

Army Echoes, Issue 2, May-Aug 2006

Retired Soldiers could earn a \$1,000 recruiting referral bonus

Retired Soldiers could earn a \$1,000 bonus for referring someone with no prior military service (not an immediate family member) to an Army recruiter if that referral results in enlistment in the U.S. Army, Army Reserve, or Army National Guard. As we went to press, the Army was still working out the details of this bonus and expected to put the policy into effect by early June. Under this program, referrals will be made via the Sergeant Major of the Army Recruiting Team (SMART) process. To receive a bonus, the retired Soldier making the referral must provide the name of the potential recruit before that person's interview with an Army recruiter. When details are available, they will be posted on the program homepage GoArmy.com (you'll need to have or start an Army Knowledge Online [AKO] account) and the Current News section of this [homepage](#) and will also be available by calling 1-800-223-3735, ext. 6-0473.

Congress delays TRICARE premium increase

To meet increasing health care costs, DoD recently proposed raising TRICARE fees for "working age" retirees and their family members, who are not yet Medicare-eligible. If the proposal had been approved by Congress, this would have been the first fee increase since TRICARE started in 1995. However, both the House and Senate have proposed legislation that would delay these fee increases.

The Senate Armed Services Committee (SASC) had stated in its version of the Defense Authorization bill (S 2766) that TRICARE Prime enrollment fees could not be increased before Oct. 1, 2007. The House has passed its version of the Defense Authorization bill (HR 5122) which recommended delaying any increases in fees for TRICARE Prime and TRICARE Standard until after Dec. 31, 2007. The House report concluded that the DoD proposals to reduce the cost of health care relied too narrowly on increasing the cost of TRICARE to retirees. The report recommended a review of DoD plans to reduce the cost of health care.

(Note: Once the Senate passes its version of the Defense Authorization bill, members of the House and Senate will meet in conference to create a joint Defense Authorization bill which will be voted on by the House and Senate. When the final Defense Authorization bill is approved by Congress and the President, it will become law and determine the fate of the proposed TRICARE fee increases.

DoD had also proposed changes in TRICARE pharmacy copays. As we went to press, the House bill would reduce the cost share for generic and formulary drugs to zero through the TRICARE Mail Order Pharmacy (TMOP). The bill also included modest cost shares for formulary and non-formulary drugs through the TRICARE Retail Pharmacy Program (TRRx). S 2766 could reduce DoD's cost for prescription drugs through TRRx.

What changes were proposed

DoD's proposed changes had included increasing the TRICARE Prime annual enrollment fee, adding an annual enrollment fee to the TRICARE Standard program and increasing the annual TRICARE Standard deductible. The rates for the proposed fees and deductibles had been set according to whether the retiree was junior enlisted, senior enlisted or officer. These changes would have been phased in during fiscal years (FY) 2007 and 2008.

For example, for junior enlisted retirees (E-6 and below) and their families, the two years of proposed increases would have brought the TRICARE Prime annual enrollment fee from \$230 (single)/\$460 (family) to \$325 (single)/\$650 (family) by FY08, an increase of 41%. For senior enlisted retirees (E-7 and above) and their families, the proposed FY08 payments would have been \$475 (single)/\$950 (family), an increase of about 107%. For retired officers and their families, the proposed FY08 payments would have been \$700 (single)/ \$1400 (family), an increase of 204%.

Proposed increases for FY09 and later would have been tied to the rate of increase to the Federal Employees Health Benefits Plan (FEHBP). TRICARE reports on its Web site that FEHBP premiums rose 115% between 1995 and 2005, the same period in which TRICARE fees did not change.

Detailed information on the proposed changes can be found at TRICARE's Sustaining the Benefit site at <http://www.tricare.osd.mil/STB/index.cfm>.

When TRICARE was established in 1995, retirees were contributing about 27% of the cost of their benefit, Dr. William Winkenwerder, Jr., Assistant Secretary of Defense for Health Affairs and Director of TRICARE Management Activity (TMA), said. Because health care costs doubled from \$19 billion in 2001 to just over \$37 billion in the 2006 defense budget, today's average military retiree's contribution for health care coverage has dropped to 10% to 12% of the cost, he said. The purpose of the proposed increases was to bring the share of TRICARE costs closer to the 1995 level for retirees and family members, not yet Medicare-eligible. By comparison, he said, civilians under private plans generally pay between 35% and 40% of their health care costs.

TRICARE costs have grown because of expanding benefits, increased use by retirees, health care cost inflation, and enrollment fees which have not changed since TRICARE started in 1995.

How TRICARE benefits have increased

Increased benefits which affect retirees include:

- Adding a civilian network prescription drug benefit for Medicare-eligible beneficiaries;
- Introducing TRICARE for Life (TFL), which established TRICARE as a second payer to Medicare for dual-eligible beneficiaries; and
- Reducing the catastrophic cap for retirees under age 65 in TRICARE Standard from \$7,500 to \$3,000.

