

December 2013

Hangar Flying Newsletter

Season's Greetings and best wishes for a Merry Christmas and a Happy New Year from all the volunteers at your McChord Retiree Activity Office

New Budget Cut Options Include Military Pay, Vets: The Congressional Budget Office has released a report of more than 100 options for reducing budget deficits. It's a timely product as House and Senate conferees strive to negotiate a new debt-cutting deal to replace automatic budget cuts of sequestration. More than a few of the CBO options are fresh ideas to roll back compensation for categories of veterans or to raise TRICARE fees for military retirees, on suggestions that the government is being too generous. But for select veterans' programs, CBO makes some hard-edged points that lawmakers bent on cutting spending might find compelling, if not persuasive, to help address the nation's debt crisis.

Here are some of those ideas:

Cap Military Pay Raises – From 2000 through 2010, Congress approved basic pay raises that averaged a half percentage point above private sector wage growth. The military could save \$25 billion from 2015 to 2023 by reversing course, capping raises yearly at .5 percent below civilian wage growth. CBO predicts only a "minor" effect on force retention. Evidence in favor of this move are data showing cash compensation for enlisted members now exceeds wages of 90 percent of civilian counterparts, well above the Defense Department's goal of keeping service pay ahead of 70 percent of civilians of similar age and educational background. CBO says officer compensation exceeds 86 percent of private sector peers. The case against capping raises is that recruiting and retention goals could be compromised, CBO says, and smaller raises also dampen other elements of military compensation including retirement annuities.

Raise TRICARE Fees – CBO floats two options to have military retirees pay more for health care. One is to have TRICARE-for-Life users -- retirees, spouses and survivors age 65 and older -- pay the first \$550 of costs not covered by Medicare and then 50 percent of the next \$4950. CBO says this would slow TRICARE costs by \$31 billion from 2015 to 2023 but also save Medicare dollars as older beneficiaries seek fewer health services. The drawback is some TLF users might not seek needed preventive care or manage their chronic conditions as closely as they do now. The second option targets "working age" retirees and families enrolled in TRICARE Prime by raising fees, deductibles and co-pays in a complex combination too detailed to describe here. The Prime changes for retirees could save from \$2 billion to \$11 billion by 2023, depending on final details. (Continued on the next page)

Concurrent Receipt – Until 2003, military retirees who drew tax-free compensation from the Department of Veterans Affairs (VA) for service-connected disabilities saw retired pay reduced by an equal amount. Congress phased out this ban on "concurrent receipt" over several years to for retirees with disability ratings of 50 percent or higher. As a result, last year 420,000 retirees received \$7 billion in concurrent receipt payments. Lifting this ban, CBO suggests, encouraged many more retirees to seek a VA disability rating. In 2005, only 33 percent who served 20 or more years received VA disability pay. By 2012, that proportion of longevity retirees drawing disability pay had climbed to 45 percent. CBO says \$108 billion could be saved from 2015 to 2023 if the ban on concurrent receipt were restored for current and future retirees. They "would still receive higher after-tax payments than would retirees who are not disabled," CBO noted. The argument against is that retired pay and VA pay compensate for "different characteristics of military service: rewarding longevity in the former case and remunerating for pain and suffering in the latter... Moreover, some retirees would find the loss of income financially difficult." That CBO floated such an option could dampen hope among military retirees with disabilities rated 40 percent and less that Congress someday will lift the concurrent receipt ban for them too.

Narrow Eligibility for VA Compensation – The law requires VA to define "service-connected" ailments broadly so if symptoms occur in service the condition usually is compensable. Last year, CBO says, VA paid 520,000 veterans a total of \$2.9 billion "for seven medical conditions that...are generally neither caused nor aggravated by military service." VA could save \$20 billion, from 2015 to 2023, if it stopped compensating veterans for the following: chronic obstructive pulmonary disease; arteriosclerotic heart disease; hemorrhoids; uterine fibroids; multiple sclerosis; Crohn's disease and osteoarthritis. Indeed, if Congress eliminated "compensation for all disabilities unrelated to military duties," CBO says, the savings would be far greater, though, admittedly, this "would be more difficult to administer." The argument in support is that VA disability pay should be more comparable to civilian systems, which "do not typically compensate individuals for all medical problems" that develop during employment. The opposing argument is that military service "imposes extraordinary risks" and hardships, which justify current pays and benefits including compensation for those who become disabled in any way while in service.

