



Advocate



Volume 20 • Number 6

November - December 2006



133,000 Disabled Military Retirees to get "Back Pay" from VA

In his September 15 column, military writer Tom Philpott announced that the Department of Veterans Affairs and the Defense Finance and Accounting Service (DFAS) have begun a program to send retroactive pay to military retirees who have qualified for Concurrent Retirement and Disability Pay (CRDP) or Combat Related Special Compensation (CRSC). The program is necessary because VA had been withholding too much disability pay after the two programs had begun which, in turn, was caused by the traditional VA and DFAS rules on withholding failing to take account of changes to concurrent receipt law.

The initial back payments began in September and were expected to increase dramatically by the end of October. The payments will total \$500 million and VA estimates they will pay 80 percent of the money that is owed. According

to Philpott, "Some retirees will receive two checks, one from the VA and another from DFAS. Before payments are deposited, affected retirees will get letters explaining reasons for the back pay and how the amounts were calculated."

It is important to note that retirees DON'T need to apply for this program. However, a toll-free hotline has been set up for retirees who believe they may qualify. That number is 1-800-327-4457.

Philpott said that back payments will vary in size from several hundred dollars up to \$10,000, or more, with the average payment being about \$3,700. DFAS estimates the majority of payments will be made within the next six months.

If you have questions about this program, PLEASE DO NOT CONTACT AMS. Instead, call the number above with your questions. They have the information; we do not. 🇺🇸



Report from the Hill

When Congress returned from the summer recess in September, they continued to work on the Defense Authorization Act for 2007. Both houses had passed their versions of the defense bill and continued to meet in joint conference to work out their differences. The House bill, HR5122, contained authorization for \$512.9 billion which was \$4.8 billion less than the Senate version (S2766) of \$517.7 billion. The difference had to be negotiated. Both houses made an heroic effort to complete the measure before the October recess, since they did not want to go home and

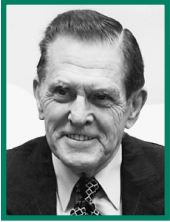
campaign for the November elections without sending an agreed upon bill to the President.

Health Care Issues

As we reported in our last edition of the *Advocate*, both Houses of Congress rejected imposing huge health care fees on retired military personnel over the next year. This is a temporary victory, however, since the prohibition of fee increases is in effect for one year only, and the Assistant Secretary of Defense for Health Affairs is continuing to seek ways to reduce costs. In fact, he has asked the military associations to propose cost saving ideas.

We reported in the last *Advocate* that the Congress, at DoD's urging, proposed prohibiting companies that employed military retirees from helping pay the retirees' TRICARE fees if they choose to keep TRICARE as their primary insurance rather than use the company plan. This outrageous proposal singled out military retirees for discrimination while postal workers and other Federal retirees faced no such prohibitions. As a result of AMS's efforts, together with other military associations and thousands of retiree letters, phone calls and personal contact, Congress has re-examined the proposal and several members attempted to fix it. Although AMS believes the confer-

continued on page 3



PRESIDENT'S COLUMN

Doug Russell

Because of our publication deadline, you may not receive this issue of the *Advocate* until after Veterans' Day. Even if that's the case, I want to express how grateful I am to all of our veterans for their service to our nation, whether in war or in peace. We cannot control what happens during our time of service, but we all stood up to serve if, and when, we were needed.

Although I'm glad Veterans' Day is a federal holiday, I'm sorry more civilian employers don't also observe it as a holiday, or at least allow their workers time off to attend a Veterans' Day observance in their communities. The sacrifices in the war on terror are being born by those who are in uniform and their families, while most of us go on about our lives in the same manner as before 9-11. So pausing to recognize and honor our veterans is the least we should do as a nation.

* * *

I recently attended the reunion of my very first unit in the Army – the **594th Boat and Shore Regiment**. I try to make it every year although, sadly, our numbers are dwindling. I never realized that when I entered the service I would be making life-long friends, but that's what happened. I know all of you understand the special

meaning that those friendships have for us. In turn, we understand the bond that those men and women now serving in uniform overseas and here at home are in the process of forging.

