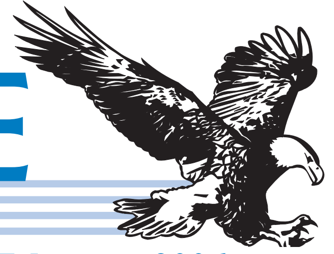
The Alliance



Volume 2 • Number 1 January - February 2006

DOD Wants Major Increases in Tricare Enrollment Fees/Deductibles

Military columnist Tom Philpott let the cat out of the bag in mid-December when he announced in his column DoD's plans for significant increases in Tricare enrollment fees and deductibles through 2008. Philpott pointed out that some of the changes only require a regulation change, not new legislation. But he speculated that hearings by Congress are likely and Congress could step in and block or change the increases.

Philpott also stated that DoD estimates that for every ten percent increase in out-of-pocket costs paid by retirees, the number of beneficiaries using Tricare Prime or Standard will fall by one percent. That means that if the projection is accurate, 600,000 beneficiaries will drop out of the Tricare system by 2015. In other words, DoD wants to start making Tricare so expensive that hundreds of thousands of retirees will not be able to afford to use the military health care system.

But this may be only the beginning. There is no doubt that health care costs will continue to climb. And the number of retirees over the age of 65 will continue to grow. That's why we believe it won't be long before DoD decides to charge enrollment fees for Tricare for Life.

These increases are part of DoD's efforts to "stem the rising cost of its military health system," as reported elsewhere in this issue of the *Alliance*. AFTEA believes this is outrageous and it takes us right back to the days of broken promises so many of us endured for so long. We strongly oppose these proposed increases and we'll fight to stop them. And we will do everything we can to make sure DoD does not impose enrollment fees on Tricare for Life.

We'll need the help of every AFTEA member in this fight, so please renew your membership when you receive notice of your expiration date. ❄

The proposed increases for under-65 retirees are likely to be as follows:
The first figure in parenthesis is for an individual – the second is for a family.

	Oct. 2006	Oct. 2007	Oct. 2008
Tricare Prime enrollment fee: *current: ($230/$460)*			
Proposed officers	($400/$800)	($600/$1,200)	($750/$1,500)
Proposed enlisted	($300/$600)	($375/$750)	($450/$900)
Tricare Standard enrollment fee: *current: no enrollment fee*			
Proposed officers	($150/$300)	($225/$450)	($300/$600)
Proposed enlisted	($100/$200)	($150/$300)	($200/$400)
Tricare Standard and Extra deductibles: *current: ($150/$300)*			
Proposed officers	($200/$400)	($250/$500)	($300/$600)
Proposed enlisted	($175/$350)	(same)	($200/$400)

In the Tricare pharmacy program the current $9 co-pay for brand drugs would rise to $15 in retail network and $10 by mail. The co-payment for generic drugs will rise from $3 at present to $5 in the retail network, but be free if purchased through the mail-order program.

Report from the Hill

National Defense Authorization Act

As we go to press, the Senate and House of Representatives Joint Conference Committee has reported out their Joint Conference Report on the National Defense Authorization Act for 2006. The House has adopted the report and passed the bill 374-41. The Senate has not yet passed it and, by rule, it has two options. It can either pass exactly the same legislation or it can fail to pass the entire Defense Authorization bill. It cannot make changes to what the House has already passed.

Some of the key personnel items the legislation includes are:

* Accelerated from 2014 to 2009 the phase-in of full concurrent receipt for retirees who are rated as 100 percent disabled for unemployability.
* A 3.1 percent pays raise for all military personnel.
* Increases in basic allowances for housing.
* Improved bonuses, including $2500 for interservice transfers for active and reserve and a $100,000 critical skills retention bonus over a full career for selected reserve members.
* Authorized payment of matching fund contributions of up to 5 percent for first term enlistees in the Thrift Savings Plan.
* Authorized an increase to $100,000 in the death gratuity allowance for survivors of all active duty military decedents retroactive to 7 Oct 2001.

