

# Army Echoes Issue 3, 2001

## **Retirement Services chief, deputy chief, worked to make life better for soldiers, retirees, families**

Gary Smith and Max Beilke worked together trying to make life better for soldiers, retirees and families. They were meeting with LTG Timothy Maude, the Deputy Chief of Staff for Personnel (DCSPER) and others to discuss a special project that would give all soldiers and families more information on retirement and survivor benefits, when they died together at the Pentagon. They have each been awarded the new Defense of Freedom medal, the civilian equivalent of the Purple Heart.

Gary and Max were Army retirees to the core. When Gary became Chief of Army Retirement Services in 1989, he was an active duty lieutenant colonel. Shortly after his retirement in 1991, he returned to head the office as a civilian. Max, a retired master sergeant, joined Army Retirement Services as deputy chief in 1984.

Both were devoted to their jobs and the people they served. Gary would declare on occasion that taking care of soldiers, retirees and families was “the best job in the world.” At age 69, Max showed no interest in retiring, instead extending his workday with hours on his home computer, working on his world-famous “MaxFacts” email newsletter and other projects.

Max and Gary were crusaders for a cause – informed retirements for soldiers and families who had given and continued to give so much to the Army. They worked to educate soldiers and families about preparing for retirement. They campaigned to improve the benefits of those who had retired. They travelled worldwide, addressing retirees and families at Retiree Appreciation Days and soldiers and spouses at family seminars. They got involved in every forum that could make a difference for soldiers, retirees and families – the Army Chief of Staff's Retiree Council, Army Well-being, Army Family Action Plan, TRICARE Media Round-table, Defense Commissary Patron Council, AAFES Retiree Council, Armed Forces Retirement Home Board and others. They were proud to be part of the DCSPER's team.

Gary is survived by his wife Ann and their four daughters. Max is survived by his wife Lisa, their two daughters and three grandsons.



## Highlights from Headquarters

We just completed a five-day training workshop for Army Retirement Services Officers and Transition Center personnel. The training addressed TRICARE for Life (TFL); the Military Mail Order Pharmacy Program; changes to our retired pay system and numerous other issues pertinent to serving your needs. To keep you informed too, we have included in this issue updates on many of the items discussed at the workshop.

The TRICARE for Life Program is scheduled for implementation on 1 October 2001. Some of the TFL details are still being worked but soldiers and surviving spouses eligible (those over 65) should have received a letter from DoD explaining the program. If you did not receive this guidance it probably means you have an incorrect mailing address with DEERS (Defense Enrollment Eligibility Reporting System), the source used to mail these letters. To update your DEERS address, call 1-800-538-9552 or email [addrinfo@osd.pentagon.mil](mailto:addrinfo@osd.pentagon.mil). Many retirees with Medicare supplements are inquiring about terminating that supplemental insurance when TFL begins. Most retirees will be able to cancel their Medicare supplemental insurance but we are cautioning NOT to terminate that insurance until you are comfortable that the provisions of TFL will address all provisions that your current insurance covers. This must be an individual decision because of the numerous, divergent provisions of the various insurance policies retirees have. Just because your neighbor can cancel his policy doesn't mean you automatically should cancel yours too. Don't take any hasty actions you might regret later. Check out your policy details closely before canceling.

The Military Mail Order Pharmacy program, implemented on 1 April 2001, has been incredibly successful. Average savings per eligible participant have been over \$800 per year with many retirees saving much more. Most retirees are extremely positive about the program and we thank Congress, DoD, the Army leadership and our Army medical agencies for their extraordinary efforts to gain approval, to design and implement this exceptional program.

Finally, on pages 7 & 8, we have provided our Casualty Assistance Checklist (Online version note: This is available on the homepage under Retiree Information). This can be an extremely helpful tool for your survivors in settling your estate. We encourage all

of you to take a few moments to fill out this form and file it with your estate papers. It's also important to discuss this with your spouse or whoever will have responsibility for your estate. We appreciate this is a tough task— we all want to avoid thinking about this subject – but your survivors will be grateful that you cared enough and took the time to do all you could to help ease them through this difficult and stressful period.

Thanks for your support,

**Gary F. Smith**  
**Chief, Army Retirement**  
**Services**

### **Notes on this issue**

This issue was first put together in July and August but put on hold because of lack of funding. Because of that, this issue has the last Highlights from Headquarters written by our Chief, Gary F. Smith. It is especially ironic that he ends his message with a reminder to complete your Casualty Assistance Checklist and discuss it with your family even though "we all want to avoid thinking about this subject."