I hope you agree with me that we have the duty to fight for their promised and earned benefits so they'll never have to worry about those benefits being taken from them. That's what AMS is in business to do and it's why we need your continued support for our work on your behalf. Please be sure to renew your membership when you receive a renewal notice. Our members are what make us strong and we need you, just as today's uniformed men and women need all of us.

* * *

Finally, allow me to wish you and your family the very best of the Holiday Season. It's hard to believe we are almost there, but please accept my wishes for the Merriest of Christmases, the happiest of Hanukkahs, the Happiest of New Years, and the very best of whatever other holiday you may celebrate this time of year.



TRICARE Catastrophic Cap

The TRICARE catastrophic cap limits the amount of out-of-pocket expenses a family will have to pay for TRICARE-covered medical services. The cap applies to all covered services—annual deductibles, pharmacy copays, TRICARE prime enrollment fees and other cost shares based on TRICARE-allowable charges.

The catastrophic cap applies to the fiscal/enrollment year (Oct. 1 to Sept. 30) and is a total amount per family. The catastrophic cap is \$1,000 total for active duty families and \$3,000 per family for all other beneficiaries. After you meet the catastrophic cap, TRICARE will pay your portion

of the TRICARE-allowable amount for all covered services for the rest of the fiscal/enrollment year.

The catastrophic cap does not apply to services not covered by TRICARE or to any amount that nonparticipating providers may charge above the TRICARE maximum allowable charge for services.

TRICARE will not apply out-of-pocket expenses paid under the Prime point-of-service option (deductibles and cost shares) to the annual fiscal/enrollment year catastrophic cap. The beneficiary is responsible for any point-of-service charges incurred both before and after meeting the catastrophic cap.

For more information about the TRICARE catastrophic cap, you may call your regional contractor, visit or call or visit a local beneficiary counseling assistance coordinator (BCAC) or TRICARE service center. A BCAC directory is available online at www.tricare.osd.mil/BCACDirectory.htm.

Report from the Hill

continued from page 1

ees should have removed the entire provision, some relief is better than allowing the entire provision to stand.

AMS is concerned that the Defense Department continues its attack on the military health benefit and we object to efforts to saddle retirees with increased health care costs. This is particularly wrong when there is a war going on. Military health care is a great bargain for the nation and the Department of Defense. DoD policies resulting in reducing the numbers of military physicians, nurses, medical technicians and other uniformed medical professionals have forced more beneficiaries to higher cost civilian care, reduced the numbers of military hospitals and clinics, and increased costs. Study after study has shown that care delivered in Military Treatment Facilities is 30 to 40 percent less expensive than care delivered in the civilian sector. It is time the Secretary of Defense asked his medical experts to start thinking out of the box to solve some of these problems; simply shifting costs to military retirees is not the answer.

There is also a principle involved. As the seriously wounded return from deployment to Iraq and elsewhere, the nation must continue to provide the best of care; funding must not be an issue. Those who have sacrificed in this war and earlier wars should not be asked to shoulder the burden alone. We fight wars to protect our nation and it is up to the entire nation to fund these wars, including health care for those who have served.

Other Personnel Issues

Other provisions required intense negotiations by the Senate and House conferees to work out their differences. Moving up the phase-in of concurrent receipt for disabled veterans who are rated 100% for unemployability from 2009 to 2006 was in the Senate version but not the House, so that had to be worked out. In addition, the Senate proposed moving paid-up SBP from 2008 to 2006. This would apply to retirees who are at least 70 years old and have paid into SBP for 30 or more years. The Senate also proposed to end the SBP/DIC offset this year (2006). Since the House did not have a similar provisions, negotiation was required.


Defense Appropriations

In addition to the Defense Authorization Bills, the Congress had to complete work on the House and Senate versions of Defense Appropriations Bills and send an agreed upon appropriations bill for FY2007 to the President before Oct 1, 2006, when the current appropriations bill expires. Failure to do so would require a continuing resolution, which has happened in the past. A major issue was the pay raise. The bill funds a 2.2 percent raise, but in order to close

the gap with private sector pay increases, the raise should have been 2.7 percent. Although no appropriations were provided for the additional 0.5 percent for military personnel, Federal civilian employees are on track to receive a 2.7 percent raise. To provide less for the war-fighters is truly an outrage.

