



NEWSWIRE SEPTEMBER-OCTOBER 2019

The Volunteer staff of the Jefferson Barracks Satellite Retiree Activities Office publishes this NEWSWIRE to inform all military retirees, spouses, widows, widowers and their families of changes to their benefits, the status of current legislation impacting their retirement, health related information, defense policies and other matters affecting their military rights, benefits and other obligations. It contains information about Scott AFB; Jefferson Barracks AFS and the local retired community.

Schedule of Events for: September-October 2019

September 19 Thursday --- Monthly luncheon 1100 Hrs. **Bandana's BBQ** 1220 Big Bill Road, Arnold, MO 63010 (636) 282-3328 Directions: I-55 south to MO State Highway 141, then turn east on Highway 141 to Big Bill road. Coming from the south, take I-55 north to Mo State Highway 141, then turn east on Highway 141 to Big Bill Rd.

October 17 Thursday --- Monthly Luncheon 1100 Hrs. **Firehouse Bar and Grill**, 3500 Lemay Ferry Road (1/2 Mile north of Lindbergh). 314-892-6903. www.firehousebarandgrillstl.com

October 19 Saturday --- Scott AFB Retiree Appreciation Day. 7am – 3pm at the Event Center (Club)

FROM THE DIRECTOR

You might have been reading lately about the "NEXT GENERATION" ID CARDS coming out soon for active duty, reserves, air/army National Guard and retirees. These cards will help protect your privacy and personnel information using modified a bar code.

The machines that will issue these ID CARDS will start coming into service in the fall of 2019. New ID CARDS **WILL NOT** be issued to retirees until they expire. We ask that those with indefinite ID CARDS not get the next generation cards until the year 2021.

Thank You for your cooperation.

TRICARE Coverage w/OHI - OHI Gain or Loss Impact

Source: TRICARE Communications

If you have any health insurance other than TRICARE, it's called "other health insurance" or simply "OHI." An example of OHI is having employer-sponsored coverage in addition to TRICARE. If you're on active duty, you can't use OHI. TRICARE is your only coverage. And TRICARE supplemental insurance isn't OHI. If you recently gained or lost OHI, you've experienced a TRICARE Qualifying Life Event (QLE). This means that you

have 90 days after you gain or lose other health insurance to change your TRICARE health plan. You need to take action and understand how your plans will work together in the future. Here are some tips regarding what comes next.

Tell TRICARE When You Gain Other Health Insurance

Tell your TRICARE contractors, doctors, and pharmacies if you have other health insurance. This includes medical insurance, prescription drug insurance, dental insurance, and vision insurance. This will help them coordinate your benefits for payment by both the OHI and TRICARE, as well as prevent claim delays or denials. You can report your OHI through the following:

- Online: Fill out and submit your TRICARE contractor's other health insurance [form](#), or enter the information in [milConnect](#).
- By phone: Call your applicable [TRICARE contractor...](#)
- In person: Go to your [military hospital or clinic](#), or a [uniformed services ID card office](#).

Coordinating Your Benefits

Once obtained, OHI becomes your primary insurance. Therefore, if you have health coverage through an employer, association, private insurer, or school (for students), your OHI is always your primary insurance and pays any claims before TRICARE does. OHI must process the claim before TRICARE can consider the charges. A TRICARE-authorized network or TRICARE-authorized non-network provider must provide the [TRICARE-covered](#) health care services. Most providers and pharmacies will file your claim with TRICARE. If they don't, you can submit the amount remaining to your TRICARE contractor. Be sure you follow the rules of your OHI. If your OHI doesn't pay on your claim because you didn't follow their rules, TRICARE may not pay on your claim. If TRICARE receives your claim before your OHI processes it, TRICARE will deny it.

Medicare and TRICARE

TRICARE pays after Medicare and your OHI for TRICARE-covered health care services. As outlined in the TRICARE For Life Handbook, how Medicare coordinates with OHI "depends on whether or not the OHI is based on current employment." But in either case, TFL pays last. You can also learn about how Medicare works with OHI on the Medicare website.

Using Other Health Insurance with Prescription Drug Coverage

When you have OHI with pharmacy benefits, your OHI pays first and TRICARE pays second. The TRICARE Pharmacy Overview states that you "can save money by using a pharmacy that is also in-network with your other health insurance, if you have it." Tell Express Scripts, Inc. you have OHI by completing the TRICARE Other Health Insurance [Form](#).