TRICARE Reserve Select

The Military Health System was fully funded, according to the committee. In addition, the TRICARE Reserve Select (TRS) program to provide

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PRESIDENT'S COLUMN

Albert G. Ybanez

There is a battle occurring in Washington right now over your military and retirement benefits!

Defense Department officials would have the public believe that the growth in personnel costs, particularly for health care and retiree and survivor entitlements, is impacting on the military funding needed to carry out the nation's wartime mission. They have complained about the cost of Tricare for Life, concurrent receipt, SBP, and argued that these and other recent improvements in military and retirement benefits are unwarranted and will somehow bankrupt the defense budget.

As a result of this false reasoning, the entitlements that we were promised, that we earned, and that we rely on are under attack..

Instead of balancing the budget on the backs of the men and women who serve and have served, our leaders should be honestly considering the requisite level of defense funding during this time of war. They must realize that defending the nation costs money and the cost goes up with demand during wartime.

In 1945, we devoted 38.5% of GNP to defense, the equivalent of $4.76 trillion today. The current $400 billion defense budget is one-twelfth of that and only 3.2% of GDP, as opposed to the average of 5.7% of GNP in the peacetime years between 1940 and 2000.

This is a nation of enormous wealth and it has not been the American tradition since the Civil War to spend, in support of war, with the intensity of war itself.

Health care and other personnel costs are an ongoing cost of war. The Administration and Congress need to adequately fund the war in all its dimensions, and mobilize and unit the country for the effort, and share in the sacrifice.

However we fight the war, and whatever combination of military and nonmilitary means we use to win it, the war effort depends on the ability of the country to muster the needed resources and political will to pay for it.

VA's Online RX Refill Service the Right Prescription for Vets

Secretary Nicholson: Service is "Fast, Easy and Secure"

Tens of thousands of veterans are now receiving their prescription drug refills from the Department of Veterans Affairs (VA) with greater convenience, speed and security, thanks to a new service available to veterans over the Internet. More than 70,000 prescriptions have been refilled using the latest service added to VA's "MyHealth*e*Vet," the personal online health record system designed for veterans in the VA health care system.

"VA's MyHealth*e*Vet prescription refill service is proving to be extremely successful in providing America's veterans with fast, easy and secure access to their important medications," said the Honorable R. James Nicholson, Secretary of Veterans Affairs. "Given the overwhelmingly positive response VA has received to this initiative from our veterans, we anticipate that thousands more veterans will choose to take advantage of this convenient service."

The secure online prescription refill service has quickly emerged as one of the more popular features in the MyHealth*e*Vet system, which connects with VA's widely respected electronic records system.

When a veteran orders a prescription refill, the request is routed to VA's computer system to be filled by one of the department's outpatient mail pharmacies. The refill is then sent directly to the veteran, eliminating the need for a trip to the pharmacy and a wait in line.

On Veterans Day, Nov. 11, 2005, MyHealth*e*Vet marked its second anniversary by adding three new health records that veterans can keep in a secure electronic environment and make available to VA health professionals nationwide – blood oxygen levels taken from a pulse oximeter, daily food intake in the Food Journal, and physical activity and exercise in the Activity Journal.

More than 100,000 veterans have signed up to use MyHealth*e*Vet, which is located on VA's Web site at www.myhealth.va.gov.

Among the services available to veterans, their families and VA care providers through the online personal record are the ability to track health conditions – entering readings such as blood pressure and cholesterol levels – and to record medications, allergies, military health history, medical events and tests.

Veterans can also include personal information, such as emergency contacts, names of medical providers and health insurance information. They can access health information on the Internet from VA, MedlinePlus from the National Library of Medicine, and Healthwise, a commercial health education library.

Future expansion of MyHealth*e*Vet will allow VA patients to view appointments and co-payment balances, access portions of their medical records, and give access to their records to doctors, family members and others. ❄

Medicare Part D Prescription Drug Benefit

Starting January 1, 2006, the new Medicare prescription drug coverage became available to everyone with Medicare Part A and/or Part B. Beneficiaries who live overseas or are in prison are not eligible for the Medicare pharmacy program.