When the Chairman of the Joint Chiefs of Staff, Marine GEN Peter Pace, testified before the House Armed Services Committee (HASC), he told them that if nothing is done now, DoD could be paying \$64 billion for military health care in 2015. He said that another reason for increased DoD health care costs is that many younger military retirees are receiving incentives from their civilian employers to use TRICARE instead of their company health plans.

HR 5122 would make it unlawful for an employer to offer a financial incentive for a TRICARE retired beneficiary not to enroll in a company health plan. S 2766 would set a fine, of up to \$5,000 for each violation, for employers who offered these incentives.

Health care CSA Retiree Council's top issue

Health care remains the single greatest issue for military beneficiaries, affecting the well-being of the more than 900,000 retired Soldiers, wounded warriors and surviving spouses worldwide, the Army Chief of Staff's (CSA) Retiree Council reported to the Chief, GEN Peter Schoomaker, after their annual meeting. The group also cited communication and education as primary areas of concern. The Council met Apr. 24-28 at the Pentagon.

The Council is made up of 14 retired officers and NCOs and is co-chaired by LTG (Ret.) Frederick E. Vollrath and SMA (Ret.) Robert E. Hall. Members are nominated by their installation retiree councils and approved by the CSA. At its annual meeting, the Council reviews retiree issues forwarded by installation councils worldwide and determines which should be reported to the CSA and which can be addressed at the installation level. For example, at last year's meeting, the Council asked for the Chief's support for direct deposit of retired and annuitant pay for retirees and surviving spouses living overseas. That suggestion was approved and is being implemented.

This year, the Council reviewed 46 issues. In their report to the Chief, the Council cited health care successes such as TRICARE for Life, but suggested that DoD and TRICARE:

- ☑ Sustain the viability of the military health care program by continuing to support the resourcing of high quality health care.
- ☑ Tie any increase in TRICARE fees (if DoD must implement them) to the annual consumer price index increases and limit future increases to the rate of growth of military pay.
- ☑ Increase outreach efforts to beneficiaries encouraging the use of cost-saving, mail-order pharmacy,
- ☑ Provide the ability to buy higher levels of service during the upcoming re-compete cycle of the TRICARE Retiree Dental Program and expand that program to countries where there is a sufficient population to make it commercially viable.

Communications with and education of retiring and retired Soldiers, their family members, and their surviving spouses continue to be critical to their well-being and the overall support of the Army, the Council reported to the CSA. To that end, the Council asked the Chief to:

- ☑ Continue to fund three issues a year of *Echoes*.
- ☑ Continue to provide sufficient resources to support the educational efforts necessary to address retirement and retiree programs, i.e., Retiree Appreciation Days; Retirement Services Officer (RSO) training; and full access to Army Knowledge Online (AKO) by retired Soldiers, their surviving spouses and family members.

In addition, the Council asked the Chief to:

- ☑ Support efforts to: 1) eliminate the Dependency and Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP) annuity; and 2) accelerate the effective date of the SBP paid-up provision for retirees who have paid into the plan for 30 or more years, from Oct. 1, 2008 to Oct. 1, 2006.
- ☑ Continue to support ongoing programs leading to full concurrent receipt of military retired pay and VA disability compensation for all eligible military retirees.
- ☑ Further equity for retired Army Reserve and National Guard Soldiers by supporting the transformation of the Reserve Component retirement system to permit receipt of retired pay earlier than age 60, based on additional years of service beyond 20.
- ☑ Strengthen the installation Retirement Services Officer (RSO) Program by standardizing the job description and grade of the installation RSO. The RSO is the individual who counsels retiring and retired Soldiers and family members on complex program such as SBP (including SBP for survivors of those who die on active duty) and Combat-Related Special Compensation (CRSC).

☑ Create a new pin to replace the Army retiree lapel pin which more clearly identifies retired Soldiers and ties them more closely to the Army.

The Co-Chairmen will meet with the CSA in October to be updated on progress with these issues and to offer their further support.

The Council's report to the Chief and the complete report covering all installation issues, click on the CSA Retiree Council box on the [main page](#) of our homepage.

SBP open season ends Sept. 30

The Survivor Benefit Plan (SBP) open enrollment period ends Sept. 30, 2006. If you're considering making an election – that is, electing SBP or increasing your participation – you need to gather the information to make that decision now. What coverage, if any, do you have now? What would an open season election cost you? What benefits would it bring to those you enroll? Visit the special open enrollment section of our homepage at <http://www.armyg1.army.mil/rso/SBPOpenEnrollment.asp> for more information and, most importantly, links to calculators that will help you estimate costs and future benefits. If your questions are not answered on the homepage, you may contact your Retirement Services Officer (RSO), listed on pages 9 and 10. Retired Reserve Soldiers not yet age 60 and not receiving retired pay can get more information on Reserve Component (RC) SBP by going to <https://www.hrc.army.mil/site/Reserve/soldierservices/retirement/index.htm>, or calling 1-800-318-5298.

