

ODCSPER RETIREMENT SERVICES OFFICE: ARMY ECHOES  
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**Retiree Council lauds subvention test, dental**

For the second year, the Chief of Staff, Army, (CSA) Retiree Council presented only one issue to the Chief after its annual meeting — health care. In its report to GEN Dennis Reimer, Army Chief of Staff, the council said, "Accessible, affordable and quality retiree health care is the most compelling issue and the most frightening concern for present and future Army retirees...the fulfillment of promised lifetime care is a defining moral imperative that inextricably links the welfare of the retiree community with the readiness of America's Army."

The council applauded DOD's role in establishing a retiree dental plan which started Feb. 1, 1998.

The council cited downsizing and budget constraints as the basis for the government's abandoning of its historical moral commitment which resulted in significant cuts in the capacity of the Military Health Service System and the disenfranchisement of military retirees over age 65 from that system. The council cited the Sense of the Congress (105th) Resolution, contained in the FY 98 Defense Authorization Act, which stated, "The United States has a moral obligation to provide health care to members and former members of the Armed Services who are entitled to retired or retainer pay. It is, therefore, necessary to provide affordable health care to such retirees; and Congress and the President should take steps to address the problems associated with the availability of health care for such retirees within two years after the date of the enactment of this act."

The council recommended four objectives whose accomplishment could bring about promised lifetime health care:

**Continued TRICARE improvement:** Reduce the TRICARE Standard retiree catastrophic cap from \$7,500 to \$3,000 a year; introduce legislation requiring Medicare providers to accept TRICARE Standard assignment; raise the TRICARE Standard reimbursement levels to those of the Blue Cross/Blue Shield high option; expand TRICARE Prime to non-catchment areas where significant densities of military retirees exist; expedite TRICARE Prime enrollment OCONUS; and establish a TRICARE ombudsman in every region.

**Full implementation of Medicare subvention:** A three-year test of subvention authorized by the Balanced Budget Act passed in August 1997 is now scheduled to begin in September 1998. Since subvention could restore military health care to 30 to 40 percent of Medicare-eligible beneficiaries, the council recommends that the test be concluded as soon as management information data is available.

**Adoption of FEHBP-65:** Medicare subvention would bring TRICARE to only those 30 to 40 percent of Medicare-eligible beneficiaries who live near the military installations that remain open after downsizing. The council recommends FEHBP-65 (Federal Employee Health Benefit Plan for those over 65). The council contrasted DOD's estimated \$900 million to \$1.6 billion cost share with the \$2.9 billion spent providing FEHBP to federal retirees over age 65 and the \$11 billion spent on non-citizen health care.

**Establishment of a national mail-order pharmacy program for Medicare-eligible military beneficiaries:** Downsizing, base closings and budget cuts have left Medicare-eligible retirees without access to prescription drugs. The FY 98 Defense Authorization Act directed DOD to

evaluate the feasibility, advisability and cost of expanding the national mail order pharmacy program to all Medicare-eligible beneficiaries. Preliminary cost projections range from \$200 million to \$400 million annually. The Council urged DOD to press for implementation in its report to Congress.

The council co-chairmen presented these concerns to the Chief. Army council co-chairs meet with the Chief of Staff twice a year for updates on the progress of council issues by the Army staff.

The CSA Council co-chairs joined with the chairs of the other Service retiree councils to provide retiree concerns to Deborah Lee, Assistant Secretary of Defense (Reserve Affairs), Gary Christopherson, Assistant Secretary of Defense (Health Affairs) and Frank Rush, Assistant Secretary of Defense (Force Management Policy). This presented the one voice of the Army, Air Force, Navy and Marine Corps, and Coast Guard retiree councils regarding health affairs.

### **SBP: Should you keep it or disenroll?**

Public Law 105-85, enacted Nov. 18, 1997 (FY98 DOD Authorization Act), provides an opportunity to disenroll from the Survivor Benefit Plan (SBP). The law change sets the effective date 180 days after enactment; therefore, disenrollment began May 17, 1998 and ends May 16, 1999. No premiums will be refunded to those who opt to disenroll. DOD's specific instructions can be found with the disenrollment form on pages 5 and 6. (Note: Because we wanted everyone to have access to this form, we delayed printing this issue until the form was ready.)

**SBP's purpose:** SBP is offered to meet the impact associated with the loss of the military retired pay. Participation helps the member provide his/her survivors the ability to continue pursuit of their life goals without significant interruption. Thus, where there is expected assistance or income while the retiree is alive, there exists the opportunity to partially replace the lost asset which results from the member's death and discontinuation of pay.

**SBP's design:** SBP is intended to be as simple, flexible and as good a value as possible. To the extent it has these traits, members participate at higher levels with greater satisfaction. This Plan modification increases SBP's flexibility by offering a one-year window following two years of participation during which the member can reconsider protection. The retired member may be better able to assess SBP's role in his/her family's overall financial plan at that time due to active participation in the job market and financial adjustments which resulted from military retirement. Those who elect to disenroll risk making the wrong decision, so any action taken should be very cautiously considered.

