

Guam
Retiree
Activities
Office

Serving Those Who Have Served or Still Serving



*Serving the Retired Military Community of Guam
and Surrounding Pacific Islands*



find current retiree and veteran news and information 24/7 | facebook.com/GuamRAO

Guiding Veterans to what they earned.

WALTER H. BROWN
JAMES H. BROWN
JOHN H. BROWN
...
WALTER H. BROWN
JAMES H. BROWN
JOHN H. BROWN
...
WALTER H. BROWN
JAMES H. BROWN
JOHN H. BROWN
...

Because of You



Because of you, I am here
Because of you, I am able to live freely

Yet I do not know you
And I have not done anything for you

But there you stand, ready to fight
And there you are prepared to die
For me.

You've fought before
And you'll fight again
For someone you don't know

So thank you Unknown Soldier
Fighting for me

I'm here because of you
And I owe my future to you

By Courtney Tanabe

Guam Retiree Activities Office Newsletter

April 2015 - *Special*
Volume 5, Issue 1.5

Guam Retiree Activities Office

BG Andrew J. Toth

36th Wing Commander

Col Tyrell A. Chamberlain

36th Wing Vice Commander

CMSgt Michael A. McMillian

36th Wing Command Chief

CMSgt (Ret) David Ehlers

RAO Director/Newsletter Editor

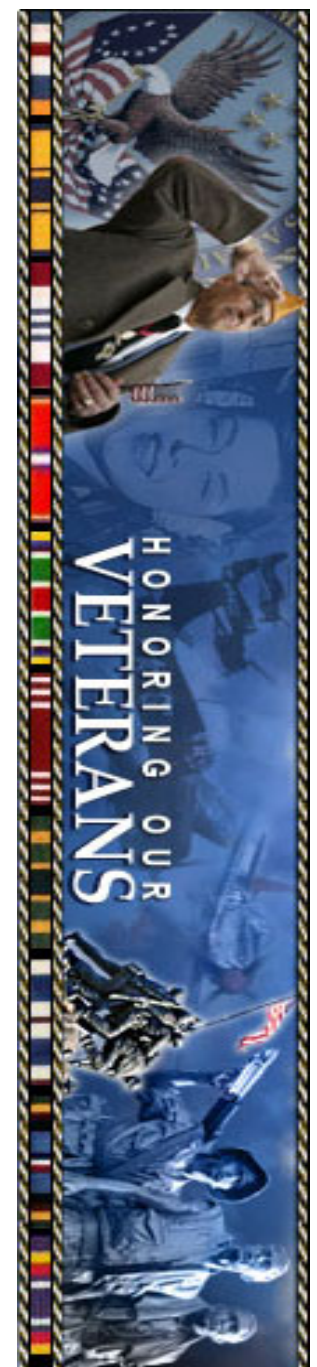
Hafa Adai – Over the past few weeks and during discussion with numerous veterans, I have been really surprised that many are not totally aware of many of the recent changes within the VA and TriCare, as well as some have never heard of the Military Compensation and Retirement Modernization Commission. Given that, I thought I would put together a Special edition of the Guam RAO newsletter just to cover many of these updates and issues of concern. While some of these have been out there for some time, they were not included in the previous newsletters due to length – however to ensure the word gets out – I will include the information in its entirety.

Respectfully, David L. Ehlers, CMSgt (Ret), USAF, Director, Guam Retiree Activities Office

Guam RAO is for the entire Guam Military retiree and veteran community – all services, all ranks.

INSIDE THIS ISSUE...

- Local Area Veteran Announcements 3
- Tricare to No Longer Cover Some Prescription Pain Killers 4
- TRICARE After Retirement 5
- TRICARE Transitioning from Active Duty to Retirement (pamphlet link) 5
- Air Evacs Are Covered When Medically Necessary..... 6
- TRICARE Choice: What’s In It For You 6
- March 2015 Retiree DFAS Newsletter (link) 11
- Removal of SSNs from Military ID Cards..... 11
- MCRMC Releases Report 12
- AFSA, other VSOs send final letter on MCRMC report 12
- MCRMC – How We See It (AFSA) 13
- MCRMC – How Proposed Changes Affect You (MOAA)..... 13
- Budget plan would cut commissary days, hours 14
- Poll: Would a Big Commissary Price Increase Keep You Out? 14
- More related news on Commissary (links) 15
- VA Works to Expand Choice Program Eligibility 16
- Requirement of Standardized Claim, Appeal Forms..... 16
- Changes for veterans are here today..... 17
- VA Makes Gains in Faster Disability Claims Processing 18
- Statement from VA on Oscar Win for HBO Documentary 18
- Change makes more veterans eligible 19
- VA Eliminates Net Worth as Health Care Eligibility Factor 19
- New VA Surviving Spouse Website 20
- Former-Spouse SBP Coverage..... 20
- Protect Your Retirement Pension 20
- VA: No date set for Agent Orange C-123 decision..... 21
- Related News on Agent Orange Issues 21
- Agent Orange Links of Interest 21
- Introduction to the Veterans' Aid and Attendance Improved Pension 22
- Space A and Widows of Retired Military Members..... 23
- What Veterans Should Know About Filing for Social Security Disability 26
- Taking Action (Legislative Action Networks)..... 27
- Retiree Council Info..... 27
- (Guam) Veterans Seek United Voice with Outreach Program..... 28



Guam Retiree Activities Office

~ Our Mission ~

“To provide and disseminate information services to retirees and surviving dependents in order to support, advance and unify the retired and active military communities.”

CONTACT US at: Guam.RAO@us.af.mil or Guam.RAO@gmail.com or calling 671-366-2574.

Hours: appointment only (*until we get volunteers*)

Where are we located?

The Retiree Activities Office is on Andersen AFB Building 22026, Room 127

Consolidated Support Center, next to the Commissary (old BX)

“It is better to lead from behind and to put others in front, especially when you celebrate victory when nice things occur. You take the front line when there is danger. Then people will appreciate your leadership.”

~ Nelson Mandela

This publication is written, edited and published by the Guam Retiree Activities Office for the military retired community in Guam and surrounding Pacific Islands.

The information or comments herein do not necessarily represent the position or opinion of the DOD, USAF, 36 WG or Joint Region Marianas.

While every effort has been made to assure the accuracy of the information herein, no absolute guarantee of accuracy can be given nor should be assumed.

Announcements...

- The Veterans Clinic Home Based Primary Care has nurses, doctors, social workers, therapists that can visit and treat veterans at their homes. Kevin Hitosis, DNP, is in charge of the program and He can be reached at 475-5763.
- The VA cemetery chapel is available for use for public viewing. Call 475-8391/2.
- The Veterans Administration recently entered into a contract for five emergency housing beds on Guam with the nonprofit organization United States Veterans Initiative. More information will be forthcoming.

- Veterans who have made an appointment at the VA clinic and still haven't been seen should call the VA clinic at 475-5760. Veterans may also call Bill Cundiff at 565-4561 or send email to: afcmst24@yahoo.com.

- It is no longer mandatory for veterans to receive a briefing prior to receiving services at the VA Community Based Outpatient Clinic. It's now optional.

- It is very important that veterans register at the VA Clinic or at the VA Office in Asan. Call the VA Clinic at 475-5760, or the VA Office at 475-8388 to schedule an appointment; must have a copy of your DD Form 214.

- The State VA Office is located in Asan next to the Harley Davidson Motorcycle Store. Call 475-8388.

- VA Federal Benefits Office, Tiyan, in the U.S. Department of Veterans Affairs. Phone: 648-0090. Fax: 648-0097. Open 7:30 a.m. to 3:45 p.m. Monday through Friday, excluding federal holidays).

- VA Clinic: 4498 Chalan Palasyo, Hagåtña. Hours of Operation: 7:30 a.m. to 4 p.m. Monday to Friday except federal holidays, Phone: 475-5760. Fax: 475-5855. 24-hour advice nurse: 1-800-214-1306.

- The veterans employment specialist at the VA Clinic is Anthony Cruz. He can be reached at 475-5783/475-5786 or anthony.cruz@va.gov.

- Homeless Veterans Program manager is located at the VA Clinic and can be reached at 487-5800.

- Disabled Veterans Outreach Program office is located at the Guam Department of Labor in the GCIC building; can be reached at 475-7095/28/7138.

- Next of kin of veterans not buried at national or state veterans cemetery may order a bronze medallion to attach to existing, privately purchased headstones or markers, signifying a deceased's status as a veteran. To order, please call the Guam Veterans Affairs Office at 475-8391/92.

Sen. Tom Ada, Veterans Affairs Committee Chairman

office is between Bank Pacific, Guam Police Dept and Hagåtña Post Office.

Website: www.SenatorAda.org

Phone: 473-3301; Fax: 473-3303.

Email: aguon4guam@gmail.com

ACKNOWLEDGEMENT: Articles appearing in this newsletter are compiled from local sources, newsletters received by the RAO, and from other news outlets and military sources. The articles and other information are reprinted here for the benefit of our retiree population. Absolutely no commercial gain is derived from this publication. Articles may have been edited for space.

TRICARE Updates / Info



Tricare to No Longer Cover Some Prescription Pain Killers

Mar 16, 2015 | by Amy Bushatz

[Tricare](#) officials are rolling out a new prescription drug clearance system that will block from coverage some ingredients used in compounded medications like pain killers, officials announced March 13.

The changes, which will go into effect May 1, are designed to cut the health insurer's pharmacy costs by no longer paying for compounds they considers unsafe or ineffective, Tricare officials said. They will most heavily impact prescription pain killers, which make up the majority of compounded medication filled by Tricare, they said.

A compounded medication is a drug mixed with one or more non-FDA approved ingredients designed to alter the drug to fit the need of the person taking it. For example, children often take compounded medications to alter the drug's dosage to their weight, remove dyes to which they are allergic or turn a pill medication into a liquid.

For pain management, compounds are often used to turn pain medications into creams or sprays to target specific areas. Specialized compounding can also adjust the dosage to the size or pain tolerance of the patient.

But a top Tricare official said in a [Military.com](#) interview that the effectiveness of those specialized pain medications are not always "supported by evidence." At least one Military Treatment Facility (MTF) has complained recently about a marketing agent for a pain medication compounding pharmacy soliciting potential customers in the MTF's pharmacy waiting room, he said.

"We've seen several examples where compounding pharmacies are trying to go out and do direct marketing to patients," Dr. George Jones, Tricare's pharmacy chief said. "Unfortunately there are some bad actors out there that have tried to exploit this opportunity of interest in pain management with claims that may not quite be supported with the evidence."

Compounding agents cost Tricare more than \$514 million in 2014 and are on track to exceed \$2 billion for 2015, officials said. Yet those agents make up only 0.5 percent of the total number of prescriptions provided by Tricare. Tricare currently fills compounded medication for about 40,000 users a month, Jones said.

The vast majority of compounded medications will continue to be covered, Jones said. Although he declined

to give an example of pain medication compounds that will no longer be included, he said popular compounding agents such as gabapentin and ketamine will still be covered. He was also not able to provide a percentage the compounding agents that will still be covered.

