



The Bald Eagles

**Winter 2016 / 2017
Edition**

ARLINGTON HEIGHTS NEWSLETTER

****A Satellite of Scott Air Force Base, Illinois****

This office continues to serve as a link between retirees, dependents/annuitants, and their entitlements. Our host organization is **85th SUPPORT COMMAND**. Volunteers staff the office from 0900 to 1500 hours, Monday through Friday. Our mailing address and other contact information is presented below:

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SRAO Email Address: usrao2@gmail.com

ID Cards: (847) 506-7616 or (800) 741-4650 Ext 7616

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

Use our toll-free number when calling any of the Arlington Heights U. S. Army Reserve Center phone numbers to save toll charges. Call 1-800-741-4650 and listen to the prompts or enter an extension number.

IF YOU'RE VISITING US

Our building has an electronic entry system. Please use the yellow telephone outside the entrance to call any office for entry and escort to your destination. (Use only the last four digits of any telephone number).

The DCMA/USAR Building 203 is located behind the flagpole and completely accessible to those handicapped. Parking spaces are near the door and the building has elevators for your use.

Contact us for a strip map to help you find the Arlington Heights Army Reserve Center

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This Satellite Retiree Assistance Office [SRAO] newsletter is authorized under Air Force Instruction (AFI) 36-3106. While every effort is made to provide accurate information, we cannot be responsible for errors or omissions in material from other sources. Any opinion or beliefs found in this newsletter do not reflect the opinion or beliefs of the Department of Defense, the Department of Homeland Security or any other government agency. We invite input from our readers and reserve the right to edit content.



COST-OF-LIVING-ALLOWANCE [COLA] 2017

Military retirees and individuals receiving veterans' benefits will see only a 0.3 percent cost-of-living increase in their federal benefits next year, a nominal increase matching 2016's hike. On 18 OCT, officials from the Social Security Administration announced the small raise, the third consecutive year the benefits adjustment will be under 0.5 percent. Since 2009, the cost-of-living hike has been more than 2 percent only once, when it reached 3.6 percent in 2011. Veterans' benefits are not automatically tied to the Social Security increase, but in July lawmakers passed legislation linking the two benefits for 2017. In the last few decades, veterans have seen their annual adjustment differ from the Social Security COLA only one time, and then only due to minor rounding differences.



The Social Security COLA is calculated by the Bureau of Labor Statistics' periodic Consumer Price Index, a statistical estimate of the anticipated price of a variety household goods and services. This year, officials are estimating only small increases in those costs, identical to the rise seen in expenses heading into 2016. The Social Security, military retiree and veterans benefits changes affect more than 70 million Americans, about 22 percent of the country's population. According to the Associated Press, the 0.3 percent adjustment will mean less than \$4 more a month for a Social Security recipient who sees the average payout of \$1,238. The adjustment will go into effect for beneficiaries starting Dec. 30. Veterans using Medicare for health coverage may not see anything at all once those medical costs come into play. The Associated Press reports that Medicare Part B premiums, which are usually deducted from Social Security payments, are expected to increase next year, effectively wiping out the COLA hike.

[Source: *Military Times* | Leo Shane | October 18, 2016]



DD-214 ONLINE

It's official; DD-214s are NOW Online. Please pass on to other vets. The National Personnel Records Center (NPRC) has provided the following website for veterans to gain access to their DD-214s online: <http://vetrecs.archives.gov> or try: <http://www.archives.gov/veterans/military-service-records>. This may be particularly helpful when a veteran needs a copy of his DD-214 for employment purposes. NPRC is working to make it easier for veterans with computers and Internet access to obtain copies of documents from their military files.

Military veterans and the next of kin of deceased former military members may now use a new online military personnel records system to request documents. Other individuals with a need for documents must still complete the Standard Form 180, which can be downloaded from the online web site. Because the requester will be asked to supply all information essential for NPRC to process the request, de-lays that normally occur when NPRC has to ask veterans for additional information will be minimized. The new web-based application was designed to provide bet-ter service on these requests by eliminating the records centers mailroom and processing time.

[Source: National Archives: www.archives.gov]



**EXPRESS SCRIPTS PHARMACY NETWORK
CHANGING FOR TRICARE BENEFICIARIES**



Express Scripts, Inc. (ESI) today [09/30/2016] announced upcoming changes to the retail pharmacy network it manages on behalf of TRICARE. On Dec. 1, 2016, Walgreens pharmacy locations will join the network. CVS pharmacies, including those in Target stores, will leave the network on the same day. The new network will have more than 58,000 locations nationwide, and ensures TRICARE beneficiaries have timely access to retail pharmacies in their community.

ESI is the TRICARE pharmacy contractor, responsible for developing the pharmacy network. ESI reached a new network agreement with Walgreens, which will replace CVS pharmacy in the TRICARE network. This change is intended to provide better value and maintain convenient access for beneficiaries. The addition of Walgreens into the network means that 98 percent of TRICARE beneficiaries will still have a network pharmacy within 5 miles of their home. Find a network pharmacy at [ESI's website](#).

If beneficiaries chose to fill a prescription at CVS after Dec. 1, it will be a non-network pharmacy. This means they will have to pay the full cost of the medication upfront, and file for partial reimbursement.

ESI and TRICARE are working to notify all beneficiaries of this change, and ensure that people currently using CVS have time to switch to another network pharmacy. ESI is doing additional outreach to patients filling specialty drugs at CVS pharmacies to ensure they can move their prescription with no gap in their prescription coverage.

Please visit the [ESI website](#) for more information on this change.