### **Who should not disenroll?**

1. Those whose continued participation provides needed income protection for their spouses or survivors at a reasonable price. If SBP will allow your survivors to pursue their life goals without significant interruption, keep it.
2. Those experiencing financial crisis. The future comparison of premiums to benefits is very favorable. While stoppage of SBP premiums is not the cure for your current financial dilemma, stoppage of SBP benefits may cause financial crisis for your survivors.
3. Those over age 65. The comparison of expected premiums to expected benefits is very favorable at this age.

4. Those who enjoy the tax benefit of tax-free SBP premiums which provide a lifelong, inflation-protected annuity.

5. Those whose spouse is currently ill or has a reduced life expectancy. When a spouse is lost, spouse coverage (costs) are suspended, but can be resumed upon remarriage — but disenrollment is forever.

#### Highlights from Headquarters

As reported in the Oct-Dec *Echoes*, the Army and Air Force Exchange Service (AAFES) has initiated a Commander's Retiree Advisory Council to assist AAFES in serving our retired community. Our article on page 7 provides information on the AAFES board and some current issues. Your suggestions and input on some areas AAFES might better serve the retired population can be sent to the *Echoes* editor. Specific merchandise inquiries should be addressed to your local AAFES Exchange Manager but suggestions on program and policy improvements can come to *Echoes*. This is a great initiative designed to give the retired community a voice in the AAFES operation and we applaud the AAFES leadership for instituting it.

Our front page article talks about the Survivor Benefit Plan (SBP) disenrollment option just recently passed by Congress. Some retirees view this as "an answer to their prayers." They can finally get out of the SBP program that they've had to pay into for years. Unfortunately, those who think this way misunderstand the purpose and intent of SBP. They compare it to life insurance. It was never intended as life insurance but was rather intended as "income protection" — designed to ensure that your survivors continue to receive a portion of your military retired pay to meet their needs after you die. Those that complain that they "paid forever and got nothing in return" are really upset that they didn't die sooner. If they had, SBP would have started and their survivors would have gained the benefit. SBP is like fire or car insurance — you get it, hope you won't need it, but if you do, it's there for you. In our business, SBP is one of the most emotional issues. Family members who survive the soldier who DIDN'T take SBP are extremely upset because "The Army didn't MAKE the soldier take it to protect his family." Each family situation is different and must be judged on individual merits. We, of course, recommend NOT DISENROLLING from SBP. Anyone considering otherwise needs to ensure they weigh all the consequences before acting. Contact your Retirement Services Officer for counseling. Make sure you're making the best decision. Remember, once you disenroll, you're out of the program FOREVER. You forfeit whatever money you have contributed, but, more importantly, you also close out that source of income for your loved ones, should you predecease them. It's a big decision — get all the facts and choose wisely. THANKS FOR YOUR SUPPORT.

**Gary F. Smith**

**Chief, Army Retirement**

**Services**

#### **Attention soldiers with 19+ years service -- retirement is coming**

If you're an active duty soldier who just started receiving *Army Echoes*, don't panic, the Army is not trying to get rid of you. We are trying to send *Echoes* to all soldiers with 19+ years of active duty to help you prepare for retirement, whenever you decide to make that move. Reading *Echoes* and visiting your Retirement Services Officer (RSO) can help you and your family prepare for one of the biggest transitions in your life, from active duty to retirement.

The computer tape used to mail *Echoes* to soldiers with 19+ years is drawn from your personnel file. Home addresses are maintained for officers and unit addresses for NCOs. If you know anyone with 19+ years of service who isn't getting *Echoes*, suggest they visit the RSO to get a copy and visit their personnel office to check their address. We're also looking into using DEERS as the source of our addresses, so make sure your address is up-to-date with them

### **Outgoing, incoming council members review progress**

What do members of the Chief of Staff's Retiree Council think about serving on the council? Two members, retired CSM Phil Fredrich who's finishing his term and retired SGM Larry L. Law who's beginning his term, commented on what the council has accomplished and what lies ahead.

Fredrich came to the CSA Council from the Red-stone Arsenal Council where he also serves as the Retirement Services Officer (RSO). He said he's seen considerable progress in retiree issues in the last four years. He commented, "When I started four years ago, medical care for retirees over age 65 was non-existent and COLAs and commissaries were threatened. These issues are coming to fruition. On the Hill, they now know what they need to do about commissary and COLA, but issues shouldn't be taken out of sight and mind. They can be in jeopardy as long as funding can be in jeopardy. Also, look at what has been done with the dental plan — four years ago DOD told us, you can't have one. Now we have one. We've got TRICARE for retirees when it once looked as if we would be cut out of care. We're working on FEHBP-65 and Medicare subvention and other programs to provide support to the retirees of our great Army.

