War Veterans' Illnesses Task Force is to identify both gaps in services as well as opportunities to better serve veterans of the Gulf War. Of the almost 700,000 service members who deployed to Operation Desert Shield in 1990 and Operation Desert Storm in 1991, more than 300,000 have filed disability claims and over 85 percent have been granted service connection for at least one condition.

VA's Gulf War Veterans' Illnesses Task Force recommendations build on the findings of The Gulf War Veterans Illnesses Advisory Committee, VA Research Advisory Committee on Gulf War Illnesses, the interagency Deployment Health Working Group, and other related sources.

Some of the Task Force's recommendations include:

- Improve data sharing with Department of Defense to notify veterans of potential exposures, monitor their long-term health and inform them about decisions regarding additional follow up.
- Improve the delivery of benefits to veterans with Gulf War-related disabilities by reviewing and, if necessary, updating regulations affecting Gulf War veterans.
- Expanding training for VBA examiners on how to administer disability claims with multiple known toxin exposure incidents.
- Improve VA healthcare for veterans through a new model of interdisciplinary health education and training.
- Increase number of long-term, veteran-focused studies of veterans to enhance the quality of care VA provides.
- Transition from reactive to proactive medical surveillance to help better manage veterans' potential hazardous exposures.
- Find new treatments for Gulf War veterans through new research.
- Enhance outreach to provide information and guidance to veterans about benefits and services available to them for injuries/illnesses associated with Gulf War service.

As a first step, VA is seeking public comments on the draft written report before final publication. The public notice will be posted at Government Regulations [website](#), and the draft written report will be open for comment for thirty (30) days. To view the report without making recommendations, please visit this [website](#). (Source: *NAUS Weekly Update, April 2010*)

Foster Homes for Veterans: VA's Medical Foster Home (MFH) program finds a caregiver in the community who is willing to provide a Veteran with 24-hour supervision and personal assistance. This would be a long-term commitment, where the veteran may live for the remainder of their life. Veterans who enter MFH all meet nursing home criteria. The veteran pays the caregiver \$1200 to \$2500 per month to provide this care. This includes room and board, 24 hour supervision, assistance with medications, and any personal care. For more information, visit VA's Medical Foster Home webpage http://www1.va.gov/GERIATRICS/Medical_Foster_Home.asp. (Source: *Military.com Veterans Report*)

Tacoma Chapter of the Society of Military Widows: The Tacoma Chapter of Military Widows is actively trying to reach out to Military Widows in the local area. The organization's goal is to offer support to Military Widows. The Society host a monthly luncheon and meeting on the 1st Tuesday of each month at the McChord Field Collocated Club. For more information you can call Jean Lingg at 206-922-1326 or e-mail bluespader1946@yahoo.com (Source: *Tacoma Chapter, Society of Military Widows*)

Don't Let a Fad Diet Fool You: When it comes to weight loss management or control, fad diets are unlikely to stand the test of time. Quick weight loss and fad diets may provide temporary weight changes, but are unlikely to be a solution to weight problems over the long haul, and may even be potentially dangerous. Fad diets usually overemphasize one particular type of food or restrict certain food groups. They often promise quick weight loss or dramatic results. They may recommend regimens such as very low-fat, low-carbohydrates, high-protein or focusing on one particular food item such as grapefruit. They ignore the first principle of good nutrition: It is important to eat a balanced diet. No single type of food has all the nutrients required for good health. Nutritional deficiencies may develop in dieters as a result of staying on such a diet for more than a few weeks. Most of these diets require drastic changes in eating patterns, and the results are most often temporary. Following a regimen for a few weeks will not permanently keep excess weight off.

According to the Dietary Guidelines for Americans, a healthy eating plan:

- Emphasizes fruits, vegetables, whole grains and fat-free or low-fat milk and milk products
- Includes lean meats, poultry, fish, beans, eggs and nuts
- Is low in saturated fats, trans fats, cholesterol, salt (sodium) and added sugars
- Stays within your daily calorie needs

Be sure to visit TRICARE's Get Fit page at www.tricare.mil/getfit for articles and links to help live a healthier lifestyle.

