



## Hawaii Regional CG Retiree Council Newsletter



13 November 2013

### QUARTERLY COUNCIL MEETING, WEDNESDAY 13 November 2013

Our next quarterly meeting is at 1900 on Wednesday 13 November at Club 14. Normally the meetings are held the second Wednesday of the second month of each quarter. We usually complete any business within an hour preceded and followed by a social adjustment period. Let us know if you are not a regular attendee but have an idea or two that might make you more inclined to join.

### OUR WEBSITE

It is straight forward and has a link to forward any questions to Rod and Tom. Our newsletter is attached to the site so that it can be opened and viewed. Website: <http://www.uscg.mil/d14/cmd/assoc/rc/> Pass it on to your friends and fellow retirees!

### EMAIL

If you know of any retiree with an e-mail and would like to receive this please have them get a hold of Rod or Tom and we will set you up. If you want to get a message out to everybody on our email list, please send it to Tom or Rod who will, if it's "politically correct", relay it to all hands as blind copies. You can call Tom @ 672-9065 (home) or 221-3274 (cell). Please leave a message if I don't pick up.

### CROSSING THE BAR

CAPT Frank Thrall, USCG (Ret) was C.O. Base Honolulu in the late 1970's. He attended at least one of our retiree council meetings. He had serious medical problems and was near death several times while residing here with his daughter. They moved to CA less than 5 years ago so he could be closer to his family. He was base CO in the early 80's when Rod was on Sassafra (1981-1984). He will be interred at the Kaneohe veterans cemetery in a private ceremony.

If you know of any local retirees or retiree spouses who are sick or have passed away, please contact: Tommy Dutton Council Co-Chair's [DuttonM003@Hawaii.RR.Com](mailto:DuttonM003@Hawaii.RR.Com) or Rod Schultz, [schultz369@gmail.com](mailto:schultz369@gmail.com)

### QUESTION ON RETIREE DEATH NOTICES on PSC Website

Our website has been updated to provide a monthly listing of retirees who have crossed the bar. The first list was posted this month. You will find this information on the RAS website, left hand side of the page under TAPS.

<http://www.uscg.mil/ppc/ras/>

### RETIREE SERVICES PROGRAM

**The Base Commander is looking for a Retiree Services Director to help him run the Retiree Services Program in the Fourteenth District. The CO would provide him with office support. That person's job would be to:**

- (1) Provide regular referrals and information to the supported military retiree community regarding matters associated with retiree information, retiree benefits advice, and services, when needed. Guide them to the appropriate resource office and maintain a file or have access to reference materials of pertinent retiree information.**
- (2) Foster military service teamwork and increase program effectiveness through active development of close relationships with DoD military service retiree activity offices within the local geographical area. Keep abreast of local military events sponsored by DoD military services in the AOR.**
- (3) Serve as a communication link between supported Coast Guard military retiree community and the larger military community, in addition to other governmental agencies and military coalition members**

**that provide assistance to retirees. Notify the supported retiree community of local DoD sponsored events, such as retiree appreciation days, or other activities of interest to the retiree community.**

**If you are interested in the job, please contact Rod, Tom, CSCM Pryor at the Base Galley, or Captain D'Orazio, the Base CO.**

### **CBO: Increasing TRICARE Fees Could Save Government Billions**

**By Kellie Lunney**

**July 15, 2013**

The government could save billions of dollars annually over the next decade by increasing the amount military retirees and their families pay for health care, according to a new cost estimate from the Congressional Budget Office.

The nonpartisan CBO estimated that higher enrollment fees, copayments and deductibles for military retirees in TRICARE Prime and introducing minimum out-of-pocket costs for Medicare-eligible TRICARE for Life enrollees -- the program for retirees age 65 and older -- would yield much greater savings from 2014 to 2023 than other proposed changes to the military's health care system.

