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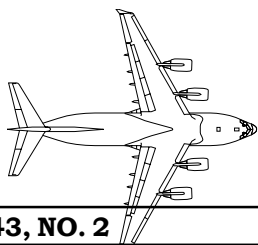
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Afterburner

NEWS FOR USAF RETIRED PERSONNEL

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SEPTEMBER 2001

TRICARE for Life begins Oct. 1; TSRx proves successful

TRICARE for Life (TFL), a program described as providing the most sweeping improvements to the Department of Defense's (DoD) health care system in nearly 30 years, begins Oct. 1.

TFL, brought about by the 2001 National Defense Authorization Act, results in most members of the military retiree community being eligible for benefits formerly provided to those under 65. Beginning Oct. 1, the military health care program will include Medicare eligibles if they are enrolled in Medicare Part B.

According to information contained in a package the Department of Defense Health Affairs staff mailed to Medicare eligible members of the retiree community, no action is required to be enrolled in TFL. Except for paying for Medicare Part B, there is no monthly premium.

Eligible beneficiaries who did not receive an information package may call the toll-free TFL number: 1 (888) 363-5433. Individuals who are hearing or speech impaired should call TTY/TDD: 1 (877) 535-6778. You can also visit the web site at <http://www.tricare.osd.mil>. Most of the pertinent information is contained in this publication; however, there may still be specific questions that should be referred to the toll-free number.

DoD officials point out that participants don't need a beneficiary card to receive health benefits under TFL. The Uniformed Services Identification (I.D.) card and Medicare card are all that are required.

As a service, however, the information package included a card with information on the front showing the TFL toll-free number, and how to file. On the back is information on the TRICARE Senior Pharmacy Program that gives some co-pay costs and the toll-free number for more pharmacy information.

A letter signed by Thomas F. Carrato, TRICARE Management Activity Executive Director, notes that the information package included:

- * a TFL brochure explaining the expanded health care benefits;
- * a Beneficiary Information Update form on your current and future plans for health insurance to be returned in an enclosed envelope;
- * a wallet-size information card; and
- * a health-care benefit comparison chart that illustrates how TFL will work as a second payer to Medicare.

Since the packages are being mailed in envelopes from one of the several contractors providing TRICARE services, retirees may have found other information in the package. Example: Health Net Federal Services, which serves several TRICARE regions, enclosed a TFL briefing schedule for those it serves in TRICARE Region Six.



The TRICARE Senior Pharmacy Program is proving to be a success story, according to Department of Defense officials.

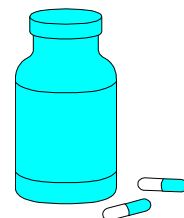
"Overall the new pharmacy program is extremely successful. The response from beneficiaries 65 and older has been overwhelmingly positive," said Army Col. William Davies, director, DoD pharmacy programs. "The managed care support contractors (MCSCs) provided exceptional support at the regional level, ensuring a smooth beginning to the program," added Davies.

Among the few difficulties encountered by users were denied claims resulting from erroneous Social Security numbers (beneficiary's instead of the sponsor's) and incorrect information in the claims processor's database about the beneficiary having other health insurance (OHI).

"In these situations, the DoD's toll-free TRICARE Pharmacy Help Line, 1-877-DOD-MEDS (1-877-363-6337), proved to be an invaluable resource," said Davies. "As problems which caused a claim to be denied were identified, corrective action was taken on the spot by the network pharmacy and help line staffs to contact the beneficiary, update or correct erroneous information and process the claim."

During April, approximately 450,000 prescriptions were processed. The TRICARE retail networks processed 317,000 prescriptions, and the National Mail Order Pharmacy (NMOP) processed 133,000 prescriptions. Users of the expanded senior pharmacy benefit have reported their satisfaction to TRICARE Management Activity (TMA) officials and leaders of military organizations.

One beneficiary said his wife previously spent \$423 for 90 tablets of a certain medication. The same prescription submitted through a TRICARE network pharmacy cost only \$9 for 180 tablets. The beneficiary also reported previously paying \$48 for a bottle of eye-drops to treat his wife's glaucoma. Using TRICARE, his wife was able to receive two bottles of the same



(See pharmacy on page 6)

In this Afterburner

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Having reached the age where everybody and everything — people, organizations and restaurants — agree that I'm a senior citizen, a great number of people also think that I have lost a few brain cells along the way.

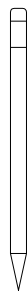
No, I don't think of myself as being any less astute than I was a few years back, but there are many people who equate "older" with lacking mentality. And they have set out to prove they're right by devising more ways to separate me from my money. Let's change that last statement to "separate us from our money." Many of you reading this are already in the cross hairs of at least one scam artist.

Sure, there's the potential to be ripped off at any age, but it just seems that once we reach a certain age, say 55, the contacts become more frequent and increase with each passing year. How do they know our age? Every time we fill out a form requesting personal information, it becomes a collector's item. I get more birthday cards from insurance agents and investment brokers than I do from family members and friends. You know there are many others (and they don't even send cards) who know when you were born.

Why do scam artists direct their con game at us more mature folks? Besides the fact that some of us do slow down just a bit, we also start thinking more about having it easier during our so-called golden years and start looking at better places to put savings to make even more money. And there are those who do fall for those "it sounds too good to be true schemes." Also, I think we start becoming a little more trusting, as evidenced by the recent announcement that a group of elderly people lost

Editor's Notebook

By
Bill
Turner



millions investing in properties backed by a religious group.

A number of Federal agencies publicize and even investigate various scams — the Federal Trade Commission, the Treasury Department and the Social Security Commission. Even the Department of Energy has gotten into the act by warning about schemes aimed at getting the elderly to invest in energy-savings devices that don't work and sometimes don't exist. This is one case where you can't discuss a subject too much, and I want to do my share. Actually, that's what this whole column is about. Maybe I can't protect the world (or even myself) but hopefully, I'll be able to alert you from time to time of new ways the crooks are doing business. At a time when we are thinking about real retirement, or maybe doing something for the kids or grandkids we couldn't do before, let's not willingly hand our money over to a bunch of low life.

With limited space, we can't cover much in the **Afterburner**; however, there are a couple of other ways to spread the word and that's through our web page at <http://www.afpc.randolph.af.mil/afretire> and through an e-mail subscription service which is really going great.

Not everybody has or will ever have a computer, but if you do, and are able to pick up on something that your fellow retirees may not have seen, please pass it along by phone, letter, or just by walking down the street to have a cup of coffee and chat about it.

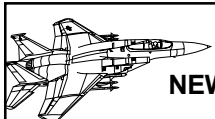
If you do have a computer, here's a simple way to subscribe:

- * Prepare an original e-mail message. Don't put anything in the "from" line as the computer will take care of that.
- * On the "to" line type exactly (no variations) list.manager@listserver.afpc.randolph.af.mil
- * On the "subject" line type exactly (no variations) **SUBSCRIBE AFRETIRE**

Then hit send. Later you will get a return message indicating that you have been subscribed as a non-digest member and you will receive messages in a plain text format.

