

Issue 2007-11 — November, 2007

Notices

Korea Retirees' Schedule of Events

- Nov 6** – For USAG-Red Cloud, your Retirement Services Officer will be at Camp Casey, Maude Hall, Room 139, from 0900-1300.
- Nov 10** – The Retirement Services Officer will be in Daegu to participate in the USAG-Daegu Retiree Appreciation Day (see the Notice below for details on the event).
- Nov 12** – The Retirement Services Office will be closed for the Veterans Day holiday.
- Nov 13** – For USAG-Yongsan, your Retirement Services Officer will be at Yongsan in the Soldier Support Center, Bldg 4034, Room 140, from 0900-1300.
- Nov 20** – For USAG-Daegu, your Retirement Services Officer will be at Camp Henry's Education Center, Bldg 1820, from 1000-1300
- Nov 22-23** – The Retirement Services Office will be closed for the Thanksgiving Day holiday.
- Nov 27** – For USAG-Yongsan, your Retirement Services Officer will be at Yongsan in the Soldier Support Center, Bldg 4034, Room 140, from 0900-1300.

Retirees Lose Mortuary Services

Mr. Al McFarland, the USFK Mortuary Officer, has assumed worldwide responsibilities for mortuary services for active duty deaths. Due to the extensive travel schedule this involves, the Yongsan Mortuary is no longer able to provide mortuary services to retirees, their families and survivors.

I currently have no more information than this, and it raises many questions. What happens if a retiree or retiree family member dies in the 121st Combat Support Hospital or other military facility? Who handles the space available transportation if a retiree's family wants to have the body returned to the U.S. via military air transport? Who issues the DD Form 2064 death certificate? I will get with Mr. McFarland (and other agencies as necessary) to get the answers to these and other questions you might have. Updated information will be posted at <http://www.rao-osan.com> under "Korea Casualty" when and as it becomes available.

Korea Retirement Services Office

Keep Your Address Current in DEERS

Do you know your correct mailing address? Does DEERS know it? The Defense Eligibility and Enrollment Reporting System (DEERS) is the primary source for knowing how to get a letter to you. As part of the preparations for the Yongsan Retiree Appreciation Day, the Retirement Services Office obtained a DEERS data base extract, known as the Retired Address Finder, of retirees with a Korea mailing address.

The first discovery was the number of incorrectly formatted addresses carried in the data base. This is particularly true of those with APO 96204 and 96205 addresses that had serious format errors which had to be corrected. The second discovery came when the undeliverable mail started returning to the RSO. To date, 210 were returned out of 1,872 sent. That's more than 11%.

Please do yourself a favor and ensure your **correct** mailing address is listed in DEERS. For those who didn't get the Retiree Appreciation Day notification, you need to get the current address entered. For those with 96204 and 96205 addresses and some others, you should verify the correct format for your address and then ensure that's what's carried in DEERS. You might be pleasantly surprised at the mail that starts showing up when the correct address is contained in the data base.

Korea Retirement Services Office

USAG Daegu Retiree Appreciation Day

US Army Garrison Daegu and Area IV will hold its 2nd Annual Retiree Appreciation Day event on 10 November 2007 from

10:00 to 14:00 at Kelly Gym on Camp Walker. There will be many information tables to assist Retirees that day. A FREE BBQ lunch from 11:30 to 13:00 hrs will be provided for all Retirees and their family members who attend.

In addition to the free lunch, there will be many raffles throughout the event ranging from Commissary Shopping Sprees, Many Electronic Items from AAFES, a Free Round Trip Ticket to a Popular Island in Asia as well as approximately 150 MWR coupons and prizes. There will also be a Retiree Night at the Camp Walker Bowling Center and Henry's Place at Camp Henry.

Please contact Steve Davis at: Steve.davis1@korea.army.mil or call 768-6922.
USAG Daegu Retiree Council

Retirement Services Office Relocation

On November 19, the Retirement Services Office is scheduled to relocate from the second floor of Bldg 544 (Soldier Support Center, aka 1Stop) to Bldg 543 and occupy the office currently used by the Ration Control Office. This move will require suspension of service for a couple of days to allow for packing and unpacking the items that must be removed from the office furniture before that can be moved. There could also be a disruption of telephone service, but my cell phone will always be an option if you really need to contact me.

Korea Retirement Services Office

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Medical Care Matters

TRDP Update

The Tricare Retiree Dental Program (TRDP) is being opened to military retirees living in all overseas locations. However, retirees outside the current coverage areas – the U.S., its territories and Canada – will have to pay premiums for those services, as all retirees do. Monthly premiums in the U.S. generally run between \$30 and \$50 for an individual, \$60 to \$90 for a family of two, and \$100 to \$155 for a family of three or more, depending on where the retiree is located. Delta Dental organizes the TRDP into five regions, with premiums based on the average cost of living in each region. Information on how TRDP premiums will be set overseas was not available. Federal law has never specifically restricted the geographic scope of the Tricare Retiree Dental Program, run under contract by Delta Dental of California, but until now it has served retirees living only in the U.S., Canada, Guam, Puerto Rico, the U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands. The Defense Department decided to expand the program to overseas areas based on requests from retirees and their families who live abroad.

