



DEPARTMENT OF THE ARMY  
CHIEF OF STAFF, ARMY, RETIREE COUNCIL  
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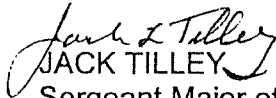
Army Retirement Services

24 April 2009

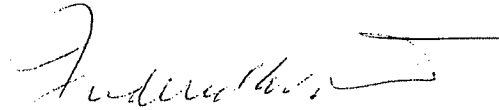
MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Chief of Staff, Army, Retiree Council Report

1. The forty-ninth meeting of the Chief of Staff, Army, Retiree Council was held at the Pentagon during the period 20-24 April 2009.
2. The Council members reviewed and discussed 30 issues submitted by 11 installation retiree councils. Issues submitted by installation retiree councils, with Chief of Staff, Army, Retiree Council comments, are at enclosure 1.
3. The Council's Report to the Chief of Staff, Army, is at enclosure 2.

  
JACK TILLEY

Sergeant Major of the Army  
U.S. Army, Retired  
Co-Chairman



FREDERICK E. VOLLRATH  
Lieutenant General  
U.S. Army, Retired  
Co-Chairman

2 Enclosures

1. Installation Report
2. Annual Report of the CSA Retiree Council

DISTRIBUTION:  
SPECIAL

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-01-2009**

**IMCOM REGION:** Southeast

**INSTALLATION:** Fort Stewart, GA

**SUBJECT:** Prescription Costs

**DISCUSSION:** DoD is encouraging Veterans to utilize the TRICARE Mail Order Program rather than retail or installation pharmacies. Using retail pharmacies would produce cost savings to DoD and relieve the workload for military installation pharmacies. Recently drug store chains and discount chains such as Wal-Mart, Walgreen's and many others have lowered or eliminated charges of hundreds of prescriptions to as little as \$3 per prescription. Recommend that drug charges be lowered by TRICARE through Express Scripts to be competitive with commercial retail chains thus offering military retirees the same benefits received by the civilian population.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S)**

Eileen K. Watson, COL, 23 Oct 04

Ray A. Quinn, SGM 14 Oct 06

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council does not support this issue. TRICARE provides a robust pharmacy benefit that covers generic and brand name medications approved by the Food and Drug Administration. The TRICARE benefit offers patients the option of paying three dollars for a 30-day supply of medication at a retail pharmacy or nine dollars for a 90-day supply of medication through the TRICARE Mail Order Pharmacy.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-02-2009**

**IMCOM REGION:** SERO

**INSTALLATION:** Fort Campbell

**SUBJECT:** TRICARE Provider recruitment via locality based reimbursement rate increases.

**DISCUSSION:** The coverage and effectiveness of the TRICARE program is challenged by the lack of adequate providers, the number of which varies throughout the country. For instance, there are no TRICARE Prime providers in the entire state of West Virginia. As appropriate increases in payments could be made to increase the number of available healthcare providers via locality payments to entice additional providers. The means to accomplish this increase in payments resides with the TRICARE Management Activity (TMA) requesting a waiver to the established reimbursement rate, via a locality based reimbursement rate waiver request (TRICARE Reimbursement Manual 6010.55-M, Chapter 5, section 2).

In areas with a high concentration of TRICARE beneficiaries and limited TRICARE providers accepting new patients, the TMA should be mandated to seek a waiver to the established reimbursement rate, via a locality based reimbursement rate waiver request. The current and required ratio of beneficiaries to providers is unknown but should be established at a level comparable to that used within MTF staffing guidelines.

**Recommendation:** Mandate the establishment of a ratio of TRICARE providers to beneficiaries for the establishment of locality based reimbursement rate waivers. This ratio level will mandate that the TMA seek a locality based reimbursement rate to increase the number of providers to beneficiaries.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S):**

Lindsay Freeman, MG (Ret.), Appointed Chair on 18 November, 2007

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council supports this issue and recommends TMA strive to continue to improve the process. The TRICARE 3<sup>rd</sup> Generations of Contracts, under procurement now, has strengthened the Contract requirements and network adequacy will be evaluated by each local Prime Service Area. There are many variables/makers being used to measure civilian network adequacy. TRICARE rates and Medicare rates are identical for most services. Medicare rates are adjusted each year. These rates will vary by location and service provided. In areas where access to care is severely impaired because of low reimbursement rates, TMA can use their authority to increase TRICARE reimbursement rates by issuing locality or network waivers. Criteria in a submitted waiver include factors such as numbers of providers, beneficiaries, mix of primary/specialty providers to meet access standards, and other specific requirements.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-03-2009**

**IMCOM REGION: SERO**

**INSTALLATION: Fort Campbell**

**SUBJECT: Ban on employers providing financial or other incentives to employees to use TRICARE as primary health insurance coverage.**

**DISCUSSION:** As a result of Section 707 of the John Warner National Defense Appropriations Act of 2007 (enacted in January 2008), employers (with 20 or more employees) will no longer be allowed to provide financial or other incentives to employees for them to use TRICARE as their primary health insurance coverage. This includes paying for or providing reimbursement for TRICARE enrollment fees and/or TRICARE supplemental coverage. Additionally, the legislation requires that TRICARE eligible employees must be treated the same as all other similarly situated employees with regard to eligibility for the employer sponsored group health plan. Employers are no longer able to offer any incentive to TRICARE eligible employees that would promote their selection of the TRICARE Military coverage over other company-sponsored plans.

This legislation prohibits companies from paying any portion of the premiums for the TRICARE Supplement plans as an option for health coverage under an employer-sponsored group health plan. Offering such plans is now considered an improper use of "incentives" targeted only at TRICARE beneficiaries that might encourage them to enroll in TRICARE vs. the employer's other health plan options. Accordingly, providing these "incentives" as a part of the company's benefit plans are no longer allowed.

In addition, companies offering Vision Services Plans (VSP) at no premium to the TRICARE Supplement enrollees are also in violation of the legislation and can therefore no longer be offered at no cost to these employees who are enrolled in a TRICARE Supplement plan. Should a Retiree elect to continue enrollment in a VSP, the retiree is responsible for 100% of the premium.

This legislation has shifted the requirement for supplemental insurance from an employer offered benefit to a cost on the retired military member. TRICARE is an earned benefit from years of military service, not an entitlement program with the social welfare system. Military retirees employed within continuum of service to the nation as contractors should not be prohibited from having an employee offered supplemental insurance to TRICARE.

**Recommendation:** Repeal or change those portions of the John Warner National Defense Appropriations Act mandating that employers are no longer able to offer an incentive to TRICARE eligible employees that would promote their selection of the TRICARE Military coverage over the company-sponsored plans.

