

February 2015

Hangar Flying Newsletter

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

Military Compensation Commission Recommendations: The Military Compensation and Retirement Modernization Commission is urging President Obama to endorse and Congress to enact sweeping changes to military health insurance and retirement options to “empower” service members to make choices that would drive down compensation costs.

The panel’s final report makes 15 recommendations that, if fully implemented, would cut personnel spending for the departments of Defense and Veterans Affairs by \$12 billion a year. The most surprising idea is to replace the triple-option TRICARE program for military families and working-age retirees with a selection of commercial health insurance plans.

The commission would leave unchanged TRICARE for Life. Working-age military retirees and families, however, would fare less well. Initially they would have to pay five percent of health plan premiums. That cost share would grow by one percentage point a year over 15 years so that retirees under age 65 eventually pay 20 percent of health insurance costs. The costs would stop when eligible for Medicare and TRICARE for Life.

Commissioners say beneficiaries, from during their site visits and public hearings, expressed a desire for more health care choices than the ponderous TRICARE program can provide. (*Source: excerpt from an article by Tom Philpott*)

Health Care Coverage and the ACA: Just Check the Box: You’ve seen the commercials on TV and heard the serious voice on the radio telling you how difficult this tax season may be because of the Patient Protection and Affordable Care Act (ACA). Don’t believe the hype; you can meet the health care coverage reporting requirement as easily as checking a box on your Form 1040, 1040A or 1040EZ.

Effective January 1, 2014, the ACA required most Americans, including all TRICARE beneficiaries and DoD employees, have minimum essential health care coverage (MEC), or pay a tax penalty for each month that you and the other individuals listed on your tax form did not have coverage during 2014. The good news is if you, and your dependents, are entitled to TRICARE or purchased TRICARE or Federal Employee Health Benefit (FEHB) Plan coverage, all you have to do to is “self-attest” you had coverage on your 2014 tax return.

The IRS has released clarifying information in publication 5187, “[Health Care Law: What’s New for Individuals & Families](#).” This publication provides information about some of the tax requirements of the ACA. Other ACA-related publications and tax forms are available at www.irs.gov/ACA.

Military beneficiaries who are only eligible for space available care in military clinics or hospitals (examples are parents and parents-in-law or former members seeking care for line-of-duty conditions) do not have TRICARE coverage and would normally be subject to the tax penalty if they do not have MEC from a non-DoD source. (*Continued on next page*)

However, those beneficiaries who are only eligible for “Space Available” care have received a special exemption from the tax penalty for tax year 2014. These beneficiaries should document their status on Form 8695, Health Coverage Exemptions, and file it with their federal tax returns.

For those who do not have TRICARE or FEHB coverage or lose DoD sponsored coverage, you're encouraged to explore other health care options through the [Health Insurance Marketplace](#). Open season began November 15 and ran through February 15, 2015. (Source: *Tricare Benefit Updates*)

Free Tax Preparation for Veterans: Here are links to free tax preparation services for veterans: (1) IRS' [Volunteer Income Tax Assistance](#) (VITA) and [Tax Counseling for the Elderly](#) (TCE) programs are available to taxpayers that earned less than \$53,000 in 2014. To locate the nearest VITA or TCE site near you, use the VITA Locator Tool at irs.treasury.gov/freetaxprep/ or call 800-906-9887. MyFreeTaxes at www.myfreetaxes.com, operates the only free online tax preparation and filing assistance platform available in all 50 states and Washington D.C. for veterans who earned \$60,000 or less in 2014. For more information, read the VA Vantage Point Blog at www.blogs.va.gov/Vantage/16726/free-tax-return-preparation-for-veterans-military-members-and-their-families/.

Small Increase to TRICARE Pharmacy Copays Began February 1, 2015: New copayments for prescription drugs covered by TRICARE (went) into effect February 1, 2015. The Fiscal Year 2015 National Defense Authorization Act (NDAA) requires TRICARE to increase most pharmacy copays by \$3. Drugs from military pharmacies and generic drugs from TRICARE Pharmacy Home Delivery still cost beneficiaries \$0.