Right now, Tricare chooses which compounded medications to cover based on the screening of a single ingredient submitted by a pharmacy. But the new system operated by Tricare's pharmacy subcontractor, Express Scripts, will allow officials to screen every ingredient included in any given compound medication. If all ingredients do not match the accept list, coverage will be denied, they said.

Tricare officials decided which compounding ingredients will be on the [list based on FDA standards for compounding agents](#) released in July 2014, Jones said.

Ingredient screening will be instantaneous though the online Express Scripts system. When an ingredient is denied, the pharmacist will be notified about which one and given the option to call Express Scripts to explore alternatives.

Tricare users who wish to can file a "prior authorization" form and appeal to Express Scripts after a denial. The appeal will be processed in no more than five days, Jones said.

To avoid a disruption in service while Tricare processes drug appeals, officials will pay for some no longer covered compounds on a case-by-case basis, Jones said.

Tricare users who have a have had a compounded medication filled in the last 30 days will soon receive a letter by mail notifying them of the change.

SOURCE: [Military.com](#) article at <http://www.military.com/daily-news/2015/03/16/tricare-to-no-longer-cover-some-prescription-pain-killers.html?comp=700001075741&rank=2>

“For many people, managing pain involves using prescription medicine in combination with complementary techniques like physical therapy, acupuncture, yoga and massage. I appreciate this because I truly believe medical care should address the person as a whole - their mind, body, and spirit.”

~ Naomi Judd

TRICARE After Retirement

Retiring

When you retire from active duty, you and your family have a change in status.

- You and your family members will get new ID cards
- Your options will change after you retire, especially if you move
- You're still eligible for TRICARE so you don't lose [minimum essential coverage](#)

Here's a quick look at how TRICARE changes when you retire. For more details, enter your plan info above.

Your Health Plan Options

When you retire, the status change will cause you to be disenrolled from your Prime Option.

- You can re-enroll in TRICARE Prime if you live in a Prime Service Area (see <http://www.tricare.mil/PSA>)
- You must pay annual enrollment fees (<http://www.tricare.mil/Costs/HealthPlanCosts/PrimeOptions.aspx>)
- You can re-enroll online, on the phone or through the mail [>>Learn More](#) at <http://www.tricare.mil/Plans/Enroll/Prime.aspx>
- Your enrollment must be completed within 30 days of your retirement date to avoid a break in coverage

Or, you and your family can use any of these health plans:

- [TRICARE Standard and Extra](#)
- [US Family Health Plan](#) (in specific U.S. locations)
- [TRICARE For Life](#) (with Medicare Part A & B coverage)
- [TRICARE Standard Overseas](#)

Covered Services

Some services are no longer covered when you retire. These include:

- Hearing aids
- TRICARE Extended Care Health Option services for family members
- Chiropractic care
- Eye exams for all plans except TRICARE Prime

Your dental plan option will be the [TRICARE Retiree Dental Program](#).

Costs

While on active duty, you paid nothing out-of-pocket and your family's costs were minimal. As a retiree, you'll see an increase in costs. Depending on your TRICARE plan, your new costs may include:

- Annual TRICARE Prime enrollment fees
- TRICARE Prime network copayments
- TRICARE Standard and Extra costs increase by 5%
- Catastrophic cap increases from \$1,000 to \$3,000 annually per family. In the fiscal year you retire, any amounts accrued on active duty apply to your retired family cap

There is no change in your prescription costs.

Family Members Eligible for Medicare

Family members who are eligible for Medicare must have Medicare Part B coverage to stay eligible for TRICARE when you retire.

Moving after you retire?

If you move after you retire, be sure to update your address in [DEERS](#).

SOURCE: TRICARE Life Event at <http://www.tricare.mil/LifeEvents/Retiring.aspx>

TRICARE Transitioning from Active Duty to Retirement pamphlet

http://www.tricare.mil/~media/files/tricare/publications/factsheets/ad_to_ret_fs.pdf

“Change is hard because people overestimate the value of what they have – and underestimate the value of what they may gain by giving that up.” ~ James Belasco and Ralph Stayer, Flight of the Buffalo (1994)

Air Evacs Are Covered When Medically Necessary and Only to the Nearest, Safest Place



Following retirement from active service, many retirees and retiree family members decide to travel or live overseas. If they do, it is important they understand that if they need air ambulance services (aeromedical evacuation or "air evac"), TRICARE only pays if the transport is medically necessary and to the closest, safest location for medical care.

Retirees overseas have to pay for the service upfront and then file a claim for reimbursement. TRICARE won't cover the cost for non-medically necessary air evacuation and won't move a patient to a location of their choosing. TRICARE won't pay to move a retiree or retiree family member from overseas back to the U.S., unless the medically necessary care is not available in their current location or the U.S is the closest location that can provide the necessary care. If retirees want to return to the U.S. from overseas for personal reasons (e.g., to be closer to family), they pay the air ambulance company and TRICARE won't reimburse them. Air ambulance service can be very expensive. If you are planning to live or travel overseas, you may wish to consider other options for coverage of air transport for circumstances not covered by TRICARE.

Active-duty family members (ADFM) using TRICARE Standard should also consider health care costs before opting for air evacuation. ADFMs using TRICARE Standard may have to pay up front for the air evacuation; the evacuation must be medically necessary; and must be to the nearest facility capable of providing the needed care in order for TRICARE to cost-share on the aeromedical evacuation.

For more information about receiving care overseas, visit the TRICARE Overseas Program page on the web at:

<http://www.tricare-overseas.com/>

Source: http://www.tricare.mil/CoveredServices/BenefitUpdates/Archives/02_18_15_AirEvacs.aspx

Tricare Choice: What's in it for you?

By Patricia Kime, Staff writer 10 a.m. EDT March 16, 2015

Washington policymakers will soon begin consideration of the biggest overhaul of the military health care system since Tricare replaced CHAMPUS in the early 1990s — changes that would shift millions of beneficiaries to commercial, private-sector health plans.

The Military Compensation and Retirement Modernization Commission, which proposed the radical changes in its recently issued final report, says the move would save the Pentagon billions of dollars while greatly enhancing health services for nearly 9.2 million active-duty family members, retirees and their dependents.

The Pentagon has not yet weighed in on the plan. In their fiscal 2016 budget request, defense officials have floated other proposals that would increase health care costs for retirees and their family members while providing incentives for beneficiaries to get care at military hospitals and clinics.

But Congress, which ultimately would decide how Tricare reform proceeds, is looking closely at the commission's recommendations, with lawmakers on both sides of the aisle generally agreeing that something must change to rein in the Defense Department's \$49 billion annual health budget and provide more choice for military families.

"This idea of opening it up to provide more options is ... very interesting and necessary, especially in some places," said Rep. Tulsi Gabbard, D-Hawaii, speaking for her island constituents. "Our access really is an issue."

"We've got to do something with the current system because it's just unsustainable," said Sen. Lindsay Graham, R-S.C. "We've been wrestling this alligator for five years. I just sort of lose faith that we can take the current construct, the single-payer system ... [and] make it as efficient as the competitive model."

Tricare Choice – *continued on next page...*

"The greatest happiness of the greatest number is the foundation of morals and legislation." ~ Jeremy Bentham

Tricare Choice – *continued from previous page...*

Providing more choice

The blue-ribbon compensation commission was created by Congress to review military pay, retirement and quality-of-life programs and recommend improvements. Its final report, released in January, contained three health care recommendations.

The one that would have the biggest impact on currently serving troops and retirees under age 65 would be Recommendation 6: "Increase access, choice and value of health care for active-duty family members, reserve component members and retirees by allowing beneficiaries to choose from a selection of commercial insurance plans offered through a Department of Defense health benefit program."

Under that proposal, beneficiaries would choose a health plan from a menu of programs compiled by the federal Office of Personnel Management, similar to the health plans offered to federal employees.

Available selections would include traditional fee-for-service plans; those offered by health maintenance organizations; and preferred provider network options from some of the biggest names in the industry, including Blue Cross/Blue Shield, United Healthcare, Kaiser Foundation and more.

Participants would have to provide the same services now covered by Tricare, including inpatient and outpatient services, medical and surgical care, mental health and substance abuse treatment, maternity care and pediatrics, preventive care and more.

But some plans could offer benefits that the current Tricare program doesn't — chiropractic care, fertility treatments, acupuncture and more — at various costs.

The commission, whose members included six retired military officers, a Navy reservist and a Medal of Honor recipient, all with legislative and professional expertise in military pay-and-benefits issues, says the program, called Tricare Choice, would give families more choice of doctors, better access and improved treatment.

Shoring up networks

Citing results of a survey conducted as part of the commission's fact-finding process, the panel said patients who use Tricare have trouble getting appointments with their primary or specialty care doctors if they're on Tricare Prime and have issues finding doctors who take Tricare if they use Standard.

Many doctors, commission members said, will not take Tricare because its reimbursement rates are often lower than those of Medicare.

For example, in Fayetteville, North Carolina, near the Army's Fort Bragg, there are 114 OB/GYN physicians who take Blue Cross/Blue Shield, but only 43 providers are in the Government Employees Health Association plan and just 36 take Tricare, said commission member Steve Buyer, a former congressman from Indiana.

"If you are a doctor, you look at your practice and say 'OK, I can only take so much Medicare, so much Medicaid.' You also may [decide to take Tricare because you] are a veteran or will do this because of the flag — a patriot. But you can only do that for so long," Buyer said.

The commission argues that because civilian insurers offer doctors appealing rates and can adjust reimbursement rates in response to supply and demand — using them as incentive for doctors to provide treatment — those civilian insurers are better able to attract physicians to their networks and control costs.

The commission's proposed Tricare overhaul also would provide beneficiaries with choices of type of plan, level of health care and costs, according to the commission.

"There are clear benefits to having alternatives among plans. When beneficiaries are able to pick their ideal plan from a selection of many offerings, they are empowered," the members wrote in their 280-page report.

More than two-thirds of the annual \$49 billion defense health budget goes to patient services and care, and a large portion of that money — \$15.4 billion in 2012 — went to purchased care, treatment received by beneficiaries at nonmilitary facilities.

The commission estimates that its proposal could save the Pentagon \$26.5 billion over four years, starting in 2016. The savings would stem from eliminating DoD's large Tricare administrative costs and making most beneficiaries pay a larger share of their health costs.

Tricare Choice – *continued on next page...*

Tricare Choice – *continued from previous page...*

In their fiscal 2016 budget request, Pentagon officials propose their own solutions to trim health costs, to include raising fees for nonmilitary care, increasing costs paid by working-age retirees and luring more patients back to military hospitals and clinics.

But commission members said this approach is unlikely to improve care for patients or keep personnel at military hospitals and clinics trained in cutting-edge medicine and trauma care — skills they need to ensure the wartime medical readiness of the force.

"As commissioners, we share the unequivocal belief that a high-quality health benefit is essential for all military constituencies and we find that the current Tricare program falls short of this aspiration," commission chairman Alphonso Maldon Jr. said.

Retired Adm. Edmund Giambastiani, another commission member, put it more bluntly, saying the panel "believes that Tricare is in a death spiral."

The White House and Defense Department have until April 1 to weigh in on the commission recommendations. Then it will fall to Congress to decide whether to act. Already, lawmakers have held four hearings on the recommendations, with more likely to come after the administration issues its views.