Both Gary and our deputy chief, Max Beilke, preached the importance of keeping your estate paperwork in order and discussing those papers with your family. The Smith and Beilke families have assured us that Gary and Max practiced what they preached. While nothing could lessen the impact of this tragedy, at least the families had all the paperwork and information they needed right at hand. It would be a fitting part of Gary's and Max's legacy if retirees and family members reading this issue follow their example.

### **Contractor to take over retired, annuitant pay**

The Defense Finance and Accounting Service (DFAS) has signed a contract with ACS Government Services, Rockville, MD, to provide pay services to 2.5 million DoD retirees and annuitants whose monthly payroll exceeds \$2.6 billion.

This action is a result of an Office of Management and Budget Circular A-76 cost comparison study. Announced on June 9, 2001, the award to ACS was tentative pending a public review period required under the A-76 program guidelines. The review period expired in July and appeals were resolved in August. The final analysis shows savings to the government of \$20 million over the life of the contract.

The transition of the workload to ACS will end in January 2002. Tasks being transitioned include payroll processing for new and existing accounts, customer service call center operations, as well as mailroom and imaging operations.

There are about 535 retiree and annuitant service employees at Cleveland and Denver. DFAS is working with its employee union and ACS to develop a workforce transition plan for each site. The plans include options such as working for the contractor, relocation, re-training for employees placed in new positions, early retirement (if qualified) or inclusion on a DoD priority placement list.

ACS is a Fortune 1000 company providing information technology and business process outsourcing to commercial and government clients worldwide. ACS, with more than \$2 billion of annual revenue, employs nearly 20,000 people in 21 countries.

### **COLA set for Dec. 1**

The cost-of-living adjustment (COLA) to retired pay and Survivor Benefit Plan (SBP) annuities will be 2.6 percent. The COLA will be effective Dec. 1, 2001, and payable in the January 2 check. If you retired before Dec. 1, 2001, your COLA will be 2.6 percent.

If you retired after Jan. 1, 2001, your COLA will be less than 2.6 percent. If you are one of those who retired under July 2001 pay scales greater than January pay scales (that is, if you received a special pay increase in July), you won't get a COLA this year. Contact your Retirement Services Officer (RSO) for exact figures.

## **Volunteering for recall**

The Army Reserve Personnel Command (AR-PERSCOM) reports that almost 5,000 retirees have called 1-800-325-2660 to volunteer for recall since Sept. 11<sup>th</sup>.

AR-PERSCOM continues to maintain a retiree recall volunteer list and adds retirees who call to this list. Personal information (phone number, address) is also updated as volunteers call.

If the need to recall retirees is deemed necessary and approved, retirees who have volunteered won't need to contact AR-PERSCOM again. No further action is needed. You will be notified through official channels if your services are needed for Operation Noble Eagle (home- front) or Enduring Freedom.

## **Retirees, uniforms & new berets**

Since the introduction of the new Army beret, we have gotten questions regarding retiree wear of the uniform in general and the beret in particular. This guidance was provided by the Human Resources Directorate of the Army's Deputy Chief of Staff for Personnel.

As a retiree, you are authorized to wear the uniform for occasions of ceremony, patriotic events, and other military-related functions. Additionally, if you are an ROTC instructor, you are authorized wear of the uniform, with the Cadet Command shoulder sleeve insignia.

If you are not assigned to Cadet Command as an ROTC instructor, you do not wear any shoulder sleeve insignia on the left shoulder, unless you wish to wear the "Retired" insignia. You may wear the combat patch on the right shoulder, if you were authorized wear of one while in the service. Additionally, you wear the rank at which you retired, and all permanently awarded decorations and badges.

Since you are authorized wear of the uniform, you also are authorized to wear the black beret with the Army flash, since it is the standard headgear for the Army. The Army flash is the only flash authorized for wear on the black beret.

Unfortunately, the supply of berets with the Army flash is limited right now, and fielding of the active and reserve components is not expected to be complete until next year. Therefore, the black beret will not be available for purchase in clothing sales stores until then. Until it's available, retirees can wear the garrison cap, or the green service (saucer) cap.

## **Does the Army still lead the way in allotments**

The U.S. Soldiers' and Airmen's Home and the U.S. Naval Home, jointly called the Armed Forces Retirement Home (AFRH), report that Army retirees continue to lead other services in allotments to the homes. Eighty-one percent of allotments come from Army retirees, who have contributed more than \$11,000 this year.

The Voluntary Retiree Allotments are important to the future of the Homes, which have a serious funding deficit due to Congressionally-mandated military downsizing. Since 1990, active duty funding from the 50 cents a month withholding and fines and forfeitures has dropped 39.1 percent, a total of about \$142 million.

As little as \$1 a month will help ensure that the AFRH doesn't vanish. All the money you donate goes directly to the AFRH Trust Fund, which supports the homes. There is

no overhead and your money is tax deductible. To start an allotment, use the form below or go to <http://www.afrh.com>.

