



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). Email – retaffairs@us.af.mil Web Site www.mcchordrao.com Retiree Activities Office: Open 0900-1200 Monday – Friday

How to safely file for and claim your PACT Act benefits.

There are some predatory companies, not recognized by VA, targeting veterans by offering to assist with VA benefit claims. These companies charge absurd fees or require you to pay a portion of your VA benefits. VA will never charge you to apply for the benefits you may be entitled to.

Apply directly to VA. If you plan to file a claim, you may submit your claim in person at any regional office or [online](#). VA will help you gather the evidence you need to support your claim. There are no costs or hidden fees to file a claim for benefits.

Be cautious of companies who provide information about the recent changes in law for toxic-exposure benefit claims and suggest Veterans can only obtain VA benefits with their help. These companies may be trying to charge Veterans illegal fees. Use the VA Office of General Counsel (OGC) [Accreditation Search](#) to confirm and validate the credentials of anyone offering claims assistance.

Do not sign a contract agreeing to pay an unauthorized company a fee to help you with your VA claim. There are [accredited](#) Veterans Service Organizations, agents and attorneys who may assist you.

Only VA-accredited agents and attorneys may charge Veterans for assistance on their VA claim, and only when they provide assistance in connection with a proceeding after VA has made an initial decision on a Veteran's claim. No individual or organization may charge a claimant a fee for filing an initial VA claim.

Be cautious of companies claiming to be contacting you on behalf of VA. Contact VA directly at 1-800-

827-1000 if you are unsure about the authenticity of a message you've received.

Review all documents thoroughly. Never sign a blank form for someone else to complete later. They should always review the completed form before signing and retain a copy of the completed form for their records.

Helpful resources and tools Veterans and survivors who think they might be eligible should apply for PACT Act benefits right now. Go to www.va.gov/PACT or call 1-800-MYVA411 for more information. If you are ever uncertain about a contact or believe you or someone you know is a victim of VA benefits scams, please contact the VA Office of Inspector General at ([OIG Hotline \(va.gov\)](#)).

If you suspect a company is using predatory practices, file a complaint with the [Federal Trade Commission](#) and the [Better Business Bureau](#). For more information on how to avoid scams, go to <https://www.fcc.gov/veterans-targeted-benefits-scams>. (Source, Veterans Administration)

NDAA 2023 Survivor Benefit Plan (SBP) Open Season

Congress provided for a Survivor Benefit Plan Open Season in the 2023 National Defense Authorization Act (NDAA). The SBP Open Season began on December 23, 2022 and ends on January 1, 2024.

SBP Open Season Enrollment Information – [Click here to jump to the Enrollment Section](#)

The SBP Open Season allows for retirees receiving retired pay, eligible members, or former members awaiting retired pay who were NOT enrolled in SBP or RCSBP (Reserve Component Survivor Benefit Plan) as of December 22, 2022 to enroll.

For a member who enrolls during the SBP Open Season, the law generally requires that the member will be responsible to pay retroactive SBP premium costs that would have been paid if the member had enrolled at retirement (or enrolled at another earlier date, depending on the member's family circumstances).

SBP Open Season Discontinuance Information
– [Click here to jump to the Discontinuance Section](#)

The SBP Open Season also allows eligible members and former members who were enrolled in SBP or RCSBP (Reserve Component Survivor Benefit Plan) as of December 22, 2022 to permanently discontinue their SBP coverage. The law generally requires the covered beneficiaries to concur in writing with the election to discontinue. Previously paid premiums will not be refunded.

We will post additional information and instructions on this webpage as they become available. Please check back for news during the 2023 calendar year.

If you have questions, you can call the McChord SBP Representative at 253-982-3821 or stop by the Casualty Affairs Office in Bldg. 100

VA increases maximum life insurance coverage for Veterans and service members by \$100,000

On March 1st, VA increased the maximum amount of life insurance coverage available to Veterans and service members from \$400,000 to \$500,000 for [Veterans' Group Life Insurance \(VGLI\)](#) and [Servicemembers Group Life Insurance \(SGLI\)](#). This increase in coverage reflects the current cost of living and helps ensure that the families of Veterans and service members will have the financial support they deserve after their loved ones pass away.

Veterans who are under age 60 and currently enrolled in VGLI will be able to purchase additional coverage in \$25,000 increments up to \$500,000. All active duty, guard, and reserve service members eligible for SGLI automatically received the increased coverage on March 1.

Life insurance options include [SGLI](#), which eligible service members are automatically signed up for

while serving; [VGLI](#), which Veterans can transition to from SGLI or apply for within 1 year and 120 days of leaving the service; [VA Life](#), a new option that provides up to \$40,000 of whole life insurance for all Veterans, age 80 or under, with service-connected disabilities rated from 0-100%; and [more](#).