Because many of these issues were unresolved as we went to press, we will have a complete update on what happened in Congress in the next issue of the *Advocate*.

Military retirees must stay involved in the legislative and political process. It is essential that we understand how our elected representatives vote on issues important to us and then support those who support us. We should attend town hall meetings, help with their elections and let them and their staffs know where we stand and why we support or oppose their positions. We can work phone banks, put signs in our yards, and otherwise take a stand to support those elected officials who support us.


AMS is fighting for you in Washington, and together with the pressure you bring at the local level we will win these fights to protect your earned military retirement benefits. 

Chuck Partridge
Government Relations

Conditions Related to Agent Orange

The conditions that VA recognizes as associated with Agent Orange (or other herbicides used in Vietnam) exposure has expanded in recent years. The following conditions are recognized for service-connection for Vietnam veterans based on exposure to Agent Orange or other herbicides:

- Chloracne
- Non-Hodgkin's Lymphoma
- Soft Tissue Sarcomas
- Peripheral Neuropathy
- Hodgkin's Disease
- Porphyria Cutanea Tarda
- Multiple Myeloma
- Respiratory Cancers
- Prostate Cancer
- Spina Bifida
- Diabetes
- Chronic Lymphocytic Leukemia. In addition, Vietnam veterans' children with the birth defect spina bifida are eligible for certain benefits and services.

For more information, call 1-800-749-8387 or go to: <http://www.va.gov/AgentOrange>. 

Legislative Update ★ ★ ★

Legislation offers veterans' new and enhanced medical facilities

H.R. 5815, the Department of Veterans Affairs Medical Facility Authorization Act of 2006 passed by House

The House of Representatives has unanimously passed H.R. 5815, the Department of Veterans Affairs Medical Facility Authorization Act of 2006. This bill authorizes the construction of multiple major medical facility projects, including new hospitals in Las Vegas, Nevada, and Orlando, Florida, as well as the expansion of the Spinal Cord Injury Center in Tampa, Florida.


Seeking to broaden access and enhance the efficiency with which health care is provided to America's veterans, this legislation takes full advantage of collaboration opportunities among the Department of Veterans Affairs (VA), state affiliated medical institutions and the Department of Defense (DoD).

"Collaboration is becoming increasingly essential in delivering healthcare across the nation. So long as we remain true to the distinct identity of the VA and ensure the continued quality associated with VA care, collaboration will be mutually advantageous for all organizations involved," said Subcommittee on Health Chairman Henry Brown (R-So. Carolina).

H.R. 5815 builds on this interest in sharing resources such as expensive medical equipment, technologies and health care staff. It will position VA to leverage potential new affiliation relationships by developing research partners and contacts with other non-profit organizations, while preserving the veterans' identity of facilities.

"Enhanced collaboration means that the most expensive equipment, such as medical imaging devices, could be shared between VA and university facilities. As new technology becomes available with its inevitably steep price tag, it could be more easily acquired," said House Veterans' Affairs Committee Chairman Steve Buyer.

This bill authorizes the restoration of the Department of Veterans Affairs Medical Center (VAMC), Biloxi, Mississippi, as part of a joint-use facility that VA will share with Keesler Air Force Base, the advanced planning and site preparation for a joint-use medical facility in or near New Orleans, Louisiana, and advanced planning for a shared medical facility in Charleston, South Carolina.

"The facts show that 50 years of affiliation has meant better VA care for our nation's veterans," said Buyer. "I think today's passage of H.R. 5815 speaks to our continued commitment to these strong relationships." 

Calling the DFAS Pay Center will get easier

The Defense Finance and Accounting Service's Cleveland Center is working to upgrade the service that retirees and annuitant surviving spouses receive when you contact the Retired and Annuitant Call Center. The target date to introduce this improved service was September.

The main components of this improved service will be an Interactive Voice Response System (IVRS) and increased information available to DFAS telephone clerks.