What do enlisted retirees get for your money? You get security. Although you may not need the homes now, the future holds no guarantees. You may just want to come for the activities, camaraderie and peace of mind. What do retired officers get for your money? Your generosity supports those who served with you.

### **Who's eligible?**

Veterans are eligible to become AFRH residents if their active duty service in the military is at least 50 percent enlisted, warrant officer, or limited duty officer (Navy category) and they are:

- Retirees with 20 or more years of active duty service and are at least 60 years old,
- Veterans unable to earn a livelihood due to a service-connected disability,
- Veterans unable to earn a livelihood due to non service-connected disability, and who served in a war theater or received hostile fire pay, or
- Female veterans who served prior to 1948.

## **Armed Forces Retirement Homes**

### **Special places for special people**

The U.S. Soldiers' and Airmen's Home in Washington, DC, and the Naval Home in Gulfport, MS, are retirement communities that meet the needs of retired enlisted servicemembers and other eligible veterans. The Homes offer health care, room and board, activities and the camaraderie of other retirees and veterans. For information, call 1-800-422-9988 (the Soldiers' and Airmen's Home) or 1-800-332-3527 (the Naval Home) or visit their home page at <http://www.afrh.com>.

### **Funeral program teams with vets' groups**

**WASHINGTON (AFPS)** — DoD is teaming with veterans service organizations to enhance traditional funeral ceremonies honoring military veterans.

Charles S. Abell, Assistant Secretary of Defense for Force Management Policy, said that as part of the Authorized Provider Partnership Program, veterans groups will be asked to augment DoD-provided personnel at military funerals by providing volunteers to serve as color guards, rifle detail members, pallbearers and buglers.

The FY 2000 National Defense Authorization Act authorized the partnership and says DoD will provide at least two active, National Guard or Reserve members to fold and present the U.S. flag to survivors at military funerals. One of the two detail members must be of the same service as the deceased.

DoD also provides a military musician — if available — to sound "Taps," or the music is rendered via high-quality compact disc. The CDs, recorded at Arlington National Cemetery, are part of a kit sent to licensed funeral directors working with DoD, veterans service organizations, and all active and reserve component military units conducting funerals.

Almost 450,000 active duty and reserve component service members participated in military funeral details in 2000, DoD officials said. The partnered veterans groups have augmented DoD efforts.

Installation commanders will train and certify volunteers, Abell said. The volunteers, he added, are eligible for reimbursement of their travel expenses, such as gas and meals associated with their ceremonial duties. Other groups, he added, such as ROTC detachments and reserve component advisory units could also participate in the

program. Letters introducing the program, a 20-minute training video, and pins for presentation to participants were mailed to military unit commanders. Letters explaining the program and training videos were mailed to veterans organizations.

Abell remarked that America's World War II and Korean War veterans are passing on at increased rates. DoD officials note that 91,074 military funeral honors were performed in 2000, a 110-percent increase over the 43,277 funerals performed in 1999.

Military officials said additional reserve component participation is augmenting the active duty military funeral teams. However, Abell reiterated the importance of participation by organizations outside DoD. Providing final honors for the nation's veterans is "the right thing to do," Abell said.

(For more information about Military Funeral Honors, and how to request such services, go to the web site --<http://www.militaryfuneralhonors.osd.mil>.)

## **Remains of 17 US servicemen recovered in N. Korea**

Remains believed to be those of 17 American soldiers, missing in action from the Korean War have been repatriated. This is the largest number of remains recovered in a single joint recovery operation since U.S. teams began their work in North Korea in 1996.

Operating near the Chosin Reservoir in North Korea, a joint U.S. - Korea team recovered 14 remains believed to be those of soldiers from the 7th Infantry Division who fought against Chinese forces Nov.-Dec. 1950. About 1,000 Americans are estimated to have been lost in battles of the Chosin campaign.

Also, a second team recovered three sets of remains in Unsan and Kujang counties and along the Chong Chon River, about 60 miles north of Pyongyang. The area was the site of battles between Communist forces and the Army's 1st Cavalry Division, and 2nd and 25th Infantry Divisions in Nov. 1950.

This year's schedule of operations in North Korea is the largest yet, with ten individual operations scheduled near the Chosin Reservoir, as well as in the Unsan, Kujang and Kaechon City areas. Twenty-five individual operations have been conducted since 1996.