[Source: TRICARE email 30 Sep 2016]



A LETTER TO THE NFL COMMISSIONER

To the NFL commissioner

Commissioner,

I've been a season pass holder at Yankee Stadium, Yale Bowl, And Giants Stadium.

I missed the '90-'91 season because I was with a battalion of Marines in Desert Storm. Fourteen of my wonderful Marines returned home with the American Flag draped across their lifeless bodies. My last conversation with one of them, Sgt. Garrett Mongrella, was about how our Giants were going to the Super Bowl. He never got to see it.

Many friends, Marines, and Special Forces Soldiers who worked with or for me through the years returned home with the American Flag draped over their coffins.

Now I watch multi-millionaire athletes who never did anything in their lives but play a game, disrespect what brave Americans fought and died for. They are essentially spitting in the faces and on the graves of real men, men who have actually done something for this country beside playing with a ball and believing they're something special! They're not! My Marines and Soldiers were! You are complicit in this!

You will fine players for large and small infractions but you lack the moral courage and respect for our nation and the fallen to put an immediate stop to this. Yes, I know, it's their 1st Amendment right to behave in such a despicable manner. What would happen if they came out and disrespected you or the refs publicly?

I observed a player getting a personal foul for twerking in the end zone after scoring. I guess that's much worse than disrespecting the flag and our National Anthem. HmMMMM, isn't it his 1st Amendment right to express himself like an idiot in the end zone?

Why is taunting not allowed yet taunting America is OK? You fine players for wearing 9-11 commemorative shoes yet you allow scum on the sidelines to sit, kneel or pump their pathetic fist in the air. They are so deprived with their multi-million dollar contracts for playing a freaking game! You condone it all by your refusal to act. You're just as bad and disgusting as they are.

I hope Americans boycott any sponsor who supports that rabble you call the NFL. I hope they

turn off the TV when any team that allowed this disrespect to occur, without consequence, on the sidelines. I applaud those who have not.

Legends and heroes do NOT wear shoulder pads. They wear body armor and carry rifles. They make minimum wage and spend months and years away from their families. They don't do it for an hour on Sunday. They do it 24/7 often with lead, not footballs, coming in their direction. They watch their brothers carted off in pieces not on a gurney to get their knee iced. They don't even have ice! Many don't have legs or arms. Some wear blue and risk their lives daily on the streets of America. They wear fire helmets and go upstairs into the fire rather than down to safety. On 9-11, hundreds vanished. They are the heroes.

I hope that your high paid protesting pretty boys and you look in that mirror when you shave tomorrow and see what you really are, legends in your own minds. You need to hit the road and take those worms with you!

Time to change the channel.

Col Jeffrey A Powers USMC-(ret)
[Source: CU News-Release / Colonel Dan / September 27, 2016]

>>>> LAW OF THE THEATER & SPORTS ARENA <<<<

At any event, the people whose seats are furthest from the aisle always arrive last. They are the ones who will leave their seats several times to go for food, beer, or the toilet and who leave early before the end of the performance or the game is over. The folks in the aisle seats come early, never move once, have long gangly legs or big bellies and stay to the bitter end of the performance. The aisle people also are very surly folk.

CONGRESSIONAL MILITARY VETERANS

A retired Marine general says in his new book that adding more to Congress likely would break the gridlock that prevents anything from getting done. "I really do believe that," retired Maj. Gen. Arnold L. Punaro told DoD Buzz, an online journal that covers defense issues. Punaro, the chairman of the Reserve Forces Policy Board and a frequent speaker at the annual NGAUS conference, made the claim in his book "On War And Politics: The Battlefield Inside Washington's Beltway." In an interview he said, "Today's so-called 'leaders' are fully aware of the problems that need solving. They just don't seem to have the courage to make the hard choices, not if it means they may lose votes or campaign contributions. I believe it's because most of today's bureaucrats and elected officials have never faced a real battle or had to risk their very lives in a shared effort." He points out that 64 percent of the Congress had military backgrounds in 1981. That had fallen to 18 percent in 2015. He said veterans would understand "when mutual sacrifice was necessary to achieve a common goal," something most members of Congress now do not recognize or are unwilling to do.

[Source: NGAUS Washington Report | October 18, 2016]

HOW TO KEEP YOUR TRICARE COVERAGE



By taking a few simple steps, retirees can make sure they have their TRICARE benefits after they turn 65. Four months before your 65th birthday, you will receive a postcard from the Defense Manpower Data Center (DMDC), the office that supports the Defense Enrollment Eligibility Reporting System (DEERS) a database of information on uniformed services members (sponsors), U.S.-sponsored foreign military, DoD and uniformed services civilians, other personnel as directed by the DoD, and their family members. You need to register in DEERS to get TRICARE, with information about keeping TRICARE coverage after age 65. You must have Medicare Part A and Medicare Part B to be eligible for TRICARE For Life. TRICARE For Life is Medicare wrap-around coverage for TRICARE beneficiaries who are entitled to Medicare Part A and have Medicare Part B regardless of where you live or your age.

The Medicare initial enrollment period is seven months. If you miss your initial enrollment period, your next chance to sign up for Medicare Part B is during the general enrollment period, Jan. 1 – March 31. Your coverage will begin July 1st , and your monthly premium for Part B may go up 10 percent for each 12-month period that you could have had Part B, but didn't sign up for it. Also, there will be a lapse in your TRICARE coverage until Part B is effective.