I consider it a great privilege to be part of this auspicious group of retired Army movers and shakers — these are senior people who've done it all. I leave with a heavy heart but I know that people coming after me will continue to carry the flag."

Retired SGM Larry L. Law is a newcomer to the CSA Council who serves on the Ft. Bragg Retiree Council and volunteers his time with the Retirement Services Office. He commented, "I'm very impressed with the council. I just had a vague idea of how it operated before this. The quality of the people is very impressive. This is a very professional, get your hands dirty-type working group. The council has made great strides with issues raised in the past — primarily health care issues such as Medicare subvention and FEHBP — but we're not out of the tunnel yet. Where the new members come in is to ensure those issues stay in the forefront and retain the visibility they already have. I look forward to serving with this council."

### **Medicare subvention test slated for summer**

The TRICARE Senior Project, a demonstration project that will allow Medicare-eligible military retirees and their family members to receive health care through military treatment facilities is slated to begin this summer.

Under subvention, DOD will be able to enroll its Medicare-eligible retirees in TRICARE Prime and receive Medicare reimbursement. Medicare-eligible military retirees will have better access to care in military treatment facilities at a lower cost to Medicare.

The demonstration will be conducted at the following sites:

- Keesler AFB, Biloxi, MS;

- Brooke Army Medical Center and Wilford Hall Medical Center, San Antonio, TX; Ft Sill, Lawton, OK; and Sheppard Air Force Base, Wichita Falls, TX;
- Ft Carson and the Air Force Academy, Colorado Springs, CO;
- Madigan Army Medical Center, Ft Lewis, WA;
- Naval Medical Center San Diego, San Diego, CA;
- Dover AFB, Dover, DE

The demonstration includes two components. The first, TRICARE Senior Prime, will allow military health facilities at six sites to be treated as Medicare+Choice plans such as HMOs and provide a full range of comprehensive health care benefits to enrolled retirees.

Under TRICARE Senior Prime, DOD will continue to spend as much for the care of retirees in this demonstration as it spends now. Then Medicare will pay DOD 95 percent of what Medicare pays HMOs, less certain costs included in DOD's appropriations, minus the amount DOD is obligated to spend.

Military retirees in these areas may start to enroll in the TRICARE Senior Project after the military health care facilities apply and are accepted into Medicare. The target date for enrollment to begin at the first sites is summer 1998, with health care delivery at the sites beginning 60 days after enrollment starts. The other sites will be phased in to ensure smooth implementation.

The second component, Medicare Partners, permits military retirees enrolled in certain Medicare+Choice plans to receive Medicare services through military medical facilities. This demonstration allows these plans to contract with DOD facilities to provide specialty and inpatient care to military retirees in these plans.

To participate in Medicare Partners, a military retiree must be enrolled in a Medicare+Choice plan that contracts with one of the participating military facilities. Beneficiaries in TRICARE Senior Prime will not pay the annual TRICARE Prime enrollment fee.

Military retirees enrolling in the demonstration must have received some care from military providers in the past *or* have become Medicare-eligible after Dec. 31, 1997. Also, they must be in the Medicare fee-for-service program or switch from a Medicare HMO, continue to pay monthly Medicare Part B premiums, and agree to receive all their care through the demonstration.

The two Departments will conduct a comprehensive evaluation of the results of this demonstration.

For more information, contact the Health Benefits Advisor at the demonstration site in your area.

### **AAFES Retiree Board meets**

**DALLAS** — Military retirees are the fastest growing segment of the Army and Air Force Exchange Service's (AAFES) customer base. Finding out how the exchange can better serve retirees is the reason the AAFES Retiree Advisory Council was created.

The group, made up of key personnel from major retiree organizations and retirees at large, visited AAFES headquarters in February for its second meeting to tour the facility, attend briefings and share their views with the commander.

Although retiree-specific issues were discussed, most of the council's concerns were relevant to all segments of the AAFES customer base. AAFES programs and policies, such as the Deferred Payment Plan and Best Price, were briefed.

The AAFES Retiree Advisory Council plans to meet three times a year. Members are: MG William Gourley, USA (Ret.), member at large and chairman of MoreHealth, Monterey, CA; COL Frank Rohrbough, USAF (Ret.), Deputy Director, Government Relations for Health Affairs of the Retired Officers Association (TROA), Alexandria, VA; LTC Gary Smith, USA (Ret.), Chief of Army Retirement Services Office, Alexandria, VA; COL Bruce Creller, USAF (Ret.), Chief of Retiree and Transition Programs of the Air Force Personnel Center, Randolph AFB, TX; and CMS Kathy Ballard, USAF (Ret.), member at large and previously an alternate on the AAFES Board of Directors.