## **Korean War Commemorative events 2002**

45 <sup>th</sup> Infantry Division Commemoration	Oklahoma City, OK	Apr. 9
Historical Symposium	Old Dominion University, Norfolk, VA	Jun 25
United War Veterans Council	Staten Island, NY	Jul 27
Armistice Commemoration	POC: Vince McGowan (212) 693-1476	
Armistice Day Commemoration	Korean War Memorial, Washington, DC	Jul 27

## **AER offers help to college students**

With the cost of post secondary education at an all time high and the need for this education also at an all time high, it is important not to bypass any opportunity for financial aid. Army Emergency Relief (AER) has financial assistance for undergraduate study available for dependent children of Army retirees.

The MG James Ursano Scholarship Fund administered by AER is for students who study at an undergraduate, technical or vocational institution accredited by the Department of Education and approved by that department for Title IV funds, or preparation for the service academies. This includes students contemplating enrollment, those already pursuing undergraduate post secondary or vocational studies, and those planning to attend these programs after high school graduation in 2002.

Scholarships are awarded based primarily on financial need, secondarily on academic achievements and accomplishments.

In academic year 2001-2002, 93 percent of students with complete applications were awarded scholarships. **AER assisted 1,307 children of retirees with \$1,516,500 in scholarships ranging from \$700 to \$1800 for financial aid.** Unfortunately, this year about 524 children of retirees missed the deadline and were not considered for assistance.

Awards are provided annually for up to four years of undergraduate study. A student applying for the 2002-2003 academic year must not have reached his or her 22d birthday by June 1, 2002. The student must be an unmarried dependent child of an active duty or retired soldier or a soldier who died while on active duty or in a retired status. All soldiers and students must be registered in the Defense Eligibility Enrollment Reporting System (DEERS).

Applications for the AER scholarship program, 2002-2003 academic year (AY), are available by mail from AER HQ between Nov. 1, 2001 and Feb. 22, 2002. Alternatively, the application may be downloaded from their website, [www.aerhq.org](http://www.aerhq.org), from Nov. 1, 2001 until Mar. 1, 2002. **Completed applications with supporting documentation must be postmarked not later than Mar. 1, 2002 for the 2002-2003 AY.**

Applications and supporting documentation are not accepted by FAX or E-mail. Other important deadlines are outlined in the scholarship instructions.

On-time applicants will be notified by letter mailed June 3, 2002 whether or not funds have been awarded. Scholarship funds are to be used for education costs including tuition, books and fees, and living expenses. Students must reapply each year and be in good academic standing (GPA of 2.0 on 4.0 scale minimum).

To obtain an application by mail, forward your request to Army Emergency Relief; Education Department (RTD); 200 Stovall St., Alexandria, VA 22332-0600.

## **Retirees asked to support MWR**

Dear Fellow Retiree:

Our country is again faced with a serious military problem. We are at war against terrorism. The Army is totally committed to win this war. The Army needs our help and now.

I represent all of you on the Morale, Welfare, Recreation Executive Committee which recommends policy decisions to the Board of Directors, i.e., the Army Four Star Generals. The MWR Funds are used to support MWR activities all over the Army. These funds are called non-appropriated funds, in other words, non-tax dollars. Dollars are generated in part by fees from the users, but more importantly from dividends from each dollar spent in the AAFES or PX system.

Retirees make up a considerable part of that customer base. That is good for the retiree and the Army. With many soldiers deploying, the customer base at many installations is shrinking and there will be fewer dollars to support our MWR activities for all. We need those dollars more than ever to help our soldiers' families through this turbulent period.

Accordingly, I am asking retirees to support their local base MWR activities even more than in the past. With security causing some delays, there could be a tendency not to go on the base to shop, etc. We need your participation in the process now more than ever. If you don't help our soldiers, who will?

God bless you and God bless our country.

John B. Blount  
Lt. Gen.

## USA Retired

### **TRICARE Plus option provides access to care**

A new option called TRICARE Plus will allow some beneficiaries to enroll with a military primary care provider. Enrollees will be provided access to primary care on the same basis as those enrolled in TRICARE Prime.

The program is being finalized. Local timing and availability will vary, and opportunities may not exist at all military treatment facility (MTF) locations.

TRICARE Plus is open to those eligible for care in military facilities and not enrolled in TRICARE Prime or a commercial health maintenance organization (HMO). There is no annual enrollment fee.

Persons enrolled in TRICARE Plus will be identified in the Defense Enrollment Eligibility Reporting System (DEERS), and will use the MTF as their source of primary care.

The new program differs from TRICARE Prime and TRICARE Senior Prime in several ways:

**TRICARE Plus isn't a comprehensive health plan.** TRICARE Plus is a primary care enrollment program ONLY, and has no effect on the enrollees' use or payment of civilian health care benefits. Thus, TRICARE Standard or Extra or Medicare may pay for civilian health care services obtained by a TRICARE Plus enrollee.

