



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


Army Retirement Services


22 April 2011

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Chief of Staff, Army, Retiree Council Report

1. The fifty-first meeting of the Chief of Staff, Army, Retiree Council was held at the Pentagon during the period 18 - 22 April 2011.
2. The Council members reviewed and discussed 13 issues submitted by 10 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

**ISSUE:** 01-01-2011

**IMCOM REGION:** Southeast  
**INSTALLATION:** Fort Gordon, GA

**SUBJECT:** TRICARE Cost Increases

**DISCUSSION:** In dealing with rising health care costs, the Department of Defense (DoD) should look to lowering TRICARE costs by improving efficiencies and savings by the application of available medical technologies, improvement of business practices and emphasis on preventive care in the TRICARE system. It is essential to recognize the Nation's unique responsibilities to those who have served in uniform, and the Defense Department's special employer responsibilities to the Families of those who have rendered decades of service to our country. Military health benefits provide an essential offset to the extraordinary demands and sacrifices inherent in a military career. Military members and retirees, as well as their Family members, deserve a package of care consistent with their service and sacrifice and at an affordable fee. Quality of health care must not be sacrificed in addressing TRICARE costs in the DoD budget process. All efforts must be made to lower rather than increase TRICARE costs for both Active and Retired military members. For Retirees any TRICARE premium increases should never exceed the annual COLA rate applied to military retired pay.

**RECOMMENDATION:** Limit TRICARE fee adjustments to reasonable, periodic (not annual) increases, ensuring that those adjustments do not exceed any annual cost-of-living allowance (COLA), and with special consideration given to those retirees in the grades of E-7 and below. If TRICARE fee increases become automatically linked to the annual COLA, retirees will never be able to maintain purchasing power that the COLA is designed to accomplish.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSONS:**

COL (Retired) Everett Greenwood, 5 February 2004 (Ft. Gordon)  
SGM (Retired) Richard Downs, 17 August 2000 (Ft. Gordon)  
MG (Retired) Joseph A. Scheinkoenig, 1 January 2009 (Ft. McCoy)

**ARMY, OFFICE OF THE SURGEON GENERAL (OTSG)/ US ARMY MEDICAL COMMAND'S STAFF**

**COMMENTS:** From 2001 to 2008, the rise in the cost of healthcare was about 11.8%. The Army, in partnership with DoD, is committed to maintaining a strong and viable health care benefit. To that end, DoD is proposing several changes to our healthcare programs. DoD proposes to increase the current TRICARE Prime retiree enrollment fee by \$2.50 per month for retired individuals or \$5.00 per month for retired families with end result of an increase of approximately \$30 or \$60 per year. Secondly, DoD proposes to adjust patient prescription drug co-pays to provide greater financial incentives to use more cost effective outlets of either military pharmacies or mail order rather than more expensive retail outlets. We expect retail adjustments to co-pays to be modest (\$2-3). Both DoD and the Army consider these increases to be reasonable and important in sustaining the military healthcare benefit allowing TRICARE to continue to be one of the nation's very best healthcare plans. We are aware of the sensitivity of how cost increases will be calculated and these discussions will be part of DoD and Service testimony on the proposed FY12 budget. DoD is not purely focused on raising fees. DoD is also working hard to streamline practices and improve efficiencies, which include the adoptions of the patient centered medical home, centralized procurement of medical supplies and equipment, downsizing of the TRICARE Management Activity, and implementation of a centralized nurse advice line.

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**CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army Retiree Council recommends any required future increase never exceed the retired pay COLA rate.

**ISSUE: 01-02-2011**

**IMCOM REGION: Southeast**

**INSTALLATION: Fort Stewart, GA**

**SUBJECT: TRICARE Prime Fees**

**DISCUSSION:** There has been much discussion in recent years regarding increases to TRICARE Prime fees for annual enrollment and co-pays. Many retirees have voiced their objections to any increases in fees. We believe there should be no increase in TRICARE Prime annual enrollment fees or TRICARE Prime co-pays. The fact is that finding a TRICARE Prime provider is getting more difficult since many providers will not take TRICARE PRIME. If TRICARE Prime annual enrollment fees are mandated, the annual fee should be based on the date of retirement and annuity amount rather than rank. For example, an E7/SFC with 20 years of service retiring in 2011 (with proposed military pay increase of 1.4%), will have a retirement annuity pay that is more than an E9 or CWO2 with 20 years of service that retired in 2003, a CWO3 with 20 years of service that retired in 2002, a CWO4 with 20 years of service that retired in 2000 or a CWO5 with 20 years of service that retired in 1998. Increases should not be based across the board solely on rank. There should be no TRICARE Prime annual fee for the Retiree (co-pays should remain the same). However, a tiered cost for TRICARE Prime for family members would be acceptable. For example: Tier 1: (Spouse only) – Annual TRICARE Prime fee \$460.00; Tier 2: (one Child only) – Annual TRICARE Prime fee \$460.00; Tier 3: (Spouse and Children) – Annual TRICARE Prime fee – TBD; Tier 4: (Two or more Children) – Annual TRICARE Prime fee TBD. The majority of retirees will move from Tiers 2, 3 and 4 to Tier 1 once their dependent children reach at the latest age 23. All retirees will be removed from Tier 1 as they become eligible for Medicare and TRICARE for Life.