Highlights from headquarters

Greetings Retired Soldiers and Family Members,

As so many of you know, the May-Aug issue of *Army Echoes* always highlights the results of the Army Chief of Staff's Retiree Council meeting which is held each April in the Pentagon.

My point is not to cover all of the highlights since Laura Paul, our editor, always does that in one of our lead stories. What I do want to emphasize to each of you is that for the first time in our memory here in Army Retirement Services, we can tell you that both the top civilian and the top military leader of our Army spoke to us and shared their visions, their goals, as well as the very serious challenges each faces.

Both Secretary of the Army Harvey and GEN Schoomaker, Chief of Staff of our Army, talked about the very strong and continuing commitment of our troops in the field and the magnificent job they are doing. Most importantly these leaders talked at length and with passion about how our Soldiers believe they are making a difference in Iraq and Afghanistan, and the confidence both hold in the ultimate conclusion of this very tough and dangerous work by our men and women in the field. Both have recently been to Iraq and Afghanistan and visited with the troops. All of the council was impressed by their discussion with the council because of the informal, almost "fireside chat" atmosphere each created as they laid out their perspectives.

Lastly, both commented on the roles that retired Soldiers and family members can have across this great Nation by speaking up, by volunteering, by accepting the "Call to Duty" to forcefully engage in "Army business" in your local communities.

As I mentioned in the last issue of *Echoes*, we are building a program here at HQDA to help change our culture to invigorate and improve the way the Army embraces and utilizes the countless retired Soldier and spouse volunteers across the Army. We have lots of work to do yet, but we have begun. Stay tuned for updates in the next few issues of this bulletin.

In that regard, I again am asking you to consider how you can personally step up and take a more active role in supporting our Army. I firmly believe that as a "Retired Soldier" you bring great credibility and experience to your civilian community, or to a military installation or organization close to where you live.

For example, Soldiers coming back home with serious, sometimes totally disabling injuries will need mentoring, employment assistance in many cases, and certainly deserve recognition in their community. Likewise, your background and experience may fit into becoming a leader or mentor in a family readiness group, especially in areas of our country far from major installations. Many of our reserve and guard units would be happy to discuss ways you and/or spouse could help. Army retired Soldiers are a large and diverse population — and each of you has special talents to offer. Find a place to step up and make a difference!!

At this time of year with spring and summer upon us, we are reminded of the renewal of nature. Despite the dreariness of winter, we know warmer days are soon upon us. Likewise, I think we should keep pushing, keep renewing our belief in our country and, of course, our special Soldiers and family members who comprise the tip of the spear in defense of those things we hold most dear. While many talk of service to country, they live it each day. Keep them in your thoughts and prayers as they continue to perform their duties in a variety of difficult circumstances all over the globe. Your support is vital and appreciated, and is never out of season!!

It's an honor to serve you! Keep chargin'!!

John W. Radke
Chief, Army Retirement
Services

AAFES -- Still Serving Retiree Weekend, Sep 29 - Oct 1

Outgoing G-1 lauds retired Soldiers' service

LTG F. L. Hagenbeck is ending his tour as the Army's Deputy Chief of Staff, G-1, to become the 57th Superintendent of the U.S. Military Academy at West Point, NY. LTG Hagenbeck is a 1971 graduate of the academy.

The Army Retirement Services Program is one of the many Army programs under the direction of the G-1. Three times in his tenure, LTG Hagenbeck has sent a message to Army commanders emphasizing the Army's commitment to retired Soldiers, their families and the Army Retirement Services Program. A copy of this letter is posted on the main page of our homepage under [Support for the Retired Community](#).

The G-1 has the following message for retired Soldiers and families, "I thank you for your service -- service that began on active duty and continues in retirement. The Army needs your unfailing support -- as volunteers, as adjunct recruiters and as the face of the Army in communities far from an Army post. We know the motto, "Once a Soldier, Always a Soldier" is one that you take seriously and we want you to know that it's a motto that your Army takes seriously."

MG Michael D. Rochelle will be promoted to LTG and will be the new G-1. He has served as Director of the Army's Installation Management Agency (IMA) since November 2005. Before that, he served as CG of the Army's Recruiting Command for over three years. As an AG officer, he brings an extensive personnel background to his new position.

Get involved in elections, but not in uniform

As the November election draws closer, someone from a political campaign may ask you to campaign for a candidate while wearing your Army uniform. Of course, participating in the political arena is your right; however, you may *not* do so in uniform.

DoD policy states that members of the Armed Forces (including retired members and members of the Reserve components) **may not wear the uniform** during or in connection with furthering political activities, private employment or commercial interests, which could give the impression that there was official sponsorship for the activity or interest.

This policy can be found in DoD Instruction 1334.01, [DoD Directive 1334.1, "Wearing of the Uniform", 5/17/2004](#).

Attention, retired Soldiers, the Army wants you

(HRC – St. Louis) – Would you like to be back in boots, serve your country and help win the Global War on Terrorism? If your answer is yes, the Army may need your military skills and grade.

