



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](mailto:rao@mcchord.af.mil) Web Site [www.mcchordrao.com](http://www.mcchordrao.com) Retiree Activities Office: Open 0900-1200 Monday - Friday

**Your electronic 1099R for 2010** is available on MyPay at <https://mypay.dfas.mil/mypay.aspx>. The Defense Finance and Accounting Service (DFAS) implemented the MyPay web-based system in March 2000. MyPay delivers pay information and lets you process pay-related transactions timely, safely and securely. The Web-based system protects against identity theft and is faster and more secure than regular mail by allowing members to access electronic 1099R, retiree account statement and other financial information. MyPay matches industry standards for the highest level of encryption and security to protect MyPay users. If you do not have a Password for accessing MyPay, you can obtain one by clicking on the New Password button on the MyPay website at the web address shown above to receive a temporary Password. If you have any questions concerning MyPay, call our contact center toll free at 1-888-DFAS411 or 1-888-332-7411. If you have any questions regarding the information on your 1099R, call 1-800-321-1080. (Source: Defense Finance and Accounting Service)

**Warning to Veterans:** An Organization called Veterans Affairs Services (VAS) is providing benefit and general information on VA and gathering personnel information on veterans. VAS is not affiliated with the VA in any way. The Department of Veterans Affairs request that if you have been contacted by or assisted by VAS employees to assist with the preparation of claims for benefits that you please pass the information on to Mr. Daugherty at the address below.

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**VA Launching New Personalized Veterans Health Benefits Handbook:** The VA has started a pilot program to provide new, personalized Veterans Health Benefits Handbooks. These handbooks are tailored to provide each enrolled Veteran with the most relevant health benefits information based on their own specific eligibility. In essence, each handbook will be written for each individual Veteran. The handbook will give the Veteran everything they need to know and leave out everything that does not apply to their condition. Each veteran will now have a comprehensive, easy to understand, roadmap to the medical benefits that they earned with their service. In addition to highlighting each Veteran's specific health benefits, the handbook also provides contact information for the Veteran's preferred local facility, ways to schedule personal appointments, guidelines for communicating treatment needs and an explanation of the Veteran's responsibilities, such as copayments when applicable. The new handbooks will initially be available only to certain Veterans in the Cleveland and Washington, D.C., areas. Following the pilot phase, full implementation is scheduled to begin in the fall of 2011 for all VA areas across the county. (Source: VA Press Release)

**VA official's process new Agent Orange claims:** Department of Veterans Affairs processors have decided more than 28,000 claims in the first six weeks of processing disability compensation applications from Vietnam veterans with diseases related to exposure to the herbicide Agent Orange.

VA officials published a final regulation Aug. 31 that makes veterans who served in the Republic of Vietnam and who have been diagnosed with Parkinson's disease, ischemic heart disease or a B-cell, also known as hairy-cell, leukemia eligible for health care and disability compensation benefits. With the expiration Oct. 30 of the required 60-day congressional review, VA representatives now are able to process these claims.

Vietnam veterans covered under the new policy are encouraged to file their claims through a new VA Web portal at [www.fasttrack.va.gov](http://www.fasttrack.va.gov). Vietnam veterans are the first users of this convenient automated claims processing system. If treated for these diseases outside of VA's health system, it is important for veterans to gather medical evidence from their non-VA physicians officials have made it easy for physicians to supply the clinical findings needed to approve the claim through the new Web portal. These medical forms are also available at [www.vba.va.gov/disabilityexams](http://www.vba.va.gov/disabilityexams). The portal guides veterans through Web-based menus to capture information and medical evidence required for faster claims decisions. While the new system currently is limited to these three disabilities, usage will expand soon to include claims for other conditions. VA statisticians have begun collecting data that recaps the progress in processing claims for new Agent Orange benefits at [www.vba.va.gov/VBA/agentorange/reportcard/index.html](http://www.vba.va.gov/VBA/agentorange/reportcard/index.html). (Source: VA)

## **VA's Homeless Intervention Program Nears Roll Out**

Provider Groups Sought for Applications, Training.