For nearly all TRICARE-Medicare beneficiaries, under most circumstances, there is no added value in purchasing Medicare prescription drug coverage if you have TRICARE. The exception to this general rule may be for those with limited incomes and assets who qualify for Medicare's extra help with prescription drug plan costs; such individuals may benefit by enrolling in a Medicare prescription drug plan.

TRICARE-Medicare eligible beneficiaries, entitled to the TRICARE Pharmacy benefit, need to consider a number of factors when deciding whether or not to enroll in a Medicare drug plan. They should consider monthly premiums, deductibles, co-pays and drug coverage under the different prescription drug plan options offered (also known as a formulary), including the TRICARE Pharmacy Program. The Medicare Part D drug plan options will vary by location.

Enrollment and Premiums

People with Medicare Part A and/or Part B can enroll in a Medicare prescription drug plan during the initial open enrollment period (November 15, 2005 - May 15, 2006). Each following year, you will have the option to enroll in a Medicare prescription drug plan between November 15th and December 31st. Beneficiaries who enroll in a Medicare prescription drug plan are responsible for paying the monthly premium. TRICARE does not reimburse Medicare premiums.

If you have limited income and resources, you may qualify for extra help paying for the Medicare prescription drug premiums, deductible and cost shares. For more information on who can get extra help with prescription drug costs and how to apply, call the Social Security Administration at 1-800-772-1213, or visit www.socialsecurity.gov on the web. TTY users should call 1-800-325-0778.

Creditable Coverage

TRICARE pharmacy coverage is considered creditable coverage since it pays, on average, as much or more than the standard Medicare prescription drug coverage. Because TRICARE Pharmacy is creditable coverage, TRICARE beneficiaries are not required to enroll in a Medicare prescription drug plan. If you, as a TRICARE-eligible beneficiary, decide to enroll in a Medicare prescription drug plan, after May 15, 2006, the late enrollment penalty will not apply.

If TRICARE eligibility is lost (for example, due to divorce, remarriage, etc.), you will have a Medicare prescription drug special enrollment period which begins the day you lose TRICARE coverage and ends 62 days after you lose TRICARE coverage.

Penalties

For individuals without creditable coverage and who don't enroll in a Medicare prescription drug plan during the 62 day period, you will have to wait to enroll in a Medicare prescription drug plan during the next general enrollment period, which is November 15 through December 31st each year. Your Medicare prescription drug monthly premium will go up at least 1% for every month after May 15, 2006 that you did not have creditable coverage. The Medicare prescription drug coverage will be effective January 1 of the following year.

Questions and Resources

For more information on Medicare Part D, visit the Medicare Web sites at www.cms.hhs.gov/partnerships or www.medicare.gov or call its 24-hour toll-free number at 1-800-MEDICARE (1-888-633-4227). ❄

Al Ybanez
Postscript...

We are very excited about the progress and growth of AFTEA over the past six months but we are even more excited about our future. Over 1,800 new members have been added and we have taken major steps in continuing to build and organize AFTEA's national presence.

Over the coming months your national Board of Directors will be actively planning the association's continuing development and activities over the next five years. These include (1) legislative agenda and implementing a government relations program; (2) recruiting and retaining members; (3) forming effective leadership; and (4) conducting the business of the association, including planning our annual meeting, to list but a few.

We want to provide each AFTEA member an opportunity to participate in the governance of AFTEA. Prior to our first Annual Meeting, the Nominating Committee will issue a call for candidates, state the positions to be filled, candidate qualifications, and deadlines for submission of resumes. AFTEA invites candidates from all five branches of service!

Finally, I would ask each AFTEA member to get active in this great Association. Our Committee Chairmen are looking for members for their committees. It doesn't matter where you live -- with the technology of email and telephone conferences, we can conduct business nationally. If you have an interest to serve, CONTACT A COMMITTEE CHAIRMAN!

