HANGAR FLYING September 2007

A Publication of the McChord AFB Retiree Activities Office for Air Force Retirees, their spouses or survivors. Department of the Air Force, 100 Joe Jackson Blvd, Customer Service Mall Rm 1001, McChord AFB WA 98438-1114; Phone (253) 982-3214 (<u>Voice Mail 24 hours a day</u>) Fax 253-982-5234. Email - <u>rao@mcchord.af.mil</u> Web Site <u>www.geocities.com/mcchordretiree/</u> Retiree Activities Office: Open 0900-1200 Monday - Friday

Retiree Appreciation Day: McChord AFB and the 62nd Medical Group has set November 10th as Retiree Appreciation Day. The RAD will be held at the McChord Co-located Club from 0900 hrs to 1300 hrs Saturday 10 November 2007. Planning is underway and many base agencies and services will be represented. We had over 200 retirees attending last year and are looking for even more attendees this year. Attendees have a chance to win some great door prizes, as well as catching up on the latest news and benefits. *(Source: McChord RAO)*



RAO Picnic: What does a decorated pavilion, plenty of delicious food, games, fortune telling, golf, a variety show and a gathering of McChord RAO volunteers, family and friends make? Just a great day for our annual picnic held August 16th at McChord's Holiday Park. We are now looking forward to next year's picnic. In the meantime, planning for this year's Retiree Appreciation Day and next

year's Dining Out is underway. Come on out and join us at the RAO office; new volunteers are always welcome. We accomplish much and have fun doing it. *(Source McChord RAO)*

Some retirees will no longer pay SBP premiums in 2008: ARLINGTON, Va. (AFRNS) – Effective October 1, 2008, SBP participants who reach 70 years of age and have made 360 payments (30 years), will no longer have to pay premiums for continued SBP coverage and will be placed in "Paid-up SBP" status. Paid-up SBP provisions were mandated, by the National Defense Authorization Act, for fiscal 1999. The law also established a paid-up status, beginning on October 1, 2008, for participants in the Retired Serviceman's Family Protection Plan once they reach 70 years of age. No action is required of SBP participants to be placed in Paid-up SBP status. Once the eligibility criteria has been met, the Defense Finance and Accounting Service will automatically stop deducting premiums from qualifying military retired pay accounts. The law establishing Paid-up SBP does not allow for refunds of

premiums paid before October 1, 2008, even though a retiree may have reached age 70 and made 360 or more premium payments. DFAS is currently developing changes to the military retiree pay systems that will monitor the number of SBP premiums paid and the age of the participant. The system updates are targeted for a May 2008 completion date. At that time, SBP participants who will be eligible for Paid-up SBP status on October 1, 2008, or will meet eligibility within a short time of the implementation date, will be notified by mail of their impending paid-up status. Those military retirees who become eligible for Paid-up SBP status after the initial group will be notified of their SBP status on their December 2008 annual Retiree Account Statements that will note the number of premiums paid to date. Each RAS issued after December 2008, whether annually or as a result of a pay change, will include the Paid-up SBP premium "counter," based on DFAS records, to help retirees monitor their eligibility status. More information on Paid-up SBP, including frequently asked questions and news updates, should be available at the DFAS Web site at http://www.dfas.mil/retiredpay.html within the next several months. (*Source: Defense finance and Accounting Service*)