You will then start receiving, via e-mail, information of interest to the military retiree community. Not all of them will be pearls of wisdom, but it's an effort in the right direction.

Don't forget, there's a wealth of information to be gained from other sources, including the many military-related organizations that work on behalf of the retired community and the web sites of a number of government agencies.



AFTERBURNER

NEWS FOR USAF RETIRED PERSONNEL

*The **Afterburner** is authorized by Air Force Instruction 36-3106. It is published in January, May and September by the Retiree Services Branch. Distribution: individuals entitled to Air Force retired pay; unremarried surviving spouses of retirees (automatically if they are receiving an annuity under the Survivor Benefit Plan and/or the Retired Serviceman's Family Protection Plan, or the Reserve Component Survivor Benefit Plan); unremarried nonannuitant surviving spouses of deceased Air Force members, who were entitled to receive retired pay, may receive the **Afterburner** by requesting it from the address below. The **Afterburner** is not sent to former spouses nor to retirees of other services. Additional copies are not available. The **Afterburner** address:*

HQ AFPC/DPPT
550 C Street W Ste 11
Randolph AFB TX 78150-4713

*E-mail address is Billy.Turner@afpc.randolph.af.mil, and the phone number is (210) 565-2126. The **Afterburner** is available on the Internet at <http://www.afpc.randolph.af.mil/afretire/>. Retirees may write to the Co-chairmen of the Air Force Retiree Council by using the office symbol, HQ AFPC/CCU, at the address above. To change your address to receive the **Afterburner** and other official correspondence, see the procedures elsewhere in this issue.*

Bill Turner -- Editor, Afterburner

Bruce Creller -- Chief, Retiree & Transition Programs Division

Colonel John T. Allen USAF, Retired

Air Force Retired Colonel John T. Allen, who represented Area VI (Texas) on the Air Force Retiree Council for 11 years, died July 25 at the age of 85.

Colonel Allen, who retired from the Air Force in 1969, served on the Air Force Retiree Council from Jan. 1, 1984 through Dec. 31, 1994. In addition to his volunteer work representing all members of the Air Force retired community in Texas as a Council member and as Director of the Randolph Air Force Base Retiree Activities Office, Colonel Allen worked diligently for many civic organizations in the area. He was also active in promoting amateur and professional golf in the area.

Services were July 30 at Randolph AFB and interment with full military honors followed at the Ft. Sam Houston National Cemetery.

Air Force Retiree Council meets, addresses key issues

For the first time in recent memory, council representatives were able to place their primary focus on issues other than health matters when the Air Force Retiree Council held its annual meeting June 11-15 at the Air Force Personnel Center, Randolph AFB, Texas. That topic was not forgotten, however, and will continue to receive the council's attention.

Attending were representatives of the council's 15 geographical regions — 13 in the Continental United States plus the Pacific (including Hawaii and Alaska) and Europe — and two members at large. Also, represented, were several military-related organizations, and the retiree council co-chairmen of our sister services.

Co-Chairmen, retired Lt. Gen. Everett H. Pratt Jr., and CMSAF Eric W. Benken, made it a point to emphasize that the council will continue to support health issues and to work to ensure the effective implementation of the TRICARE for Life (TFL) program.

The Mail Order Pharmacy Program went into effect April 1 and the TFL program, which covers those age 65 and older, begins Oct. 1.

Immediately following the council meeting, the co-chairmen sent a letter to Air Force Chief of Staff Gen. Michael Ryan, who earlier had been the featured speaker at the meeting. During the meeting and in the letter, the co-chairmen, on behalf of the council, thanked the Chief (and the Chiefs of the other services) for their unwavering support of military health affairs reform. In the letter, the co-chairmen said that "in our view your personal commitment and involvement played a major role in the passage of TRICARE for Life."

The co-chairmen pointed out that TRICARE for Life was the right thing to do and will go a long way in re-establishing the faith of the retired community in our national institutions. TRICARE for Life is only one of a host of issues the council continues to work in support of the 750,000 Air Force retirees and surviving spouses.

Attached to the letter were items council members believed required the Chief of Staff's direct involvement and support. In addition, General Pratt made a special trip to Washington, D.C. in July to discuss the items with the Chief.

The council recommendations on the top issues were:

* **Survivor Benefit Program (SBP)** — In the interest of equity, the council strongly supports SBP legislation eliminating the age 62 offset; accelerating the paid up provision to Fiscal Year 2002 and extending SBP benefits to survivors of all members who die on active duty, as if they were retired with a 100 percent disability.

* **Concurrent Receipt of Military Retired Pay and VA Disability Compensation** — The council strongly supports the full concurrent receipt of military pay and VA disability compensation. The council further recommends that this position be advocated in the DoD report due to Congress on this matter, specifically that Congress take necessary steps to end this injustice and put military retirees on par with other Federal retirees who are eligible to collect both civil service pensions and disability compensation from the VA.

* **Proposed 2002 Budget Plan Health Care Impact** — The council strongly opposes this proposal that would force military retirees to give up one earned entitlement in order to secure another. The proposal would force retirees to choose to use either

the VA or military medical care system but not be able to use both.

* **TFL Implementation and Execution** — The council strongly recommends late Medicare sign-up penalties for overseas retirees be waived; the \$50 Medicare B premium be waived for those beneficiaries receiving Widow's Death Pensions; and that DoD negotiate with Health and Human Services to authorize an immediate open enrollment of Uniformed Services retired seniors, who are 65 prior to Oct. 1, 2001.

A number of other items supported by the council were sent to the Air Staff agencies for staffing.

In addition to several medical briefings, the council also received briefings from the Air Force Deputy Chief of Staff, Personnel; the Commander, Army and Air Force Exchange Service; the Commander, Defense Commissary Agency; and the Director, Air Force Services. The next council meeting will be held May 14-17, 2002.

Council looks to fill 5 positions

Five retired Air Force members will be named later this year to fill vacancies on the Air Force Retiree Council. Although those selected will not become members until July 1, 2002, the new area representatives are expected to attend the next council meeting in May as observers.

Following is a list of the council areas where vacancies will occur and the name of the current representative:

Area IV — Colorado, Nevada, Utah and Wyoming — Lt. Col. Thomas W. Cox;

Area V — Iowa, Minnesota, Nebraska, North and South Dakota and Wisconsin — CMSgt. Maurice J. Van Houtte;

Area VII — Arkansas, Kansas, Missouri and Oklahoma — CMSgt. Lou Ella Walpus;

Area VIII — Illinois, Indiana, Kentucky, Michigan, Ohio and West Virginia — CMSgt. Marvin Dale;

Area XIV — Pacific Region (including Alaska) — Col. David P. Lohmann

Members who reside in an area where there will be a council vacancy are encouraged to visit the Retiree Activities Office at the nearest base to review the application procedures in the governing directive, Air Force Instruction 36-3106, Retiree Activities Program.