What will this new system mean to you? When you call DFAS at 1-800-321-1080 or (216) 522-5955, your call will be answered by the IVRS, an automated operator. IVRS will ask you to either say your Social Security number (SSN) or enter it through the numbers on your touchtone phone. You will need to give your SSN so that IVRS can access your records. You will then be able to use IVRS to perform certain tasks — changing your correspondence or bank address or requesting a new retired pay or tax statement. (Note: These statements are not mailed until the end of the year.) DFAS plans to expand this technology to help you accomplish other account maintenance tasks or to request other documents.

IVRS is voice-enabled -- it responds to what you say over the phone. This means, for example, that you will be able to change your correspondence address by saying your new address over the phone. The IVRS will then repeat the address to you so that you can be sure it's changed correctly. To help the system work, speak clearly and avoid background noise such as a radio or television.

The IVRS will be available 24 hours a day, seven days a week. You will always have the option of speaking to a DFAS technician during regular work hours from 7:00 AM to 7:30 PM, Eastern Time. Because of system improvements, the technician you speak to will already have your account information available once you've gone through the IVRS. The technician will ask you a few questions about your account to verify that you're the one making the call.

If you're calling about a letter you sent to DFAS, the technician will also be able to access the letter and check its status through IVRS.

You will need a myPay Personal Identification Number (PIN) to use this new system. If you do not have a myPay PIN, you can request one by calling 1-800-390-2348, or (216) 522-5122.

Please note that DFAS will be recording calls both for quality assurance and training purposes. 

Visitors' Center to be Built for Vietnam Memorial

When the design for the Vietnam Veterans Memorial Wall was first unveiled it was very controversial. After all, a wall in the shape of a "V" was unlike any other war memorial in the nation. In addition, two fingers held in the shape of a "V" had become the "peace" symbol during the Vietnam War and was generally thought to be used by those who were strongly opposed to the war.

But after it was finished in 1982, the critics were silenced by the flood of visitors and by the emotional reaction of the hundreds of thousands who went to the wall. In fact, the Vietnam Veterans Memorial Wall has become the most popular site on the Mall in our nation's capital, with 3.8 million visitors last year.

Now, a new controversy has developed. The National Capital Planning Commission, which has final say over monuments and memorials on the National Mall, has given the go-ahead for a new, underground visitors'

center located between the Lincoln Memorial and the Wall.



According to an article in the *Washington Post*, some Vietnam War veterans are opposed to the project because an underground "bunker or tunnel" is insensitive to Vietnam Vets who fought underground in Vietnam and will be "more a tribute to the Viet Cong." They also accuse the

project planners of hiding the center underground "as if in shame." In addition, there is controversy because of the potential of presenting conclusions about the war that tore the country apart in the sixties and seventies.

However, Jan Scruggs, the president of the Vietnam Veterans Memorial Fund stated that the center would be "a neutral, fact-based presentation" that will pay tribute to U.S. military personnel who served in Vietnam.

Supporters of the project also deny the claims of trying to hide the center underground. Instead, they point out that space for memorials on the Mall is at a premium and there are many individuals and groups who are fighting to preserve the Lincoln Memorial's grounds from any more monuments. The underground visitors' center is an attempt to accommodate both groups.

The planners expect to get final approval for construction early next year. 🇺🇸

Record Numbers Benefit From TRICARE Mail Order Pharmacy

More beneficiaries than ever are saving money and time by using the TRICARE Mail Order Pharmacy. Defense leaders see the trend toward mail order pharmacy use as a vital component in their efforts to control rising health care costs.

"This success indicates that by partnering with beneficiary organizations we have been able to get the word out about this safe, easy and cost-effective option for getting medications," said Army Major General Elder Granger, deputy director, TRICARE Management Activity. "Taking advantage of this important benefit lets our beneficiaries save themselves money and helps TRICARE reduce expenses."

The number of mail order prescriptions delivered to beneficiaries in July exceeded June's total, moving mail-order prescriptions to 7.4 percent of the total number of prescriptions that TRICARE fills, the highest level in two years. During this same time period the number of prescriptions filled at military treatment facilities and those filled at retail locations dropped. Defense leaders are optimistic that they can increase mail order use to 10 percent by the end of the year. The Congressional Budget Office

estimates that the Department of Defense will save \$1.5 billion from 2007-2016 by transferring prescriptions from retail pharmacies to the TRICARE mail-order program.