The Army is currently accepting applications for recall from Category One and Two retirees. A Category One retiree is non-disability retired, under age 60, and retired less than five years. A Category Two retiree is non-disability retired, under age 60 and retired more than five years. The Army is processing requests for Category One retirees to assignments worldwide and for Category Two retirees to CONUS assignments only.

Assignments normally last 12 to 18 months. They are a temporary change of station and do not permit the movement of families and household goods.

Retirees must be physically fit and able to perform the duties of their military skills worldwide. A physical examination will be done during your initial in-processing at a designated installation. Retirees who are not physically fit for recall to active duty will be immediately released from active duty.

To volunteer, retired Soldiers must have an account with Army Knowledge Online (AKO) (<https://www.us.army.mil>) and must update their "My Record" at the Human Resources Command Web site <https://www.hrc.army.mil/index>. Click on HRC-St. Louis and then click on Mobilization/Demobilization, Mobilization of Retirees. Your record update must include your current address, home, work and cell telephone numbers, and e-mail address(es).

Applications and further guidance are also available at that site. E-mail completed applications to <mailto:retmob@hrcstl.army.mil>, or FAX them to (314) 592-1003.

Note: There is **no guarantee** that you will be recalled to active duty. If you are recalled, please be advised that all retiree recalls are **temporary** in nature. The Deputy Assistant Secretary of the Army may end your period of recall with 30 days notice to you. Therefore, the Human Resources Command-St. Louis advises you not to make any major life changes in anticipation of mobilization, such as quitting your job or selling your home.

Retiree Appreciation Days – designed with you in mind

Retiree Appreciation Days (RADs) are gatherings, held at major Army installations and other sites, to give retired Soldiers and families up-to-date information on your benefits. Many RADs include "county" fairs with health tests and representatives from numerous organizations. Some feature events such as a dinner or golf tournament. The Exchange and Commissary often conduct retiree-related events. Since each RAD is different, you should contact the RAD host (see pgs. 9-10 for RSO listing and the list below for RADs not hosted by RSOs) for information. Check <http://www.armyg1.army.mil/rso/Post/RADs.doc> for updates.

INSTALLATION	DATE	PHONE NUMBER
Ft Lewis, WA	May 19	(253) 966-5882
Ft Buchanan, PR	May 20	(787) 707-3842
Ft Ord, CA*	May 27	(800) 452-0923
Watervliet Arsenal	Jun 10	(518) 266-5810

INSTALLATION	DATE	PHONE NUMBER
Ft McPherson, GA	Jun 17	(404) 464-3219
Miami, FL (sponsored by Ft Stewart, GA)	Jul 8	(912)767-5013
Ft Monroe, VA	Jul 20	(757) 788-2093
Tobyhanna Army Depot, PA	Aug 5	(570) 895-7834
Northern New England Military RAD, Pease, NH	Aug 5	(603) 964-5943
Camp Ripley, MN *	Aug 26	(320)255-1381
Ft McCoy, WI	Sep 1	(800) 452-0923
Ft Leonard Wood, MO	Sep 8-9	(573) 596-0947
Redstone Arsenal, AL	Sep 9	(256) 876-2022
Carlisle Barracks, PA	Sep 9	(717)245-4501
Ft Sill, OK	Sep 14-16	(580)442-2645
Ft Drum, NY	Sep 15	(315) 772-6434
Ft Bragg, NC	Sep 15-16	(910) 396-5304
Ft Dix, NJ	Sep 16	(609)562-2666
Ft Eustis, VA	Sep 16	(757)878-3648
Ft Belvoir, VA	Sep 16	(703) 805-2675
Camp Pendleton, CA	Sep 16	(760)725-3400
Ft Riley, KS	Sep 20	(785)239-3320
Great Lakes, IL	Sep 23	(847) 688-3603, ext 118
Duluth, MN*	Sep 29	(218) 725-5285
Houston, TX (sponsored by Ft Sam Houston, TX)	Sep 30	(210) 221-9004
Minneapolis, MN*	Sep 30	(612)727-2854
Ft Myer, VA	Oct 6	(703)696-5947
Ft Lee, VA	Oct 7	(804)734-6973
Ft Bliss, TX	Oct 7	(915)568-5204
Selfridge ANGB, MI	Oct 7	(586) 307-5580
Oakdale, PA	Oct 13-14	(724)693-2477
Ft Richardson, AK	Oct 14	(800) 478-7384 (AK only), (907) 384-3500
Lemoore NAS, CA	Oct 14	(559)998-4042
Ft Monmouth, NJ	Oct 14	(732)532-4673
USAREUR, Heidelberg, Germany	Oct 21	06202-80-6080
Ft Carson, CO	Oct 21	(719)526-2660
Ft Polk, LA	Oct 21	(337)531-0363
Aberdeen Proving Ground	Oct 21	(410)306-2320
Ft Meade, MD	Oct 27	(301)677-9603
Ft Rucker, AL	Oct 27-28	(334) 255-9124
Ft Knox, KY	Oct 27-28	(502)624-1765
Ft Hood, TX	Oct 27-28	(254)287-5210