If you have OHI prescription coverage, you can't use TRICARE Pharmacy Home Delivery unless the TRICARE pharmacy contractor can coordinate benefits with your OHI plan and either the drug isn't covered by your OHI, or you have met the OHI benefit cap. Visit [Using Other Insurance](#) and check out the [TRICARE Pharmacy Handbook](#) for more information on how to coordinate OHI with pharmacy benefits and file claims.

Losing Other Health Insurance

If you lose other health insurance, TRICARE becomes your primary payer. Inform the applicable TRICARE contractors and your health care provider and pharmacy of loss of OHI. If you don't share the loss of OHI, then you risk the chance of TRICARE denying your claim. Whether you lose or gain OHI, don't wait to report it to your [TRICARE contractor](#). Visit [Qualifying Life Events](#) to learn more about this QLE and other QLEs that you may experience in the future. Doing this will help you make the most of your benefit and take command of your health care.

TRICARE Survey - Confirms Cost, Access Contribute to Satisfaction

Source: MOAA - Kathryn M. Beasley

MOAA recently completed the latest in a yearly series of health care surveys. With changes beneficiaries continue to experience, MOAA intends to maintain a close, ear-to-the-ground perspective and will survey beneficiaries annually. The surveys collectively reveal respondents are satisfied overall with their health care benefit. Some groups much more so than others: For example, the respondents over age 65 who use TRICARE For Life (TFL) continue to express greater satisfaction with their benefit. However, when it comes to what they have to pay for their medications, they are increasingly dissatisfied.

“Access to my provider has become more difficult with longer wait times for appointments. I stopped mail delivery of prescriptions because of the cost. While I travel further to refill my prescriptions, it is cheaper than the copay for the convenience, but now they are reducing medications available at the base hospital.”

“As a retired member living on a fixed income, any increase in costs to include pharmacy costs, for myself and spouse would seriously jeopardize our health care. At 80 years of age I am seeing an increase in the need for more maintenance medications.”

From a general perspective, beneficiary respondents who use either TRICARE Prime or TRICARE Select continue to voice dissatisfaction with the cost of their care — and now many are experiencing access to health care issues more frequently as more military treatment facilities are reducing services.

“Annual increases far outpace retired pay COLA and continues to grow far more than the healthcare I was promised when I joined the military. Finding doctors who will accept TRICARE, and who will accept TRICARE reimbursement rates, is more difficult every year.”

“It's become harder to access the MTF [military treatment facility] as a retiree, and we are sent off base to civilian providers and have to pay much more out of our pockets.”

“I've noticed more-frequent referrals to off-base, civilian providers because it's getting harder to get specialty care (like dermatology and cardiology) at the base.”

And to be sure, those who are currently serving are watching what is happening. Consider this service members experience:

“As an active duty member, both my spouse and I receive excellent care through TRICARE. However, I largely attribute this to the fact that we get care at an MTF with high visibility. When I had Tricare Prime Remote while in a large metropolitan city, it was very difficult to first explain TRICARE, and then to get care through a network physician. I am greatly concerned about attempts to increase fees and costs for retired members, particularly when they are used to cut costs for the department.”

The information MOAA gains through these surveys will continue to shape the legislative agenda into the new year.

Military Pharmacies - May Change List of Free OTC Medications

Source: Military.com; Amy Bushatz

On-base military pharmacies worldwide may soon change or reduce their offerings of free over-the-counter (OTC) medications as Tricare administrators standardize the list of what's available. Currently, military retirees and other beneficiaries can receive certain medications for free and without a prescription through a long-standing OTC medication program. How the program is administered and how many medications each user can get per month varies by location. Typically, users must fill out a request form, and medications are often capped at four or five per beneficiary. Which medications are offered can also differ widely by pharmacy or service branch. For example, a list of medications available at Fort Gordon, Georgia includes anti-diarrheal drug loperamide and condoms, while a list from the Navy's health clinic in Annapolis, Maryland does not include either option, but does offer Chloraseptic throat drops.

Now, as the military medical system undergoes a shift in administration of the military hospitals from the services to the Defense Health Agency (DHA), many of the systems' processes and offerings are being standardized, including the OTC program. The Pentagon does not plan to order facilities to discontinue the program outright, said Kevin Dwyer, a DHA spokesman. Instead, officials on the agency's Pharmacy and Therapeutics Committee are working to create a standardized list of what's offered and will leave the decision of which medications, if any, to stock from that refitted catalog to pharmacy administrators.