**TRICARE Plus doesn't lock beneficiaries in to "managed care."** They may seek care from a civilian provider, but are discouraged from obtaining non-emergency primary care from sources outside the MTF where they are enrolled. In addition to providing access to primary care, this plan enables their physician to coordinate health care more effectively.

**TRICARE Plus doesn't guarantee enrollees access to specialty providers at the MTF where they're enrolled.**

**TRICARE Plus isn't portable.** Plus beneficiaries can't use their enrollment at another facility.

The availability of TRICARE Plus in a location, and the number of enrollees, will be based on the local MTF commander's determination of enrollment capacity. If the number of applicants exceeds the capacity for TRICARE Plus enrollment, enrollees will be selected by a fair process. Beneficiaries with existing primary care relationships at participating MTFs, including those enrolled in the TRICARE Senior Prime demonstration, will have the first opportunity to enroll as long as a facility has the resources to provide the necessary primary care.

MTFs will review continued enrollment in TRICARE Plus annually. If there is no longer any capacity at the MTF, **beneficiaries may be disenrolled.** This won't affect their TRICARE or Medicare benefits.

For more information about TRICARE Plus, call 1-888-DOD-LIFE (1-888-363-5433), or visit the TRICARE website at: [www.tricare.osd.mil/Plus](http://www.tricare.osd.mil/Plus).

### **Guidance for care at bases under enhanced security**

In times of enhanced security at military installations it may be difficult for TRICARE beneficiaries to access uniformed services hospitals and clinics. TRICARE developed the following guidance for beneficiaries seeking emergency, urgent and routine care at uniformed services facilities under these conditions.

Beneficiaries who believe they are experiencing a serious medical condition that requires immediate treatment should go to the nearest emergency room. This is true whether or not they are enrolled in TRICARE Prime. TRICARE will assist in paying for



the cost of their care. This is true for beneficiaries who use TRICARE Standard or Extra or who are enrolled in Prime.

TRICARE beneficiaries who become ill but don't require emergency care as described above need urgent care. Those enrolled in TRICARE Prime who have a primary care provider who works out of a uniformed services facility that is inaccessible because of increased security are encouraged to call their provider for assistance. Providers or staff members at military treatment facilities can inform beneficiaries of their best options for necessary care. In many circumstances, this may include taking care of oneself under the advice of a provider or a change in timing of the needed visit as appropriate. Beneficiaries may contact their regional Health Care Information Line (see pg. 10) for information on self-care.

During times of increased security, routine appointments should be rescheduled if access to a military treatment facility is restricted. As with urgent care, beneficiaries should call ahead to their providers' offices for guidance.

## **Army Surgeon General Message to retirees**

*by LTG James B. Peake,*

*The Surgeon General of the Army*

I am pleased, once again, to speak with you about the advances we are making in military health- care. This is the third time this year that I've been honored to write an article for *Army Echoes*. I know that medical care remains one of the foremost concerns of Army retirees and their families, and I am proud to be able to talk about how we are delivering the medical care each of you needs and deserves.

Your Army Medical Department remains decisively engaged on many fronts. The events of September 11th have had a tremendous and lasting impact on all of us. Consequently, our medical missions have rapidly expanded to include continuing support for soldiers, civilian employees and families of the Pentagon disaster; support to Homeland Security requirements; and preparations for support of possible contingency operations overseas. We will accomplish these new and expanded missions while simultaneously ensuring you and your families continue to receive the finest health care possible.

### **TFL in progress**

On 1 October 2001, TRICARE for Life became a reality. Many of you have been waiting a long time for this to happen. Because of the great work of our civilian and military leadership and Congress in crafting the language of the National Defense Authorizations Act of 2001 (NDAA 2001), we are now able to fulfill the promise made long ago to provide quality health care for life. I urge each of you to read and retain the TRICARE for Life information provided by the TRICARE Management Activity (TMA) and other retiree associations and organizations. This edition of *Army Echoes* has other TRICARE articles that are worth reading, as well. It is important that you study this material in order to remain a knowledgeable military health care consumer.

This is a monumental step forward in military health care. But, we need your help to make this new benefit work for all of us.

### **Help us help you**

First, this is a change for us and for the TRICARE contractors, and there will undoubtedly be some glitches as we crank up the new machinery. We ask for your patience during this transition.

I am aware of a problem that developed during the transition to TRICARE for Life that may have caused a few of you to experience a delay in payment of your TRI- CARE claim. We are working closely with the TMA to get this corrected so Medicare will automatically send all your claims to TRICARE. I am assured this correction will be completely implemented by Dec. 1, 2001. Please look for a letter in the next few weeks from the Director, TRICARE Management Activity, that further explains this issue.