But savings for beneficiaries may be the biggest reason for the increasing popularity of the mail order pharmacy. Beneficiaries may save as much as 66 percent on maintenance medications for conditions such as high blood pressure, asthma or diabetes. The beneficiary receives up to a 90-day supply of most medications for the same amount they would pay for a 30-day supply at a retail pharmacy. Pharmacists automatically check prescriptions against the beneficiary's medication history to guard against harmful drug interactions, and users don't have to make a trip to the drug store.



Mail-order service is useful for maintenance medications that beneficiaries use for long periods. For immediate or short term needs for medications, beneficiaries may fill prescriptions at military treatment facilities or local retail pharmacies.

Beneficiaries may enroll in the mail order program by mail or online. For more information, visit www.tricare.osd.mil/pharmacy/tmop.cfm. 🇺🇸

Senator Introduces Bill to help Transition between DoD and VA



Senator Robert Menendez (D-NJ)

Senator Robert Menendez (D-NJ) has introduced the Veterans Navigator Bill (S. 3770) to create a system for service members transitioning into the Veterans Administration health care system. The bill would provide \$25 million in federal grants over the next five fiscal years to create a pilot program to address the myriad of problems service members face when they move between the Department of Defense and the VA health care systems. The bill, co-sponsored by US Senator Frank

Lautenberg, has been referred to the Senate Committee on Veterans Affairs.

“Our veterans, returning home from serving their country, should not be prevented from accessing needed medical care because of a confusing and complicated system,” said Menendez. “A grateful nation honors the men and women of the armed forces, and ensuring they receive the assistance they need is the least we can do.

According to a report in the *Federal Times*, the Menendez bill followed a report from the Government Accountability Office (GAO) that criticized DoD “for being unprepared to help recent retirees transition to the VA medical system, particularly when it

comes to sharing medical records.” The report blames most of the continuing problems “on the Pentagon’s inability to set up reliable access to electronic medical records for VA medical facilities.”

The Menendez bill faces an uncertain future. While the VA’s response to the GAO report was generally favorable, DoD was not happy. In addition, a spokesman for Senate Veterans’ Committee Chairman Larry Craig was quoted as saying, “We have to keep an eye on the budget.” However, he went on to say that Craig was going to take a close look at the legislation. 🇺🇸

Not Updating Retired Pay Records can Cost Benefits

The stories are all too familiar:

- Survivors 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.**
- Surviving spouses 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 named at retirement.
- Former spouses lost SBP benefits because neither the former spouse nor the retiree notified DFAS within a year of the divorce that SBP was part of the divorce by sending a letter and a copy of the decree.

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 your files as a reminder to keep your retired pay records current when your status changes.

Note: The SBP “paid up” provision which allows retirees to stop paying SBP premiums after 360 months of paying premiums and reaching age 70 does not go into effect until Oct. 1, 2008. 🇺🇸

Save Money with Generic Drugs

Nationally, generic medications save consumers an estimated \$8 to \$10 billion a year at retail pharmacies, according to the Congressional Budget Office. TRICARE beneficiaries can save up to 66% annually when using generic medications.

Generic medications are as safe and effective as brand-name drugs. The Food and Drug Administration (FDA) will approve generic medicines only if they have the same active ingredients and produce the same results as their brand-name counterparts. DoD regulation requires pharmacies to fill prescriptions with generic medications whenever possible.

Beneficiaries pay \$3 for a 30-day supply of covered generic medications in a network retail pharmacy compared to \$9 for a brand-name drug. When beneficiaries order generic medications through TMOP (TRICARE Mail Order Pharmacy), they may take advantage of more cost savings because they receive up to a 90-day supply of their medications for \$3.

You can search for generic alternatives to brand-name drugs at <http://www.tricareformularysearch.org/dod/medicationcenter/default.aspx>. For information on TRICARE’s pharmacy program, visit <http://www.tricare.osd.mil/pharmacy>. For FDA information on the safety and effectiveness of generic medications, go to <http://www.fda.gov/cder/ogd>. 🇺🇸

American Military Society Membership Application Form

P.O. Box 98186 • Washington, D.C. 20090-8186 • 1(800) 808-4517

Yes, I want to join in support of a strong national defense and take advantage of the great benefits AMS offers. I also understand that I am joining an organization that fights for the compensation, benefits, and entitlements of all military personnel of the uniformed services.