No Co-Pay on TRICARE OTC Medications: TRICARE has announced a two-year test that will allow TRICARE beneficiaries to substitute over-the-counter (OTC) versions of certain prescription drugs without a co-payment. For now, the test includes the TRICARE Mail Order Pharmacy only. Plans call for expansion to retail network pharmacies once program details are ironed out. "The drugs included in this test initially are among the most widely prescribed those treating gastro-intestinal disorders. Known as "proton pump inhibitors," this class of medications includes the prescription drugs Nexium, Prevacid, Aciphex, Protonix, Zegerid and Prilosec. Under the test, beneficiaries receiving a prescription proton pump inhibitor are eligible to receive Prilosec OTC, the only proton pump inhibitor available over the counter. The Department of Defense Pharmacy and Therapeutic Committee found there is no significant clinical difference between Prilosec OTC and its prescription-only counterparts. "By requesting that their doctors prescribe the OTC version, beneficiaries can save money on their copay, and there is the additional potential to save the government money as well. OTCs are generally less expensive—by as much as 400 percent in some cases. Once the OTC test works its way to retail pharmacies, beneficiaries should not expect to walk into any drug store and get OTC products for free at the register. Beneficiaries will still have to get a prescription from their doctor for the OTC drugs. Beneficiaries already taking the selected prescription proton pump inhibitors through the mail order pharmacy will get a letter telling them about the new program whenever they order medications that qualify them to participate in the OTC test project. TRICARE encourages beneficiaries who haven't used the mail order pharmacy in the past, but are taking medications included in the test, to get information on how to sign up at: http://www.tricare.mil/mybenefit/home/Prescriptions/FillingPrescriptions/TMOP "Through the mail order program, initially beneficiaries can get up to a 90-day supply and have it delivered right to their mailbox. Remember, it's free so it saves money for beneficiaries and potential savings to the government may help sustain the TRICARE benefit. Medication classes under consideration for future testing include topical anti-fungals and non-sedating antihistamines. (Military.com | August 04, 2007)

Enroll in Medicare Part B to be TFL-Eligible: Planning to make the switch to TRICARE For Life (TFL)? There are no extra forms to fill out or fees to pay; however, you should know when to enroll into Medicare Part B in order to prevent a lapse in your TRICARE coverage.

TRICARE For Life and Medicare: While Medicare Part A is optional, TFL eligibility hinges upon your enrollment in Medicare Part B. Once you are enrolled in TFL, you must maintain your Medicare Part B eligibility to remain TFL-eligible. If you already receive benefits from Social Security or the Railroad Retirement Board (RRB), you will automatically receive Medicare Part A and be enrolled in Part B starting the first day of the month following your 65th birthday. If you are not currently receiving Social Security or RRB benefits, you must file for Part A and enroll in Part B. To avoid the Medicare surcharge for late enrollment, enrollment in Part B must be completed during the Medicare Initial Enrollment Period (seven-month period that begins three months before your 65th birthday, includes your birthday month, and ends three months after your 65th birthday). The Social Security Administration will send you a letter notifying you of your Medicare entitlement several weeks after filing.

Don't Delay – Enroll Today: If you are eligible for Medicare and TRICARE For Life, you can save money by enrolling in Medicare Part B when you are first eligible. By delaying enrollment in Medicare Part B, you may incur higher out-of-pocket costs for medical care received while you are not covered. Additionally, Medicare Part B monthly premiums may be higher. The monthly cost may go up 10% for each 12-month period that you could have been enrolled in Part B but were not. TFL (MTF designated) and dual eligibles under the age of 65 who are dependents of Active Duty sponsors may need a statement of clarification that they fall under Medicare if enrolled. These beneficiaries do not need an authorization for care from TriWest, but are responsible for their care under Medicare policies. For more information on TRICARE For Life, please visit <u>www.tricare4u.com</u>. For information about Medicare, please call 1-800-772-1213. (*Source Tricare 4U.com*)