The change would make about 100,000 retirees and family members who live abroad eligible for the TRDP, according to a notice published in the 16 APR Federal Register. "Expanding the geographic scope of the program will ensure that all Tricare-eligible retirees are eligible for the same dental benefits, regardless of their location," defense officials said in the Federal Register notice. Officials said expanding the TRDP overseas will not increase the government's costs for the program, because it is maintained entirely by enrollees through premium payments. Enrollees also pay for dental costs in excess of the TRDP coverage limits, and the contractor is solely responsible for program costs in excess of annual premium payments. Tricare spokeswoman Bonnie Powell said details are being worked out about when the expanded service will become available (i.e. possibly by May 08). For more about the Tricare Retiree Dental Program refer to www.trdp.org/. [Source: The Drifter <http://www.leatherneck.com/forums/showthread.php?t=46551> article by Kelly Kennedy, MilitaryTimes.com, 21 May 07]

RAO Baguio Bulletin Update, Oct 1

VDBC Rolls Out Disability Report

On Wednesday [Oct 3], the Veterans' Disability Benefits Commission (VDBC) released its final report after completing a comprehensive study of benefits provided veterans and their survivors for disabilities and deaths resulting from military service. The 13-member Commission, which includes NAUS President, retired Army MG Bill Matz, identified 113 recommendations and highlighted 14 that deserve the immediate attention of Congress, the Department of Defense (DoD) and the Department of Veterans Affairs (VA).

Of particular note is the Commission recommendation to immediately increase disability payments by up to 25 percent as part of the overall proposed changes to compensate for a disabled veteran's lost "quality of life."

Other important areas that the Commission addressed complement and bolster a number of National Association for Uniformed Services (NAUS) goals. They include:

- Providing concurrent receipt to all disabled retired servicemembers, including those medically retired (Chapter 61s) with fewer than 20 years of service.
- Eliminating the SBP/DIC offset for survivors.
- Establishing a holistic approach to Post-Traumatic Stress Disorder (PTSD) that couples compensation, treatment and vocational assessment. The Commission report also suggested that a re-evaluation occur every two to three years to gauge treatment effectiveness and encourage wellness.
- Revision of the VA rating schedule, taking into account new approaches to treatment with periodic iterative review to keep up with medical advancement.

The report also asserts that there should be no "new" definition or distinction between combat-connected or service-connected

disability. During a press conference to rollout the report, Commission Chairman LTG Terry Scott stated that because our young men and women are signed to serve 24 hours a day 7 days a week they should be covered for any condition or accident, unless it is a result of willful misconduct. NAUS also applauds Commissioner Ken Jordan for saying during the press conference that taking care of wounded, injured and ill veterans is a "cost of national defense."

Though the Commission generally agreed with the report recently presented by the presidential commission, headed by former Sen. Bob Dole and former Health and Human Services Secretary Donna Shalala, two exceptions are noteworthy. First, in contrast to Dole/Shalala, the VDBC recommended that all service-connected disabilities should be compensated based on the severity of the injury and not be limited to combat and combat-related injuries. And second, the VDBC disagreed that VA disability compensation should stop and be replaced with Social Security at retirement age.

NAUS will continue to press Congress and the administration to act on these recommendations and any subsequent legislation introduced. And we encourage you to read the report and urge your elected members of Congress to act on it.

The report and executive summary are available at www.naus.org or at www.vetscommission.org. Also available is a NAUS press release at www.naus.org.

NAUS Weekly Update, Oct 5

When all is said and done, a lot more is said than done. — Unattributed

Health Tips from the Mayo Clinic

The following links are provided to articles carried in the October 9 weekly newsletter provided by the Mayo Clinic. These articles are likely to be of interest to retirees living in Korea.

Metabolism and weight loss: How you burn calories

Metabolism plays a role in your weight, but probably not how you think it does. It's all about the calories.

Amputation and diabetes: How to protect your feet

Amputation is a frightening concept. If you have diabetes, here's what you need to know about amputation – and how to avoid it.

Bone density test: Measure your risk of osteoporosis

Are you at risk of fractures due to weakened bones caused by osteoporosis? A bone density test will tell.

Core exercises: Beyond your average abs routine

Core exercises strengthen your abs and other core muscles. The result? Toned abs, and better balance and stability to boot.

Mayo Clinic Housecall, Oct 9

TRICARE Payment and Reimbursement Policy

TOPIC: Paying for host nation health care up front for retirees and their family members who are TRICARE Standard in Korea

Did you know ...

If you have a referral from a Military Treatment Facility (MTF) provider at an MTF served by the Yongsan TRICARE Service Center, the Center can arrange for your care at one of the Memorandum of Understanding (MOU) host nation medical facilities across the peninsula and you will only pay your deductible (if not already met for the year) and your 25 % cost share at the time of your appointment.

The next time you need care at a host nation facility,

- Visit your MTF provider for a referral. If care is not available within the MTF, the provider will put a referral in the system for TRICARE.
- The TRICARE Service Center will call you with an appointment date and time. Remember to register in Composite Health Care System (CHCS) at the MTF with your correct phone numbers!