A homeless-prevention program by the Department of Veterans Affairs (VA), which seeks to help Veterans and families on the verge of becoming homeless, has moved closer to implementation. The program marks the first time that VA will fund services for the spouses and children of Veterans at risk of becoming homeless. "The problems that lead to homelessness begin long before Veterans and their families are on the streets," said Secretary of Veterans Affairs Eric K. Shinseki. "By putting more resources into intervention programs for people at risk of becoming homeless, we can reduce suffering and increase the opportunities for turning around these lives." Shinseki's comments came as VA formally announced that it is taking applications from private non-profit organizations and consumer cooperatives interested in providing needed services to at-risk Veterans and their families.

With funding from VA for the program, called Supportive Services for Veterans Families, community organizations will be better able to provide counseling, training, education assistance, direct time-limited financial assistance, transportation, childcare, rent, utilities, and other services to participating Veterans and family members. In January, VA is sponsoring free grant-writing workshops for community organizations interested in applying for funds under this program. The workshops will be held in Chicago, Los Angeles, Seattle, Houston and New York City.

When the "Notice of Funds Availability" applications are available, they will be posted on the VA Web site at [www1.va.gov/homeless/ssvf.asp](http://www1.va.gov/homeless/ssvf.asp). Details about the workshops and other information about the program are available on the Internet at [www1.va.gov/homeless](http://www1.va.gov/homeless). Community organizations can also contact VA at 1-877-737-0111 or at [SSVF@va.gov](mailto:SSVF@va.gov). (Source: Department of Veterans Affairs)

**Homeless Vet Forum Held:** More than 400 veterans' advocates from across the country took part in a two-day national forum on ending homelessness among veterans. The forum, held December 7 through 8 in Arlington, Va., included health care providers, outreach coordinators, homelessness specialists and service providers from various federal agencies. Participants worked together in planning increased access to stable and affordable housing, expand economic security, improved health care and changes to the nation's system for dealing with homelessness. VA administrators have also created a national, 24-hour hotline for homeless veterans. Responders can help callers find food, shelter, clothing and other assistance for homeless Veterans. The hotline number is 877-424-3838. (Source: *Military.com Veterans Report*)

**Aid for Low-Income Vets and Families:** The VA has recently announced a new program designed to provide enhanced services to low-income veterans and their families who are at risk of being homeless. The program, called the Supportive Services for Veteran Families Program, will provide grants to agencies that will provide direct financial assistance for daily living, transportation, childcare, rent and utilities and other expenses. Eligible veteran families will include those who are homeless and scheduled to become residents of permanent housing or those who have left permanent housing and are seeking other housing. The VA will provide local agencies with the instructions necessary to apply for grants under the program by mid-December. *(Source NAUS Veterans Report)*

**VA Vision and Hearing Care:** Veterans who meet specific VA criteria have access to vision and hearing exams in addition to free eyeglasses and hearing aids. This benefit can save veterans hundreds. Veterans with any compensable service-connected disability, former POWs, Purple Heart recipients, and certain housebound veterans are among those who qualify.

**VA Provided Hearing and Vision Benefits:** The Department of Veterans Affairs will ensure access to audiology and eye care services including preventive health (care) services and routine vision testing for all enrolled veterans and those veterans exempt from enrollment.

#### **Eyeglasses and Hearing Aids**

The VA will provide eyeglasses and hearing aids to veterans who meet the following criteria:

- Veterans with any compensable service-connected disability.
- Former Prisoners of War.
- Purple Heart recipients.
- Veterans getting benefits under Title 38 United States Code.
- Veterans who are qualified for an increased pension based on being permanently housebound and in need of regular aid and attendance.
- Veterans with vision or hearing impairment resulting from diseases or the existence of another medical condition for which the veteran is receiving care or services from VHA, or which resulted from treatment of that medical condition, e.g., stroke, polytrauma, traumatic brain injury, diabetes, multiple sclerosis, vascular disease, geriatric chronic illnesses, toxicity from drugs, ocular photosensitivity from drugs, cataract surgery, and/or other surgeries performed on the eye, ear, or brain resulting in vision or hearing impairment. Veterans with significant functional or cognitive impairment evidenced by deficiencies in the ability to perform activities of daily living.
- Those who have vision and/or hearing impairment severe enough that it interferes with their ability to participate actively in their own medical treatment and to reduce the impact of dual sensory impairment (combined hearing and vision loss).
- Those veterans who have service-connected vision disabilities rated zero percent or service-connected hearing disabilities rated zero percent if there is organic conductive, mixed, or sensory hearing impairment, and loss of pure tone hearing sensitivity in the low, mid, or high-frequency range or a combination of frequency ranges which contribute to a loss of communication ability; however, hearing aids are to be provided only as needed for the service-connected hearing disability.

• Veterans meeting the eligibility requirements to receive health care are eligible for diagnostic audiology services and eye & vision care services. Veterans cannot be denied access to audiology services and/or eye & vision care services covered by the [Medical Benefits Package](#) even if they do not meet the eligibility criteria for hearing aids and/or eyeglasses. For additional information, veterans can contact the prosthetic representative at the nearest [VA health care facility](#). *(Source VA)*

**VA to Use Medicare Payment Rates:** The Department of Veterans Affairs has announced that it will begin using Medicare's standard payment rates for certain medical procedures performed by non-VA providers on Feb. 16, 2011. The new adjustment will affect the following treatments VA officials provide to veterans through contracted care: ambulatory surgical center care, anesthesia, clinical laboratory, hospital

outpatient perspective payment systems and end stage renal disease. VA officials are providing written notifications to Veterans and non-VA providers. As additional information becomes available, it will be posted to the VA's ["Non-VA Purchased Care" website](#). (Source: *Military.com Veterans Report*)

**Eligibility for the TRICARE Retiree Dental Program includes “gray area” retirees, surviving family members and retirees living overseas:** The government-authorized TRICARE Retiree Dental Program (TRDP) began in 1998 as a voluntary option that offered basic dental benefits to Uniformed Services retirees and their eligible family members. In 2000—some three years before the first TRDP contract would expire—the TRDP scope of benefits was enhanced to include such comprehensive services as crowns, bridges, full and partial dentures, and orthodontics. In 2003, the second five-year TRDP contract was awarded by the Department of Defense to the incumbent administrator, Delta Dental of California, and included further improvements such as a shorter enrollment commitment and waiting period, increased maximums, and an expanded dentist network.

The TRDP is now in its third year of operations under a new five-year contract that began October 1, 2008 and today provides affordable, comprehensive dental benefits—including dental implant services, coverage for posterior composite fillings, and a \$1,500 lifetime orthodontic maximum—to over 1.2 million covered lives. Also starting October 1 of 2008, TRDP benefits under the new Enhanced-Overseas Program were expanded to retirees and their eligible family members who reside overseas. Until then, overseas enrollees had to return to the Enhanced TRDP service area to receive dental care. Additionally, the new contract included a provision that now allows Enhanced Program enrollees who live within the service area to be covered for emergency treatment when they are traveling outside the service area.

There are still a large number of eligible individuals—including retirees living overseas, unremarried surviving spouses and children, and “gray-area” retired Reservists and National Guard members—who are unaware of the TRDP or even that they are indeed eligible. Outreach efforts by Delta Dental to promote awareness about the TRDP continue to expand to ensure that as much of the eligible population as possible is informed of the benefits this affordable group program has to offer.

The TRDP service area includes all 50 states as well as the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands and Canada. Enrollees may seek care from any licensed dentist in this service area or can maximize their benefit savings by choosing a dentist from an expansive participating TRDP network.

After a mandatory 12-month enrollment obligation is satisfied, enrollees can remain in the program on a month-to-month basis. The Basic Program was closed to new enrollees in 2000 but continues with no change in benefits for those already enrolled and who wish to remain enrolled.