### **AAFES guarantees the best price**

**DALLAS** -- Think prices at the exchange are too high? Think again. AAFES guarantees the best price.

"At our headquarters, AAFES buyers work with vendors to get the best prices to pass on to service members and their families," Steve Fair, AAFES Sales Directorate senior vice president, said. "At our exchanges we have price surveyors check the local competition to make sure our prices are competitive. But in case we've missed something, our customers can use the Best Price Program.

"The Best Price Program is simple. If a customer finds a product carried at the exchange that is offered at a lower price elsewhere, AAFES will adjust its price to meet the local competition," Fair said. "Customers need only bring in a current competitor's advertised price. If the difference is less than \$5, AAFES will lower the price immediately, no ad or verification required."

AAFES also offers a 30-day price guarantee. If a customer buys an item from the exchange and finds it advertised at the PX/BX or at a local competitor at a lower price within 30 days, AAFES will refund the difference.

"The Best Price Program is one way AAFES meets its mission of providing soldiers and airmen quality goods and services at the best possible prices," BG Kathryn Carlson, Acting AAFES Commander, said.

### **Taking the mystery out of customer service**

**DALLAS** – More than 2,600 PX and BX customers have volunteered to be mystery shoppers at their exchanges worldwide. The tremendous response was to a recruitment announcement on the Army and Air Force Exchange Service (AAFES) Internet home page (<http://www.aafes.com>).

From this group of volunteers, four authorized exchange customers were selected from each installation to anonymously "shop" their local exchanges and complete a 25-question survey on aspects of their visit. Shoppers were chosen to represent AAFES' diverse customer mix — single service members, married and family members and retirees. Mystery shoppers will visit AAFES exchanges at different times each month, evaluating aspects of their shopping experience, such as customer service and merchandise availability.

Store managers, along with AAFES' headquarters staff in Dallas, can review the survey results via the Internet within 24 hours of a shopper's visit. More than 100 completed surveys were posted during the first three weeks of the program alone.

"We are confident we can improve service levels by involving customers as mystery shoppers," said Steve Fair, AAFES' Sales Directorate senior vice president. "This program gives shoppers an important voice in customer service and a formal method of providing feedback."

### **General Powell wants you -- to volunteer**

Currently, I am serving as chair- man of America's Promise, a volunteer campaign on behalf of needy youngsters, so I spend a lot of my time visiting schools in troubled urban areas. One of these visits took me to Stanton Elementary School in the Anacostia section of Washington, DC. Stanton is an all-black school, and most of its students come from families with a median income of about \$12,000. Many of these kids are being raised by single parents or by grandparents. The neighborhood has high crime and drug problems.

What made my visit an uplifting experience was the presence of so many volunteers who were willing to give of their time to help the children at Stanton to a better start in life. These volunteers included parishioners from a church in the Virginia suburbs, several lawyers from a downtown DC law firm, and 20 soldiers and airmen from the Pentagon.

Our soldiers and airmen spend part of every Thursday at the school with a "reading buddy" — a child whom they tutor regularly. As an Army veteran with 35 years of service, it touched me deeply to see these fine young troops in uniform walking around the school hand-in-hand with their little reading buddies.

There are millions of children and teenagers in this country today who are just like the kids at Stanton Elementary School — disadvantaged kids who are in danger of growing up uneducated, unskilled, and unprepared for the responsibilities of adulthood; who are in danger of turning to drugs or crime; who are in danger of bringing children into the world while they are yet children themselves; who are in danger, in today's violent world, of never growing up at all.

We know that caring adult mentors and role models can make a big difference in the lives of kids like these. A major study of the Big Brothers/Big Sisters program, one of the nation's oldest mentoring efforts, reveals that youths with mentors were 46 percent less likely to start using drugs than those without. Among minority youths, the figure was even more dramatic: they were 70 percent less likely to use drugs. Youths with mentors were also 27 percent less likely to start drinking, a third less likely to hit someone, skipped half as many days of school, and made better grades.

The difficulty is that there are more needy kids than mentors right now, and that's where America's 675,000 retired soldiers can be of help. As veterans, you represent the ideals of

service, self-discipline, motivation, and achievement that so many young people need today. If you can spare even a few hours a week to involve yourself in the life of a child or teen, you can make an incalculable difference in that young person's life.

*Retired GEN Colin L. Powell is chairman of America's Promise — the Alliance for Youth. Those interested in volunteering should call 888-55-YOUTH.*

### **Make your voice heard --vote**

Do you know who your Congressman (or woman) is? Does your Congressman (or woman) know who you are?

This is a Congressional election year. All representatives and a third of all senators are running for reelection. It's a perfect time to contact the person who represents you and wants to be re-elected and/or the person who wants to replace that person in Congress. Make your concerns as a military retiree or family member known.

The days when most representatives had some military experience are gone. However; even a person with no military experience can represent retirees and families well if that representative gets feedback from retirees and families.

