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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

Reminders

TRICARE and Medicare and Turning 65: TRICARE For Life (TFL) is available to you when you turn 65 and have both Medicare part A and B. Once you have part A and part B you automatically receive TFL benefits. Keeping your information current in the Defense Eligibility Reporting System (DEERS) is key in insuring your enrollment in TFL.

Your birth date will determine when you become eligible and when you should contact the Social Security Administration office to sign up for Medicare part A and part B. TFL coverage begins on the first day that you have both part A and B coverage.

- If you were born on the first day of the month, you become eligible for Medicare on the first day of the month before you turn 65. Sign up for Medicare between two and four months before the month you were born.
- If you were born after the first day of the month, you become eligible for Medicare on the first day of the month that you turn 65. Sign up for Medicare between one and three months before the month you turn 65.

US Family Health Plan Enrollees: If you were enrolled USFHP on Sept 30, 2012 you will be able to remain in the plan after becoming eligible for Medicare part A at age 65. You will not be required to have Medicare part B to remain eligible for USFHP. If you disenroll from USFHP after Sept 30, 2012 you will not be eligible to reenroll if you are entitled to Medicare.

TRICARE beneficiaries who become members in USFHP after Sept 30, 2012 will not be able to participate in USFHP when they become Medicare eligible for Medicare part A at age 65.

TRICARE and Medicare beneficiaries aged 65 must have Medicare part B to remain eligible for TFL

Prescription drug coverage: If you have TRICARE, Medicare part D is not required to remain TRICARE eligible. The TFL Pilot requires that beneficiaries living in the U.S. and its territories who use select medications to fill those prescriptions must use TRICARE Pharmacy Home Delivery or a military pharmacy. Visit www.tricare.mol/tfpilot for more information.

DEERS: Remember to update your DEERS information regularly the Department of Defense uses your information to determine your eligibility for TRICARE benefits and programs as well as your TRICARE region. When there is a change of information each family member's DEERS record must be updated separately for more information visit www.tricare.mil/deers . (Source TFL Fact Sheet Nov 2014)

TRICARE Tools to Help You Learn About Your Benefit: Your health care benefit gives you and your family security in knowing you can receive health care when you need it. TRICARE provides several tools to make sure you understand your health plan, whether you have one of the basic TRICARE plans or transitional health care coverage.

One great option for TRICARE information is TRICARE TV videos on YouTube. These short, monthly videos discuss a specific aspect of the TRICARE benefit. Once on TRICARE's YouTube page <http://www.youtube.com/TRICARE> , you can access all the videos on the playlist. You can also subscribe to receive notifications when a new video is posted.

In addition to news articles, TRICARE has a weekly audio podcast <http://www.tricare.mil/podcasts> that recaps the week's news and highlights relevant military health observances.

Monthly webinars provide an opportunity for you to speak directly to TRICARE experts. Subject matter experts present and take questions at the end of their presentations. Webinars, like TRICARE TV episodes, typically address one aspect of the benefit per session. You can sign up for upcoming webinars on the Military OneSource <http://www.militaryonesource.mil/social/webinars> website and also watch prior webinars on their archives <http://www.militaryonesource.mil/social/webinar-archives> page.

All of these resources are on TRICARE's Media Center <http://www.tricare.mil/mediacenter> . You can also interact and get daily news and information on TRICARE's social media pages, Facebook <https://www.facebook.com/TRICARE> , Twitter <https://twitter.com/TRICARE> and Google+ <https://plus.google.com/+TRICARE/posts> .

For more in depth information, fact sheets give highly detailed information about specific parts of the benefit and are available for download on the TRICARE SMART <http://www.tricare.mil/SMART> website.

Learning about your benefit ensures you understand it and the best ways to get care. If you're not sure where to start, you can always begin on the TRICARE <http://www.tricare.mil/> website.
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NOTE: Links to all of the above TRICARE assets and other useful resources are available on the LINKS FOR MIL\RET\VETS <http://www.hostmtb.org/> website.

(SOURCE: TRICARE News Release at http://www.tricare.mil/HealthWellness/HLArticles/Archives/05_29_15_TRICARE_Tools.aspx)

TRICARE Pharmacy E-Perscriptions: The Military Health System has deployed electronic prescribing in military pharmacies across its system of clinics and hospitals in the United States (and in Guam and Puerto Rico). This capability will allow civilian providers to send prescriptions electronically to military pharmacies, reducing the need for handwritten prescriptions.

“E-prescribing is a great new service at military pharmacies,” said Dr. George Jones, chief of the Defense Health Agency Pharmacy Operation Division. “E-prescribing makes military pharmacies a more attractive and convenient option for doctors and patients, and it aligns the Military Health System with current best pharmacy practices.”

E-prescribing is a safe and efficient option already adopted by most civilian pharmacies and providers. It can help reduce prescription errors and has the potential to decrease wait times at military pharmacies. When a prescription comes into a pharmacy electronically, it allows the pharmacist to resolve issues before the patient arrives.