Tighten VA "IU" Benefits – VA will supplement regular disability compensation for veterans not rated 100-percent disabled if they are deemed "unable to engage in substantial work," CBO explains. The "Individual Unemployability" (IU) benefit is paid today to 300,000 veterans, boosting monthly incomes by an average of \$1800 a month. A third of IU veterans, however, are over 65, the age by which many American workers are retired and drawing full social security benefits. CBO said VA could save \$15 billion by 2023 if it stopped IU to older veterans. These are not recommendations, CBO says, only options intended to inform lawmakers. *(Source: Tom Philpott's Military Update)*

DoD Requests Plan to Close Stateside Commissaries: Tasked by Defense Secretary Chuck Hagel to find ways to preserve force readiness amid sharply falling budgets, his comptroller and the Joint Staff have asked the Defense Commissary Agency (DeCA) for a plan to close all stateside base grocery stores, say military resale community sources.

Under Secretary of Defense Robert Hale, the department's top financial adviser, and Air Force Lt. Gen. Mark F. Ramsay, director of force structure, resources and assessment for the Joint Staff, reportedly requested the plan in a meeting with military personnel policy and commissary officials. It was to be briefed to Deputy Defense Secretary Ashton Carter and Adm. James Winnefeld, vice chairman of the Joint Chiefs of Staff.

Military leaders have testified often this year that they can't roll back weapon programs or shrink the force fast enough to absorb in balanced way \$50 billion a year in cuts demanded from sequestration. So operations, maintenance and modernization dollars are decimated to achieve near-term savings. Training and readiness are plummeting, say the service chiefs.

In that environment, commissaries have become "ground zero" for deeper cuts, said an industry official. Those dollars are coveted to support other needs such as flying hours, ship streaming days and troop unit rotations to combat training centers. Closing almost 180 stateside stores could free up \$800 million to \$900 million annually, by some estimates.

Asked to confirm if Hale requested a plan to close stateside commissaries, Navy Cmdr. Bill Urban, a DoD press officer, said Hagel "has made it clear on numerous occasions that all cost-cutting efforts need to be on the table for [DoD] to meet the spending caps associated with the 2011 Budget Control Act. At this time, no final decisions have been made on the...fiscal 2015 budget submission. Therefore, it would be inappropriate to discuss any specific budget decisions." (*Source: from Tom Philpott's Military Advantage*)

Veterans Identification Card Vulnerability: The Department of Veterans Affairs (VA) provides eligible Veterans a Veterans Identification Card (VIC) for use at VA Medical Facilities. The VIC Card protects the privacy of Veterans' sensitive information, as it no longer displays the Social Security Number or Date of Birth on the front of the card. The VIC Card will only display the Veteran's name, picture, and special eligibility indicators – Service Connected, Purple Heart and Former POW, if applicable, on the front of the card. Only Veterans who are eligible for VA medical benefits will receive the card.

Purpose Of VIC: The card is only for the purpose of identification and check-in for VA appointments. The VIC Card cannot be used as a credit card or an insurance card, and it does not authorize or pay for care at non-VA facilities. Veterans should safeguard their VIC Card similar to other identification cards that contain personal information.

Security of VIC: Veterans are warned to keep their VIC Card safe and secure. *Some bar code readers, including those available as applications on cell phones, can scan the bar code on the front of the card, and reveal the Veteran's social security number.* This could make the Veteran subject to identity theft if the card is lost or stolen. (*Source: VA.gov*)

Veterans to Receive 1.5 Percent Cost-of-Living Increase: Veterans, their families and survivors receiving disability compensation and pension benefits from the Department of Veterans Affairs will receive a 1.5 percent cost-of-living increase in their monthly payments beginning Jan. 1, 2014.

For the first time, payments will not be rounded down to the nearest dollar. Until this year, that was required by law. Veterans and survivors will see additional cents included in their monthly compensation benefit payment. For Veterans without dependents, the new compensation rates will range from \$130.94 monthly for a disability rated at 10 percent to \$2,858.24 monthly for 100 percent. The full rates are available on the Internet at www.benefits.va.gov/compensation/rates-index.asp.