Interested retirees may apply only for the vacancy in the area of their residency. Candidates, officer or enlisted, should apply to the commander of the nearest installation. However, those in the Pacific Region should submit an application directly to the commander of Pacific Air Forces.

Since commanders must screen and forward their nominations to the council co-chairmen by Nov. 16, interested retirees should apply not later than Oct. 15. The council co-chairmen will accept nominations only from installation commanders and the commander of Pacific Air Forces.

While all retirees will be considered, the council co-chairmen have indicated a particular interest in retirees who have shown involvement in retiree programs.

Areas of responsibility and interest are spelled out in the previously mentioned directive.

DEERS, Medicare Part B important for TFL coverage

Although their first concern is to get current eligible beneficiaries into the TRICARE for Life (TFL) program that starts Oct. 1, Department of Defense officials haven't forgotten those who become eligible in the future.

DoD health care officials have sent out detailed information packages explaining the program to members of the retiree community who are already Medicare eligible. In addition, the DoD focus is on future beneficiaries to make sure they have the background information to ensure a smooth transition from the regular TRICARE Program for those under 65 to TFL for the 65 and over eligibles.

The TRICARE web site, the electronic Air Force Retiree News and retiree publications such as the **Afterburner**, News for USAF Retired Personnel, will serve key roles in disseminating information, but the most important tool in the process is the Defense Enrollment Eligibility Reporting System (DEERS).

DEERS automatically notifies eligible beneficiaries within 90 days prior to their attaining the age of 65 that their medical benefits are about to be changed. They ask that individuals contact the nearest Social Security Office regarding enrollment in Medicare if they haven't been contacted already.



When the eligible person receives the initial information from Medicare, they receive a Medicare Card indicating both Medicare Part A and Part B coverage. Part A is free, but Part B carries a monthly premium, currently \$50 a month.

Part B refusals will mean a penalty of 10 percent for each year the person was eligible for Part B but did not participate. More information may be obtained on the Internet at <http://www.ssa.gov>. Also, questions about Medicare Part B may be directed to the local Social Security office or to Medicare at (800) 633-4227.

Officials point out that it's extremely important for all members of the military retiree community to ensure their addresses are accurate and the DEERS records reflect changes in family status such as marriage, divorce, birth or adoption. Remember, each family member's eligibility is independent and must be updated.

Eligible beneficiaries may update their addresses in DEERS in a number of ways:

- * By visiting local military personnel offices that have an ID card facility;
- * By calling the Defense Manpower Data Center Support Office (DSO) telephone center at (800) 538-9552. Those in California should call (800) 334-4162; and the number for Alaska and Hawaii residents is (800) 527-5602. (The best time to call the telephone center is Wednesday through Friday, between 9 a.m. and 3 p.m. (Pacific Time) to avoid delays);
- * By faxing changes to (831) 655-8317;
- * By mailing the change information to the DSO, Attn: COA, 400 Gigling Road, Seaside, CA 93955-6771;
- * By visiting a Military Treatment Facility;
- * By E-mailing information to addrinfo@osd.pentagon.mil and including the sponsor's name and Social Security Number,

name(s) of other family members affected by the address change, effective date of address information, and telephone number (to include area code), if available.

Internet users should use all lowercase letters because some e-mail systems are case sensitive.

To change information in DEERS other than address data, beneficiaries may visit an ID card facility, or mail or fax changes with appropriate documentation to the address or fax numbers provided above. To learn what documentation is required, contact the nearest military ID card facility.

Major decision

Other health insurance: keep or drop

With the TRICARE for Life (TFL) Program becoming effective Oct. 1, many Medicare eligible beneficiaries will soon have to make an important decision: whether or not to keep other health insurance such as employer health insurance or Medigap plans.

It's a major and personal decision, and Department of Defense health care officials urge TFL beneficiaries to carefully evaluate their health insurance needs to determine if the often very expensive coverage is necessary.

In deciding, beneficiaries should consider that TRICARE is always second to all other health insurance. With additional coverage, Medicare pays first, then the employer health insurance or Medigap plans pay their share, and then TRICARE ends up paying third.

On the other hand, under TRICARE for Life — if your only health insurance is Medicare (Part A and Part B) — TRICARE will act as a second payer to Medicare. TRICARE will pay your remaining out-of-pocket expenses (Medicare deductibles and cost shares) for services paid by Medicare and covered by TRICARE.

Whatever the decision, TFL beneficiaries should make sure they keep their other coverage at least until Oct. 1 when TFL becomes effective. Then, if you choose to drop your coverage, the best time to do so is after you are entitled to TFL.

Once a decision is made to drop the other health insurance, TFL beneficiaries will need to contact their other health insurance program for details on disenrollment.

TFL beneficiaries are urged to make their "other insurance" plans known by filling out and returning a form that is included in the information package now being mailed. According to TRICARE Management Activity Executive Director Thomas F. Carrato, it will help smooth the claims process and help administrators avoid complications.

Eligible members of the retiree community who did not receive the TFL information package may want to call the toll free number 1 (888) 363-5433. If you are hearing or speech impaired, call TTY/TDD 1 (877) 535-6778. Information is also available on the Internet at <http://www.tricare.osd.mil>.

TRICARE for Life: Answers to most frequently asked questions

My doctor is a “non-participating Medicare provider” and does not “accept assignment.” His charges, which I pay upon service, are 115 percent of Medicare authorized charges. Medicare pays 80 percent of charges and my supplement pays the balance. Both pay me directly. Will TRICARE for Life work the same way?

TRICARE for Life will work the same way.

Is TRICARE for Life a permanent program, or must Congress renew it each year through authorizing legislation?

The FY 2001 National Defense Authorization Act (NDAA) established a permanent program called TRICARE for Life (TFL) for Medicare-eligible beneficiaries to be effective Oct. 1, 2001. During the first year, TFL will be funded by the regular Department of Defense Appropriations Act.

For subsequent years, the FY 2001 NDAA provided that TFL will be funded through a health care fund now called the Department of Defense Medicare-Eligible Retiree Health Care Fund, resourced with general revenues of the United States Treasury and annual contributions from appropriations.

Because TFL is an entitlement program, it will not require annual authorization by Congress.

How do I go about enrolling in Medicare Part B?

You should check your Medicare card to see if you are already enrolled in Part B. If not, you must submit an application to enroll in Part B directly to the Social Security Administration (SSA). (Most of Medicare's 39 million beneficiaries opt for this voluntary coverage.) The General Enrollment Period for enrollment in Medicare Part B is held Jan. 1 through March 31 of each year, and Part B coverage starts on July 1 of that year. For details on enrollment in Part B, beneficiaries may call the SSA toll-free number, (800) 772-1213, or visit any Social Security Office. They also can find information on the Medicare Web site www.medicare.gov.