- The TRICARE Service Center will inform the MOU host nation medical facility of your payment responsibilities. (Note: If you have Other Health Insurance, you will need to pay the entire bill up front and file claims with your insurance company and TRICARE. TRICARE is the second payer.)
- The TRICARE Service Center will ensure the MOU facility is paid for the remainder of the bill. You do not need to submit a claim.
- Contact the TRICARE Service Center with any questions at DSN 736-8558/7238, or 0505-736-8558/7238 from a civilian phone, or visit the Yongsan TRICARE Service Center, Building 7102, near the 121st Combat Support Hospital Emergency Department entrance.

Our Mission, Your Health!

Yongsan TRICARE Service Center

(RSO Note: Osan TRICARE beneficiaries will continue to pay the entire cost and then file with TRICARE for reimbursement.)

MOAA Testifies on Disability Changes

On October 17, the Senate Veterans Affairs Committee convened a special hearing to consider inputs from the Military Officers Association of America (MOAA) and a number of other groups on proposals to improve health care, compensation and rehabilitation benefits for disabled members and their families, with particular emphasis on problems encountered by those wounded in Iraq and Afghanistan.

Witnesses included former Sen. Bob Dole and former Clinton cabinet member Donna Shalala, who co-chaired the President's Commission on Wounded Warriors; Independent Review Group Co-chairman (and former Army and VA Secretary) Togo West; Veterans Disability Benefits Commission Chairman LTG James Terry Scott (USA-Ret); and MOAA Government Relations Director Col. Steve Strobridge (USAF-Ret).

In sorting through the various recommendations of the review panels, Daniel Akaka (D-HI) and Ranking Minority Member Richard Burr (R-NC) searched for common themes.

In particular, they asked every group whether there should be a distinction between benefits for combat-wounded members and those disabled by other causes. The consensus was that there should not be. "When you join the military, you're preparing for combat," said Dole. "Once you're a paraplegic, the impact on your life is the same whether your injury was caused by a bullet, a military vehicle accident, or a slip on an icy runway," said Strobridge.

Another point of consensus was that the VA should be the single agency assigning disability percentages. Strobridge said MOAA supports the pilot program concept scheduled for implementation next month by DoD and VA, under which the Defense Department will determine what conditions render a servicemember unfit for continued duty, the VA will assign disability ratings for all service-connected disabilities, and DoD will accept the VA ratings in establishing the military disability retirement percentage.

MOAA has concerns about a new administration proposal that would abolish the military disability retirement system and leave determinations of health care eligibility for most service-disabled members and families to the discretion of the Secretary of Defense. While we strongly support guaranteeing receipt of service-earned retired pay in addition to VA disability compensation (for which we applaud the administration's plan), outright elimination of the military disability retirement system has the potential to reduce compensation for certain severely disabled mid-grade officers by as much as \$1,000 a month, and potentially even more for certain Guard and Reserve officers. (Congress is unlikely to consider those proposals before next year.)

Strobridge also emphasized the need to establish a joint DoD/VA seamless transition office, with full-time staff whose specific mission is to oversee implementation and maintenance of initiatives such as a joint electronic medical record and electronic separation document. "This is too important to be someone's part-time job," he said. "We have to build a structure of responsibility that won't disappear when certain key officials or their bosses leave."

Chairman Akaka and Senator Burr expressed their commitment to doing the right thing by wounded warriors and all disabled servicemembers. Akaka noted that many of the needed initiatives would be addressed in the defense bill already passed by the Senate. Burr, in particular, expressed a sense of urgency about completing needed legislative and policy changes. "America is the most powerful nation in the world," he said, "and I don't see why it should take us years to get these important things fixed."

MOAA Update, Oct 19

Uniform Formulary Changes Announced

Early today [Oct 26] Department of Defense (DoD) officials announced the reclassification of nine additional medications as non-formulary. The nasal corticosteroid Veramyst and growth stimulants Genotropin, Genotropin Miniquick, Humatrope, Saizen and Omnitrope will be changed to non-formulary status on December 19, 2007. Allergy medications Clarinex, Clarinex-D and the asthma medication Zflo will be reclassified as non-formulary medications on January 19, 2008.

Medications not on the Uniform Formulary are not available at military treatment facility (MTF) pharmacies unless medical necessity has been established and an MTF provider writes the prescription. Beneficiaries taking non-formulary medications may want to consult with their health care provider about changing to a less costly alternative. Beneficiaries can also ask providers if establishing medical necessity for the third-tier medication is appropriate. If medical necessity is established for a third-tier medication, the co-payment is reduced to \$9. Medical necessity forms and criteria are available at www.tricare.mil/pharmacy/medical-nonformulary.cfm.

For a complete list of medications, their formulary status and where they are available beneficiaries may visit www.tricareformularysearch.org/dod/medicationcenter/default.aspx.