INSTALLATION	DATE	PHONE NUMBER
Ft Leavenworth, KS	Oct 28	(913)684-2425
Rock Island, IL*	Oct 28	(563) 322-4823
Ft Hamilton, NY	Oct 28	(718)630-4552
Ft Benning, GA	Nov 3	(706)545-1805
Ft Sam Houston, TX	Nov 4	(210) 221-9004
San Diego, CA (sponsored by Navy)	Nov 4	(619)556-8987
Ft Ben Harrison, IN	Nov 18	(317) 773-2275

Casualty Assistance Checklist

We have made some updates to this planning tool for retired Soldiers and spouses. Click [here](#) for this revised version.

Are you eligible for special compensation?

Could you be eligible for Combat-Related Special Compensation (CRSC)? CRSC is monthly, tax-free compensation for eligible military retirees with combat-related injuries whose military retired pay is reduced by VA disability compensation.

To date, 75,000 retired Soldiers have submitted CRSC claims; 55% have been approved. The main reason claims are not approved is lack of documentation verifying "how" the Soldier was injured. For help applying for CRSC, go to <http://www.crsc.army.mil>, or call 1-866-281-3254.

To qualify for CRSC, you must meet ALL four of the following criteria AND have at least one VA-rated injury determined to have been combat-related:

- Active, Reserve or medically retired with at least 20 years of creditable service;
- Receiving retired pay;
- Retired pay is reduced by VA disability payments; and
- Have 10% or greater VA disability rating.

There must be documented proof of combat-related injuries and they must fall into one of the following categories:

- Training that simulates war
- Hazardous duty
- Instrumentality of war, or
- Armed conflict

Here are a couple of questions asked by retired Soldiers, and the answers.

Q: I was hospitalized in an Army hospital after January 1971 for my disability. Where can I get my Army hospital documents if the National Personnel Records Center (NPRC) or the VA cannot find my records?

A: Patient Administration Systems & Biostatistics Activity (PASBA), ATTN: Ms. Terri Amrhein, Analysis Branch, 1216 Stanley Rd, Ste 25, Ft Sam Houston, TX 78234; (210) 295-8938. Only verifies hospital stays in an Army hospital after January 1971.

Q: How can I get documentation of combat, Post Traumatic Stress Disorder (PTSD) or herbicide exposure?

A: Provide your name, SSN, unit, base location, time during which you served, and, in the case of PTSD, specify stressors (for example, the death of someone you were serving with) to the US Army and Joint Services Records Research Center, 7701 Telegraph Rd, Kingman Bldg, Rm 2C08, Alexandria, VA 22315-3828; (703) 428-6801. Supply as much information as possible so that the Center can research your case.

Retiree Dental premiums increase slightly

Premiums for the enhanced TRICARE Retiree Dental Program (TRDP) have increased, effective May 1, 2006 through Apr. 30, 2007. Monthly premiums are based on the number of enrollees (one, two, or family) and your ZIP code. They range from \$26.13 to \$44.55 for one person, an increase of \$2; from \$50.63 to \$85.97 for two people, an increase of \$3 to \$5; and from \$85.30 to \$144.85 for family coverage, an increase of \$5 to \$8. Delta Dental of California administers TRDP. About 940,000 uniformed services retirees and eligible family members are enrolled, including "gray area" Reserve retirees (not yet receiving retired pay at age 60).

For information, go to <http://www.ddpdelta.org/retiree>; call 1 (888) 838-8737 (Mon - Fri, 6:00 a.m. - 6:00 p.m., Pacific Time for customer service, 24/7 for interactive voice response system); or write: Delta Dental of California; Federal Services; P.O. Box 537008; Sacramento, CA 95853-7008.

A table with information on services and Delta payments follows.

Benefits available during the first 12 months of enrollment:	*Delta Pays:
Diagnostic services (such as exams)	100%
Preventive services (such as cleanings)	80-100%
Basic Restorative services (such as fillings)	80%
Endodontics (such as root canals)	60%
Periodontics (such as gum treatment)	60%
Oral Surgery (such as extractions)	60%
Emergency (such as treatment for minor pain)	80-100%
Dental Accident Coverage	100%
Additional services available after 12 months of continuous enrollment (unless a waiver is approved for retirees who enroll within 120 calendar days of retirement, in which case these benefits are effective immediately):	
Cast Crowns, Onlays & Bridges	50%
Partial/Full Dentures	50%
Orthodontics	50%
Deductibles & Maximums	
Annual Deductible (per person, limit \$150 per family, per benefit year)	\$50
Annual Maximum (per person, per benefit year)	\$1200
Orthodontic Maximum (per person, per lifetime)	\$1200
Dental Accident Maximum (per person, per benefit year)	\$1000
<i>(* for visits to participating network dentists. Out-of-pocket costs may be higher for care from non-participating providers.)</i>	

You can help DoD save money

Recent DoD pharmacy programs are saving both money and lives. You can help DoD save even more money.