Be sure to sign up for Part B no later than two months before your 65th birthday. If you do not receive a postcard from DMDC, call them at 1- 800-538-9552. For more information about TRICARE For Life, visit <http://www.tricare.mil/Plans/HealthPlans/TFL>. You can get information about Medicare Parts A and B on www.medicare.gov <http://www.medicare.gov/>. For more information about DEERS, please visit <http://www.tricare.mil/DEERS>

[SOURCE: TRICARE News Release at <http://www.tricare.mil/TRICAREandMedicare082916>]



ONLINE COURSE FOR TRANSITIONING SERVICE MEMBERS



If you're a military veteran looking to enter the corporate world, you might need some help with the transition. Now, there's an online entry-level course designed for that purpose, according to a news release issued by Georgia Tech Professional Education. The Veterans Education Training and Transition 101 program goes by the acronym VET2. It was created by Georgia Tech Professional Education, in collaboration with the Georgia Department of Economic Development, to provide employment opportunities and assistance for up to 7,000 veterans from Fort Benning and Fort Stewart. It's free to service members and combines professional education with job experience by partnering "active, transitioning and recently separated service members" with employers for classroom and online instruction.

The course will focus on employment "soft skills" such as resume building and interview skills. "During two decades of serving in the military, I never once had to review a job description, create a resume, or participate in an interview," said James Wilburn, director of Military Programs at Georgia Tech Professional Education. "The VET2 101 program on Resume Building & Interview Skills will provide much needed assistance to our men and women transitioning from the service. With the number of soldiers being cut dramatically at bases nationwide, we worked to create an online course that transitioning veterans will be able to access anywhere in the world giving them the skills they need to start the transition process into the corporate workforce."

The reduction in military force announced in 2015-16 will have the largest impact to Georgia's military installations – specifically Fort Benning and Fort Stewart, according to the news release. The course is based on a book entitled “Boots to Loafers, Finding Your True North,” written by retired Lt. Col. John W. Phillips. Phillips currently collaborates with the Military Program, called VET2, offered through Georgia Tech Professional Education, and his book is required reading for

students enrolled. “We look forward to leveraging the good work of Georgia Tech Professional Education in developing a training system for our state’s military personnel as they transition into the civilian workforce,” said Ben Hames, Deputy Commissioner of Workforce, Georgia Department of Economic Development. “This online course provides us with an additional tool to support our veterans.” For more info about VET2 101, go to www.pe.gatech.edu/VET101.

[Source: *Ledger-Enquirer* | Alva James-Johnson | June 14, 2016]

PREDIABETES



Prediabetes happens when your blood sugar levels are higher than normal, but not high enough to be diagnosed as type-2 diabetes, according to the American Diabetes Association. People with prediabetes are more likely to develop diabetes, but can make changes to avoid a full diabetes diagnosis. Risk factors for prediabetes include being overweight or inactive; getting older; having gestational diabetes or a family history of diabetes; being of African American, Hispanic, American Indian, Asian-American or Pacific Islander descent; a history of polycystic ovary syndrome; and sleep issues.

tested. Call your provider if you notice increased thirst and/or hunger, frequent urination, extreme tiredness, blurred vision, tingling, pain or numbness in your hands or feet or cuts or bruises that heal slowly. You can reverse prediabetes or delay it from turning into diabetes, but you may need medication to control your blood sugar. Lifestyle changes are recommended, like a healthy diet with a focus on whole grains, fruits and vegetables; 30 to 60 minutes of moderate physical activity most days; and maintaining a healthy weight. If you're overweight, losing 5 to 10 percent of your body weight can reduce your risk of developing type-2 diabetes. Visit www.hnfs.com/go/teleclass to learn more and sign up for The Essentials of Diabetes Management, a free telephone based course.

There are no clear symptoms of prediabetes, so it's important to talk with your health care provider about how often you should have your blood sugar

[Source: *TRICARE Health Matters* | Issue 4 | 2016]

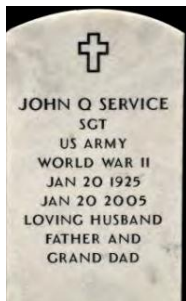
A FEW PARAPROSDOKIANS FOR YOUR AMUSEMENT

- ❖ If I had a dollar for every girl that found me unattractive, they'd eventually find me very attractive.
- ❖ Today a man knocked on my door and asked for a small donation towards the local swimming pool, so I gave him a glass of water.
- ❖ Artificial intelligence is no match for natural stupidity.
- ❖ Take my advice — I'm not using it.
- ❖ My wife and I were happy for twenty years; then we met.
- ❖ Behind every great man is a woman rolling her eyes.
- ❖ Ever stop to think and then forget to start again?
- ❖ Women spend more time wondering what men are thinking than men spend thinking.

- ❖ He who laughs last thinks slowest.
- ❖ Women sometimes make fools of men, but most guys are the do-it-yourself type.
- ❖ I was going to give him a nasty look, but he already had one.
- ❖ Change is inevitable, except from a vending machine.
- ❖ I was going to wear my camouflage shirt today, but I couldn't find it.
- ❖ If at first you don't succeed, skydiving is not for you.
- ❖ Sometimes I wake up grumpy; other times I let her sleep.
- ❖ Money is the root of all wealth.

[Source: *Extracted From - Reddit* | <https://www.reddit.com/r/Jokes> | November 11, 2016]

VA BENEFIT : SPOUSE BURIAL



Burial benefits available for spouses and dependents buried in a national cemetery include burial with the veteran, perpetual care, and the spouse or dependents name and date of birth and death will be inscribed on the veteran's headstone, at no cost to the family. Eligible spouses and dependents may be buried, even if they predecease the veteran. The veteran's family should make funeral or cremation arrangements with a funeral provider or cremation office. Any item or service obtained from a funeral home or cremation office will be at the family's expense.