I'm proud to serve as your National President, and I look forward to hearing from you! If you have any ideas or questions, please feel free to send them to me!

Pride, Dedication, Service…

Al Ybanez

Account Statements and Tax Forms Mailed

The Defense Finance and Accounting Service announced in early December that it was going to mail out retired and annuitant account statements and 1099-R tax statements throughout the latter half of December.

Normally we wouldn't be printing information that seems so out of date, but many individuals failed to notice last year that the two forms were mailed together so they complained to DFAS that they had not gotten the 1099 when the problem was really one of misplacement. So in order to try and make sure everyone understands what was done, we are repeating the DFAS announcement.

DFAS officials wanted pay recipients to know that the account statement and tax form were mailed in the same envelope. For retirees, the RAS reflected changes due to the cost-of-living increase, the Veterans Administration (VA) Legislative increase and changes to the Federal Income Tax Withholding rates.

Due to the VA legislative increase, recipients of Combat Related Special Compensation (CRSC) also received an increase to their CRSC amount. This amount affected the December 2005 entitlement scheduled for the payment on Jan. 3, 2006 and was reflected on the CRSC pay statement available to retirees on ***myPay***. Retirees who do not have a ***myPay*** account will not receive a CRSC pay statement.

Also, during December, retired members entitled to receive either CRSC or Concurrent Retirement and Disability Pay (CRDP) were provided with an election form as part of the annual open season. During the open season, affected retirees will have the opportunity to elect to receive either CRDP or CRSC for the next year. In order for the entitlement to change, the form must be received and processed by Jan. 31, 2006. Based on the election, the change will take effect on the payment dated Feb.1, 2006.

In addition, as a result of the phased in CRDP, the amount retirees will receive for CRDP will increase effective January 2006 and will be reflected in the payment dated Feb.1, 2006.

The Annuitant Account Statement will reflect changes due to the cost-of-living increase, changes to the VA Dependency and Indemnity Compensation (DIC) amounts and changes to Federal Income Tax Withholding rates. For more information on **myPay**, please go to http://www.dod.mil/dfas and scroll down to myPay. ❄

VA Prescription Co-Pays Increased by $1

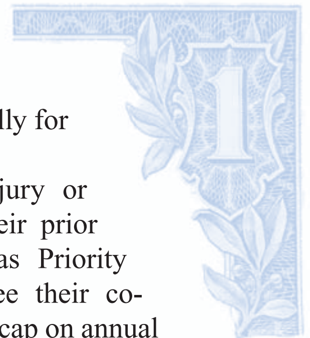
Co-payments for outpatient medicines prescribed through Department of Veterans Affairs (VA) medical facilities have risen by $1, according to an announcement by VA. The $1 increase for a 30-day supply of prescription drugs took effect on January 1, 2006, the first change in VA prescription drug co-payments in four years.

"Through sound management practices, efficient pharmacy operations and price negotiations that put veterans first, VA has been able to contain prescription drug costs," said the Honorable R. James Nicholson, Secretary of Veterans Affairs, noting that co-payments paid by veterans will still be lower than similar expenses in the private sector.

The increase to $8 from $7 for a 30-day supply of prescription drugs is required by federal law, which bases VA's co-payments for outpatient prescriptions on increases in the Medical Consumer Price Index.

The $1 increase will not affect veterans who have an injury or illness connected with their military service resulting in a 50 percent or greater disability. Also known as "Priority Group 1" veterans, these patients will see no change in their current prescription drug benefit, Nicholson said.

Other veterans with less pronounced service-connected ailments – those classified as Priority Groups 2 through 6 – will see their prescription drug co-pays rise by $1, but their annual out-of-pocket expenses for VA medicine will remain capped. The new cap will rise to $960 per year, up $120 from the previous level. This means veterans in Priority Groups 2 through 6 will pay no more than $960 annually for VA outpatient medicine.



Veterans who have no injury or illness related in any way to their prior military service – referred to as Priority Groups 7 and 8 – will also see their co-payments increase, but there is no cap on annual payments for outpatient medicine.