Second, please study the new benefit carefully, so that you not only understand what it does for you and your family but also what its limits and requirements are. Make sure that you are properly enrolled in DEERS (Defense Enrollment Eligibility Reporting System) and Medicare Part B.

Third, get to know your local TRICARE Service Center and the various patient advisory officers at your local military hospital, so that you can promptly bring any problems to the attention of the right people. By using the correct channels, you can help us correct problems quickly. This will benefit not only your family but also other retirees...and our staff, too. We want to do the right thing for you, and I pledge we will give you our best effort. But we can only work with the information we receive, so it is important that we be alerted to problems early and as directly as possible.

Finally, keep in mind that TRICARE for Life represents a new financial benefit rather than a new source of health care. It will save you money, as TRICARE starts covering most of the medical costs that Medicare doesn't cover. And it will avoid hassle, as Medicare and TRICARE work behind the scenes to finance your care with minimal effort by you.

Unfortunately, TRICARE for Life does not mean that you will now be able to get more care in military hospitals.

### **No new hospital funding**

NDAA 2001 did not provide any new resources for military hospitals nor does it change the rules on retiree access to military care. You always have had and will continue to have the right to get care in a military hospital if space is available. However, whether space is available depends on facilities, staffing and medical workload in your area.

There is a completely separate program, called TRICARE Plus, that must not be confused with TRICARE for Life. Under TRI- CARE Plus, we have asked all Army hospital commanders to review their capabilities and to assign military primary-care providers to more Medicare-eligible retirees IF THEY CAN. I must be candid with you; many of our overstretched hospitals are finding that they simply don't have the resources to enroll a significant number of additional Medicare-eligible beneficiaries.

The primary purpose of TRI- CARE Plus is to ensure continued military care for Medicare beneficiaries who started getting military care during the TRICARE Senior Prime demonstration projects. Since the demonstration sites had already cared for certain numbers of 65 and over retirees, we are confident they can continue. This program creates a framework to continue that care, but, unfortunately, not everyone will be able to receive care at a military hospital.

We will continue to work hard to ensure we enroll as many retirees as we can into our facilities. But whether you are enrolled in one of our Army hospitals or you receive your care from a civilian contractor, we are accountable to you for delivering the highest quality, hassle-free care possible. Congress has given us what we need to fulfill our moral commitment to you and your families, and the authority and resources to provide a quality system that will take care of your health for your entire life.

It continues to be our pleasure to serve all members of the Army family and I look forward to speaking to you again in the near future.

## **TRICARE Senior Pharmacy & other insurance**

What if I have other health insurance? How does my TRI- CARE coverage work?" These questions are among the most commonly asked about the Senior Pharmacy Program.

TRICARE beneficiaries with other health insurance have "double coverage," and basically, TRICARE is second payer. TRI- CARE pays after the other health insurance has paid a claim for covered drugs, or when the beneficiary's prescription coverage under that plan is exhausted for the year.

Another frequently asked question is, "What if I have other health insurance, but it doesn't include prescription coverage?" Beneficiaries may need to contact one of the two regional claims centers to change their other health insurance information to indicate that they don't have prescription coverage. They should call the toll-free Pharmacy Help Line at 1-877-363-6337, to find out required information and documentation, and the telephone, fax numbers, and address for their regional claims center. If they have double coverage and must fill a prescription before their information is updated, they may have to pay for the prescription initially, and file a claim for reimbursement from TRICARE. A third question beneficiaries are asking is, "Can I use TRICARE's National Mail Order Program (NMOP) if I have prescription coverage under other health insurance?" They may use the NMOP only when their required medication is not covered under their other plan, or if they exceed the dollar limit of coverage under that plan. Otherwise, their other health insurance is still first payer and they may not use the NMOP.

TRICARE will provide reimbursement up to the amount TRICARE would have paid as first payer, or the amount of the beneficiary's out-of-pocket expense, whichever is less. Examples of other health insurance plans TRICARE beneficiaries may have are those that provide coverage through a current or former employer, an association or private insurer, a Medicare health maintenance organization, the Federal Employees Health Benefits Program, or a Medigap supplemental insurance with a prescription benefit.

More information is available through the toll-free TRICARE Pharmacy Help Line at 1-877-DOD-MEDS (1-877-363-6337), Monday--Friday, from 7 a.m.-11 p.m., and Saturday from 9 a.m.-8 p.m., Eastern Time. Information also is available on the web site [www.tricare.osd.mil/pharmacy](http://www.tricare.osd.mil/pharmacy).