The TRDP carries a \$50-per-person-per-year deductible with a family cap of \$150 and an annual maximum of \$1,200 per person (\$1,000 for Basic Program enrollees) against which preventive and diagnostic services are not counted. Coverage for these services as well as for basic restorative services, periodontic services, endodontic services, oral surgery and dental emergencies is available immediately upon the effective date of coverage.

Major services such as crowns, bridges, full and partial dentures, implants and orthodontics, payable at 50 percent, are available to Enhanced TRDP enrollees after a 12-month waiting period. A waiver of this waiting period may be granted to certain individuals who enroll in the TRDP within four months after their retirement and provide supporting documentation. More information about the TRDP, including how to enroll online, can be found on the TRDP web site at [www.trdp.org](http://www.trdp.org) or by calling Delta Dental toll-free at 888-838-8737.

**Understanding Memorial Benefits:** In return for the sacrifices made by those who are serving, or have served, the Department of Veterans Affairs (VA) and the Department of Defense provide several memorial and burial services for eligible active-duty, Reserve, Guard, retired and veteran members. As a service member or military family member, you should be aware of your memorial benefits before you need them.

*(Continued on the next page)*



The following information is presented to assist you in planning for, or dealing with, one of life's most unpleasant times. The following section offers a comprehensive list of benefits offered to pay respect to those who have served.

**Memorial Benefits Links:** [Arlington National Cemetery](#), [Burial Expenses](#), [Burial Flags](#), [Death Gratuity](#), [Death Pension](#), [Funeral Honors](#), [Headstones and Markers](#), [Memorial Benefits Eligibility](#), [Memorial Benefits Explained](#), [National Cemeteries](#), [Presidential Memorial Certificates](#), [Retiree Burial Benefits](#), [State Cemeteries](#), [Support Organizations](#), [Tragedy Assistance Program](#), [Survivor Benefits](#) (Source *Military.com Benefits*)

## **TRICARE and Veterans Administration Coordinate Care to Support**

**Veterans:** When service members leave active duty, they may be eligible for benefits offered by TRICARE and the VA, depending whether they retire or how they separate from the military. If retiring, a service member is eligible for TRICARE as a military retiree and may be eligible for certain VA benefits. Service members who separate due to a service-connected disease or injury may be eligible for VA health benefits and certain TRICARE benefits. A service member getting ready to be medically-retired can find out if he or she qualifies for VA health benefits for a service-connected injury by consulting with a VA benefit counselor. The VA benefit counselor will assist them in submitting a health benefits application and determining what their military and VA medical board ratings mean with respect to health care coverage. Veterans who qualify for VA health benefits usually receive care for their service-connected injury at the VA. Although medically retired veterans receive care for their service-connected disability at the VA, they may be eligible to receive all other care through TRICARE. Under their TRICARE benefits, they may have a choice between TRICARE Prime, or Standard and Extra. Their eligible family members are also afforded the same options. Retirees can learn more about VA health benefits by contacting a VA Health Benefits Service Center at 877-222-VETS or visiting [www.tricare.mil/tricaretova](http://www.tricare.mil/tricaretova). For information about TRICARE-covered services, they should contact their TRICARE regional contractor. Regional contractor contact information can be found at [www.tricare.mil/contactus](http://www.tricare.mil/contactus). (Source: *Tricare Communications*)