Advocates: mixed reaction

The Military Coalition, a group of military and veterans advocacy groups, has not presented a unified response to the recommendations. Reaction from some individual member groups has been mixed.

Representatives of the National Military Family Association and National Guard Association of the United States told senators Feb. 26 that they support the plan "in principle" but want more information on its proposals and a fuller understanding of the potential beneficiary costs before endorsing it.

The Military Officers Association of America has taken an opposite tack, maintaining that the current version of Tricare — and the military health system as a whole — needs reform and could save money by being made more efficient.

"Despite its current challenges and shortcomings, MOAA believes Tricare is not currently in a 'death spiral' as some have said, and it is not broken," said retired Vice Adm. Norb Ryan, the group's president.

If Congress were to include the Tricare Choice recommendation in the fiscal 2016 defense policy bill, the plan could be in play within two years, commission spokesman Jamie Graybeal said.

One thing seems clear: Tricare Choice would change health care services for 9.2 million military beneficiaries, including everyone now on Tricare Prime, Tricare Standard and Extra, Tricare Reserve Select, Tricare Retired Reserve and Tricare Young Adult.

Here's a look at how the plan would affect you.

Active-duty members

Q. Would I see any changes?

A. Not for your own health care. Active-duty personnel would continue receiving medical care at unit facilities and through military hospitals and clinics. If service members need specialty care that's unavailable in the military system, they would be referred to the private sector, with the Defense Department picking up the tab.

Q. What if I have a family?

A. See the active-duty family members section below.

Active-duty family members

Q. Who would provide my health care?

A. Active-duty family members would select a health plan from options compiled by the federal Office of Personnel Management under the Tricare Choice program.

The number of plans and services offered would depend on what's available in a given geographic region. But all plans would have to offer coverage that at least matches what Tricare currently offers.

Q. What kinds of choices might I be offered?

A. Choices would include traditional fee-for-service plans, which would allow family members to choose their own doctors and pay premiums and co-payments; network-based plans that provide incentives to see doctors enrolled in that network; and health maintenance organizations similar to Tricare Prime or Kaiser Permanente, in which family members would see primary care physicians and specialists who work for a single organization.

Tricare Choice – *continued on next page...*

Tricare Choice – *continued from previous page...*

Q. What will be covered?

A. Plans must offer benefits available in the commercial market, meeting or exceeding baselines for health plan quality.

In the federal employee health system, all plans cover medical and surgical care, mental health and substance abuse treatment, maternity care and pediatrics, preventive care, hospitalization and outpatient care, diagnostic and laboratory testing, physical, occupational and speech therapy, emergency and ambulance service, and prescriptions drugs.

Some plans could offer partial dental and vision coverage as well, although the compensation committee recommends retaining the Tricare Dental Program and Tricare Retired Dental programs as options.

Q. How will my costs change, and how will I cover them?

A. Costs would rise — a 28-percent premium cost share and higher out-of-pocket expenses — but the commission recommends that active-duty service members receive a basic allowance for health care, or BAHC, to cover premiums, cost-shares and co-payments incurred by their family members.

BAHC would be transferred directly to the insurance carrier to cover premiums, with the remainder going to the service member to cover the out-of-pocket costs.

"BAHC should be set at levels that sufficiently offset or completely cover costs or even afford families a surplus each month after costs are paid," the commission said in its report.

Q. Can I still go to my military hospital or clinic?

A. The commission recommends that companies in Tricare Choice be required to include on-base military hospitals and clinics in their networks, so family members who want to get care at a military treatment facility may be able to do so as their plan allows.

Q. What if something catastrophic happens — a major accident, injury or chronic illness?

A. All plans would have "catastrophic caps," but the commission also recommends that DoD establish a program to help family members or troops who are severely injured or fall seriously ill to pay related out-of-pocket expenses or help with other health-related costs.

Q. What if I choose a plan and I hate it? What if I move?

A. Beneficiaries would be allowed to change plans during annual open season or at a milestone such as a permanent change-of-station move or retirement.

Q. What happens if my sponsor is assigned overseas?

A. Plans would be available overseas.

Q. How will I figure out what plan might be best for me?

A. The commission recommends that DoD build an education program to help troops and families understand the impact of all its recommendations, especially health care.

"To ensure affected service members and beneficiaries can navigate the new insurance program with ease, DoD should institute a program of education and benefits counseling," the commission report states.

Q. What happens to dependent children over age 21 who are using Tricare Young Adult?

A. TYA would simply vanish. Those adult dependent children would simply be covered under their parents' Tricare Choice plan until age 26.

In fact, unlike the current TYA program, those dependent children could be covered under Tricare Choice even if they are married, not living with their parents, attending school, financially independent or eligible to enroll in their own employer's health care plan.

Reserve components

Q. How would this work for me?

A. All reserve component members would be able to purchase a plan from Tricare Choice.

The commission recommends making Selected Reserve members eligible for plans with a reduced cost share to encourage them to purchase one, ensuring continuity in care and medical readiness when they're mobilized.

Tricare Choice – *continued on next page...*

Tricare Choice – *continued from previous page*

Other reserve component members would pay cost shares corresponding to their category of service.

When called to active duty for more than 30 days, reservists and their family members would get the same level of care as their fulltime active-duty counterparts.

Q. Who would pay for it?

A. Reserve component members would pay premiums for a Tricare Choice plan, but when mobilized would get free care through the military health system. Those with families would receive the proposed Basic Allowance for Health Care while activated.

If a reservist had not previously picked a Tricare Choice plan, that allowance could be used to pay the premiums and cost-shares of their civilian plans.

Retirees and their family members

Q. How would I get health care?

A. Retirees and their families would select from the same list of health plans offered to active-duty family members under Tricare Choice. A variety of plans, with a variety costs and benefits, would be available in all geographic areas.

Q. How much would it cost?

A. All working-age retirees and families who want health coverage would be required to pay an annual enrollment fee, similar to Tricare Prime fees, currently \$277.92 for an individual and \$555.84 for a sponsor with family members.

Under the new plan, premiums would rise slightly the first year, by 1 percent, and would rise by the same amount for 15 years, reaching roughly \$1,769 by 2030. Depending on the plan selected, co-payments, cost-shares and deductibles also may be required. The commission believes that retirees with families would see their average total out-of-pocket costs increase from about \$2,000 a year to \$3,500, according to panel estimates.

Q. What about retirees' dependent children over age 21 using Tricare Young Adult?

A. Their situation would be the same as for active-duty family members using TYA.

That program would go away, and those adult dependent children could use their parents' Tricare Choice plan until age 26, regardless of their life circumstances.

Q. Would anything change for "gray area" retirees?

A. Not really. The current Tricare Retired Reserve program that serves reserve component retirees under age 60 would disappear and be replaced by Tricare Choice.

As with the current TRR program, the government would not subsidize their health care costs.

Q. What happens to Tricare for Life beneficiaries?

A. Nothing. For retirees over 65, TFL would remain in place and operate as before, normally with Medicare as first payer and TFL acting as second payer if necessary.

A third-party administrator contracted by the Defense Department would pay and coordinate patient claims with Medicare as necessary.

Overseas, where Medicare does not operate, TFL would remain the primary payer, and DoD would have authority to contract with a third-party administrator to handle claims.

Q. Why is all this happening now? Is it related in any way to the Affordable Care Act?

A. No. Congress created the commission in 2013 to respond to growing concerns that military personnel costs — especially for retirement and health care — are escalating at a rate that threatens military training, readiness and operations.

While the commission was not tasked specifically with finding cost-savings in their proposals, the panel sought to adapt the current health benefit to preserve the medical readiness of the force and propose what they believe would be improvements to the military health care benefit that would continue to attract and retain quality recruits.

SOURCE: Military Times article (via Early Bird Brief) at <http://www.militarytimes.com/story/military/benefits/health-care/2015/03/16/commission-proposes-tricare-choice/24458697/>

DFAS / MyPay updates

The March 2015 Retiree DFAS Newsletter is ready for your review.

It contains important information about getting a last minute copy of your 1099R, updating your myPay password, updating your email addresses, protecting your account from fraud and educating your loved ones and beneficiaries.

To access the newsletter, please click on the link below. You will find a list of topics for the March 2015 newsletter, and you will also have easy access to previous newsletters after you click the link. The links to the newsletter were consolidated into one link for your convenience.

<http://www.dfas.mil/retiredmilitary/newsevents/newsletter.html>

Removal of SSNs from all Military ID Cards

The Department of Defense (DoD) is removing SSNs from Common Access Cards (CACs) and Uniformed Services Identification (USID) Cards to protect the personal identity information of cardholders.

Cardholders will have their DoD ID Number printed on their ID cards. This number also replaces the SSN as the Geneva Conventions serial number.

Eligible beneficiaries will also have their DoD Benefits Number printed on their ID cards. Medical providers will use the DoD Benefits Number on new ID cards to validate eligibility and to process claims.

Cards with the SSN remain valid until replaced. Changes to ID cards will be made upon ID card renewal.

FAQs

Who does this affect? All DoD ID cardholders.

Should I get a new card now? No! Current cards are

valid until the card expires. If your ID card has an INDEF expiration date, and you would like the SSN removed, visit your nearest RAPIDS Site.

Will my ID be rejected without a visible SSN? Your ID should not be rejected without a visible SSN; however, you may be asked to verbally state your own or your Sponsor's SSN.

Won't my medical provider need the new DoD Benefits Number to process my claim? Providers may use either the Sponsor's SSN or the DoD Benefits Number until all cards have been replaced.

Where should I go? Visit the RAPIDS Site Locator at www.dmdc.osd.mil/rsl to find a location near you. ID card issuance is available at over 1,500 RAPIDS Sites worldwide.

What should I bring? For card renewal, please review the Pre-Arrival Checklist at www.cac.mil/docs/required_docs.pdf for more information.

REMINDER: Dependents need to have their sponsors present or have a Power of Attorney to get a new ID card.*

The infographic is titled "SSN Reduction Plan" and is divided into three phases:

- PHASE I:** Removal of Dependents' SSNs. Began in December 2008. Shows a USID card with a dependent's SSN being removed and replaced with a DoD ID Number. Expected completion: December 2012.
- PHASE II:** Removal of All Printed SSNs. Began in June 2011. Shows a CAC and a USID card where the printed SSN is replaced with a DoD ID Number and a DoD Benefits Number. Expected completion: June 2015.
- PHASE III:** Removal of SSNs Embedded in Barcodes. Began in December 2012. Shows a CAC and a USID card where the SSN in the barcode is removed. Part A removal began in December 2012, and Part B removal begins in 2017. Expected completion: June 2022.

At the bottom of the infographic, it says: "For more information regarding the SSN Reduction Plan, please visit www.cac.mil"



*If the sponsor has passed away the dependent is recognized as the Deceased Beneficiary, and as such does not need a Power of Attorney to get a new ID Card, if the dependent is unsure if we have the sponsor in the system as deceased, they can bring an official death certificate when renewing their ID Card.