NAUS Weekly Update, Oct 26

TRICARE Adds MRI Screens for Breast Cancer

The TRICARE Management Activity (TMA) has added coverage for Magnetic Resonance Imaging (MRI) screening for women at high risk of developing breast cancer. Doctors can use the American Cancer Society's guidelines to identify high-risk patients. "The availability of MRI screenings does not reduce the importance of regular examinations," said Army Maj. Gen. Elder Granger, TMA deputy director. "All women over 39 years old need to get those annual mammograms. The key to dealing with cancer is early detection." The new coverage is retroactive to March 1, 2007.

Beneficiaries who received this care on or after that date, and were denied reimbursement can resubmit their claim for reimbursement. Breast cancer is the third most common cancer among Tricare beneficiaries and the second most common cause of cancer death for women in the United States.

For more information about breast cancer, visit www.tricare.mil/pressroom/doctor_is_in.aspx?fid=60.

Armed Forces News Issue, Oct 26

Pay Matters

Retirement Tax Considerations

Taxes on land and the buildings on it are the biggest source of revenue for local governments. They are not imposed by states but by the tens of thousands of cities, townships, counties, school districts and other assessing jurisdictions. The state's role is to specify the maximum rate on the market value of the property, or a percentage of it, as the legal standard for the local assessors to follow. The local assessor determines the value to be taxed. You can't escape property taxes in any state. But you can find significantly low rates in certain parts of the country. Most states give residents over a certain age a break on their property taxes. With some taxes, you'll need a relatively low income to qualify. Forty states provide either property tax credits or homestead exemptions that limit the value of assessed property subject to tax. There may be other tax breaks available, depending on where you live. All 50 states offer some type of property tax relief program, such as freezes that will lock in the assessed value of your property once you reach a certain age, or deferral of taxes until the homeowner moves or dies. They ultimately have to be paid. In addition, counties and municipalities often have their own property tax relief plans.

Property Tax Circuit Breaker

Retirees with low incomes and high housing costs may face property tax bills that are higher than they can manage. Some states target property tax relief to those homeowners bearing the greatest burden. Property tax reform that takes into account a homeowner's ability to pay, such as a so-called "property tax circuit breaker," can better protect low-income homeowners from rising property taxes that accompany rising property values. Targeted property tax relief avoids sharp reductions in funding for locally provided public services and inequities based solely on date of purchase. A property tax circuit breaker prevents property taxes from "overloading" a taxpayer. Under a typical circuit breaker, the state sets a maximum percentage of income that an eligible family can be expected to pay in property taxes. If property taxes exceed this limit, the state then provides a rebate or credit

to the taxpayer. Currently, of the 31 states and the District of Columbia with circuit breakers for homeowners, only six and the District of Columbia permit all households to participate in the program without regard to age.

Other property tax relief strategies that may be used to target property tax relief include homestead exemptions which exempt a certain amount of a home's value from taxation, credits to rebate a certain percentage of taxes paid, and deferral programs to allow low-income elderly homeowners to defer payment of property taxes until property is sold.

Property Tax Swaps

More and more states are cutting property taxes in exchange for increases in sales or other taxes. Idaho, New Jersey, South Carolina and Texas took this step in 2006. In New Jersey the state increased the sales tax by one cent with half of it designated for property tax relief in 2006 and possibly the full amount in future years. Voters in Idaho also approved a one cent sales tax increase that reduces property taxes by \$260 million. South Carolina's Republican governor, Mark Sanford, signed a measure that promises to cut average property taxes by 60% and makes up the revenue by increasing the sales tax by one cent. The revenue will be used to support the Homestead Exemption Fund. In Texas the state lowered property taxes by increasing the taxes on cigarettes and some business activity.

Best and Worst States

Based on data from the 2002 census, the following five states have the lowest local property taxes per capita/year. They are Arkansas (\$191), Alabama (\$285), Kentucky (\$376), New Mexico (\$380), and Oklahoma (\$425). The states with the highest local property taxes per capita/year are: New Jersey (\$1,871), Connecticut (\$1,733), New York (\$1,402), and Rhode Island (\$1,369). [Source: www.retirementliving.com/RLtaxes.html Jul 07]

RAO Baguio Bulletin Update, Oct 1

The only difference between death and taxes is that death doesn't get worse every time Congress meets. — Will Rogers

Senate Finally Passes NDAA

Last evening the Senate finally passed their version of the National Defense Authorization Bill (H.R. 1585) by a vote of 92-3. The bill now moves to conference with the House to work out differences. The bill faces a possible veto by President Bush over an expansion of federal hate-crime laws, unrelated to national defense but stuck in regardless, if that provision makes it through the conference.

Among the many amendments added to the bill are several NAUS goals and items of imminent interest to retirees and their families. They include:

- The Lautenberg amendment to prohibit increases in TRICARE fees for FY2008 and to express the sense of the Senate that military service is unique and that military members have earned their benefit by virtue of their service and sacrifices.
- The Nelson amendment to eliminate the SBP/DIC offset and accelerate 30-year paid-up Survivor Benefit Plan (SBP) coverage to Oct. 1, 2007.
- The Reid amendment providing full, immediate concurrent receipt to disabled retirees deemed "unemployable" by the VA retroactive to Jan. 1, 2005.
- An amendment by Sen. Lott concerning the Armed Forces Retirement Home. This amendment would prohibit "privatization" of the Home into a non-government charitable institution.
- The Chambliss amendment to reduce the Reserve retirement age by three months for each 90 days served on active duty since 9/11/01.
- The Lincoln amendment to authorize Guard or reserve members to use their mobilization GI Bill benefits up to 10 years after separating from the Selected Reserve.