DoD has saved \$500 million in the first full year of using the Uniform Formulary process for classifying prescription drugs through improved formulary and contract management. The Pharmacy Data Transaction Service has prevented over 171,000 potentially life-threatening drug interactions since 2001.

The TRICARE Mail Order Pharmacy (TMOP) program could save more money if more beneficiaries used it. More than 2.1 million prescriptions are filled in the Military Health System during a typical week. Only 7% of these prescriptions are filled using the TMOP. TRICARE encourages beneficiaries to use the TMOP for medications they take on a regular basis. Following are the ways that the TMOP can benefit you and the government.

You'll save time. The TMOP is the most convenient and easiest way to get your prescriptions because they're delivered directly to your home. When you use the TMOP, you don't need to travel to drug stores or spend time waiting at the pharmacy.

You and the government will save money. Both beneficiaries and DoD enjoy significant savings when you use the TMOP rather than retail network pharmacies for your maintenance medications.

Navy Captain Tom McGinnis, TRICARE Chief Pharmaceutical Officer, estimated that DoD is paying 30% to 40% more for drugs through the TRICARE Retail Pharmacy (TRRx) program than through the less popular mail order program. For beneficiaries, the cost of a 90-day mail-order prescription is the same as the cost of a 30-day retail store order. That means you're saving up to 66% on your medications.

He added that DoD has proposed that beneficiaries pay nothing for generic prescriptions filled through mail-order.

"Mail order is a win/win because it reduces the Department's costs dramatically, while offering maintenance medications to our beneficiaries for reductions from what they are paying to the retailers," Dr. William Winkenwerder, Jr., Assistant Secretary of Defense for Health Affairs and Director of the TRICARE Management Activity, said.

Your privacy and your prescriptions are protected. Your prescriptions are shipped in plain, weather-resistant pouches.

Pharmacists are there to help. "Beneficiaries can access a registered pharmacist at any time via a toll-free number (1-866-363-8667) to answer any questions they have about their prescriptions," McGinnis said.

Also, registered pharmacists will check your combined medication history regardless of how you received your prescriptions -- military treatment facility, TRRx or the TMOP -- to avoid potentially adverse drug interactions.

More information is available at <http://www.express-scripts.com> or 1-866-363-8667.

TRICARE Uniform Formulary update

FALLS CHURCH, VA – Drugs in four categories have been reviewed by TRICARE and designated as formulary or nonformulary. The following list shows the medications, their status as formulary (first tier generics or second tier brand name) or non-formulary (third tier) and the effective date.

Formulary generic medications on the first tier are available through the TRICARE Retail Pharmacy Network (TRRx) for \$3 for up to a 30-day supply and through the TRICARE Mail Order Pharmacy (TMOP) for \$3 for up to a 90-day supply. Formulary brand name medications on the second tier may be purchased for the same number of days for \$9. Nonformulary medications on the third tier require a \$22 copayment in TRRx and TMOP. Copayments are higher at non-network retail pharmacies.

Beneficiaries currently on third-tier medications may wish to consult their health care providers about changing to a first- or second-tier alternative. They may also ask their provider if establishing medical necessity for the third-tier medication is appropriate for them. If medical necessity for a third-tier medication can be established, copayments revert to \$9. Third-tier medications will not be available at military treatment facility (MTF) pharmacies unless medical necessity has been established and the prescription is written by an MTF provider. Not all first-tier and second-tier drugs are available at MTF pharmacies.

For information on the TRICARE pharmacy program, go to <http://www.tricare.osd.mil/pharmacy>. For information on TRRx and TMOP, go to <http://www.express-scripts.com/TRICARE>; or call 1-866-363-8667 for TMOP or 1-866-363-8779 for TRRx.

Gamma-aminobutyric (GABA)-Analog Agents

Formulary First Tier: Gabapentin generic only

Formulary Second Tier: Gabitril®

Non-formulary: Lyrica® (effective June 28, 2006)

Antidepressants

Formulary First Tier: Bupropion, Bupropion SR, Citalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Nefazadone, Paroxetine, and Trazadone

Formulary Second Tier: Effexor®, Effexor XR®, Pexeva®, and Zoloft®

Non-formulary: Cymbalta®, Lexapro®, Paxil CR®, Prozac Weekly®, Sarafem®, Wellbutrin XL® (effective July 19, 2006)

Overactive Bladder Agents

Formulary First Tier: Oxybutin generic only

Formulary Second Tier: Detrol LA®, Ditropan XL®, Enablex® Sanctura®, Vesicare®

Non-formulary: Detrol®, Oxytrol®, Sanctura® (effective July 26, 2006)

Miscellaneous Antihypertensive Agents

Formulary First Tier: Clonidine/chlorthalidone generic only, Clonidine generic only,

Guanabenz generic only,

Guanadrel generic only, Guanethidine generic only Guanfacine generic only, Hydralazine generic only