Benefits WATCH

AFSA, other VSOs send final letter to Senate Armed Services Committee on MCRMC report

March 6, 2015 -- The Air Force Sergeants Association, alongside 22 other Veterans Service Organizations, submitted their final letter to the U.S. Senate Armed Services Committee March 6 with their opinions regarding the Military Compensation and Retirement Modernization Commission's report.

The letter is addressed to Chairman of the Committee on Armed Services John McCain, Chairman of the Personnel Subcommittee of the Committee on Armed Services Lindsey Graham, as well as Ranking Member of the Committee on Armed Services Jack Reed, and Ranking Member of the Personnel Subcommittee Kirsten Gillibrand.

Several of the recommendations are supported by the organizations involved, however a further examination is being requested of two significant changes to the current retirement and health care benefits, as well as general nonsupport of other recommendations.

The organizations state that there are many unanswered questions in regards to some of the commission's recommendations, and expresses that, "changes of this magnitude be seriously analyzed and studied for any second and third order effects that could be harmful to sustaining the all-volunteer force."

Opinions are given on each of the original 15 recommendations from the MCRMC report. The official letter can be downloaded and read directly below.

[Group MCRMC Final Recommendations](#)

MCRMC Releases Report

Jan. 29, 2015 -- The Military Compensation and Retirement Modernization Commission (MCRMC) released its [final report](#) Jan. 29. AFSA now begins the arduous process of evaluating their recommendations so we can advise lawmakers and the Administration of their potential impact on the All-Volunteer Force.

The National Defense Authorization Act for Fiscal Year 2013 established the commission to review military compensation and retirement programs and make recommendations for their modernization to the President and Congress. The commission's stated purpose were to ensure the long-term health of the all-volunteer force, provide for a high quality-of-life for the members of the Uniformed Forces and their families, and make sure that the compensation and retirement programs are financially sustainable.

15 Recommendations: The Commission made a total of 15 recommendations which we have summarized as follows:

1. Replace the existing pay and retirement system for future service members with a blended plan consisting of direct pay, thrift savings and continuation pays. Current service members would be allowed to opt-in but participation is not mandatory.
2. Offer an additional way for military members to provide for their survivors (self-funded).
3. Provide financial literacy training for service members at various points throughout their careers.
4. Consolidate 30 Reserve component statuses in to six broader areas.
5. Create a new, joint readiness command which would, among other things, oversee military healthcare programs.
6. Eliminate TRICARE and replace with a Federal Employee Health Benefits Plan Program for active duty family members, military retirees under age 65, their dependents and survivors. TRICARE for Life would remain unchanged.
7. Improve support for service members with special needs family members by aligning services offered through Extended Care Health Option to match Medicare waiver options.
8. Improve cooperation between DoD and VA.
9. Consolidate base exchanges and commissaries into a single retail entity.
10. Improve access to Child Care on military installations.
11. Eliminate the Active Duty MGB and Reserve Education Assistance Program (REAP), restrict Post 9/11 GI Bill transferability of benefit options to members with at least 10 years of service, apply an active duty service commitment if they do and eliminate the housing stipend for family members.
12. Improve transition counseling, job hunting assistance for separating service members.
13. Ensure service members can receive financial assistance to meet their families' nutritional needs.
14. Expand Space A travel to dependents when a service member is deployed for 30 or more days.
15. Implement a national military student identifier to help track the impact of military life on military children.

You can view the report in its entirety www.mcrmc.gov or download the report here: http://www.hqafsa.org/uploads/3/8/9/1/38911523/jan_2015_final_mil_retirement_report.pdf.

Source: <http://www.hqafsa.org/military-compensation--retirement-modernization-commission.html>

***More* Military Compensation and Retirement Modernization Commission's report**

How We See It

By Morgan Brown, Director, HQ AFSA Military & Government Relations

On their face, some of these recommendations may be upsetting to our members but it is important to remember that the MCRMC findings are exactly that, recommendations, not legislation and there are no actionable bills pending in Congress that would allow these changes to become law.

We need time to carefully evaluate the findings and recommendations of the MCRMC. The Commission has been at work for nearly two years and the Administration has 60 days to evaluate the findings and make their own recommendations to Congress that will be vetted in Congress. AFSA will be doing the same.

Rest assured, we cannot, and will not support reforms that devalue the compensation and benefits needed to sustain the all-volunteer force or those that negatively impact recruiting, retention, and the service's overall readiness.

Doing the right thing: maintaining the all-volunteer force, keeping the faith with the those who have served and are serving and realizing the difference in value for enlisted vs commissioned members is paramount for AFSA as we go forth with all of the MCRMC's recommendations. AFSA will:

- Sustain military pay comparability;
- Oppose disproportionate health care increases for retirees and currently serving families;
- Preserve military retirement (past, present, future);
- Protect annual cost-of-living allowances {COLA's} for military retirees
- Fight for pay raises for those in uniform that match the rate of inflation
- Keep up the fight for long-standing initiatives on SBC/DIC and concurrent receipt.

How Proposed Benefit Changes Affect You

Military Officers Association of America (MOAA) Position on the MCRMC recommendations



Military Officers Association of America (MOAA) breaks down the Military Compensation and Retirement Modernization Commission (MCRMC) recommendations on pay and retirement, health care, and quality of life.

Commission Suggests Radical Reform (January 30, 2015)

<http://www.moaa.org/Main Menu/Take Action/Top Issues/Retired Still Working/Compensation/Commission Suggests Radical Reforms.html>

>> Pay and Retirement (Recommendations 1 thru 4)

<http://www.moaa.org/Main Menu/Take Action/Top Issues/Retired Still Working/Compensation/Pay and Retirement.html>

>> Health (Recommendations 5 thru 8)

<http://www.moaa.org/Main Menu/Take Action/Top Issues/Retired Still Working/Compensation/Health Care.html>

>> Quality of Life (Recommendations 9 thru 15)

<http://www.moaa.org/Main Menu/Take Action/Top Issues/Retired Still Working/Compensation/MOAA s Positions on the MCRMC Quality of Life Recommendations.html>

MCRMC Survey Results (February 20, 2015)

<http://www.moaa.org/Main Menu/Take Action/Top Issues/Serving in Uniform/Compensation/MCRMC Survey Results.html>

MOAA Recommends Further Study on MCRMC Retirement and Health Care Proposals

<http://www.moaa.org/Main Menu/Multimedia and Press Room/News Releases/MOAA Recommends Further Study on MCRMC Retirement and Health Care Proposals.html>

END of MOAA and MCRMC info

“Just because it can be done does not necessarily mean it should be done.” ~ Paul Glover



Budget plan would cut commissary days, hours

By Karen Jowers, Staff writer 6:59 p.m. EST February 5, 2015

Defense officials want to reduce operating days and hours of most commissaries, as part of an effort to sharply reduce the amount of taxpayer dollars going to support the stores.

Supporting documents for DoD's fiscal 2016 budget request, released Monday, indicate defense officials want to reduce the commissary subsidy by about \$300 million, to about \$1.15 billion.

Most commissaries would remain open at least five days a week, according to the budget documents. But similar to a proposal floated last year, DoD has bigger plans for reducing the commissary budget, and for raising prices, starting in fiscal 2017.

Officials are asking for legislative changes that would allow them to expand the types of items commissaries sell, and to allow "variable pricing" — i.e., price markups. The surcharge money is used to build, repair, maintain and modernize commissaries, and to pay for store equipment. Taxpayer dollars are used to cover the costs of overhead and employee wages and benefits.

"This will allow goods to be priced above cost to increase revenues on certain items, while providing more savings to a market basket of goods that affect junior members with families the most," according to the budget documents. Currently, all items in commissaries are sold at cost plus a 5 percent surcharge added at the register.

With the help of those additional proposed cuts starting in fiscal 2017, DoD would save a cumulative \$4.4 billion from fiscal years 2016 to 2020, according to the budget documents.

In their budget request last year, DoD officials proposed cutting \$200 million in Defense Commissary Agency funding, the first phase of a proposed three-year plan to slash the DeCA budget by \$1 billion. In the end, lawmakers restored that \$200 million to the budget.

It remains to be seen whether lawmakers will be receptive to the latest proposed cuts. Recommendations released by the Military Compensation and Retirement Modernization Commission on Jan. 29 proposed more modest cuts in the subsidy, and also suggested consolidating the commissary and exchange systems into one retail agency.

Defense officials said the commission's report has not been taken into account in deliberations specifically on the 2016 budget request.

The proposals have raised alarms in some quarters. "If you cut hours, cut days and cut savings, the benefit is no longer a benefit," said Joyce Raezer, executive director of the National Military Family Association.

Draft documents obtained by Military Times note that proposed reductions in operating hours would save more than \$29 million in fiscal 2016, and cuts in days of operation would save \$58 million.

DeCA operates 241 stores around the world, including 178 domestic locations.

Source: <http://www.militarytimes.com/story/military/benefits/on-base/2015/02/02/2016-budget-reduce-commissary-operations/22754789/>

Poll: Would a Big Commissary Price Increase Keep You Out?

March 31, 2015, by Amy Bushatz

A new study says the Defense Commissary Agency would likely have to increase prices 29 percent to make up for budget cuts proposed by the Defense Department.

But would that keep you from shopping there?

[The report](#) hypothesizes that it would. Researchers with the RAND Corporation examined data from studies on civilian-based grocery chains as well as previous studies on commissary shoppers. And they concluded that because of a combination of factors, including the availability of other stores and the distance many commissary shoppers travel to get there, a price increase would drastically cut the amount of money shoppers spend and the number of times they come to commissary stores.

The result? Lower revenue for the commissary and, potentially, continued budget shortfalls.

Here's the deal: the Defense Department wants to cut the commissary's tax-payer \$1.3 billion funding by \$1 billion. To do that they need to find a way to pay for the stores to stay open — and that would mean raising prices. Right now the commissary sells everything at cost plus that 5 percent surcharge you see on the bottom of your receipt. That pays for store construction and maintenance. The tax-payer funding pays for things like employee costs and shipping goods to rural and overseas stores.

There are a few unique things about commissary shoppers, the report says, that make you a little different than the typical grocery consumer.

First, they said, previous studies have shown that you don't mind traveling a little bit to get to your commissary. On average, the report says, commissaries are 2.5 times further away from you than your local grocery store. (That sounds about right. A quick Google maps stop shows that my commissary is exactly three times the distance of my nearest civilian-based grocery store). But patrons are willing to make the drive because they perceive the savings to be about 20 percent over what they would spend at Walmart, it says. (Actual DeCA numbers show 30 percent, but there's some disagreement about how accurate that data is due to the type of goods for which it accounts).

Raising prices about 29 percent, the report says, would reduce the savings we see by shopping there to about 10 percent over civilian based stores. But since we already think we only save 20 percent, for the majority of us the savings would barely register and, therefore, going to the commissary would no longer be worth the trip.

Another difference is in the amount shoppers typically spend at the commissary per visit — \$65.79, far more than the \$35.01 average spent per trip in civilian stores, the report says. That tells researchers that a high number of commissary shoppers are traveling far distances to get their and stocking up while they are at it.

The problem? Those types of people are very easily impacted by price changes (because why would you travel long distance to spend only 10 percent less than at Walmart?).

But what the researchers lacked for this report was any data on this particular question from actual shoppers. That's where you come in.