"The Defense Health Agency has not issued any directives to halt such programs, and it is up to the individual facility to establish or continue an OTC medication program," he said. Dwyer said the committee is not aiming to reduce the number of drugs available, but would not say for sure that the final list won't be shorter. The re-evaluation began this year, he said. Information on when the evaluation will be completed was not immediately available.

Prostatitis - [Aquablation](#) - Robot-guided Water Jet Treatment

Source: Vantage Point

A procedure called aquablation offers a new approach to treating an enlarged prostate. This therapy treats Veterans' enlarged prostate symptoms with reduced risk of unwelcome side effects. The medical term is "benign prostatic hyperplasia," or BPH. Most men know it simply as "enlarged prostate," and hope to avoid it as they grow older. More than 12 million American men, most of them 60 or older, are being treated for non-cancerous enlargement of the prostate gland. Symptoms include a frequent need to urinate, increased nighttime urination and an inability to completely empty the bladder. For more severe cases, pills might not give much relief. Surgery can help symptoms but can also cause sexual problems. So, many men simply avoid treatment.

Salisbury North Carolina VA Health Care System offers Veterans with BPH the aquablation option called. It's more effective than pills but has fewer side effects than surgery. The U.S. Food and Drug Administration (FDA) recently approved it for use with patients. The doctor removes excess prostate tissue with a robot-controlled water jet, using 3D imaging to guide it. The procedure relieves symptoms with less risk of sexual side effects.

"As Salisbury Chief of Urology, I was part of the two trial studies that led the FDA to approve aquablation," said Dr. Gopal Badlani. "The symptoms of an enlarged prostate can be frustrating and upsetting. There are hundreds of Veterans suffering from BPH in our area. That's why we are so pleased by the results we see from this new treatment. "One older Veteran who recently had the procedure said, 'I'm glad I did it. I'm a blessed man, I'll put it that way.'" When I told him that he would no longer have to take drugs for his symptoms

he said, 'That sounds pretty good. I got rid of two pills right there.' "We believe this treatment has the potential to change the way we treat men with BPH in a very basic way."

Fighter Pilot Cancer Risk - Cockpit Radiation Cited FY2000

Source: Military.com / Tara Copp

Former Air Force and Navy fighter pilots are calling on the military to begin cancer screenings for aviators as young as 30 because of an increase in deaths from the disease that they suspect may be tied to radiation emitted in the cockpit. "We are dropping like flies in our 50s from aggressive cancers," said retired Air Force Col. Eric Nelson, a former F-15E Strike Eagle weapons officer. He cited prostate and esophageal cancers, lymphoma, and glioblastomas that have struck fellow pilots he knew, commanded or flew with.

Nelson's prostate cancer was first detected at age 48, just three months after he retired from the Air Force. In his career he has more than 2,600 flying hours, including commanding the 455th Air Expeditionary Group in Bagram, Afghanistan, and as commander of six squadrons of F-15E fighter jets at the 4th Operations Group at Seymour Johnson Air Force Base in North Carolina. Last month McClatchy reported on a new Air Force study that reviewed the risk for prostate cancers among its fighter pilots and new Veterans Health Administration data showing that the rate of reported cases of prostate cancers per year among veterans using the VA health care system across all services has risen almost 16% since fiscal year 2000. The Air Force study also looked at cockpit exposure, finding that "pilots have greater environmental exposure to ultraviolet and ionizing radiation ... (fighter pilots) have unique intra-cockpit exposures to non-ionizing radiation."

Retired Navy Cmdr. Mike Crosby served as a radar intercept officer in F-14 fighter jets from 1984 to 1997, accumulating over 2,000 flight hours. He started Veterans Prostate Cancer Awareness Inc. in 2016 after his own prostate cancer diagnosis at age 55. "I think there's been a lot of avoidance in addressing this issue," he said. Crosby and other pilots who contacted McClatchy said they suspect the cancers in their community may be linked to prolonged exposure in the cockpit to radiation from the radar systems on their advanced jets, or other sources such as from cockpit oxygen generation systems. The Centers for Disease Control and Prevention has reported that exposure to some types of radiation can cause cancer, however to date there has been no link established between the specific radiation emitted from radars on these advanced jets and the illnesses pilots are now seeing.