Hydralazine/HCTZ generic only, Methyldopa generic only, Metyrosine generic only, Minoxidil generic only

Reserpine generic only

Formulary Second Tier: Catapres TTS®, Inversine®, Lotrel®, Minizide®

Non-formulary: Lexxel®, Tarka® (effective July 26, 2006)

Warning: Don't cancel Medicare Part B

If you're entitled to Medicare Part A because of your age, disability or end-stage renal disease, you're required by law to be enrolled in Medicare Part B in order to keep your TRICARE benefits. Medicare-entitled TRICARE beneficiaries are covered by TRICARE for Life (TFL), a program in which Medicare and TRICARE work together. To keep your TFL eligibility, you must remain enrolled in Medicare Part B and pay a monthly Medicare premium. The Part B requirement applies regardless of whether you live in the United States or abroad. If you cancel Medicare Part B, you lose TFL eligibility.

VA health care outscores private sector

WASHINGTON – Veterans continue to be more satisfied with their health care than the average American, according to an annual customer satisfaction report comparing the Department of Veterans Affairs (VA) health care system with private-sector health care.

The ratings came in the American Customer Satisfaction Index (ACSI), which ranks customer satisfaction with various federal programs and private-sector industries. The ACSI gave VA's inpatient care a rating of 83 on a 100-point scale. It gave a 73 rating for inpatient care by the private-sector health care industry. VA's rated 80 for outpatient care while private-sector outpatient care rated 75.

This is the sixth year the VA has surpassed the private sector. The rating was determined by interviews with veterans who had recently used VA services.

VA news briefs

→ VA raises home limit

Changes in the loan guaranty limits mean veterans are able to get no-down payment loans up to \$417,000. The previous ceiling was \$359,650.

→ Two new state cemeteries

The VA has awarded a grant of more than \$5 million to South Carolina to establish a 57-acre veterans cemetery in Anderson, in the western part of the state. For more information, contact the Governor's Office of Veterans Affairs at (803) 734-0200.

The state of Kentucky received a VA grant of more than \$8.5 million to establish a 99-acre cemetery in central Kentucky, in Radcliff, adjacent to Ft. Knox. For information, contact David Worley, Manager, Kentucky State Veterans Cemeteries, Kentucky Department of Veterans Affairs, at (502) 564-9281.

→ New national cemeteries

A new VA cemetery will be located near West Palm Beach, FL. The 313-acre cemetery, in Lake Worth on U.S. 441, is expected to open for burials in the winter of 2006-07.

Dolington, PA, in the southeastern part of the state, will be the site of a 214-acre national veterans cemetery. The VA plans to begin burials as soon as late 2008.

Information on VA burial benefits can be obtained from national cemetery offices, at <http://www.cem.va.gov>, or by calling VA regional offices, toll-free, at 1-800-827-1000.

→ Know who you're dealing with!!

While many private organizations have the word "veteran" in their titles, there is only one VA. Keep this in mind when surfing the net. When visiting veteran-related sites, learn more about the organization before volunteering any personal information. Beware of sites that represent the organization as part of the government (unless the site address has a .gov or .mil extension); that have a government-like seal; or offer opportunities to sign up for what appear to be official briefings.

VA medical facilities welcome women vets

WASHINGTON (AFPS) – There was a time when women veterans didn't feel welcome at VA medical facilities, but the situation has changed. Carole L. Turner, Veterans Affairs' national director for the women veterans' health program, said VA's health care for women veterans has made dramatic improvements and women should feel welcome.

Turner said VA has a full continuum of comprehensive medical services, including health promotion and disease prevention and primary care. There is also women's gender-specific health care, such as hormone replacement therapy, breast and gynecological care, maternity and limited infertility treatments.

"If a specialty isn't available in-house, VA will contract out with providers in the community," said Turner, a former Air Force nurse who has more than 20 years of VA experience.

VA also works to educate women on ways their health issues differ from men's — for instance, how heart disease manifests itself differently in women than in men. She said the VA is working with health care providers to ensure they're aware of and looking for signs and symptoms in women that they wouldn't ordinarily think are attributable to heart disease.

VA also has published privacy standards, particularly for treating women.

"We also have waiting areas that are like subunits so women can wait separate and apart from men," Turner said.

Short Shots

(Note: Publications, organizations and events that may be of interest to retired Soldiers and their families appear in this section as a service to this group. This does not imply that Army Echoes endorses these publications or programs. Any problems should be directed to the specific publisher or organization.)

- **The 2006 Retired Military Almanac**, in its 29th year, is a 256-page guide designed to keep retirees current on subjects such as recent legislation and TRICARE changes, including a current listing of over 250 military treatment facilities. Also covered are veterans benefits (including an updated list of VA facilities); space-available lodging and travel; and many other topics affecting retirees and their families. You can order an almanac for \$13.45 (includes postage) by sending a check or money order to Uniformed Services Almanac, Inc.; PO Box 4144-AE; Falls Church, VA 22044; or, if ordering by credit card, call toll-free (888) 872-9698. You can also order online at <http://www.militaryalmanac.com>.