Now, I know that a poll here is no where near as scientifically sound as what the experts at RAND would produce. But I wanted to ask anyway — if prices increased about 29 percent at commissaries, would you still shop there? Take our poll and then give me your thoughts in the comments.

Source: <http://spousebuzz.com/blog/2015/03/poll-would-a-big-commissary-price-increase-keep-you-out.html?ESRC=family.nl>

More related news on Commissary

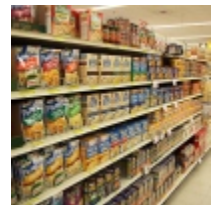


[DOD plan would 'destroy' commissaries, industry representatives say](#)

The Defense Department's fiscal 2016 budget request would slash taxpayer support of base grocery stores by \$322 million in 2016 and by \$1 billion next year, enough to "destroy" the shopping benefit, warns the American Logistics Association.

[Commissary hours, discount cuts under consideration in new proposal](#)

The Defense Department is again considering cutting the hours and days that commissaries are open, the Navy Times reported on its website.



[Spending bill shields commissaries from cuts in 2015](#)

Base commissaries are set to dodge budget cuts next year that threatened to reduce shopper savings thanks to a massive omnibus spending bill set for a vote in Congress this week.



VA Works to Expand Choice Program Eligibility

Eligibility criteria for 40 miles calculation would change to driving distance

Washington -- In order to expand eligibility for the Veterans Choice Program, the Department of Veterans Affairs (VA) today announced that it will change the calculation used to determine the distance between a Veteran's residence and the nearest VA medical facility from a straight line distance to driving distance. The policy change will be made through regulatory action in the coming weeks. The Veterans Choice Program was authorized by the Veterans Access, Choice, and Accountability Act of 2014 (VACAA).

"VA has worked very quickly to implement the Veterans Choice Program and we appreciate the constructive feedback shared by Veterans and our partners to help us improve service to Veterans," said Secretary Robert McDonald. "We've determined that changing the distance calculation will help ensure more Veterans have access to care when and where they want it. VA looks forward to the ongoing support of our partners as we continue to make improvements to this new program."

The method of determining driving distance will be through distance as calculated by using a commercial product. The change is expected to roughly double the number of eligible Veterans.

The Veterans Choice Program is a new, temporary benefit that allows eligible Veterans to receive health

care in their communities rather than waiting for a VA appointment or traveling to a VA facility. Veterans seeking to use the Veterans Choice Program should call 1-866-606-8198 to confirm their eligibility and to schedule an appointment. Since the Choice Program went into effect on November 5, 2014, more than 45,000 medical appointments have been scheduled.

Using expanded authorities from VACAA, VA continues to expand access to care through increased staffing and enhanced collaboration with both the Indian Health Service and Native Hawaiian Health Care Systems.

VA is enhancing its health care system and improving service delivery to better serve Veterans and set the course for long-term excellence and reform. VA has made significant progress in various areas of the legislation, such as extending the Assisted Living/Traumatic Brain Injury Pilot program and Project Arch, to expand timely access to high-quality health care for Veterans.

For more details about the department's progress and related information, see www.va.gov/opa/choiceact/factsheets_and_details.asp and www.va.gov/opa/choiceact/documents/FactSheets/Progress-Report-March-2015-Fact-Sheet.pdf.

A fact sheet on the 40-mile-rule change can be found at www.va.gov/opa/choiceact/documents/FactSheets/March-2015-40-mile-rule-change-factsheet.pdf.

Source:
<http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2687>

Requirement of Standardized Claim, Appeal Forms

Simplifies Application Process for Veterans

Washington – With the goal of making the application process easier and more efficient for our Veterans, the Department of Veterans Affairs (VA) now requires Veterans seeking disability benefits to use standardized claim and appeal forms. These standardized forms guide Veterans to clearly state the symptoms or conditions for which they are seeking benefits and provide the information necessary for VA to start processing their claims and appeals.

"This change will help VA provide faster and more accurate decisions to our Veterans, their families and survivors," said Under Secretary for Benefits Allison A. Hickey. "Standard forms are essential to better serve Veterans, build more efficiency into VA's processes and bring us in line with other government agencies such as the Social Security Administration."

The easiest and fastest way for a Veteran to submit an application for compensation is online through the eBenefits (www.ebenefits.va.gov) portal. VA encourages Veterans to work with representatives of Veterans Service Organization (VSO), or their state or county representatives, who can assist with filing electronically or in paper form. Standardized forms are a key component of VA's transformation, which will help achieve the Department's goal to eliminate the backlog by the end of this year.

Continued on next page...Standardized Claim

Standardized Claim *Continued from previous page*

There are two claim actions that now require standardized forms:

1. Veterans' or Survivors' applications for disability compensation or pension – Specific forms are designed to capture information necessary to identify and support benefit claims.

- Veterans filing for disability benefits must now use [VA Form 21-526EZ](#), *Application for Disability Compensation and Related Compensation Benefits*.
- Wartime Veterans filing for needs-based pension must use [VA Form 21-527EZ](#), *Application for Pension*.
- Survivors filing a claim for dependency and indemnity compensation (DIC), survivor's pension, and accrued benefits must complete [VA Form 21-534EZ](#), *Application for DIC, Death Pension, and/or Accrued Benefits*.

2. Notices of Disagreement with any aspect of VA's decision on a disability claim – The standardized Notice of Disagreement form is used when a claimant wishes to initiate an appeal.

- Veterans disagreeing with a VA compensation decision should use [VA Form 21-0958](#), *Notice of Disagreement*.
- Veterans and survivors will not be required to use a standardized notice of disagreement form to initiate appeals of pension or survivors benefit decisions at this time.

VA recognizes that some Veterans may need additional time to gather all of the information and evidence needed to support their claim and therefore established a new *intent to file* a claim process. Applicants may notify VA of their *intent to file* a claim in order to establish the earliest possible effective date for benefits if they are determined eligible. An *intent to file* a claim may be submitted in one of three ways:

1. Electronically via [eBenefits](#) or with the support of a Veterans Service Organization (VSO) through the Stakeholder Enterprise Portal.
2. Completing and mailing a paper VA Form 21-0966, *Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC*
3. Over the phone with a VA call center or in person with a public contact representative.

Veterans may appoint a duly authorized representative, such as a VSO, who can notify VA of a claimant's intent to file using any of the methods listed above. VA will provide an individual up to one year from the date they submit their *intent to file* a claim to complete the required application form. Veterans may wish to use this one-year period to gather evidence necessary to support the claim so that evidence can be submitted along with the application form.

VA's move to standardized claim and appeal forms will make the process easier and more efficient for both VA and the Veterans, and allow VA to establish a quicker, more streamlined benefits delivery system.

Source: <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2688> (March 25, 2015)

Changes for veterans are here today:

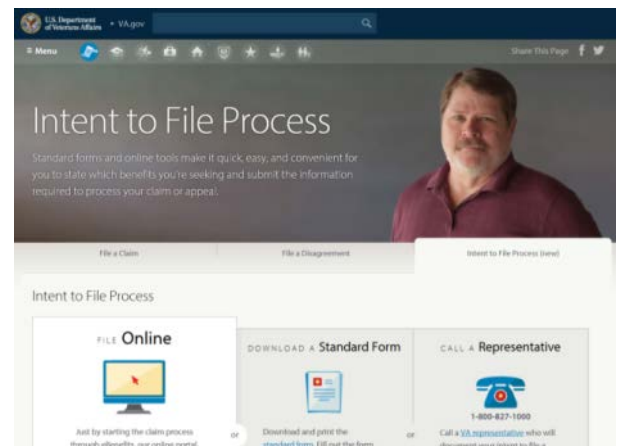
Today, claims become faster, easier and more accurate

Starting today, March 25th, VA is streamlining claims processes; to deliver benefits faster and more accurately.

Three important changes are now in affect.

1. Informal claims have migrated to a new *intent to file* process.
2. Use of standardized forms is now required when filing for benefits.
3. Initiating an appeal requires a standardized notice of disagreement form.

To learn how the new standardized forms and [intent to file](#) process affects you: go to <http://explore.va.gov/file-claim>



“Failure to prepare is preparing to fail.” ~ Benjamin Franklin

“After a traumatic experience, the human system of self-preservation seems to go onto permanent alert, as if the danger might return at any moment.” ~ Judith Lewis Herman

VA Makes Gains in Faster Disability Claims Processing

Backlog Reduced 67 Percent Under New Automation and Process Improvements

Washington – The federal initiative to provide timely decisions on disability payments to Veterans has crossed a major milestone in its final sprint to eliminate the backlog of Veterans' benefits claims.

The major transformation effort to apply new technology and process solutions has paid off at the Department of Veterans Affairs (VA). It reduced its inventory of backlogged claims from a high of 611,000 claims in March of 2013 to fewer than 200,000 this week, while at the same time improving decision quality.

“Make no mistake, we're not slowing down short of the finish line,” said Under Secretary for Benefits Allison Hickey. “Our goal is to eliminate the claims backlog by the end of 2015 – meaning all Veterans will receive timely and accurate decisions on their disability claims.”

Hickey credited a combination of factors for the 67-percent drop in backlog: first, the extra hours of work put in by dedicated benefits claims processors across the nation, who have worked evenings, Saturdays and Sundays to drive the backlog down; as well as procedural efficiencies backed by powerful automation tools and paperless claims processing. In addition, she cited the transformation of Veterans Benefits Administration's training and quality assurance programs resulting in steady increases in the accuracy of decisions.

Just a few years ago, claims processors handled 5,000 tons of paper annually, an amount equivalent to 200 Empire State Buildings. In less than two years, VA converted claims processing to a 21st Century digital environment where claims for VA benefits and services can be submitted and processed, and benefits delivered, online.

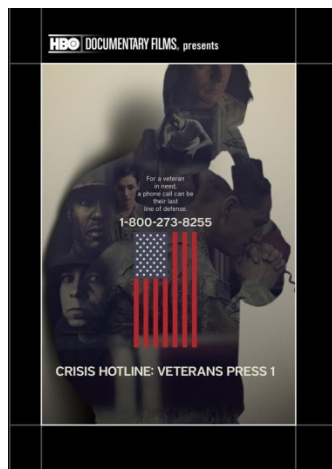
Veterans increasingly are filing claims electronically from the start at <https://www.ebenefits.va.gov>. Veterans can submit their applications online, upload their supporting documentation, and check the status of their claim through a multi-channel Web portal boasting nearly 60 self-service features.

Source: <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2691>

Statement from Secretary of Veterans Affairs Robert A. McDonald on Oscar Win for HBO Documentary Highlighting Life-Saving Work of Veterans Crisis Line

Washington – Secretary of Veterans Affairs Robert A. McDonald issued the following statement on the Oscar win for the HBO documentary CRISIS HOTLINE: VETERANS PRESS 1.

“We are pleased that this film has highlighted the challenges our Veterans can face and the work of our dedicated Veterans Crisis Line staff to save lives and get Veterans into care,” said VA Secretary Robert McDonald. “We are hopeful that this documentary will help raise awareness of this important issue with the American public. Our Veterans in crisis need to know that there is hope and asking for help makes them stronger.”