The current TRICARE Prime fee is \$460.00 for a Retiree and Family. Retirees should have no enrollment fee, since retirees are veterans too and if eligible, can receive medical treatment at the VA for many of their ailments.

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

Eileen K. Watson, COL, 23 Oct 04

Leopold J. Cimino, SGM, 23 Oct 09

**ARMY, OFFICE OF THE SURGEON GENERAL (OTSG)/ US ARMY MEDICAL COMMAND'S STAFF COMMENTS:** DoD proposes to increase the current TRICARE Prime retiree enrollment fee by \$2.50 per month for retired individuals or \$5.00 per month for retired families with end result of an increase of approximately \$30 or \$60 per year. Both DoD and the Army consider these increases to be reasonable and important in sustaining the military healthcare benefit allowing TRICARE to continue to be one of the nation's very best healthcare plans. In their testimony to the House Armed Services Subcommittee on Military Personnel on 15 March 2011, DoD officials addressed this issue. DoD did not consider a tiered increase in TRICARE Prime Fee increases for working age retirees nor their families because they consider the proposed fees to be very modest. They also stated that it is very difficult to assess a tiered approach to income based on rank, because any post service retirement income can vary widely. In their testimony, DoD acknowledged that if large fee increases would be proposed, some type of means testing would be appropriate.

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**CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army Retiree Council recommends any future increase in TRICARE enrollment fees should not exceed retired pay COLA rate.

**ISSUE: 01-03-2011**

**IMCOM REGION:** Southeast

**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 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 those 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 within the social welfare system. Military retirees employed within a 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 any incentive to TRICARE eligible employees that would promote their selection of the TRICARE Military coverage over other company-sponsored plans.

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

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

**ARMY, OFFICE OF THE SURGEON GENERAL (OTSG)/ US ARMY MEDICAL COMMAND'S STAFF**

**COMMENTS:** The Services have certain restrictions placed on them for engaging Congress on legislative changes such as referenced in this paper's recommendation. The recommendation presented cannot be officially acted on or endorsed by the Services. Any further comment from us could be considered endorsing your proposal and we are specifically restricted from doing so by our General Counsel.

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**CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army Retiree Council supports changes which offer equitable treatment of military and non-military employees.

**ISSUE: 01-04-2011**

**IMCOM REGION:** Southeast

**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. As an example, a new Army Retiree and Fort Campbell Retiree council member searched for a TRICARE Prime Primary Care Manager (PCM) in Clarksville, Tennessee recently. Even though the TRICARE office showed providers accepting new patients, he was unable to find a TRICARE Prime provider even after calling no less than eight providers listed by TRICARE. As he is married to an active duty Soldier, he eventually decided to become her dependent in order to attempt to change his priority or possibly receive a PCM on Fort Campbell.

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 within 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

**ARMY, OFFICE OF THE SURGEON GENERAL (OTSG)/ US ARMY MEDICAL COMMAND'S STAFF**

**COMMENTS:** Title 10 USC 1079(h)(1) aligns TRICARE reimbursement rates with Medicare rates. The law requires the TRICARE program to follow the reimbursement rates of Medicare to the extent practicable, unless DoD can justify a deviation. In areas where access to care is severely impaired because of low reimbursement rates, TMA can use their authority you cited to increase TRICARE reimbursement rates by issuing waivers. A variety of stakeholders can request a waiver to include providers, beneficiaries, TRICARE regional contractors (a.k.a. managed care support contractors) or military treatment facilities. Directors of the TRICARE Regional Offices work with their TRICARE regional contractors to address requests for reimbursement waivers. TMA includes the Services in commenting on new proposals to raise reimbursement rates under their authority based on the demonstrated need. Criteria in a submitted waiver already includes factors such as #of providers, beneficiaries, mix of primary/specialty providers to meet access standards, and other specific requirements. TMA's authority to raise reimbursement rates is limited to specific instances where access to healthcare is severely limited within a TRICARE locality or a new one established by a zip code. We also cannot see how a uniform required ratio rate could be applicable to all TRICARE networks and we believe the waiver process already includes the criteria you recommended.

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**CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army Retiree Council recommends utilizing existing procedures to request a waiver for TRICARE reimbursement rates.

**ISSUE:** 01-05-2011

**IMCOM REGION:** Southeast

**INSTALLATION:** Fort Stewart, GA

**SUBJECT:** MEDICARE Reimbursement Rate

**DISCUSSION:** In 1998 Congress replaced variable payment rates with the Sustainable Growth Rate (SGR) to control spending by setting yearly and cumulative spending targets. If actual spending for a given year exceeds the spending target for that year, reimbursement rates are adjusted downward. The SGR formula has proven to be defective in that it does not capture the true costs of health care services provided to MEDICARE patients. Since 2002, actual MEDICARE Part B expenditures have exceeded projections resulting in the reimbursement rate being decreased despite actual costs increasing.

The annual cut or threat of a cut in the MEDICARE reimburse rate has led more and more health care professionals to not accept MEDICARE patients. This directly impacts TRICARE for Life (TFL) and TRICARE patients since MEDICARE Part B is the primary payer for TFL and TRICARE rates are based on MEDICARE rates.