The Defense Commissary Agency's (DeCA) Web site at www.commissaries.com provides more information on nutrition. DeCA Dietitian Lt. Col. Karen Hawkins helps beneficiaries lose weight, get in shape and maintain good health through the weekly "Dietitian's Voice" column and the "Ask the Dietitian" discussion forum. Despite what many quick weight-loss advocates may say, the only real and sensible way to lose weight is to burn more calories than you consume. To maintain a healthy weight permanently, eat a well balanced diet, and **exercise portion control and balance your food intake with physical activity**. (Source: TriCare Media Center, *The Doctor is In*)

No TRICARE Fee Hikes in 2011 Budget, But... TRICARE beneficiaries will face no fee hikes in 2011, assuming Congress approves that part of the President's budget request, as expected. However, Defense Secretary Robert Gates said in a Pentagon news briefing that he wants to work with Congress to find ways to control rising military healthcare costs that are absorbing an increasing percentage of the defense budget (officials estimate that health care costs will grow from around 6% of the budget now to more than 10% by 2015). "We absolutely want to take care of our men and women in uniform and our retirees," Gates said, "But at some point, there has to be some reasonable tradeoff between reasonable cost increases or premium increases or co-pays or something and the cost of the program." He added, "I ask anybody to point me to a health insurance program that has not had a premium increase in 15 years," referring to the fact that TRICARE premiums have not changed since 1995. The Secretary admitted that TRICARE benefits are and should be generous, but compared the \$1,200 average out-of-pocket costs for a family of three under TRICARE to about \$3,300 for the same family under a health maintenance organization plan in the Federal Employees Health Care Program. "We see a lot of people coming back into TRICARE because the benefits are so good and the costs are so low," he said. (Source: NAUS Tricare & Health Care News)

Beware of Phone Scam: The Department of Veterans Affairs (VA) is warning veterans not to give credit card numbers, bank routing information or any personal and financial information over the phone to callers claiming to update, confirm, or verify VA-related information. VA does not call veterans and ask them to disclose personal financial information over the phone. A veteran targeted by scammers alerted VA, saying that someone called claiming to be with the VA pharmacy and asked a lot of questions. VA has not changed its process for dispensing prescriptions or for enrollment. Veterans with questions about VA services should call (877) 222-8387 or the nearest VA medical center. (Source: Military.com Veterans Report)

The McChord-Field Heritage Museum's C-47 6502

The C-47 Skytrain, or "Gooney Bird," first entered military service in 1941 and quickly became the backbone of the U.S. Army Air Forces airlift capability during World War II. During the war C-47's helped the 62d Air Wing and its assigned squadrons make their mark on the front lines of North Africa and the Europe theaters, transporting ammunition, food, clothing, medical supplies evacuated wounded personnel and flew missions behind enemy lines in Italy and the Balkans to haul guns and missions dropping propaganda leaflets. In conducting its main mission, the delivery of troops, the 62d used the Goony Bird to tow CG-4 Hadrian Gliders. At the conclusion of the war, Gen. Dwight D. Eisenhower called the Skytrain one of the four weapons, along with the bazooka, jeep and atomic bomb, that most helped to win World War II.

The origin of the C-47 is connected with the appearance of the Douglas DC-3 airliner, which is considered to be one of the most successful civil aircraft ever. The DC-3 made its first flight on December 17, 1935, and went into service with American Airways in June 1936. The first military orders were placed in 1940, and the first production models were delivered to Army Air Corps units the following year. After the war, many airlines converted C-47s for commercial use while other Skytrains remained in active service. The U.S. Air Force used the C-47 during the Berlin Airlift and in the Korean War: C-47s hauled cargo, dropped paratroopers and evacuated wounded personnel. Nearly 20 years later, the venerable aircraft participated in the Vietnam War where it served in transport, reconnaissance and psychological warfare mission roles. However, the aircraft gained its notoriety in Southeast Asia as the AC-47 gunship, better known as "Puff, the Magic Dragon," with its side-firing 7.62-mm mini-guns. The Douglas Aircraft Corporation produced more than 10,000 Skytrains in 25 different variants. The models included an AC-47 gunship, HC-47 rescue aircraft, RC-47 reconnaissance plane and a TC-47 for training. The Air Force retired its last C-47 in June 1975, but many of the durable and reliable "Gooneys" continued to fly. (*Source McChord Field Heritage Museum*)