**APPROVED BY INSTALLATIONS RETIREE COUNCIL CHAIRPERSON(S):**

Lindsay Freeman, MG (Ret.), Appointed Chair of 18 November 2007

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council supports this issue and recommends that the Army pursue this issue through the Department of Defense.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-04-2009**

**MACOM:** Military District of Washington

**INSTALLATION:** Fort Myer

**SUBJECT:** Disposal of Unused and Expired Medications

**DISCUSSION:** Many patients have unused or expired residual prescription medicines on hand in their homes or offices. Patients receiving medications from military pharmacies typically receive information sheets specific to use of the medication. Safe and secure disposal of the medication are not addressed in the information sheets. Expiration dates could be based on potential deterioration of the medication or the maximum time for taking the course of treatment before seeing the prescribing physician, or other bases. Retirees, because of their age typically have multiple continuing prescriptions and more "one-time" prescriptions for specific ailments. Old medicines accumulate as patients stop taking them on disappearance of symptoms, or due to forgetfulness, retention for future use in case the symptoms return, and lack of concern. They may also be less conscious of accumulated, partially used prescriptions and the problems of potential use by others. They are probably unaware of environmental problems that may be caused by flushing or other means of personally disposing of the medications. The American Pharmacists Association has issued guidance for disposition of expired and unused medicines. The instructions are complex, generally unknown, not followed, and probably would not be followed by many patients if they were known. Patients need a safe and simple way of disposing of their medications, to protect the environment and to reduce abusive or hazardous use.

**Recommendation:** Military pharmacies should accept unused and expired medications in their issued containers from patients for disposition, without questioning. The patients should be adequately informed of this medication disposal service, and legal concerns and cautions that may result from failure to make proper disposition. Disposal chutes or drops into a secure container should be provided in the vicinity of the military pharmacies.

**APPROVAL BY INSTALATION RETIREE COUNCIL CHAIRPERSON:**

Frank Cohn, COL  
Robert L. Brown SGM

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council recommends Army medical authorities officially address disposal procedures. By doing so, the Army will go "green" and perhaps prevent accidental misuse or a child overdose of medications. The Army Pharmacy Consultant will distribute the SMART DISPOSAL information to all Army military treatment facilities to re-enforce the industry guidance for medication destruction.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-05-2009**

**IMCOM REGION:** PACIFIC

**INSTALLATION:** SCHOFIELD BARRACKS, HI

**SUBJECT:** Expanded Military Dental Care for Retirees

**DISCUSSION:** The Dental Command as opposed to Medical Command has traditionally shut the door to retirees from any type of care whatsoever. The Army has the worst approach of all the services, since some Air Force and Naval installations will treat military retirees and their family members on a space available basis. They provide X-Ray and Dental Hygiene and some other services. Retirees are eligible for Delta Dental coverage, but that is all civilian providers. It is an injustice to military retirees and their families to have zero dental provided. The attitude is the door has been closed permanently. It is time to review this injustice. Even the VA does not provide Dental Care unless the Veteran is 100% disabled. The Dentist have not been challenged strong enough and for some unknown reason have been successful in slamming the door. It has been said they use Federal Law to back them up in not giving dental care to military retirees or their family members. If such a law exists, it needs to be changed.

**RECOMMENDATION:** The Chief of Staff of the Army directs a study to be done concerning the policy that resulted in the termination of dental services to retirees and their authorized family members.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:**

ALLEN K. ONO, Lieutenant General, USA Retired, Date of Appointment: 16 June 2006

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council does not support this issue. Retirees and family members are authorized (not entitled) to dental care in military facilities based upon space availability as defined in ASD (HA) policy #97-045. Retirees have access to space available care when the Active Component dental readiness rate is at/over 95%. Currently the Dental Readiness rate is 55%, which is under the threshold stated in the ASD policy. Although retirees may wish otherwise, at this time retirees must use civilian dental network for care.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-06-2009**

**IMCOM REGION:** PACIFIC

**INSTALLATION:** FT Wainwright and FT Greeley, Alaska

**SUBJECT:** Continued Pentagon Efforts to Raise TRICARE Rates, and Erode the Program.

**DISCUSSION:**

1. While the latest annual back door effort to raise TRICARE premiums and shift more DOD "total medical costs" to retirees has been shut down by Congress for now, it is certainly alive and sure to arise again now that the election is over.
2. The TRICARE programs should be permanently shielded from the temptation to label them as a bill payer for DoD's other "total" health care costs and operational budget. The National Defense Authorization Act of 2005 mandated that TRICARE For Life be funded through the Treasury, not DoD. The Pentagon and Administration must utilize this source and seek the required value of funding for its programs instead of decrementing TRICARE against its operational budgets and competing it with readiness as if a zero sum gain.

**RECOMMENDATION:** That Service Chiefs and DoD consistently recommend to Congress that they should adequately and separately fund both obligations—the operational needs of national security and the sacred obligation to provide promised health care benefits to those who sacrificed to provide for that very security.

Joe Sheeham  
USA (RET)  
Chairman, Greater Fairbanks Military Retiree Council

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council supports issues which protect the promise made to Army retirees for lifetime health care. If an increase of TRICARE fees must be implemented by DoD, increase should not exceed the annual rate of growth in retired pay with special consideration given not to overburdening noncommissioned officers E-7 and below. (Issue is same as Issue #01-01-2008).

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-07-2009**

**IMCOM REGION:** Pacific

**INSTALLATION:** FT Wainwright and FT Greely, Alaska (AK)

**SUBJECT:** Relationship of New MEDICARE Rate Increases to TRICARE Rates

**DISCUSSION:**

1. Recent passage of a 35% increase in the MEDICARE reimbursement rate begs the question of whether there will be a matching 35% increase in TRICARE rates. Of particular interest to AK beneficiaries already at risk from low reimbursement rates (except for demonstration project noted above in page 2 of 8), we have not been told whether or not TRICARE will also realize this increase and where this new 35% will be added to the current demonstration rates. Adding the 35% to the successful existing demonstration rates would significantly assist our military medical treatment facilities with management of care and provide better access to civilian facilities whenever specialties are not available due to staffing or deployment. We may even be able to attain a level where patients can be enrolled to civilian primary care managers, eliminating the destabilizing problem of chronic understaffing and deployment shortfalls at military facilities.

2. Most current TRICARE access problems share the root cause issue of inadequate relative reimbursement rates. Without this matching incremental increase, TRICARE managers in Alaska are hard pressed to find local civilian providers who will accept TRICARE. TRICARE beneficiaries would once again have the lowest reimbursement rates and be at a serious competitive disadvantage against MEDICARE in attaining downtown access to the many specialties unavailable at our local military facilities. This is a problem everywhere, but is especially acute in remote areas like AK.

**RECOMMENDATION:** Increase TRICARE rates in AK to at least match the 35% increase recently provided in MEDICARE, to ensure there is no disadvantage when competing for access in an environment of limited local medical care.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S):**

Joe Sheehan, USA (RET), Chairman, Greater Fairbanks Military Retiree Council

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council continues to support all possible efforts to increase access to care for all beneficiaries. Council recommends increasing TRICARE rates in Alaska to at least match the increase recently implemented by MEDICARE, to ensure there is no disadvantage when competing for access in an environment of limited local medical care.



**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-08-2009**

**IMCOM Region:** NA

**INSTALLATION:** Army in Europe

**SUBJECT:** TRICARE Mail Order Pharmacy (TMOP) Acceptance of Preferred Provider Prescriptions

**DISCUSSION:** The TMOP is the least expensive option, for the Army and for the beneficiary, to obtain prescription drugs when no MTF pharmacy is readily available. Current procedures require prescriptions to be written by a US-licensed provider and the overseas beneficiary to have an APO/FPO address.

Due to the continuous reduction of MTFs overseas, it is a severe hardship for many beneficiaries to travel to an MTF to have an MTF provider write their prescriptions or to have at an MTF provider "re-write" a prescription written by a host-nation provider.