Under this increase, the SGLI premium rate will remain the same, meaning that service members will receive maximum coverage for \$30 per month, plus \$1 for Traumatic Injury Protection (TSGLI) coverage. Service members who separate from service with SGLI coverage at the new higher amount can convert their coverage to VGLI. Service members who do not wish to keep the increased SGLI coverage amount can elect a reduced coverage amount or decline coverage online through the SGLI Online Enrollment System (SOES) on [milConnect](#). If coverage was reduced or declined by March 31, service members will not be charged for the increased coverage amount.

This increase in life insurance is a part of the [Supporting Families of the Fallen Act](#). For more information about life insurance options, Veterans and servicemembers can visit [VA's life insurance portal](#). (Source: Veterans Administration)

Have Diabetes? Check Supplies, Services TRICARE Covers.

If you have diabetes, you know managing it well is vital to you staying healthy from head to toe. And from medical appointments to glucose monitoring and more, TRICARE can help you live your healthiest life with diabetes. "There's no one-size-fits-all approach to diabetes care, and that's why TRICARE covers a variety of diabetes supplies and services," said Lt. Cmdr. Giao Phung, a clinical pharmacist with the Pharmacy Operations Division at the Defense Health Agency. "Learning about these benefits can help you make informed health decisions for yourself or a family member with diabetes." Here's a look at some of the benefits available to you.

Diabetes Drugs, Supplies, and Equipment, Tricare covers prescription drugs and related [supplies and equipment](#) to help you manage your diabetes. Depending on your needs, diabetes supplies and

equipment may fall under your pharmacy benefit, your medical benefit, or both. Supplies covered by the [TRICARE Pharmacy Program](#) include:

- Insulin products
- Blood glucose strips
- Blood and urine ketone/acetone test strips
- Diabetic syringes, needles, and lancets
- Continuous glucose monitoring systems (CGMs)

As of Feb. 15, TRICARE covers the Omnipod 5 insulin delivery device under your pharmacy benefit. You must have [pre-authorization](#) from your doctor. Right now, you can only get the device at a [retail pharmacy](#). To find the cost, coverage rules, and availability of this device and other products and brands, check the [TRICARE Formulary Search Tool](#). You may find some products available at [military pharmacies](#), through [home delivery](#), or at [TRICARE retail network pharmacies](#).

Remember, if you use the [US Family Health Plan](#) (USFHP), you must use a USFHP pharmacy provider. When you have USFHP, you can't use the TRICARE Pharmacy Program.

For some products covered by your pharmacy benefit, your doctor may need to request [pre-authorization](#) from Express Scripts. This includes getting a CGM from your pharmacy, even if you've received approval for one under your medical benefit. Depending on how your prescription is written, a CGM may be covered as [durable medical equipment](#) (DME) by your medical benefit. Home glucose monitors and insulin infusion pumps may also be covered as DME under certain conditions.

Diabetes Self-Management Training, do you need help learning how to manage your diabetes? If you're eligible, your doctor can refer you to [diabetes self-management training](#). In this outpatient program, you'll learn skills and develop a plan for monitoring your blood sugar and maintaining a healthy lifestyle. You may also qualify for follow-up training each year.

Eye Exams: Did you know diabetes can harm your eyes? In fact, [diabetic retinopathy](#) is the leading cause of blindness in working-age adults, according

to the Centers for Disease Control and Prevention (CDC). If you have diabetes, TRICARE covers medically necessary eye exams. And this is in addition to [routine eye exam coverage](#).

Therapeutic Shoes: If you have diabetes, your feet need you to take care of them daily. Be sure to pay attention to how your feet look and feel, and follow CDC [tips for healthy feet](#). You may also need [therapeutic shoes](#) and inserts to help you prevent foot injuries and improve your mobility. TRICARE covers shoes and inserts when prescribed and fitted by qualified providers.

Want to learn more? Check out [health habits for people with diabetes](#) from the Military Health System. If you have questions about what's covered? You can [contact Express Scripts](#) with questions about your pharmacy benefit. For supplies and services covered by your medical benefit, [call your regional contractor](#). (Source: *Tricare Communications*)

Get Advice from a Nurse 24/7.

With the coming of spring, the temperatures warm and the tempo of life picks up. Outdoor activities resume—recreation, yardwork, cookouts—and change of station plans swing into high gear. Amid the busyness of these warmer months, the potential for minor injuries and health concerns may increase. It's good to know that you have all-the-time access to health information and advice via the [Military Health System Nurse Advice Line](#).