**TRICARE Standard is a Great Health Care Option:** Beneficiaries choose Standard for many other reasons including: satisfaction with the treatment they currently receive from a specific civilian provider that may not be in the TRICARE provider network; they travel frequently, live far away from a military treatment facility, are away at school or they may have other health insurance. TRICARE Standard gives beneficiaries the peace of mind that they have access to quality, low-cost health care wherever they live or travel. Standard has always offered affordable cost shares and deductibles. Standard beneficiaries who are active duty family members pay a 15 percent cost share to see a network provider and a 20 percent cost share to see a non-network provider, after satisfying a yearly deductible. Depending on beneficiary category, annual deductibles range from \$50 to \$300 and TRICARE generally pays 75 percent to 85 percent of the costs for outpatient services once the annual deductible is met. The maximum a Standard beneficiary may have to pay out of pocket each year for TRICARE-covered services is \$1,000 for active duty families, and \$3,000 for all other beneficiary categories. A new benefit for Standard beneficiaries is the elimination of cost shares for many preventive health services such as screenings for colorectal, prostate, breast and cervical cancers, as well as certain immunizations. Often, providers will file claims for patients for TRICARE Standard beneficiaries. There may be times when beneficiaries may need to file their own claims, such as for care received while traveling overseas. Beneficiaries can find more information about filing claims and download claims forms on the TRICARE website at [www.tricare.mil/claims](http://www.tricare.mil/claims). For more information about TRICARE Standard, visit [www.tricare.mil/standard](http://www.tricare.mil/standard). (Source: *TRICARE Communications [tricare@service.govdelivery.com]*)

**Quitting Tobacco:** Now veterans, retirees and their families can get all the quit tobacco benefits previously available only to active-duty military personnel at the DoD Quit Tobacco—Make Everyone Proud campaign web site, [www.ucanquit2.org](http://www.ucanquit2.org). One of the highlights of the Quit Tobacco website is Train2Quit, a confidential, interactive system that can double your chances of successfully quitting. Train2Quit offers self-assessment questionnaires, a custom quit plan with a calendar to track progress, and tips on how to beat cravings, overcome weight gain and cope with the effects of nicotine withdrawal. The Quit Tobacco website includes live help with trained tobacco quit coaches, peer support, games, and a savings calculator to see how much extra cash you will save over time. Non-Medicare-eligible beneficiaries can receive assistance to quit smoking through TRICARE's toll-free Smoking Quitline, (West Region: 866-244-6870) in each TRICARE region, available 24 hours per day, seven days per week, and 365 days per year. Extending the Quit Tobacco services to these new audiences underscores the DoD, TRICARE and Veterans Administration's commitment to military personnel and their families throughout the entire continuum of service. (Source: TRICARE Communications)

## **TRICARE Offers Beneficiaries Money Saving Tips for the New Year**

The most common New Year resolutions deal with maintaining good health and saving money. TRICARE allows beneficiaries to do both at the same time. To many, health care is a priority, but so is streamlining health care cost. Military families can reduce their health care costs now and year-round by taking advantage of several money-saving features. Beneficiaries can reduce their out-of-pocket costs by moving their current retail prescriptions to TRICARE Pharmacy Home Delivery [www.tricare.mil/homedelivery](http://www.tricare.mil/homedelivery)).

Filling prescriptions at a retail pharmacy is the most expensive option for a beneficiary and TRICARE. Outside of a military pharmacy, TRICARE pharmacy home delivery is the least expensive option. Not only does home delivery save the beneficiary money on gas, automatic refills mean beneficiaries do not have to worry about running out of medications.

Many TRICARE beneficiaries can save time, the hassle of stamps and post office visits by using their regional health care contractor's automatic payment system to pay TRICARE Prime enrollment fees and other premiums. Payment options available may include: monthly allotments deducted from a retirement check, recurring credit card payments automatically charged to a Visa or MasterCard; and electronic fund transfer, which is a deduction from a specified checking, or saving account. Beneficiaries should visit their regional health care contractor's website for more information. Websites can be found at <http://www.tricare.mil/contactus/>.

Clinical preventive services help prevent illness before major health problems occur. Early disease detection and chronic condition management programs help prevent long-term health conditions and add savings for beneficiaries and the government in the long term. In September 2009, to increase access and lower the cost of preventive medical services for Standard beneficiaries, TRICARE eliminated the cost shares for several preventive medical services including some cancer screenings, immunizations and well-child care.

Beneficiaries should periodically review their explanations of benefits (EOB). Every time a TRICARE claim is filed, whether or not the beneficiary had any out-of-pocket co-pays or cost-shares, their TRICARE health care support contractor will send them an EOB listing the care received and associated costs. Beneficiaries may find mistakes or see services listed that they did not get at the time of their doctor's visit. Finding mistakes can save money for the beneficiary and for the government.