Because Congress has chosen the course of deferring cuts seven of the past eight years rather than taking action to permanently correct the defective SGR formula, health care providers are facing a mandated 23.5 percent reduction in the MEDICARE reimbursement rate on December 1, 2010 followed by a 6.1 percent cut on January 1, 2011.

This state of uncertainty and unrealistic reimbursement adversely impacts accessibility for TFL and TRICARE patients. Legislative action to either repeal the defective SGR formula or to replace the SGR formula with a more realistic index is imperative to accessible and quality care for TFL and TRICARE patients.

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

Eileen K. Watson, COL, 23 Oct 04

Leopold J. Cimino, SGM, 23 Oct 09

**ARMY, OFFICE OF THE SURGEON GENERAL (OTSG)/ US ARMY MEDICAL COMMAND'S STAFF**

**COMMENTS:** We recognize that a continued state of uncertainty exists because each year Congress decides to defer Medicare cuts because of concerns that Medicare providers will drop patients. Title 10 USC 1079(h)(1) aligns TRICARE reimbursement rates with Medicare rates. The law requires the TRICARE program to follow the reimbursement rates of Medicare to the extent practicable. The use of sustainable growth rate (SGR) formula is controlled by the Center for Medicare and Medicaid Services, an agency that is part of the Health and Human Services (HHS) Department, not DoD. We have no authority to recommend that HHS drop their SGR formula nor is there any realistic expectation that Congress will legislate that TRICARE be separated from Medicare reimbursement rates. The recommendation presented cannot be officially acted on or endorsed by the Services.

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**CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army Retiree Council recommends there be no decrease in reimbursement rates as a reduction in the rate will adversely affect health care availability to a large population.

**ISSUE:** 01-06-2011

**IMCOM REGION:** Southeast

**INSTALLATION:** Fort Stewart, GA

**SUBJECT:** Affording Military Children Equal Treatment Under the Affordable Health Care for America Act.

**DISCUSSION:** Most large civilian insurers, as well as the Federal Employees Health Benefits System implemented the national health reform requirement to allow children to continue under a parent's health coverage until age 26, provided the children have no access to employer coverage. Families who opt for this coverage do not incur any additive premium requirement. However, military families do not enjoy similar access for their children who leave college or otherwise attain majority.

A provision in the FY12 Defense Authorization Act would extend TRICARE access to military children until age 26. However, the provision for military children would require the families to pay a full-price premium for each child so covered. Based on rates previously published by DoD, that premium would likely be in the vicinity of \$1,000 per quarter.

Senator Susan Collins (R-ME) and Senator Daniel Akaka (D-HI) are supporting legislation (S.3846) that would continue coverage for military children aging out of TRICARE eligibility, retroactive to June 1. Rep. Gus Bilirakis (R-FL) and Rep. Jeff Miller (R-FL) have introduced similar legislation (H.R. 6227) in the House. Military families and their children have sacrificed more for the Nation than other population segments and should not suffer discrimination in their children's health coverage that presently exist under the new National Health Care Reform Law.

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

Eileen K. Watson, COL, 23 Oct 04

SGM Leopold J. Cimino, SGM, 23 Oct 09

**ARMY, OFFICE OF THE SURGEON GENERAL (OTSG)/ US ARMY MEDICAL COMMAND'S STAFF COMMENTS:** To ensure military families have the same options included in the new national health care reform law which extends parent's health insurance to children up to age 26, TMA plans to roll out its new premium based TRICARE Young Adult Program by spring of this year and provide coverage retroactive to 1 Jan 11. TMA is working the following program details: determining eligibility and coverage criteria and costs; designing, testing and implementing the required software and systems changes; updating eligibility databases; and crafting education efforts. Qualified young adults who do not have access to employer-sponsored health care coverage will be eligible to purchase TRICARE Prime or Standard at rates estimated to be approximately \$200 per month. TMA plans to offer the TRICARE Standard option first, then the TRICARE Prime option. It must be remembered that the requirement to pay a monthly premium was a legislative requirement and not a TMA imposed requirement. To eliminate this premium would require subsequent legislative action.

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**CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army Retiree Council recommends DoD follow other health plans (i.e. FEBHP) which include 23 – 26 year olds without a fee increase.

**ISSUE: 02-07-2011**

**IMCOM REGION: West**

**INSTALLATION: Joint Base Lewis McChord, WA**

**SUBJECT: Allow Medical Retirements Temporary and Permanent (Chapter 61 retirements) to use the on post Child Care Services for 6 months after retirement.**

**DISCUSSION:** Army Medical Retirements, Temporary, and Permanent retirees are not allowed to use the on post Child Day Care services after their effective retirement date. The problem this creates is that a medical retiree is normally informed that he/she will be placed on the retirement list within 2 to 3 months prior to his/her actual retirement date. At this stage of the process the retiree has not actively been searching for employment because he/she does not know when they will retire. The next stage of the process is out processing and most of the time the retiree must sell his/her leave or lose it in order to be out of the army on their retirement date. The retirement date is established by Department of the Army and cannot be changed. As a result the Medical retiree has not been able to peruse finding employment and now needs Day Care while they are attending interviews. The other situation is that retires Medical problem is such that he and his spouse must take time for many doctors appointments. Now more than ever they need Child Care Services at an affordable rate so that they and their spouses can pursue employment.