Registering for mail-order pharmacy service now easier: Registering for Tricare's mailorder pharmacy service is now easier with the launch of the new Member Choice Center. A phone call or mouse click is all that is needed for retirees to begin receiving their prescriptions by mail. By using this new service, not only will the beneficiary receive mail-order enrollment assistance, but the center's staff will actually contact physicians to get new prescriptions and forward them to the mail-order pharmacy for processing. The switch from retail to mail order becomes virtually effortless for the beneficiary. Beneficiaries do not have to download forms or wait to have forms mailed; they can go to the "My Benefit" portal on www.tricare.mil/ or to www.express-scripts.com/TRICARE to complete the registration. There is also the option to call the MCC toll free at (877) 363-1433 to switch from the retail program to mail-order service. When a beneficiary calls the center, a patient-care advocate from Express Scripts Inc., Tricare's pharmacy benefit provider, explains the program and offers to transfer the current prescriptions to the mail-order option. If the beneficiary agrees, the advocate submits a prescription transfer request to the patient's physician. The mail-order pharmacy can save beneficiaries as much as 66 percent on medications for conditions such as high blood pressure, asthma or diabetes. The beneficiary may receive up to a 90-day supply of most medications for the same amount they would pay for a 30-day supply at a retail pharmacy. The Department of Defense saves money, too. The department pays 30 to 40 percent less for prescriptions filled

through the mail-order service compared to retail pharmacies. The department's savings could be substantial with a shift of prescriptions from retail to mail order. The MTF is the most cost-effective option, but that's not always available for some beneficiaries. Mail order is the next best thing. Having prescriptions filled by mail saves time and money and lowers cost for the military health system. (*Source: Epress-scripts.com*)

Tricare Prime travel reimbursement assists beneficiaries: Tricare Prime beneficiaries referred by their primary care manager for specialty services at a location more than 100 miles from their provider's location may be eligible to have their reasonable travel expenses reimbursed by Tricare. Beneficiaries must have a valid referral and travel orders before traveling, and file a travel claim upon their return. This can be requested at the military treatment facility or from the Tricare Regional Offices if the doctor is a Tricare network provider. Beneficiaries will receive a briefing on the entitlement process, coverage, and their responsibilities at the MTF or from the TRO point of contact. Reasonable travel expenses are the actual costs incurred by the beneficiary when traveling to their specialty provider. Costs include meals, gas, tolls, parking, and tickets for public transportation (i.e., airplane, train, bus, etc.). Beneficiaries must submit receipts for expenses above \$75. The MTF or TRO will provide the beneficiary with specific instructions on how and where to submit his or her travel entitlement claim. Government rates are used to estimate the reasonable cost. Beneficiaries are expected to use the least costly mode of transportation. Costs of lodging and meals may be reimbursed up to the government per diem rate. (*Source: Military.com*)

Reporting the Death of a Military Retiree or Annuitant: The Defense Finance and Accounting Service (DFAS) has prepared this contact sheet to assist you in reporting the death of a military retiree or annuitant. The information provided is meant to serve as a general guide. **Notify DFAS** at either (800) 269-5170 or (800) 321-1080. Please have the decedent's Social Security Number (SSN) and the date of death when you call. We ask that you send one photocopy of a death certificate, which indicates the cause of death. Please send it to:

For Retirees	For Annuitants
Address: DFAS U.S. Military	Address: DFAS, U.S. Military
Retirement Pay	Annuitant Pay
P.O. Box 7130	P.O. Box 7131
London, KY 40742-7130	London, KY 40742-7131
<i>Fax:</i> (800) 469-6559	<i>Fax:</i> (800) 982-8459

DFAS will take steps to close out the pay account to prevent any overpayments. If the decedent was a retiree enrolled in the Survivor Benefit Plan (SBP) and/or the Retired Serviceman's Family Protection Plan (RSFPP), DFAS will take additional steps to initiate pay accounts for eligible survivors. Designated beneficiaries of retirees should expect a <u>Standard Form 1174</u> (<u>SF-1174</u>) and, if applicable, SBP/RSFPP-related forms in the mail within seven to ten business days of reporting the death. If you need assistance please call DFAS at either of the numbers listed above.