Do you already have a representative who fights for retiree issues? Don't forget to say thanks. How can you keep current on what's going on in Congress regarding retirees? If you have access to the internet, you can go to House (<http://www.house.gov>) or Senate (<http://www.senate.gov>) home pages. Or you can go to the local library and look through the Congressional Record, a daily record of what goes on in Congress. The Congressional Record has index issues where you can see what bills have been proposed by checking topics such as "veterans."

### **STAY INVOLVED - VOTE!**

#### **National mail-order pharmacy in all regions**

The TRICARE national mail-order pharmacy program is operating in all areas where TRICARE is operating.

As the final TRICARE regions—in the Northeast and Mid-Atlantic states—become operational around mid-1998, the national mail-order pharmacy program will extend to those regions, as well. The following persons are eligible to use the national mail-order program in TRICARE areas:

1. Active-duty service members worldwide;
2. All TRICARE-eligible persons who live in areas where the TRICARE program is in operation;
3. All persons enrolled in managed-care programs at former Public Health Service hospitals now known as uniformed services treatment facilities (USTFs). These hospitals are also called "designated providers" in TRICARE regions;
4. TRICARE-eligible persons who live overseas and have APO or FPO addresses;
5. Medicare-eligible persons who are listed in the DEERS (Defense Enrollment Eligibility Reporting System) data base, and who live within the ZIP code service area (roughly a 40-mile radius) around a military medical facility that has been closed under the Base Realignment and Closure (BRAC) program.

If you're a Medicare-eligible person who lives outside a closed medical facility's service area (also called a "catchment area"), you may still qualify to use the national mail-order pharmacy program if you obtained prescriptions at the military hospital within a year of its closure. If you fall into this category, call the DEERS Support Office, in Monterey, CA, to establish your eligibility through a "declaration of reliance." You can reach DEERS by calling toll-free, 1-800-334-4162 (California only); 1-800-527-5602 (Alaska and Hawaii only); and 1-800-538-9552 (all other states).

The national mail-order pharmacy program replaces all other mail-order programs that have been operated by TRICARE contractors. The contractor for the program is Merck-Medco, Maple Grove, MN. Their toll-free telephone number is 1-800-903-4680.

Under the program, you can get up to a 90-day supply of non-controlled medications (or up to a 30-day supply of controlled medications) at a cost of \$4 for active-duty family members, or \$8 for all others. There are no co-payments for active-duty service members. Shipping and handling is free.

Prescriptions will be filled with generic drugs when possible. Name-brand products may be substituted if the prescribing physician documents medical necessity for the name-brand medication.

### **Retiree, keep your mobilization data current**

Although retiree status and verification forms 1752 and 1752-E are no longer sent to retirees by the Army Reserve Personnel Command's (AR-PERSCOM) Mobilization Branch, retirees still have a duty to keep their computerized personnel records accurate with a current address, home and work telephone numbers, and any changes in their ability to serve if mobilized.

If changes in a retiree's health will prevent further military service, the retiree should provide the center with a description of the physical condition and a physician's statement or Veterans Affairs (VA) form listing the conditions and percent of disability. The statement must include a diagnosis, date of illness or injury, prognosis, and an expected date of recovery.

Retirees should continue to advise AR-PERSCOM when the following information or conditions change. Address; Phone Number (Home and Work); Ability to serve (Physical Condition).

Retirees can update their records in several ways.

Mail: Commander, AR-PERSCOM; ATTN: ARPC-PSP-A; 9700 Page Ave.; St. Louis, MO 63132-5200

Phone: 1-800-325-2660 or (314) 592-0554

FAX: (314) 592-0578

E-mail: [jeffrey.graham@arpstl-emh2.army.mil](mailto:jeffrey.graham@arpstl-emh2.army.mil).

### **Regions 1, 2, 5 started**

TRICARE Regions 1, 2 and 5 were the final regions to start. Region 1 went under TRICARE June 1 under Sierra Military Health Services at 1-888-999-5195, website <http://www.Sierramilitary.com>.

Regions 2 and 5 started TRICARE May 1 with Anthem Alliance for Health, Inc., at 1-800-941-4501, website [www.anthem-inc.com/affiliates/alliance/](http://www.anthem-inc.com/affiliates/alliance/).

## **Soldier Show hits the road**

Following is the schedule for the remaining performances of the Soldier Show. The Show celebrates two anniversaries this year. The modern U.S. Army Soldier Show is 15 -- it originated in 1983 as an outgrowth of several soldier shows in various Army commands. 1998 is also the 80th anniversary of the first Army Soldier Show in 1918 "Yip Yip Yaphank", conceived and directed by Sgt. Irving Berlin.

The Soldier Show is not funded with taxpayer dollars, but with nonappropriated funds generated from business programs of morale, welfare and recreation and with corporate sponsorships.