CBO estimated that other approaches to curbing the Defense Department's ballooning health care costs could save as much as \$100 million. That figure is substantially less than the potential savings that increasing retirees' health care contributions could yield. Some of those ideas include expanding preventive health care programs, hiring more auditors to crack down on fraud and consolidating the military departments' medical facilities. The military's massive health insurance program offers millions of service members, retirees and their dependents quality care at relatively low cost. That's what the government aimed for when it created the Civilian Health and Medical Program of the Uniformed Services in 1966, now known as TRICARE. But the price of that success has been high for Uncle Sam: The \$53 billion program now consumes roughly 10 percent of the Pentagon's non-war budget. By 2030, CBO estimates TRICARE will eat up more than 14 percent of Defense's budget.

"In 2012, retiree families paid less than one-fifth as much for their care as civilian counterparts with employment-based insurance," said the estimate from Carla Tighe Murray, a senior analyst in CBO's national security division. She presented her work at the recent Western Economic Association Conference. Military retirees enrolled in TRICARE Prime paid about \$965 in annual out-of-pocket costs in 2012, compared to the \$6,080 annual price tag for civilians enrolled in an HMO plan, according to Murray's analysis. Lawmakers have been loath to make any changes that would raise health care expenses for military retirees and their families. Congress agreed to raise TRICARE Prime annual enrollment fees for retirees in 2011 -- the first time the fees have gone up since 1995. Active-duty service members and their dependents do not pay for health care under TRICARE Prime.

House and Senate lawmakers both have rejected the Obama administration's proposal to increase and create new TRICARE enrollment fees in their respective fiscal 2014 Defense authorization bills. The lower chamber passed its version of the legislation in June. The full Senate still needs to vote on its bill, which the Armed Services Committee reported out last month.

Want to contribute to this story? Share your addition in the GovExec.com comments section at [http://www.govexec.com/pay-benefits/2013/07/cbo-increasing-tricare-fees-could-save-government-billions/66722/?oref=govexec\\_today\\_nl#comments](http://www.govexec.com/pay-benefits/2013/07/cbo-increasing-tricare-fees-could-save-government-billions/66722/?oref=govexec_today_nl#comments).

SOURCE: Government Executive ([www.GovExec.com](http://www.GovExec.com)) article at [http://www.govexec.com/pay-benefits/2013/07/cbo-increasing-tricare-fees-could-save-government-billions/66722/?oref=govexec\\_today\\_nl](http://www.govexec.com/pay-benefits/2013/07/cbo-increasing-tricare-fees-could-save-government-billions/66722/?oref=govexec_today_nl)

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### **Military to Civilian Transition Assistance**

The Departments of Veterans Affairs, Defense, and Labor re-launched a new and improved Website for wounded warriors – the National Resource Directory (NRD). This directory ([www.nationalresourcedirectory.gov](http://www.nationalresourcedirectory.gov)) provides access to thousands of services and resources at the national,

state and local levels to support recovery, rehabilitation and community reintegration. The NRD is a comprehensive online tool available nationwide for wounded, ill and injured Servicemembers, Veterans and their families.

The NRD includes extensive information for Veterans seeking resources on VA benefits such as disability benefits, pensions for Veterans and their families, VA health care insurance and the GI Bill. The NRD's design and interface is simple, easy-to-navigate and intended to answer the needs of a broad audience of users within the military, Veteran and Caregiver communities.

### **Transition From Military to VA**

VA has personnel stationed at major military hospitals to help seriously injured Servicemembers returning from Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND) as they transition from military to civilian life. OEF/OIF Servicemembers who have questions about VA benefits or need assistance in filing a VA claim or accessing services can contact the nearest VA office or call 1-800-827-1000.

### **eBenefits**

The eBenefits portal ([www.ebenefits.va.gov](http://www.ebenefits.va.gov)) provides Servicemembers, Veterans, their families, and Caregivers with self-service access to benefit applications, benefits information, and access to personal information such as official military personnel file documents. The portal provides two main services; it catalogs links to information on other Websites about military and Veterans benefits, and it provides a personalized workspace called My eBenefits, which gives quick access to all the online tools currently integrated into eBenefits.