Name: _____ Rank: _____ Branch of Service: _____ DOB: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Telephone:(____) _____ Email: _____

Active Duty National Guard Reserve Retired Honorably Separated

1 Year (\$20) 2 Year (\$40) 3 Year (\$60) Lifetime Membership (\$300)*

Make your check payable to: *American Military Society*

Visa Mastercard

Card No. _____ Exp. Date ____/____/____

** Lifetime Membership may be paid in 10 quarterly payments – 1st payment of \$30 is enclosed.*

Signature: _____

The AMS Advocate

is published bi-monthly by the
American Military Society:

1 (800) 379-6128

CSM Doug Russell
US Army Retired
President

Membership:

1 (800) 808-4517

Insurance Coverage/Billing:

1 (800) 808-4515

Insurance Claims:

1 (800) 808-4516

*Material may be quoted
or reprinted in part or whole
as long as proper credit
is given to AMS.*

Membership in the American Military Society is open to all members from all branches of the armed forces, both officers and enlisted personnel, including Active Duty, Reserve, National Guard, Retired and Veterans, as well as spouses and widows of the uniformed services family. Any individual who supports the aims and purposes of AMS is eligible for Associate Membership. Any business entity, local government, or civic group that supports the aims, objectives, and purposes of AMS is eligible for sustaining membership.

AMS Benefits and Services

For information about any of these programs, call our Customer Service Representatives,
Toll-Free at 1 (800) 808-4514

TRICARE Supplement Plans: Acceptance guaranteed for comprehensive benefits that not only pay your DRG cost-shares, but also pay 100% of your out-of-pocket share of eligible excess expenses. Benefits include a unique premium-paying "Survivors' Benefit" and deep discounts on all your dental, vision, and hearing care.

Medicare Supplement Plans: Your choice of coverages when you are eligible for Medicare. Benefits increase automatically with any increase in federal deductibles.

Cancer Protector Plan: Guaranteed acceptance, regardless of age, for Members who have lived 10 years or more cancer-free.

Dental Insurance Program: Low cost comprehensive coverage that allows you to use your own dentist while covering preventive care and more than 150 treatments and procedures.

Insurance Information 1 (800) 808-4514

TRICARE Supplement Plan

Medicare Supplement Plan

Cancer, Dental

Auto/Homeowner's 1 (800) 524-9400 Client #3825

Auto Rentals 1 (800) 808-4517

We have three nationwide car rental firms.

Call for the AMS ID number and the toll-free

number for the firm of your choice.

Credit Card 1 (800) 808-4517

Hotel/Motel Discounts 1 (800) 808-4517

There are four major, nationwide chains that offer substantial discounts for AMS members. Call the above number for information on which hotels/motels participate with us and for your ID number and reservation phone number.

Other Benefits 1 (800) 808-4514

AMS Legal Plan/LegalRx® 1-888-456-2349 (Promotion Code: 03135)

www.aragdirect.com/03135

AMS Legal Access Plan/LawPhone - Current Enrollees Only

1-800-808-4515





American Military Society
 P.O. Box 98186
 Washington, D.C. 20090-8186

Address Service Requested

Non-Profit Org.
 US Postage
PAID
 Roanoke, VA
 Permit No. 495



Advocate



IN THIS ISSUE

President's Column.....	page 2
TRICARE Catastrophic Cap.....	page 2
Conditions Related to Agent Orange	page 3
Legislation offers veterans' new and enhanced medical facilities	page 4
Calling the DFAS Pay Center will get easier	page 4
Visitors' Center to be Built for Vietnam Memorial.....	page 5
Record Numbers Benefit From TRICARE Mail Order Pharmacy.....	page 5
Senator Introduces Bill to help Transition between DoD and VA	page 6
Not Updating Retired Pay Records can Cost Benefits	page 6
Save Money with Generic Drugs	page 6



Make sure you don't miss a single issue of the *Advocate*.

Send change of address information to: **Membership Department**

American Military Society

P.O. Box 98186

Washington, D.C. 20090-8186