(The number in parentheses is the number of shows at that location.)

### **July**

3-4 Ft Carson, CO (2)

7 Ft Riley, KS (1)

9 Rock Island Arsenal, IL (1)

12 Ft McCoy, WI. (1)

15 Ft Leonard Wood, MO (2)

17-18 Ft Campbell, KY (3)

21-22 Ft McClellan, AL (3)

24-26 Ft Benning, GA (4)

29 Redstone Arsenal, AL (2)

### **August**

2 Ft Detrick, MD (1)

7-9 Ft Gordon, GA (5)

12-13 Ft Rucker, AL (3)

15-16 Ft Polk, LA (2)

18 Red River Depot, TX (1)

21-23 Ft Sill, OK (4)

26-28 Ft Hood, TX (5)

30 Lackland, AFB, TX (2)

**September**

2 Ft Sam Houston, TX (2)

5-6 Ft Bliss, TX (3)

9 White Sands MR, NM (2)

11-12 Ft Huachuca, AZ (3)

14 Yuma Proving Ground, AZ (1)

19 China Lake NAWS, CA (2)

21 Ft Irwin, CA (1)

23 Presidio of Monterey, CA (2)

27-28 Ft Lewis, WA (2)

**October**

3 U.S. Strategic Command,

Omaha, NE (1)

5 Ft Leavenworth, KS. (1)

8-9 Ft Knox, KY (3)

11 Ft McPherson, GA (1)

14-15 Ft Stewart, GA (2)

17-18 Ft Jackson, SC (4)

20 Ft Bragg, NC (2)

22 Ft Lee, VA (2)

24 -25 Ft Monmouth, NJ (2)

27-28 Aberdeen PG, MD (3)

30 Warner Theater, Wash. DC (1)

**November**

6 USMA, West Point, NY

7 West Point Halftime Show

9 Ft Belvoir, VA (1)

### **The Survivor Benefit Plan: A cornerstone plan**

SBP is the cornerstone plan for retirees seeking to protect their families from the loss of earned military retirement income at the retiree's death. This foundation assures a surviving spouse/former spouse a guaranteed lifetime income. Insurance and investment options should be SBP *supplements*, not SBP *replacements*. Even retirees whose financial situation has improved dramatically, making disenrollment seem appealing, should consider the following points:

### **SBP Participants Non-Participants**

nSBP benefits are cost-of-living adjusted. n Private products which offer inflation protection do so at a relatively high cost.

nSBP premiums are tax-free. n Without SBP's tax shelter, taxable income increases.

nSBP is government-subsidized. n For-profit plans can't subsidize participation.

nSBP provides a lifetime benefit. n Many private products can be outlived or terminated at a specific age.

nSBP costs do not consider age, health or risk factors. n Age, health and risk factors must be factored into insurance costs.

### **Family Action Plan rates retirement top issue**

"Retirement Benefits/Entitlements — Perception of Erosion" was rated the most important issue at the Army Family Action Plan's Process Action Team (AFAP PAT) meeting.

The AFAP PAT was held from April 26-30 at Ft. Belvoir. Army Retirement Services Deputy Chief Max Beilke served as subject matter expert on retirement.

The PAT described the scope of the issue as follows, "The perception of some members of the Total Army Family is that the government is breaking faith by reducing and eliminating retirement benefits for those who serve our country. ... The lack of predictability regarding entitlements and benefits erodes trust and causes retention disparity. This adversely impacts readiness throughout the Army."

The PAT recommended: establishing a bill of rights for individuals based upon initial entry into the service which educates soldiers on what they can expect upon retirement; establishing a total Army Family educational/outreach program to communicate and market soldier benefits to the current and future force; and continuing to resource the entire transition program, i.e., benefits and ACAP.

Progress on AFAP issues is tracked through biannual General Officers Steering Committee meetings.

## **DEERS could be source for Echoes addresses**

As we have reported to you previously, the last few issues of *Echoes* have been delayed by mailing tape problems. While there are many challenges facing the programmers who put together this mailing tape, one of the biggest challenges is consolidating the five tapes that make up the *Echoes* tape — the Defense Finance and Accounting Service's Cleveland Center's (DFAS-CL) retiree address tape; DFAS Denver's Survivor Benefit Plan (SBP) annuitant tape; the Army Reserve Personnel Command's tape of "gray area" Reserve retirees not yet age 60 and active Guard and Reserve with more than 19 years service; the Personnel Command's tape of soldiers with more than 19 years service; and a tape of non-annuitant surviving spouses.

One thing that everyone included in those five tapes should have in common is being listed in DEERS — the Defense Enrollment Eligibility Reporting System (DEERS) database which includes everyone with a military ID card. We are working with DEERS people to see if they could provide one tape to replace the five currently being consolidated to mail *Echoes* (and if that tape can be used to mail *Echoes*.)