### **Transition Assistance Program**

The Transition Assistance Program (TAP) consists of comprehensive three-day workshops at military installations designed to help service members as they transition from military to civilian life. The program includes job search, employment and training information, as well as VA benefits information, to service members who are within 12 months of separation or 24 months of retirement.

A companion workshop, the Disabled Transition Assistance Program, provides information on VA's Vocational Rehabilitation and Employment Program, as well as other programs for the disabled.

Additional information about these programs is available at [http://www.dol.gov/vets/programs/tap/tap\\_fs.htm](http://www.dol.gov/vets/programs/tap/tap_fs.htm).

In Transition Service members and Veterans may receive assistance from Transition Program when they are receiving mental health treatment and are making transitions from military service, location or a health care system. This program provides access to transitional support, motivation and healthy lifestyle assistance and advice from qualified coaches through a toll-free telephone number: 1-800-424-7877. For more information about The inTransition Program, please log onto [www.health.mil/inTransition](http://www.health.mil/inTransition).

SOURCE: Military Handbook Website at <http://militaryhandbooks.com/military-to-civilian-transition-assistance/>

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### **TRICARE Pharmacy Home Delivery**

TRICARE Pharmacy Home Delivery is your least expensive option when not using the military pharmacy. Home delivery is safe, convenient and easy to use even when you're traveling or if you move.

- Get up to a 90-day supply for most medications
- Request refills by mail, phone or online (see <http://www.tricare.mil/Pharmacy/FillPrescriptions/HomeDelivery/Refills.aspx>)
- Recommended for prescriptions you take on a regular basis

You can have your prescriptions sent to any address in the U.S. and U.S. Territories, including temporary and APO/FPO addresses.

- If you are assigned to an embassy and do not have an APO/FPO address, use the embassy address.
- Prescriptions cannot be mailed to private foreign addresses.
- Refrigerated medications cannot be shipped to APO/FPO addresses.

**Home delivery to APO/FPO addresses is subject to local laws.** There is a chance that prescription medications sent to APO/FPO addresses may be seized by local nation customs authorities. If your prescriptions are seized, contact Express Scripts at 1-877-363-1303 or look up a country-specific toll-free number at <http://www.express-scripts.com/TRICARE/contact/> to discuss other ways to get your prescription filled.

**Converting Retail Prescriptions to Home Delivery:** If you're already getting prescriptions at a TRICARE retail network pharmacy and you'd like to switch to home delivery, you can quickly and easily convert your prescriptions to home delivery in about 4-7 minutes at <http://www.tricare.mil/Pharmacy/FillPrescriptions/HomeDelivery/Convert.aspx>.

**Do you have other health insurance with a prescription benefit?** You can't fill prescriptions via home delivery unless the medication you need is not covered by your other plan or you've reached the dollar limit of your other plan. Learn More at <http://www.tricare.mil/Pharmacy/Claims/OHI.aspx>

**Do you live in Germany?** Express Scripts no longer accepts home delivery refill requests for patients in Germany. Please view the Germany Home Delivery Pharmacy Spot at <https://www.youtube.com/watch?v=SvdYAVvBPqU> for more information.

SOURCE: TRICARE web page bulletin at <http://www.tricare.mil/homedelivery>. Last Updated 7/26/2013

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### **Affordable Care Act: No impact on Tricare, but some coverage isn't equal**

By Patricia Kime

MilitaryTimes Staff writer

Sep. 26, 2013 - 04:42PM

Tricare beneficiaries should see little impact from implementation of the Affordable Care Act because the military health care system was excluded from the law and Congress later passed legislation defining Tricare as meeting the act's insurance coverage requirements.

**But as seen immediately after the law's passage, the omission of Tricare left military families out of at least one benefit — a provision that extended parents' health care coverage to unmarried children up to age 26 —** and there may be more, including the much-anticipated changes to mental health treatment and weight management.

