

April 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



37th Annual McChord Retiree Heritage Dinner

Col. Joe Jackson Guest Speaker MOH

The 37th Annual McChord RAO Heritage

Dinner will be held on 16 May 2015 at the McChord Field Collocated Clubs. A no-host social hour begins at 6:30 p.m. and dinner seating at 7:15.

This year's theme is honoring Viet Nam era veterans. The informal dinner features military ceremonies, interesting and historical displays, door prizes and much camaraderie.

All military, active duty and retired, from all branches of the services, their family and friends are invited. For more information call the RAO at 253 982-3214 (A reservation form for the dinner can be found on the last page of the newsletter)



President Obama signals support for changes to military pay and benefits

President Obama endorses the underlying principles in the Military Compensation and Retirement Modernization Commission's recommendations, the White House said in a letter released Monday.

The push to reform military pay and benefits picked up steam when the White House signaled support for the slate of controversial proposals that call for changing the military retirement and health care systems. But President Obama stopped short of endorsing the 15 specific recommendations that the Military Compensation and Retirement Modernization Commission sent to Capitol Hill in January.

The recommendations would shrink the size of military pensions by 20 percent and create new investment accounts for all troops. They also call for ending Tricare in its current form and instead offering military families insurance policies similar to those available to civilians. "I believe the recommendations are an important step forward in protecting the long-term viability of the all-volunteer force, improving quality-of-life for service members and their families, and ensuring the fiscal sustainability of the military compensation and retirement systems," Obama wrote in a letter to the compensation commission. (Source: Military Times)

Military medical leaders sound alarm over spending cuts: Looming spending cuts pose a significant threat to military medical research and could harm health services for troops, families and retirees, top Army, Navy and Air Force medical commanders told Congress.

Testifying before the House Appropriations Committee's defense panel Tuesday, the military services' surgeons general said proposed budget caps would have a "detrimental impact" on the Defense Department health system and urged lawmakers to fix the issues before the cuts go into effect.

Lt. Gen. Patricia Horoho said the Army Medical Command would be forced to close some inpatient and acute care surgical centers if budget caps remain in place. "Devastating reductions to both civilian personnel and military end strength would impact every Army medicine program," Horoho told lawmakers on the budget funding panel.

Air Force Lt. Gen. Thomas Travis said the budget caps, often referred to as sequestration, are "a threat to research dollars" that would put pressure on "restoration, modernization, sustainment of our facilities and research dollars." "And not just the organic research dollars for the military medical community, but for our partner institutions," he added.

Under rules passed by Congress in 2011, the defense budget would be cut by roughly \$40 billion in fiscal 2016 unless Congress amends the Budget Control Act.

Rep. Rodney Frelinghuysen, R-N.J., chairman of the defense panel, said "everyone on his committee hates sequestration" and will work toward a solution. "It's a straitjacket we'd like to get out of," Frelinghuysen told the surgeons general. "We're trying to extricate ourselves so that it does the minimum amount of harm to the important work that you do."

The Pentagon's proposed fiscal 2016 budget seeks \$47.8 billion for health care, including \$32.2 billion to care for more than 9 million active-duty personnel, family members and retirees. The plan also proposes to consolidate Tricare into a single system and also suggests new fees to provide wrap-around coverage for Medicare-eligible retirees and increased fees for retirees and their family members below age 65.

Navy Surgeon General Vice Adm. Matthew Nathan said the services' medical commands remain concerned about maintaining the levels of readiness and quality of care honed over the past 14 years of combat operations and continuing to develop cutting-edge procedures and treatment techniques. "You have heard the unified chant from all of us that we need to maintain an organic critical mass of research funding stream," Nathan said.

According to Horoho, in the last round of budget cuts, the Army laid off some contracted physicians and medical specialists and never recovered that expertise.