Missing a doctor's appointment or canceling a visit at the last minute cannot only cause problems for providers, but can be costly for the beneficiary. Many doctors charge patients a fee for missed appointments. Most require patients to cancel or reschedule an appointment within a specific time, usually within 24 or 48 hours before the original appointment. These money saving tips can stretch a beneficiary's budget and the Department of Defense's health care dollars year-round (Source: TRICARE Management Activity)



## The McChord Museum's Douglas C-124C Globemaster II

The Douglas C-124 Globemaster II (Old Shakey) evolved from the earlier Douglas C-74 Globemaster. The Air Force found the C-74 a capable and useful aircraft, and began to consider acquiring much larger numbers of an improved version proposed by Douglas. The C-124 used the same wings, tail, and engines as the C-74, but featured a new and enlarged fuselage, as well as stronger landing gear to handle the higher cargo weights. It was powered by four P&W R-4360-63A radial engines, with 3,800 HP each. The "YC-124" prototype performed its initial flight on 27

November 1949 and the first operational C-124 was delivered in May 1950.

A total of 204 "C-124As" were built, to be followed by 243 "C-124Cs". A turboprop-powered "KC-124B" tanker variant was considered, which emerged as a single "YC-124B" transport prototype that flew in 1954. The C-124C featured updated engines, an AN/APS-42 weather radar with a distinctive nose "thimble" radome, and wingtip-mounted combustion heaters to provide cabin heating and wing de-icing. The radar was retrofitted to most C-124As; some sources claim the heaters were as well, but others say not. The last of 448 Globemaster IIs was rolled out in May 1955. At the type's peak in 1963, there were 377 C-124s in service with 20 transport squadrons.

To facilitate cargo handling, the C-124 featured "clamshell" loading doors and two hydraulically operated ramps in the nose, an elevator under the aft fuselage and two overhead cranes of 16,000 pounds capacity, they could traverse the entire length of the 77 foot long cargo compartment. It was capable of handling such bulky cargo as tanks, field guns, bulldozers, and trucks. It could be converted into a transport capable of carrying 200 fully equipped soldiers in its double-decked cabin or 127 litter patients and their attendants. The first flight by a C-124 took place on Nov. 27, 1949 and deliveries of C-124As began in May 1950. The C-124A was followed into service by the C-124C, which featured more-powerful engines, as well as wingtip-mounted combustion heaters that provided cabin heating and wing and tail surface deicing, and an APS-42 weather radar in a distinctive nose "thimble." These latter improvements were eventually retrofitted to the C-124As.

In mid September 1951, the 62d Troop Carrier Wing received its first C-124 at McChord AFB but moved to Larson AFB, WA in April 1952. With the 62d absence from McChord, the 1705th Air Transportation Group took over C-124 operations until the return of the 62d from Larson on June 13, 1960. It was at Larson AFB that the 62d was involved in the largest single aircraft accident at that time. On 20 December 1952, one of the 62nd's C-124s took off from Larson on a routine airlift mission. Immediately after takeoff, about one half mile from the runway, the Globemaster II crashed and burned, killing 87, including servicemen on leave, going home for the holidays.

McChord and other C-124 units went on to provide a much-needed airlift capability in the Korean War, as it was the only aircraft that could carry many of the Army's vehicles. It also performed many other missions such as resupply missions to Antarctica, refugee evacuation in the Congo and mercy flights to Morocco, Chile and elsewhere throughout the world following floods and other natural disasters.

The USAF bought 448 C-124A/Cs before production ended in 1955. With the introduction of the C-141 into active service, most C-124s were transferred to the Air Force Reserve and the Air National Guard by 1970. The first ANG unit to receive the C-124C was the last Air Force unit to retire their aircraft (52-1066 & 53-0044) in Sept of 1974. (Source: McChord Air Museum)