The COLA increase also applies to disability and death pension recipients, survivors receiving dependency and indemnity compensation, disabled Veterans receiving automobile and clothing allowances, and other benefits. Under federal law, cost-of-living adjustments for VA's compensation and pension must match those for Social Security benefits. The last adjustment was in January 2013 when the Social Security benefits rate increased 1.7 percent.

In fiscal year 2013, VA provided over \$59 billion in compensation benefits to nearly 4 million Veterans and survivors, and over \$5 billion in pension benefits to more than 515,000 Veterans and survivors. For Veterans and separating Servicemembers who plan to file an electronic disability claim, VA urges them to use the joint DoD/VA online portal, eBenefits. Registered eBenefits users with a premium account can file a claim online, track the status, and access a variety of other benefits, including pension, education, health care, home loan eligibility, and vocational rehabilitation and employment programs.

For more information about VA benefits, visit www.benefits.va.gov <<http://www.benefits.va.gov/>> , or call 1-800-827-1000. (SOURCE: VA News Release)

VA Issues Fraud Alert: Veterans should be aware of a marketing scam targeting callers trying to reach the Department of Veterans Affairs (VA) National Call Center or GI Bill Call Center. A marketing company has established two fraudulent numbers that differ from the two official VA call center numbers by one digit. If the fraudulent number is dialed by mistake, the answering party will offer a gift card and try to obtain personal and financial information, including credit card information, from the caller. The answering party may even transfer the caller to the VA after the caller's information is obtained. The numbers to be avoided are: 800-872-1000 (the VA National Call Center number is 800-827-1000) and 888-442-4511 (the VA GI Bill Call Center number is 888-442-4551). VA has notified law enforcement authorities to address this situation. (Source *Military.com*)

Veterans in Blue: Thirty-three stories of service and heroism at war are captured in the Air Force's recently released fourth volume of "Veterans in Blue." The new portrait-based displays join those presently hanging in the Pentagon. The stories, photos and video interviews are also available on the [Veterans in Blue, Volume IV website](#). (Source: *Air Force Public Affairs Agency*)

Agent Orange and Type 2 Diabetes Mellitus: Veterans who develop type 2 diabetes mellitus and were exposed to Agent Orange or other herbicides during military service do not have to prove a connection between their diabetes and service to be eligible to receive VA health care and disability compensation.

About type 2 diabetes mellitus Diabetes is a chronic disease that affects the body's ability to use blood sugar for energy. In type 2 diabetes mellitus, the body does not produce enough insulin or the body's cells ignore the insulin.

Signs of diabetes type 2 (untreated) are: blurry vision, excessive thirst, fatigue, hunger, frequent urination, and weight loss.

Risk factors for diabetes type 2 include: age over 45 years, family history and genetics, sedentary lifestyle, unhealthy eating habits, obesity, and gestational diabetes.

VA benefits for type 2 diabetes mellitus Veterans with type 2 diabetes mellitus who were [exposed to herbicides during military service](#) may be eligible for [disability compensation](#) and [health care](#).

Veterans who served in Vietnam, the Korean demilitarized zone or another area where Agent Orange was sprayed may be eligible for a free [Agent Orange Registry health exam](#). Surviving spouses, dependent children and dependent parents of Veterans who were exposed to herbicides during military service and died as the result of type 2 diabetes mellitus may be eligible for [survivors' benefits](#). (Source *Public Health VA.gov*)

New TRICARE.mil “I Want To...” Feature Offers Easy Access to Popular Customer Service Options. TRICARE beneficiaries now have an easy way to access customer service features. The TRICARE.mil home page has a new “I want to...” section offering beneficiaries a gateway to links that help them manage their health care from prescriptions to enrollments and much more.