HBO documentary CRISIS HOTLINE: VETERANS PRESS 1.

<http://www.hbo.com/documentaries/crisis-hotline-veterans-press-1/>

Amazon Instant Video: <http://www.amazon.com/Crisis-Hotline-Veterans-Press-1/dp/B00KF8LP3S>
(also available on DVD)

Today, more soldiers are lost to suicide than on the battlefield. After serving their country overseas, many military veterans in their darkest moments turn to the unique services of the Veterans Crisis Line to help with traumas like post-traumatic stress, depression, homelessness and drug dependence. This 40-minute documentary is an intimate look at the vital work of several responders who provide life-saving intervention and desperately needed referrals through the 24-hour Veterans Crisis Line, which provides support and hope to active and retired service members. Directed by Ellen Goosenberg Kent (Wartorn: 1861-2010, Alive Day Memories: Home from Iraq), and produced by Dana Perry (Boy Interrupted), the film focuses on the intense, and at times chilling, calls received by the crisis line and the dedicated work of the responders and rescue coordinators who help distraught veterans find reasons to live.

Customer Review: *Words fail to express the emotions that welled up inside of me as I watched it. The message is loud and clear. We need to reach out to these veterans who sacrificed so much. Kudos to the men and women who work this crisis line!*

Change makes more veterans eligible

Editor's note: The following information is a news release from the Department of Veterans Affairs.

The Department of Veterans Affairs is updating the way it determines eligibility for VA health care, a change that will result in more veterans having access to the health care benefits they've earned and deserve.

Effective 2015, VA eliminated the use of net worth as a determining factor for both health care programs and copayment responsibilities. This change makes VA health care benefits more accessible to lower-income veterans and brings VA policies in line with Secretary Robert A. McDonald's MyVA initiative, which reorients VA around veterans' needs.

"Everything that we do and every decision we make has to be focused on the veterans we serve," said McDonald. "We are working every day to earn their trust. Changing the way we determine eligibility to make the process easier for Veterans is part of our promise to our Veterans."

Instead of combining the sum of veterans' income with their assets to determine eligibility for medical care and copayment obligations, VA will now only consider a veteran's gross household income and deductible expenses from the previous year. Elimination of the consideration of net worth for VA health care enrollment means that certain lower-income, non-service-connected veterans will have less out-of-pocket costs. Over a five-year period, it is estimated that 190,000 veterans will become eligible for reduced costs of their health care services.

In March 2014, VA eliminated the annual requirement for updated financial information. VA now uses information from the Internal Revenue Service and Social Security Administration to automatically match individual veterans' income information which reduces the burden on veterans to keep their health care eligibility up to date. That change better aligned VA's health care financial assessment program with other federal health care organizations.

Veterans may submit updated income information at www.1010ez.med.va.gov/, or by visiting their nearby VA health care facility. For more information, visit www.va.gov/healthbenefits or call VA toll-free at 1-877-222-VETS (8387).

Source: <http://www.guampdn.com/apps/pbcs.dll/article?AID=2015304010009>

VA Eliminates Net Worth as Health Care Eligibility Factor

Elimination of Net Worth Makes More Veterans Eligible for Health Care

Washington – The Department of Veterans Affairs is updating the way it determines eligibility for VA health care, a change that will result in more Veterans having access to the health care benefits they've earned and deserve.

Effective 2015, VA eliminated the use of net worth as a determining factor for both health care programs and copayment responsibilities. This change makes VA health care benefits more accessible to lower-income Veterans and brings VA policies in line with Secretary Robert A. McDonald's MyVA initiative which reorients VA around Veterans' needs.

"Everything that we do and every decision we make has to be focused on the Veterans we serve," said VA Secretary Robert A. McDonald. "We are working every day to earn their trust. Changing the way we determine eligibility to make the process easier for Veterans is part of our promise to our Veterans."

Instead of combining the sum of Veterans' income with their assets to determine eligibility for medical care and copayment obligations, VA will now only consider a Veteran's gross household income and deductible expenses from the previous year. Elimination of the consideration of net worth for VA health care enrollment means that certain lower-income, non-service-connected Veterans will have less out-of-pocket costs. Over a 5-year period, it is estimated that 190,000 Veterans will become eligible for reduced costs of their health care services.

In March 2014, VA eliminated the annual requirement for updated financial information. VA now uses information from the Internal Revenue Service and Social Security Administration to automatically match individual Veterans' income information which reduces the burden on Veterans to keep their healthcare eligibility up to date. That change better aligned VA's health care financial assessment program with other federal health care organizations.

Veterans may submit updated income information at www.1010ez.med.va.gov/, or by visiting their nearby VA health care facility. For more information, visit www.va.gov/healthbenefits or call VA toll-free at 1-877-222-VETS (8387).

Source: <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2684>

New VA Surviving Spouse Website

The Department of Veteran Affairs has created a new internet website for surviving spouses and dependents of military personnel who died on active duty and for survivors and dependents of veterans who died after leaving the service.

The site is organized into two broad categories – death in service and death after service. It provides visitors with information and about a wide range of benefits for surviving spouse, dependent children, and dependent parents of diseased veterans and active duty personnel.

The site also has information from, and links to, other federal agencies and organizations offering benefits and services to survivors and dependents. There is even a link to Frequently Asked Questions to answer most of your questions or concerns, including how to contact the VA directly

The new web-site can be found at <http://www.vba.va.gov/survivors>

Topics include:

Benefits

- Dependency and Indemnity Compensation (DIC)
- Parents' Dependency and Indemnity Compensation
- Survivors' Pension
- Dependents' Educational Assistance Program (DEA)
- Marine Gunnery Sergeant John David Fry
- Home Loans

Services

- Educational and Vocational Counseling
- Beneficiary Financial Counseling
- Civil Service Preference
- Commissary and Exchange Privileges
- Children of Vietnam Veterans with Certain Birth Defects
- Fiduciary Services



FORMER-SPOUSE SBP COVERAGE

<http://www.retirees.af.mil/factsheets/factsheet.asp?id=11579>

This fact sheet provides information to help you understand the provisions of the Survivor Benefit Plan (SBP), but is not a contract document. The basic statutory provisions of the SBP law are in Chapter 73, Title 10, United States Code.

Protect Your Retirement Pension

The following comes from the Consumer Financial Protection Bureau. Many pension advance companies charge consumers high interest rates and fees. These costs can really add up. Pension advances can quickly strip away pension income. If you are considering a pension advance, follow these dos and don'ts:

- ♦ Don't give anyone access or control over your monthly pension payments. Pension advance lenders sometimes arrange for monthly payments to be automatically deposited in a newly created bank account and then debited to pay back the loan, fees and interest charges. This allows the company to withdraw payments and fees directly from your account.
- ♦ If you're asked to sign up for life insurance with the pension advance company as your beneficiary, be cautious. Pension advance companies sometimes require consumers to sign up for life insurance with the company as the consumer's beneficiary. You could end up footing the bill for the insurance.
- ♦ Don't be fooled by patriotic sounding names, logos or claims of government-backing. Some companies try to trick consumers into thinking that their pension advance loan is endorsed by a federal or state government agency. Don't fall for this.
- ♦ Do look at other options. If you're turning to pension advances because you're having financial difficulties, consider getting financial coaching or counseling from a professional. Many non-profit credit counseling agencies charge sliding-scale fees so consumers who need help can afford their services.



"If you chase two rabbits, both will escape." ~Unknown

VA: No date set for Agent Orange C-123 decision

WASHINGTON – The VA said Friday no date has been set for a decision on whether to award benefits for Agent Orange exposure to Air Force reservists who flew C-123 aircraft contaminated with the herbicide.

The department is weighing the issue after a recent study confirmed the possibility of health risks as well as lobbying from veteran groups and former crew members. But it did not plan to make an announcement this week, despite an earlier indication by VA officials, spokeswoman Meagan Lutz said.

There is no definite timeline for a decision, she said.

Veterans say herbicide residue left inside the aircraft from service during the Vietnam War sickened them and they deserve the VA health care coverage for Agent Orange-related conditions extended to nearly all servicemembers deployed to the war zone.

The C-123s were used to spray during Operation Ranch Hand and were later brought back to the United States and repurposed as military cargo aircraft. About 1,500 to 2,100 personnel flew and trained on the C-123 aircraft from the early 1970s to the 1980s.

An Institute of Medicine study stoked the debate in January when it found that herbicide residue inside the planes could have exposed reservists to the disease-causing dioxins found in Agent Orange.

“It is plausible that, at least in some cases ... the reservists’ exposure exceeded health guidelines for workers in enclosed settings,” the researchers wrote. “Thus, some reservists quite likely experienced non-trivial increases in their risks of adverse health outcomes.”

VA Undersecretary for Benefits Allison Hickey told Stars and Stripes last week that the department had planned to announce a decision on the benefits but was delaying it until Tuesday or Wednesday, though that never materialized.

By Travis J. Tritten, Stars and Stripes, Published: March 15, 2015
(<http://www.stripes.com/va-no-date-set-for-agent-orange-c-123-decision-1.334478>)



Defoliant spray run, part of Operation Ranch Hand during the Vietnam War by UC-123B Provider aircraft. U.S. Air Force

Related

[Agent Orange debate renewed by bill, VA decision](#)

Senators on Monday intensified a push on Capitol Hill to cover Vietnam-era “blue water” sailors for Agent Orange exposure, just as another long-awaited decision on VA benefits for crews of repurposed C-123 cargo aircraft was expected this week.



[Reservists may get help for Agent Orange exposure effects](#)

The Department of Veterans Affairs appears ready to change its mind on Agent Orange health care and disability benefits for reservists in the wake of a January report from the Institute of Medicine concluding that C-123 reservists were likely exposed to dangerous levels of dioxin, the toxic chemical in Agent Orange.

Other Recent Stories about Agent Orange:

<http://www.stripes.com/news/recent-stories-about-agent-orange-1.332296>

Agent Orange Links of Interest

- Agent Orange: <http://www.publichealth.va.gov/exposures/agentorange/>
- Veterans Exposed to Agent Orange: http://www.benefits.va.gov/compensation/claims-postservice-agent_orange.asp
- Benefits Overview for Agent Orange Exposure:
<http://www.publichealth.va.gov/PUBLICHEALTH/exposures/agentorange/benefits/index.asp>
- Disability Compensation for Agent Orange for Vietnam Veterans (from NOLO):
<http://www.nolo.com/legal-encyclopedia/disability-compensation-agent-orange-vietnam-blue-water-veterans.html>
- Agent Orange Guide (from VVA): <http://www.vva.org/Guides/AgentOrangeGuide.pdf>

INTRODUCTION TO THE VETERANS' AID AND ATTENDANCE IMPROVED PENSION

The Veterans Administration offers Aid and Attendance as part of an "Improved Pension" Benefit that is largely unknown. This Improved Pension allows for Veterans and surviving spouses who require the regular attendance of another person to assist in eating, bathing, dressing, undressing, medication dosing, or taking care of the needs of nature to receive additional monetary benefits. It also includes individuals who are blind or a patient in a nursing home because of mental or physical incapacity. Assisted care in an Assisted Living facility also qualifies.