Air Force Lt. Gen. Doug Robb, director of the Defense Health Agency, said should the cuts occur, the priority within the health system will remain its patients. "Our commitment to quality of care is sacrosanct — we will not allow quality to suffer or place any patient at risk," Robb said. "But there are significant, negative long-term effects on the overall military health system that could undermine our efforts to support readiness." (*Source Military Times*)

TRICARE Revises Compound Drug Coverage

Related Topics: [TRICARE Health Program](#), [TRICARE Pharmacy Program](#), [Compound Drugs](#)

Starting May 1, 2015, Express Scripts, the TRICARE pharmacy contractor, will screen all ingredients in compound drug claims to ensure they are safe and effective, and covered by TRICARE. This screening process is like the one TRICARE already uses for other prescription drugs, but it will now apply to the ingredients in compound drugs.

Compound drugs are a combination of drug ingredients prepared by a pharmacist for a patient's individual needs. TRICARE beneficiaries taking a compound drug likely to be impacted by the change will soon receive a letter explaining the new process for screening compound drugs, and what steps they should follow.

Use of compound drugs has increased greatly in recent years. However, some compound drug ingredients have limited or no evidence that they are safe and effective. If a compound does not pass an initial screen, the pharmacist can switch a non-approved ingredient with an approved one, or request the doctor write a new prescription. If this is not possible, the doctor may ask Express Scripts to consider other evidence by requesting a prior authorization.

The Defense Health Agency's highest priority is to provide our beneficiaries safe and effective care while being responsible stewards of taxpayer dollars. Many compound drugs will still be covered because they include ingredients proven to be safe, and most beneficiaries will experience no delay in getting their prescriptions. For more information about TRICARE coverage of compound drugs, visit the [TRICARE Compound Drugs page](#). If you receive a letter from Express Scripts, you can call customer service at 1-877-363-1303 for more information on your prescription. (*Source Tricare*)

Emergency Care Facilities Must Be TRICARE-Authorized: Before you have an emergency and need to seek emergency care, it is important to note that not all emergency care facilities are TRICARE-authorized emergency providers. Freestanding emergency rooms (ERs) that are not affiliated with a hospital may not be TRICARE-authorized. If a provider, such as a freestanding ER, is not authorized, TRICARE is prohibited from paying facility fees. That can leave you stuck with an unexpected bill.

If you are moving or visiting a new area, take time to identify the nearest TRICARE-authorized ER. For freestanding ERs, check to see whether they are TRICARE-authorized. You can call United Healthcare Military & Veterans at 1-877-988-WEST (1-877-988-9378) to find out whether an ER provider is TRICARE-authorized. You can also search TRICARE network providers at www.tricare.mil/findaprovider.

TRICARE defines an emergency department as an organized, hospital-based facility available 24 hours a day providing emergency services to patients who need immediate medical attention. Emergency departments affiliated with a hospital are most likely TRICARE-authorized providers.

You should be aware that during an emergency, the closest ER may not be TRICARE-authorized. Depending upon your circumstances and the time-sensitive nature of your injury or illness, you may be unable to get to a TRICARE-authorized ER. Additionally, if you use an ambulance, you will be transported to the nearest ER. To learn more about TRICARE coverage of emergency care, visit www.tricare.mil/emergency. (*Source: Tricare Health Matters Newsletter*)

New Survivor Benefit Policy Vexes Retiree: Retired Air Force Lt. Col. Harold Brown, one of World War II's famed Tuskegee Airmen, survived being shot down over Austria near the end of the war. He also survived the following weeks as a prisoner of war, including time at the notorious Moosburg POW camp. Shortly after the war, as a flight instructor, he survived a midair crash. Much later in life, he also survived his ex-wife. And because he did, he finds himself in yet another battle — this time with the Defense Finance and Accounting Service. After his former wife died from cancer in 2013, he asked DFAS to transfer his military Survivor Benefit Plan benefits to his current wife, whom he married in 2010. But although Brown has paid tens of thousands of dollars in premiums for those benefits, DFAS refused.

He and an unknown number of other retirees have discovered that in 2013 DFAS, with no public notice, changed the way it interprets the law governing SBP. For decades, DFAS had allowed the transfer of SBP benefits to a new spouse if a former spouse died before the retiree. But with the change in 2013, retirees no longer are automatically allowed to do that. There are ways to make it happen, but such transfers must be made before the former spouse's death if the original designation was made as part of a court order or a written agreement.