The “I want to...” section of [TRICARE.mil](#) launched Dec. 1, 2013. The redesigned home page focuses on tools for beneficiaries to manage their health care benefits. “I want to...” has quick links to secure login portals for more than a dozen customer service features including:

- Managing prescriptions
- Enrolling or purchasing a plan
- Finding a doctor
- Updating personal information
- Filing or checking on a claim
- Paying a bill
- Booking appointments at a military hospital or clinic
- Changing a primary care physician
- Viewing military health records

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Many beneficiaries may not even know these resources are available online. The new look TRICARE.mil home page is a hub for beneficiaries to manage their health care benefits from the comfort of home or on the go with mobile sites. Mobile, online and toll-free customer service options are time savers and prevent unnecessary trips to a military hospital or clinic. Other common requests, such as comparing plans or seeing what's covered, are also featured in the "I want to..." section as well as links to download forms, or subscribe to TRICARE email alerts. (Source: TriCare Communications)

Walk-In Tricare Help Centers May Be Cut In US, But Would

Continue Overseas: The Defense Department is weighing an option to save money by closing Tricare customer service centers at stateside military treatment facilities, where contractors provide face-to-face help with questions on topics such as enrollment and claims processing. The Defense Department stressed that no changes are in the works at Tricare Service Centers overseas.

The potential closure of the centers, which serve hundreds of thousands of troops and their families throughout the United States, is part of a reorganization of DOD health care administration into the new Defense Health Agency, intended to save billions of dollars by increasing efficiency and reducing duplication of services. But there's been no final decision to close the U.S. help centers, a defense official said Friday in an email.

"When the Defense Department announced the creation of the Defense Health Agency, elimination of walk-in service at Tricare Service Centers was one of the proposed actions to increase efficiency," said Pentagon spokeswoman Lt. Col. Cathy Wilkinson. "However, the plan has not been finalized concerning the implementation or timing of such action." Regardless of the final decision, Tricare users based overseas won't be affected, Wilkinson said.

If DOD moves ahead with closing the centers, they'll be replaced by call-in help lines, according to plan for the reform of the defense health system the Pentagon submitted to Congress in June. According to the plan, call centers would improve customer service and be far cheaper.

"The Tricare Service Center (TSC) initiative will improve customer service efficiency by eliminating expensive walk-in service centers located at every [Military Treatment Facility] and providing greater access to information through current toll-free call centers and readily available internet resources," the plan stated. "These options are available 24/7 worldwide and more than 80 percent less expensive per encounter compared to the TSCs." (Source: Stars and Stripes)

Six Steps for Fighting the Flu: Now is the time to brush up on your flu knowledge so that you can protect yourself and your family. Even though they share some of the same symptoms, flu is no common cold. Each year within the U.S., hundreds of thousands of people are hospitalized by flu and thousands die from it. Certain people are at a higher risk. These include young children, adults over 50 and people with chronic illness, such as diabetes, HIV, heart, kidney or lung disease.

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The flu virus spreads easily. When a person with the flu sneezes, coughs, talks or laughs, “droplets” of the flu virus can spread into the air and surfaces up to six feet away. The flu virus can live on these surfaces up to 48 hours, and can be transferred to your hands if you touch them. If you then touch your eyes, nose or mouth, you can become infected.

It can take a few days for symptoms to first appear. But people are contagious even before that happens, explains Troy Knighton, Program Manager, Clinical Public Health in VA’s Central Office. “The fact that it can be spread by people before they even know they have the virus makes it really important to be protected at the beginning of the flu season.”

You can help protect yourself. VA suggests taking these six steps to prevent getting and spreading the flu.

Step 1: Get your flu shot.

Step 2: Know how flu is spread.

Step 3: Know the symptoms of flu.

Step 4: Keep your hands and surfaces around you clean.

Step 5: Cover your coughs and sneezes.

Step 6: Stay home when you are sick.

Flu can be spread by people before they even know they have the virus. Flu shots are safe. There is a misconception that flu shots can give you the flu. This is simply not true. Knighton believes this notion may come from people who have gotten the flu right after the flu shot, or know someone who has. “It takes about two weeks for the vaccine to really stimulate your immune system enough so that you are protected from the flu,” says Knighton. “So if you get the flu right after your shot, you were going to get it anyway. You were probably already exposed to it and the vaccine hasn’t had time to protect you.” The flu shot is also safe and encouraged for pregnant women. They also have a higher risk of flu complications. Millions of shots over many years have shown that vaccination is an effective way to protect mother and baby. There’s even a new flu vaccine option for people with egg allergies.

The VA has a wealth of flu information and resources to help you stay healthy. Visit the Veterans Health Library or through My Health^eVet for video, illustrated education and more. Also go to www.publichealth.va.gov/flu for more details on the topics in this article. (*Source: VA.gov*)