Beneficiaries do not need to provide Medicare Part B information to the Department of Defense (DoD). The DoD will work with the proper agency to obtain evidence of Part B coverage for all beneficiaries.

Should I wait until October to check DEERS and enroll in Medicare Part B?

No, you should not wait. The quicker you update your paperwork, the better your chances to make a smooth transition to TFL for you and your eligible family members. You can do this automatically by visiting the DEERS Web site.

I'm over 65 years of age, still employed and have coverage through FEHBP. Under Medicare rules, I can delay Part B enrollment until I retire or no longer have FEHBP. Under my current arrangement, will I need to enroll in Part B in order to use TFL?

Yes. You will not be eligible for TFL until you are enrolled in Medicare Part B.

I am enrolled in the Uniformed Services Family Health Plan (USFHP). What effect will TRICARE for Life have on me? What about the TRICARE Senior Pharmacy Program?

The new benefits under TRICARE should have no effect on enrollees in USFHP. Those enrolled, including retired beneficiaries age 65 and older, already receive the full TRICARE benefit. The USFHP contractor provides health care services, including a full pharmacy benefit, through a network of hospitals and providers functioning as a managed health care plan.

Those enrolled in the USFHP are not eligible to receive health care or pharmacy benefits at military treatment facilities (MTFs), except in an emergency. Because the USFHP already has a pharmacy component, those enrolled in the USFHP also will not be covered under the TRICARE Senior Pharmacy Program. Anyone in the USFHP may disenroll at any time and be eligible for the pharmacy benefits and medical care at the MTF.

To be eligible for the TRICARE Senior Pharmacy Program and TFL, beneficiaries must be age 65 or over and enrolled in Medicare Part B. (NOTE: Disenrolling from USFHP does not in and of itself make a beneficiary eligible for the TRICARE Senior Pharmacy Program or TFL.)

The seven USFHP plans operate under a special “designated status” for inclusion in the health care delivery system of the uniformed services. The Department of Defense (DoD) fully funds this program through appropriations from Congress. Currently, Medicare-eligible enrollees in the USFHP are not required

(See TFL questions on page 6)

Mental health clinics get new name

Lt. Gen. Paul K. Carlton, Jr., Air Force Surgeon General, signed a memorandum recently changing the name of Air Force mental health clinics to life skills support centers.

The renaming takes effect immediately and is at the direction of Air Force Chief of Staff Gen. Michael E. Ryan.

“Renaming mental health clinics is an important first step in helping to reduce the stigma associated with mental health services,” said Lt. Col. Wayne Talcott, who is the Air Force's suicide prevention program manager at the Air Force Medical Operations Agency.

“Receiving ‘mental health’ services has been seen as career damaging by many airmen,” Talcott said. “This perception exists despite the fact that 97 percent of airmen who voluntarily seek help suffer no duty limitations.”

“Many clinics offer a variety of services aimed at helping people better cope with the stresses of daily life,” Talcott said.

“However, some people feel as though their problems have to be very serious before seeking help,” he said.

Stress management and conflict resolution classes are just two examples of the many services offered at some life skillssupport centers that could be beneficial to all.

“The name change hopefully will be the first of many innovations by life skills support centers to further reduce barriers to seeking help,” Talcott said.

TFL questions and answers

(Continued from page 5)

to be enrolled in Medicare Part B. Since Medicare has no obligation to pay for any of the costs of health care services, it is not anticipated that DoD will modify this policy.

I am an un-remarried 80-year-old survivor whose husband/wife died while on active duty during WWII. Am I eligible for the new pharmacy and medical benefits under TRICARE for Life? How will you inform me of what I need to do to use the benefit?

As a dependent of a service member who died while on active duty, you are eligible for TRICARE for Life, providing you have Medicare Part A and Part B. You also should verify your eligibility status with the Defense Enrollment Eligibility Reporting System (DEERS). You may do this by going to your nearest military installation or by calling the Defense Manpower Data Center Support Office toll-free at 1 (800) 538-9552.

In August 2001, all beneficiaries identified in DEERS as eligible for TRICARE for Life were sent a mailing describing the program's benefits. You also may obtain more information on TRICARE for Life by calling 1 (888) DoD-LIFE, 1 (888) 363-5433. More information on the TRICARE Senior Pharmacy program is available by calling 1 (877) DoD-MEDS, 1 (877) 363-6337. Hearing- or speech-impaired beneficiaries may call (TTY/TDD): 1 (877) 535-6778.

Will Medicare premium payments, such as Medicare+Choice or Medigap premium payments, count toward the TRICARE Catastrophic Cap?

No. Medicare+Choice or Medigap premiums will not count toward the TRICARE catastrophic cap.

Medicare Part B costs \$50 per month in 2001, and there is a \$100 annual deductible associated with Medicare Part B. Will TRICARE pick up the Part B \$100 annual deductible?

(Continued from page 1)

Pharmacy successful

eye-drops for only \$9. Another beneficiary reports being prescribed a new medication that had no generic substitute. Purchased locally, the prescription would have cost \$17 per tablet. Filling the prescription using the NMOP, the beneficiary received a 90-day supply costing \$9 (10 cents per tablet).

The new TRICARE pharmacy co-payments, which also began on April 1, offer a streamlined co-payment system which simplified the TRICARE pharmacy benefit for all eligible uniformed service beneficiaries.

"For some beneficiaries, the previous pharmacy co-payment system was at times confusing. Co-payments were determined by the member's enrollment status (TRICARE Prime, Extra or Standard), beneficiary category, and place of pharmacy service. Under the new TRICARE pharmacy program with the new rate structure, prescription medications, for the most part, will cost less," explained Davies.

Yes. TRICARE for Life will pay the annual \$100 Medicare Part B deductible, but not the Part B \$50 per month fee.

I have never been eligible for Medicare. Does TRICARE for Life or the TRICARE Senior Pharmacy Program apply to me in any way?

No. There are a number of retirees who retired before military members began participating in Medicare, and who never contributed to Medicare through payroll deductions. Those retirees never lost their military health coverage and continue to be able to enroll in TRICARE Prime, where it is offered, or use TRICARE Extra and Standard. They also have TRICARE pharmacy benefits.

Medicare Part A inpatient hospitalization carries an annual

(See TFL questions on page 7)

TFL covers overseas retirees

Members of the Air Force retiree community residing overseas haven't been left out of the picture when it comes to TRICARE for Life (TFL), which becomes effective Oct. 1.

Although Medicare doesn't cover services provided outside of the continental United States, retirees residing in foreign countries can still take advantage of TFL because TRICARE becomes the primary source of health benefits for them. Like those living in the United States, to be eligible overseas retirees must be enrolled in Medicare Part B.