[Source: http://www.cem.va.gov/burial_benefits/]

SURVIVOR BENEFIT PLAN ANNUITIES NOW PAYABLE TO SPECIAL-NEEDS TRUSTS

The National Defense Authorization Act for fiscal 2015 gives retirees the option of now having Survivor Benefit Plan annuity payments go directly into a special-needs trust for a disabled child. This special-needs trust statute does not apply to disabled spouses.

"This new option is the result of an amendment to the public law covering SBP, and is a welcome change for parents of disabled dependent children," said Tammy Hern, the Air Force's SBP program manager.

Retirees who have SBP coverage for a disabled dependent child may now - or at any time -- have a special-needs trust created and elect to direct SBP annuity payments to the trust. This irrevocable decision may be made during the life of the retiree through a written statement that designates future SBP payments go into the special-needs trust. In situations where SBP payments are made to more than one dependent child, the special-needs trust will be treated as a dependent child for the purposes of determining the shares payable to each child.

To irrevocably add a special-needs trust to existing child SBP coverage, retirees must submit a written statement requesting the annuity be paid to a trust. The statement must include the name and tax identification number of the trust. Additionally, the retiree must submit a certified letter from an actively licensed attorney verifying that the trust is a special-needs trust created for the benefit of the disabled dependent child. Examples of both statements can be found at <http://www.retirees.af.mil/sbp/>.

"It is vital that people wanting to create a special-needs trust exercise due diligence and consult with an attorney well-versed in this specialized and complex area of law," said Hern.

The SBP statute requires that a special-needs trust for a dependent disabled child also meet federal statutory requirements, and once the trust is created, it is irrevocable.

If officials determine the special-needs trust is invalid or otherwise faulty, then SBP annuity payments will revert back to being made directly to the dependent child. If this occurs, the dependent child's entitlement to other benefits such as Supplemental Security Income and Medicaid may be affected. A special needs trust election can be added to child SBP coverage even after the retiree dies.

"When the retiree dies, if SBP child coverage has been elected and the child is disabled, the dependent child's legal parent, grandparent or court-appointed legal guardian may irrevocably elect to have the SBP annuity payments made to a special-needs trust," said Hern.

For more information or help with completing special needs trust election statements, call 1-877-353-6807 to contact the SBP or the casualty assistance representative at the nearest Air Force base.

For more information about Air Force personnel programs go to the myPers website. Individuals

who do not have a myPers account can request one by following these instructions on the Air Force Retirees Services website.

[Source: <http://www.afpc.af.mil/News/Article-Display/Article/856078/survivor-benefit-plan-annuities-now-payable-to-special-needs-trusts>]

AIR FORCE INSTALLATION ACCESS

Beginning 15 AUG 2016, identification cards or driver's licenses issued by Minnesota, Missouri, Washington state or American Samoa will no longer get people past the gate at Air Force installations. The Air Force said 4 AUG that those identifications don't meet the security and data-collection guidelines required by the Real ID Act. That law aims to improve the reliability of state-issued identification documents, and help stop people from using fake IDs. People with cards from

those states and American Samoa can use an alternate form of identification, such as a valid passport, an employment authorization document with a photograph, or an ID card issued by other federal, state or local government agencies that includes a photo and biographic information. Individuals without a DoD ID card will be subject to a background check. Anyone who does not have the required documentation will not be able to come on base without an escort.

[Source: *Air force Times* | August 8, 2016]



DFAS MyPAY SYSTEM



When was the last time you logged on to myPay? Some retirees only use myPay once a year to get their 1099-R during tax season. Then they try to access their account and discover that their password is expired, lost, or forgotten. If you are in this category, be proactive this year to avoid delays with getting your tax forms.

Expired Passwords - Do you know if your password has expired? myPay passwords expire every 150 days. You will automatically receive an email about 10 days before your password expires to make sure you know to update your password. To find out more about password requirements click: www.dfas.mil/mypayinfo/password.html

Reactivating your myPay account - If your myPay account is in an inactive status, follow the simple steps below to reactivate your account.

1. Go to the DFAS website www.mypay.dfas.mil
2. Click on the "Forgot or Need a Password?" link and enter your Login
3. Choose to send a temporary password to your email and go back to mypay.dfas.mil and log in to activate your account

Don't wait until January, February, or March to access your myPay account. Log on to your myPay today to be prepared for tax season. Remember that the self-service options available through myPay simplify the management of your military retirement and gives you access to personal information about your retirement funds. Check out:

<http://www.dfas.mil/mypayinfo/tipsandtricks.html> for helpful tips and tricks when navigating myPay.

[Source: *DFAS Retiree Newsletter* | September 2016]

VA CANCER TREATMENT - HADRON THERAPY

The U.S. Department of Veterans Affairs (VA) and Stanford Medicine announced that they are collaborating to establish the nation's first Hadron Center in Palo Alto, CA, for the benefit of Veteran and non-Veteran cancer patients who could benefit from Hadron therapy. "We are excited to further expand our current partnership with Stanford Medicine, and explore ways to continue leading Veterans health care into the 21st century. The state-of-the-art Hadron Center would not only improve the lives of those affected by cancer, but further demonstrate VA's ability to partner toward pioneering innovation and exceptional health care," said VA Secretary Robert A. McDonald.