**RECOMMENDATION:** Strongly urge a change to the regulation, which would allow Medical Retirees access to on post Child Care Services for 6 months after effective retirement date.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:**

EUGENE L. DANIEL, Major General, Fort Lewis Retiree Council Co-Chairman, 6 February 2009

**CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army Retiree Council supports this issue. The Army Family Covenant identifies the support of Families as key to the success of how we take care of Soldiers. Support of this initiative matches the additional housing period offered to medical Retirees living on installations operated by many Residential Communities Initiatives partnerships. Retiring from the military is a significant event in the life of a military Family. Army Medical Retirees (temporary and permanent) to include Wounded Warriors should be provided the opportunity to use on-post child daycare services on a space available basis not to exceed six months after their effective retirement date.



**ISSUE:** 02-08-2011

**IMCOM REGION:** Southeast

**INSTALLATION:** Fort Knox, KY

**SUBJECT:** Transferability of Post 9/11 Educational Assistance Funds to Dependents.

**DISCUSSION:** On 30 June 2008, a new GI Bill to improve and update the Montgomery GI Bill was signed into law, and took effect 1 August 2009. This measure, called the Post 9/11 GI Bill, not only increases education benefits for those serving, but it also allows those benefits to be transferred to a spouse or a child of a service member. Transferability was one of the most requested provisions by the senior advisors of each service branch.

Qualification for the Post 9/11 GI Bill requires at least 90 days of aggregate service on or after 11 September 2001, or individuals discharged with a service connected disability after 30 days, and you must have received an honorable discharge. However, service members retired prior to 1 August 2009 cannot accomplish a transfer of their earned educational benefits to their spouse or dependents. This has a negative impact on thousands of retirees from all services, their spouses and their dependents.

**RECOMMENDATION:** The Post 9/11 GI Bill should be amended to allow those who have put in 20 years or more of active duty service the ability to transfer their earned educational assistance benefits.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:**

J. Michael Weaver, COL US Army Retired, November 2010

**IMCOM REGION COMMENTS:** None

**DOD STAFF COMMENTS:** The GI Bill was created to be a reward for service to the Nation. The law that authorized the transfer of benefits to eligible persons was created as a recruiting and retention tool, not a reward for service. The cost of implementing this suggestion would be in the billions. POC: Bob Clark ODUSD(MPP)/AP, (703) 697-9267.

**CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:** The Chief of Staff, Army Retiree Council does not support this issue. There were approximately 180,000 Retirees out-processed during the period prior to full implementation of the Post 9/11 GI Bill. Accordingly, the cost to transfer this benefit to one dependent at the average rate of \$30,000 for a 4-year degree could total greater than \$5 billion. The cost for this initiative would be funded from DoD funds and not Veterans Affairs educational funding. The eligible Retirees can still utilize this benefit for their own educational endeavors.

**ISSUE: 02-09-2011**

**IMCOM REGION: West**

**INSTALLATION: Fort Bliss**

**SUBJECT:** Repeal unfair laws that make disabled military retirees and survivors forfeit part or all of their service-earned compensation when military service caused the member's disability or death.

**DISCUSSION: Background: "Disabled Veterans Tax" (Concurrent Receipt)**

Before 2000, the law forced disabled military retirees to fund their own VA disability compensation by forfeiting \$1 of service-earned retired pay for each \$1 from the VA. Since then, Congress has incrementally phased out that unfair offset for all combat-disabled retirees and severely disabled retirees with 20 or more years of service. To date, about one-third of disabled retirees have been provided full or partial relief.

The October 2007 Veterans Disability Benefits Commission report recommended eliminating the offset for all disabled retirees, asserting they should be "vested" in retired pay earned by service, independent of service-caused disability.

Last year, the House approved an initiative recommended in the FY2010 Defense budget to phase out the offset over five years for all service members forced into medical retirement due to a service-caused disability. Regrettably, this important initiative was dropped in conference negotiations on the FY2010 Defense Authorization Act. But the Administration has proposed it again in the FY2011 budget. Additionally, Senator Baucus is proposing a fully funded two year only phase in provision in S. 3793, "Job Creation and Tax Cuts Act of 2010," page 191 of the pdf version of the bill, Section 606, <http://thomas.loc.gov/cgi-bin/query/z?c111:S.3793>. So at this very moment, there are two initiatives proposed to correct this inequity.

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

**Ed Greer, MG (Retired), 1998, Chairman, Fort Bliss Retiree Council**

**IMCOM REGION COMMENTS:**

**ARSTAFF COMMENTS:**

**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, rated 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. 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, any amount of the CRDP that is determined by the respective service department to be Combat-Related should be coded as tax free.