TRICARE for Life will provide the same level of coverage afforded retirees under 65 and they will be responsible for the same TRICARE cost shares and deductibles as the under 65 retirees.

Since a great number of retirees living overseas did not enroll in Part B because Medicare didn't cover medical care received in foreign countries, some of the military-related organizations are pushing for a waiver of the Part B penalty which entails a 10 percent penalty for each year the individual was eligible for Part B but didn't enroll. However, there is currently no indications such a waiver is coming.

Members of the retiree community residing overseas are also reminded that they are eligible for benefits through the TRICARE Senior Pharmacy (TSRx) Program, but there are some limitations.

The National Mail Order Pharmacy (NMOP) is a commercial mail order pharmacy that must adhere to U.S. federal and state laws applicable to prescribing, dispensing, and mailing of prescription drugs. The NMOP is able to mail to APOs, FPOs and U.S. embassy pouches since these are considered part of the U.S. Postal Service.

Retirees without an APO or FPO address will need to purchase their prescription drugs and then submit pharmacy claims for reimbursement, as is done currently by those beneficiaries under the age of 65.

Active duty retirees now eligible to join Air Force Reserve

The Air Force Reserve is offering active duty military retirees the opportunity to return to military service.

The National Defense Authorization Act for fiscal 2001 added Section 12741 to Chapter 1223, Title 10 USC, which permits retired active component service people, who later serve in the Air Force Reserve, to elect retirement as members of the retired reserve.

In addition to helping Air Force Reserve Command fill a critical need, active duty retirees will receive several benefits for continued military service as Reservists.

These incentives include increased retirement income by earning points and/or pay while serving; promotion opportunity to a higher grade and retirement in that grade; renewed esprit de corps and camaraderie enjoyed on active duty; and the possibility of serving in another career field and receiving new training.

To be eligible for this program, people must be regular active duty Air Force retirees who retired not more than five years ago, or current active duty members with an approved, projected retirement date. The program is open to all career fields.

The Air Force Reserve will consider all applicants as long as there are valid vacancies to be filled, and they meet the program's criteria. Some people may have to retrain to meet the needs of the Air Force Reserve.

Once retirees become members of the Air Force Reserve, they will participate within the regular boundaries of the Reserve's rules for promotion, continuation, utilization and retirement.

In addition to being physically qualified, retirees must meet

current Air Force Reserve high year tenure or mandatory separation date rules, which require Reservists to retire or separate by age 60.

For example, participation in the Reserve is limited to a total of 33 years service unless enlisted Reservists request and obtain an extension.

The retirees will continue to draw active duty retirement pay, but will not receive dual compensation for active duty retirement pay and participation in the Reserve. Their active duty retirement paycheck will be reduced by 1/30th for each day of reserve duty; however, they will receive a full Reserve pay check for duty performed on that same day. During a drill weekend, Reservists receive the equivalent of one day of active duty pay for every four hours of service.

If promoted, members may elect Reserve retirement pay in the higher grade at age 60. Even if not promoted, they may request recomputation of their retired pay because of Reserve participation.

Interested people who believe they qualify for the program may contact the nearest Air Force Reserve recruiter or call (800) 257-1212 for details. (Courtesy of AFRC News Service)

TFL questions and answers

(Continued from page 6)

\$792 deductible. Will TRICARE pay this?

Yes. TRICARE will pay the Medicare inpatient deductibles (per benefit period) for medically necessary hospitalization. At 151 days of hospitalization and beyond, TRICARE will pay 80 percent of the cost for covered care at TRICARE network hospitals, and 75 percent at non-network hospitals. (For deductible and cost-share information on other Medicare- and/or TRICARE-covered services see the Health Care Coverage Matrix http://www.tricare.osd.mil/tfl/pdf/new_tfl_matrix.pdf.)

Since I am over 65, how will the Department of Defense (DoD) know that I am eligible for TRICARE?

Most retired beneficiaries and survivors have a Uniformed Services Identification (I.D.) Card. It is a good idea to ensure that your identification card has not expired. Upon issuance or reissuance of this card, the Defense Enrollment Eligibility Reporting System (DEERS) is updated. The DEERS record file shows your status, current address and a code that reflects your eligibility for health care in military treatment facilities or through civilian sources under TRICARE Standard. DoD can notify you of changes in benefits only if your DEERS address is kept current.

DoD details base closure legislation

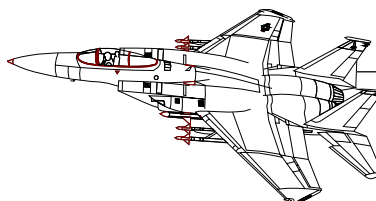
The Department of Defense has made changes to the base closure and realignment legislation and has sent it to Congress. DoD would like the legislation passed in fiscal 2002.

The main instrument of base closure and realignment - the commission - remains, said Pete Aldridge, Defense Undersecretary for Acquisition, Technology and Logistics. The "all-or-nothing" aspect of previous BRAC rounds also remains.

The effort -- now entitled the Efficient Facilities Initiative -- will address all U.S. military installations. The legislation pertains only to those in the United States and its territories. "Recommendations for closure or retention will be based upon future force structure needs to meet our strategy, and will emphasize retained military value," Aldridge said. This was not part of deliberations in previous closure and realignment rounds.

In addition to the stateside effort, DoD Secretary Donald H. Rumsfeld has tasked the Chairman of the Joint Chiefs of Staff to examine overseas basing needs. Plans for closing overseas installations would be due to the department by March 2003.

DoD officials estimate the military has between 20 and 25 percent excess infrastructure. Independent auditors estimate the military is now saving about \$6 billion a year from prior closure rounds. "We now estimate that after spending up-front costs, we will start to achieve savings in fiscal 2007 and will eventually reach a steady-state savings rates of over \$7 billion a year," Aldridge said.





Help wanted: DoD seeks JROTC instructors

Uncle Sam needs you. Again. This time, he's seeking military men and women to instruct high school Junior ROTC students.

DoD needs retired military officers and NCOs to teach citizenship and leadership, while instilling self-esteem, teamwork and discipline. Pentagon officials say there will be about 1,200 openings over the next three years.

By fiscal 2005, the program will employ about 7,000 instructors, according to Navy Cmdr. Yvette Brown-Wahler, director for JROTC in DoD's Accession Policy Office at the Pentagon. In the next few years, the Services could struggle to find qualified instructors to fill new vacancies created by the expansion of the JROTC program, she said.

"The Service secretaries can hire O-4s to O-10s and E-6s to E-9s," Brown-Wahler said. "Sometimes they take retired E-5s. I've met some instructors who have been doing this for 20 years."

Once hired, instructors continue to receive their military retired pay. The service branch and school district then split the difference that returns the instructors' pay back to active duty levels.

"If your pay was \$60,000 on active duty, for example," Brown-Wahler said, "\$30,000 would come from your retired pay. The other \$30,000 would be paid half by the Service and half by the school district."