According to DFAS the premiums Brown paid over the years will stay in the broad Defense Department trust fund that pays retirees and annuitants, to include SBP beneficiaries. The SBP program is partially funded by the government, which underwrites at least 40 percent of the costs.

The Military Officers Association of America has heard from other retirees over the last two years since DFAS altered its interpretation of the law, and has contacted DFAS and defense personnel officials about the issue. "This verbal legal interpretation means that a military retiree cannot transfer SBP coverage to a current or future spouse as has been the policy in the past," wrote retired Navy Vice Adm. Norbert Ryan, MOAA's president, in a letter last September to Jessica Wright, then-undersecretary of defense for personnel and readiness. Moreover, Ryan noted, the DFAS change also creates an inconsistency in benefits, because retired federal employees who have purchased Office of Personnel Management-sponsored survivor benefits are authorized to make such transfers after the death of an ex-spouse. SBP experts have been reviewing these situations and associated SBP policies, but no decisions have been made.

DFAS officials have recommended that if service officials want to take a different approach in situations like Brown's, they should seek formal legislation from Congress. According to DFAS, its general counsel actually has drafted potential legislation, and has provided a copy to DoD personnel and readiness officials. DFAS does not discuss the details of individual cases, said spokesman Steve Burghardt. But generally, he said, in a scenario in which the service member selects spouse SBP coverage at the time he or she becomes eligible to participate, the couple divorces, and former spouse coverage is selected, then all previous coverage under the plan ends. "In that instance, if the former spouse dies, then SBP coverage has terminated" and coverage for a subsequent spouse cannot be elected, Burghardt said. DFAS has determined that the new, more stringent rules will not apply retroactively to retirees and their current spouses who were able to transfer beneficiary designations before DFAS changed its interpretation.

Because there has been no published legal opinion or any DFAS publication announcing the change, MOAA is concerned that retirees are unaware they will be unable to transfer the benefit if their former spouse dies before they do unless they follow procedures to make the change before the former spouse dies.

Transferring beneficiaries Under the 2013 change in how the Defense Finance and Accounting Service interprets the law governing the military Survivor Benefit Plan, an annuity granted to the former spouse of a retiree can be transferred — but only before the former spouse dies. Steve Burghardt, a spokesman for the Defense Finance and Accounting Service, said specific procedures depend on the retiree's particular situation: *(Continued on next page)*

*When SBP coverage for a former spouse is included as part of a divorce settlement, the retiree must provide an amended court order showing a change in the original settlement, removing the obligation to provide former spouse coverage, and shifting the benefit to the new spouse.

*If SBP coverage is governed by a written agreement between the retiree and former spouse, both must provide current signed statements of agreement in the change of SBP beneficiary.

*If the former spouse coverage was voluntarily entered by the member, the member can change the beneficiary designation. (Source: Military Times)

Bipartisan bill would expand VA Agent Orange coverage: Sens. Kirsten Gillibrand (D-N.Y.) and Steve Daines (R-Mont.) have introduced legislation that would extend Veterans Affairs Department benefits to "blue water" Vietnam-era veterans exposed to Agent Orange.

Vietnam War veterans who served at sea are currently denied VA disability and health benefits for illnesses caused by Agent Orange. Exposure to the chemical can cause a range of diseases, including cancer.

[The VA says](#) that for an illness to be linked to Agent Orange exposure, a veteran must have "stepped foot on the land of Vietnam" or served in an inland waterway.

But, the senators bill would change that to allow veterans who served up to approximately 12 miles offshore to get VA health and disability benefits for illnesses that are tied to Agent Orange exposure.

Under the legislation, if a veteran served offshore and has a disease the [VA associates with Agent Orange](#), then VA officials must presume that the veteran was exposed to the chemical.

"We owe it to the veterans who bravely served our country and have fallen victim to Agent Orange-related disease to enact this legislation that will provide the disability compensation and healthcare benefits they have earned," Gillibrand said in a statement. "Agent Orange is a very difficult chapter in our nation's history and is past due that we correct the errors of the past."

For decades, the VA denied disability and health benefits for Vietnam veterans that claimed Agent Orange exposure. It wasn't until 1991 that the VA began linking certain illnesses to the chemical.

Daines said the current law "has resulted in the prolonged suffering" of veterans.