Beneficiaries can ask their doctor to look for their local military pharmacies in the e-prescribing database/networks. Military hospitals and clinics will not be able to accept electronic prescriptions for controlled substances. Beneficiaries will still need a hand written prescription for these medications. To learn more about TRICARE's pharmacy benefits, visit the [TRICARE website](#). (Source: Army Echoes)

New Express Scripts Website: www.express-scripts.com/tricare . The new website contains enhanced features, beneficiaries can see all of their current prescriptions, check their status, turn on or off the automatic refills feature, and order refills of their home delivery prescriptions. They can also see which prescriptions are on backorder, plus current and recent explanations of their benefits.

A revamped user-friendly version of the formulary search tool is available on the TRICARE Formulary Search Tool webpage at www.tricareformulary.mil/pharmacy For more information on TRICARE Pharmacy benefits; visit the TRICARE Pharmacy webpage at www.tricareformulary.mil/pharmacy. (Source: TRICARE News)

Twice as Many Vets Now Are Eligible for Non-VA Care: More veterans will be able to access health care outside of the Veterans Affairs medical system now because of a policy change the department has made under pressure from veterans, lawmakers and veteran advocates.

VA has tweaked one of the Choice program's eligibility requirements -- the criterion related to a veteran's distance from the nearest VA facility -- effective April 24. Instead of calculating geographic distance based on a straight line or, "as the crow flies," the department will determine eligibility based on the actual driving distance between the veteran's home and the nearest VA medical facility. VA will use geographic information system (GIS) software to calculate driving distance.

"The beneficiary travel calculation will now be made using the fastest route instead of the shortest route," the department said in a press release.

The department anticipates that the change will double the number of veterans eligible for the Choice program.

This will allow certain vets to receive health care temporarily outside the VA if the department is unable to schedule an appointment for the veteran within 30 days, or the veteran lives more than 40 miles from a VA facility.

VA published an [interim final rule](#) in the *Federal Register* on Friday, and the change took effect immediately. The department also will notify vets by letter about the revised mileage calculation, and has published a [fact sheet](#) on the program. Comments on the interim final rule are due by May 26.

The program is a key component of the 2014 Veterans Access, Choice and Accountability Act, which President Obama signed into law last summer. The department began sending Choice cards to eligible veterans at the end of last year, mailing them out in three phases. But the roll-out created confusion, and many vets who believed they were eligible for the Choice program were turned away.

The department, which noted in the April 24 rule that basing the calculation on actual driving distance will increase the number of vets eligible for the program, also sort of defended its widely-criticized original interpretation of the law's provision.

"In the interim final rule published in November, VA determined that it would use the straight-line distance between the veteran's residence and the VA medical facility that is closest to the veteran's residence. We did so consistent with language in the conference report accompanying the final bill prior to its enactment," the regulation said. "The conference report stated: 'In calculating the distance from a nearest VA medical facility, it is the conferees' expectation that VA will use geodesic distance, or the shortest distance between two points.' H.R. Rpt. 113-564, p. 55. The shortest distance between two points is a straight line, so VA concluded that a veteran who is outside of a 40-mile radius of a VA medical facility would be eligible under this provision." *(Continued on next page)*

VA also acknowledged in the April 24 rule that while the “conference report language appeared to state the conferees’ expectation, other statements in the legislative history suggest Congress was not of one mind regarding how the 40 miles should be measured.”

The Choice program runs through Aug. 7, 2017, or until the \$10 billion fund is exhausted. The administration’s fiscal 2016 budget proposal recommended shifting any potential excess money from the Choice program into other areas, but lawmakers quickly shot down that idea in February saying it could end the program prematurely. House Veterans’ Affairs Committee Chairman Rep. Jeff Miller, R-Fla., called the proposal a “non-starter.”

As of March 17, nearly 46,000 vets have sought to receive care using the Choice program, according to VA data. Vets with questions about the Choice program can call 1-866-606-8198. (Source: VA.gov)

VA Expands Disability Benefits for Air Force Personnel Exposed to Contaminated C-123 Aircraft:

The Department of Veterans Affairs (VA) has published a new regulation that expands eligibility for some benefits for a select group of Air Force Veterans and Air Force Reserve personnel who were exposed to the herbicide Agent Orange through regular and repeated contact with contaminated C-123 aircraft that had been used in Vietnam as part of Operation Ranch Hand (ORH).

VA published this regulation as an interim final rule so that it could immediately begin providing benefits to eligible Air Force veterans and Air Force Reserve personnel who submit a disability compensation claim for any of the 14 medical conditions that have been determined by VA to be related to exposure to Agent Orange.

Secretary of Veterans Affairs Robert A. McDonald made the decision to expand benefits following receipt of a 2015 report by the National Academy of Sciences Institute of Medicine (IOM) on Post-Vietnam Dioxin Exposure in Agent Orange-Contaminated C-123 Aircraft. This VA-requested report found evidence that as many as 1,500 to 2,100 Air Force and Air Force Reserve personnel who served as flight, medical and ground maintenance crew members on ORH C-123 aircraft previously used to spray Agent Orange in Vietnam were exposed to the herbicide.