**ISSUE:** 03-10-2011

**IMCOM REGION:** Pacific

**INSTALLATION:** Schofield Barracks, HI

**SUBJECT:** Reduction in Retiree Health Care Benefits

**DISCUSSION:** Specific recommendations that affect Army retirees are fuzzy and not clearly defined as of this time. The tones of the discussions indicate that reductions in retiree health benefits may occur suddenly and with limited discussion and input. The Hawaii Army Retiree Council urges that the impact of these reductions be examined by the Department of the Army early in the proposal stage and that the Army leadership consider the severe impact this will have on Army Retirees who have served their country long and honorably and who are on fixed incomes and unable to incur additional expenses. We ask that communication with Army Retirees on this vital issue be continuous, thorough, and not be set aside.

**APPROVED BY INSTALLATION RETIREE COUNCIL CHAIRPERSON:**

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

**IMCOM REGION COMMENTS:**

**ARSTAFF COMMENTS:** Although Army Retirement Services (ARS) has not yet been able to publish the Jan-Apr 2011 *Army Echoes*, ARS will communicate DoD proposals and developments on health care benefits through its homepage and future editions of *Army Echoes*. It should be noted that while modest cost increases have been proposed by DoD to Congress, no reductions in retiree health care benefits have been proposed. (3/25 – issue will be updated if any changes occur before CSA Retiree Council meeting)

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**CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:** The CSA Retiree Council has always supported keeping Retirees informed of their benefits and all issues that affect them and their families. The Army Echoes and the Army Retirement Services website will continue to provide relevant and up-to-date information to the Army Retiree population.

**ISSUE: 03-11-2011**

**IMCOM REGION:** West

**INSTALLATION:** Fort Hood, TX

**SUBJECT:** Updating CSA Retiree Council Members and/or Retirement Services Officers on Status of Previous CSARC Issues

**DISCUSSION:**

There are many issues that have had recommendations made by CSARC to the CSA, and that seems to be the end of the information flow from the Chief of Staff, Army to the CSA Retiree Council Members and/or Retirement Services Officers. Recommend that CSA Retiree Council or Army Retirement Services Office publish status updates on active CSA Issue recommendations semi-annually to be sent to the current CSA Retiree Council Members and/or Retirement Services Officers.

**APPROVED BY INSTALLATION RETIREE COUNCIL CO-CHAIRPERSON:**

Dave Palmer, LTG, USA, Retired, 20 November 2006

**IMCOM REGION COMMENTS:**

**ARSTAFF COMMENTS:** In AR 600-8-7, Retirement Services Program, the Chief, Army Retirement Services (ARS) is assigned the responsibility to provide administrative and logistical support to the CSA Retiree Council. The ARS Office maintains an unrestricted web page on the Army G-1 homepage as a means of communicating with all personnel with computer access to the internet. The ARS Office also maintains a restricted site on Army Knowledge Online as a means of communicating program-specific material with the RSO community. The ARS Office could use one of these sites to communicate updates of past CSA Retiree Council issues semiannually as long as there were no new manpower requirements to do so. There is insufficient funding available to publish hard copy updates of Council issues, and there is insufficient space in Army Echoes to publish such updates there.

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**CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:** The CSA Retiree Council supports this issue. We will communicate in clear terms to the initiating commands on whether their issues were accepted or not accepted in the report to the CSA. We will expand the information in RSO notes to provide updates on CSA Retiree Council issues and updates. Past issues are archived on the Army RSO Website.

**ISSUE: 03-12-2011**

**IMCOM REGION: NA**

**INSTALLATION: Army in Europe**

**SUBJECT: Complete the Establishment of Retirement Services Offices at Major Army National Guard and Army Reserve Commands**

**DISCUSSION:** There is a lack of dedicated support and programs focused on our traditional (m-day) National Guard Retired Soldiers and all Reserve Component Retired Soldiers. This includes both the "gray area" retiree (prior to attaining age 60), as well as the retiree who is over age 60 and drawing retired pay. Many of these Retired Soldiers, particularly the gray area retirees, do not fully understand their Reserve retirement benefits and consequently, are not processed for retired pay in a timely manne, or lose out on other benefits to which they are entitled.

The 6 June 2010 revision of AR 600-8-7, Retirement Services Program, requires the establishment of Retirement Service Offices at major Army National Guard and Army Reserve Commands. However, the establishment of those offices is dependent of sufficient resources both in the form of dollars and manpower spaces.

While substantial progress has been made, the Army needs to continue to provide sufficient resources to ensure all retiring and retired Army National Guard and Army Reserve Soldiers, their Families, and survivors are properly informed on retirement-related benefits and entitlements

Recommend the Chief of Staff, Army, continue to support the establishment of Retirement Services Offices at major Army National Guard and Army Reserve commands by providing the necessary funding and full-time support personnel

**APPROVED BY THE ASCC RETIREE COUNCIL CHAIRPERSON:**  
Robert Mentell, Colonel (Retired). 14 February 2007

**ARSTAFF COMMENTS:**

**Army National Guard (ARNG) Comments:** RSO positions are not an official ARNG supported position. States support RSO requirements by using a variety of state and/or federal funding that is outside the normal National Guard Bureau AGR TDA funding (e.g. contractors) or by assigning the RSO position as an additional duty. Usually, States assign this additional duty to the Retirement Points Account Management (RPAM) NCO, who is an official state ARNG AGR NCO that manages retirement points for non-regular retirees. The States manage RSO positions this way because Federal law caps AGR positions at approximately 30,000 Soldiers. In the current resource constrained environment, adding ARNG RSO positions in each state is difficult. Currently, 36 States have assigned the RPAM NCO the additional duty of State RSO while 18 States use civilian contractors to perform these duties. The NGB and the States are conducting a manpower study to better address the RSO requirement before requesting additional authorized positions from Congress. MAJ Dale Krueger, ARNG Retirement Services Liaison Officer, (703) 325-4569, dale.krueger@us.army.mil