TRICARE pharmacy copays vary based on the class of drug and where beneficiaries choose to fill their prescriptions. Home Delivery copays for formulary brand name drugs are going from \$13 to \$16, and for non-formulary from \$43 to \$46. You can get up to a 90-day supply of drugs through Home Delivery. At the retail pharmacy network, copays for generic formulary drugs go from \$5 to \$8, brand name formulary go from \$17 to \$20 and non-formulary from \$44 to \$47.

You can get up to a 30-day supply of drugs at retail pharmacies.

Some pharmacy copays are not changing in 2015. Military pharmacies remain the lowest cost option for beneficiaries, with no cost for drugs, and generic formulary medications at Home Delivery remain \$0. Home Delivery <<http://www.tricare.mil/homedelivery>> is a low cost, safe and convenient way for TRICARE beneficiaries to get their maintenance medications. Copays at non-network retail pharmacies will also change, based on the changes to retail copays. For more details, visit the TRICARE pharmacy costs <<http://www.tricare.mil/pharmacycosts>> page.

These changes in the NDAA overrule previous rules passed by Congress in 2013 that connected TRICARE pharmacy copays to the retiree cost of living adjustment (COLA). (SOURCE: *TRICARE News Release*)

TRICARE Nurse Advice Line Now Available; TRICARE's Nurse Advice Line is up and running. All TRICARE beneficiaries in the United States can access the Nurse Advice Line 24 hours a day, 7 days a week by calling 1-800-TRICARE (1-800-874-2273) and selecting option 1.

The Nurse Advice Line is staffed by registered nurses who answer urgent health care questions. They give beneficiaries professional health care advice to help determine if self-care is the best option or if you or your

family member should see a health care provider. Pediatric nurses are available to answer questions about your child's health and will call you back at your request if follow up is needed. *(Continued on next page)*

For quality and safety purposes, you will be asked to have your child present for the call so the nurse can perform an accurate assessment. The nurses can help you find the closest urgent care center or emergency room or schedule same-day appointments at military hospitals or clinics if available. If you have questions about test results or need a prescription refill, contact your primary care provider.

The Nurse Advice Line is not intended for emergencies and is not a substitute for emergency treatment. If you think you may have a medical emergency, call 911 immediately. *(Source: Tricare)*

TRICARE Website: Easier To Use: The TRICARE website, www.tricare.mil, recently unveiled a new design that gives you clear and easy access to your benefit information. You now have more ways to browse the site, which features easier navigation, a login button for quicker access to our partners' secure services and a section on the home page dedicated to life-changing events.

The new design is the result of an ongoing review about what beneficiaries look for when they visit www.tricare.mil. The site uses satisfaction surveys, analytics and user feedback to highlight key information. TRICARE is also closely monitoring the most visited pages and most frequently searched terms. Some of the most popular topics that visitors look for include:

- What plan can I use?
- What's covered?
- How do I find a doctor?
- How much will I pay?

TRICARE paired these findings with an extensive review of 34 public- and private-sector health insurance plan websites, then applied the latest industry practices of website navigation, organization, content, naming convention and readability to the site.

The TRICARE website is a powerful tool to help you learn about your health care benefit and stay up-to-date on the latest changes. Visit www.tricare.mil to see the new design and explore your TRICARE benefit. *(Source: Tricare)*

TriWest and Potential Phishing Scam: There have been reports of a potential phishing scam in which someone is allegedly using TriWest letterhead to attempt to obtain Personal Health Information (PHI) or Personally Identifiable Information (PII) from veterans. It is important to know that TriWest will only send a letter to veterans to: confirm appointments; notify veterans of VA decisions important to their eligibility for care in the community; or to provide the new Choice Card. None of TriWest's letters will request PHI/PII or credit card information. You can verify the validity of any letter you receive from TriWest by calling TriWest directly at 1-855-PCCCVET (722-2838).