The Hadron Center is anticipated to be a clinical facility, designed to deliver particle radiation beam therapy for the treatment of cancer patients. Presently, the most common radiation beams used for cancer treatment are photons and electrons, which are easy to target to a tumor but can result in damage to normal tissue. Particle beam radiotherapy, on the other hand, uses beams of charged particles such as proton, helium, carbon or other ions to allow more precise targeting anywhere

inside the patient's body, resulting in less damage to normal tissue. Particle beam therapy can be more effective at killing radiation-resistant tumors that are difficult to treat using conventional radiation therapy. Judicious and innovative application of particle therapy can result in improved cure rates for cancer.

"Through our Precision Health vision, Stanford Medicine is committed to providing more personalized health care that is tailored to each individual," said Lloyd Minor, MD, dean of the Stanford University School of Medicine. "Planning for the Hadron Center embodies this commitment, as we seek to identify optimal ways to offer targeted treatment that both reduces harm and promotes healing." This project would be the first of its kind in the nation and serves as an excellent example of public-private collaboration to further research and clinical care, using cutting-edge cancer therapy. The Hadron Center would significantly complement VAPAHCS's mission to provide the most advanced care for Veterans, by offering those with cancer access to Hadron therapy treatments and participation in clinical trials.

[Source: Vantage Point | October 17, 2016]

COMPRESSION GARMENTS - DO THEY WORK?

Compression garments come in a variety of sleeves, socks, shorts, and full-body suits. The amount of pressure, or compression, they provide depends on the type and size of the garment. Compression garments help push blood toward your heart and prevent it from "pooling" or collecting in the compressed areas. Compression sleeves also are used in clinical settings for those with lymphedema, where blood circulation is poor, or to prevent blood clots. But can they increase your performance and decrease your recovery times? Compression garments have been shown to help blood flow to working muscles during exercise, but that necessarily doesn't translate to better performance. Most studies look at compression socks during running, and most evidence suggests no difference in athletes' performance levels during runs when compared to those not wearing compression socks. In addition, there's no decrease in recovery time or blood-lactate levels. Still, those wearing compression socks report "feeling better" and "less tiredness" in their legs during their runs. They also feel less sore following the exercise bout. And while there might not be an actual benefit of wearing compression gear, if you feel better wearing it—either during or after exercise—then keep doing what works!

[Source: Health.mil | November 17, 2016]



SBP AND FORMER SPOUSE

On November 25, 2015, Congress enacted into law a provision that allows military retirees to now elect spouse SBP after the death of the former spouse under the following circumstances: Military retirees remarried at the death of a former spouse, have one year from the former spouse's death to notify the Defense Finance and Accounting Service (DFAS) they are electing spouse SBP coverage. Military retirees who were not married at the death of the former spouse, have one year from the date of their first marriage after the former spouse's death, to notify DFAS they are electing spouse SBP coverage. Married military retirees whose former

spouse died prior to the enactment of this law; have until November 25, 2016, one year from the law's enactment, to notify DFAS they are electing spouse SBP coverage. All requests for spouse SBP coverage after the former spouse's death must be made in writing, signed by the military retiree and submitted to DFAS within the above applicable time frames. Copies of the former spouse's death certificate, if not previously provided to DFAS, and the marriage certificate for the new spouse must be enclosed with the request for spouse SBP coverage. *[Please note a similar but more extensive article is included on page 14 of this Newsletter]*

[Source: Courtesy of Maria Johnson, RSO Alaska per Misawa AB RAO Newsletter Jul – Sep 2016]



OPTIONS FOR THE THOSE WHO NEED ASSISTED LIVING



As you or your loved ones age, you may find that getting to doctors' offices is more difficult or more frequent. TRICARE offers several options to help you get the care you need. First, decide which services you need, like whether you need a skilled nursing facility or nursing home. Then you can find out if TRICARE covers those services.

Skilled nursing care is covered by TRICARE in the U.S. and U.S. Territories within skilled nursing facilities (SNF) if you have a hospital stay of three or more days. Remember, you are an outpatient until the doctor formally admits you into the hospital. You become inpatient on the day you're formally admitted to a hospital with a doctor's order. The day of discharge also doesn't count as an inpatient day. The SNF must be a TRICARE participating provider and Medicare-certified.

Services covered in a skilled nursing facility include: semi-private rooms (a room you share with other patients), meals, skilled nursing care, physical and occupational therapy, speech-language pathology services, medical social services,

medications, medical supplies and equipment used in the facility, ambulance transportation (when other transportation is dangerous to your health) to the nearest care not available at the facility, and dietary counseling.

Skilled nursing facility care is different from nursing home care, which is not covered by TRICARE. Nursing homes provide custodial care, which is care that helps you with activities such as: bathing, dressing, walking, eating and sleeping. Learn more about this on the TRICARE website.

In either situation, you may need durable medical equipment (DME). DME is equipment that can hold up to repeated use and serves a medical purpose, like oxygen equipment or insulin pumps. TRICARE covers durable medical equipment (DME) when prescribed by a physician to increase your quality of life.

If you can stay home, but still need assistance, you may decide home health care is best for you. Home health care is provided by nurses, nurses' aides, or

therapists who come into your home to help you with medication or other services. Physical, speech and occupational therapists can visit to help you function better. Medical social service workers can visit to make sure you receive proper care. Coverage is the same as Medicare for these services.

Hospice Care is care for those who are terminally ill. It emphasizes supportive services such as pain control and home care. When you choose hospice care, you've decided that you no longer want care to cure your terminal illness and/or your doctor has determined that efforts to cure your illness aren't

working. TRICARE and Medicare both cover hospice care.

The Department of Veterans Affairs pays for long-term care services for service-related disabilities and certain other eligible veterans. They also offer nursing home care and at home care for aging veterans who need long term care.