**United States Army Reserve (USAR) Comments:** The USAR does not have regional Retirement Service Offices to assist individual Soldiers and Families. Currently, 25 Human Resources Command representatives at Ft. Knox, KY provide retirement counseling for USAR Soldiers. The USAR Command created a Pilot Retirement Services Officer position, based at Ft. Snelling, MN, to address the crucial need for dedicated pre- and post-retirement counseling/services. The pilot began 2 December 2010 and is scheduled to last through 27 May 2011. The results of the pilot have already indicated there is enough demand to support a full time RSO capability at each RSC headquarters. A recent questionnaire of Retired Soldiers revealed that only 15.2% of retired Army Reserve Soldiers attended a pre-retirement brief compared to 94.6% of retired Active Duty Soldiers. This adversely affected Reserve Soldiers' and

Families' abilities to make timely and accurate decisions regarding their entitlements and benefits. The OCAR G-1 and USARC G-1 are developing courses of action to remedy this during the current fiscal year. The current plan is to repeat the preretirement briefing that was coordinated by the USAR Pilot RSO and presented to 58 88<sup>th</sup> RSC Soldiers on 2 February 2011 at other RSC locations until fulltime RSO manning is available. Fulltime manning options include using Directed Military Overstrength Soldiers or contractors until TDA positions are authorized. The next preretirement briefing will be hosted by the 99<sup>th</sup> RSC on 7 May 2011 at Ft. Dix, NJ. LTC Twanda Young, USAR Retirement Services Liaison Officer, (703) 325-8608, twanda.young@us.army.mil

**CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:** The CSA Retiree Council Supports this issue and the recommendation for the CSA continued support of the establishment of Retirement Services Offices at major Army National Guard and Army Reserve Commands by providing the necessary funding and full-time support personnel. The Army should also look at Virtual learning pre-retirement presentation for NG/RC similar to how the Army Career and Alumni Program presentation is done with on line registration, contact Information distribution etc. It is unacceptable that only 15.2% of Retired Army Reserve Soldiers attended a pre-retirement brief compared to 94.6% Active Duty Soldiers attending. Soldiers of the Reserve and National Guard have earned their benefits and entitlements and must be made aware prior to separation. Army leadership should ensure a pre-separation program is available for all Soldiers.

**ISSUE:** 01-13-2011

**IMCOM REGION:** Northeast (AMC)

**INSTALLATION:** Tobyhanna Army Depot

**SUBJECT:** Reserve Retiree TRICARE.

**DISCUSSION:** The Tobyhanna Retirement Services Office continues to receive phone calls regarding Reserve Retiree TRICARE. The callers voice their concern that the program is unaffordable to the point that TRICARE for the Reserve Retiree is not a viable option.

**RECOMMENDATION:** Request that the CSA Retiree Council advise appropriate authorities that the TRICARE Reserve Retiree program is unaffordable for eligible retirees. It is suggested that the Army let eligible retirees know if they are on their own and must seek other options for a medical plan.

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

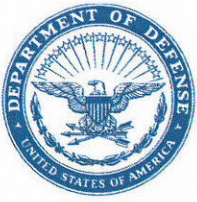
Carl B Weiss, COL, USAF (Re) Edward J. Burke, COL, USA (Ret)

**IMCOM REGION COMMENTS:**

**ARSTAFF COMMENTS:** TRICARE Retired Reserve (TRR) offers comprehensive health coverage from any TRICARE-authorized provider, network or non-network for non-regular retirees who have not yet reached 60 years of age. These beneficiaries are commonly called gray area retirees. The monthly premium amount is \$408.01 for TRR Member-Only coverage or \$1,020.05 per month for TRR Member-and-Family coverage. Premium amounts may be adjusted annually, effective January 1 each year, in accordance with applicable legislation. TRR premiums equal full cost of care by law. This was the intent of Congress and not a TRICARE Management Activity imposed requirement. To change this monthly premium amount would require subsequent legislative action. We are not clear about your recommendation to let retirees know they are on their own and seek other options.

Bill Voelkner  
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TRICARE Division  
Office of the Surgeon General  
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(703)681-3260/FAX: (703)681-3163  
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**CHIEF OF STAFF, ARMY RETIREE COUNCIL COMMENTS:** The Council recommends DoD refine the cost basis for TRR to ensure that health care is provided at a more affordable amount.