One NAUS-supported provision that did not make the final bill as an amendment was the Clinton sponsored Postal Bill to provide vouchers for the families and loved ones of deployed troops in order to send free mail and packages to them. It is, however, in the House passed bill. Contact your elected officials and let them know that you want this small but important "Thank You" for our brave men and women in combat included in the final version of the NDAA.

Additionally the Wounded Warrior Act was reinserted into the NDAA. This legislation addresses the care and treatment of our wounded warriors. It would:

- End the inconsistent ratings awarded for the same disabilities by DoD and the VA.
- Provide for seamless transition from DoD to VA care by requiring the Secretaries of the DoD and VA to develop a comprehensive plan.
- Authorize \$50 million for improvements in diagnosis, treatment and rehabilitation of service members who have Traumatic Brain Injury or Post Traumatic Stress Disorder.
- Authorize medically retired (Chapter 61) with 50 percent disabilities and higher to receive active duty medical benefits for three years after leaving active service.
- Authorize VA and military health care providers to provide urgent and emergency medical care and counseling to family members.
- Extend eligibility for VA healthcare for combat veterans from two years to five years after discharge.
- Establish a joint DoD/VA program to develop and implement a joint electronic health record.
- Require Secretary of Defense to establish standards for housing for military outpatients and for military hospitals, clinics and specialty medical care facilities.
- Increase minimum severance pay to one year's basic pay for those separated for disabilities incurred in a combat zone or combat related operations, and six months basic pay for all others.
- Eliminate that severance pay be deducted from disability compensation for disabilities incurred in a combat zone or combat-related operations.

NAUS hopes that the conference goes well and quickly and that there will be no further delays caused by non-germane debate on issues unrelated to National Defense.

NAUS Special Update, Oct 2

Medicare Part B Premium Changes

The chart below shows how much people in various income brackets will be paying for Medicare Part B in 2008 versus what they're paying this year. Those filing jointly will need to double the income amount as well as the premium amount.

It also makes a "guesstimate" about how those premiums are likely to grow further in 2009, based on what we know now. There are two factors to consider in the 2009 "guesstimate":

1. 2009 will be the first year (after a three-year phase-in) that the new income-based standards (which charge higher premiums for higher-income people) are fully implemented.
2. 2008 premium levels were computed based on the Medicare expense formula in current law, which assumes Medicare payments to doctors will be cut by 9.9% in 2008. If that doesn't happen (and we think Congress probably won't let it), then premiums will have to be raised further in 2009 to cover higher-than-expected Medicare payments. We've assumed an extra 10% increase to cover that.

Medicare Means Testing Chart 2008				
Income		Monthly Premium in		
Individuals (2008)	Beneficiary share of total Part B cost	2007 (30%)*	2008 (67%)*	2009 (100%)*(est)
Under \$82K	25%	\$93.50	\$96.40	\$106**
\$82K-\$102K	35%	\$104.72	\$122.20	\$148
\$102K-\$153K	50%	\$121.55	\$160.90	\$212
\$153K-\$205K	65%	\$138.38	\$199.70	\$275
Above \$205K	80%	\$155.21	\$238.40	\$339

* Premium increases were to be phased in with 30% of the increase coming in 2007, 67% coming in 2008, and the full increase in 2009.

** Assumed a 10% increase for 2009 premiums due to a reversal of planned 9.9% 2008 Physician Reimbursement cut.

MOAA News Exchange, Oct 10

COLA Announced

The annual Cost of Living Allowance (COLA) increase was announced on October 17. Social Security, military retired pay, VA disability and Dependency and Indemnity Compensation (DIC) will increase by 2.3 percent. The increase goes into effect on December 1 and will be reflected in January 2008 paychecks.

NAUS Weekly Update, Oct 18

Survivor Matters

SBP – Show Me the Money

A question we frequently hear from older members is, "I've been paying into SBP for decades. The government has made a lot of money on me. Why can't I get some of that money back after all these years?"

On the flip side, those nearing military retirement want to know "Is SBP really worth it? It seems awfully expensive – how much 'bang for my buck' am I going to get?"

Anyone who thinks the government is making money on SBP is way off-base. As shown in this chart, the government currently pays out more than twice as much in SBP benefits to survivors than it collects in retiree premiums. And that difference will continue to grow, since we recently won a benefit increase for survivors age 62 and older.

For members retiring after 20 or more years of active duty, the government expects that the average retiree's lifetime SBP premiums will only cover about 60% of the average benefits that will be paid to the retiree's survivor.