Not all prescription drugs will be subject to the $1 increase. Outpatient medications not subject to co-payments include:

- Medication for treatment of a service-connected disability;
- Medication for a veteran who has a service-connected disability of 50 percent or more;
- Medication for a veteran disabled by 50 percent or more for unemployability;
- Medication for a veteran whose annual income does not exceed the amount of VA pensions;

Medications for health problems that may be linked to Agent Orange for Vietnam veterans, to radiation exposure, to undiagnosed illnesses of Persian War veterans, or for new veterans within two years of discharge after serving in a combat theater. ❄

Tricare Officials Encourage Educated Decisions on Medicare Part D

The window for signing up for Medicare's new prescription drug plan is now open, but Tricare Management Activity officials encourage eligible beneficiaries to weigh the facts before deciding whether to sign on to the plan.

Coverage under the new prescription drug plan, called Medicare Part D, began Jan. 1 and is open to anyone already enrolled in Medicare. The plan represents the first time Medicare has offered prescription drug coverage for its estimated 42 million beneficiaries. Tricare officials estimate that about 1.7 million of the 9.2 million Tricare beneficiaries are eligible to enroll in the new plan, but emphasize that it's not the most prudent choice for everyone.

In most cases, there's no added value for Tricare beneficiaries to buy the new Medicare prescription drug coverage, officials said. Tricare generally pays as much or more than a standard Medicare prescription plan, they said. Unlike many non-DoD Medicare beneficiaries, those under Tricare already have what officials call a "robust" pharmacy benefit. It charges no monthly premiums and requires minimal co-payments for drugs received through the TRICARE Mail Order Pharmacy and retail network. In addition, there's no cost for prescription drugs received at military treatment facilities, officials noted.

The one group of eligible Tricare beneficiaries who may benefit from the new Medicare Plan D are those with limited incomes and assets, officials said. This includes beneficiaries who qualify for Medicaid.

The new Medicare Part D drug plan options will vary by location, officials said, and beneficiaries living overseas aren't eligible.

The best way for Tricare-Medicare beneficiaries to determine if the new plan is best for them is to evaluate a variety of factors involved. These include monthly premiums, deductibles, co-payments and drug coverage of several prescription drug plans, including the Tricare pharmacy program, officials said.

To help eligible Tricare beneficiaries make this decision, Tricare and the Centers for Medicare and Medicaid Services have teamed up to provide Medicare Part D educational and enrollment information. This information is posted on the Tricare and Medicare Web sites or by calling (800) MEDICARE (633-4227).

The enrollment period for the prescription drug coverage plan continues through May 15. After that, eligible beneficiaries will have an annual window between Nov. 15 and Dec. 31 to sign up. ❄

From American Forces Press Service
By Donna Miles

Veterans in Congress

Parade magazine reported recently that only 14 members of Congress have children who serve in the armed services – 11 in the House and 3 in the Senate. Of the 100 members of the Senate, 31 have served on active duty or in the reserves, with only 8 having seen combat. In the House, 110 of the 435 have served in uniform, with only 29 experiencing combat.

The total number of veterans in Congress is about 26%, the lowest percentage since prior to World War II. In 1978, 77% of Congressional members were veterans. ❄

Veterans' Disability and Survivor Benefits Get Boost

Late last year Congress passed legislation to give a 4.1 percent increase to those who receive veterans' disability benefits and survivor benefits for 2006. This matches the COLA for other federal entitlements.

The legislation became effective on Dec. 1 after President Bush signed the bill on November 22. The extra amount should have been included in the January paychecks.

Inflationary increases in disability compensation, dependency and indemnity compensation and pensions are not tied to the Social Security and military retirement pay COLAs and must be passed by Congress each year. ❄

Report from the Hill

continued from page 1

health insurance to Selected Reserve and National Guard personnel was significantly expanded. The legislation would set up a three tier system to offer health coverage to all Selected Reserve/National Guard personnel and their families:

Tier One: Premium cost is 28 percent for the individual and 72% for the government (28/72). This plan would cover Selected Reserve/National Guard personnel who have been deployed on contingency operations and agree to continue serving in the Reserve/NG.