Remember, long term care is care that you need if you can no longer perform everyday tasks by yourself due to a chronic illness, injury, disability or the aging process. Plan ahead and research long-term care insurance, like the Federal Long Term Care Insurance Program before you need it.

[Source: http://www.tricare.mil/CoveredServices/BenefitUpdates/Archives/09_12_16_AssistedLiving]

TRICARE AUDITORY CARE



Certain hearing aid implants are now covered for all Tricare users under a policy update announced 8 NOV. Existing rules block hearing aid coverage for retirees, Tricare for Life and Tricare Reserve Select users. But the policy change reclassifies a certain type of implanted hearing aid -- Auditory Osseointegrated Implant (AOI) Devices -- as a "prosthetic," opening up coverage of the implant to all Tricare beneficiaries. The devices improve hearing through an implant inserted in the skull behind the ear, according to the Hearing Loss Association of America. Combined with a microphone and hearing aid components, incoming sounds cause the implant to vibrate, which is then transmitted to the patient's inner ear via bone conduction.

The implants are used to treat conductive and mixed hearing loss or singled-sided deafness, according to the association. Cochlear implants, another implantable type of aid, are used to treat those with non-functioning cochlea or those who have bilateral severe to profound sensorineural hearing loss. Cochlear implants are currently covered by Tricare for all types of beneficiaries. The change for AOI devices impacts all Tricare users, including Tricare for Life users. The decision to expand coverage was made as part of a routine policy review, a Tricare official said. While the changes are retroactively effective to June 30, 2016, Tricare's regional contractors won't be ready to answer questions or process claims for the implants until 7 DEC.

The new policy does create parameters for what kind of hearing loss qualifies for coverage. "AOI devices ... are covered as a prosthetic device when necessary due to significant conditions resulting from trauma, congenital anomalies, or disease," it states. That means that retirees whose hearing loss can be blamed on other causes that are not trauma, disease or a birth defect don't qualify for coverage. Non-implantable devices, such as the BAHA Softband, which gives hearing help to children who are too young for the AOI implant, are still excluded from coverage, according to the policy.

[Source: Military.com / Amy Bushatz / Nov 08, 2016]



TRICARE CATARACT COVERAGE



Cataract removal is one of the most common operations performed in the United States. According to the National Eye Institute, it also is one of the safest and most effective types of surgery. In about 90 percent of cases, people who have cataract surgery have better vision afterward. TRICARE covers cataract surgery and related supplies and services. More specifically, TRICARE covers the standard intraocular lens (IOL), a fixed lens designed to target vision at a single focal point. During cataract surgery, the natural clouded lens is removed and then replaced by an IOL to become a permanent part of your eye. This provides good distance vision but patients typically need glasses

for near and intermediate tasks such as reading and computer use. TRICARE also covers one pair of eyeglasses or contact lenses as a prosthetic device after each medically necessary cataract surgery where an IOL is inserted. If you would like a non-standard IOL instead of a standard monofocal IOL, you will be responsible for the difference in the charges. For more information about your covered vision services, contact your regional contractor (<http://www.tricare.mil/ContactUs/CallUs.aspx>) or visit the Eye Surgery and Treatment page on the TRICARE website at:

<http://www.tricare.mil/CoveredServices/IsItCovered/EyeSurgeryTreatment.aspx>.

[Source: Shift Colors / Navy Casualty Office / Winter-Spring 2016]



TRICARE FAI COVERAGE



The 2015 National Defense Authorization Act created a provisional coverage program that allows TRICARE to provide coverage for emerging treatments and technologies. The first treatment to be evaluated and approved under this new program is surgical treatment of a hip condition called Femoroacetabular Impingement (FAI). FAI can occur when the bones of the hip are abnormally shaped. Because they do not fit together perfectly, the hip bones rub against each other and cause damage to the joint. Symptoms include pain in the hip or groin area which limits or hinders mobility.

Provisional coverage for FAI surgery began 1 JAN. Now your health care provider can give you a referral for treatment if you are diagnosed with this condition and meet certain clinical criteria. You will be able to get FAI surgery from any TRICARE authorized orthopedic surgeon who performs this procedure. Your costs will vary by plan, but will be lower if you use a network provider. The surgery must be pre-authorized by your regional contractor. Pre-authorization lets your provider present additional information so TRICARE and our contract partners can make an individual review of your care. There is no retroactive preauthorization or coverage.

[Source: Shift Colors / Navy Casualty Office / Winter-Spring 2016]

Wilson's Law of Commercial Marketing Strategy -As soon as you find a product that you really like, they will stop making it.

VA HEALTH CARE ENROLLMENT VIA TELEPHONE



Veterans can now apply for Veterans Affairs health benefits over the phone. The VA published a final regulation on 12 SEP that allows former service members to complete VA health care applications by calling **877-222-8387**. The line is manned by VA employees who walk the veterans through the process, including providing them information on copayment requirements and third party insurance. Previously, VA required veterans to apply in person at a VA medical center or submitting a paper application to the department. But the system was beset with problems, creating a backlog of 847,882 applications that stretched back nearly 15 years and

included submissions from more than 300,000 deceased veterans. After the VA inspector general released a report on the backlog a year ago, VA took steps to change the application process, to include removing a requirement that veterans physically sign the necessary paperwork. It also embarked on an effort to clear the backlog, starting with 30,000 combat veterans who should have automatically qualified for the benefit but were placed in the system by mistake. Veterans can continue to apply for benefits in person as well, according to the department.