“TRICARE understands that injuries and illness don't take a vacation when the warm weather arrives,” said Robin Abbott, acting chief of the Defense Health Agency Integrated Referral Management and Appointing Center. “You may have an immediate need for support, or you may have questions about health and wellness. For any minor injury or illness, or for general health care information, the MHS Nurse Advice Line is there for you at no cost.” Here are answers to some commonly asked questions about the MHS Nurse Advice Line.

Q: Who's eligible to use the MHS Nurse Advice Line?

A: You can use the MHS Nurse Advice Line if you're a TRICARE beneficiary living or traveling

in the U.S. or in a country outside the U.S. with a [military hospital or clinic](#). This includes: Active duty service members, Active duty family members, and Retirees and their family members

It's important that your sponsor's and your family members' personal information is up to date in the [Defense Enrollment Eligibility Reporting System](#). Log in to [milConnect](#) to check your information to ensure it's current.

If you're enrolled in the [US Family Health Plan](#), you can't use the MHS Nurse Advice Line.

Q: What kind of help can I expect?

A: When you call the MHS Nurse Advice Line, you'll be connected to a registered nurse. They'll help you identify illness and safely treat minor injuries. If your condition is urgent or serious, they'll help you find the [urgent care](#) or [emergency care](#) you need.

Your nurse can:

Answer your health care questions, Assess your symptoms and give recommendations for the most appropriate steps to take. Provide instructions to treat minor issues or self-care tips that you can use at home. Help locate the closest urgent care or emergency care facility, if necessary
Help you schedule and appointment at a [military hospital or clinic](#), if you're enrolled

Q: What types of questions or advice can I call with?

A: Here are a few examples:

I have a rash after working in the yard—how should I treat it?

When should I take my child to the emergency room if their fever doesn't come down?

I think I sprained my ankle, but I'm not sure if I should get it X-rayed.

How can I tell the difference between a cold or a sinus infection?

Our child fell off his bike and hit his head—should we take him to the hospital to check for concussion?
We need medical care, and we aren't near a military hospital or clinic. Where should we go?

Q: How can I connect with a nurse?

A: Nurses (including pediatric nurses) at the MHS Nurse Advice Line are available 24/7 by phone,

online chat, or video chat. Follow these steps to use the MHS Nurse Advice Line:

Have your DOD Benefit Number ready, Go to the [MHS Nurse Advice Line website](#) Choose call, chat, or video chat

If you you're in the U.S., Guam, or Puerto Rico, call 1-800-TRICARE (1-800-874-2273) and choose option 1. Outside these countries, go to the MHS Nurse Advice Line website to find your location-specific number.

Q: Can I use the MHS Nurse Advice Line if I live or I'm traveling overseas?

A: The MHS Nurse Advice Line is available overseas where there's a military hospital or clinic. If you're traveling overseas and need care outside of the MHS, you can call the MHS Nurse Advice Line. A nurse will coordinate with the [TRICARE Overseas contractor](#) to get you the care you need.

Q: In an emergency, should I call the MHS Nurse Advice Line?

A: No. The MHS Nurse Advice Line isn't for [emergency situations](#) (conditions that threaten your life, limb, eyesight, or safety). If you or a family member reasonably believe you're experiencing a health emergency, dial 911 or go to the nearest emergency room. If overseas, dial your international emergency number.

Unexpected things can happen anytime, anywhere. That's why the [MHS Nurse Advice Line](#) is there for you all year round, day or night. Whether you're in your own backyard or moving across the country, a nurse is available when you need health care advice, nonemergency treatment, and options for care after hours. *(Source By TRICARE Communications)*

Q&A: Getting and Using Referrals With Tricare

You've likely heard the term "referral" in connection with health care. But what exactly is a referral—and how do you know if you need one? A [referral](#) is when your [primary care manager](#) (PCM) or primary care provider sends you to another provider or specialist for care.

“When you receive a referral for care, your provider has determined the care will benefit your health,” said Tonya Utterback, referral and authorization expert with the TRICARE Health Plan at the Defense Health Agency. “Once your referral is approved, it’s important to use it in a timely manner. For example, if you’re referred to a cardiologist to evaluate a heart problem, diagnosing and treating the problem as soon as possible may result in a better health outcome.” Read on to learn when you need a referral and helpful tips for using them.

Q: Do I need a referral?

A: It depends on your beneficiary category, which TRICARE plan you use, and the type of care you need.

If you use a TRICARE Prime plan (including TRICARE Prime Overseas) and you aren’t an ADSM: You need a referral for specialty care and some diagnostic services. If you get this care without a referral, you’ll be using the point-of-service option. You’ll have additional costs if you use this option, as outlined in the TRICARE Costs and Fees Fact Sheet.

You don’t need a referral for urgent care, preventive care, or most outpatient mental health care.

If you use a TRICARE Select plan or TRICARE Reserve Select, TRICARE Retired Reserve, or TRICARE For Life, you don’t need a referral for most medical services. However, your child needs a referral for applied behavior analysis.