That means three things:

- Your SBP benefit is 40% subsidized by the government to help recognize the value of your service...(much different than the negative subsidy of civilian insurance, for which premiums must cover 100% of benefit costs, as well as company overhead, salaries, commissions, and profit)
- Much like Social Security, every dollar you pay in SBP premiums goes toward paying part of the benefit for someone else's survivor, just as other retirees' premiums will help fund your survivor's benefits in the event of your death
- Any civilian insurance that provides "cash back" if you don't die is going to cost you a lot bigger premium per death benefit dollar (and we don't know of any civilian insurance that provides a fully inflation-protected annuity like SBP does)

MOAA Update, Oct 5

Community Matters

Obtaining a Military Retiree ID Card

A single form of identification is no longer sufficient for retiree ID card renewals at issuing sites using updated software for the Defense Enrollment Eligibility Reporting System/Realtime Automated Personnel Identification System. Retirees and their dependents need to provide a primary photo form of identification and a secondary non-photo form of identification. Examples of photo IDs: military ID card; driver's license; federal, state or local government ID; U.S. or foreign passport; and foreign national ID. Examples of non-photo IDs: Social Security card; voter registration card; birth certificate; U.S. citizen ID card (INS I-97); school record or report card; clinic, doctor, or hospital record; and a day care or nursery record. ID cards for retirees need updating only if the card was lost, stolen or damaged, or if the retiree undergoes a change in status. Retirees' family members and survivors age 75 or over may receive a permanent ID card. [Source: Armed Forces News, 21 Sep 07]

RAO Bulletin Update, Oct 1

VA Seeking Former Prisoners of War, Family Members

[Department of] Veterans Affairs (VA) officials are seeking any former prisoners of war [POWs] or their family members who are not currently using VA benefits and services.

The officials are urging them to contact VA to find out if they are eligible for health care, disability compensation and other services.

"One of VA's highest priorities is meeting the needs of former prisoners of war," said Jim Nicholson, former VA secretary. "They are extraordinary men and women who have endured captivity, suffered extreme deprivation and sacrificed their own freedom to preserve the freedom of all Americans."

VA officials estimate more than 25,000 former POWs are alive today. Officials are trying to contact the remaining prisoners of war not receiving any benefits or health care through an outreach program, including asking citizens to pass the word to veterans they know.

These officials are also seeking surviving spouses and family members of former POWs who may be eligible for certain benefits and services.

In recent years, VA has expanded benefits to all former POWs with strokes and certain common heart diseases. More than a dozen other diseases were already covered.

The government's effort to inform former POWs about improvements in benefits has faced a particular hurdle trying to reach older veterans who may not have been in touch with VA for decades.

A majority of former POWs are veterans of World War II, and their military service was before the use of Social Security numbers. As a result, it has been difficult for VA officials to track down those with military "service numbers" who have not been in contact with the Department in recent years.

Throughout the years, a nationwide outreach campaign including direct mailings and the help of news media and veterans organizations has added hundreds of former POWs to VA's compensation rolls. These people who had not previously been receiving benefits to which they were entitled are now receiving what is due to them.

People who know a former POW can ask him or her to contact VA at (800) 827-1000. Details about benefits and services available to former POWs and family members are available at www.vba.va.gov/bln/21/Benefits/POW/index.htm.

Air Force Retiree News Service, Oct 3

Connecticut Veterans Wartime Service Medal

All Connecticut veterans with qualifying wartime military service are eligible to receive the Connecticut Veterans Wartime Service Medal. Since last fall, the Connecticut State Department of Veteran's Affairs has hosted invitation-only ceremonies during which veterans of all wars receive the Medal. It is the first of its kind that the state has minted since the end of World War I. The 270,000 veterans who will receive it are Connecticut natives or current residents who served in a war and received honorable discharges. All living war veterans from World War II to the current war in Iraq are entitled to the medal. The medal can also be mailed to the veteran's home.

In order to receive the medal, the veteran must meet all of the following requirements:

1. Submit documentary proof of qualifying military wartime service (90 days wartime service, unless the war or operation lasted less than 90 days) (i.e. DD Form 214 or other documentation if DD Form 214 is unavailable).
2. Submit proof of an honorable discharge from military service (or discharge due to injuries received in the line of duty) for the qualifying wartime service.
3. Submit proof that you currently are a resident of the State of Connecticut or that you were a resident at the time of your qualifying wartime service. (e.g., photocopy of State of Connecticut driver's license).
4. Submit a Completed and signed application form (CTMD VM-1) available online at <http://www.ct.gov/ctva/cwp/view.asp?a=1992&q=313194>

Awards will not be made posthumously. Send applications & supporting documentation to: Department of Veterans' Affairs, ATTN: Wartime Medal and Registry, 287 West Street, Rocky Hill, CT 06067 or Fax: (860) 721-5919. [Source: **Military.com**, 1 Oct article]

RAO Baguio Bulletin Update, Oct 15

America Sends More Than \$5 Million to Help Troops Call Home

It started simply enough in April 2004 as a program in which the American public could provide an avenue for Soldiers, Airmen, Marines and Sailors in deployed areas to stay connected to loved ones back home. Just three and a half years later, the contributions to "Help Our Troops Call Home" have totaled \$5,004,556.