Navy and Air Force pilots told McClatchy about their battles with cancer, their frustrations about what they saw as the limitations of the Air Force study, and about former pilots who have died from cancer. "When you're 30 years old you need to start screening for prostate cancer, even if it comes out of your own pocket," Nelson said. "You need to see an urologist once a year. Not your primary care physician, not your flight doc. Pay the money and stick around for your great-grandkids." If the military would begin screening for cancer earlier, "that would save lives," Nelson said. The military's health care system, TRICARE, currently covers prostate cancer screenings at age 50 for service members with no family history of the disease, and as young as age 40 if there is a family history of the disease in two or more family members. The pilots who spoke with McClatchy said they did not have a family history of prostate cancer when they were diagnosed.

Military Remarriage - Impact on Spousal Benefit Concerns

Source: MOAA Newsletter; Shane Ostrom

Wedding bells are ringing — again. But it's not all champagne and roses. Here are your top remarriage concerns as they relate to finance.

Situation 1: *A retiree is remarrying, and their former spouse holds the Survivor Benefit Plan (SBP).*

Once a former spouse is awarded SBP due to a legal divorce document, only a change to the legal document — or the death of the former spouse — will release the SBP back to the retiree. These actions allow the retiree to change the beneficiary to the current spouse. The ex-spouse and current spouse cannot be covered simultaneously.

Situation 2: *A surviving spouse wants to remarry. What benefits carry over after remarriage?*

One's age at remarriage can affect survivor benefits. If you are 55-plus, SBP payments will continue after you get remarried. If you are 57-plus, your Dependency and Indemnity Compensation (DIC) payment will continue. If you are 57-plus, both SBP and DIC payments will continue at their full amounts, and there is no SBP-DIC offset if you remarry at 57-plus. If you are younger than 55 or 57, SBP or DIC, or both, will be suspended. If the remarriage ends, payments can start again.

Unless you remarry another military retiree, all other military benefits stop during the remarriage (TRICARE and ID card-related). If the remarriage ends, ID card-related benefits will return, but TRICARE benefits are lost forever. If you have remarried a military retiree, all of these benefits will continue. If the retiree dies, survivor programs and benefits (including TRICARE) will start — unless the SBP is owned by a former spouse.

In regards to Social Security, survivor payments continue for remarriages at/after age 60 (or age 50 if you're disabled). At age 62-plus, you can get retirement benefits on your new spouse's work if those benefits are higher. If you are the divorced spouse of a worker who dies, you could get survivor benefits as long as your marriage lasted 10 years or more. To collect a survivor benefit, you must be age 60 or caring for a child under age 16.

Situation 3: *A former spouse is awarded retired pay from a military retiree. What happens to the retired pay if the former spouse remarries?*

The retired pay was awarded to the former spouse by a divorce court and is in the divorce decree. Unless something about remarriage was stipulated in the divorce decree, the retired pay will continue.

Situation 4: *A retiree remarries. How do they start spouse benefits?*

To get SBP, make sure you notify the Defense Finance and Accounting Service or your USCG pay agent within the first year of your remarriage. SBP will start again on the first anniversary unless the former spouse has the SBP. You will owe back premiums if you forget to notify the pay agency until after the first anniversary. Retirees have three SBP options after remarriage:

- Stay at your current coverage level.
- Increase your coverage level if your current coverage is less than the maximum coverage. The higher premium is retroactive, so you will owe the back premiums, plus interest.

- Cancel the coverage with spouse approval.

Take your new spouse to the ID card office for an ID card and enrollment in the DEERS-TRICARE registration system.

Situation 5: *You divorced a servicemember and qualified for benefits upon divorce (20/20/20 rule).*

Upon remarriage, TRICARE health care is lost forever. Other ID card benefits are suspended until the remarriage ends. If you remarry a military retiree, all of these benefits will continue.

Pennsylvania National Guard - New Dependent Education Benefit State Law

Source: Military.com; Jim Absher

A new Pennsylvania law, touted as the first of its kind in the U.S., gives education benefits to the families of Pennsylvania National Guard members. Under the new program, signed into law July 1, Pennsylvania guard members who commit to an additional six years of service can receive 10 semesters of higher education benefits for their family members.

The program is only good at state colleges in Pennsylvania. "Pennsylvania National Guard members and their spouses and children give a tremendous sacrifice to keep residents safe. These families endure hardships that include many sleepless nights away from one another during overseas deployments, training exercises, and domestic emergencies," Pennsylvania Governor Tom Wolf said in a statement. "The Military Family Education Program is a fitting way to pay tribute to the families who give this selfless support."

The law is effective immediately, and is only good for new extensions of military service. Troops cannot get the benefit without agreeing to a new six-year commitment, or use the same six-year period of service to qualify for both the Pennsylvania National Guard Education Assistance Program and the Family Education Program. Guardsmen should check with their units for more information.