Q: How long does it take to get a referral?

A: Your provider will send a referral request to your regional contractor. It can take approximately three business days to process your referral.

Q: Where do I find my referral?

A: Log in to your beneficiary self-service portal on your regional contractor’s website to view or check the status of your referral. (You’ll need to create an account if you don’t have one.) You can also call your regional contractor’s automated phone service.

If overseas, you can check your MyCare Overseas mobile app or web-based portal. You can also call your TRICARE Overseas Program Regional Call

Center.

Q: What should I do when my referral is approved?

A: When your referral is approved, you’ll receive an electronic authorization letter. This letter will be in your beneficiary portal. The letter will outline:

The reason for the referral

The provider you’ve been referred to

The care and number of visits you’re approved to receive

The date the referral expires

To make your first appointment, contact the provider named in the letter.

Contact your regional contractor if any of the following apply to you:

You can’t get an appointment within four weeks

You want to see a different provider

The provider you’re referred to is more than 60 minutes from your home and you want to change your provider

Q: How long does my referral last?

A: Most referrals are valid for up to 180 or 365 days. Check your authorization letter to confirm when the referral expires.

If you have ongoing specialty care needs, you should request a new referral from your primary care provider before the referral expires. To avoid potential gaps in care, request your referral at least 30 days before your existing referral expires.

If your referral expires and you still wish to receive specialty care, you must request a new referral from your doctor.

Q: What should I bring to my first appointment with a specialist?

A: Bring your military ID and referral authorization letter to your appointment. When you schedule your appointment, ask about what other materials your specialist needs. For example, you may need to provide copies of medical records, X-rays, or lab results. The specialist may coordinate with your referring provider to get these materials. In this case, you may be asked to sign a release of information. If you need materials from a military hospital or clinic, request them several days in advance of when you’ll pick them up.

HELPFULL LINKS

Q: Can I be reimbursed if I need to travel for specialty care?

A: The Prime Travel Benefit reimburses reasonable travel for a qualified trip by a TRICARE Prime enrollee. Visit [Travel Reimbursement for Specialty Care](#) to learn if your trip is eligible and how to use this benefit.

Q: How can I find more information?

A: Contact your [TRICARE contractor](#) if you have questions about referrals. You can also learn more on their website: [TRICARE West Region](#)
https://www.tricare-west.com/content/hnfs/home/tw/bene/auth/parb_too1.html

(Source: Tricare Communications)

JBLM RETIREE APPRECIATION DAY

FRIDAY, MAY 19 8AM – 3PM, at WALLER HALL, 2140 LIGGETT AVE, LEWIS MAIN, JBLM

A day devoted to providing services, information, and valuable resources to Military Retirees and their Families. ID Cards, Medical Screens, Legal Services, Vehicle Passes, Veterans Service Organizations, and much more.

The McChord Retiree Activities Office is in need of Volunteers, if you are interested in an enjoyable and rewarding way to stay involved in the JBLM McChord Military Retiree community, then volunteering at the RAO could be your answer. It's easy and hands on training will be provided. We are military retirees and spouses, who volunteer our knowledge of retiree benefits towards helping both the active military and retiree community. For more information and a hands on look at what we do stop by the office. We are located in the Customer Service Mall, Building 100, M-F from 9 to 12, or contact us at (253)-982-3214.

To find your state representative:

<http://www.house.gov/representatives/>

To find your state senators:

<http://www.senate.gov>

To find the VA: <http://www.va.gov>

To find DFAS: <http://www.dfas.mil>

To find Tricare: <http://www.tricare.mil>

To schedule appointment to renew ID Card

<https://rapids-appointments.dmdc.osd.mil>

Links to Retiree Publications

Army Echoes:

<http://soldierforlife.army.mil/retirement>

Navy Shift Colors: www.shiftcolors.navy.mil

Air Force Afterburner:

www.retirees.af.mil/afterburner

Marine Corps Semper Fidelis:

www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MM/SR/RET_ACT/SemperFidelis

Coast Guard Evening Colors:

<http://www.uscg.mil/hq/cg1/psc/ras>

Businesses who give military

discounts <https://militarybenefits.info/military-discounts/>

VA benefits book available The Federal Benefits for Veterans, Dependents & Survivors handbook is available – with 18 pages of new information.

The book can be found at:

https://www.va.gov/opa/publications/benefits_book/2020_Federal_Benefits_for_Veterans_Dependents_and_survivors.pdf

Need to call the VA, have questions, but don't know who you need to talk to, call the VA at phone number 1-800-MyVA411 (1-800-698-2411) their new one-stop call line.

Veterans Crisis Hotline new

number—**988** then Press 1 or

Text [838255](https://text.838255.com)