"With contributions of more than \$5 million, America's outpouring of support for this program has been nothing short of spectacular," said the Army and Air Force Exchange Service's Senior Enlisted Chief Master Sgt. Bryan Eaton. "And, with the holiday season rapidly approaching, there is no better time to show our support for the brave men and women of our military than by sending the means to connect with loved ones back home."

"Help Our Troops Call Home" allows anyone, even non-authorized exchange shoppers, to send Military Exchange Global Prepaid Phone cards to individual service members (designated by the sender) or to "any service member" through a variety of charitable partners.

Since the program's inception, 129,912 individual orders for more than 214,000 phone cards have been purchased. More than 24,000 have been earmarked for "any service member" and distributed via charities such as the American Red Cross, Air Force Aid Society, Fisher House Foundation, Navy-Marine Corps Relief Society, Soldier & Family Assistance Center and USO.

By simply logging on to **aafes.org** or calling 800-527-2345, friends, family members and even civic groups can take part in the "Help Our Troops Call Home" effort by sending any one of three Military Exchange Global Prepaid Phone cards, including a 550-minute denomination card capable of providing more than two hours of call time from any of 69 phone centers in Iraq, Afghanistan or Kuwait to the United States.

AAFES News Release, Oct 24

Every animal leaves traces of what he was; man alone leaves traces of what he created. —
Jacob Bronowski

Federal Service Matters

COLA Differences for CSRS, FERS Retirees

Those retired under [the Civil Service Retirement System] CSRS will get the full [cost of living] adjustment [COLA], while those retired under [Federal Employee Retirement System] FERS and who are eligible for COLAs – in most cases, not until age 62 – will get 2.0 percent on their civil service benefits and 2.3 percent on their Social Security benefits. FERS employees who have a CSRS component to their annuities, typically those who transferred from CSRS to FERS during one of the open seasons for doing so, will get the full adjustment on their CSRS component and the reduced adjustment on the FERS component. COLAs are pro-rated for those who retired, or will retire, during this calendar year.

CSRS Still the Dominant System Among Retirees

While about three-fourths of active federal employees are covered by the FERS system, the large majority of retirees are drawing benefits under CSRS, the older of the two systems. There are about 1.6 million CSRS retirees versus about 280,000 under FERS; similarly, there are about 590,000 CSRS survivor beneficiaries compared with about 27,000 under FERS. The average monthly benefit for CSRS retirees is about \$2,600 and for FERS retirees about \$950; survivor benefits average about \$1,200 and \$400, respectively. The difference in benefit levels reflects the less generous FERS computation; FERS was designed to produce benefits roughly equivalent to those under CSRS after taking into account Social Security coverage and enhanced [Thrift Savings Plan] TSP benefits.

FEDweek Weekly Issue, Oct 24

Laughing Matters

Aviation Sayings

- The rings of Saturn are composed entirely of lost airline baggage.
- Before each flight, make sure that your bladder is empty and your fuel tanks are full.
- He who demands everything that his aircraft can give him is a pilot; He who demands one iota more is a fool.
- Flying is a great way of life for men who want to feel like boys, but not for those who still are.
- Son, you're going to have to make up your mind about growing up and becoming a pilot. You can't do both.
- There are three simple rules for making a smooth landing. Unfortunately, no one knows what they are.
- There are old pilots, and there are bold pilots, but there are no old, bold, pilots!
- There are more planes in the ocean than submarines in the sky.
- Flashlights are tubular metal containers kept in a flight bag for the purpose of storing dead batteries.

Christian Voices, Oct 4

Dangerous Chemical

A freshman at Eagle Rock Junior High won first prize at the Greater Idaho Falls Science Fair. He was attempting to show how conditioned we have become to the alarmists practicing junk science and spreading fear of everything in our environment.

In his project he urged people to sign a petition demanding strict control or total elimination of the chemical "dihydrogen monoxide." And for plenty of good reasons, since:

- It can cause excessive sweating and vomiting.
- It is a major component in acid rain.
- It can cause severe burns in its gaseous state.
- Accidental inhalation can kill you.
- It contributes to erosion.
- It decreases effectiveness of automobile brakes.
- It has been found in tumors of terminal cancer patients.
- When it comes in contact with other materials it can initiate a chemical reaction,
- It meets three of the EPA requirements for classification as a hazardous material.

He asked 50 people if they supported a ban of the chemical.

Forty-three said yes. Six were undecided. Only one knew that the chemical was water (H₂O).

The title of his prize winning project was: "How Gullible Are We?"

He feels the conclusion is obvious.

Christian Voices, Oct 7

The brain is a wonderful organ. It starts working the moment you get up in the morning and does not stop until you get into the office. — Robert Frost

That Changes Everything

Aunt Mary, a spinster of 92, had finally consented to go to a rest home, but strictly on a two-week trial basis. Consequently, she took a small overnight case with only the bare essentials.

A couple of days later her niece was surprised to get a phone call from her demanding more clothes.

"Please bring me that good black silk, my lavender print, the brown wool..." and she went on and on. Finally after a brief questioning from her niece, Aunt Mary explained:

"There are MEN in this place!"