Tier Two: For those who are unemployed or in civilian jobs with no health insurance the cost ratio is 50/50.

Tier Three: This tier would apply to Reservists/NG in civilian jobs with health insurance, but who want to use the TRICARE Standard benefit. The cost ratio is 85 individual/15 government.. This high cost to the individual is clearly intended to discourage beneficiaries from dropping their civilian coverage and opting for TRICARE.

SBP/DIC

AFTEA was disappointed that the Conferees dropped a provision in the Senate bill that would have ended the SBP/DIC offset. The current law requires a dollar for dollar reduction in SBP for every dollar a widow(er) receives in Dependency and Indemnity Compensation as a result of the military spouses service-connected death. We will take up the fight on this disgraceful lack of support for military widows again next year.

We are glad the House has acted and hope that the Senate completes action within the next two or three days on this important legislation.

BRAC Update

As reported in another article in this issue of the *Alliance*, DoD is concerned about the increasing cost of military health care and, true to form, intends to take it out on the retired men and women of the Armed Forces by increasing fees and imposing new ones. Unfortunately, they are not taking other actions that could actually save DoD money.

According to Philip Grone, a Deputy Undersecretary of Defense, more than 800 installations across the country will be affected by the BRAC. We have said before that we are concerned that the analysis for the medical portion of the BRAC was not properly done. Sources tell us that the plan for the Washington, D.C., area will actually result in less Military Treatment Facility(MTF) access than is now available. Study after study has shown that DoD can save 30 to 40 percent by treating beneficiaries in MTF's rather in the private sector. We believe increasing MTF space is far better than saddling military personnel and retirees with higher costs.

Further, DoD has already started implementing BRAC changes even though there is no guarantee that funds will be available to execute the entire medical BRAC. Therefore, DoD could close facilities in expectation that funding would be made available for the new facilities, but because of budget problems not get the money. That would mean even higher expenses because more beneficiaries would have to be treated by the private sector.

DoD expects to have the general plans in place for implementing the BRAC by February 2006. That will provide the basis for requesting funds. We believe that until the funding is in place -- and guaranteed -- no further action should be taken on implementing the medical portion of the BRAC. We have the best military medical system in the world. The health care of our troops is too important to dismantle the system, and that will happen if funds are not available to fully pay for each step in the entire medical realignment.

This will be a major fight and AFTEA will need your help. ❄

Chuck Partridge
Government Relations

DoD Plans for Cuts in Future Budgets

Even before its budget for FY2006 had been passed by Congress, the Department of Defense announced preliminary plans to cut its planned spending in 2007-2011. According to an article in *Aerospace Daily & Defense Report*, DoD's budgets have grown 41 percent during the Bush administration. However, preliminary plans for defense spending growth of $32 billion in the years 2007-2011 will be trimmed.

If this projection holds true, retiree benefits could be affected, since they come out of the Pentagon's budget and because DoD has been complaining since the beginning of 2005 that health care for retirees is taking money away from active duty personnel.

AFTEA will watch this very closely and will fight any attempts by DoD to take away the earned retirement benefits of military retirees. ❄

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Dear Fellow Member,

I'm betting you have a friend that, like you, also reached the pinnacle of the enlisted ranks in the uniformed services. And, given the opportunity, your friend would join with us in the Armed Forces Top Enlisted Association.

As you may know, the politicians in Washington count numbers. They care about how many people belong to an organization, because groups that have large memberships win the political fights. Those are just the simple facts of life in Washington.

Help us reach out to other top non-commissioned officers. Please share AFTEA with a friend.

Use the Charter Membership Acceptance form below to share AFTEA with a friend.

Gratefully Yours,

Albert G. Ybanez, CSM, USA (Ret)
President

P.S. As part of our thanks for becoming a Charter Member of AFTEA, we'll send your friend the handsome member's coin just like the one you received.

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