How do you know if your address is up-to-date in DEERS? First, if you haven't moved since you retired, your address is correct in DEERS. Second, if you received the retiree dental plan mailing in December, your address is up-to-date because DEERS was the address source. Third, DEERS cross-checks its list with DFAS-CL and AR-PERSCOM. If you keep your address up-to-date with these databases, DEERS can update your address when they cross-check their list with them.

If you feel your address may be wrong in DEERS, see the article below for instructions on checking and updating your address.

## **How to update DEERS addresses**

If you have access to the internet, you can e-mail address changes to the Defense Enrollment Eligibility Reporting System (DEERS) data base.

The e-mail address for DEERS is: [addrinfo@osd.pentagon.mil](mailto:addrinfo@osd.pentagon.mil). DEERS recommends that you use all lower-case letters when typing the e-mail address. Your e-mail should include : (1) sponsor's name and Social Security number; (2) the address change you want to make; (3) names of other family members affected by the change; (4) effective date of the address information; (5) your telephone number and area code (if available).

If you don't have internet e-mail, here are other ways to update your records in DEERS:

- Initiate a request through your nearest military personnel office.
- Call the DEERS Support Office at one of its toll-free numbers listed on pg. 10. The best time to call the DEERS Support Office is 9 a.m.-3 p.m., Pacific Time, Wednesday, Thursday or Friday.
- FAX address changes to (408) 655-8317.
- Mail the address change to the DEERS Support Office, ATTN: COA, 400 Gigling Road, Seaside, CA 93955-6771.

## **Do you need to enroll to get VA care?**

**WASHINGTON, DC** — In response to incorrect information distributed by others on the Internet, the Department of Veterans Affairs (VA) is clarifying recent changes regarding veterans' eligibility for health care.

VA is required by law to establish an enrollment system for health care services to be in place by Oct. 1, 1998. While veterans must be enrolled to receive care, it does not mean that veterans who have not applied for enrollment by that date will lose their eligibility for VA health care.

**Veterans can apply and be enrolled at the time they are in need of VA health care.** Veterans who have received VA health care services since Oct. 1, 1996, will have an application processed automatically on their behalf.

Applicants will be placed in one of seven enrollment priority groups specified by Congress. Based on the priority they are assigned, the number of other veterans requesting to be enrolled, and the funds available for VA health care, VA will determine how many veterans can be served. Veterans will be notified by mail beginning in late spring whether or not their application for enrollment has been accepted.

After Oct. 1, 1998, some veterans may still be treated without being enrolled. Veterans with service-connected disabilities may be treated for those disabilities, and veterans who were discharged or released from active duty for a disability incurred or aggravated while on active duty may be treated for that disability within the first 12 months after their discharge.

Veterans who are classified as being service-disabled with a rating of 50 percent or greater will continue to be eligible for VA health care services without making application for enrollment. While veterans in these categories do not have to be enrolled to be treated, they are encouraged to do so to help VA plan its services and allocate its resources.

Those who are enrolled will be eligible for inpatient and outpatient services, including preventive and primary care. Other services include: diagnosis and treatment; rehabilitation; mental health and substance abuse treatment; home health, respite and hospice care; and drugs and pharmaceuticals in conjunction with VA treatment.

Veterans accepted for enrollment will be eligible to receive care at any of VA's more than 1,100 service sites. While enrollment must be renewed every year, a veteran's enrollment will automatically be renewed unless he or she chooses not to re-enroll, or unless VA resources limit the number of veterans the department can cover. Certain veterans will be asked to provide income information annually in order for VA to properly classify them within the enrollment system, as required by law.

To apply for enrollment, veterans should call, write or visit their nearest VA health care facility. Most facilities have designated special enrollment coordinators to assist veterans and their families, and to answer any questions they may have.

### **Gulf veteran benefits rule becomes final**

**WASHINGTON, DC** — More liberal requirements for a special Gulf War veteran compensation benefit have been adopted as a final rule by the VA.

The change, already in force under an interim final rule, extends through the year 2001 the period in which undiagnosed illnesses in Gulf War theater veterans may appear and be eligible for compensation. VA expects that, by 2002, results of ongoing research will have shed enough light

on any latency periods of Gulf-related illnesses to allow the department to reevaluate its existing policies at that time. Before the change, undiagnosable illnesses must have arisen within two years of leaving the Gulf theater for VA to provide compensation.

When the interim final rule was published, the change was made retroactive to claims filed as of November 1994.

VA still requires that the symptoms of any illness be chronic, undiagnosable and at least 10-percent disabling. More than 1,500 Gulf theater veterans have received compensation benefits for undiagnosed illnesses. More than 90,000 other Gulf theater veterans are receiving compensation for conventionally diagnosed disabilities.