Many local doctors, especially where there are high concentrations of Retired Soldier, have been certified as Preferred Providers by the servicing MTF commander. The number of Preferred Providers is expected to increase as the TRICARE Managed Care Support Contract OCONUS is implemented.

This certification enables the MTF pharmacy to fill prescriptions written by the Preferred Provider. However, it does not enable TMOP to fill the prescriptions.

**RECOMMENDATIONS:** The use of the TRICARE Mail Order Pharmacy program be facilitated by permitting the program to fill prescriptions written by Preferred Providers.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:**

Robert Mentell, Colonel (Retired), 14 February 2007

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council supports this issue. Although OTSG states that if there is a MOU between the Preferred Provider and the MTF Commander, prescriptions can be filled by TMOP. In actuality the prescriptions are not being filled in TMOP.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-09-2009**

**IMCOM Region:** NA

**INSTALLATION:** Army in Europe

**SUBJECT:** Foreign Medical Program (FMP) Reimbursement

**DISCUSSION:** The Department of Veterans Affairs (VA) FMP was established to provide health care benefits at no cost to eligible beneficiaries who travel or reside in foreign countries. The FMP program is not universally recognized and the majority of beneficiaries are therefore required to pay in advance for treatment or services received.

The current procedure is for the VA to reimburse the individual or provider by US Treasury check in US dollars. The recipient is then obliged to exchange the US dollars for local currency at a local banking facility.

TRICARE, for example, provide the beneficiary with the option of being reimbursed in the same currency as the expense.

Recommend the VA provide FMP beneficiaries with the option of receiving reimbursement in US dollars or in local currency.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:**

Robert Mentell, Colonel (Retired), 14 February 2007

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council supports this FMP reimbursement option in U.S. dollars or local currency. Recommend OTSG/MEDCOM encourage the VA to expedite the process based on the reply from VA, Health Administration Center (HAC).

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-10-2009**

**IMCOM REGION:** Northeast

**INSTALLATION:** HQS US ARMY, FORT DIX, NEW JERSEY

**SUBJECT:** Health Care for Military Retirees

**DISCUSSION:** Providing and maintaining good and affordable medical, dental, vision and prescription health care plans/programs should be DOD's number one benefit priority for military retirees. This effects long term recruitment & retention in all of the Military Services, and fulfills the nation's commitment to taking care of those military retirees who had dedicated their lives to serving our country.

**RECOMMENDATION:** That DOD obtains and maintains adequate funding levels that will ensure good and affordable medical, dental, vision and prescription health care plans/programs. To maximize cost benefits levels, DOD should also coordinate and integrate participation levels from all Military Services to get the best benefits while also keeping premiums/deductibles/co-pay and co-insurance cost as low as possible.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S)**

George A. Waters, JR., COL, Nov 07

Ronald R. Thaxton, COL

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council supports this proactive initiative. OTSG engages this through Health Affairs and TMA during the Defense Health Program (DHP) Program Objective Memorandum (POM). Efforts are positive during DHP 10-15. Both HA and TMA need to continue to push for funding for out years.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-11-2009**

**IMCOM REGION:** NA

**INSTALLATION:** Army in Europe

**SUBJECT:** Preventive Care for TRICARE and TRICARE-for-Life Beneficiaries

**DISCUSSION:** In the FY 2009 National Defense Authorization Act, Congress exempted TRICARE beneficiaries from having to pay copays and deductibles for certain preventive care. The list includes annual physicals, colonoscopies, cervical and prostate screenings, mammograms, immunizations, and smoking cessation programs.

However, before these provision can take effect. The Secretary of Defense must publish implementing instructions.

Moreover, the language of the legislation gives the Secretary of Defense the option of extending these provisions to Medicare-eligibles, i.e., TRICARE-for-Life, beneficiaries.

**RECOMMENDATION:** The Chief of Staff, Army, urge the prompt issuance of implementing instructions which include extending of all of the provision allow by the legislation to TRICARE and TRICARE-for-Life beneficiaries.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:**

Robert Mentell, Colonel (Retired), 14 February 2007

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council supports this and any initiative that allows retirees a better quality of life. As lead agent for Sec of Defense, TMA is working two separate actions. Section 711 addresses waiver of co-pays for preventive services for certain beneficiaries (<65). Section 713 addresses phasing in of Smoking Cessation Program coverage. Recommend Preventive Care coverage to be extended to TRICARE For Life (>65) who reside OCONUS.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-12-2009**

**IMCOM REGION:** SERO

**INSTALLATION:** Ft Campbell, KY

**SUBJECT:** TRICARE Retiree Dental Program annual maximum benefit amounts.

**DISCUSSION:** The TRICARE Retiree Dental Program (TRDP) annual maximum benefit amount is \$1200.00 per person, per benefit year. The Maximum benefit amount for orthodontics is \$1500.00 per person, per lifetime. The annual maximum benefit has not been adjusted in a number of years. The lifetime orthodontic benefit was adjusted last year from \$1200.00 to \$1500.00. These benefit amounts do not provide adequate coverage. For example, dental crowns (also called caps) cost \$500-\$3,000 a tooth, depending on materials, complexity, location, and the dentist's training and experience. TRDP covers 50% of the cost of caps, crowns, onlays, and bridges. If a Retiree were required to have two crowns in a benefit year, the amount covered could easily exceed the maximum benefit amount for a benefit year, requiring the Retiree to pay any additional dental costs out-of-pocket.

**RECOMMENDATION:** Re-negotiate the TRDP contract to allow an increase of benefits per person per benefit year.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S):**

Lindsay Freeman, MG (Ret.), Appointed Chair on 18 November 2007

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council recommends TRDP continue surveying enrollees concerning enrollment fees, reimbursement fees, maximum yearly allowances and customer service prior to the next contract negotiations.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 01-13-2009**

**IMCOM REGION:** PACIFIC

**INSTALLATION:** FT Wainwright and FT Greely, Alaska

**SUBJECT:** TRICARE Dental Plan (TDP) and TRICARE Retiree Dental Plan (TRDP)

**DISCUSSION:** 1. The TRICARE Dental Program is inadequate and needs revision. This is a problem everywhere, but is especially acute in remote areas with high fees and low access availability. A demonstration test program, similar to that provided for medical reimbursement rates in Alaska (see page 2 of 8, above) is needed in Interior Alaska (and other remote locations, too) to fix access problems rooted in low reimbursement rates and cumbersome program models.

2. Premium costs are excessive for all members while providing inadequate coverage for the needs of retiree-aged members. Many other unattractive features of TRDP result in inadequate access to dental care in remote areas like Fairbanks, Alaska. The low reimbursement rates, notoriously bureaucratic inefficiencies and modeling problems (often restricting "best practices" and resulting in higher overall costs) make TRICARE the least attractive/lowest payee of programs, with resulting problems for access to adequate and affordable dental care in areas of limited dental provider markets. While this has improved somewhat, both retirees and active duty family members still face systemic problems with access and high cost. It is not uncommon for many families of our active duty warriors to forego or postpone non-urgent care during their tour in Alaska due to access issues and out of pocket costs borne from low reimbursement rates. This outcome is not "wellness" or best practices, and is a shameful commentary on the support to our military families and retirees.