- Notify the <u>Social Security Administration (SSA)</u> at (800) 772-1213.
- Notify the <u>Defense Enrollment Eligibility Reporting System (DEERS)</u> at (800) 538-9552.
- If the member was receiving disability compensation or Dependency Indemnity Compensation (DIC), notify the <u>Department of Veterans Affairs (DVA)</u> at (800) 827-1000.
- If the member was a civil servant or retired civil servant, notify the <u>Office of</u> <u>Personnel Management (OPM)</u> toll-free at (888) 767-6738.
- If the member enrolled in DVA-sponsored insurance such as <u>National Service Life</u> <u>Insurance (NSLI)</u> or <u>Servicemembers' Group Life Insurance (SGLI)</u>, notify them at (800) 669-8477.

If you live near a military installation you may be able to receive help with administrative matters from a Casualty Assistance Officer (CAO) or Retired Activities/Affairs Office (RAO). Please note that these services are not available at all military installations. <u>(The McChord (CAO), Karen Van Pelt, can be reached at (253) 982-3821)</u>.

Here are some additional toll-free numbers you may find useful:
Armed Forces Benefit Association (AFBA)(800) 776-2322Army & Air Force Mutual Aid Association (AAFMAA)(800) 522-5221Burial at Sea(888) 647-6676 (option 4)Funeral Honors(877) 645-4667Military Benefit Association(800) 336-0100Officers Benefit Association(800) 736-7311Uniformed Service Benefit Association(800) 368-7021

(Source: Defense finance and Accounting Service)

MEDICARE HOSPICE CARE: Introduced in the United States as a grassroots movement more than 30 years ago and added as a Medicare entitlement in 1983, hospice care is now considered part of mainstream medicine. Medicare is the primary payer for hospice care in approximately 80% of cases, with care most often provided in the patient's home. After enrollment, a plan of care is developed to ensure that pain, depression, nausea, and emotional and spiritual distress are aggressively addressed. Most clinical care is provided by a hospice nurse, the vast majority of patients are not seen by a physician. At least once every other week, the hospice team meets to discuss the needs of the patient and family. In the interim, nurses call attending physicians with their recommendations. As a patient's disease progresses, the hospice plan shifts to accommodate decreasing independence, alterations in symptoms, and changing psychosocial needs. Under Medicare, most expenses related to the terminal diagnosis are paid in full, including all medication and equipment and all visits by hospice nurses and home health aides. Expenses related to other diagnoses remain covered by the patient's primary insurance provider. Hospice services include intensive emotional and spiritual counseling, 24-hour crisis management, and bereavement support for a year after the patient's death. This care addresses the critical end-of-life concerns that have been identified in numerous studies: dying with dignity, dying at home without unnecessary pain, and reducing the burden placed on family caregivers. To determine eligibility, the attending physician and hospice medical director must certify that to the best of their judgment, the patient is more likely than not to die within 6 months. Responsibility for determining ongoing eligibility rests with the director. To assist physicians Medicare provides broad guidelines for many medical conditions but these guidelines do not represent hard-and-fast requirements. Coexisting conditions or a particularly rapid functional decline can outweigh strict adherence to written requirements. (*Source: New England Journal of Medicine article 26 Jul 07*)

Does TRICARE For Life (TFL) cover hospice care?

Yes. Medicare is the primary payer and TRICARE will act as the secondary payer. For information on Medicare's Hospice benefit please call Medicare at 1-800-633-4227.

For information on how your TRICARE benefits work with Medicare, call WPS TFL at 1-866-773-0404. (*Source Tricare For Life FAQ*)

Healthy Aging Month: TRICARE offers the following tips for staying physically fit, mentally sharp and socially fulfilled. Choose an exercise that you like and stick with it.

- 1. Engage in 30 minutes of aerobic exercise and weight-bearing exercise every day.
- 2. Contribute time to your community through local volunteer groups, religious organizations, or civic groups.
- 3. Stay in close contact with friends and family. Write, email, or call someone daily.

Keep your mind exercised, too, by reading, learning a new skill, and researching something that interests you. (*Source: Tricare 4U.COM*)

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IMPORTANT RESOURCE !!! Keep this and all recycling handouts in a folder for new arrivals to read.