For more information, Gulf veterans may call VA toll-free at 1-800-827-1000. Also, access to VA medical care is liberalized for Gulf veterans, including ill or healthy veterans who would like a free medical evaluation through VA's Gulf War Registry program. For more information about VA programs, Gulf veterans may call 1-800-PGW-VETS (1-800-749-8387).

### **Short Shots**

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

The 1998 edition of the *Retired Military Almanac* is available at most military exchanges or from the publisher by mail for \$6.75 (\$7.75 by first class mail), a savings of \$1.50 from regular mail order if you mention *Echoes* when you order. The 250-page almanac contains information on health care, legislation, veterans benefits and many other topics affecting retirees and families. To order, write to Uniformed Services Almanac, Inc.; PO Box 4144; Falls Church, VA 22044, or call (703) 532-1631, or toll free (888)872-9698 for credit card orders. The 1998 editions of the *Uniformed Services Almanac*, the *Reserve Forces Almanac* and the *National Guard Almanac* have also been published.

### **Contractors provide some VA care**

**WASHINGTON, DC** — Some individuals who have filed claims for disability benefits with the VA may get their medical exams from a contractor. As part of a pilot program authorized last year by Congress, the VA has awarded a contract to QTC Medical Group, Inc., based in Diamond Bar, CA, to conduct medical examinations.

VA regional benefits offices in Atlanta, Boston, Los Angeles, Salt Lake City, San Diego, Wichita, KS, and Winston-Salem, NC, will participate in the pilot program with a portion of the examinations for these offices performed by QTC. The company, which has extensive experience conducting disability medical examinations for government-wide programs and for insurance disability claims, will conduct the examinations at local medical clinics in these areas. VA is providing the resources to QTC to teach its medical examiners the required protocol for a VA compensation and pension exam.

VA will report to Congress on the results of the pilot in October 1999.

### **Retiree Activity Days**

Following are Retiree Activity Days (RADs) hosted by Retirement Services Officers (RSOs). RADs let you learn about benefits and get together with other retirees and families. For information on a RAD, call the RSO hosting it.

Jun 26-7 Ft Carson, CO

Jul 11 Ft Douglas, UT

July 18 St. George, UT

Aug 1 Tobyhanna, PA

Aug 14 Ft Lewis, WA

Aug 22 Concord, CA\*

Aug 29 W. Palm Beach, FL

*(Ft. Stewart, GA)*

Aug 29 State Police Academy, Albany, NY

*(Watervliet Arsenal)*

Aug 29 Selfridge AFB, MI\*

Aug 29 NG Armory, Manchester, NH; POC: CPT Paul Blacktor, (603)352- 7860 or Ft Drum RSO

Sep 10-12 Ft Knox, KY

Sep 11 Ft McCoy, WI\*

Sep 12 Redstone Arsenal, AL

Sep 12 Ft Dix, NJ

Sep 12 Carlisle Barracks, PA

Sep 17 Duluth, MN\*

Sep 17-18 Ft Sill, OK

Sep 18 Ft Snelling, MN\*

Sep 18-19 Ft Leonard Wood, MO

Sep 18-19 Ft Gordon, GA

Sep 19 Ft Belvoir, VA

Sep 25-6 Ft Hood, TX

Sep 25-6 Ft Bragg, NC

Sep 25-6 Ft Meade, MD

Sep 25-6 Ft Drum, NY

Sep 26 Ft Sam Houston, TX

Sep 26 Heidelberg, GE

Oct 2 Ft Myer, VA

Oct 9-10 Ft Rucker, AL

Oct 10 Ft Eustis, VA

Oct 10 Fresno, CA\*

Oct 16-17 Ft Riley, KS

Oct 17 Ft Leavenworth, KS

Oct 17 Ft Eustis, VA

Oct 23 Presidio Monterey, CA\*

Oct 23-24 Ft Benning, GA

Oct 24 Rock Island, IL\*

Oct 24 Ft Monroe, VA

Oct 31 Ft Polk, LA

*\*hosted by Ft McCoy*

### **Keep your records current**

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

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

To make sure your spouse (or former spouse) is prepared, keep a file of information that your spouse (or former spouse) will need when you die. Make sure your spouse (or former spouse)

knows what benefits to expect or not to expect. Clip this article to the outside of your files as a reminder to keep your retired pay records current when your status changes.

### **VA publishes new veterans handbook**

The 1998 edition of "Federal Benefits for Veterans and Dependents" is available from the Government Printing Office (GPO).

The 89-page handbook covers changes in eligibility for VA medical care. Addresses and phone numbers of all VA benefits offices, medical centers, national cemeteries, counseling centers and other VA facilities are listed.

GPO sells the booklet for \$3.75, but the full text is available free through the Internet at [www.va.gov/benefits.htm](http://www.va.gov/benefits.htm). For copies, ask for GPO stock number 051-000-00214-8 from the Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954. To order with VISA or MasterCard, phone 202-512-1800.