## **Cat cap funded, refunds coming**

When Congress passed the FY 01 DoD Authorization Act, they lowered the catastrophic cap (the maximum out-of-pocket expenses for TRICARE-covered expenses in one fiscal year, from Oct. 1 to Sept. 30) from \$7,500 to \$3,000; however, they didn't fund that change. Congress has provided funding and TRICARE projects that beneficiaries who exceeded the \$3,000 cap can start asking for refunds on or after Dec. 15th.

TRICARE contractors will be contacting beneficiaries who have exceeded the cap; however, if you are not contacted and believe you've exceeded the cap, call your TRI- CARE contractor (see pg. 10).

## **VA takes steps to reduce claims backlog**

**WASHINGTON** — Secretary of Veterans Affairs Anthony J. Principi took a critical step in fulfilling his — and President Bush's — promise to veterans and their families to reduce backlogs in applications for benefits when he officially accepted the report of a blue-ribbon panel studying the issue. The 12-person Claims Processing Task Force examined a wide range of issues affecting the speedy processing of claims, from medical examinations and information technology, to efforts to shrink the backlog and increase the accuracy of decisions.

“The president and I promised a top-to-bottom review of our claims process,” said Principi. “That promise has been kept, and now is the time to get to work to fix this problem so that veterans get the benefits they earned through their service to this nation.”

The task force gave Principi 34 recommendations, more than half of which can be accomplished within six months. The goal is to reduce the claims backlog and processing times by 50 percent during the next two years.

The task force identified ways to allow VA’s employees to spend more time on processing claims, to improve the basic claims process, to enhance accountability at all levels, and to emphasize and encourage all VA offices to attack this problem.

VA has about 668,000 claims of all types awaiting an initial decision or an appeal. That includes 355,000 cases in VA regional offices on disability claims for service-connected compensation.

“Providing benefits to veterans is a core mission of VA. It is the foundation upon which VA rests,” said Principi. “We can — and will — do better.”

For more information on the report and the issue of VA claims processing, go to <http://www.va.gov/whatsnew/> under the “Claims Processing Task Force Report” site.

## **Flawed data found in Agent Orange study**

**WASHINGTON** – Australian researchers have acknowledged errors in a study of the incidence of leukemia among the children of Australia’s Vietnam veterans. After correcting for faulty data, the Australian study no longer showed that children of Australia’s Vietnam veterans face a greater risk of acute myelogenous leukemia (AML), a deadly form of the disease.

In a recent American study, the Institute of Medicine (IOM) relied upon the Australian study when it cited a connection between some strains of childhood leukemia and a parent’s exposure to Agent Orange during the Vietnam War.

Secretary of Veterans Affairs Anthony J. Principi has asked IOM to reevaluate the medical evidence linking Agent Orange exposure to AML in light of the corrected data.

On April 19, IOM reported that it found “limited/suggestive” evidence of a connection between a parent’s exposure to Agent Orange during the Vietnam War and children who contract AML.

The next day, Principi called for legislation that would provide federal benefits to children with AML who have a parent who served in Vietnam. Less than a month after that decision, Australian researchers said they had discovered errors in their study.

The IOM expects to issue another report evaluating the evidence of a link in January 2002.

## **VA starts toll-free spina bifida hot line for Vietnam veterans children**

**WASHINGTON** — Vietnam veterans have a national toll-free hot line to answer questions about health care benefits for their children who have spina bifida.

The number for the hot line, operated by the VA, is 1-888-820-1756. Callers can speak to a benefits adviser Monday -- Friday, from 10 a.m.-- 1:30 p.m., and from 2:30 p.m. -- 4:30 p.m., Eastern time. An after-hours phone message will allow callers to leave their names and telephone numbers for a return call the next business day.

Eligibility for VA’s spina bifida benefits is limited to Vietnam veterans’children who have been diagnosed with spina bifida (except spina bifida occulta). The veteran-parent must have served in Vietnam during the Vietnam War.

The Spina Bifida Healthcare Program covers most health services and supplies medically or psychologically necessary for the treatment of spina bifida and related medical conditions.

For general information on VA's spina bifida program, visit the VA web site at <http://www.va.gov/hac>.

## Short Shots

*(Note: Publications, organizations and events that may be of interest to retirees appear in this section as a service to retirees. This doesn't imply that Army Echoes endorses these publications or programs. Any problems should be directed to the specific publisher or organization.)*