Update DEERS When You Have a Life Change: The Defense Enrollment Eligibility Reporting System (DEERS) is the database for all active duty, National Guard and Reserve and retired service members worldwide, their family members and others who are eligible for military benefits, including TRICARE. The Department of Defense uses the information in your DEERS record to determine your eligibility for TRICARE benefits and programs, as well as your TRICARE region.

TRICARE eligibility shows in DEERS when your records are up to date. Keeping your DEERS information current helps ensure you can access TRICARE benefits, including doctors' appointments, medications and claims reimbursements.

Remember to update your DEERS information regularly, especially when you have life-changing events such as moving, getting married or divorced or having a child. Only sponsors (or sponsor-appointed individuals with valid power of attorney) can add family members in DEERS. *(Continued on next page)*

When there is a change in information, each family member's DEERS record must be updated separately. Family members age 18 and older may update their own contact information. For more information, visit www.tricare.mil/deers.

Register New Spouses and Children in DEERS

It is extremely important for sponsors to register new spouses and children in DEERS to ensure TRICARE eligibility. To register a new spouse or child in DEERS, the sponsor needs to provide a copy of the marriage or birth certificate and/or adoption papers to the nearest uniformed services identification (ID) card-issuing facility (or DEERS representative in remote locations). To find an ID card-issuing facility, visit www.dmdc.mil/rsl. New spouses and children are also required to show two forms of ID (e.g., any combination of Social Security card, driver's license, birth certificate and/or adoption papers, current uniformed services ID card or Common Access Card). DEERS registration must be complete before enrolling a new spouse or child in TRICARE Prime or TRICARE Prime Remote for Active Duty Family Members. Contact your regional contractor for enrollment assistance.

Update DEERS after a Divorce

Sponsors must update DEERS when there is a divorce. For information about documentation requirements, call your nearest uniformed services ID card-issuing facility. Visit www.dmdc.mil/rsl to find a facility in your area. Former spouses who have not remarried and may be eligible for continued benefits can check with the sponsor's service to verify eligibility and what documentation is necessary.

Former spouses who are not eligible for TRICARE may not continue seeking health care services under the TRICARE benefit. If an ineligible former spouse continues to seek TRICARE coverage for health care services, the former spouse and/or the sponsor may have to reimburse TRICARE for those services. *(Source Tricare Fact Sheet)*

VA lays out 2016 health care budget priorities: The Veterans Affairs Department's budget plan for health care next year would boost spending on mental health treatment and services, caregiver programs and health care for female veterans.

The budget request for fiscal 2016, which starts Oct. 1, includes \$56 billion in spending for veterans health care as well as \$63.3 billion in advance funding for 2017. That advance funding is included each year in the VA spending plan to protect the health budget in the event of a government shutdown. The funding includes \$7.2 billion to improve mental health treatment in the primary care setting as well as provide "more intensive interventions in specialty mental health programs" for severe or chronic mental health disorders. It also provides \$598 million for continued construction and improvement projects and \$36 million to improve customer service programs for online access and call centers.

The department expects to have 9.4 million veterans enrolled in VA health care in the coming year, including 1.4 million Iraq and Afghanistan veterans. Along with increasing funding for its brick-and-mortar hospital operations, the proposal includes more money — totalling \$1.2 billion — for telehealth technologies to increase access to medical care for veterans with chronic conditions who live in remote or rural areas, and \$446 million for women's health programs, an increase of 8.3 percent.

While the spending request is substantial, the budget proposal also warns that more resources will be needed to ensure that the VA health system continues to provide quality health care. Noting that the Veterans Choice Act

put aside \$5 billion in mandatory funding to hire more physicians and staff and improve infrastructure, as well as \$10 billion for the Veterans Choice program, designed to improve access to health care by allowing veterans to be seen in civilian health care settings, VA officials said more investments will be needed. (Source: Military Times)

VA hospital in Lakewood targeted for construction money: The White House wants to double spending on construction projects for the Department of Veterans Affairs next year while steering some of that new money to a major expansion of the VA hospital in Lakewood.