Christian Voices, Oct 18

Hang Gliding

In West Virginia, you don't see too many people hang-gliding. Nevertheless, Bubba decided to save up and get himself a hang-glider. He takes it to the highest mountain, and after struggling to the top, he gets ready to take flight. He takes off running and reaches the edge – into the wind he goes!

Meanwhile, Maw and Paw Hicks were sittin' on the porch swing talkin' 'bout the good ole days when Maw spots the biggest bird she ever saw!

"Look at the size of that bird, Paw!" she exclaims.

Paw raises up, "Git my gun, Maw."

She runs into the house and brings out his pump shotgun. He takes careful aim. BANG...BANG.....BANG.....BANG! The monster sized bird continues to sail silently over the tree tops.

"I think ya missed him, Paw," she says.

"Yeah," he replies, "but at least he let go of Bubba!"

from the Internet

Director's Corner

Jack Is Leaving the Retirement Services Office

You may have read at the rao-osan.com web site (Feedback) that I've decided to leave the Retirement Services Office at the end of December and return to volunteer service for the retirees and widows in Korea. Several factors led to this decision, the biggest being the task of planning the Yongsan Retiree Appreciation Day. Doing that effectively removed me for two months from supporting you in the manner to which both of us had become accustomed.

To get back to basics, I need to focus on responding to your requests and supporting you the best way I know how. This means devoting my full time to solving those problems that you can't solve by yourself. Although I expect the change to be mostly positive, there are a couple of negatives. First, I will not be operating from a military installation. In the Sinjang area of Pyeongtaek City outside the Osan AB main gate, my wife and I have an office that we recently expanded and renovated. We'll be there 0900-1500, Mon-Fri, starting in Jan 2008. This means you'll have to call a commercial number, 031-663-0319 (from outside Korea: 82-31-663-0319), or my cell phone, 017-477-1441, to contact me. Second, I won't be traveling to meet you at an installation near where you live. It's possible that the new Retirement Services Officer will continue the travel schedule that I established. But that will be his or her decision.

I intend to continue maintaining the rao-osan.com web site and to publish the monthly e-mail newsletter, *Still Serving in Korea*. By stepping back from the RSO, I'll be able to focus on solving the difficult problems that require a lot of time which I currently don't have. The new RSO person will pick up the more routine duties and possibly expand into areas that I hadn't considered. Again, that will be his or her decision.

Jack Terwiel

Osan Retiree Access to Medical Care Limited

Due to the increased number of active duty personnel and their family members using the Osan Hospital, medical care will be provided to retirees, their families and survivors using a more stringent standard. Now, a retiree seeking an appointment must call the appointment line. If an appointment cannot be provided within 48 hours, the retiree will have to repeat the process later in the day to see if a cancellation has occurred, or on a later day, and continue as long as necessary. The retiree community is, however,

no longer served by just the Internal Medicine doctor. The new system means that appointments can be made with any health care provider. If an appointment cannot be obtained for care at the Osan Hospital, the alternative is to set up a referral appointment at the TRICARE desk for care at a Korean medical facility then file a claim with TRICARE for reimbursement.

With limited access to the Osan Hospital, more retirees may find themselves using Korean hospitals for their primary care. Retirees who do not currently have SOFA status might want to consider signing up for the Korean Health Insurance. One drawback is that if you've been without SOFA status and living as a Resident Alien (visa category F-1, F-2, or F-3) in country for a number of years, it could be expensive to sign up. You must pay the premiums back to when you gained Resident Alien status. On the other hand, if you still have the Tourist (C-3) visa or recently converted to Resident Alien, you only pay premiums from the time you became or will become eligible for the insurance, i.e., after you became a Resident Alien. (Once you have the Korean insurance, you can return to SOFA status and keep the Korean insurance.)

For retirees with the Korean Health Insurance, I will recount my first experience at Aju University Hospital. I went to the hospital as a walk-in patient and asked for an examination for a problem I was experiencing. Only after I had been treated and went to pay the bill did I learn that the Korean insurance does not cover walk-in patients. It will only reimburse for care at a major hospital such as Aju if the patient is referred by either a U.S. military hospital or a Korean clinic or hospital, and then for all follow-up appointments. My solution was to visit the small clinic around the corner from my home and the doctor provided the referral on my wife's request and with no exam. The Korean insurance covered 60% of most costs for the second and all subsequent visits to Aju and I filed with TRICARE to be reimbursed for 75% of the remainder of allowable costs.

This situation makes it even more important for retirees approaching age 65 to enroll in Medicare Part B. This is the only way you'll be able to be reimbursed for care received at a civilian medical facility.

On the same subject and tying into the previous article, I expect to resume attendance at the Osan Hospital's Health Care Advisory Council as the retiree representative once I'm back to volunteer status. If I can't convince them to provide greater access to the retiree community, at least I'll be able to give you feedback from meetings with the unvarnished word on what's happening and what to expect.

Jack Terwiel

"If the only prayer you said in your whole life was, 'thank you,' that would suffice." — Meister Eckhart