[Source: Military Times | Patricia Kime, September 12, 2016]



This is Benjamin Button at age 62

VACCINES FOR ADULTS 60 YEARS OR OLDER

An estimated 1 million Americans get shingles every year, and about half of them are 60 years old or older. Additionally, over 60 percent of seasonal flu-related hospitalizations occur in people 65 years and older.

As we get older, our immune systems tend to weaken over time, putting us at higher risk for certain diseases. This is why, in addition to seasonal flu (influenza) vaccine and Td or Tdap vaccine (tetanus, diphtheria, and pertussis), you should also get:

- Pneumococcal vaccines, which protect against pneumococcal disease, including infections in the lungs and bloodstream (recommended for all adults over 65 years old, and for adults younger than 65 years who have certain chronic health conditions)
- Zoster vaccine, which protects against shingles (recommended for adults 60 years or older)

Talk with your doctor or other healthcare professional to find out which vaccines are recommended for you at your next medical appointment.

[Source: Centers for Disease Control and Prevention website: <http://www.cdc.gov/vaccines/adults/rec-vac/index.html>]

The Coffee Law - As soon as you sit down to a cup of hot coffee, your boss will ask you to do something which will last until the coffee is cold.



TRICARE CHILD CARE FOR NEW OR ADOPTED CHILDREN

If you have a new baby or have adopted a child, take the necessary steps to give your child access to health care when they need it.

- **Step one;** Register your child, newborn or adoptee, in the Defense Enrollment Eligibility Reporting System(DEERS).You don't have to wait the 2-6 months it may take for a formal state department birth certificate. When you are discharged from the hospital or birth center, you will receive a certificate of live birth or documents that validate the child's connection to their sponsor. If both parents are active duty, you must decide which parent will add the baby to their DEERS account. DEERS registration needs to be done in person, by an active duty service member.
- **Step two;** Enroll your child in Prime if you decide it is the best plan for your baby's health care needs. You can quickly enroll your child by calling your regional contractor or by submitting a Prime enrollment form. Newborns are covered under TRICARE Prime for 60 days after birth, as long as another family member is already

enrolled in a Prime option. If you decide Prime is best for your family, you must take an additional step to enroll them, it is not automatic. After those first 60 days in Prime, the child's health coverage automatically transitions to TRICARE Standard.

Remember, Prime enrollees receive care mostly through military hospitals or clinics with no cost shares or deductibles. Standard beneficiaries receive care from their choice of provider with associated cost-shares and deductibles. If your family is growing with an adopted child, start the process as soon as you have the information to register them in DEERS. No matter which plan you chose, this is your first step. Be sure you have all required paperwork (refer to <http://www.tricare.mil/Plans/Eligibility/Children> to avoid unnecessary confusion or subsequent bills for co-payments and cost-shares. For more information, visit the Enroll or Purchase a Plan page on the TRICARE website at <http://www.tricare.mil/Plans/Enroll>. You can also find the nearest DEERS registration site online at <https://www.dmdc.osd.mil/rsl/appj/site>.

[Source: Health.mil / July 1, 2016]

FORMER SPOUSE SBP COVERAGE OPEN SEASON

The National Defense Authorization Act for Fiscal Year 2016 (NDAA FY16) amended the Survivor Benefit Plan (SBP) statute to provide a member who had made an election to provide SBP or Reserve Component SBP (RCSBP) coverage for a former spouse the ability to cover a subsequent spouse if the former spouse dies. The enactment of this legislation included provisions in the form of an open season period to accommodate members whose covered former spouse beneficiaries were already deceased when the legislation was enacted.

Who is eligible for this Open Season? Members who have been identified as a military retiree who once elected former spouse coverage which is now discontinued have been contacted via direct mail. However, some members may be eligible to elect coverage for a current spouse during this open season period if before November 25, 2015 they had a former spouse beneficiary under the SBP who died before that date and if they were on November 25, 2015 married to a subsequent spouse. This Former Spouse SBP Coverage Open Season DOES NOT APPLY if they are not currently married or if their former spouse SBP coverage was discontinued for any reason other than the death of their covered former spouse.

How do I make an election to cover my current spouse? If a member has not already been contacted, but believes the open season may apply to them, and has an interest in making the election, please direct their inquiry to us at the address found here:

<http://www.dfas.mil/retiredmilitary/about/aboutus/customer-service.html>. Once we have received their inquiry, we will provide them with the necessary supporting documents which may include:

- Certificate of Death for the Former Spouse
- Marriage Certificate for Current Spouse
- Birth Certificate for Current Spouse
- Expression of Interest Form

Once we receive all required documentation, we will prepare an estimate of the costs associated with the coverage, and any retroactive premiums due from the effective date of the coverage. We will provide this estimate to them along with a blank “Final Election” form. Once they have reviewed the figures, if they decide to elect the coverage, they will need to complete and sign the “Final Election” form and return it to us. The election must be made with the form provided or in writing. It must be received by the Defense Finance and Accounting Service-Cleveland with a postmark on or before November 24, 2016.

Please be advised that once made, this election is irrevocable. Coverage may only be established at the level of coverage previously elected for their former spouse. The member is responsible for all premiums due from the effective date of the election. The option to cover a current spouse during this open season will run through November 24, 2016.

When will my election become effective? Married ON the Date of the Death of the Former Spouse – If the member had been married for at least 1 year on the former spouse’s date of death, the effective date is the 1st day of the 1st month after the date of death of the former spouse.

Married AFTER Death of the Former Spouse - If the member married after the former spouse’s date of death (or in the 1 year period preceding the date of death of the former spouse), the effective date is the 1st day of the 1st month after the 1st anniversary of the marriage.