"It is unacceptable that a technicality in the law and dysfunctional federal bureaucracy has resulted in the prolonged suffering of thousands of our nation's heroes," Daines stated. "This legislation will ensure that victims of Agent Orange-related disease receive the care and compensation they have long deserved." (Source: [thehill.com](#))

VA: No date set for Agent Orange C-123 decision: WASHINGTON – The VA said that no date has been set for a decision on whether to award benefits for Agent Orange exposure to Air Force reservists who flew C-123 aircraft contaminated with the herbicide.

The department is weighing the issue after a recent study confirmed the possibility of health risks as well as lobbying from veteran groups and former crew members. But it did not plan to make an announcement this week, despite an earlier indication by VA officials, spokeswoman Meagan Lutz said.

There is no definite timeline for a decision, she said. (Continued on next page)

Veterans say herbicide residue left inside the aircraft from service during the Vietnam War sickened them and they deserve the VA health care coverage for Agent Orange-related conditions extended to nearly all servicemembers deployed to the war zone.

The C-123s were used to spray during Operation Ranch Hand and were later brought back to the United States and repurposed as military cargo aircraft. About 1,500 to 2,100 personnel flew and trained on the C-123 aircraft from the early 1970s to the 1980s.

An Institute of Medicine study stoked the debate in January when it found that herbicide residue inside the planes could have exposed reservists to the disease-causing dioxins found in Agent Orange.

“It is plausible that, at least in some cases ... the reservists’ exposure exceeded health guidelines for workers in enclosed settings,” the researchers wrote. “Thus, some reservists quite likely experienced non-trivial increases in their risks of adverse health outcomes.”

VA Undersecretary for Benefits Allison Hickey told Stars and Stripes last week that the department had planned to announce a decision on the benefits but was delaying it until Tuesday or Wednesday, though that never materialized. (Source: Stars and Stripes)

Lawmakers want IG to probe VA's women's health policies: A group of lawmakers have asked VA's Inspector General's office to look into services available to female veterans throughout the Veterans Health Administration. A bipartisan group of House lawmakers is asking for an investigation into the Veterans Affairs Department's outreach efforts to female veterans, calling the issue critical to the future of the agency.

The letter, sent Thursday by 11 members of the House Veterans' Affairs Committee, asks VA's Inspector General's office to look into privacy policies, facility access and gynecological services available throughout the Veterans Health Administration.

"Female veterans are the fastest growing population served by [VA]," the letter states. "Women currently comprise about 10 percent of the population of the VA, but are about 20 percent of the active-duty components. It is critical that [VA staff] are prepared to serve the unique needs of female veterans." Lawmakers said they are concerned with recent reports that VA "drastically underserves" female vets, either due to missing services, untrained staff or inadequate facilities.

VA officials said more than 635,000 female veterans are enrolled for VA health care, and about 400,000 actively use department services. Those figures have roughly doubled since 2000. In testimony before the Senate Veterans' Affairs Committee last month, VA Secretary Bob McDonald said he has made recruiting gynecologists a departmental goal, recognizing the growing need. The department is also expanding the number of women's clinics nationwide.

But Rep. Dina Titus, D-Nev., said in a statement that she sees chronic problems in the system, "including a lack of women's health providers, problems with the coordination of care, and inappropriate treatment." The letter does not set a timeline for the investigation, but lawmakers said they intend to take up the issue with the committee in coming weeks. (Source: Stars & Stripes)

Starting March 24, veterans will have to use new standardized forms to claim compensation for disabilities and other benefits: As of March 24, veterans can no longer begin filing a disability claim with the Department of Veterans Affairs by writing an informal statement on any piece of paper, even a napkin. As of 24 March, veterans can only use a specific standardized claim form found online.

The claims process now begins with a standard intent to file form, [21-0966](#), that allows veterans to provide the necessary introductory information and inform the VA of their intent to file for a selected general benefit, [according to the DAV](#). If veterans give the VA a completed application for their selected general benefit within a year of filing the 21-0966 form, that application will be considered filed on the date the VA received the intent to file form.

The new emphasis on specific standardized forms also means medical records such as hospitalization reports and examinations can no longer serve as the start of informal claims.