The proposed VA budget for 2016 includes \$1.1 billion for major construction projects at veterans hospitals around the country, up from \$562 million this year. It's intended to help the beleaguered agency catch up to increasing demand for its services from veterans of the recent wars and from older generations of veterans accessing expanded benefits. The VA's American Lake campus, a fast-growing site within the VA Puget Sound network, would get \$11 million for a project that would include the construction of a new outpatient clinic and a seismic renovation of its main primary care building.

Lawmakers said the funding request is a step forward for a \$161.7 million project that would add some 70,000 square feet of space for primary care and specialty services. The VA would hire at least another 54 full-time employees to staff the additional space, according to budget documents.

Meanwhile, two other large construction projects are underway at VA Puget Sound's Seattle campus. One is a \$220 million mental health facility and the other is a \$44 million parking garage. The money follows several years of accelerating growth at VA Puget Sound. The network cared for 97,000 patients last year. It anticipates enrolling about 110,000 patients by 2018.

The VA first earmarked money for the American Lake expansion in 2009 when it set aside \$5 million to design the new facilities. Budget documents do not indicate when the project is scheduled to break ground or when it's expected to be finished. The Obama administration's proposed budget for 2016 would allocate a total of \$168.8 billion for the VA, up from \$97.7 billion in 2009.

VA Puget Sound has announced it is hiring 124 additional employees over the next two years. Money for those positions will come from an agency overhaul Congress adopted last summer following allegations that some VA hospitals had misrepresented data on long delays that veterans faced receiving medical care. (Source: *Tacoma News Tribune*)

VA Redesigns Website: The Department of Veterans Affairs (VA) recently redesigned the eBenefits website. The new website has a fresh new look with simplified menus, clearer instructions and more. Visit the new [eBenefits website](#).

Far fewer veterans use choice card and private health care than expected:

Only 27,000 veterans have made appointments for private medical care since the Department of Veteran's Affairs Choice Card program rolled out at the start of November, Secretary Robert "Bob" McDonald said this week. The program, was created after the VA's patient wait list scandal, which kept veterans on lists for months as they waited for care for everything from suicide prevention to cancer-related surgeries. (Continued on next page)

A series of government reports earlier this year documented a [widespread coverup of the issue](#) through falsification of appointment data and extensive treatment delays.

The card gives veterans who have been waiting more than 30 days for appointments or who live more than 40 miles from a VA facility the chance to see a private doctor. The VA has been hiring tens of thousands of doctors and nurses to fill shortages which have contributed to the delays. Before the choice card, veterans could receive outside care for emergencies — wherever the closest hospital is, for instance — or for procedures the VA didn't offer. And separate from the choice card, the VA made over 2 million authorizations for Veterans to receive care in the private sector from May 1, 2014, through January 31, 2015 — a 45 percent increase in authorizations when compared to the same period in the previous years, according to data from the department. But many veterans report that they often have to wait months and even years to be reimbursed for this care, and some say this issue could be one reason why veterans haven't used their care cards. *(Source: Washington Post)*

JBLM Lewis-McChord Retiree Appreciation Day (RAD)

is scheduled for

15 May 2015

from 0730 - 1300 hours (7:30 am - 1:00 pm)

**American Lake Conference Center (ALCC) Building P8085
Joint Base Lewis-McChord-North (JBLM-North)**

If you are planning to attend please review the following documents.

[Registration Form](#) (Word) [Registration Form](#) (.pdf)

[Breakfast and Luncheon Menu](#) (Word) [Breakfast and Luncheon Menu](#) (.pdf)

The RAD provides a medical Health Fair supported by Madigan Medical Center, service for Wills, general, special and medical powers of attorney, and answers to legal questions provided by lawyers from the SJA. There will also be a variety of service support agencies in attendance. All registered attendees are eligible for door prizes provided by AAFES and RAD supporters.

*Golf cart transportation will be available at the entrance to the ALCC to transport disabled retirees and/or family members to and from the parking lot. Junior ROTC Cadets will assist personnel with wheelchairs.