3. TRDP, and the dental contract which serves even active duty family members, were up for contract renewal last year. Despite submission of these same concerns for the past few years, the contract was renewed without any tangible improvements to address the above longstanding issues. Unlike the rest of the TRICARE programs, TRDP has essentially improved very little since its inception.

**RECOMMENDATION:** That the CSA Retiree Council includes these TRICARE Dental Program and TRDP issues as major concerns that need to be addressed. This is a TRICARE systemic problem everywhere, but remote regions like Alaska face some unique access challenges beyond even the inadequate coverage and reimbursement rates noted throughout the rest of the nation.

John Sheehan, USA (RET), Chairman, Greater Fairbanks Military Retiree Council

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council supports the request that adequate access to care and cost concerns are addressed in future negotiations for all categories of beneficiaries in remote areas. The cost of dental care in Alaska is significantly higher than other dental market areas in the United States, and TDP and TRDP enrollees may quickly reach the yearly ceilings for benefits in each calendar year.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-14-2009**

**IMCOM REGION:** NORTHEAST

**INSTALLATION:** HQS US ARMY, FORT DIX, NEW JERSEY

**SUBJECT:** Publication of Military Retirees Benefits and Entitlements Information

**DISCUSSION:** DOD/DA military retirees programs and policies are numerous and varied, which are published and available in a variety of sources and locations that make it difficult for most retirees and prospective retirees to obtain and understand all of the information regarding retiree benefits and entitlements. Basically, the military retiree benefits/entitlements information process is fragmented. All of this information should be packaged into a single handbook/booklet. The Department of Veterans Affairs already has such a single-source publication available that addresses all of their veterans programs in it's annually edition of VA's "Federal Benefits For Veterans And Dependents" booklet. The publication of a DOD/DA military retirees and dependents federal benefits booklet will standardize and simplify information flow, improve consistency in the instruction and dissemination of information, centralize and eliminate redundant info sources and, most importantly, ensure all retirees and their families and survivors are informed on retirement-related benefits and entitlements.

**RECOMMENDATION:** Military retirees and dependent benefits and entitlements information should be packaged into a single handbook/booklet and issued, initially at no cost, to all current retirees and prospective eligible retirees. Also, the handbook/booklet should be issued at no cost to all future retirees one year before their retirement effective date. This handbook/booklet should be updated annually and made available at minimum costs.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S):**

George A. Waters, Jr., COL, Nov 07

Ronald R. Thaxton, COL

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council continues to support efforts to enhance the strategic communication between the Army Staff and Retired Soldiers. The Council recommends that the DA RSO consider the development of an official retirement guide for use by retiring Soldiers and their Families.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-15-2009**

**IMCOM REGION:** PACIFIC

**INSTALLATION:** SCHOFIELD BARRACKS, HI

**SUBJECT:** Reserve Component and Army National Guard Soldiers Retirement System

**DISCUSSION:** This council strongly supports the concept of equity for retired Army Reserve and National Guard Soldiers by the transformation of the Reserve Component retiree system to permit receipt of retired pay earlier than age 60 based on additional years of service beyond 20. The active Army has placed heavy burdens on RC and ARNG Soldiers that adds to the flexibility to the Army to accomplish its missions. These Soldiers continue to serve with honor and their services should be recognized and properly rewarded in today's demanding defense strategy.

**RECOMMENDATION:** It is time to lower the receipt of retired pay of RC and ARNG Soldiers earlier than age 60.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:**

ALLEN K. ONO, Lieutenant General, USA Retired, Date of Appointment: 16 June 2006

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council continues to support this issue. The National Defense Authorization Act 2008 provides for earlier receipt of retired pay benefits for Reserve Component Soldiers. Section 647 of the NDAA 2008 allows a reduction in retirement age of three months for 90 days spent mobilized in support of contingency operations. However, this authorization only applies to those activated after January 2008. The Council supports appropriate action to make the provisions outlined in NDAA 2008 section 647 authorizations be retroactive to September 11, 2001.



**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-16-2009**

**IMCOM Region:** NA

**INSTALLATION:** Army in Europe

**SUBJECT:** Retirement Counseling for Soldiers and Spouses

**DISCUSSION:** The DA RSO has periodically prepared a Pre-Retirement Counseling Guide that both supplements AR 600-8-7, the basic reference for the Army Retirement Services Program, and provides valuable additional information and advice not otherwise readily available. This Guide is comprehensive and easily understood.

Although prepared jointly by the DA Staff and HRC, the Guide is not included in the Army Publications system and is currently only available from a private organization.

**RECOMMENDATION:** Based on the quality and quantity of information contained in the Guide, recommended that it be included in the Army Publications system as a DA Pamphlet entitled Retirement Counseling Guide and further, under the provisions of AR 600-8-7, para 3-1.e, that it be sent electronically to all Soldiers during the mandatory Pre-Retirement phase.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:**

Robert Mentell, Colonel (Retired), 14 February 2007

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council continues to support efforts to enhance the strategic communication between the Army Staff and Retired Soldiers. The Council recommends that the DA RSO consider the development of an official retirement guide for use by retiring Soldiers and their Families.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-17-2009**

**IMCOM Region:** NA

**INSTALLATION:** Army in Europe

**SUBJECT:** Pilot Program for Increased APO/FPO Weight Limit

**DISCUSSION:** The Chief of Staff, Army, Retiree Council has repeatedly supported the amendment of military postal system rules to authorize mail privileges for Box R patrons (Retirees) for parcels up to five pounds, unless further restricted by host governments. This issue remains the top Quality of Life issue for the approximately 4,640 Retirees residing in the USEUCOM AOR using Retiree Post Office boxes (Box-R).

The Secretary of the Navy Retiree Council and the Chief of Staff, Air Force, Retiree Council have also supported increasing the limit to 5 pounds.

Three four-star letters have requested OSD change their policy to eliminate the current 16-ounce limit (in the first case) or increase the limit to 5-pounds (in the latter two cases).

The approval authority disapproved the first two requests and did not respond to the third. The second disapproval stated "The Services' consensus is that an additional weight authorization will increase mail transportation costs, increase workloads at some APOS, and in some cases create additional manpower authorization requirements."

In order to quantify these factors, the European Tri-Component Retiree Council at its 10 December 2008 meeting recommended that a pilot program be initiated under which Retired Soldiers of all services who are supported by APOs in Germany be allowed to receive and send parcels weighing up to 5 pounds.

Implementation of the test program would involve simply notifying postal personnel of the US Army in Europe and the US Air Forces in Europe, for they are the enforcers of any limit.

Increased transportation costs, estimated as "minimal", can be determined precisely as the current system which accumulates the total Second Destination Transportation costs collects that data by APO.

Increased workloads, estimated as "a minor increase", can be gathered by APO personnel.

The SOFA Supplemental Agreement in Germany authorizes the establishment of a MPS. While retirees are not included in the pool of eligible persons, a clearance process that addresses the importation of goods by retirees has been in place since 1963.

**RECOMMENDATION:** Recommend the Chief of Staff, Army, support a test program under which Retired Soldiers of all services who are supported by APOs in Germany be allowed to receive and send parcels weighing up to 5 pounds.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:**

Robert Mentell, Colonel (Retired), 14 February 2007

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council supports this issue. The Council recommends that a test program under which Retired Soldiers of all Services who are supported by APOs in Germany be allowed to receive and send parcels weighing up to 5 pounds in order to quantify the additional costs incurred.