Recently retired Air Force members may request information on how to become AFJROTC instructors by calling 1 (800) 522-0033 (ext. 5275 or 5300). Those with Internet capability should go to www.dodtransportal.org. Then go to Internet Career Links and then to Specialized Job Search Links, where the four Service branches are listed.

Retirees sought as teachers

Retirees trying to decide on a second career, may want to take a look at teaching, and specifically the Troops-to-Teachers program, which helps cover the cost of preparing eligible individuals to enter the classroom. Prime candidates are those retired after Oct. 1, 1990.

Academic teaching positions require a bachelor's degree, but a degree is not required for teaching vocational subjects. However, applicants must be able to document their skill level or expertise.

Congress passed the Consolidated Appropriations Bill for FY 2001 (HR 5656) on December 15, 2000. This bill provides the Department of Education \$3M to continue the Troops-to-Teachers Program. DANTES will continue managing Troops-to-Teachers.

First Lady Laura Bush, in a recent speech, said her husband has requested a tenfold increase in funding — from \$3 million to \$30 million — for the program next year.

"I hope that sends a message about how important it is to encourage people to choose teaching, and particularly how important it is to encourage retiring military," Mrs. Bush said in an American Forces Information Service interview during her visit to Fort Jackson, SC.

Additional information will be posted on the web site <http://voled.doded.mil/dantes/ttt/> when available. If you have any questions, call 1 (800) 231 6242, or e-mail at: ttt@voled.doded.mil.

New Medicare and Medicaid Agency

It's out with the old and in with the new.

The Health Care Financing Administration (HCFA) is now the Centers for Medicare & Medicaid Services (CMS). It's more than just a new name - it's an increased emphasis on responsiveness to beneficiaries and providers, and quality improvement, according to officials.

Three new business centers are being established as part of the reform: the Center for Beneficiary Choices, the Center for Medicare Management, and the Center for Medicaid and State Operations.

The new CMS will launch a national media campaign to educate seniors and other Medicare beneficiaries about their options, allowing them to make better decisions.

The 1 (800) MEDICAID number, 1 (800) 633-4227, is being enhanced to provide service to beneficiaries 24 hours a day, seven days a week.

For all the details, visit the SSA homepage <http://www.ssa.gov/>

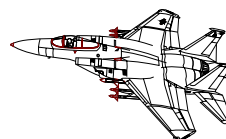
Retirees support Retirement Home

Nearly 400 Air Force retirees are continuing to show their support of the U.S. Soldiers and Airmen's Home (USSAH) and the U.S. Naval Home through monthly allotments to the Armed Forces Retirement Home.

"These allotments directly support the operations of both Homes and help maintain a high quality of life for our residents," said Jean Schaefer, USSAH public affairs officer. Homes have three main funding sources; the 50 cent pay deduction paid by all enlisted members of the armed forces; all fines and forfeitures as a result of courts-martial or nonjudicial punishment; and a fee paid by all residents.

"The downsizing of the armed forces over the last decade has left a mark on our finances, but the retiree allotment program has really made a positive difference," she added, noting that retirees contributed over \$160,000 to the AFRH last year.

Retirees can obtain an allotment form on the AFRH's website, <http://www.afrh.com>, or by calling the Home directly at (800) 422-9988. Retirees wanting to make a donation to the AFRH should mail their check to AFRH Resource Management, 3700 N. Capital St. NW, Washington DC 20317. All contributions are tax deductible.



Plans continue for ACS to perform retiree pay services

Following public review and appeals by three different groups, plans continue to award a contract to ACS Government Services of Rockville, Md., to provide pay services to about 2.5 million Department of Defense retirees and annuitants. The monthly payroll is more than \$2.6 billion.

The announcement that ACS had won the contract was made in late June by the Defense Accounting and Finance Service (DFAS). It was the result of a U.S. Office of Management and Budget Circular A-76 cost comparison study. The announcement at the time said the action is expected to save the Department of Defense approximately \$36 million over the life of the contract.

Appeals were received from AFGE Locals 2040 and 3283 on July 6 and from ACS Government Solutions Group, Inc. on July 17.

According to DFAS officials, the Administrative Appeal Process Authority, together with the Advisory Board, determined there was insufficient evidence to sustain the ACS appeal. That was on Aug. 3, and on Aug. 6 a final decision regarding the unions was issued. While the review groups found merit with the transition cost issue raised by the union, the decision said

there was insufficient evidence to change the previously announced tentative decision to award the contract to ACS.

The A-76 program establishes processes and procedures for determining whether public or private sector organizations should perform government activities. The OMB guidelines have a two-step process that first involves selecting a service provider that offers the best value, and second, the selected private-sector provider competes against the government's most efficient organization proposal.

Unless plans change, ACS is expected to assume pay services late this calendar year. While operations will stay in their current locations - Denver and Cleveland - during the first year of operations, ACS will consolidate most business operations at the Cleveland site during their second year of operations.

Computer system improves commissary shelf stocking

The Defense Commissary Agency (DeCA) will soon unveil Computer Assisted Ordering (CAO) as its latest initiative to leverage technology, a move designed to offer "just-in-time" delivery of products to commissaries for better customer service.

A typical commissary may have 14,000 or 15,000 items in stock on any given day. Currently, store personnel manually "walk the shelf" to determine what products are selling, what items remain on the shelves, what items exist in the back room and what items are projected to sell.

The CAO system automatically monitors what a commissary sells and what is delivered to the back door. Through computer analysis, the system predicts what items customers will want to buy throughout the year - down to any particular day during a given month. Ultimately, the system determines what's needed to keep the shelves stocked between deliveries and reorders.

Curt Day, chief of DeCA's Operational Support Unit tasked with fielding CAO, said "Ordering the right items at the right time is one of the main challenges store personnel face." With CAO, we can keep our shelves stocked at a rate of 99 percent and decrease our backroom inventory."

DeCA researched the computer systems of several commercial retail grocery stores to determine what form of CAO would best fit the agency and its network of suppliers and distributors. "Eventually the agency selected an off-the-shelf software package used by the Army and Air Force Exchange Service (AAFES), since the package shared many of the same "environmental factors" that also affect the commissary's retail grocery operation, such as payday cycles and troop deployments.

"AAFES gave us their CAO package, and we will adapt it to fit our needs," Day said. "AAFES provided both the software and its employees' expertise in use of the CAO process," added Rose Parkes, DeCA's director of Information Technology. "This has truly been a cooperative effort."

Once the system is tested, DeCA will begin deploying it in January 2002, first to 187 of its medium to large commissaries, and later to smaller stores on an as-needed basis.

SBP automatic coverage

If you elected Survivor Benefit Plan (SBP) coverage, lost that beneficiary and remarried - or acquired a new child - you may be incurring a debt for uncollected SBP monthly costs.