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

Army Retirement Services

22 April 2011

**MEMORANDUM FOR CHIEF OF STAFF, ARMY**

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

1. The fifty-first meeting of the Chief of Staff, Army, Retiree Council was held at the Pentagon, 18-22 April 2011. The Council is established in accordance with Army Regulation 600-8-7, "Retirement Services Program". The Council represents slightly over one million Retirees and Surviving Spouses.
2. The Council extends its gratitude to General Peter W. Chiarelli and to Sergeant Major of the Army Raymond F. Chandler III for their strong support of the Retiree Council and for their update on issues impacting current and future Retired Soldiers and their Families. The Assistant Deputy Chief of Staff, G-1, Mr. Joseph McDade, discussed current personnel and resource challenges which provided Council members with timely information on critical issues and programs. These insights will help the members of the Council in accurately disseminating the Army message.
3. **Health Care:** Council members appreciate the ongoing health care initiatives briefed by Rear Admiral Christine S. Hunter, TRICARE Management Agency. Her thorough overview of the myriad of ongoing health care actions will enable Council Members to adequately address many of the concerns expressed by Retired Soldiers and their Families. This is particularly significant as health care continues to be the highest priority issue for Retired Soldiers.

The Council appreciates the ongoing work and initiatives of the Department of Veterans Affairs as briefed by Dr. Gerald Cross. Their work in streamlining the disability process and on the Integrated Disability Evaluation System will significantly assist Veterans.

Actions recommended by the Council:

Recommendation a: If an increase of TRICARE fees must be implemented by the DoD, TRICARE fee increases should not exceed the annual future rate of growth in retired pay, with special consideration to not overburdening Soldiers E-7 and below.

Recommendation b: 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

Recommendation c: A previous CSA Retiree Council recommendation to eliminate copayments for generic and chronic care drugs obtained through The Mail Order Pharmacy (TMOP) as a way to incent greater use and to reduce DoD health care costs has been proposed by the TRICARE Management Agency. Recommend increased marketing efforts to increase TMOP participation to realize additional cost savings.

**4. Strategic Communications, Retirement Services, and Education:** Council members appreciate the ongoing efforts of IMCOM in supporting previously raised Retiree Council issues pertaining to standardization of Retirement Services Officer (RSO) positions and for the strong support of periodic RSO training.

The ongoing Retired Soldier initiatives to strengthen the Reserve Component retirement program briefed by Lieutenant General Stultz, Chief, Army Reserve and by Command Sergeant Major Michael D. Schultz, Army Reserve and by Major General Kadavy, Deputy Director, Army National Guard and by Command Sergeant Major Richard Burch, Army National Guard will provide Reserve Component Soldiers with an informative and positive transition into retirement. The ongoing collaboration in the retirement transitioning process among DA, Retirement Services Office, Army National Guard and the Army Reserve is invaluable for all Soldiers and their Families as they start their retirement processing.

Current and future Retired Soldiers remain the most credible ambassadors of our Army. Continuing to provide up-to-date information regarding Army programs and initiatives to Retirees ensures that the Army story is accurately told and disseminated across America.

Recommendation a: Increase the understanding of Soldiers and their spouses on their entitlements, benefits and service transition throughout their careers. The Council recommends incorporating modules of instruction in resident and nonresident courses such as the Garrison Commanders Course, Commanders and Command Sergeants Major Pre-Command Course (Ft Leavenworth), Warrant Officer Career Course, and the Sergeants Major Academy. Recommend Spouses also receive similar instruction through Family Readiness Groups, Army Career and Alumni Program (ACAP) and through Army Community Services.

Recommendation b: Continued publication of "Army Echoes" is critical for keeping Retirees informed and current on legal and entitlement/benefit issues as well as Army programs, initiatives, and policy changes. In a 2010 Questionnaire of Retired Soldiers 33 percent indicated that they did not have computer access. Of those Retirees who had computers or access to a computer, more than 50 percent indicated they would not go online to read "Echoes".

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

The Council recommends continued funding for three hardcopy issues per year of "Army Echoes" and to continue efforts to encourage the use of the electronic version, known as "E-Echoes". The Council recommends reviewing electronic delivery options of "Army Echoes" for transitioning Soldiers. Hard copy publication cost savings can be realized through black and white printing and through reducing the number of pages.

Recommendation c: Maintain the level of funding for Pre- and Post-Transition Services for all installations/garrisons worldwide. Insure that fiscal requirements are part of the annual POM process and that funding for Retirement Services personnel and programs are recognized as a priority, including Retiree Appreciation Days.

Recommendation d: Transitioning to retirement is a significant event for Soldiers. Recommend that Soldiers have a minimum of twelve to eighteen months to complete mandatory requirements as well as avail themselves of the many transitioning services. An October 2010 transition experience Questionnaire indicated that almost 88 percent of Retired Soldiers queried indicated they would advise another Soldier to attend a pre-retirement briefing; 71 percent of active duty respondents reported their retirement experience had a positive impact on their perception of the Army.

Recommendation e: Complete the establishment of Retirement Services Offices at major Army Reserve and Army National Guard commands to ensure all retiring and Retired Army Reserve and National Guard Soldiers, their Families and survivors are properly informed on retirement-related benefits and entitlements.

Recommendation f: Retiring Soldiers are authorized the Army Retiring Soldier Commendation Package upon retirement. The package includes a U.S. Flag and an Army Retired pin. Receipt of the flag is required by Title 10 of the US Code Subsection 12605; the pin by AR 600-8-7, "Retirement Services Program". Insure funding and contracts are accomplished in a timely manner so that these items are presented to all retiring Soldiers as they transition.