This most important benefit is overlooked by many families with Veterans or surviving spouses who need additional monies to help care for ailing parents or loved ones. This is a "Pension Benefit" and IS NOT dependent upon service-related injuries for compensation. Aid and Attendance can help pay for care in the home, Nursing Home or Assisted Living facility. A Veteran is eligible for up to \$1,788 per month, while a surviving spouse is eligible for up to \$1,149 per month. A Veteran with a Spouse is eligible for up to \$2,120 per month and a Veteran with a Sick Spouse is eligible for up to \$1,406 per month*.

Many families overlook the A&A Pension as it pertains to veterans who are still independent, but have an ill spouse. Keep in mind that in this situation, if the spouse's medical expenses completely depletes their combined monthly income, the Veteran can file as a Veteran with a sick spouse.

The Aid and Attendance Benefit is considered to be the third tier of the VA's Improved Pension. The other two tiers are known as "Basic" and "Housebound". Each tier has its own level of benefits and qualifications. While the objective of this site is to disseminate information on the Aid and Attendance level of the Pension, often referred to as A&A, we encourage you to view the other two levels in the event you or your loved one does not qualify for A&A. [Click Here](#) for more information about the Basic and Housebound tiers. The Improved Pension is not a new benefit, and has in fact been an entitlement for 61 years sitting idle while millions have and still are missing out on.

Please browse this site using the menu on the left to learn more about the Aid & Attendance Pension, FAQ's, Eligibility Requirements, How to Apply, What to Expect, and Resources to help you with filing for this critical benefit. Our forum offers a wealth of information and insights to the process of filing for Aid and Attendance. Be sure to take advantage of this resource.

It is a privilege and an honor to recognize the sacrifice of service and to hopefully make a difference for your loved one. Debbie Burak- Founder, VeteranAid (<http://www.veteranaid.org/>)



Hey, Veterans!

Learn about...

The Little Known BENEFIT

That Can Help YOU

Pay For Assisted Living

VA » Veterans Benefits Administration » Pension »
Aid & Attendance and Housebound

http://www.benefits.va.gov/pension/aid_attendance_housebound.asp

VA » Veterans Benefits Administration » Veterans »
Elderly Veterans

<http://www.benefits.va.gov/PERSONA/veteran-elderly.asp>

Top 5 Questions About Veterans Aid & Attendance Benefit

<http://www.aplaceformom.com/blog/12-12-14-veterans-aid-attendance-webinar/>

Only a fraction of eligible veteran Americans over 65, and their spouses, know about the availability of the Aid & Attendance (A&A) pension through the Department of Veteran Affairs (VA). With more than one third of Americans that are wartime veterans, many families could be benefitting from available assistance to help pay for quality care. Learn more about the A&A pension, why it matters and who is eligible.



Thinking of traveling Space-A?

First thing you need to do is find out all the current [rules and regulations](#) governing the Space Available Program; then "[Ask the Experts](#)" what the best routes to take to your destinations and other travel information. The Andersen AFB Passenger Terminal (DSN 315-366-5165 / Commercial (671) 366-5165) is the point of contact for any Space Available travel out of Guam. [24hr recording: DSN 315-366-2095 / Commercial (671) 366-2095]

To sign up for Space A at Andersen, fill out the form [AMC 140](#) and fax (DSN 315-366-3984 / Commercial (671) 366-3984), e-mail to "spacea.signup@andersen.af.mil", or drop the information off in person to the Andersen AFB Passenger Terminal.

View the 734 AMS AMC Gram at <http://www.andersen.af.mil/shared/media/document/AFD-120926-132.pdf>

Space-A Social Media points...

Facebook: www.facebook.com/AndersenPassengerTerminal

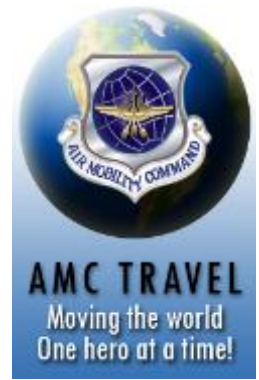
Webpage: www.andersen.af.mil/units/734ams/index.asp

AMC Travel Info: www.amc.af.mil/amctravel

AMC Space-A email Sign-up: <http://www.amc.af.mil/shared/media/document/AFD-140423-118.pdf>

Space-A Travel Page: <http://www.spacea.net/>

Military.com Travel Benefits: <http://www.military.com/Travel/TravelPrivileges>



Space A and Widows of Retired Military Members

via Emmet Heidemann CMSgt, USAF Retired, Air Force Council Member, PACAF Area

Last summer we inquired to the status of Retired Military Widows being allowed Space A travel on military aircraft in my 27 August 2014 email to this address.

We received an answer from the GAO office dated 10 Sept. 2010 that this would not be allowed. I have pasted the letter below:



United States Government Accountability Office Washington, DC 20548

September 10, 2012

The Honorable Carl Levin Chairman and The Honorable John McCain Ranking Member
Committee on Armed Services United States Senate

The Honorable Howard P. McKeon Chairman and The Honorable Adam Smith Ranking Member
Committee on Armed Services House of Representatives

Subject: Defense Logistics: Space-Available Travel Challenges May Be Exacerbated If Eligibility Expands

The space-available travel program is a privilege given to members of the armed forces to provide some relief from the rigors of duty when members are on leave. Retired members of the armed forces were also given the privilege in recognition of a career of such rigorous duty.¹ This privilege may, in certain circumstances, be extended to other categories of passengers, such as dependents of active and retired members of the armed forces. Through the space-available travel program, eligible travelers are permitted to use open seats on certain military-owned or contracted aircraft after all required passengers have been accommodated. Space-available flights fly within the United States, between the United States and overseas, and between overseas locations. The Department of Defense (DOD) designed the space-available program to be a privilege and only extends this privilege to space-available travelers when it does not interfere with the aircraft's mission. These aircraft are not permitted to be rerouted or rescheduled to accommodate space-available passengers, and travel must be without additional expense to the United States. Recently, bills have been introduced in Congress to reauthorize or expand the space-available travel program to potentially include international travel for gray-area retirees (reservists who are entitled to retirement pay at age 60) and their dependents, international travel for reservists and their dependents, and widows and widowers of active duty personnel and reservists and their dependents.² Section 362 of the National Defense Authorization Act for Fiscal Year 2012 directed GAO to review DOD's space-available travel program.³ This report provides information on (1) the number of

passengers that used the space-available travel program from 2009 through 2011, and (2) the effect that an increase in eligible travelers may have on the usage of the space-available program, adherence to DOD's original intent for the program, and air terminal logistics and maintenance.

To conduct this work, we interviewed officials in the Office of the Deputy Assistant Secretary of Defense for Transportation Policy; the Departments of the Army, Air Force, and Navy; the Marine Corps; the Joint Staff; the United States Transportation Command and its Air Mobility Command; the Defense Manpower Data Center; and the Department of Veterans Affairs about the space-available travel program. To determine how many passengers used the space-available travel program, we requested relevant data from DOD; however, limited data are actually collected by DOD since it does not consider the space-available program a DOD mission and additional DOD funds cannot be spent to support space-available travel. DOD provided data for the number of space-available passengers who actually traveled and the number of unused seats for space-available travelers for the past 3 fiscal years. DOD does not collect data on the number of persons who wished to travel but did not get a seat on space-available flights. Although we find the data sufficiently reliable for showing the number of passengers who actually traveled and the number of unused seats, we cannot quantify nor estimate the number of travelers who were not able to obtain space-available seats during this period.

To determine the effect an increase in eligible travelers may have on the usage of the space-available travel program, adherence to DOD's original intent for the program, and air terminal logistics and maintenance, we collected and analyzed documents on the space- available travel program, such as DOD travel regulations and instructions, prior reports about expanding the program, and Sections 2641, 2648, and 2649 of Title 10, United States Code, which authorize the space-available travel program. To determine the effect an increase in eligible travelers would have on future usage of the program, we analyzed passenger data from fiscal years 2009 through 2011 and estimates of the number of potentially eligible travelers under the current proposal, as well as projected usage. To determine the effect an increase in eligible travelers would have on DOD's original intent for the program, we obtained and analyzed DOD documents and data and interviewed cognizant DOD officials. To identify logistics and maintenance problems associated with the program, if any, we obtained and analyzed testimonial evidence from DOD officials and space-available travelers. We also visited two air terminals to observe the space-available travel process and interview space-available travelers about their experiences with the space-available program; however, the data are not generalizable and provide only a small window of experiences of passengers of the space-available travel program.

We conducted this performance audit from March 2012 through September 2012 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

In summary, we found the following:

According to DOD data, over 500,000 passengers used the space-available travel program from fiscal years 2009 through 2011. DOD data show that the five most-used air terminals have limited seats available. Specifically, seats for the three most-traveled destinations from each terminal were near capacity in Fiscal Year 2011. While there were some unused seats for space-available travel, these may be seats on routes with less-desirable destinations or during less-popular travel months.

Additionally, DOD officials indicated that existing challenges with usage of the space- available travel program, adherence to DOD's original intent for the program, and air terminal logistics and maintenance would be exacerbated if the number of eligible passengers were to increase.

- On the basis of Defense Manpower Data Center data, we estimated that the expansion of the space-available travel program could lead to additional space- available travelers not obtaining seats. Expanding eligibility to include international travel for gray-area retirees (retired reservists under the age of 60 who are currently eligible to travel space available within the United States) and their dependents; international travel for reservists and their dependents; and domestic and international travel for widows and their dependents could lead to around 20,000 travelers not being able to obtain space-available seats. However, this estimate may be low since it is based on the percentage of eligible travelers who used space- available travel in 2011 but does not include those who were unable to obtain space- available seats in 2011.
- According to DOD officials, expanding the space-available travel program could also adversely affect uniformed service members, for whom DOD created the program. For example, according to Air Mobility Command officials, a lower-priority passenger who already has a seat cannot be rotated off of an en-route flight at a subsequent stop by a space-available traveler in a higher-priority category. Therefore, the higher- priority uniformed service member may have to take leave while waiting to obtain a space-available seat on another flight or purchase a ticket with a commercial airline.

- According to DOD officials, expanding the pool of eligible passengers would also increase the burden on terminal personnel and require additional maintenance. Each space-available traveler requires terminal personnel assistance for documentation review, check-in processes, baggage handling, security screening, responding to travel questions, and transportation to and from the aircraft. DOD officials also stated that space-available travelers' use of terminal facilities results in additional maintenance costs for waiting areas, restrooms, and vending machines.
- DOD believes budgetary constraints and planned reductions could affect future availability of seats. For example, the number of seats for space-available travel could be reduced if the number of DOD missions decreases because of DOD efficiency efforts or flight routes change based on force structure changes and mission requirements. DOD officials also stated that 90-95 percent of space- available travel is on commercially contracted aircraft, and DOD is planning to reduce its use of contracted aircraft as a result of mission reductions and budgetary constraints.
- We found that the majority of the 24 space-available travelers interviewed at Dover Air Force Base and Baltimore Washington International Airport were generally satisfied with traveling space-available. The results of these interviews are not generalizable to a larger group and only represent observations made by these specific travelers on that particular date at those particular locations.