The laws controlling the SBP automatically extend SBP coverage to a new spouse on the first anniversary of marriage (sometimes earlier) if the retiree previously had spouse coverage.

If you gain a new child, that child automatically becomes an eligible SBP beneficiary on the date you acquired him or her, assuming you had previously elected child coverage.

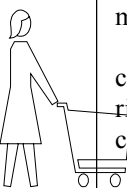
Particularly noteworthy is the fact that the debt for retroactive SBP premiums - plus interest - begins to be deducted from your retired pay. That will occur when the Defense Finance and Accounting Service - Cleveland Center (DFAS-CL) learns of the event.

To avoid a debt, immediately advise DFAS-CL of your marriage. If you notify them before the first anniversary, you may permanently terminate spouse coverage, or increase the level of protection. Your spouse's SBP costs and coverage will begin at the correct time if you chose to remain a participant.

If the first anniversary of a new marriage has already occurred, the previous level of SBP coverage has automatically gone into effect with no action on your part and you no longer have the option of permanently ending spouse coverage, or increasing the amount of the annuity. Instead, you have begun to accrue a debt. However, if you were to die before repayment of the debt, your surviving spouse would still be entitled to the SBP, but all SBP payments would be suppressed until that debt is recovered.

Also at this point in time, you have no option to terminate previously suspended child coverage when you gain a new child.

The best advice: Immediately contact the Cleveland finance center to report any new spouse or child you may acquire.



Rules published for VA's diabetes-Agent Orange benefits

Vietnam veterans with "Type 2" diabetes are closer to receiving disability compensation from the Department of Veterans Affairs (VA) with the formal publication of the rules that will allow VA to provide benefits to those veterans.

"The hazards of the battlefield include more than bullets and shells," said Secretary of Veterans Affairs Anthony J. Principi. "As our understanding of the health risks faced by our military personnel increases, VA will adjust its programs and benefits to fit the needs of veterans."

Veterans affected by the new rules will receive a priority for VA health care, and, depending upon the severity of their illnesses, disability compensation that ranges from \$101 to \$2,107 monthly.

The recent announcement follows a report in November by the National Academy of Sciences' prestigious Institute of Medicine (IOM) that found "limited / suggestive" evidence of a link between adult-onset, or Type 2, diabetes, and Agent Orange and other herbicides used in Vietnam.

VA estimates that about 9 percent of the 2.3 million Vietnam veterans still alive have Type 2 diabetes. The illness is characterized by high blood sugar levels caused by the body's inability to process the hormone insulin. Approximately 16 percent of veterans currently receiving care in VA medical facilities have been diagnosed with diabetes.

Cost of the new benefit during the next five years is projected to be \$3.3 billion, with about 220,000 veterans receiving benefits.

The number of diseases recognized by VA as associated with Agent Orange has steadily increased since the early 1990s.

The following conditions are now considered service-connected for veterans who served in Vietnam: chloracne (a skin disorder); porphyria cutanea tarda (a liver disorder); acute or subacute peripheral neuropathy (a nerve disorder); and certain cancers, including non-Hodgkin's lymphoma, soft tissue sarcoma, Hodgkin's disease, multiple myeloma, prostate cancer and respiratory cancers (including cancers of the lung, larynx, trachea and bronchus).

VA sets up spina bifida hot line

Vietnam veterans now have a new national toll-free hot line to answer their questions about health care benefits for their children who have spina bifida.

The number for the hot line, operated by the Department of Veterans Affairs (VA), is 1 (888) 820-1756. Callers can speak to a benefits adviser Monday through Friday, from 10 a.m. to 1:30 p.m., and from 2:30 p.m. to 4:30 p.m., Eastern time.

"This new helpline is part of a continuing effort by VA to reach out to veterans and their families," said Secretary of Veterans Affairs Anthony J. Principi, himself a Vietnam veteran.

An after-hours phone message will allow callers to leave their names and telephone numbers for a return call the next business day. The hot line is managed by VA's Health Administration Center in Denver.

Eligibility for VA's spina bifida benefits is limited to Vietnam veterans' children who have been diagnosed with spina bifida (except spina bifida occulta). The veteran-parent must have

served in Vietnam during the Vietnam War. The Spina Bifida Healthcare Program covers most health services and supplies that are medically or psychologically necessary for the treatment of spina bifida and related medical conditions.

For general information on VA's spina bifida program, visit the VA Web site at <http://www.va.gov/hac>.



Department of
Veterans Affairs

CHAMPVA gets new toll-free number

The telephone hours for CHAMPVA — "Civilian Health and Medical Program of the Department of Veterans Affairs" — have changed.

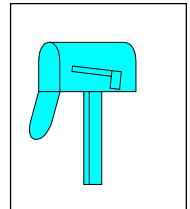
Callers can now speak to a benefits counselor from 9 a.m. to 1:30 p.m., and from 2:30 p.m. to 5 p.m., Eastern time. The phone number is unchanged — 1 (800) 733-8387.

CHAMPVA is a health benefits program in which VA shares with eligible beneficiaries the cost of certain health care services and supplies.

VA's Health Administration Center (HAC) in Denver manages CHAMPVA.

Moving?

To change your correspondence address for the **Afterburner**, follow the directions below:



* **Retirees** send change of address requests **only** to DFAS-Cleveland Center, DFAS-CL/PRR, P.O. Box 99191, Cleveland, OH 44199-1126. Mark the envelope "change of address" and include your retired grade and Social Security number. DFAS-CL is the only agency which can change the address of retirees for the **Afterburner** and other Air Force correspondence. Their data flows to the Air Force Personnel System, but not DEERS.

* **Annuitants** (surviving spouses who receive pay under the Survivor Benefit Plan or Retired Serviceman's Family Protection Plan) send address change requests **only** to DFAS-Denver Center, DFAS-DE/FRB, 6760 E. Irvington Place, Denver CO 80279-6000. Include retired grade and SSN of sponsor and your SSN. This is the only agency that can change the address of SBP annuitants for the **Afterburner** and other Air Force correspondence.

* **Non-annuitants** (**Only** surviving spouses of Air Force retirees not receiving an annuity under the SBP or RSFPP) send change of address requests **only** to HQ AFPC/DPFTR, 550 C Street West Ste 11, Randolph AFB TX 78150-4713. Include sponsor's retired grade and SSN.

Travel wisely

By Bill Turner
Editor, Afterburner

(Editor's note — Articles in this series are intended to help members of the retiree community get the most for their leisure dollars. An occasional mention of a commercial product or service is for informational purposes only and should not be construed as a military endorsement.)

BX use overseas

All exchange and commissary privileges are not created equally as members of the retiree community are discovering when visiting foreign countries, particularly those in Europe.

Many retirees have the idea that just because they possess a military retired identification card and are authorized exchange and commissary privileges in the United States, the same privileges extend wherever they travel. Not true, and Army and Air Force Exchange Service (AAFES) and Defense Commissary Agency (DeCA) often get the blame for excluding the visiting retirees.