5. **Benefits:** Council members appreciate the significant amount of work that Defense Finance and Accounting Service continues to do in the area of customer service. Mr. Tom Roberts and his team have implemented process improvements which have clearly focused on best practices as pertains to customer support and efficient customer service.

Recommendation a: Acknowledge spouse long-term commitment to the Army by issuing them an indefinite ID card at age 65. Significant cost savings would be realized if adopted based on approximately 536,000 spouse cards (all DoD) requiring renewal every four years between age 65 and 75. Issuing an indefinite ID card at age 65 would result in a savings efficiency of approximately 10 million dollars.

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

Recommendation b: Support space available child care services access for up to six months for children of Soldiers being medically retired. Children of Army Medical Retirees, including Wounded Warriors, (Temporary and Permanent) are not authorized on-post child care services after the Soldiers' effective retirement date. Most of the privatized Property Management partners allow the military Family to reside on the installation for up to six months after medical retirement. Extending child care privileges would help the medically retiring Soldier and the Family as they transition.


Recommendation c: Recognize the contributions of 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. As a lower category priority than active duty Soldiers, Surviving Spouses would not burden the stand-by system since they were authorized space available with their Retired spouse.


6. Council members recognize the significant resource challenges facing our Army due to a declining budget and the resulting impact on personnel and programs. In this environment Retiree volunteer service will be needed more than ever. As part of the Army team, we will continue to do our part in telling the Army story and in providing support wherever and whenever needed. The ongoing contributions and volunteer service of so many of the one million plus Retired Soldiers and Surviving Spouses is a commitment to our Army, to Soldiers—active duty and Retired, and to Family Members.

7. Council Members extend their thanks and appreciation for the outstanding support and assistance provided by Mr. John Radke, Department of Army Retirement Services Officer and his staff during the Council meeting. We also extend our thanks to the distinguished guest speakers listed at Enclosure 1 for the invaluable information and insight they provided. We extend a special note of thanks to five of our Council Members who are completing their term of service—Sergeant Major of the Army, Jack L. Tilley, Brigadier General Barton J. Gilbert, Colonel Arlene F. Greenfield, Chief Warrant Officer 4 Robert N. Cooper, and, Sergeant Major Albert G. Williams.

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

8. Council members 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**

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

Sergeant Major of the Army Raymond F. Chandler III, Sergeant Major of the Army, United States Army

Honorable John R. Campbell, Deputy Assistant Secretary of Defense for Wounded Warrior Care and Transition Policy

Lieutenant General Daniel P. Bolger, Director for Operations, Readiness and Mobilization, Office of the Deputy Chief of Staff, G-3/5/7, United States Army

Lieutenant General Jack C. Stultz, Chief, Army Reserve, Office of the Chief, Army Reserve

Major General Timothy Kadavy, Deputy Director, Army National Guard, United States Army

Major General James C. McConville, Chief, Legislative Liaison, Office of the Secretary of the Army

Rear Admiral Christine S. Hunter, Deputy Director, TRICARE Management Activity, Office of the Assistant Secretary of Defense for Health Affairs

Mr. Joseph McDade, Assistant Deputy Chief of Staff, G-1, United States Army

Dr. Gerald Cross, Chief Officer, Disability and Medical Assessment, Department of Veterans Affairs

Colonel David L. Shutt, Chief, Strategic Plans Division, Office of the Assistant Chief of Staff, Installation Management

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

Command Sergeant Major Richard Burch, Command Sergeant Major, Army National Guard, United States Army

Command Sergeant Major Michael D. Schultz, Command Sergeant Major, United States Army Reserve

Sergeant Major Richard L. Puckett, Sergeant Major of Public Affairs, Office of the Secretary of the Army

Encl 1

## **GUEST SPEAKERS**

Mr. John Agler, Program Manager, My Army Benefits, Office of the Deputy Chief of Staff, G-1, United States Army

Mr. Tom Roberts, Acting Director, Retired and Annuity Pay, Defense Finance and Accounting Service

## COUNCIL MEMBERS

<b>RANK/NAME</b>	<b>INSTALLATION</b>	<b>IMCOM REGION</b>
LTG Frederick E. Vollrath Co-Chairman	At Large	At Large
SMA Jack L. Tilley Co-Chairman	At Large	At Large
BG Barton J. Gilbert	Presidio of Monterey	West
COL Arlene F. Greenfield	Fort Myer	Northeast
COL Alphonso W. Knight, Jr.	Fort Lewis	West
COL Eileen K. Watson	Fort Stewart	Southeast
MAJ Edwin S. Stone III	Fort Bliss	West
CW4 Robert N. Cooper	Fort Rucker	Southeast
CSM Robert Henault	EUSA	Korea
CSM William E. Hoffer	Carlisle Barracks	Northeast
CSM Elijah King, Jr.	Fort Hood	West
CSM Jackie Moore	Fort Huachuca	West
SGM David B. Stewart	Grafenwoehr	Europe
SGM Albert G. Williams	Fort Lee	Northeast

Encl 2