The Chief of Staff, Army, Retiree Council has repeatedly supported, and continues to support, the amendment of military postal system rules to authorize mail privileges for Box R patrons (Retirees) for parcels up to five pounds unless further restricted by host governments. The other Service Retiree Councils have been unanimous in supporting this request.

The inability to use the APO system for small parcels is an important quality of life issue for Retired Soldiers living overseas.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-18-2009**

**IMCOM REGION:** IMCOM-West

**INSTALLATION:** FT. Carson, CO

**SUBJECT:** Eliminate or extend the time frame allotted to add spouse or dependent children after remarriage

**Fort Carson Retiree Council Issue Scope:** Currently there is a 1 year window for retired service member to add a spouse or dependent children should they remarry after a divorce or death of a spouse. Numerous retirees' miss the opportunity either because of lack of knowledge of the timeframe or forgetfulness, subsequently causing an undue hardship on the new family, should the retiree die. The window of opportunity should be either extended to at least 3 yrs (36) or be allowed at any time.

**Fort Carson Retiree Council Recommendation:** The window of opportunity should be either to at least 3 yrs (36 months) or be allowed at any time.

**Facts:**

1. For remarriage after retirement, the new spouse becomes an eligible SBP dependent on the first anniversary of the marriage.
2. If the retiree already has a spouse SBP coverage. They have one year from remarriage to take one of the following actions.
  - Resume the original level of spouse coverage.
  - Elect not to resume spouse SBP coverage, in which cause the spouse will be notified and the election cannot be changed.
  - Elect to cover an increased portion of retired pay.
  - If no action is taken by the retiree within one year of marriage, on the first anniversary of the remarriage the spouse SBP coverage resumes at the original election's base amount. When the Defense Finance and Accounting Service – Cleveland (DFAS-CL) becomes aware the retiree with previous spouse coverage has been married more than one year, they will resume the coverage and charge the retiree the retroactive premiums. If DFAS-CL does not discover the marriage until the retiree's death, the retroactive premiums will be deducted from the Spouse's annuity.
3. If the retiree was not married at retirement and this is the first marriage after retirement, the retiree has one year to elect spouse coverage or the spouse SBP coverage is closed for that spouse and any future spouse.
4. Every issue of the Army Echoes contains a statement reminding retirees of the importance of updating their SBP election when there is no action such as a divorce, death of spouse, or marriage.
5. The Army G-1 RSO homepage has an SBP Fact Sheet, Member Remarriage, which provides retirees information on the requirements to update SBP after remarriage.

**APPROVED BY FT CARSON RETIREE COUNCIL CHAIRPERSON:**

Lonny J. Cupp, CSM

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council does not support this issue as written; however, the Council does support increased education on this issue at the RSO level.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-19-2009**

**MACOM:** Military District of Washington

**INSTALLATION:** Fort Myer

**SUBJECT:** Soldier Family Commissary Food Basket

**DISCUSSION:** Military commissaries provide nationally advertised brands at very competitive prices. However for many stocked items choices are only between nationally advertised brands without the equivalent of "house brands," such as are usually available at comparable qualities but at significant savings in chain supermarkets. It is not apparent that DECA seeks to provide minimum costs for the basic needs of families with minimum funds, versus a commercial orientation on seeking to maximize gross or net receipts. Claiming commissary savings which are based on comparing costs of nationally advertised brands is misleading when there are other lower cost brands available at the commercial retailers. Adoption of a commissary "family food basket" could measure DECA willingness to stock items that can lower costs while meeting needs of Soldiers' families. A standardized "food basket" could include a specified quantity of generic products sufficient for a family of four (e.g., Soldier, spouse, teenager, and infant) for a month. The cost of the basket could be based on commissary prices at the start of each month for the lowest-priced stocked generic items. If the nationally advertised brands are the only ones stocked the prices would be so based. The overall price, composition, and prices of the component items of the standard food basket should be displayed at the commissaries. A "family food basket" program could also provide some education to young commissary shoppers on alternatives to buying only the familiar brands. DECA should include use of food sources that provide comparable quality but at significant savings over the nationally advertised brands. DECA should adopt a standard means of measuring performance toward minimizing family costs for the generic items carried by commissaries. [A standardized "Soldier Family Commissary Food Basket" could provide for such measurement, with the basket contents and their costs posted.]

**APPROVAL BY INSTALATION RETIREE COUNCIL CHAIRPERSON:**

Frank Cohn, COL

Robert L. Brown SGM

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council does not support this issue. The Defense Commissary Agency commissaries have been the price leader over most local retailers, chain stores and supermarkets over the last several years. The Defense Commissary Agency has attempted on several occasions to introduce generic products to patrons with no overall success. Additionally, the participation in local Commissary focus groups would be a great opportunity to voice concerns to the local manager.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-20-2009**

**IMCOM REGION:** Southeast

**INSTALLATION:** Fort Stewart, GA

**SUBJECT:** Full Concurrent Receipt of Retired Pay and VA Disability/Compensation Payments

**DISCUSSION:** Until 2004 when Congress granted 50% and higher to service connected disabled military retirees, the law specified that retired pay would be offset by the amount of disability compensation awarded to the military retiree. HB 303 by Congressman Billerakis (FL) and others would amend the law to allow any military retiree, regardless of disability rating or years of service to draw both full retired pay and disability compensation.

**RECOMMENDATION:** Recommend that HB 303 continue to be monitored and supported as well as any substitute legislation that would restore full retired benefits and disability compensation to retired military personnel regardless of disability rating and years of service.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S)**

Eileen K. Watson, COL 23 Oct 04

Ray A. Quinn, SGM, 14 Oct 06

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council continues to support this issue. The Council supports action to permit all Retired Soldiers who have VA service-connected disabilities, of a combined percentage of 10% or greater, to receive their disability compensation from the Department of Veterans Affairs and their full retired pay entitlement based on their years of military service. Further, the Council supports action to eliminate the 10-year phase-in and 50% service connected requirement under the current law with respect to Concurrent Receipt Disability Payments (CRDP), further adding that any amount of the CRDP that is determined by the respective service department to be Combat-Related be coded as tax free.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-21-2009**

**IMCOM REGION:** IMCOM-Northeast

**INSTALLATION:** Fort McCoy, WI (West Coast)

**SUBJECT:** Reserve Component Retired Service Program

**DISCUSSION:** The California/Nevada Retiree Council strongly recommends that all Major Reserve Component Commands and National Guard Adjutants General establish a pre-retirement information and training program to ensure that all Reserve and National Guard Soldiers and spouses receive adequate training and information on retiree pay, benefits, and procedures. Currently Reserve and National Guard Soldiers do not receive adequate information prior to their applying for retired pay at age 58 years old. Nor do they receive any updated information when transferring to the Reserve Retired roles at age 60.