While Tricare largely is viewed as a comprehensive health care program, there are disparities between the military plan and the ACA's requirements of private insurers and state exchanges. Congress rectified the oversight of coverage for unmarried children by approving the **Tricare Young Adult program** shortly after the law passed, but additional changes may be needed, especially in the area of mental health, to bring the military program into line with the law.

NOTE: Information about the **Tricare Young Adult program** is available at <http://www.tricare.mil/TYA>.

- TRICARE Young Adult Fact Sheet

[http://www.tricare.mil/~media/Files/TRICARE/Publications/FactSheets/TYA\\_FS.pdf](http://www.tricare.mil/~media/Files/TRICARE/Publications/FactSheets/TYA_FS.pdf)

- TRICARE Young Adult-Standard Option

<http://www.tricare.mil/Welcome/Plans/TYA/StandardOption.aspx>

- TRICARE Young Adult-Prime Option <http://www.tricare.mil/Welcome/Plans/TYA/PrimeOption.aspx>

“Despite sustained effort to improve screening, assessment and treatment capacity, the Defense Department and Veterans Affairs have a long way to go,” noted National Alliance on Mental Illness officials in a 2012 report, “Parity for Patriots.”

For instance, the ACA expands previous legislation requiring insurers to cover mental health and substance use treatment on par with care needed to treat physical conditions.

The law states that mental health and substance use disorder coverage must be provided as an essential benefit “comparable to general medical and surgical coverage.” It does not define what constitutes necessary care; many mental health specialists interpret this to mean appropriate care recommended by a physician.

But many insurers, including Tricare, place limits on mental health and substance abuse treatment. For example, acute in-patient mental health treatment is restricted to 30 or 45 days per fiscal year, depending on

age, and beneficiaries other than active duty troops who need more than eight outpatient behavioral health care visits in a fiscal year must request authorization.

Some argue such limits do not meet the requirements for parity.

“More subtle forms of insurance discrimination, such as increased prior authorization restrictions for specific mental health benefits, exclusion of entire categories of services and more aggressive restrictive management of benefits, have kept the law from achieving its full, intended potential,” according to the NAMI report.

Another disparity lies in the field of weight loss. On one hand, Tricare covers bariatric surgery for the morbidly obese — a benefit many insurers aren’t required to pay for — but it doesn’t cover office visits for the treatment of obesity, non-surgical procedures for weight loss, weight-loss medications, or nutrition and diet counseling.

The ACA requires insurers to cover obesity screening, counseling and referrals. And at the state exchanges, the obese are entitled to intensive behavioral counseling and at least one prescription drug for obesity treatment.

Pregnant moms in Tricare may be dismayed to find that the ACA requires insurers to pay the full cost of breast pumps, but Tricare does not. It pays only for efficient electric breast pumps in hospitals and under certain circumstances for premature infants.

“I’m just shocked,” said Emily Cohen-Moreira, a New York City-based childbirth educator and lactation consultant. “Pretty much all of my students — those with private insurance and those on Medicaid — are covered now because of the Affordable Care Act. But not my military client.”

For a least one segment of the Tricare population — tobacco users — the military program’s exemption from the law is a boon to their wallets. Under the ACA, smokers and users of smokeless tobacco can be charged up to 50 percent more in premiums than non-smokers at the state-run health exchanges, and many insurance companies already charge smokers higher premiums.

But in Tricare, enrollment fees, co-payments and cost-shares are not based on a beneficiaries’ habits or health care requirements.

It would take an act of Congress to charge Tricare patients who smoke or are overweight higher health care enrollment fees, co-payments or a surcharge.

SOURCE: MilitaryTimes Article at

<http://www.militarytimes.com/article/20130926/BENEFITS06/309260025/Affordable-Care-Act-No-impact-Tricare-some-coverage-isn-t-equal>

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