Additional information on the results of our work is contained in enclosure I. We are not making any recommendations for agency action or raising any matters for congressional consideration. DOD and the Department of Veterans Affairs responded to a draft of this report with no comments.

We are sending copies of this report to appropriate congressional committees and to the Secretary of Defense and the Secretary of Veterans Affairs. In addition, this letter will be made available at no charge on the GAO website at <http://www.gao.gov>.

Should you or your staff have any questions concerning this report, please contact me at (202) 512-7968 or mctiguej@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this letter. Key contributors to this report were Marie Mak, Assistant Director; David Keefer; Caitlin Kilpatrick; Joanne Landesman; Jennifer Madison; Gregory Marchand; Erika Prochaska; and Terry Richardson.

James R. McTigue, Jr., Acting Director Defense Capabilities and Management

GAO-12-924R Defense Logistics

Notes:

- 1) Department of Defense Regulation 4515.13-R, Air Transportation Eligibility (November 1994) (incorporating change 3, Apr. 9, 1998).
- 2) See, for example, S. 3254, 112th Cong. § 632 (2012), which would codify authority for the space available program, and S. 2112, 112th Cong. (2012), which would potentially require the Secretary of Defense to expand eligibility.
- 3) Pub. L. No. 112-81, § 362 (2011).

After reading this position paper I noticed an area where the support for the Active Duty Military area needs to be rewritten. The wording of once a person regardless of priority status is given a seat in Space A status they are assured to a seat for the entire flight route.

I suggest that the seats be prioritize upon each landing at each stop. This would allow by the letter terms that would benefit the Active Duty in their Space A travel. There may be more areas in this letter that could be amended to give better service to a Military Privilege.

Would a request for a rewrite of this policy letter be possible with the inclusion of a new priority list to include Widows of Retired Military Personnel?

The only way this change could come about is to have more ideas on how to increase the efficiency of this policy to justify a change.

I would be interested in your suggestions and comments. Thank you for your time and for helping fellow Military Retirees.

Emmet Heidemann CMSgt, USAF Retired, Air Force Council Member, PACAF Area

“No place is ever as bad as they tell you it’s going to be.” ~ Chuck Thompson

“The world is a book, and those who do not travel read only one page.” ~ Saint Augustine

“If you reject the food, ignore the customs, fear the religion and avoid the people, you might better stay at home.” – James Michener

Social Security

What Veterans Should Know About Filing for Social Security Disability

The SSA and VA systems of disability benefits are separate and quite different.

Disabled veterans can collect Social Security disability benefits and veterans disability benefits at the same time, so disabled vets will usually find themselves dealing with the Social Security Administration (SSA) at one point or another. Many vets may end up very surprised when they learn how different the two systems are. In this article, we'll discuss the principal aspects of the Social Security system as well as the differences that exist between the two systems.

How Does Social Security Disability Work?

A person applies for disability benefits at a Social Security office or online, and receives an initial decision within three to four months. (Veterans with service-connected disabilities can have their cases expedited by asking Social Security to file a form called I-2-1-95. Exhibit – Critical Request Evaluation Sheet.)

The claimant's file is then assigned to a disability examiner, a specialist who will gather the claimant's medical records and, then, in consultation with a physician and/or a psychologist who is assigned to the examiner's unit, make an approval decision or denial decision. Unfortunately, the decision that is made is often a denial. If the claim is approved, the claimant is considered 100% disabled, and will be paid either [SSDI](#) benefits based on their prior wages or [SSI](#) benefits based on the amount of income they have (only those with low income and low assets qualify for SSI).

If the claim is denied, the claimant may follow the [disability appeal process](#) and get a reconsideration review. Then, after a very long wait, the claimant can get a hearing with an administrative law judge (ALJ). It can take an extremely long time to have a hearing date set. Depending on which part of the country the claimant resides in, and how backlogged the local hearing office is, it may take a year or longer to have a hearing date set. Asking Social Security to expedite your case for a service-connected disability can help.

How Is the Social Security Disability System Different From the VA System?

Primarily, the SSA system is different from the VA system in that there are no percentages of disability. While the veterans disability system allows the VA to conclude that a vet is 10% or 40% or 100% disabled and then receive benefits based on that determination, in the Social Security system, it is all or nothing. In addition, the definition of disability used by the Social Security system stipulates that your condition must last or be expected to last for at least one year or to result in death. For more information, see Attorney Joel Ban's article on the [differences between Social Security and Veterans disability benefits](#).

To read the rest of this info, go to: <http://www.disabilitysecrets.com/the-va-and-disability.html>

“Military Service and Social Security” Info Pamphlet: <http://www.socialsecurity.gov/pubs/EN-05-10017.pdf>

You can't patch a wounded soul with a Band-Aid.” ~ Michael Connelly, *The Black Echo*

“The power we discover inside ourselves as we survive a life-threatening experience can be utilized equally well outside of crisis, too. I am, in every moment, capable of mustering the strength to survive again—or of tapping that strength in other good, productive, healthy ways.” ~ Michele Rosenthal, *Before the World Intruded*

Before you assume – **Learn the Facts**

Before you judge – **understand why**

Before you hurt someone – **feel**

Before you speak – **Think**

TAKING ACTION:

Here are links to some of the various Action Networks available for you to use to correspond with your legislative members:

Air Force Sergeants Association (AFSA):

<http://capwiz.com/hqafsa/issues/?style=D>

American Legion: <http://capwiz.com/legion/home/>

American Military Retirees Association (AMRA): <http://amra1973.org/Advocacy/>

American Veterans (AMVETS): <http://www.amvets.org/your-voice-in-dc/legislative-action-center/>

Association of the US Army (AUSA): <http://capwiz.com/ausa/home/>

Association of the US Navy (AUSN): <http://www.ausn.org/Advocacy/LegislativeActionCenter/tabid/2187/Default.aspx>

Disabled American Veterans (DAV): <http://www.dav.org/can/?vsrc=%2fhome>

Fleet Reserve Association (FRA): <http://capwiz.com/fra/home/>

Military Officers Association of America (MOAA): <http://capwiz.com/moaa/home/>

National Association of Uniformed Services (NAUS): <http://capwiz.com/naus/home/>

National Guard Association of the US (NGAUS): <http://www.ngaus.org/advocating-national-guard/take-action>

National Military Family Association (NMFA): <http://www.militaryfamily.org/get-involved/take-action/>

Non-Commissioned Officer Association (NCOA): <http://ncoausa.org/index.php/legislation/legislative-action-center/?vsrc=%2fHome>

The Retired Enlisted Association (TREA): <http://capwiz.com/trea/home/>

Veterans of Foreign Wars (VFW): <http://capwiz.com/vfw/issues/?style=D&>

Vietnam Veterans of America (VVA): <http://capwiz.com/vva/home/>



Air Force Retiree Council Meeting

The 2015 AF Retiree Council Meeting is scheduled to convene 4-8 May 2015 at the Air Force Personnel Center. The 2014 Council discussed a multitude of issues and the Co-Chairmen are set to out-brief the Chief of Staff in March.

Among the issues discussed by the council were the following:

- Maintaining the commissary benefit.
- Continued support for printing and mailing of the Afterburner.
- Lowering the age (currently 75) of granting indefinite identification cards for spouses.
- Enhanced support for Defense Finance and Accounting Service retired and annuity pay customers including promoting myPay accounts for self-service.
- Continuing Retiree Activities Office support at the base level - both financial and administrative - and the growing need for more volunteers.
- Support for legislative issues, specifically eliminating offset between the Survivor Benefit Plan & Dependency and Indemnity Compensation; paid-up SBP premiums for retirees at age 67 versus 70; and full pay for the month that a retiree dies.
- Concerns about rising TRICARE costs and reduced Medicare/TRICARE for Life coverage.
- Wear of the AF Retiree Pin on military uniforms
(via AFPC Retiree Affairs, Tammy L. Hearn data call e-mail)

Air Force Retiree Council:

<http://www.retirees.af.mil/council/>

Army Retired Soldier Council:

<http://soldierforlife.army.mil/retirement/retireecouncil>

Navy and Marine Corps Retiree Council:

http://www.public.navy.mil/bupers-npc/support/retiree_council/Pages/default.aspx

Coast Guard Commandant's Retiree Council:

<http://www.uscg.mil/retiree/rsp/ccgnrc.asp>

Retiree Newsletters

[Air Force: "Afterburner"](#)

[Army: "Echoes"](#)

[Coast Guard: "Evening Colors"](#)

[Marine Corps: Semper Fidelis](#)

[Navy: "Shift Colors"](#)



<http://www.themilitarycoalition.org/>

The Military Coalition is comprised of 32 organizations representing more than 5.5 million members of the uniformed services--active, reserve, retired, survivors, veterans--and their families.



Guam Retiree Activities Office Newsletter

Serving the Retired Military Community in Guam and Surrounding Pacific Islands

Mailing Address: 36 WG/CVR Attn: Guam RAO Unit 14003 APO AP 96543-4003	Phone: DSN: 315-366-2574 Commercial: (671) 366-2574 <i>Please leave a message and we will return your call as soon as possible.</i>	Social Media: Email: Guam.RAO@us.af.mil or Guam.RAO@gmail.com Webpage: http://www.andersen.af.mil/units/retireeactivitiesoffice/index.asp Facebook: https://www.facebook.com/GuamRAO Twitter: http://twitter.com/Guam_RAO
---	---	--

Commonwealth of the Northern Mariana Islands

Saipan RAO

PO Box 506680
Saipan MP 96950-0000

Hours: 0900 - 1200, Mon, Wed, Fri

Phone: 607-288-3021

email: PeterC11@yahoo.com

Request your assistance -

*please forward this newsletter to as many friends and family as you can - encourage your fellow military retirees / survivors to provide us an email address so they can keep in touch with the latest news. **Senseramente***

Veterans seek united voice with outreach program

Written by Jerick Sablan, Pacific Daily News, Mar. 21, 2015

The Guam Veterans Commission wants veterans on Guam to speak with a united voice.

Commission President Bill Cundiff said having the island's veterans become a cohesive group will help gain support from the federal government.

"It's up to veterans to do something and get things done," he said. "We can't just sit back, cry, complain and whine. We've got to take initiative."

Cundiff said local leaders have done a lot for veterans, but it's up to veterans themselves to really get what they deserve.

The commission will hold village pocket meetings to receive input from veterans, give them information on veterans' services and get them involved, he said.

"It's gonna be difficult and a long process. I have confidence we can do it," Cundiff said.

Cundiff said the commission hopes to bring laptops to the meetings to allow veterans to register in the U.S. Department of Veterans Affairs system, if they haven't already.

It's important veterans are registered so they can receive services provided by the VA, he said.

Dan Mendiola, the commission's vice president, said the outreach will help bring veterans together in the march toward more recognition.

Mendiola anticipates the process will take months and hopes it will end with a mass assembly of the island's vets. It's possible there could be a motorcade or a parade to show the veterans united, he said.

"Our ultimate goal is to be able to get a cohesive veteran group to fight for what we deserve," Cundiff said.

For more information, Contact Bill Cundiff at afcmgst24@yahoo.com or 565-4561 or Dan Mendiola at 477-8406.