**RECOMMENDATION:** Establishing a Retirement Service Officer (RSO) position in all Major Reserve Component Commands would better serve the Reserve Component Retiree population.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:**

Barton Gilbert, BG, January 1, 2008

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council continues to support this issue. The Council supports a Retirement Services Officer at major Reserve and National Guard Commands. The RSO asset will ensure all retiring and retired Reserve and Guard Soldiers, their Families and survivors are properly informed on retirement benefits and entitlements. Council further supports the development of an interactive on-line process that will assist up to and through the retirement process.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 02-22-2009**

**IMCOM REGION:** IMCOM-Northeast

**INSTALLATION:** Fort McCoy, WI (West Coast)

**SUBJECT:** Space Available Travel for Surviving Spouses After the Death of Their Sponsor

**DISCUSSION:** In accordance with DoD Regulation 4515.13-R, Section C6, Sub-Section c6.1.10, except in special circumstances, spouses are allowed to travel on Space Available (Space-A) only when accompanied by their military sponsor.

**RECOMMENDATION:** The California/Nevada Retiree Council proposes that surviving spouses of deceased military retirees, upon presentation of proof of death of their sponsor and in possession of a valid military dependent identification card be allowed to continue to be authorized Space A travel.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:**  
Barton Gilbert, BG, January 1, 2008

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council supports this issue. The signing of the Army Family Covenant recognizes the support and enduring contributions of the Families. The extension of Space Available travel to the spouses left behind sends a strong message that their contribution to the Army will not be forgotten after the death of the sponsor.



**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-23-2009**

**IMCOM REGION:** Southeast

**INSTALLATION:** Fort Stewart, GA

**SUBJECT:** Continued Funding for Retiree Informational Programs

**DISCUSSION:** Continued support for informational services provided through "Army Echoes", Retiree Appreciation Days, training for RSO's, and full access to Army Knowledge Online (AKO) for retirees, their spouses, and family members.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S)**

Eileen K. Watson, COL, 23 Oct 04

Ray A. Quinn, SGM, 14 Oct 06

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council supports this issue. Continued funding of Army Echoes, proper staffing & training of installation RSO's , support of Retiree Appreciation Days and authorized access to AKO are essential to providing the information to retirees, their dependents and annuitants.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-24-2009**

**IMCOM REGION:** Southeast

**INSTALLATION:** Fort Stewart, GA

**SUBJECT:** Failure to Install Grave Markers in Private Cemeteries

**DISCUSSION:** Grave Makers are ordered for deceased Veterans interred in private, county, or state cemeteries where the marker is delivered to the funeral home but never installed at the gravesite of the veteran. This is due to lack of funds or because there is no one to defray the cost of installation. In some cases headstones are being used as stepping stones for walk-ways. It is recommended that current laws be amended to appropriate additional funds to the Government amount allowed for burial outside VA cemeteries. This should be a separate line item expense for that appropriation to insure that the burial marker is properly installed within a specified period of time after receipt and allow for penalties for non-compliance.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S)**

Eileen K. Watson, COL, 23 Oct 04

Ray A. Quinn, SGM, 14 Oct 06

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council Supports this issue. Recommendation is that the Department of Veterans Affairs budget for installation of the Veterans Grave Marker to ensure process completion from start to finish.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-25-2009**

**IMCOM Region:** NA

**INSTALLATION:** Army in Europe

**SUBJECT:** Annotation of Retiree Account Statement with Contact Details of Servicing Retirement Services Office

**DISCUSSION:** Transformation and reduction of Army facilities makes it difficult for retirees to know how to contact their supporting RSO. The RAS is a document that is sent to each Retired Soldier on a regular basis. It would be of great service to retirees and to their spouses, for whom identification of their supporting RSO is so critical, if the RAS was used to provide information concerning the location and contact details of the responsible RSO.

This situation is the same for Retired Soldiers of other service, as well.

Retirees and their survivors are currently less computer literate than the current active duty force and less likely to be able to use the internet to locate their servicing RSO.

The "Message Section" at the bottom of the RAS provides space for public service, official information.

The service-level retirement services officers can provide DFAS a listing of retirement service offices indicating the postal codes of the area for which they are responsible.

The intent is to provide RSO information which is specific to the retiree and not a URL of the list of all RSOs from which the retiree must choose.

Recommend DFAS identify on the Retiree Account Statement the phone number, mailing address and email address of the individual retiree's supporting Retirement Services Office, based on the Retiree's postal address and service.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:**

Robert Mentell, Colonel (Retired), 14 February 2007

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council does not support this issue. All of this information except the physical address of an Installation RSO is printed in Army Echoes 3 times per year and sent to each retiree & surviving widow. DFAS only sends a RAS annually, unless changes are made to a retiree's pay. Additionally, maintaining accurate addresses for retirees & annuitants are a challenge for DFAS and adding this information to the RAS would be irrelevant.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-26-2009**

**IMCOM REGION:** IMCOM-West

**INSTALLATION:** FT. Lewis, WA

**SUBJECT:** Allow Surviving Spouses to become an Authorized Category on Army Knowledge Online (AKO) Web site.

**DISCUSSION:** Army retirees and their spouses are authorized to obtain an Army Knowledge Online (AKO) account that uses the retired Soldier's Social Security Account Number. Retired Soldiers may do so because AKO authorizes 11 Categories, one of which consists of Army retired Soldiers accounts. AKO also allow verified family members retired Soldiers access to AKO, but only for those that can demonstrate that family members are listed within DEERS as dependents. When retiree predeceases the spouse, the spouse is automatically dropped from AKO, because widows are not one of the 11 authorized categories. This happens to widows of recent active duty Soldiers as well as widows of retirees who have been retired for years.

Fort Lewis sponsors a Surviving Family Members Appreciation Day. This past year over 300 surviving spouses attended. One of the questions we heard from many attendee was why does AKO "kick us off" when our spouse dies (the sponsor)? In practice, surviving spouses enjoyed being able to access the one stop information center that AKO provided, being able to stay in contact through chat rooms with their friends, and having an E-mail address that never changes. Specifically, they appreciated being able to access information on HRC retirement resources, web-based retirement resources, and medical, pay and finance services. The Ft Lewis Retirement Services Officer has sent e-mails through the AKO inquiry system in April, June, and August 2008 requesting that a AKO look into this matter and to date has not received any response.

**RECOMMENDATION:** Strongly urge AKO to develop a twelfth category for widows which would allow them access into the AKO web site.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:**

Eugene Daniel, MG,

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council supports this issue. The surviving spouse has authorized access to AKO as long as they are in DEERS. Within the last year, special provisions were made to keep surviving spouse's AKO accounts open, however; it has not been communicated to the field or updated on the AKO web site. Should problems arise, contact: CIO/G-6 @ 703-602-8530. Additionally, the G-6 should communicate this information to IMCOM, unit CAO's & RSO's; update the AKO website & should include this information in their communication & training for the installation CAO's, RSO's & SBP officers. Information required: Deceased service members Name, SSAN, user id (if known), Surviving spouse's name (as listed in DEERS), SSAN, Contact E-mail (other than AKO) & Phone number. The information should be sent to [surviving.spouse@us.army.mil](mailto:surviving.spouse@us.army.mil) by either the CAO, RSO, unit or surviving spouse requesting the account.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-27-2009**

**IMCOM REGION:** Southeast

**INSTALLATION:** Fort Knox, KY

**SUBJECT:** Establishment of an informational link between the CSA Council and the VA.

**DISCUSSION:** Because of time, distance or physical restrictions, thousands of retirees do not have ready access to an MTF or TRICARE facility. Local VA facilities provide many services required by retirees. These include basic medical services, more complex procedures, and pharmaceutical services not available at the MTF. Linking the VA to the CSA Council web page will improve services by informing retirees of the availability and accessibility of needed services.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S):**

Leslie E. Beavers, BG, US Army Retired, Nov 2008

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council encourages the widest dissemination of VA benefits and programs to Soldiers and Retirees, however, does not support adding a VA link to the CSA Retiree Council Web page, due to the sites limited access. Currently, both AKO for Army Retirees and the Army Retirement Services Homepage sites include VA links. In addition, each issue of Army Echoes includes news on VA issues and programs. The CSA Retiree Council recommends no action be taken.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-28-2009**

**IMA REGION:** Southeast

**INSTALLATION:** Fort Knox, KY

**SUBJECT:** Coordination at DOD level to assure that retiree communities are made aware of services available at other service installations in the local area.