Exchanges don't determine who is authorized to use their stores overseas. Their responsibility is simply to check identification to ensure those who use their facilities are authorized to do so.

That's the word from AAFES officials who add that it's the overseas commanders who determine who will be extended shopping privileges and access to duty free goods, but it's host country/U.S. international agreements that drive the decisions.

For the most part, there is no problem in the Pacific area as overall, retirees entitled to retired pay and benefits can use exchange facilities in Korea, Japan/Okinawa. Retiree dependents are authorized entry into the store when accompanied by retired service members, but purchases are limited to those made by the retired service member.

Retired Air Force Major John B. Dyste, who heads the Retiree Activities Office in Thailand, says that a lot of retirees traveling there stop in his office to ask directions to the AAFES and commissary facilities and seem shocked to discover there are none. He wants to remind military retired travelers that if their vacation plans include Thailand, to plan on doing their shopping on the local economy.

Travelers to Europe will find more countries and more facilities than in Asia, but they will also find more restrictions.

Retired U.S. military members and dependents have no exchange and commissary privileges when visiting Belgium, Greece, Netherlands, Norway, Saudi Arabia, Spain, Turkey and the United Kingdom. In Germany, some purchases are allowed if visiting for more than 30 days and provided a fixed rate tax is paid to German Customs. In Italy, they may purchase non rationed items only.

Retirees planning to visit these countries or even to move there on a permanent basis may want to check out the AAFES web site at: <http://www.aafes.com> and choose an option from the Customer Information section below the picture of the greeter.

San Francisco bound

Ask most people what city they most want to visit and San Francisco will rank in the top three, and probably number one for a large number of those polled.

Unfortunately, it also ranks as one of the most expensive in terms of hotels and restaurants and, as a result, many would-be visitors fall back on Tony Bennet singing "I Left My Heart in San Francisco" without ever experiencing the real thing.

It's always going to be on the expensive side, but members of the retiree community may find it more within their means by taking advantage of membership in the Marines' Memorial Club/Hotel. While the money saved during a one- or two-day trip may not defray the cost of membership, a more extended stay would certainly make it worth considering.

The Marines' Memorial Club/Hotel has 124 first-class rooms that include 13 suites. Each room is unique and each floor is different, which is so unlike many of today's hotels, according to the management staff. Then, add a gourmet restaurant, a health club with lap pool, meeting and banquet rooms, and even a theatre, all at lower rates than most would expect.

The Marines' Memorial Club/Hotel endeavors to offer members, their guests and active duty personnel an atmosphere of friendly camaraderie with an elegant, affordable headquarters from which to visit "America's Favorite City" - San Francisco.

Room rates for members, about 30 percent less than rates at comparable hotels in the area, start at \$90 for single and \$95 for double. There is an additional \$10 charge Friday and Saturday. Huge suites begin at \$185.

Associate membership is available for an initial \$95 and \$85 (currently) annually thereafter. When joining or reactivating a lapsed membership, there is a \$10 processing fee. This donation is tax deductible and non-refundable. More information is available by e-mail from Member@MarineClub.com; phone, (415) 673-6672; fax (415) 563-5820; mail, 609 Sutter St., San Francisco, CA 94102-1022.

The Skyroom Restaurant features a first-class breakfast, lunch, and dinner - with portions and prices you'll appreciate. Also, there is Club One, which occupies the entire lower level, offering a state-of-the-art health club and lap pool at no costs to guests.

The club's convenient downtown location makes Union Square shopping a short stroll away, and you can ride the cable cars to discover Fisherman's Wharf and other areas to discover first-hand why San Francisco is rated so high on the vacation wish list.

The club has a reciprocal agreement with 37 private clubs around the world. For more information, check out the web site at <http://www.marineclub.com>.

New Funeral Program teams military, vets groups

DoD is teaming with veterans service organizations across the country to enhance traditional funeral ceremonies that honor the nation's military veterans.

Representatives from the Office of the Secretary of Defense, the military services, the Department of Veterans Affairs, veterans service organizations, the National Cemetery Administration, the Funeral Directors Association and other groups met June 28 at American Legion headquarters for the announcement of the Authorized Provider Partnership Program's July debut.

Charles S. Abell, assistant secretary of defense for force management policy, said the American Legion, Veterans of Foreign Wars and other groups will be asked to augment DoD-provided personnel at military funerals by providing volunteers to serve as color guards, rifle detail members, pallbearers and buglers.

"We want to provide the appropriate honors to veterans who pass away," Abell told the American Forces Information Service at the Pentagon. "The veterans organizations want to help us, and we would like to have their help. (The program) will enhance the honors that can be rendered with their performance."

The National Defense Authorization Act for Fiscal Year 2000 authorized the partnership program and also stated DoD will provide at least two active, National Guard or Reserve uniformed service members to fold and present a ceremonial U.S. flag to survivors at military funerals. One of the two detail members must be of the same service as the deceased.

DoD also provides a military musician — if available — to play "Taps," or the music is rendered via high-quality compact disc. The CDs, recorded at Arlington National Cemetery in 1999, are part of a kit sent to licensed funeral directors working in association with DoD, veterans service organizations, and all active and reserve component military units conducting funerals.

Almost 450,000 active duty and reserve component service members participated in military funeral details in 2000, DoD officials noted.

The partnered veterans groups have augmented DoD efforts

and "provided enhancements" to military funerals in the past, Abell said. Such help has been historically encouraged and authorized, he noted.

"What we have now is a formal program where veterans service organizations can be trained by the local (military) installation commander ... (to) ensure that the quality of the honors rendered are standard and that the funeral honors rendered in any particular place around the nation will be the same," he said.

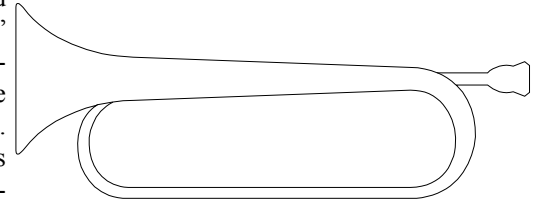
Installation commanders will train and certify volunteers, Abell said. The volunteers, he added, are eligible for reimbursement of their travel expenses, such as gas and meals associated with their ceremonial duties.

Other groups, he added, such as ROTC detachments and Reserve component advisory units, could also participate in the program.

This month, officials said, letters introducing the program, a 20-minute training video, and pins for presentation to participants will be mailed to military unit commanders. Letters explaining the program and training videos will also be mailed to veterans service organizations.

DoD officials note that 91,074 military funeral honors were performed in 2000, a 110 percent increase over the 43,277 funerals performed in 1999. All the military services report increased military funeral honors ceremonies so far this year.

Most funeral directors have information about military funeral honors and how to request such service. Also, check out the Web site <http://www.militaryfuneralhonors.osd.mil>.



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