Veterans seeking to file a claim for disability compensation related to their military service will now have to fill out [VA Form 21-526EZ](#). Almost a year after news broke that an alarming amount of veterans were dying while waiting for the VA to process their claims amid systemic delays and corruption, the VA hopes this new paperwork will help overcome the claims backlog that remains.

Although it may seem more restrictive to veterans who want the process to be kept simple, that's not how the VA sees it. "We get a reduced frustration level on the part of the veteran because they've told us exactly what it is," said VA Director of Compensation Services and Pension Thomas Murphy of the new requirement, [in a report from the KUSA television station](#) in Colorado. "We get a faster processing time on the part of the VA because I understand clearly what that veteran wants and take action immediately."

Veterans who have made requests for claims prior to March 24 will not have to re-file paperwork to meet the new requirements. (*Source; DEFENSE NEWS & MILITARY TIMES*)

VA Eliminates Net Worth as Health Care Eligibility Factor: Washington – The Department of Veterans Affairs is updating the way it determines eligibility for VA health care, a change that will result in more Veterans having access to the health care benefits they've earned and deserve.

Effective 2015, VA eliminated the use of net worth as a determining factor for both health care programs and copayment responsibilities. This change makes VA health care benefits more accessible to lower-income Veterans and brings VA policies in line with Secretary Robert A. McDonald's MyVA initiative which reorients VA around Veterans' needs.

"Everything that we do and every decision we make has to be focused on the Veterans we serve," said VA Secretary Robert A. McDonald. "We are working every day to earn their trust. Changing the way we determine eligibility to make the process easier for Veterans is part of our promise to our Veterans."

Instead of combining the sum of Veterans' income with their assets to determine eligibility for medical care and copayment obligations, VA will now only consider a Veteran's gross household income and deductible expenses from the previous year. (*Continued on next page*)

Elimination of the consideration of net worth for VA health care enrollment means that certain lower-income, non-service-connected Veterans will have less out-of-pocket costs. Over a 5-year period, it is estimated that 190,000 Veterans will become eligible for reduced costs of their health care services.

In March 2014, VA eliminated the annual requirement for updated financial information. VA now uses information from the Internal Revenue Service and Social Security Administration to automatically match individual Veterans' income information which reduces the burden on Veterans to keep their healthcare eligibility up to date. That change better aligned VA's health care financial assessment program with other federal health care organizations.

Veterans may submit updated income information at www.1010ez.med.va.gov/, or by visiting their nearby VA health care facility. For more information, visit www.va.gov/healthbenefits or call VA toll-free at 1-877-222-VETS (8387). (Source: Department of Veterans Affairs)

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.

JBLM McChord RAO ANNUAL RETIREE HERITAGE DINNER

The 37th Annual Heritage Dinner will be held on Saturday evening, 16 May 2015.

This invitation is extended to all retirees and active duty personnel, their families and friends. It is a great way to spend an evening at reasonable expense. Coat and tie are required for men; you may wear your Mess Dress or Service Uniform if you so desire, we encourage you to wear it. We are not going to tell the ladies what to wear, as they always dress appropriately.

A "no host" cocktail bar will open at 1830 hours. Everyone should be seated by 1915 hours. There is a choice of Beef, or Salmon. The complete dinner including gratuity and a beverage will cost \$22.20 per person for the Sliced London Broil, and \$23.40 per person for the Fillet of King Salmon. Add \$2.00 per meal for non-club members.

Please specify your selection and the number attending on the reservation form below. Mail it as soon as possible, but no later than Monday 12 May 2015 or you may make reservations in person at the club no later than 15 May 2015

Retiree Heritage Dinner Reservation Form:

Mail to: JBLM McChord Collocated Club
P O Box 4007
McChord AFB, WA 98438

Please make reservations for _____ persons.

Number for:

Sliced London Broil _____ \$22.20

Fillet of King Salmon _____ \$23.40

Add \$2.00 for non-club members

Enclosed is my check payable to McChord Collocated Club or please charge my officer/enlisted club card

_____ (Club card number last nine digits)

Expiration Date _____

Please make reservations in the name of _____

Number of Guests _____

You may contact me at (home phone) _____