**DISCUSSION:** Army RSOs are responsible for providing information regarding retiree days and other services within their areas of responsibility. However, timely communication regarding RADS and other services to retirees of services other than Army is difficult. The Fort Knox area of responsibility encompasses all or portions of five states which include thousands of Navy, Marines and Air Force retirees. Army Echoes reaches Army retirees but is not sent to retirees of other services and information regarding services available at Fort Knox to include RADS is not normally published by other service installations. This results in thousands of retirees not being notified of what's available at Fort Knox. Likewise, there is no formal procedure to advise the Army retiree of what's going on at other service installations within the Fort Knox area of responsibility. This problem could be solved by all services talking a cooperative joint approach and publishing event information by area as opposed to by service.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S):**

Leslie E. Beavers, BG, US Army Retired, Nov 2008

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council recommends that another approach be taken to resolve this issue. As each service has a separate Retirement Service Program, and there is no central DoD office to fund or coordinate a joint service effort, the CSA Retiree Council proposes that area RSO's coordinate with their PAO's to disseminate information to the regional media and to establish informal relationships with the other Military Services and Veterans organizations within their geographic areas to coordinate their services including RAD's.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-29-2009**

**IMCOM REGION:** Southeast

**INSTALLATION:** Fort Knox, KY

**SUBJECT:** Retirement Services program must be sufficiently funded to service their retiree community.

**DISCUSSION:** Base and post closures resulted in the addition of thousands of retirees being added to existing installations. The current population serviced by Fort Knox is 107, 275 retirees and 30, 991 survivors/annuitants. Yet funds allocated to support this population are continually being decreased. The problem is further exacerbated by the fixed budgets required by service contractors. Direct mailing of the annual retiree bulletin is the most efficient way of notifying the retiree population. But Fort Knox no longer supports the direct mailing of the annual retiree bulletin because of insufficient funds. If it is to maintain a viable program, Department of the Army must provide sufficient funds for RSOs to meet expanded requirements.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S):**

Leslie E. Beavers, BG, US Army Retired, Nov 2008

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council Supports this issue. IMCOM HQs will make appropriate funding changes. Recommendation is that IMCOM HQs check with all Garrison Commanders to ensure appropriate funding is provided for mailing of the Retiree Bulletins.

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL ISSUE 03-30-2009**

**IMA REGION:** Southeast

**INSTALLATION:** Fort Knox, KY

**SUBJECT:** Adoption of a more timely and efficient method to submit issues and pass information between installation retiree councils and the CSA Council.

**DISCUSSION:** Input for the CSA annual report is collected in the field from January to November. Issues are then consolidated in November and forwarded through channels to the office of the CofS. At that time the information is processed and reviewed by the council. The council report is published in April of the following year. Therefore it follows that some of the issues contained therein could have aged over fourteen months. During this period the issue may have changed, assumed a lesser priority or become outdated which would make the final CSA report of little value. Local councils should have a means to submit critical issues as they occur without having to wait for an annual suspense.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON(S):**

Leslie E. Beavers, BG, US Army Retire, Nov 2008

**CHIEF OF STAFF, ARMY, RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army, Retiree Council does not support this issue. Installation Retiree Councils are to be reminded that critical issues can be forwarded through their local RSO during the year. The RSO will coordinate directly with the DA RSO for support and coordination as needed. Any significant, major or critical issues should be forwarded to the Chain of Command. Installation Retiree Councils are encouraged to meet the timelines associated with submissions of issues to the Chief of Staff, Army Retiree Council annual meeting.





DEPARTMENT OF THE ARMY  
OFFICE OF THE DEPUTY CHIEF OF STAFF, G-1  
CHIEF OF STAFF, ARMY, RETIREE COUNCIL  
300 ARMY PENTAGON  
WASHINGTON DC 20310-0300

Army Retirement Services

24 April 2009

MEMORANDUM FOR CHIEF OF STAFF, ARMY

SUBJECT: Annual Report of the Chief of Staff, Army, Retiree Council

1. The forty-ninth meeting of the Chief of Staff, Army, Retiree Council was held at the Pentagon, 20-24 April 2009.
2. The Council extends its gratitude to the Honorable Mr. Pete Geren and General George W. Casey, Jr., for their strong support of current and future Retired Soldiers and their Families while The Army and our Nation are at war, and to General Peter W. Chiarelli and Lieutenant General Michael D. Rochelle for providing the Council their insights on critical programs. These insights, to include those on suicide prevention, will arm the members of the Council to disseminate the Army message and to assist in meeting Army goals.
3. Health Care: The single greatest issue for both current and future Retired Soldiers continues to be Health Care. Consequently, the attempts to reduce the level of benefits of the Military Health Care System raise concerns that the earned entitlement will be eroded based strictly on budgetary constraints, without consideration of the sacrifices being asked of the current force. These concerns, especially by Soldiers being medically retired, have the potential of significantly impacting recruitment in general and retention especially of the active duty Soldiers with more than 10 to 12 years service. Actions needed to avoid these consequences include those listed below:

Improvement a: Sustain the viability of the military health care program by full resourcing of the defense health programs with emphasis on robust direct care.

Improvement b: If an increase of TRICARE fees must be implemented by the DoD, increases should not exceed the annual rate of growth in retired pay, with special consideration given to not overburdening noncommissioned officers, E-7 and below.

Improvement c: Raise the TRICARE provider reimbursement levels, as necessary, to attract and retain a network of physicians needed to provide accessible health care services to all beneficiaries.

Improvement d: Support legislation to authorize pretax payment of TRICARE Prime enrollment fees and premiums for TRICARE supplemental, long-term care, and TRICARE dental insurance.

SUBJECT: Annual Report of the Chief of Staff, Army, Retiree Council

Improvement e: Eliminate copayments for generic and chronic care drugs when ordered through The Mail Order Pharmacy Program to encourage its use.

Improvement f: Continue to support collaborative efforts between the Department of Defense and the Department of Veterans Affairs to improve the compatibility of the two health care systems to preserve and improve the benefits for all beneficiary groups, including Retired Soldiers of all services, and to ensure seamless transition, especially for Wounded Warriors.

4. Strategic Communications and Education: Current and future Retired Soldiers remain the most credible ambassadors of our Army. Continuing to provide them with the detailed knowledge and appropriate tools is essential to ensuring their own well-being and critical to marshalling support for our Army.