For members who are not fully paid up, retroactive premiums will be effective on the date of the election. Such members will be responsible for all premiums for this time period. An estimate of premiums and payment options will be provided after receipt of a member’s expression of interest form. The member will be required to pay the premiums in either a lump-sum amount or over a period of months, but all premiums must be paid within 24 months of the date of their final election.

(Source: Guam RAO Sep 2016 Newsletter and DFAS)

HERO MILES PROGRAM



No one likes that phone call, civilian or military; a loved one is injured or seriously ill and you should be by his or her side. Anybody who has had to purchase a last-minute ticket knows the costs can be exorbitant. If you are the spouse of a military family member, you 1) are mostly likely under-employed, having to find a new job every three years or so, and 2) know exactly how much your be-loved makes. Or you’re a parent of

a serviceman or woman, retired and living on a fixed income. How are you going to afford a trip across the country, or perhaps even to another continent?

Hero Miles Program, administered by the Fisher House Foundation, provides free airline transportation to family members (or close friends) to visit and provide support for their loved ones. Service

members who are not eligible for government-sponsored airfare to return home may also be eligible for this program. The Hero Miles Program can be seen at: <http://fisherhouse.org/programs/hero-miles/>

Seven airlines participate; American Airlines, Alaska Air, AirTran Air, United Airlines, Delta Air-lines, Frontier Airlines, and U.S. Airways. People donate their frequent flier miles from these companies' incentive programs by contacting the individual airline companies. Credit card reward miles from these seven companies are also eligible for donation. From the pool of miles, tickets are granted to eligible applicants. You can go to the Fisher House website in the link above to see about donating miles to the program.

Applications are usually available at the Service Casualty Office or other social work office at the

service member's hospital, which are then verified by hospital medical personnel. Should you have any additional questions or have a hard time getting in contact with the social service office in question, the Fisher House Foundation phone number is 888.294.8560. They are more than happy to guide you through this process. Nobody ever wants to use these programs. It's better; however, to know that should the worst happen, you know what resources are available to you. Zachary Fisher may not have been able to join the United States Marine Corps during World War II due to medical issues, but his legacy of assistance to military families have made him (and his wife Elizabeth) one of this country's greatest civilian supporters of service members and their families. Mr. Fisher's family continues his legacy and want to help serve those who serve.



[Source: Courtesy of MilitaryAuthority.com per Misawa AB RAO Newsletter Jul – Sep 2016]

RESERVE COMPONENT RETIREES TO BE HONORED WITH VETERAN STATUS



WASHINGTON – The U.S. Senate early Saturday approved legislation to improve services for our nation's veterans which included a Boozman-authored provision to honor as veterans, National Guard and Reserve retirees who served honorably for a minimum of 20 years but do not meet the active duty service requirement to qualify them as veterans under existing law.

Current law defines veterans as servicemen and women who have served on active duty, other than for training, for 180 consecutive days or more. Boozman's language adds an honorary veteran status provision and allows these Guard and Reserve retirees to be recognized as veterans. Due

to the fact that no additional benefits beyond the title of veteran are extended to these retirees, there is no cost associated with this legislation. Boozman worked with his colleagues on the Senate Veterans Affairs Committee to ensure bipartisan support for this legislation which has been stalled in the Senate for many years.

"Men and women who have honorably served in defense of our nation earned the recognition of veteran status. After 20 years of service in our nation's uniform, they deserve this honor," **Boozman, a member of the Senate Committee on Veterans' Affairs said.**

"We would not be where we are today on veterans status for Guardsmen and Reservists without the

tireless work of Senator Boozman,” **said retired Maj. Gen. Gus Hargett, the NGAUS president.** “He was instrumental in getting the Senate to pass the legislation for the first time last year and has continued to carry the torch.”

“The Enlisted Association of the National Guard of the United States (EANGUS) congratulates the 114th Congress for passing H.R. 6416, The Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016. We are particularly pleased that the bill included Sec. 305 which grants honorary veteran status to our Guardsmen who served twenty years, but who did not meet the requisite requirements of time in Title 10 status during their career to earn veteran status—

[SOURCE: Permalink: <http://www.boozman.senate.gov/public/index.cfm/2016/12/reserve-component-retirees-to-be-honored-with-veteran-status>]

one of our association’s decade-long legislative resolutions and a topic near and dear to our members. On behalf of our membership, we wish to thank the Senate and House Veterans Affairs Committee Members and Professional Staff for their help in resolving this issue. Now our members with twenty years of service can truly be recognized for their service and sacrifice for serving their country,” **said Sergeant Major Frank Yoakum, U.S. Army (Retired), Executive Director, EANGUS.**

The House of Representatives passed this legislation. It is now headed to the President’s desk to be signed into law.

DIRECTOR’S COMMENTS

January 20th will put a new President into office. I expect there will be a 180 degree change in our country’s direction from the previous administration. According to campaign statements this sounds good, except for the fact that we were previously promised change and really got change; but not for the better in my opinion. As usual we the people must be vigilant and see that the change is what we want and expect.

In a so called war on terror we must rebuild our military and stop social experimentation, and let our services do what they do best when allowed to. A nation’s first responsibility is safeguarding its citizens from internal as well as external threats. I would like to see those in public positions that have ignored existing laws to be held accountable for their dereliction of duty.

We must remember our past greatness when we were admired around the world for having the courage to do the right things. Strength, not political correctness is respected along with the reminder that.....

THERE IS NO SUBSTITUTE FOR VICTORY

AND ON A HAPPIER NOTE:

Have a Merry Christmas and a Happy New Year

*Frank Krus
SMS, USAF (Ret)
SRAO Director*



RETIRES HELPING RETIRES