Army Recruiting - Would Lowering the Age Fix Military's Recruiting Worries?

Source: Shane McCarthy; MilitaryTimes

At the end of World War II, the Army had over 8 million service members. Today, the Army has fewer than 500,000 troops. And it's struggling to reach its recruiting goals. Of course, much of the disparity in these numbers can be attributed to the transition from mandatory service to an all-volunteer force. But are a growing military-civilian divide and ineffective recruiting methods also to blame?

Today, far less of the younger generation has a connection to military service. In 1995, 40 percent of those ages 16 to 24 had at least one parent who had served in the military. By 2016, that number had fallen to 15 percent, according to the Department of Defense. When the United States eliminated the draft in 1973 and transitioned to an all-volunteer system, leaders assumed that a combination of patriotism, stable benefits and other factors would keep numbers up. But this hasn't been the case. In a recent panel discussion on the crisis, Army Maj. Gen. Malcolm Frost, the former commander of the Army's Initial Military Training Command, proposed that, "the next existential threat we have...is the inability to man our military."

The difficulties of the military lifestyle can be off-putting to members of Generation Z, especially amid today's tight labor market and the greater availability of civilian jobs. Many potential recruits today are hesitant to sign up for the back-to-back deployments, constant moves and high unemployment among military spouses — common complaints among service members, according to Blue Star Families' Military Family Lifestyle survey. To combat the growing military-civilian divide, the military must be willing to change its recruiting tactics amid changing times, and many senior leaders are supportive of this idea. Adm. Robert Burke, the vice

chief of naval operations, has said, “Just like corporate businesses are adapting, the Navy must adapt to modern personnel policies as well.”

While the Army is expected to just barely meet its recruitment goals this year, longer-term solutions, like increasing recruiting in high schools, have to be considered. While some state restrictions have limited the ability to allow recruiters on campus, increasing the presence of service members on campuses that do allow recruiting can spark students’ interest. It can be helpful in making military service more familiar and less intimidating; for many high school students today, television and movies are the only references they have about the military. Because few military bases are in urban areas, teens in these areas have little exposure to “real life” service members.

This targeted recruitment can also have a chain effect: many enlistments are gotten through referrals from friends and peers. In a 2018 study on the life of a private, almost 21 percent of soldiers in their research group were influenced by a friend or significant other to join, compared with just over 8 percent by a recruiter. Lowering the age of enlistment to 16 could be another alternative. For one, many of the factors that disqualify older youth from joining — like criminal records — are not as present in younger teens.

Currently, of the 75 percent of 17- to 24-year-olds who are ineligible to serve, for example, 10 percent are ineligible due to criminal records. And according to the Department of Justice there are twice as many arrests of 18- to 20-year-olds as there are arrests of 15- to 17-year-olds. It’s also significantly cheaper to digitally target a younger audience — about 30 percent cheaper for ages 13 to 16 than ages 17 to 24. And 16-year-olds show a greater propensity toward military service than 18-year-olds — 23 percent versus just 12 percent.

Recruiting younger teens is not uncommon. Canada, for example, allows 16-year-olds into the reserves once still in full time education. The United Kingdom allows anyone from 15 years and 7 months old to drop out of school with permission from parents and join the military. And enlisting doesn’t have to mean deploying right away. The U.S. already has procedures in place to prevent the deployment of 17-year-olds. And the Army already believes it is important to have potential soldiers meet recruiters before they turn 17.

To combat the steady decline in interpersonal connections with service members — who comprise less than 1 percent of the country — the military may need to seek out more innovative recruiting methods and undertake large-scale policy changes like these. And we need to change the perception of the military lifestyle as a “sacrifice” — what you are giving up — and market it more as an opportunity — what you are gaining

State Veteran's Benefits - Missouri 2019

Source: <https://www.military.com/benefits/veteran-state-benefits/missouri-state-veterans-benefits.html>

The state of Missouri provides several benefits to veterans as indicated below. To obtain information on these, refer to the attachment to this Bulletin titled, “**Veteran State Benefits –MO**” for an overview of the below benefits. Benefits are available to veterans who are residents of the state. For a more detailed explanation of each refer to

<http://mvc.dps.mo.gov> & <http://militaryandveteransdiscounts.com/location/missouri.html> :

- Housing Benefits
- Financial Benefits
- Employment Benefits
- Education Benefits
- Recreation Benefits
- Other State Veteran Benefits

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