Improvement a: Increase the understanding of future Retired Soldiers and their spouses on their entitlements and benefits, not just at the pre-retirement point, but at the 10 to 12-year point, as well. Modules should be included in both resident and non-resident courses of instruction for mid-grade and senior grade officers and non-commissioned officers, e.g., ANCOC, SMA, ILE, and SSC, and for those courses preparing individuals for command, e.g., First Sergeant's Course and Pre-Command Courses for both garrison and unit commanders. Spouses should also receive similar instruction in Family Readiness Groups and through Army Community Services.

Improvement b: Continue to provide funding for three hardcopy issues per year of "Army Echoes." Although efforts continue to maximize the use of the electronic version, known as "E-Echoes," recipients should be encouraged, but not be forced, to forego receiving a hardcopy version.

5. In addition, the Council urges the Chief of Staff, Army, to:

a. Enhance retirement services available to retiring and retired Soldiers by raising the level of funding for Pre-Transition Services (8G) and Post-Transition Services (8L) for all installations/garrisons worldwide.

b. IMCOM complete the establishment of RSO positions IAW the already approved IMCOM Standard Garrison Organization and Common Levels of Support and fill those positions at the target grade by the end of FY 09.

c. Establish Retirement Services Offices at major Reserve and National Guard commands to ensure all retiring and retired Reserve Soldiers and National Guard Soldiers and their Families and survivors are properly informed on retirement-related benefits and entitlements.

SUBJECT: Annual Report of the Chief of Staff, Army, Retiree Council

d. Support a test program under which Retired Soldiers of all services who are supported by APOs in Germany be allowed to send and receive parcels weighing up to five pounds, for the purpose of quantifying impacts. The three service retiree councils have repeatedly supported and senior leaders in Europe (USAREUR & USEUCOM) and Korea (USFK) have requested the amendment of Military Postal System (MPS) rules to authorize mail privileges for Box R (military retirees) for parcels up to five pounds. However, OSD has disapproved those requests citing assumed increases in cost and workload. This issue remains the top Quality of Life issue, after health care, for the military retirees residing in Europe and Korea.

e. Urge the Director of the Defense Finance and Accounting Service to take all necessary actions to put into place a toll-free telephone number in countries where there is a sufficient beneficiary population to make it commercially viable, such as Germany and Korea.

f. Take care of our Surviving Spouses by supporting efforts to eliminate the Dependency and Indemnity Compensation offset to the Survivor Benefit Plan annuity.

g. Recognize the contributions of our Surviving Spouses by authorizing Space Available Air Travel. This will send a strong message that their support of the Army will not be forgotten after the death of their Soldiers.

h. Recognize the extraordinary service of Army Reserve and National Guard Soldiers by including mobilization periods in support of contingency operations beginning on or after 11 September 2001 when determining eligibility date for retired pay (instead of the current effective date of 28 January 2008) and by providing medical benefits concurrently with retired pay.

i. Take care of our current and future Retired Soldiers by supporting efforts to provide full concurrent receipt of military retired pay and disability compensation to all eligible military retirees regardless of disability rating or years of service.

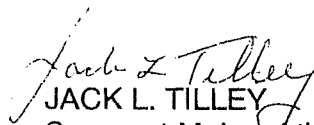
j. Support the amendment of USC Title 10 to forgive any overpayment of retired pay for any period after the date of death of recipient through the last day of the month in which death occurs.

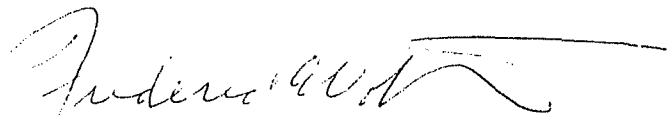
k. Acknowledge their long-term continuing membership on the Army team by issuing eligible surviving spouses an indefinite ID card at age 65.

6. The Council extends its thanks to the distinguished guest speakers listed at Enclosure 1 for the invaluable information and insight they provided.

SUBJECT: Annual Report of the Chief of Staff, Army, Retiree Council

7. The members of the Council participating in the meeting are listed at Enclosure 2.

  
JACK L. TILLEY  
Sergeant Major of the Army  
U.S. Army, Retired  
Co-Chairman

  
FREDERICK E. VOLLRATH  
Lieutenant General  
U.S. Army, Retired  
Co-Chairman

Enclosures

1. Guest Speakers
2. Council Members

**STILL PROUD – STILL SERVING – STILL SALUTING**

## GUEST SPEAKERS

HON Pete Geren, Secretary of the Army

GEN Peter W. Chiarelli, Vice Chief of Staff, United States Army

Mr. William Carr, Deputy Under Secretary of Defense (Military Personnel Policy)

LTG Michael D. Rochelle, Deputy Chief of Staff, G-1, United States Army

LTG Jack C. Stultz, Chief, Army Reserve

MG Kevin J. Bergner, Chief of Public Affairs, Office of the Secretary of the Army

MG Bernard S. Champoux, Chief, Legislative Liaison, Office of the Secretary of the Army

MG Elder Granger, Deputy Director and Program Executive Officer, TRICARE Management Activity, Office of the Assistant Secretary of Defense for Health Affairs

MG Grant L. Hayden, Special Assistant to the Director, Army National Guard

MG Richard A. Stone, Deputy Surgeon General for Mobilization, Readiness and Reserve Affairs, Office of the Surgeon General

BG Allison T. Aycock, Deputy Commanding General, US Army Installation Management Command

BG Gerald W. Ketchem, Deputy Director for Operations, Readiness and Mobilization, Office of the Deputy Chief of Staff, G-3/5/7

COL John W. Radke, USA (Retired), Chief, Army Retirement Services, Office of the Deputy Chief of Staff, G-1, United States Army

COL Dick Crampton, USA (Retired), Director, Officer Placement Service, Military Officer Association of America

CMDR Edward McFarland, USN, Director, Retired and Annuity Pay, Defense Finance and Accounting Service

LTC William Loper, USA (Retired), Director, Government Affairs, Association of the United States Army, representing the Military Coalition

Mr. Timothy C. Cox, Chief Operating Officer, Armed Forces Retirement Home

Mr. Rick Jones, Legislative Director, National Association of the Uniformed Services

## **GUEST SPEAKERS**

Mr. Jim Hoffman, Director, Army Career and Alumni Program

Dr. Ira Kutz, MD, Ph.D., Deputy Chief Patient Care Services Officer for Mental Health, Department of Veterans Affairs

<u>RANK/NAME</u>	<u>INSTALLATION</u>	<u>IMCOM REGION</u>
LTG Frederick E. Vollrath Co-Chairman	At Large	At Large
SMA Jack L. Tilley Co-Chairman	At Large	At Large
BG Barton J. Gilbert	Fort McCoy	Northwest
COL Arlene F. Greenfield	Fort Myer	Northeast
COL Robert A. Mentell	Army in Europe	Europe
COL Alan B. Phillips	Army in Europe	Europe
COL Eileen K. Watson	Fort Stewart	Southeast
CW4 Robert Cooper	Fort Rucker	Southeast
CSM Lonny L. Cupp	Fort Carson	Northwest
CSM William E. Hoffer	Carlisle Barracks	Northeast
CSM G. Frank Minosky	Fort Hood	Southwest
SGM Steven R. Davis	EUSA	Korea
SGM Clifford M. Lovett II	Fort Leavenworth	Northwest
SGM Albert G. Williams	Fort Lee	Northeast