- Military Living Publications recently published new editions of two popular guides for military and their families, ***Military Space-A Air Opportunities Around the World*** and ***Temporary Military Lodging Around the World***. *Space-A Opportunities* has addresses of military air terminals of all services, telephone numbers, FAX numbers, email addresses, where available, and sign-up information. It also includes Space-A regulations and information on commercial contract flights. It sells for less than \$12.75 through AAFES mail order. *Temporary Military Lodging* has 442 worldwide listings, covers transient lodging for all services, and includes contact numbers, addresses and e-mail addresses, if available. It costs \$19.95, including postage and handling, if ordered through Military Living. Their website, <http://www.militaryliving.com> gives information on all of their publications. The books are available at military exchanges worldwide and by mail order from <http://www.AAFES.com> at a discount. For expanded information, visit <http://www.militaryliving.com> and click on "News Release" near the new books' covers on the first page of the website. For ordering information from AAFES, click on the graphic box on the first page of the website, GREAT NEWS or call 1-800-527-2345. The website will explain how to order from the Army Air Force Exchange System (AAFES) at a toll-free number or online on the Internet. For information or to order, write or call: Military Living Publications; PO Box 2347; Falls Church, VA 22042-0347; E-mail: [MilitaryLiving@aol.com](mailto:MilitaryLiving@aol.com); Phone (703)-237-0203; FAX (703)-237-2233.

- The **Bicentennial of the Lewis and Clark expedition** doesn't begin until 2003, but the commemorations have already started. Captains William Clark and Meriwether Lewis, who had served in the Army together, and a Corps of Volunteers for Northwest Discovery were sent by President Thomas Jefferson to find "...*the most direct and practicable water communication across the continent for the purpose of commerce.*" As information on Army involvement becomes available, we will include it in future *Echoes*. In the meantime, information is available at several websites including <http://www.lewisandclark200.org> toll-free 1-888-999-1803.

- **Retreat & Reveille International** is a club for all military personnel -- active, retired, reserve and former -- US and international -- and their families and surviving spouses. When members travel, they stay either in the homes of fellow members or in discounted bed and breakfasts or small inns. Members may participate as hosts or travelers or both. Annual dues (Apr-Apr) are \$39.95 and entitle members to a host directory, quarterly newsletter and ID card. For information, visit the website <http://www.ret-rev.com>; e-mail [RetRveille@aol.com](mailto:RetRveille@aol.com); phone (703) 525-3372; or write to CPT & Mrs. Leonard A. Stoehr, USN (Ret.); 3106 N. Military Rd.; Arlington, VA 22207.

- The **19th Annual National Retired Military Golf Classic** will be held in Myrtle Beach, SC, from May 28 to June 1, 2002 at Myrtle Beach National and Wild- wing Golf Clubs. Only 864 men and 132 women will be accepted for this event. More than \$125,000 in prizes and cash will be awarded. Applications will be mailed in December 2001 to those on the mailing list. Applications will also be available at most military golf courses across the country. Priority will be given to those who have played in the classic. After Feb. 1, 2002, acceptance will be on a first-come, first-served basis. A waiting list will be established once the classic is full. For applications, call 1-800-946-4662 or write to: National Retired Military Golf Classic; PO Box 3608; Myrtle Beach, SC 29578

## **RADs 2002**

Retiree Appreciation Days (RADs) are hosted by Retirement Services Officers (RSOs). Call or e-mail the RSO hosting the RAD (see pg. 9 or 10 for RSO listing) to find out what speakers and special attractions will be at their RADs.

Mar. 16	Miami, FL (sponsored by Ft. Stewart)
Mar. 21	Ft Monroe, VA
May 17	Ft Lewis, WA
June 15	Monterey, CA (831) 242-6691
June 15	Ft McPherson, GA
Sept 19-21	Ft Sill, OK
Sept 21	Carlisle Barracks, PA
Sept 27-28	Ft Hood, TX
Oct. 19	Ft Monmouth, NJ

## **Corrections**

In Issue 2, 2001, there was an error in the Military Pharmacy program co-pay chart on page 11. Under National Mail Order Pharmacy, it should read, "(up to a 90-day supply)".

In the article MWR is for all of your life on page 8, the phone number for Paths Across America should be (703) 681-7226.

## **Updating DEERS**

Retirees may update DEERS addresses:

- at personnel offices with an I.D. card facility (call ahead for hours and instructions if you're updating a record for someone who's housebound),
- by calling the Defense Manpower Data Center Support Office (DSO) Telephone Center at 800-538-9552. The best time to call is between 0900-1500 (Pacific Time) Wednesday through Friday,
- by faxing address changes to (831)655-8317,
- by mailing the change information with copies of appropriate documentation (such as marriage or death certificates) to the DSO, ATTN: R&A, 400 Gigling Road, Seaside, CA, 93955-6771,
- at a military treatment facility,
- by e-mailing [addrinfo@osd.pentagon.mil](mailto:addrinfo@osd.pentagon.mil)

For additional questions regarding your DEERS record, call the DSO Telephone Center at 800-538-9552. The hours of operation are 0600 - 1530 (Pacific Time) Monday - Friday (excluding federal holidays).