- **The 2006 Retired Military Personnel Handbook**, in its seventh year, is a 187-page guide for retirees and their families. It's designed to guide you through retirement, explaining what benefits you qualify for and how to get them. This edition includes information on TRICARE, Federal Long Term Care, tax policies and retirement lifestyle. Topics such as government employment have been revised. The handbook is \$14.45 (includes postage) and can be ordered online at <http://www.fedweek.com>; by toll-free order line at (888) 333-9335; or by mail (with payment) at FEDweek, PO Box 5519, Glen Allen, VA 23058.

To find out how what you can do for our troops, go to <http://www.americasupportsyou.mil>.

VA proposed budget included fees for certain veterans

WASHINGTON – The President's proposed FY07 budget calls for a record \$80.6 billion budget for the VA, with most of these resources targeted for health care and disability compensation, Secretary of Veterans Affairs R. James Nicholson announced. The FY 07 proposal represents an increase of \$8.8 billion, or 12.2%, above the budget for 2006.

The proposed budget included two provisions to ensure VA is able to care for those veterans who count on it the most by asking other non-disabled, higher income veterans (Priority 7 and 8 veterans) to pay a \$250 annual enrollment fee and higher pharmacy co-payments (from \$8 to \$15). The House Appropriations Committee rejected the proposed new or increased health care fees and recommended that the requested budget be increased by \$795.5 million to make up for the revenue these fees would have generated.

Other budget highlights

- Funding for non-institutional long-term care would increase by nearly 10% over FY 06, with a total investment of \$535 million.
- Over \$78 million for national cemetery construction, including cemetery expansion and improvement at Great Lakes, MI; Dallas/Ft. Worth, TX; and Saratoga, NY. Resources are also included for planning for six national cemeteries in Bakersfield, CA; Birmingham, AL; Columbia-Greenville, SC; Jacksonville, FL; Sarasota, FL; and southeastern Pennsylvania. The budget also includes \$32 million in grants for the construction of state veterans' cemeteries.

Too often, we hear about survivors who have been denied Survivor Benefit Plan (SBP) benefits because the retiree failed to update retired pay records when the retiree married, divorced, remarried, was widowed or gained a child. We hear from surviving spouses who did not receive the retired pay for the portion of the last month the retiree was alive because this money went to someone else whom the Soldier had named at retirement.

We hear from former spouses who lost SBP because neither the former spouse nor the retiree notified the Defense Finance and Accounting Service within a year of the divorce that SBP was part of the divorce by sending a letter and a copy of the decree.

To make sure your spouse (or former spouse) is prepared, keep a file of information that your spouse (or former spouse) will need when you die. Make sure your spouse (or former spouse) knows what benefits to expect or not to expect.

Keep retired pay records current

Too often, we hear about survivors who have been denied Survivor Benefit Plan (SBP) benefits because the retiree failed to update retired pay records when the retiree married, divorced, remarried, was widowed or gained a child. We hear from surviving spouses who did not receive the retired pay for the portion of the last month the retiree was alive because this money went to someone else whom the Soldier had named at retirement.

We hear from former spouses who lost SBP because neither the former spouse nor the retiree notified the Defense Finance and Accounting Service within a year of the divorce that SBP was part of the divorce by sending a letter and a copy of the decree.

To make sure your spouse (or former spouse) is prepared, keep a file of information that your spouse (or former spouse) will need when you die. Make sure your spouse (or former spouse) knows what benefits to expect or not to expect.

Clip this article to your files as a reminder to keep your retired pay records current when your status changes.

Note: The SBP "paid up" provision which allows retirees to stop paying SBP premiums after 30 years of paying premiums and reaching age 70 does not go into effect until Oct. 1, 2008.

Do you need to change your withholding?

You just filed your taxes recently. Did the amount you owed (or the amount you got back) make you consider changing your tax withholding?

You can change your federal tax withholding by going to myPay (<https://myPay.dfas.mil>), the online way to manage your retired or annuitant pay account; or by submitting a new W-4 to: **(retired Soldiers)** Defense Finance and Accounting Service; U.S. Military Retired Pay; PO Box 7130; London, KY 40742-7130; or **(SBP annuitants)** Defense Finance and Accounting Service; U.S. Military Annuitant Pay; PO Box 7131; London, KY 40742-7131.

You can obtain a 2006 W-4 at <http://www.irs.gov>, or by calling 1-800-TAX-FORM.

Only retirees can have state income tax withheld; DFAS does not offer this option to SBP annuitants.

Some states do not tax military retired pay. If your state taxes military retired pay and has a withholding agreement with DoD, you can have state tax withheld from your retired pay. You can ask DFAS to start or adjust this withholding through myPay; by sending a letter to the retired pay address above; by e-mail (through <https://ca.dtic.mil/dfas/s-retired/ret-pay.htm>); or by FAX 1-800-982-8459.