“Opening up eligibility for this deserving group of Air Force veterans and reservists is the right thing to do,” said Secretary McDonald. “We thank the IOM for its thorough review that provided the supporting evidence needed to ensure we can now fully compensate any former crew member who develops an Agent Orange-related disability.” (Continued on next page)

Under this new rule, Air Force and Air Force Reserve flight, medical and ground maintenance crewmembers who served on the contaminated ORH C-123s are presumed to have been exposed to herbicides during their service, thus making it easier for them to establish entitlement for some VA benefits if they develop an Agent Orange-related presumptive condition. In addition, for affected Air Force Reserve crew members, VA will presume that their Agent Orange-related condition had its onset during their Reserve training. This change ensures that these reservists are eligible for VA disability compensation and medical care for any Agent Orange-related presumptive condition, and that their surviving dependents are eligible for dependency and indemnity compensation and burial benefits.

The interim final rule can be found on the Federal Register: www.federalregister.gov/public-inspection. VA will immediately begin processing claims and issuing benefits to eligible Air Force crew members.

VA encourages reservists who were assigned to flight, ground or medical crew duties at Lockbourne/Rickenbacker Air Force Base in Ohio (906th and 907th Tactical Air Groups or 355th and 356th Tactical Airlift Squadron), Westover Air Force Base in Massachusetts (731st Tactical Air Squadron and 74th Aeromedical Evacuation Squadron) or Pittsburgh, Pennsylvania, International Airport (758th Airlift Squadron) during the period 1969 to 1986, and developed an Agent Orange-related disability to file a disability compensation claim online through the joint VA-Department of Defense web portal, eBenefits (<https://www.ebenefits.va.gov/>).

VA also has identified several active duty locations where ORH C-123 aircraft may have been used following their service in Vietnam. Active duty personnel who served in a regular USAF unit location where a contaminated C-123 was assigned and who had regular and repeated contact with the aircraft through flight, ground or medical duties during the period 1969 to 1986, and who develop an Agent Orange-related disability, also are encouraged to apply for benefits. For more information on applying for these benefits, including the affected units, Air Force Specialty Codes and dates of service for affected crew members, and a listing of Agent Orange-related conditions, visit www.benefits.va.gov/compensation/agentorange-c123.asp.

In order to avoid unnecessary delay of benefits, claimants should annotate “(C-123)” after each Agent Orange related disability in *Part II, Block 14* of VA Form 21-526 or *Section I, Block 11* of VA

Form VA Form 21-526EZ when filing on eBenefits. Example: Diabetes (C-123). If claimants have any of the following documents, they should be attached to their application:

Discharge, separation papers, (DD214 or equivalent)

USAF Form 2096 (unit where assigned at the time of the training action)

USAF Form 5 (aircraft flight duties) (*Continued on next page*)

USAF Form 781 (aircraft maintenance duties)

Dependency records (marriage & children's birth certificates)

Medical evidence (doctor & hospital reports)

VA will process all claims related to C-123 exposure at the St. Paul, Minnesota, VA Regional Office. Claims not filed through eBenefits should be mailed to the following address (or faxed to 608-373-6694):

Department of Veterans Affairs

Claims Intake Center

Attention: C123 Claims

PO Box 5088

Janesville, WI 53547-5088

Individuals with specific benefit questions related to herbicide exposure on C-123s may call VA's special C-123 Hotline at 1-800-749-8387 (available 8 a.m. – 9 p.m. EST) or e-mail VSCC123.VAVBASPL@va.gov. (Source: VA.gov)

TRICARE Retiree Dental Program Makes Your Mouth and Your

Wallet Smile: In the spirit of Financial Literacy Month that recently passed, it is a good time for a reminder of why having comprehensive dental coverage under the TRICARE Retiree Dental Program (TRDP) makes good financial sense.

When seeing a participating TRDP network dentist — who has agreed to accept reduced fees and will file all claims paperwork — TRDP enrollees get two routine exams, a set of x-rays and two cleanings (or three for diagnosed diabetics) at 100% of the program's allowed amount with no out-of-pocket expenses. In most cases, TRDP enrollees will save more money on just these routine services than they would pay in annual premiums—and will have more of their \$1,300 annual maximum left to pay for other services offered by the TRDP, such as root canals, oral surgery, crowns, bridges and dental implants. In addition to the annual maximum, each TRDP enrollee also gets a separate \$1,200 dental accident maximum and a lifetime orthodontic maximum of \$1,750.

For more information on saving money and maintaining and improving your dental health with the TRICARE Retiree Dental Program, visit trdp.org today and [Watch the Plan Video](#).
(SOURCE: *Delta Dental News Release, 22 June 2015*)

1. NOTE: For more TRDP related information, to locate participating dentists, etc., please visit the TRICARE website at <http://www.tricare.mil/CoveredServices/Dental/TRDP/DentalProviders.aspx>